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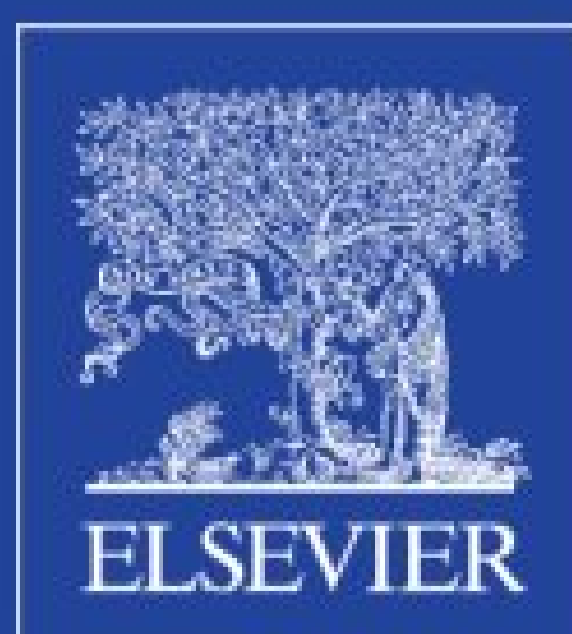
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**Abstracts of the
24th European
Congress of
Psychiatry**



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Sophia Frangou, MD, PhD, FRCPsych

Professor of Psychiatry, Icahn School of Medicine at Mount Sinai, 1425, Madison Avenue, New York, NY 10029, USA,

Tel.: (01) 212-659-1668; E-mail: sophia.frangou@mssm.edu

Philip Gorwood

Professor of Psychiatry, CMME, Saint-Anne Hospital, Paris-Descartes University, 100, rue de la santé, 75674 Paris cedex 14, France,

Tel.: (33) (0)1 45 65 85 72; E-mail: p.gorwood@ch-sainte-anne.fr

Reinhard Heun

Professor of Psychiatry, Radbourne Unit, Royal Derby Hospital, Uttoxeter Road, Derby, DE 223WQ UK, Tel.: (44) 1332-623877;

E-mail: reinhard.heun@derbyshcft.nhs.uk

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CMME (Sainte-Anne hospital), 100 rue de la Santé, 75014 Paris, France

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24th European Congress of Psychiatry

Plenary

PL01

Adversities in childhood and their impact on mental health across the life course

S. Pollak

University of Wisconsin,

Psychology-Pediatrics-Psychiatry-Neuroscience, Madison, USA



How is the brain shaped and refined by children's early social and emotional experiences? In this colloquium, I will focus on the development of children who have endured environments marked by toxic levels of stress early in their development. These children are known to be at increased risk for a variety of health, academic, and social problems. Some of these problems appear immediately, but others may not manifest themselves until much later in development. I will highlight ways in which we can address central

issues in human development by studying the quality and timing of children's social experiences. To do so, I will describe recent research involving children who have experienced child abuse and neglect, children raised in poverty, children raised in institutional settings, children who have endured traumatic life experiences, and typically developing children. Through these studies, I will highlight new insights about the developmental processes underlying children's sensitivity to their social environments as a way to understand the emergence of both adaptive and maladaptive human emotional behavior. Defining and specifying ways in which the environment creates long-term effects on brain and behavior holds tremendous promise for improving the health and well-being of children.

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

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24th European Congress of Psychiatry

Debate: Suicide risk can be predicted

D01

Debate: Can suicide be prevented?

D. Wasserman

Karolinska Institute, National Centre for Suicide Research and Prevention of Mental ill-Health NASP, Stockholm, Sweden



Suicidal behaviour is the most common life-threatening psychiatric emergency. Reliable and precise tools to predict suicidal behaviours and to get support in the clinical practice are frequently requested. Several measurement tools for suicide risk assessment, both psychometric and biological have been studied. However, the low precision of the predictions make these tools insufficient from the clinical perspective. To date, the same applies to the search of genetic predictors. The best information is gained in a standard clinical evaluation, which puts focus on the need of acquiring the best possible knowledge and skills by practicing clinicians. The European Psychiatric Association (EPA) issued a guidance paper on suicide treatment and prevention, which was published in the European Psychiatry in 2012 [1]. This guidance paper elucidates the process of systematic evaluation of suicidal risks in the

clinical interview, an overview of the best treatment possibilities and strategies for follow-up. As psychiatric patients constitute the majority of people who commit suicide, the adequate treatment of depression, substance use disorders, schizophrenia and other psychiatric diseases is a must.

We will probably never be able to have perfect measurements to predict if an individual will or will not commit suicide, due to the complexities of human behaviour. However, with a good clinical praxis, suicide is an unnecessary death [2].

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

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- [1] Wasserman D, Rihmer Z, Rujescu D, Sarchiapone M, Sokolowski M, Titelman D, et al. The European Psychiatric Association (EPA) guidance on suicide treatment and prevention. *Eur Psychiatry* 2012;27:129–41.
- [2] Wasserman D, editor. *Suicide: an unnecessary death*. 2nd ed. Oxford, UK: Oxford University Press; 2016.

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24th European Congress of Psychiatry

EPA Forum: A common language in European psychiatry – can it be achieved?

EF01

21st century psychiatry: The need for a unitary framework

M. Maj

University of Naples SUN, Department of Psychiatry, Naples, Italy



While the plurality of approaches is a richness of psychiatry, we need today a unitary framework in which the vast majority of psychiatrists are able to place and recognize themselves. An essential component of this framework should be the awareness that a major outcome of research efforts of the past thirty years is the notion that a simple deterministic etiological model cannot be applied to mental disorders, which instead represent the product of the complex interaction of a multiplicity of vulnerability and protective factors of different nature (biological, intrapsychic, interpersonal, psychosocial). Most current significant etiological research in psychiatry can be accommodated within this framework, thus appearing much less chaotic, inconsistent and fragmentary. This first level of the framework affects in a probabilistic, not a deterministic, way the second one, that of neurobiological, cognitive and psychological intermediate processes. It is unavoidable that different languages be used to describe these processes, but these languages may be translatable into each other to some extent. Furthermore, comprehensive pathogenetic models usually require the integration of different languages. This second level leads, again in a probabilistic way, to the third level, that of symptoms, signs, cognitive dysfunctions and psychopathological dimensions. These are the elements composing the fourth level, the syndromal one. The ICD/DSM formulation of this fourth level is not optimal, but it is the best we have at the moment. Certainly, the fact that two major diagnostic systems exist in psychiatry adds to the confusion and the uncertainty, and should be overcome in the future.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.115>

EF02

Outcomes of promotion, prevention, treatment and care

M. Muijen

WHO European Office for Europe, Mental Health, Copenhagen, Denmark



The WHO European Mental Health Action Plan encompasses promotion, prevention, treatment and recovery, within the context of

a model of mental health that proposes a set of socio-economic and biological determinants that predispose to vulnerabilities and increase the risk of disorders. These determinants also negatively affect access to and quality of care. Such risk factors are shared with common non-communicable disorders, increasing the risk of morbidity and early mortality for people with mental disorders.

Mental health promotion and prevention actions should therefore be addressing determinants such as alcohol and smoking. However, such determinants are not equally distributed in the population, but cluster among vulnerable groups, such as those with a low income, the unemployed and minority groups. These groups overlap with the populations services struggle to reach. In addition, both primary care and specialist mental health services struggle to identify and treat people with co-morbidities. This suggests that connections need to be established between public health, primary care and specialist mental health services.

WHO is focussing on the strengthening of primary care and the interface with mental health services. In particular, there is an urgent need to screen people who present with symptoms of NCDs or mental disorders for common determinants and co-morbidities. Effective health promotion activities need to be offered to populations at risk, in addition to universal health promotion interventions such as taxation or advertising bans. Some examples will be presented.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.116>

EF03

Human rights and mental health care – Can we find a common ground?

D. Pūras

Vilnius university, Department of Psychiatry, Vilnius, Lithuania



Future of psychiatry is discussed in the context of modern human rights principles, evidence-based policies and sustainable development goals.

After international community agreed on sustainable development goals to be reached by 2030, there is a good opportunity to address mental health as a priority and to substantially invest in promotion of mental health and emotional well-being.

Psychiatry, as an influential specialty, needs to reconsider its strategy in this context, and to rethink strengths and weaknesses of its role and image.

Protection of dignity and human rights of persons with psychosocial disabilities, in the post-CRPD framework, should become

a priority for psychiatry. Common ground for search of a new consensus between different views on non-consensual treatment in psychiatry could be equilibrium within the principles of “first, do no harm”, “right to treatment” and “no hierarchy within human rights”. For mental healthcare practice, this would mean that good intentions to provide evidence-based interventions do not justify the use of force and deprivation of liberty which threatens dignity and universal human rights principles.

Psychiatry, while rethinking future directions, should critically reconsider its current focus on neurobiological paradigm and tradition of using force in the name of medicine and social control. These

two paradigms, traditionally perceived as strengths of psychiatry and sources of its power, are now too often misused and increasingly discussed as lacking evidence, ignoring human rights and thus threatening image of psychiatry. Instead, psychiatry could consider accepting post-CRPD challenge as a unique opportunity for change, through strengthening strategic alliance with human rights mechanisms, social sciences, general and community medicine, modern public health approach and users' perspective.

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24th European Congress of Psychiatry

Core symposia

Symposium: choosing wisely – prioritization in mental health care?

CS01

Making mental health part of the solution for reducing the negative impact of austerity – a perspective from England

S. Bailey

The Royal College of Psychiatrists, London, United Kingdom

This paper will describe four initiatives in England to protect the mental health of the population.

1. Lobbying government – presenting the evidence about how mental health services can reduce the impact of austerity on families and communities.
2. Building psychosocial resilience in schools through well being programmes and through “enabling environments” in the workplace.
3. Delivering sustainability in mental and physical healthcare:
 - prevention – don’t get ill in the first place;
 - patient empowerment – if unwell patient to self manage where possible;
 - lean service design – if healthcare services necessary, these should be efficient and high value;
 - low carbon – reducing carbon footprint and waste.
4. Working across medicine – choosing wisely:
 - promoting conversations between doctors and patients to choose care that is:
 - supported by evidence,
 - not duplicative of other tests of procedures already received,
 - free from harm,
 - truly necessary.

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

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CS02

Choosing wisely in Germany – adapting an international initiative to a national healthcare agenda

D. Klemperer

Ostbayerische Technische Hochschule Regensburg, Faculty of Social and Health Care Sciences, Regensburg, Germany



Overuse and underuse in healthcare is a chronic problem in most healthcare systems. Inspired by the North American Choosing Wisely Initiative, the Association of Scientific Medical Societies in Germany (AWMF), which actually counts 173 member organisations, decided to address the problem. The aim of the German “Gemeinsam klug entscheiden” (deciding together wisely)-initiative is to reduce overuse, underuse and misuse of health interventions in areas where recommendations of clinical practice guidelines (CPG) are not adequately implemented or missing. Starting point are the positive and negative recommendations of the CPGs, which the AWMF-member societies have developed for more than 20 years, following the manual and rules set up by AWMF. To identify and select recommendations methodological criteria have been developed by a working group in a consensus-based process. The development of AWMF-CPGs follows a methodology that aims to ensure the full integration of evidence, an interdisciplinary and interprofessional perspective, the prevention of bias as a consequence of conflicts of interest and full transparency of the development process.

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

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CS03

Choosing wisely – the viewpoint and experiences of the American Psychiatric Association

J. McIntyre

University of Rochester, Psychiatry, Rochester, NY, USA

Choosing wisely, a program developed by the American Board of Internal Medicine in 2012, is advancing a national dialogue on avoiding wasteful or unnecessary medical tests, treatments or procedures. Recommendations are chosen that have a strong evidence base. There are now over seventy specialty society partners including the American Psychiatric Association. The program attempts to involve patients in the dialogue and an important partner in the program is consumer reports. In this presentation, information about the origins of the program, its development and the impact it has on the practice of medicine will be reviewed. Also the measures developed and submitted by the American Psychiatric Association will be discussed and potential additional psychiatric measures will be discussed. The strengths and weaknesses of the program will be identified.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.784>



CS04
Prioritization in medicine – a special role for mental healthcare?



T. Meyer
 Hannover Medical School, Institute for epidemiology – social medicine and health system research, Hannover, Germany

The international debate on priority setting in health care has been around for more than 30 years now, Denmark, Norway, the US state of Oregon, Sweden, UK and the Netherlands being among their vanguards. From the beginning, the debate has been related to – or was even seen as identical to – the discourse on rationing in health care. Based on these international debates, the presentation will introduce different understandings and characteristics of the priority-setting concept in health care and will argue for a clear distinction between priority setting and rationing. Different ways of implementing priority setting, i.e., by means of guidelines or ethical frameworks, will be introduced to set the frame for the current choosing-wisely initiative. It will be argued that priority setting is important for the organisation of mental health care, as it is for health and social care of different chronic disorders.

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

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Symposium: psychosocial rehabilitation and mental health

CS05
Evidence-based psychosocial measures in rehabilitation



T. Becker^{1,*}, U. Guehne², S. Riedel-Heller³
¹ Günzburg, Germany
² Universität Leipzig, Selbständige Abteilung für Sozialmedizin, Leipzig, Germany
³ Universität Leipzig-Medizinische Fakultät, Institut für Sozialmedizin- Arbeitsmedizin und Public Health, Institut für Sozialmedizin- Arbeitsmedizin und Public Health, Germany
 * Corresponding author.

Background Psychosocial interventions are essential tools in mental health care and rehabilitation. A range of interventions relevant to rehabilitation that are covered in a German DGPPN S3 guideline on psychosocial interventions are discussed.

Methods Literature search and (mostly) systematic reviews were performed for a range of psychosocial interventions.

Findings Milieu therapy (MT) includes measures that impinge on therapeutic milieu/atmosphere in joint professional/user groups in the course of treatment. MT provides a context in which psychosocial interventions can be implemented. There is evidence of its effectiveness in improving mental health outcomes. Peer involvement (PI) and peer support are supported by promising evidence as innovative interventions in mental health care. Findings on case management (CM) are inconsistent. There

are difficulties in defining CM. CM strengths include treatment satisfaction and continuity of care. With respect to integration in the labour market for people with severe mental illness supported employment (SE) has been shown to be more effective in achieving job placement. A proportion of SE users fail to find jobs on the general labour market. Other types of work rehabilitation are required, and there is room for pre-vocational training interventions.

Discussion Psychosocial interventions are strong interventions. The strength of the evidence is varied. The use of psychosocial interventions rests on experience, evidence and ethics.

Conclusions Psychosocial interventions are indispensable in building mental health care systems. Vocational interventions and residential services are mandatory. Peer involvement could help in moving mental health services forward.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.786>

CS06
Quality assessment of mental health rehabilitation services



H. Killaspy
 University College London, London, United Kingdom

Objectives Providing good quality mental health care is vital to achieve better outcomes but service quality is a complex, multidimensional construct that extends beyond the delivery of specific evidence based treatments and interventions. This makes it difficult to operationalize and measure, particularly at the international level where different socioeconomic and political contexts impact. Mental health rehabilitation services focus on people with severe and complex psychosis. This group are one of the most socially excluded in society and are vulnerable to exploitation and abuse. They are also, by definition, difficult to treat and, historically, have often been institutionalised in hospital or community facilities.

Aims This presentation will report on the development and application of an internationally validated quality assessment tool for longer term mental health care facilities, the Quality Indicator for Rehabilitative Care (QuIRC).

Methods The content of the QuIRC was derived from a systematic literature review, international Delphi exercise and review of care standards in ten European countries. Its psychometric properties were assessed in over 200 longer-term mental health facilities across Europe involving validation with over 1750 service users. It has subsequently been used in a national programme of research into inpatient mental health rehabilitation services in England which will also be briefly described.

Results The QuIRC has excellent inter-rater reliability and validity. Specific aspects of care assessed by the QuIRC have been found to be associated with successful community discharge from inpatient mental health rehabilitation services.

Conclusions The QuIRC is a free to use, standardised and validated on-line international quality assessment benchmarking and research tool, available in ten European languages.

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

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Symposium: mental health in young women: are they more at risk in the 21st century?

CS07

Why mental health in young women is more at risk in the 21st century

H. Herrman

Orygen – The National Centre of Excellence in Youth Mental Health and The University of Melbourne, Centre for Youth Mental Health, Melbourne, Australia



The mental health of women and girls is endangered when they experience violence and gender-based discrimination, including poor access to education and lack of autonomy in the family and broader community. The conditions of conflict and poverty that foster violence against women, including systematic sexual violence, are growing across some world regions including parts of Africa and Asia, even while women are becoming more empowered in others. The prevalence of abuse of women at home appears to be high across the regions, and the widespread nature of other forms of violence such as genital mutilation and trafficking is increasingly recognised.

The psychological consequences of violence increase the risk of mental illnesses such as depression and anxiety, including the risk of these conditions in the perinatal period. The services provided for women with mental ill health in primary health care, maternal and child health services, community mental health services or hospital settings do not in many places respond adequately to their needs. The inadequacies in response can reproduce or amplify the difficulties and injustices that women face in their lives, especially maltreatment as girls and intimate partner violence as adults.

The World Psychiatric Association aims to increase awareness of the need for improved mental health of women and girls worldwide, especially in settings of disadvantage, conflict and adversity. It is also aiming to work in partnership with other health and non-health organisations to develop a platform for action to respond to the need – for health promotion, risk reduction and access to prevention and treatment services.

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

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CS08

Early psychosis in young women

A. Riecher-Rössler

University of Basel Psychiatric Clinics, Center for Gender Research and Early Detection, Basel, Switzerland



Introduction It is well known that young women are at lower risk for schizophrenic psychoses than young men. However, little is known about the peculiarities of emerging psychosis in young women.

Objectives To describe characteristics of emerging psychosis in women.

Methods Within the FePsy (Früherkennung von Psychosen=early detection of psychosis) study at the University of Basel Psychiatric Clinics we have examined consecutively all patients with a first episode of psychosis (FEP) or an at-risk mental state (ARMS) referred to us between 2000 and 2015.

Results Women did not significantly differ from men regarding psychopathology, neither in the ARMS nor in the FEP group. This was true for positive as well as negative symptoms and basic symptoms. Interestingly, women had a higher correlation of self-rating with observer-rating regarding psychotic symptoms. Duration of untreated psychosis was significantly lower in women than in men. Women seek help more quickly than men and their first contact is more often their partner.

Regarding neurocognition women showed a slightly better performance in verbal tasks. They also had higher prolactin levels and larger pituitary volumes, even when drug-naïve. Transition to psychosis occurred as often and as quickly in women as in men.

Conclusions There are only few gender differences in patients with emerging psychosis, which resemble mainly those found in the general population, with women showing a better help-seeking behavior, being more partner-oriented, having a better verbal performance and potentially also a higher stress reactivity [1].

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

Reference

[1] Riecher-Rössler A, et al. *Biol Psychiatry* 2009;66(11):1023–30.

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Symposium: brain plasticity in psychiatry

CS09

Relevance of brain plasticity to neuroprogression and staging of bipolar disorders – opposing effects of illness burden and lithium treatment

T. Hajek^{1,2,*}, M. Kopecek², M. Alda¹

¹ Department of Psychiatry, Dalhousie University, Halifax, Canada

² National Institute of Mental Health of Czech Republic, Psychiatry, Klecany, Czech Republic

* Corresponding author.

Introduction Brain changes in bipolar disorders (BD) may represent inherited risk factors or consequences of the illness (brain plasticity). Neuroanatomical changes, which predispose for BD could aid in early diagnosis, whereas the neuronal sequelae of BD could yield biological outcome measures for prevention and treatment.

Methods To separate neuroanatomical changes into those that increase the risk of BD versus those that result from it, we acquired MRI/clinical data from participants at different stages of BD, including: (1) affected and unaffected offspring of bipolar parents ($n = 86$); (2) participants with substantial illness burden who had had at least 2 years of current Li treatment ($n = 37$) or were Li naïve ($n = 19$). We also recruited 99 healthy controls matched to the above-mentioned cohorts by age and sex.

Results Relative to controls, both the affected and unaffected offspring of bipolar probands showed increased right inferior frontal gyrus (rIFG) volume, but comparable hippocampal volumes and prefrontal N-acetyl aspartate (NAA) levels. Larger rIFG volume was associated with an increased risk of conversion to psychiatric disorders within 4 years following the MRI scanning (hazard ratio = 4.5). In contrast, Li naïve patients with substantial illness burden had smaller rIFG, hippocampal volumes and prefrontal NAA levels than controls, who were comparable in these indices to the Li treated subjects with substantial illness burden.

Conclusions Brain structural changes in BD may not be static, but may instead result from an interplay between illness burden and compensatory processes. This illness related brain plasticity may be modulated by lithium treatment.

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24th European Congress of Psychiatry Joint symposium

Symposium: Europe meets Asia – commonalities, differences and future perspectives on postgraduate training in psychiatry – Joint symposium with AFPA

JS01

The Asian perspective

S. Kanba

Kyushu University, Neuropsychiatry, Fukuoka, Japan



The 1990s saw an inexorable wave of globalization. This came as a massive jolt to the culture of Japan, which until then had been in a state of balance and stability. However, unlike the West, in Japan this economic globalization is not a manifestation born of individualistic value systems and socioeconomic systems that had previously been in place. The spirit that was imported together with economic globalization was not mature individualism. At the risk of overstating the case, Japan went too far in ripping apart the complex, intricate interpersonal relations that had been in place and moving toward the individualism.

I will explain that the relationship between culture and the mind takes the form of a cooperative organization. The relationship between culture and the brain therefore also takes the form of a cooperative organization. Culture has a top-down influence even on simple visual perception.

I will state that the phenomenon of the depressive state generally known as “modern depression” occurring in epidemic proportions can be explained in terms of a loss of etiquette due to cultural intermingling as well as cultural affordance. Public opinion tends toward the argument of whether or not those who have sunk into this depressive state simply want to slack off. However, from the point of view of psychiatry, it is more important to consider the fact that while manifestations and popular names may differ, mental disorders will continue to develop in the future, regardless of the era, and we need to cultivate a better understanding of their structure. The essential challenge in this respect is the merging of cultural psychology and cultural neuroscience.

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

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JS02

The trainee perspective

M. Phanasathit

Department of Psychiatry, Thammasat University, Pathumthani, Thailand



In Asia, while the postgraduate training in psychiatry employs the World Psychiatric Association (WPA) core training curriculum for psychiatry as a standard course, some adjustment to the course is required for the unique demographic and sociocultural characteristics of its region.

From the small group work in the 14th course for the academic development of psychiatrists (CAD), organized by the Japan Young Psychiatrists Organization (JYPO) in 2015, young psychiatrists from Indonesia, Japan, Philippines, South Korea, Taiwan and Thailand agreed that the core psychiatric curriculum must include both general and psychiatric knowledge which are fundamental to clinical practice and continuous learning. General knowledge consists of knowledge management, academic skills, epidemiology, research methodology and statistics, evidence-based medicine, bio-ethic and medicolegal issues, professionalism, and medical anthropology, while psychiatric knowledge incorporates basic science, diagnostic assessment skills, etiopathogenesis, pharmacological and non-pharmacological treatments, disease prognosis, and mental health promotion and prevention. Moreover, the curriculum for junior psychiatric residents has to be composed of courses from various departments that encourage them practice in holistic care and multidisciplinary approach including emergency medicine, internal medicine, neurology, pediatrics, community based medicine, anesthesiology, radiology and palliative care. For senior psychiatric residents, the training program should consist of in-depth psychiatric knowledge, general psychotherapy concept and basic skills, and free elective subjects.

Since Asia is different from Europe in terms of large population, shortage of psychiatrists, aging society, racial and cultural diversity, and high risk of natural disasters; the postgraduate training in psychiatry in Asia should focus on the subjects regarding health economy, geriatric psychiatry, cultural and trans-cultural psychiatry, ethnopsychopharmacology, disaster psychiatry and mental health. Furthermore, the cooperation among Asian countries should be promoted in order to initiate knowledge exchange and research collaboration. These could contribute to the sustainable advancement of Asian psychiatry and mental health in the future.

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

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Symposium: psychiatry in humanitarian emergencies – Joint symposium with the WHO

JS03

Internally displaced persons in Ukraine



V. Korostiy

Kharkiv national medical university, Psychiatry – narcology and medical psychology, Kharkov, Ukraine

As of May 21, 2015 UNHCR has information about 1,299,800 IDPs, the data provided by the Ministry of Social Policy of Ukraine. Since the process of establishing a centralized system for registration is still pending, the actual number of persons displaced within the country may be higher.

We have a complex psychopathological and clinical research psychodiagnostic 97 internally displaced people in volunteer center, located at the central train station in Kharkiv to study the clinical features of neurotic disorders.

The results showed that 75.9% of IDPs observed have violations of adaptation: long-term depressive reaction (F 43.21) and predominant disturbance of other emotions (F 43.23). The clinical picture is dominated by the depression, anxiety, inner tension, inability to relax, asthenic symptoms, various fears and paroxysmal autonomic instability.

The results of the diagnostic psychological studies have found that men reactive alarm indicators (average – $37,7 \pm 3,0$) were higher than trait anxiety (average – $32,6 \pm 2,9$). On the contrary, women figures trait anxiety (average – $38,6 \pm 2,9$) were higher than reactive anxiety (average – $34,7 \pm 3,0$). Severity of depressive symptoms also slightly prevailed in women. The mean score on the Hamilton scale for men was $17,0 \pm 2,3$ points, women – $18,0 \pm 2,3$ points.

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

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JS04

A new humanitarian emergency: Refugees and mental health in Turkey



L. Küey

Psychology Department, Istanbul Bilgi University, Istanbul, Turkey

Warfare in different parts of the world has led to a humanitarian emergency: forced displacement of millions of people. Global forced displacement in 2014 was the highest displacement on record since WW 2. By the end-2014, 59.5 million individuals forcibly displaced worldwide, as a result of persecution, armed conflicts, general violence, wars, or human rights violations. The number of individuals forced to leave their homes per day reached to 42,500 in 2014, hence, increased 4 times in the last 4 years. Top five refugee hosting countries are Turkey, Pakistan, Lebanon, Iran, Ethiopia and Jordan. While Turkey hosted 1.6 million forced displaced people in 2014; it is estimated that this number reached 2.5 million by the end of 2015.

Forced displacement of people due to warfare may be considered as a psychosocial earthquake. Especially after the deaths of thousands of them in the Mediterranean in the last couple years has brought this issue sharply into the focus of the whole world. While the deaths of the forced displaced people on across the borders of the whole world in the first nine months of 2014 were slightly over 4000; it reached the same number of human loss only in the Mediterranean region in 2015.

Refugees fleeing with few possessions leading to neighboring or more developed countries face many life-threatening risks on the way, as they have nowhere to turn. A refugee is a person who has lost the past for an unknown future. Experiences of loss and danger

are imprinted in their selves. It is shown that, in the short/medium term, 60% suffer from mental disorders, e.g., posttraumatic stress disorder (PTSD), depressive disorders, anxiety disorders, psychosis, and dissociative disorders. In the long term, existing evidence suggests that mental disorders tend to be highly prevalent in war refugees even many years after resettlement. This increased risk may not only be a consequence of exposure to wartime trauma but may also be influenced by post-migration socioeconomic factors. In fact, “we are seeing here the immense costs of not ending wars, of failing to resolve or prevent conflicts.” Once more, psychiatry and mental health workers are facing the mental health consequences of persecution, general violence, wars, and human rights violations caused by the current prevailing economy-politics and socio-politics. So, a serious challenge here is avoiding the medicalization of social phenomena. This presentation will discuss the issue of forced displaced people considering it as a humanitarian tragedy with some examples of its mental health consequences from Turkey.

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

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JS05

Overview of European refugee mental health situation



M. Muijen

WHO Regional Office for Europe, Mental Health, Copenhagen, Denmark

This presentation will offer information about latest number of refugees and internally displaced people across Europe, their (mental) health problems and activities and interventions coordinated by WHO. It will also suggest ways by which EPA and WHO could continue their effective partnership to assist countries.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.796>

Symposium: advancing implementation – Joint symposium with European mental health programmes

JS06

Implementing the mental health action plan – experiences and challenges



M. Muijen

WHO Regional Office for Europe, Mental Health, Copenhagen, Denmark

The WHO European mental health action plan was adopted by all countries in the European region in Izmir in September 2013. Its 6 objectives cover promotion and prevention, human rights, services and partnerships. Since its adoption, the WHO mental health programme is working in some 25 countries, supporting policy development and implementation. Priorities are the introduction of health promotion programmes for vulnerable groups; the competence of primary care to identify, diagnose and treat people with mental disorders; and the implementation of community-based service models sensitive to the culture and resources of countries. Particularly successful have been countries where a consensus was established between policymakers and professional leaders, and where different levels of government worked together. Obstacles

experiences have been funding cuts and lack of incentives. Some examples will be presented.

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

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Symposium: making medicines out of illicit drugs – ECNP symposium hosted by EPA

JS07

Can ecstasy treat the agony of PTSD?

M. Mithoefer

Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, Charleston, USA



Introduction Two serotonin reuptake inhibitors (SSRIs) have received FDA indication for treatment of PTSD, however the effectiveness of pharmacotherapy for PTSD is limited. Psychotherapy, including several well established evidence based methods, is the mainstay of PTSD treatment. Despite advances in this area, a significant percentage of PTSD patients are refractory to existing treatments. Recent research has explored the possibility that certain drugs could increase the effectiveness of psychotherapy when administered intermittently in conjunction with psychotherapy sessions. The most robust published. Results to date using this approach have been in early clinical trials of \pm 3,4-methylenedioxymethamphetamine (MDMA)-assisted psychotherapy. These studies primarily involved civilians with treatment-resistant, crime-related PTSD. A more recent phase 2 trial, completed in 2015 yielded equally promising. Results in a cohort of military veterans, police officers and firefighters, mostly veterans from the wars in Iraq and Afghanistan.

Methodology In these double blind controlled trials subjects with PTSD refractory to prior treatment are randomized to an active dose of MDMA or an active or inactive placebo administered to each individual on only two or three occasions during eight-hour psychotherapy sessions one month apart, in conjunction with preparatory and follow-up psychotherapy sessions. Outcome measures are repeated one or two months after the second MDMA-assisted session before the blind is broken. Subjects who were randomized to full dose MDMA are then eligible for one additional, open label, MDMA-assisted session. Those randomized to placebo or a lower dose of MDMA are eligible for three open-label full dose sessions. Outcome measures are repeated two months following the third MDMA-assisted session. The primary outcome measure is the Clinician Administered PTSD Scale (CAPS). Additional measures include the Beck Depression Inventory-II (BDI-II), Global Assessment of Functioning (GAF), Pittsburgh Sleep Quality Index (PSQI) and Posttraumatic Growth Inventory (PTGI).

Results In the original study comparing MDMA with inactive placebo along with the same psychotherapy PTSD was resolved in 83% of the MDMA group vs. 25% of the placebo group receiving the same therapy. Improvement was maintained for at least 74% of subjects at long-term follow-up a mean of 45 months later. In a more recent, unpublished, study both the high dose and the medium dose of MDMA showed large effect sizes in reducing CAPS scores, and improvements in secondary measures: and BDI-II, PSQI, GAF and PTGI.

Conclusion Evidence in phase II trials suggest that MDMA-assisted psychotherapy is effective in treating PTSD in both civilians and veterans who have not responded to established treatments. Phase III trials are necessary to definitively establish safety and efficacy of MDMA-assisted psychotherapy for PTSD.

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

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JS08

Treatment of heroin dependence with ibogaine



A. Schellekens^{1,*}, T. Oosteren², T. Knuijver², R.J. Verkes¹, M. Belgers²

¹ Radboud University Medical Centre, Donders Centre for Neuroscience- department of Psychiatry – Nijmegen Institute for Scientist Practitioners in Addiction, Nijmegen, Netherlands

² IrisZorg, addiction care, Arnhem, Netherlands

* Corresponding author.

Background The use of the hallucinogen ibogaine as an anti-addiction agent has been described in several case reports, dating back to the eighties. The anti-addiction properties of ibogaine have been confirmed in a large body of animal work. Ibogaine has been shown to be effective in reducing withdrawal severity and substance use for a variety of substances, including cocaine and opiates. Animal studies also show some potentially dangerous adverse reactions, including cerebellar toxicity and potential cardiac effects. While pharmacological treatment options for opiate and cocaine dependence are still limited, ibogaine assisted treatment might be a promising new option. Therefore more systematic studies on its toxicity and efficacy are warranted. In our studies we address these two research questions: is ibogaine treatment for opiate dependence safe and effective for treating opiate withdrawal and relapse prevention? A secondary objective is to explore the pharmacokinetic properties of ibogaine.

Methods Animal work: first we performed a systematic review and meta-analysis of animal studies on ibogaine. Thirty studies were included in the systematic review, of which 27 could be analyzed in meta-analysis. Human studies: fifteen opiate dependent patients will be treated with ibogaine (10 mg/kg), on top of treatment as usual. Ibogaine toxicity will be assessed through close monitoring with electrocardiography, with QTc prolongation as main outcome measure, repeated assessments of ataxia using the (SARA) and observation of psychotic symptoms by using the Delirium Observations Scale (DOS). Ibogaine efficacy will be measured, using repeated evaluations of opiate withdrawal severity (Subjective Opiate Withdrawal Scale: SOWS; Objective Opiate Withdrawal Scale: OOWS), craving intensity (using a Visual Analogue Scale) and substance use, with a six-month follow-up. Clinical observations in ibogaine treated individuals will be compared with a cohort of opiate dependent patients treated with a rapid detoxification procedure. Both acute and long-term effects will be linked with serum ibogaine and noribogaine levels.

Results Animal work: overall, ibogaine reduced drug self-administration, particularly during the first 24 hours after administration. Ibogaine had no effect on drug-induced conditioned place preference. Ibogaine administration resulted in motor impairment in the first 24 hours after supplementation, and cerebral cell loss even weeks after administration. Data on ibogaine effect on cardiac rhythm as well as on its neuropharmacological working mechanisms are limited. Human studies: human data are still being collected. Treatment of the first patients confirmed strong effects of ibogaine on heart rhythm (QTc prolongation) and ataxia, while the opiate withdrawal symptoms were relatively mild. The first observations on the clinical effect of ibogaine on craving and substance use will also be shared.

Conclusions Based on our meta-analysis of animal data, there is strong evidence that ibogaine is effective in reducing drug self-administration in animals. This warrants further studies into the clinical efficacy of ibogaine in substance dependent patients in reducing craving and substance use. Our first clinical experiences in

a limited number of patients confirm that ibogaine treatment may be effective in reducing opiate withdrawal, but can potentially have transient cardiac and cerebellar toxicity.

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

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Symposium: world psychiatry in 2020 – where we are and where we need to go – Joint symposium with the WPA

JS09

Social psychiatry in a global perspective

T. Jamieson-Craig

King's College London- Institute of Psychiatry Psychology and Neuroscience, Health Service and Population Research, London, United Kingdom



Social psychiatry starts from the position that as social animals, the cause, course and response to treatment of mental health problems are powerfully determined by the social environment. For example, childhood trauma within the home and bullying at school is associated with both internalizing and externalizing disorders and exerts its influence through life-long impacts on the individual's ability to form supportive relationships with others, their self-esteem and their resilience in the face of future adversity. Difficulties forming and sustaining personal relationships are intensified by the emergence of illness, consequent social exclusion and discrimination that in turn intensifies damaging beliefs of low self-worth and rejection. In contrast, we have considerable evidence for the “therapeutic” value of good relationships, notably the role of family and social support in the remarkable resilience shown by those who have come through the most appalling environmental and personal crises. It is therefore surprising that the balance of psychiatric therapeutic effort is stubbornly focused on the individual patient as the problem with less attention paid to developing and implementing social interventions targeted at the family and wider social network to prevent and alleviate mental illness. In this presentation I will argue that psychiatrists should be more active in developing and leading interventions that focus on the social and interpersonal networks of their patients with illustrations from past and ongoing efforts to this end.

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

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Symposium: development of a European training curriculum on psychiatry – Joint symposium with hosting NPA

JS10

Psychiatric trainees' view on a European curriculum of psychiatry



M. Pinto da Costa

Psychiatry Department of Porto, Hospital de Magalhães Lemos, Porto, Portugal

The European Federation of Psychiatric Trainees (EFPT) represents the consensus of psychiatry trainees associations across more than 30 European countries, advocating for the improvement and harmonization of psychiatry training across Europe. This federation has as priority to get direct feedback from psychiatry trainees, analyzing the concerns related to psychiatry and training in Europe, collaborating with other national and international partners to translate trainees' views into action, while offering trainees several opportunities.

Surveys of psychiatry trainees show that the main concerns around Europe revolve around differences of duration of training in the different countries, the discrepancies between the European training standards, the national programmes and the real experience of trainees. Likewise, levels of recruitment into psychiatry and inadequate working conditions also concern trainees, especially at the current times of economic challenge, where the choice to migrate abroad is quite frequent. Nevertheless, the involvement of psychiatry trainees in the development of national programmes and in the quality assurance of training varies significantly around Europe.

This presentation will highlight the current differences observed in the structure, content and duration of psychiatry training programs in Europe, reporting trainees' views on a European curriculum of psychiatry, and exploring mechanisms to evaluate and harmonize the postgraduate training in Europe.

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SA01

Psychosocial intervention in schizophrenia

T. Wykes

Institute of Psychiatry – Psychology and Neuroscience – KCL, Psychology, London, United Kingdom

Psychological treatments aimed at symptoms or behaviours that impede recovery now have a relatively strong database but it is not clear which treatments are more effective and when they should be applied. For large-scale roll out we need to consider which are the most helpful and cost-effective at which stage of the illness and to which individuals. This requires knowledge of how service users ascribe value to different outcomes and treatments as well as which individuals are likely to benefit the most from different treatments to produce a coherent mental health recovery programme. Tailoring treatment requires an understanding of adherence requirements as well as therapeutic interactions to explain how therapy fits with the service users' personal goals. Not all information for making these clinical decisions is embedded in any database so the burden on research is to provide enough information to signal to health professionals the best course of action. More research on dissemination of treatment approaches as well as training and supervision requirements is needed in the form of dissemination science if patients with a diagnosis of schizophrenia are to receive the best intervention programme.

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

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SA02

Nutrition, sleep, physical exercise: Impact on mental health

W. Rössler

University of Zurich, Psychiatric University Hospital, Zürich, Switzerland

Until recently nutrition and various other lifestyle factors were predominantly in the focus of medical disciplines like cardiology, endocrinology or gastroenterology. As mental disorders are multifactorial diseases and as such are complex, emerging evidence suggests that nutrition, exercise and sleep also play an important role in the aetiology, progression and treatment of mental disorders. In this regard research has mostly focused on depression and anxiety, but there is also evidence for other mental disorders like schizophrenia or autism. Some details concerning the relationship



between diet and sleep on neuro-transmitter processes, immune-inflammatory pathways or oxidative stress will be demonstrated. Modifications of life style factors and diet are increasingly recognized as potential therapeutic options. Mostly used are nutrient-based supplements and essential elements in combination. But also healthy diet patterns with a high intake of vegetable, fruits and fish have proven beneficial in the treatment. If we better understand the microbiota-gut-brain axis and its impact on behavior, mood and cognitive processes, diet and lifestyle factors can not only contribute to the treatment but also to the prevention of mental disorders.

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

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Drinking patterns we should accept while reducing harmful alcohol consumption

SA03

Can alcohol-dependent patients really reduce their alcohol consumption over time?

K. Mann

Central Institute of Mental Health, Medical Faculty Mannheim, University of Heidelberg, Addiction Research, Mannheim, Germany

Introduction Treatment of alcohol dependent patients is moderately successful but it only reaches about 10% of the population in need. A new harm reduction strategy aims at abstinence in the long run but claims to benefit patients already early on by reducing their alcohol consumption.

Objectives A brief outline of the debate on abstinence versus controlled drinking will be followed reporting several RCTs striving for reduced drinking in alcohol dependent patients.

Aims The participant will find guidance whether and how to treat patients following this new approach.

Results Studies testing behavioural treatments and counselling (MATCH, UKATT) indicate that a reduction over time is possible. Using nalmefene (a mu and delta opioid antagonist and a partial agonist) RCTs with more than 2500 patients were performed showing a benefit over placebo. On this basis the EMA approved this drug for the reduction of alcohol consumption in alcohol dependent



patients. Other compounds such as naltrexone showed similar effects in smaller trials but are not approved for reduction. More studies testing further compounds are underway.

Conclusions This new approach has the potential to lower the barriers which to date prevent many patients from accepting treatment for their alcohol problems. Two research questions warrant further study: (1) does the reduction in alcohol consumption

translate into health and other benefits, and (2) are there specific subgroups of patients who benefit more than others. Preliminary answers will be given in the lecture.

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

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24th European Congress of Psychiatry

Early career psychiatrists programme

Conversations – the political and social mission of psychiatry

EECP 01

The political and social mission of psychiatry

S. Priebe

Unit for Social and Community Psychiatry, Queen Mary – University of London, London, United Kingdom

Psychiatry is based on values and scientific evidence. The presentation will argue that both bases come with a social and political mission.

The values require a commitment to help those in need of support, which cannot be fully achieved without social and political action. The scientific evidence points to the central role of societal factors, such as inequality and poverty, for the development of mental disorders. Influencing these factors requires political decisions.

It will be concluded that taking up the social and political mission is a moral imperative for both psychiatrists as a professional group and individual psychiatrists, and may make the profession more relevant in society, more attractive to medical students, and more effective in helping patients with mental distress.

The discussion will address the challenges and practical options for such a mission.

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

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Contemporary approaches to medical education emphasize the importance of doctors in training demonstrating the acquisition of competencies. This approach to educating doctors has been criticized on a number of grounds, not least because a solely behavioural focus risks trivializing medical professionalism. An alternative approach is to look at the formation of professional identity as a legitimate goal of training.

In this presentation, I will describe the behavioural and constructionist approaches to medical education and their implications for psychiatry training. I will make a plea for psychiatry training to renegotiate the balance between the two approaches.

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

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EECP 03

Should all psychiatrists be skilled to practice psychotherapy?

T. Gargot (Master de sciences cognitives)^{1,*}, E. Sonmez²

¹ *Service de pédopsychiatrie, école normale supérieure, hôpital de la Pitié-Salpêtrière, Paris, France*

² *Marmara University Pendik Training and Research Hospital, Psychiatry, Istanbul, Turkey*

* *Corresponding author.*

Psychiatrists have a unique place in the spectrum of mental health services, as being able to integrate psychotherapy and pharmacotherapy in clinical practice. It is through psychotherapy training that a trainee gains optimal communicative skills and competence in establishing therapeutic alliance with a patient. It helps developing empathic understanding, which is very important for a good collaboration and enable understanding, diagnostic and treatment. It improves trainees' own insight. All are these fundamental aspects of a biopsychosocial approach of psychiatry.

In many countries psychiatry trainees have a positive attitude towards psychotherapy during their training. Moreover, patients often prefer and adhere to combined psychotherapy and medication than split-care treatments. Research in psychotherapy provides ample evidence that these treatments are effective. The UEMS considers psychotherapy education as mandatory. EFPT advocates that all trainees must gain competence in at least one recognized form of psychotherapy and have a basic knowledge for other forms. Altogether, there is a consensus among all actors of mental health services that psychotherapy training is essential and should be improved. Yet, it is still far from being a priority in psychiatric training and is subdued by biological training and



EFPT/ECPC-EPA Symposium – Identity or competency: how to train the modern day psychiatrist

EECP 02

The tension between identity and competency: Comparing behavioural and constructionist approaches to professional formation

A. Brittlebank

The Royal College of Psychiatrists, London, United Kingdom



research, which is easier, faster and prevailing in training institutions. Also, psychotherapy training is found less affordable by trainees.

With collaboration from other organizations, EFPT aims to improve standards of psychiatry training, including psychotherapy. We present some initiatives led by UEMS, EPA, WPA and ECNP. Today's technology allows trainees to reach various psychotherapeutic training availabilities, including online tools (Webinar, MOOCs, online guidebooks) and international courses. It is advisable that training institutions devote more time on psychotherapy training and supervision, associations provide costly training availabilities or scholarships, encourage more scientific research on psychotherapeutics and take into account the progress of research in psychology and neuroscience [1–5].

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

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EECP 04

Is addiction medicine part of psychiatry?

L. Orsolini^{1,2,3,4,*}, D. Papanti², A. Valchera^{1,4}, R. Vecchiotti^{1,3,4}, J. Corkery², F. Schifano²

¹ Villa San Giuseppe Hospital – Hermanas Hospitalarias, Department of Psychiatry, Ascoli Piceno, Italy

² University of Hertfordshire, School of Life and Medical Sciences, Department of Pharmacy, Pharmacology and Medical Sciences, Hatfield, United Kingdom

³ Maastricht University, Department of Psychiatry and Neuropsychology, Maastricht, Netherlands

⁴ Polyedra, Polyedra Research, Teramo, Italy

* Corresponding author.

Addiction medicine/psychiatry, a medical subspecialty founded on October 1991 by the American Board of Psychiatry and Neurology, was granted as subspecialty within psychiatry. It mainly deals with medical assessment, diagnosis and treatment of subjects who suffer from an addiction (i.e. drug and/or alcohol addiction; gambling; sexual addiction; game addiction; and so on). Addiction psychiatry also deals with subjects in dual diagnosis, i.e. individuals with addiction issues along with co-occurring psychiatric disorders. However, despite its well established “dignity” to be part of psychiatry, most mental health's professionals believe that it is not a primarily psychiatric field due to the frequent co-occurrence of internistic/medical issues. In addition, the situation of psychiatric training specifically addressed to addiction is widely diversified across the European countries. Therefore, most psychiatrists do not possess specific qualifications and formation on this increasing field of psychiatry. The present lecture aims at providing an insight into the issues related to the diatribe between psychiatry and medicine on addiction medicine/psychiatry, specifically focusing on differences across European countries.

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

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EECP 05

Should all psychiatrists be skilled to practice psychotherapy?

E. Sönmez^{1,*}, T. Gargot (Master de sciences cognitives)²

¹ Marmara University Pendik Training and Research Hospital, Psychiatry, Istanbul, Turkey

² Service de pédopsychiatrie, école normale supérieure, hôpital de la Pitié-Salpêtrière, Paris, France

* Corresponding author.



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With collaboration from other organizations, EFPT aims to improve standards of psychiatry training, including psychotherapy. We present some initiatives led by UEMS, EPA, WPA and ECNP. Today's technology allows trainees to reach various psychotherapeutic training availabilities, including online tools (Webinar, MOOCs, online guidebooks) and international courses. It is advisable that training institutions devote more time on psychotherapy training and supervision, associations provide costly training availabilities or scholarships, encourage more scientific research on psychotherapeutics and take into account the progress of research in psychology and neuroscience [1–5].

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Symposia – Services users and carers are experts in mental health

EECP 06

Involving people with intellectual disabilities in the formal assessment of psychiatrists' skills



S. Soni^{1,*}, I. Hall², P. Doulton (Director)³,
P. Bowie (Chief Examiner)⁴

¹ Camden and Islington NHS Foundation Trust, Learning Disability Psychiatry, London, United Kingdom

² East London NHS Foundation Trust, Learning Disability Psychiatry, London, United Kingdom

³ Professional Role Players Ltd, London, United Kingdom

⁴ Royal College of Psychiatrists, London, United Kingdom

* Corresponding author.

Purpose It is widely recognised that people with intellectual disabilities receive a poorer quality of healthcare than their non-disabled counterparts. Training for healthcare professionals in intellectual disability is often scant or non-existent. The purpose of this work is to explore the usefulness of employing actors with intellectual disabilities as simulated patients in the assessment of trainee psychiatrists.

Design/methodology/approach The development of a structured clinical exam “station” designed to assess the ability of trainee psychiatrists to communicate with a simulated patient played by an actor with an intellectual disability is described. The paper also assesses the potential benefits of this kind of assessment and the experience of actors and examiners taking part in this process.

Findings The station was found to perform well in discriminating between candidates of various abilities and was well received by actors, examiners and observers. The station is now routinely used in the formal assessment of trainee psychiatrists in the UK.

Practical implications The use of people with intellectual disabilities in training and assessment appears to be advantageous in terms of improving knowledge, attitudes and skills amongst healthcare professionals and gives increased opportunities for people with intellectual disabilities to undertake valued social roles.

Originality/value Few institutions currently employ actors with intellectual disabilities as simulated patients as part of their training programmes and as a result there is little in the way of literature on this subject. This paper describes an alternative approach to teaching and assessment which falls in line with recommendations from the UK Department of Health to involve service users in the training of healthcare professionals.

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

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Training workshop – Dissociative symptoms, how to recognise and treat them

EECP 07

Discussion

G. Stanghellini



“G. d’Annunzio” University, Department of Psychological – Humanistic and Territorial Sciences, Chieti, Italy

The concept of “dissociation” covers a rather wide array of psychopathological conditions, ranging from dissociation of consciousness (e.g., post-traumatic conditions), to dissociation of personality, (i.e., multiple personality disorder) and dissociation of

the basic structures of the pre-reflexive self (as it is the case with schizophrenic abnormal experiences). I will focus on this last issue and describe the dissociation of time experiences in people with schizophrenia as a characterizing feature of this condition.

Schizophrenic persons often describe their sense of temporal reality as: “things to a standstill”, “immobility, but not calm”, “time going back to same moment over and over”, “people like statues”, “frozen moment”, “out of time”, “marmoreal”, “unreal stillness”. Time is fragmented, there is a breakdown in time Gestalt, and an itemization of now-moments. The mere succession of conscious moments as such cannot establish the experience of continuity. Another typical phenomenon is that a revelation is on the verge to happen, the world is on the verge of ending, a new world is coming, one’s own life is on the point of undergoing a radical change. The schizophrenic mood can be characterized as the dawn of a new reality, an eternally pregnant now in which what is most important is not present, what is really relevant is not already there, but is forever about to happen. Time in the schizophrenic mood is “a state of suspense”, “pregnant now”, “being is hanging”, “something imminent”, “something... I didn’t know what... was going to happen... between inspiration and expiration”. The main feature of abnormal time experience in schizophrenia is disarticulation – a breakdown of the synthesis of past, present and future. This includes four subcategories: disruption of time flowing, “dèjà vu/véçu”, premonitions about oneself and the external world. The integrity of time consciousness is the condition of possibility of the identity through time of an object of perception as well as of the person who perceives it. Abnormal time experience may be related to the manifold of other schizophrenic subjective abnormal experiences and symptoms, including anomalies of phenomenal consciousness (e.g., disintegration of the appearance of external objects and itemization of external world experience), selfhood (e.g., disruption of the implicit sense of being a unified, bounded and incarnated entity), and sociality (e.g., breakdown of one’s sense of being naturally immersed in a meaningful flow of social interactions with others).

Disarticulation of time experience includes four subcategories. Disruption of time flowing: Patients live time as fragmented. Past, present and future are experienced as disarticulated. The intentional unification of consciousness is disrupted. The present moment has no reference to either past or future. The external world appears as a series of snapshots. Dèjà vu/véçu: Patients experience places, people and situations as already seen and the news as already heard. This abnormal time experience entails a disarticulation of time structure as the past is no more distinguishable from the present moment. The already-happened prevails. Premonitions about oneself: patients feel that something is going to happen to them or that they are going to do something. This abnormal time experience entails a disarticulation of time structure as the immediate future intrudes into the present moment. The about-to-happen prevails. Premonitions about the external world: patients feel that something is going to happen in the external world. As the previous one, this abnormal time experience entails a disarticulation of time structure as the immediate future intrudes into the present moment. The about-to-happen prevails.

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

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EFPT/ECPC-EPA Symposium – Research by Trainees and early career psychiatrists

EECP 08

How EFPT trainee-led cross-national research can change training in psychiatry



L. De Picker^{1,*}, T. Mogren², S. Tomori³

¹ University of Antwerp, Collaborative Antwerp Psychiatric Research Institute, Antwerp, Belgium

² Allmänpsykiatriska kliniken Falun & Säter, Department of Psychiatry, Falun, Sweden

³ Department of Psychiatry, University Hospital Center “Mother Teresa”, Tirana, Albania

* Corresponding author.

Established in 2008, the Research Working Group of the European Federation of Psychiatric Trainees (EFPT) creates a platform for trainee-led collaborative studies. Several large-scale transnational studies on training-related subjects have been initiated and carried out, driven by psychiatry trainees. Examples of recent and ongoing projects are the Brain Drain study, which investigated migratory experiences and attitudes among trainees in Europe, and the TEO-PC project, which aims to raise awareness on UEMS Psychiatric competencies as well as to compile data on trainees' experiences and satisfaction with their national training programs.

Earlier projects leading to publications have looked into drug prescription habits of trainees [1,2] and the interactions trainees with pharmaceutical industry [3]. Besides these projects, EFPT yearly gathers reports from the representatives of the national trainees associations on the structure, content and conditions of psychiatry training in all member countries. The information obtained through these channels is used actively to guide and influence policy related to psychiatry training, through collaboration with relevant organizations involved in the creation of guidelines, and through the EFPT statements, which serve to empower trainees themselves.

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

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EECP 09

Brain Drain Project



M. Pinto da Costa

Psychiatry Department of Porto, Hospital de Magalhães Lemos, Porto, Portugal

Despite the ongoing reality of workforce migration, information on medical migration is missing, with lack of detailed evidence of transnational migrations within Europe, obscuring the extent of how migration occurs amongst the different medical specialties. The European Federation of Psychiatric Trainees (EFPT) has been pioneer in researching workforce migration in junior doctors, conducting the EFPT Brain Drain study, which explored the reasons and patterns of mobility and migration in 33 European countries among junior doctors training in psychiatry.

The intention has been to better understand the migration phenomena, its reasoning and effects in order to give practical proposals to improve education, training and work conditions and ultimately the health care itself in both donor and host countries. Migration among medical professionals can take place throughout the career: before, during or after training. Exploring attitudes towards migration among junior doctors can help to understand the factors that shape the decision-making processes related to migration in future specialists.

These findings provide objective data that can assist policy makers, providing instruments to address the critical conditions leading to migration from at-risk countries, adjusting the pull factors and improving the standards of education, work and salaries.

Future studies should explore whether the presented results differ for junior doctors in other medical disciplines, as well as physicians in general and psychiatric consultants in Europe and in other areas of the world. Furthermore, the follow up of the respondents from this study could assess to what extent the migratory tendency and intention predicts the future migration itself.

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

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24th European Congress of Psychiatry Symposium

Addictions and addictive behaviours: Psychopathological, philosophical and ethical reflections

S01

The synthetic psychosis substances induced: A clinical case study



G. DiPetta (Neuropsychiatrist, Addiction Center Consultant)
 Department of Mental Health, Naples, Italy

The presentation intends to examine a new kind of clinical psychiatric syndrome, called by the author “synthetic psychosis”, which can occur in people who abuse novel psychoactive substances (NPS). This syndrome will be considered from both a psychopathological and a phenomenological perspective. The contemporary trend of poly-abuse of NPS in young people can lead to a sort of very intense paraphrenic state characterised by continuous hallucinations and formed by a mental automatism syndrome and by secondary (interpretative) delusions. The clinical case of G., discussed in this paper, is an exemplary case of this synthetic psychosis. The psychopathological understanding of the core symptomatology of the patient examined has been fundamental for the successive therapeutic approach. If this attempt at understanding is ineffective, the frequent consequences include: the worsening of the psychopathology and addiction; the patient’s admission into a psychiatric hospital; his/her arrest for crimes related to antisocial behaviour; a diffusion of infective diseases commonly found in addicts; more frequent overdoses; aggressive behaviour; an increase in the costs of public health system and, finally, the suicide of the patient [1].

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

Reference

- [1] MD, Psychiatrist and Neurologist, S. Maria delle Grazie Hospital, Female Prison, Addiction Centre Consultant, Mental Health Department, ASL Naples 2 North, Italy Vice-president of Italian Society of Phenomenological Psychopathology.

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Affective and psychotic psychopathology during adolescence and early adulthood: the dynamic developmental interplay between genes, structures and functions

S02

Corollary discharge, auditory hallucinations and schizophrenia – a structural network analysis



R. Henze^{1,2,*}, C. Goch³, J. Richter^{1,2}, P. Parzer², R. Brunner²,
 F. Resch², B. Stieltjes⁴

¹ German Cancer Research Center, Department of Radiology,
 Heidelberg, Germany

² University Hospital of Heidelberg, Department of Child and
 Adolescent Psychiatry, Heidelberg, Germany

³ German Cancer Research Center, Junior Group Medical Image
 Computing, Heidelberg, Germany

⁴ University of Basel, Clinic for Radiology and Nuclear Medicine,
 Basel, Switzerland

* Corresponding author.

Introduction Corollary discharges (CDs) are the reason most people cannot tickle themselves. They are the brain’s way of distinguishing whether a stimulus is associated with one’s own actions or something else. In neural terms, CDs are copies of motor plans that are propagated to sensory cortex where they can be compared with inputs. A range of phenomena associated with schizophrenia from auditory hallucinations to visual processing difficulties to the ability of patients to tickle themselves can be explained as pathologies in CD mechanisms. Auditory hallucinations for example involve patients failing to perceive themselves as the author of their own inner speech.

Objectives and aims To test whether schizophrenia is associated with a structural network disruption that could impair CD signals involved in language processing, adolescents with schizophrenia were examined using magnetic resonance imaging and compared to healthy controls.

Methods A graph theoretical approach was used to analyse the connectivity in networks centered on:

- Broca's area;
- Wernicke's area.

Connectivity information was acquired using diffusion tensor imaging (DTI).

Results Compared to healthy controls, adolescents with schizophrenia displayed a lower average degree of connectivity with the left inferior frontal gyrus (Broca's area). No significant differences were found in the degree of connectivity with the right inferior frontal gyrus and the superior temporal gyrus bilaterally (Wernicke's area).

Conclusions The results suggest a link between schizophrenia and impairment to areas where CDs associated with inner speech plausibly originate.

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

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S03

GRIN2B mediates susceptibility to affective problems in children and adolescents



M. Nobile

Child Psychopathology Unit, Scientific Institute, IRCCS Eugenio Medea, Bosisio Parini, Lecco, Italy

Objectives Association studies have implicated the N-methyl-D-aspartate receptor 2B subunit gene (*GRIN2B*) as candidate for different brain illnesses, also including both internalizing and externalizing disorders. Here, we explored the association between selected SNPs of *GRIN2B* (rs5796555-/A; rs1012586C/G; rs2268119A/T; rs2216128A/G; rs11609779C/T; rs2192973G/A) and attention problems in children and adolescents as assessed by CBCL 6/18 (Achenbach and Rescorla, 2001).

Methods In a large cohort of 320 Italian nuclear families selected from an ongoing comprehensive project on child and adolescent psychopathology performed at two sites of our Institutes (BP and UD), we performed a family-based association study to determine whether the *GRIN2B* gene influence and/or mediates susceptibility to attention problems through time. Genetic association was investigated by the quantitative transmission disequilibrium test (QTDT, version 2.5.1; Abecasis et al., 2000). Quantitative traits were analyzed using the '-wega' and the '-ao' options. Empirical *P*-values were computed from 10,000 Monte-Carlo permutations, and the significance levels were adjusted by the false discovery rate method (Storey, 2002) applied to the tests performed for each marker (i.e., 8 phenotypes) at two different point times. Latent profile analysis was performed to assess the effect of gene on different trajectories over time. The effect of environmental determinants was also evaluated.

Results Evidence for significant association of *GRIN2B*-rs5796555-/A was found with attention problems both at first and second evaluation. Latent profile analysis suggested significant association with specific trajectories and specific environmental factors.

Conclusions These results provide preliminary evidence of an association between the *GRIN2B* polymorphism and continuity of attention problems throughout adolescence within an Italian population of referred children and adolescents, suggesting that the *GRIN2B* genes could play a role in susceptibility to attention problems during developmental age.

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

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Biological markers of short-term and long-term treatment outcome in mental disorders

S04

Brain glutamate levels and antipsychotic response in schizophrenia



A. Egerton

Department of Psychosis Studies, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, United Kingdom

There is considerable interest in identifying biomarkers of antipsychotic response in schizophrenia. Glutamate is one key candidate. The development of brain imaging techniques for measuring brain glutamate levels has allowed this hypothesis to be tested directly in patients. This talk will present our ongoing research examining the relationship between brain glutamate levels and antipsychotic response in first-episode psychosis and in treatment-resistant schizophrenia. I will summarise our results from both our completed and ongoing studies, to consider whether glutamate imaging might be useful in the future to identify patients who would benefit from non-dopaminergic antipsychotic drugs and inform novel, glutamate-based, treatment strategies.

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

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S05

Biochemical and genetic markers in patients with alcohol dependence and affective disorders and their correlation with alcohol intake



U. Preuss^{1,*}, F. Wurst²

¹ Martin-Luther University, Halle-Wittenberg, Department of Psychiatry, Psychotherapy and Psychosomatics, Germany

² Paracelsus University Salzburg, Psychiatry, Salzburg, Austria

* Corresponding author.

Rates of comorbid affective disorders in alcohol-dependent individuals are significant. Biomarkers of alcohol use may support the diagnosis of high and frequent alcohol use in these individuals. The aim of these analyses of the WHO-ISBRA Study on State and Trait Markers of Alcohol Use and Dependence is to compare biomarkers of alcohol use across individuals with and without comorbid alcohol dependence and affective disorders. Significantly, higher values of these biomarkers are hypothesized in individuals with comorbid disorders compared to alcohol dependence only. Assessment of Alcohol dependence and comorbid depression and bipolar disorders were conducted using an adapted version of the Alcohol Use Disorder and Associated Disabilities Interview Schedule (AUDADIS). Altogether, *n* = 1863 individuals were included into the analyses, of whom *n* = 299 had a lifetime history of depression and *n* = 20 a bipolar disorder. Clinical characteristics like mean alcohol intake last month and biomarkers including ASAT, GGT, CDT, 5-HTOL/5-HIAA ratio and MAO-Activity were included into the analyses. Results indicate that AD only subjects had higher measures of all biomarkers compared to comorbid bipolar and depression subjects, while the latter had a higher alcohol intake during last month.

Since this is a cross-sectional study, conducted in emergency rooms of several countries, this allegedly divergent result in alcohol intake in comorbid subjects compared to higher biomarkers in AD only subjects may indicate that drinking is more frequent in alcohol-dependent individuals while bipolar and depressed subjects may have more episodic pattern of alcohol intake. The latter may lead to shorter periods of intake compared to the chronic and frequent

use of this substance in alcohol-dependent individuals and higher biomarkers of alcohol use.

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

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S06

Potential relationship between inflammatory markers, neuroimaging findings and treatment response in depression



A. Szulc

Medical University of Warsaw, Department of Psychiatry, Pruszkow, Poland

Pharmacological therapy in mental disorders is usually effective in 60–70%, the treatment reaction is worsening with the disease progression, and proper medication and early treatment regimen choice is crucial. Research showed that specific brain changes (structural and functional) are present in depressed patients. These abnormalities are probably linked to neurodegeneration. There is also an evidence that inflammation contributes to the depression pathophysiology, and both these processes – neurodegeneration and inflammation are related.

Novel biological markers allow us to better understand the individual mechanisms of treatment response in depression. Recently, several biological measures have been proposed, amongst them – neuropsychological dysfunction, decreased GABA level in proton magnetic resonance spectroscopy (¹H MRS), body weight, genetic factors and peripheral inflammatory markers. Latest research found that brain changes assessed with neuroimaging methods (including ¹H MRS, e.g. glutamatergic system abnormalities), correlate with peripheral inflammatory markers. Furthermore, both these factors taken together may serve as one integrated treatment prediction marker in depressed patients.

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

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Bipolar disorders: From detection to intervention

S07

Developmental trajectories to bipolar disorder



S. Frangou

Icahn School of Medicine at Mount Sinai, Psychiatry, New York, USA

Background Childhood subclinical phenotypes have been informative for etiological research and as a target for preventative interventions. Using a prospective longitudinal general population cohort we investigated whether childhood manic symptoms predicted a diagnosis of bipolar disorder (BD) or other psychiatric disorders by early adulthood.

Methods Subthreshold manic symptoms at age 11 years ($n = 1907$) and clinical outcomes by age 19 years ($n = 1584$) were ascertained in the TRacking Adolescents' Individual Lives Survey (TRAILS), a prospective Dutch community cohort. We used latent class analysis to stratify TRAILS participants at age 11 years into distinct classes based on the pattern and severity of childhood manic symptoms. We then determined the association between class membership and clinical diagnoses by age 19 years.

Results At age 11 years, we identified a normative class with negligible symptoms ($n = 862$), a mildly symptomatic ($n = 846$) and a highly symptomatic class ($n = 199$). The risk of BD was

moderately increased in individuals in the mildly symptomatic class (OR = 2.65, 95% CI 1.41–5.01), and substantially increased in the highly symptomatic class (OR = 7.08, 95% CI = 3.32–15.11). Children in the highly symptomatic class were additionally characterized by lower IQ and socioeconomic status, greater family dysfunction and increased rates of parental psychiatric morbidity. Class membership did not show significant associations with depressive, anxiety and substance abuse disorders by age 19 years.

Conclusions The results provide support to developmental models of BD, and suggest that manic symptoms in childhood may be a marker for adult disorders and therefore potentially useful for early identification of at risk individuals.

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

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S08

Protecting the cardiometabolic health of young people experiencing psychosis



D. Shiers (Honorary Reader in Early Psychosis)

School of Psychological Sciences, University of Manchester, United Kingdom

This presentation will highlight how the early phase of major mental illness may provide a critical window of opportunity in which to prevent future life-restricting and life-shortening physical comorbidities.

Despite many recent advances in our understanding of severe mental illnesses, those affected still lose 15–20 years of life on average compared to the general population. Most premature deaths arise from the same common disorders that affect the general population such as cardiovascular disease, infections and cancers. Of these cardiovascular diseases is now the single biggest cause, far greater than suicide. Shockingly the mortality gap is still widening as the reduction in CVD morbidity and mortality seen in the general population over the last three decades continues to elude people with severe mental illnesses, for whom the prevalence of CVD, obesity and diabetes are now of epidemic proportion.

And yet, much of this epidemic can be predicted. High rates of tobacco use, physical inactivity and poor nutrition point to underlying health inequalities. Furthermore, initiation of antipsychotic treatment is associated with aggressive weight gain and metabolic disturbance from the early phase of psychosis, and yet often these adverse effects remain unmonitored and untreated.

This presentation will argue that these potentially modifiable risk factors provide natural targets for prevention from the onset of psychosis and its treatment. Extending the early intervention paradigm to embrace a far more holistic body & mind approach is overdue.

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

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S09

Implementing the clinical standards of the National Institute for Health and Care Excellence (NICE) bipolar clinical guideline



M. Tremblay^{1,2,*}, S. Palin¹

¹ Cheshire and Wirral Partnership NHS Foundation Trust, Mental Health, Winsford, United Kingdom

² Fellow of NICE (2012–2015)

* Corresponding author.

In the UK, the National Institute for Health and Care Excellence (NICE) sets standards for interventions to drive improvement in the quality of services delivered. The actual update of clinical guidelines remains patchy and difficult to ascertain.

NICE most recent guideline on the management of bipolar disorder in adults will be reviewed. A concept tool to facilitate adherence to NICE clinical standards will be presented along with detailed outcomes of its pilot application in a naturalistic treatment setting, which drove the average concordance from 32% for a team providing treatment as usual, to 92% for a team supporting their practice with the tool. This presentation will also address additional impacts of its use including allowing drawing key clinical characteristics of an index population of individuals suffering from bipolar disorder, supporting education and auditing the actual service delivery. The usefulness of the tool to shape clinical practice according to NICE evidence-based standards will be outlined. Its versatility and limitations will be debated. The discussion of the findings will include epidemiological considerations as well as implications for mental and physical well-being.

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

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Co-occurring psychiatric and substance use disorders: Impact on illness course and recovery

S10

Alcohol and aggression

A. Heinz*, U. Kluge, M. Schouler-Ocak, A. Beck
Charité, Universitätsmedizin Berlin, Department of Psychiatry and Psychotherapy, Campus Charité Mitte, Berlin, Germany

* Corresponding author.

About half of all murders are committed in Western industrialized countries by subjects under the influence of alcohol. Chronic alcohol use also increases the rate of violent attacks. These findings appear to be due to an interaction between acute and chronic environmental effects (acute alcohol consumption and chronic social isolation stress) on the one hand and limbic processing of aversive stimuli modulated by neurotransmitter systems such as dopamine and serotonin on the other. Animal experiments showed that early social isolation stress can induce serotonin dysfunction and appears to predispose individuals towards increased threat perception. Studies in humans revealed that depending on serotonergic neurotransmission and serotonin transporter genotype, some individuals are prone to show elevated functional activation elicited by aversive and threatening cues. Previous experience with alcohol-related aggression seems to further predispose an individual towards a “fight vs. flight” reaction when confronted with perceived threat during alcohol intake. Together, these findings point to complex gene-environment interactions and a specific role of social isolation stress in the development of alcohol-related aggression.

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

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S11

Multi-morbidity: Psychosis early childhood adversity and substance use within homeless people

M. Krausz
Institute of Mental Health at UBC, Vancouver, BC, Canada

Homelessness is the most visible indicator for social marginalization and vulnerability. It is a risk factor for subsequent health threats and especially individuals with a history of trauma,

substance use and severe persistent mental illness are at high risk to lose their homes, jobs and social networks.

The Canadian At Home/Chez Soi study aimed to better understand the entanglement of homelessness and mental illness and possible strategies to provide care to the most vulnerable. In 5 Canadian centers, over 2000 patients were included and randomized to different intervention arms based on a housing first approach.

Early trauma and foster care were as rampant as poly substance use, which explains a significant increase in mortality too.

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

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S12

Are attention-deficit/hyperactivity disorder symptoms associated with a more severe course of substance use? A longitudinal study with young Swiss men

F. Moggi

University Hospital of Psychiatry and Psychotherapy, University of Bern, Bern, Switzerland

Introduction Adults with attention-deficit/hyperactivity disorder (ADHD) symptoms show higher prevalence rates for substance use disorders (SUD).

Objectives Few longitudinal studies have been conducted to observe the course of substance use among adults with ADHD.

Aims This study examined the predictive value of ADHD symptoms during the course of substance use in a population sample.

Methods In two waves data from a representative sample of 5103 Swiss men in their early 20s were collected (baseline and 15-month follow-up) in the longitudinal “Cohort Study on Substance Use Risk Factors” (C-SURF). ADHD symptoms and substance use were assessed using the adult ADHD Self-Report Scale (ASRS-v1.1) and self-administered SUD questionnaires, respectively. Individuals who screened positive for ADHD (ADHD+) were compared to those who screened negative (ADHD-).

Results At baseline, the 215 individuals in the ADHD+ group (4.2%) showed considerably higher prevalence and frequency of substance use and prevalence of alcohol, tobacco, and cannabis use disorders relative to the ADHD- group. While alcohol, tobacco, cannabis, and heroin use remained stable from baseline to follow-up, the ADHD+ group was more likely to begin using illicit drugs (i.e. amphetamines, speed, ecstasy, hallucinogens, and cocaine) and initiate nonmedical use of prescription drugs (i.e. stimulants/amphetamines, hypnotics, and tranquilizers) relative to the ADHD- group.

Conclusions Young men with ADHD symptoms displayed more severe substance use patterns and were at a high risk of initiating drug use within 15 months. The identification of ADHD symptoms during early adulthood may be relevant in early interventions to lower the risk of drug use.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.828>

S13

Autism and substance use comorbidity: Screening, identification and treatment

P.J.M. van Wijngaarden-Cremers

Dimence, Centre for Developmental Disorders, Zwolle, Netherlands

Objective Autism spectrum disorders (ASD) are well-known for high prevalences of comorbid conditions especially anxiety, obsessions, depression, challenging behaviours.

In this presentation, we will consider the evidence for comorbidity between ASD and addiction [substance use disorders (SUD)] and explore the possible underlying explanations.

Methods A literature study on similarities between addiction and ASD (at a phenotypical and neurobiological level) as well as a case note review on a year cohort of 120 consecutive admissions in an adult addiction psychiatry unit and 120 admissions in an adult ASD unit.

Results In our addiction psychiatry cohort, 8 (men) on 118 patients were diagnosed with autism spectrum disorder. This is much higher than in the general population (1%). In the ASD cohort, the results are measured at the moment and the results will be presented in the presentation.

Autism spectrum disorders and addiction can both be perceived as developmental disorders in which a genetic predisposition and vulnerability interact with environmental factors. They can be induced by early stress thus affecting the proper functioning of the cortico-striatal dopaminergic regulation systems (and also the HPA axis). In “pure” ADHD this is attributed to a deregulation in the cognitive loops and the “impulsivity” endophenotype. Whereas in cases of ASD without an ADHD component the limbic and sensimotore cortico-striatal regulations loops are also involved.

Conclusions There are clear indications that a possible comorbidity of substance abuse disorder should be considered in cases of individuals with autism spectrum disorders. This finding is important for clinicians to take into account in assessing patients with addiction problems and ASD.

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

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Coercion in psychiatry: Challenges and perspectives

S14

Ethical challenges in the use of coercion



M. Kastrup (Speciallæge i psykiatri)
Copenhagen, Denmark

The use of coercive measures remains one of the great challenges in psychiatry.

Increased focus on patient rights and autonomy, concern from user and relatives organizations as well as from human rights organizations all have contributed to that the use of all kinds of coercion is high on the agenda. And yet, we are still faced with that a number of psychiatric patients will experience that coercive measures are used as part of their treatment.

The EPA Ethical Committee carried out a survey comprising the European associations of psychiatry in which a questionnaire was circulated regarding what the different associations found were the major ethical challenges in their respective countries.

Among the issues that have given rise to particular concern are the use of physical restraints including why some countries avoid physical restraints while other – e.g. Denmark – use it extensively. Why do we find such large differences? Is this due to different approaches to coercion, different traditions? Shortage of resources? Another concern is that certain groups seem more likely to be subject to coercion compared to others. Thus, it has been demonstrated that patients belonging to ethnic minority groups are more likely to experience this.

The paper will focus on ethical problems and issues of concern related to the use of coercion. The focus will be on facets of international relevance with the aim to remain critical towards the use and when needed to strengthen the quality of coercive treatment care.

URL: <http://www.mariannekastrup.dk>

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

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S15

Does the use of coercion improve the outcome of patients with severe mental disorders?



M. Luciano

University of Naples SUN, Department of Psychiatry, Naples, Italy

Coercive measures have always been part of the psychiatric armamentarium; however, the clinical and ethical dilemma between the use of a “therapeutic” coercion and the loss of patients’ dignity is one of the most controversial issues in mental health practice. According to International guidelines, coercive measures should be adopted only when all the other less restrictive approaches failed and should be considered as the “last restrictive alternative”. Although coercive measures are frequently used to manage patients’ aggressive behaviors and self-harm, refusal of medication and impulsivity, their effect on patients’ outcome is not clear. In fact, the use of coercive measures can reduce patients’ aggressiveness and improve psychiatric symptoms, but can also have a negative impact in terms of therapeutic relationship, engagement with mental health services and self-stigma, arising negative feelings on patients and on mental health professionals. International attempts have been made to improve and harmonize the use of involuntary treatments. Recommendations of good clinical practice on the use of coercive involuntary treatments and forced medications have been proposed by the EUNOMIA consortium, and the effect of coercion on the outcome of patients with severe mental disorders have been described. Results of this study will be reported as well as lessons learnt from other international experiences.

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

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Considering pain to better understand the suicidal process

S16

Psychological pain and interpersonal theory of suicide



A. Apter

Schneiders Childrens Medical Center of Israel, Petach Tikva, Israel

Psychological pain is an important variable in the understanding of suicidal individual.

This presentation describes the how psychological pain interacts with problems in communication to set up risk for serious suicidal behavior and describes some empirical studies supporting a model for using this concept in suicide prevention strategies.

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

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S17

Pain perception in self-injurious behaviours



C. Schmahl

Central Institute of Mental Health, Psychosomatic Medicine and Psychotherapy, Mannheim, Germany

Borderline personality disorder (BPD) is characterized by affective dysregulation and non-suicidal self-injurious behaviour (NSSI), which is closely linked with reduced pain perception. Several experimental studies revealed reduced pain sensitivity in BPD as well as significant correlations between pain perception, aversive inner tension and dissociation. Psychophysiological experiments revealed no deficit in the sensory-discriminative pain component in BPD. However, neurofunctional investigations point at alterations of the affective-motivational and the cognitive pain component in BPD. Preliminary evidence suggests that disturbed pain processing normalizes when patients stop NSSI after successful psychotherapeutic treatment. We could demonstrate that pain leads to a decrease in affective arousal and amygdala activity in patients with BPD and to an increase in amygdala-prefrontal connectivity. We are currently investigating the role of seeing blood and the importance of self-infliction of pain in the context of NSSI.

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

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S18

Neural pathways of the association between pain and suicide



K. van Heeringen

Unit for Suicide Research, Department of Psychiatry and Medical Psychology, Ghent University, Gent, Belgium

Physical pain and psychological pain are risk factors for suicidal behaviour, and understanding of the neural pathways linking pain and suicide may contribute to suicide prevention. Neuroimaging studies have shown changes in association with physical and psychological pain and with suicidal behaviour. Psychological stressors such as social exclusion may trigger emotional pain that is associated with functional changes in the prefrontal cortex, cingulate cortex, thalamus, and parahippocampal gyrus. This functional network shows considerable overlap with brain areas involved in physical pain and suicidal behaviour. Changes in the brain motivation-valuation circuitry may predict pain persistence and thus contribute to the development of suicidal thoughts and behaviours.

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

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Culture-society bound psychopathology

S19

Hikikomori and modern-type depression in Japan



T. Kato

Kyushu University, Department of Neuropsychiatry, Fukuoka, Japan

Maladaptive social interaction and its related-psychopathology have been highlighted in psychiatry especially among younger generations. “Hikikomori” defined as a syndrome with six months or longer of severe social withdrawal was initially reported in Japan, and the prevalence rate has been reported as 1.2% in Japanese population. The majority of hikikomori patients are adolescents and young adults who become recluses in their parents’ homes for months or years. They withdraw from contact with family, rarely have friends, and do not attend school or hold a job. An international vignette-used questionnaire survey indicates the spread of hikikomori in many other countries (Kato et al. *Lancet*, 2011; Kato et al. *Soc Psychiatry Psychiatr Epidemiol*, 2012).

In addition, our international clinical studies have revealed the prevalence of hikikomori outside Japan (Teo et al., 2015). On the other hand, a novel form of maladaptive psychopathology, called modern-type depression has emerged in Japan (Kato et al. *J Affect Disord*, 2011; Kato et al. *Psychiatry Clin Neurosci*, 2016).

In this presentation, I will introduce “Hikikomori” and “modern-type depression” in Japan, and also propose novel diagnostic/therapeutic approach against them.

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

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S20

International research on social withdrawal



A.R. Teo

VA Portland Health Care System, Center to Improve Veteran Involvement in Care, Portland, USA

Introduction Since the 1990s the term “Hikikomori” has emerged as a way to describe a modern form of severe social withdrawal first described in Japan. Recently, there have been increasing reports of Hikikomori around the globe.

Objectives To describe operationalized research criteria for Hikikomori, as well as epidemiologic, diagnostic, and psychosocial features of the Hikikomori in international settings.

Methods Participants were recruited from sites in India, Japan, Korea, and the US. Hikikomori was defined as a six-month or longer period of spending almost all time at home and avoiding social situations and social relationships, associated with significant distress/impairment. Lifetime history of psychiatric diagnosis was determined by the Structured Clinical Interview for the DSM-IV Axis-I and Axis-II Disorders. Additional measures included the Internet Addiction Test, UCLA Loneliness Scale, Lubben Social Network Scale (LSNS-6), and Sheehan Disability Scale (SDS).

Results Thirty-six participants meeting diagnostic criteria for Hikikomori were identified, with cases detected in all four countries. Avoidant personality disorder (41%), major depressive disorder (32%), paranoid personality disorder (32%), social anxiety disorder (27%), posttraumatic stress disorder (27%), and depressive personality disorder (27%) were the most common diagnoses. Sixty-eight percent had at least two psychiatric diagnoses. Individuals with Hikikomori had high levels of loneliness (UCLA Loneliness Scale $M = 55.4$, $SD = 10.5$), limited social networks (LSNS-6 $M = 9.7$, $SD = 5.5$), and moderate functional impairment (SDS $M = 16.5$, $SD = 7.9$).

Conclusions Hikikomori exists cross-nationally and can be assessed with a standardized assessment tool. Individuals with Hikikomori have substantial psychosocial impairment and disability, and a history of multiple psychiatric disorders is common.

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

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Diagnostic process in psychiatry

S21

Transcultural issues in diagnostic process



M. Kastrup (Speciallæge i psykiatri)

Copenhagen, Denmark

Diagnostic systems and methods must respond to patients’ diversity in expressions of mental distress, social and cultural context

and the meanings given to illness. Due to increasing migration and globalisation the challenge of considering diagnosis in the context of culture has become increasingly significant in Europe. And globalization has further led to changes in value systems and our awareness of patients with ethnic minority background.

Over recent decades, there has been an increasing development of psychiatric diagnosing with nosological categorisation combined with multi-axial schemas. Diagnosis, besides identifying a disorder and distinguishing one disorder from another disorder - differential diagnosis, has also an aim to include an overall understanding of the patient's situation.

We witness an upsurge in the attention paid to the cultural limitations to psychiatric diagnostic practice and treatment modalities. Guidelines for the psychiatric profession are in critical focus from a transcultural perspective. Some claim their universality independent of cultural context; others find cultural adaptation useful and necessary.

Do the diagnoses and clinical and ethical guidelines give meaning in the cultural setting? Are they compatible with the cultural values of the therapist and those of the patient and the family? Several sources claim the biomedical paradigm for being Western with insufficient consideration of the socio-political context.

The cultural formulation developed as part of DSM-IV and now DSM-5 is one model to support a systematic review of culture and context in psychiatric diagnosing.

The paper will discuss the advantages and shortcomings of current diagnostic categories and guidelines vis-à-vis the universe of traumatized refugees with other ethnic backgrounds.

URL: <http://www.mariannekastrup.dk/>

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

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S22

Interview and therapeutic rapport in diagnostic process



L. Küey

Istanbul Bilgi University, Department of Psychology, Istanbul, Turkey

Diagnostic assessment in psychiatry, as a formulation and as a joint re-construction process between the clinician and the patient, is essential in clinical care. Clinical interview is the crucial tool of the clinician in this process. Accordingly, a two-fold task is faced. On one hand, the clinician is in need of making a comprehensive diagnostic assessment to construct a valid and working formulation of the patient's situation and a treatment plan.

On the other hand, the bases for a psychotherapeutic alliance and rapport should be established. A comprehensive diagnostic assessment aims to bridge the current scientific evidence and knowledge with the uniqueness of the specific person who presents for care. The clinician facing the complexities of the human existence in health and ill mental health constructs working hypotheses in the context of the interview, to understand and formulate the psychopathological state. Clinical interview serving as a practical channel in constructing these hypotheses, also serves as the main tool in establishing a therapeutic alliance. The theory and practice of different schools of psychotherapies offer considerable contributions to the clinician in managing these tasks.

Understanding the meaning of the human suffering through empathy in a judgment free milieu is essential in the establishment of rapport, compliance and a better clinical outcome. This presentation will discuss the complexity of diagnostic process in psychiatry and emphasize the contributions of psychotherapeutic theory and skills and humanistic approaches in this process. Brief clinical vignettes from the authors' clinical practice will be used to broaden the scope of discussion.

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

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Does diet affect mental health? The role of the gut-brain axis in psychiatric disorders

S23

The role of IgG hypersensitivity and changes in gut microbiota in the pathogenesis and therapy of depressive disorders



H. Karakula-Juchnowicz^{1,*}, P. Szachta², D. Juchnowicz³, S. Grochowski⁴, M. Gałęcka⁵

¹ Medical University, Department of Clinical Neuropsychiatry I, Department of Psychiatry-Psychotherapy and Early Intervention, Lublin, Poland

² VitalImm Medical Center, Research Department, Poznan, Poland

³ Medical University of Lublin, Department of Psychiatric Nursing, Lublin, Poland

⁴ Privat Practice New York, Anti-aging and Functional Medicine, New York, USA

⁵ Institute for Microecology, Research Department, Poznan, Poland

* Corresponding author.

Depression is a complex, heterogeneous psychiatric disorder with multifactorial aetiology. Substantial evidence indicates that depressive episodes are associated not only with changes in neurotransmission in the central nervous system (CNS), but also may lead to structural changes in the brain through neuroendocrine, inflammatory, and immunological mechanisms. Among the factors deserving special attention connected with developing systematic inflammation are altered intestinal permeability, IgG food intolerance, and changes in gut microbiota.

We present a possible scenario of the development of depression, linking elevated zonulin production, loosening of the tight junction barrier, an increase in permeability of the gut wall, and the passage of macromolecules, normally staying the gut, into the bloodstream, with the immuno-inflammatory cascade and induction of IgG-dependent food sensitivity. Alterations in bidirectional signaling between the gastrointestinal tract and the brain, so called "microbiota-gut-brain axis", may be normalized by dietary immunomodulating factors, including prebiotics and probiotics. In the case of increased IgG concentrations, the implementation of an elimination-rotation diet may prove to be an effective method of reducing inflammation and, in this way, alleviating depressive symptoms.

Given complexity and variety of mood disorders, it is necessary to develop improved integration models. Preliminary study results raise hope that the new methods mentioned above, i.e. psychobiotics, prebiotics, an elimination-rotation diet, may be an important addition to the psychiatrist's armamentarium as therapeutic agents improving the efficacy of the treatment for affective disorders [1–3].

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

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S24

Can the pathophysiology of autism be explained by the nature of the discovered urine peptides and dietary antigens?



K.L. Reichelt

Oslo University, Blindern, Oslo and lab 1, Sandvika, Norway

Purpose A: 1. To develop the urine analysis for exorphins for routine use in blood and cerebrospinal fluid (CSF).

2. Disorders where patient related validation must be carried out: schizophrenia, depression (uni- and bipolar) and autism.

Method A: HPLC-MS/MS (fragmentation mass spectrometry) technology.

With both a specific HPLC retention time and MS/MS (fragmentation) this method is close to an absolute technique for peptide recognition.

B: ELISA against specific proteins (gliadin, gluten and casein and transglutaminase 6) (Table 1 og 2).

Background A: schizophrenia: increased opioid peptide levels have been found in Schizophrenia using HPLC, immune assay and behavioral tests. [1–6] as part of a general peptide increase in urine. Since peptides are signaling compounds inhibition of peptidases during transport and work up of samples is critical to prevent break down, which is as expected fast at room temperature.

Strongly supporting this view is the data on postpartum psychoses (a very symptom rich psychosis) where also amino acid sequence of human casomorphin found increased, has been done [7–8]. The opioids can explain most of the symptoms of the psychotic schizophrenic state [6]. It is of paramount importance then to measure these peptides in carefully diagnosed patients on and without medication, in urine, blood and spinal fluid.

As can be seen in Table 1, it is important to measure IgA and IgG antibodies against the precursor proteins for the exorphins, which are found increased by several groups, and also have direct effects on the nervous system [9].

B. In depression increase levels of peptides has been found [18,28,29] and also opioid levels measured as opium receptor binding peptides [28]. In schizoaffective psychosis MS/MS exact detection of exorphins have been published [6]. Also in this syndrome it is critical to be able to measure the exorphins in blood and CSF, especially since the peptidases involved in break down of exorphins are decreased in depressions [30,31]. Inflammatory interleukins are also increased in depressions both uni- and bipolar [32] indicative of inflammatory processes probably in the gut. Inflammatory interleukins increase the permeability of epithelial membranes [33].

C. Autism. Considerable work has been done using HPLC with UV detection and co-chromatography [12,34–40]. However, with HPLC-MS/MS we can ensure that we are measuring only the exorphins and not chromatographically similar peaks that hide inside the main peak [41–43]. We therefore need to validate the new method in autism for both urine, blood and CSF (CSF collected only when spinal tap has to be done in any case).

Inhibition of break down in urine, blood and cerebrospinal fluid (CSF) After extensive testing we have been left with three inhibitors. Citric acid 0.2 M; acetic acid 0.2 M and aprotinine [44,45].

These body fluids will be provided by Prof Dr E. Severance and Prof Dr R. Yolken (Johns Hopkins Univ.) and Prof Dr. Cunningham

(Uppsala Univ. Sweden). Lab 1 provides monovettes with citric acid as peptidase inhibitor for urine collection. Blood will be collected in EDTA – aprotinin vacuum test tubes (Vacutainer) as will be CSF. HPLC and MS/MS detection.

The amount of urine analyzed on the HPLC after work up = 250 nanomoles creatinine. To pick out generally active peptides in any one disorder, five and five autistic children or schizophrenic derived and depressive derived urines are mixed, creatinine re-determined and rerun. Peaks that are common to all patients increase or remain the same, while individual peaks of material on the HPLC runs are diluted out.

The complete procedure is published in detail [48]. If we use reporter ions we do not have to match all the peaks as shown in attached figures. On Fig. 1, synthetic bovine β -casomorphine 1-4 (Y-P-F-P) is compared to biologically isolated compound from a batch of five autistic children. On Fig. 2, the faster routine analysis using reporter ions is shown for bovine β -casomorphine 1-4. Top trace is synthetic casomorphin 1-4 and bottom trace is biologically isolated compound. The complete analysis for a series of opioids is published [48].

Program is then in sequence:

– A: further validation of method for urine in the different disorders;

– B: validation of method for blood in the same disorders;

– C: validation of method for CSF (spinal fluid) in schizophrenics and depressive patients.

NB.

To avoid overlooking new compounds a complete HPLC run with UV 215 nm (peptide bonds); 280 nm (aromatic groups) and 325 nm (Indolyl-acryloid) shall be run for urines. If sufficient serum is available and spinal fluid these will also be run on HPLC in addition to MS/MS detection.

Antibody assays will be done at Johns Hopkins using ELISA, Transglutaminase 6 antibodies at Lab 1 also using ELISA assay.

Figures and references not available in the abstract.

Table 1 Antibodies of type IgA and IgG increased in relevant disorders.

Disorder	References
Autism spectrum	Reichelt et al. [10]; Lucarelli et al. [11]; Cade et al. [12]; Vojdani et al. [13]; Kawashti et al. [14]; Trajkowski et al. [15]; Lau et al. [16]; de Magistris et al. [17]
Depression	Sælid et al. [18]; Maes [19]
Bipolar	Severance et al. [20]
Schizophrenia	Dohan et al. [21]; Reichelt and Landmark [22]; Samaro et al. [23]; Dickerson et al. [24]; Severance et al. [25]; Jin et al. [26]; Niebuhret et al. [27]

Reference no in parenthesis is found in the reference list. The antibodies are of the IgA and IgG type and not IgE often found in allergic pathology.

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

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S25

Gastroenterology issues in schizophrenia: Why the gut matters



E. Severance

Johns Hopkins University School of Medicine, Department of Pediatrics, Baltimore, MD, USA

Numerous risk factors for schizophrenia can be reconciled through a common enteric source. These risk factors include systemic

and localized inflammation, compromised endothelial barriers, IgG sensitivities to food antigens, exposure to viral and parasitic pathogens, and autoimmunity. The gut in a homeostatic state equates with a functional digestive system, cellular barrier stability and properly regulated recognition of self and non-self antigens, as managed by a complex community of resident microbes. Our studies address how environmental and genetic factors relate to GI dysfunction, impact the resident gut microbiota and result in dysregulation of processes in the host central nervous system. We hypothesize that disturbance to GI equilibria activates peripheral immune factors including complement pathway components that function in synaptic pruning. We evaluate these issues with peripheral immune biomarkers and deep sequencing in a number of case-control psychiatric cohorts that include antipsychotic-naïve individuals. Although certain medications and lifestyle factors might affect GI functioning, our findings support a GI pathology inherent to the schizophrenia disease process and a role for the gut-brain axis in complex brain disorders. The identification of those individuals affected by GI-related risk factors will enable appropriate and individualized treatments to be designed and tested for efficacy of both gut and brain-related symptoms.

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S26

The role of the gut microbiota in mood and behaviour. Whether psychobiotics can become an alternative in therapy in psychiatry?

S. Van Hemert², W. Marlicz³, P. Szachta^{1,*}, E. Pekelharing², G. Ormel², I. Loniewski⁴, L. Ostrowska⁵, J. Samochowiec⁶

¹ Vitaimmun Medical Center, Research Department, Szczecin, Poland

² Winclove Probiotics, Hulstweg 11, 1032 LB, Amsterdam, Netherlands

³ Pomeranian Medical University, Department of Gastroenterology, Szczecin, Poland

⁴ Sanprobi, Sp. Z o.o. Sp. K., Szczecin, Poland

⁵ Medical University, Department of Dietetics and Clinical Nutrition, Białystok, Poland

⁶ Pomeranian Medical University, Department of Psychiatry, Szczecin, Poland

* Corresponding author.

Introduction Novel research concepts based on therapies aiming to modulate intestinal microbiota are emerging. The evidence is mounting that gut-brain axis plays an important role in the development of mood and depressive disorders [1]. The similarities between blood brain barrier (BBB) and gut vascular barrier (GVB) and their role in chronic diseases have been recently unraveled [2]. Especially convincing data come from animal models, where administration of probiotics and antibiotics in germ and pathogen free mice showed beneficial role in the regulation of behavior, cognition, pain, anxiety and mood.

Aims and results Based on available data as well as on studies looking at the effect of multispecies probiotics (Ecologic® Barrier containing *B.bifidum*W23, *B.lactis*W52, *L.acidophilus*W37, *L.brevis*W63, *L.casei*W56, *L.salivarius*W24, *L.lactis*W19, *L.lactis*W58) on cognitive reactivity to sad mood in healthy volunteers [3] we designed the human trial aiming to compare microbiome alterations and response to therapy in patients with depression and schizophrenia. Moreover, in vitro and in vivo data support the notion that multispecies probiotics are capable of improving gut barrier function [4] and may alleviate disorders affecting mood and depressive-like behavior. We postulate that therapies modulating the microbiome-gut-brain axis warrant further investigations.

Conclusion Multispecies probiotics have the potential to influence the gut-brain axis and alleviate mental disorders. Ongoing clinical study in patients with depression and schizophrenia will help to further unravel the role of gut-brain axis in the treatment of patients with psychiatric disturbances.

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

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E-mental Health: Updates on recent achievements and pitfalls

S27

E-Mental Health and models of care: The evidence base and feasibility of picking one vs. another?

D. Hilty

Keck School of Medicine at USC and LAC + USC Medical Center, Los Angeles, USA

The patient-centered care features quality, affordable, and timely care in a variety of settings – technology is a key part of that – particularly among younger generations and child and adolescent patients. The consumer movement related to new technologies is nearly passing clinicians by, as new ways of communicating with others (text, email, Twitter, Facebook) revolutionizes how we experience life and access healthcare. This paper explores a continuum with healthy, innovative behavior on one end (e.g., social media) and pathological Internet use on the other end—and the range of self-help and e-mental healthcare options being used. Specifically, it focuses on how social media adds to, yet may complicate healthcare delivery, such that clinicians may need to adjust our approach to maintain therapeutic relationships, interpersonal/clinical boundaries, and privacy/confidentiality. We suggest planning ahead to discuss expectations about online communication between doctors and patients as part of the informed consent process, offer other do's and don'ts for patients and clinicians, and review applicable guidelines. More research is needed on consumer and patient use of technology related to healthcare, as is an approach to basic and advanced measurement of outcomes.

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S28

After all, is E-Mental Health capable of making a paradigm shift?

M. Krausz

Institute of Mental Health at UBC, Vancouver, BC, Canada

Only a very small percentage of adolescents and young adults with mental challenges is able to access specialized care. Access is

limited due to a lack of capacity but also internal hurdles and stigma especially among young males. The web creates a new environment for them, which is defining a new culture of communication and interaction. The majority is using smart phones to access the Internet and make that their main communication device.

Walkalong is a web-based platform, which aims to provide a range of opportunities and tools for youth with especially mood challenges. These tools include screening and assessment, online resources and all kind of orientation and interaction for informed decision-making.

We are working on that to develop a framework for better online-based mental health care including useful tools beyond crisis based on the principles of empowerment and strength based approaches.

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S29

Treatment of schizophrenia using tablet and smartphone based applications (Polish Study)

M. Krzystanek¹, D. Krzeszowski², K. Jagoda², B. Radzio³, K. Krysta^{4,*}

¹ Medical University of Silesia, Department of Rehabilitation Psychiatry, Katowice, Poland

² Specialistic Outpatient Clinic, Kuźaja 57, Radzionków, Poland

³ Specialistic Outpatient Clinic, Zuchów 3, Wodzisław Śląski, Poland

⁴ Medical University of Silesia, Department of Psychiatry and Psychotherapy, Katowice, Poland

* Corresponding author.

Relapses, deterioration of cognitive functioning, negative symptoms, neuroleptic resistance are the examples of many consequences of noncompliance in schizophrenia. In order to improve the compliance, schizophrenic patients treated in an outpatient department in a traditional way have been given an additional possibility of contacting their doctors with the use of a special application on a portable electronic device. Other functions of this application are possibilities of PANSS, Calgary and CGI measurements and cognitive trainings for the patients. This type of a remote contact with patients can be an effective tool in the work in an outpatient setting. The compliance was assessed using a telepsychiatric system, sending reminders: 1 hour before the planned dose to remind them that drug intake is approaching, and at the moment of intake to check if they took the drug. In general the compliance in the group of schizophrenic patients in remission is very low, however the telemedicine system improves the compliance in this group of patients, in which the compliance is the worst.

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

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E-psychiatry: From acceptability to effectiveness!

S30

A study on the effectiveness of E-Mental Health in the treatment of psychosis: Looking to recovery

F. Gucci*, F. Marmo
Clinica Villa Camaldoli, Naples, Italy

* Corresponding author.

Introduction An integrated program (Institutional Psychiatric Open Light Treatment) for psychosis and personality disorder was enriched with audiovisual functions provided through a dedicated website.

The aim of the present study was to observe how and if these added functions support the patients in their daily living, influencing the quality of the recovery process.

Recent studies highlighted how telemental health services are effective to provide access, improve basic outcome, facilitate empowerment of patients and be well-accepted (Hilty, 2013; Hailley, 2008) and how integrated community-based treatment, such as Community-Based Psychodynamic Treatment Program (Chiesa and Fonagy, 2009) or Assertive Community Treatment (Veldhuizen and Bahler, 2013) are effective in SMI.

Telemental health services may become factors improving real-life functioning, integrating community-based treatment for psychosis and bettering social cognition, functional capacity, resilience, internalized stigma and engagement with mental health services, so positively affecting outcomes of psychosis treatment.

Methods All patients admitted (May 2010–April 2015) were included. Aged between 18 and 65, with schizophrenia, psychosis, schizoaffective disorder, bipolar disorder, personality disorder.

Some troubles with the website use (Voice2Voice) led to a second version, more friendly and simple to use (app2gether).

App2gether provided several functions: audio/video conference rooms for patients or family (synchronous virtual space to interact, at scheduled time, with a psychologist, a psychiatrist or a peer support worker, in free groups); chat (asynchronous virtual space for any question or information).

We considered primary outcomes proposed by Cochrane Collaboration (Shek, 2010): hospital admissions, days of hospitalization, day-hospital admissions, day-program attendance (e.g. weekly), treatment compliance (voluntary discharge or missing scheduled date).

We considered, as secondary outcomes, variables closely associated with real-life functioning (Galderisi, 2015): global functioning (Italian translation of Global Assessment of Functioning Scale), quality of life (Short Form 36 item), social relationships (Personal and Social Performance), internalized stigma (Internalized Stigma Mental Illness Inventory), empowerment (Empowerment Scale).

Patients were divided into four cohorts:

- 1-using “app2gether” functions in the follow-up, attending day treatment program ($n = 35$);
- 2-attending day treatment program ($n = 52$);
- 3-attending transitional day-hospital program ($n = 171$);
- 4-not included in the IPOLT-program ($n = 188$).

Patients were included in the first group only based on their basic computer skills and fast Internet availability.

Results At first, we compared (2) and (3) with (4), as control group. For each patient, we considered an identical observation period before and after day-hospital admission (ANOVA, $P < 0.05$). We found a significant improvement in primary outcomes and global functioning, but not in other secondary outcomes, for the groups (2) and (3) compared with (4).

Over 6-months observation, patients using “app2gether” functions in the follow-up showed:

- a significantly decrease in hospital admissions and hospitalization length, compared to non-IPOLT-program group;
- a reduction in day-hospital admissions and day-hospital attendance, compared to (2) and (3) groups;
- a notable effect on secondary outcomes, compared to all other groups.

Conclusion A dedicated website in the IPOLT-program supports patients in their living's place, does not interfere with daily activities, decreases social costs, encourages community integration and reduces stigma.

Synchronous telepsychiatry allow a professionally modulated intervention in “here and now”; asynchronous contacts with specialists combine professional intervention with chances of



autonomy and autoregulation. These services reduce costs, in terms of FTE (Full Time Equivalent), but not the efficacy. Future advances in the websites should be designed, simplifying the contact surface with the treating-team and reducing the social impact of therapeutic practice.

A better understanding of the complex variables influencing real-life functioning and new sensitive tools to detect it are needed.

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S31

The impact of E-Mental Health on prevention and early detection of illness

D. Hilty

Keck School of Medicine at USC and LAC + USC Medical Center, Los Angeles, USA



Our current healthcare system in the United States is characterized by problems with access to timely and evidence-based care, particularly for mental disorders. Telemental health improves access to care regardless of the point-of-service or barriers involved. Its effectiveness across age, population and disorders is as good as in-person care, though adjustments for some populations in the approach is necessary. Early intervention is an example of “Cadillac” care or a best evidence-based approach that is easier to distribute via telemedicine. Cadillac care delivered via TMH has the potential to bring evidence-based early intervention modalities to very young children and their families. However, early access to care is also critical for all populations, particularly those with cultural or medical disadvantages. It appears that telemental health may be preferable or better than in-person care in some instances.

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S32

The acceptability of web-care for patients with major depressive disorder

M. Ladea*, M. Bran

University of Medicine and Pharmacy “Carol Davila”, Psychiatry, Bucharest, Romania

* Corresponding author.



Introduction With the extraordinary rate of development of E-health and widespread internet access in Romania, Inomedica decided to create a platform dedicated primarily to the patients and their families: depresiv.ro. According to Internet Live Stats there were 11,178,477 Internet users in Romania (representing 51.66% of the population) in 2014. Inomedica is a non-governmental organization founded by a multidisciplinary team (psychiatrists, sociologists, IT specialists).

The platforms provide rigorous and quality online information about depression as well as self-assessment tools and Q&A section. The presentation will explore the development and effects of the first 16 months of operation of a web platform about depression.

Methods The depresiv.ro platform design is simple and user friendly. Mental health specialists contributed to the development of the content, which is easy to access and understand.

The platform also provides access to a self-evaluation tool, the Hospital Anxiety and Depression Scale (HADS), and thus helps the users identify possible problems and encourage them to seek professional help. The web application also included a demographic questionnaire, and a medical history questionnaire. A native iOS version of the application is available to download free on AppStore. The platform is supported by a Google grant program.

Results The platform traffic increased from a few users per day at launch to more than 1000 unique visitors per day. Since 1st January 2015, about 178,000 unique visitors accessed the platform. All the metrics improved significantly during the last months: bounce rate (66.3%), average session duration (02:17 minutes), number of pages per session (2.4).

About 25,000 users accessed the HADS application since its release, from August 2014 until September 2015, showing the increasing need for free online self-evaluation tools.

The Q&A section is one of the most visited on the platform since many users try to find answers for their questions regarding depressive or anxiety symptoms.

Conclusions As new technologies are introduced and become more accessible, mental health specialists are developing new ways of providing services and collecting data. The traffic data/usage for both the depresiv.ro platform and the app are evidence for the widespread acceptability of web-based delivery methods.

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S33

Digital healthcare: Fools gold or a promised land?

M. Wise

Wiser Minds Ltd, Adult, London, United Kingdom



Digital healthcare is the use of technology to deliver healthcare. There are many facets of it. The paradigm of care at a distance e.g. a live interface is the most understood, whether it is the old fashioned analog phone call or that of today's Millennial who ‘get’ Skype or see video calling as a day to day reality.

This has moved to non-live uses, asynchronous, the modern version of written communication, email, videomessage, Instagram, twitter or any one of a multitude of social media.

It has progressed beyond that though to a plethora of devices, apps and cross breeds that promise to maximise your patients health, and often your practice income! Grand claims, if not ones supported by the evidence.

They have broadened the range of providers from the plain vanilla (group) therapist to the Cyber support groups; from patient information sheets, to sophisticated hyperlinked, video embedded ‘hope box’, or manual on your phone. They have changed in vivo exposure from what was limited by travel time, to what is limited by the programmers imagination.

Telemedicine can connect patients and providers worldwide – how can that not be an amazing promise, today's truly outstanding goal – tomorrow commonplace event.

The promise of near infinite data; if only we can measure enough, we can treat better, may hold true for a physical paradigm such as mobile ECG or BP monitoring, but is it true for mental health?

Science is not a door to infinite wisdom, but a rescue from unending ignorance. The evidence is that technological innovations are not a magic solution but tools widening access, they are to travel what the motorway is to the dust track. They are an equaliser in that more people can be reached than ever before—but they do not replace human skill and ability.

By December 2015, 500 million smartphone users worldwide will be estimated to be using a health care application. Yet, there is no evidence of a systematic evaluation of a fraction of these apps. They may not be snake oil salesman, but has the placebo effect graduated from molecules to ones and zero's?

We will explore the evidence to understand some of the promises and the realities of what was once Tomorrows World, here today.

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Engaging students with psychiatry: Why, how, and where are we now

S34

Medical students choice of psychiatry – an international survey



D. Bhugra (President)

World Psychiatric Association, London, United Kingdom

The appeal of psychiatry as a speciality varies around the globe for a number of reasons. In a majority of countries, medical students are reluctant to choose psychiatry and this has become a much more evident matter of concern in the past three decades. The factors, which affect the choice of psychiatry as a specialty by medical students include external and internal stigma, quality of teaching of the subject as well as research exposure and clinical experience during placements. In many countries, a placement may last only two weeks and the exposure is to patients in asylums, whereas a majority of psychiatric conditions are treated in primary care. In addition, personal factors such as the ability to deal with openness and ambiguity play a role in the choice of speciality. A study in 19 countries to explore factors prior to entering medical school, experiences in medical school and postgraduate in the choice of the subject showed that those medical students who are likely to choose psychiatry fall into three major categories:

- those who had decided prior to joining medical school that they wanted to choose psychiatry;
- those who decide during medical school placements and, finally;
- those who select the speciality after having finished their medical school training.

The latter group has two further subgroups: one, which falls passively into psychiatry and another who make an active choice to take it up. Among 2198 students who participated, 4.5% of the sample planned to become psychiatrists, with a further 15% considering it as a possible career. Women (21%) were more likely to consider psychiatry than men (16%). Key factors associated with choosing psychiatry were personal as well as based on teaching/learning experiences. In order to recruit into psychiatry, better teaching, exposure to common mental disorders and small research projects may prove to be helpful.

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S35

Papageno program: When learners collaborate for a safer coverage of suicide



C.E. Notredame

Regional Medical Center of Lille, Child and adolescent psychiatry, Lille, France

Media coverage of suicide has been repeatedly shown to influence suicide rates. The Werther Effect (WE) qualifies the propensity of suicide stories to prompt imitative behaviors. By contrast, the Papageno effect (PE) was more recently identified as a way for journalists to contribute to suicide prevention through their productions. Crucially, both WE and PE depend on the quantitative (audience, redundancies, size of articles, etc.) and qualitative (type of story, editorial style, content, etc.) properties of the coverage.

In order to promote the PE and limit the WE, the World Health Organization (WHO) have edited a guideline for media professionals. For instance, journalists are advised to prohibit sensationalism, avoid pictures or details about the suicide method, and show due respect to the bereaved relatives. However, it is now clear that the only chance for these recommendations to be applied is to integrate

their diffusion into a more general effort toward collaboration with journalists.

Papageno is a French national suicide prevention program that fully relies on learners to rise awareness about suicide and its coverage. It mainly consists in pair-meetings between psychiatry trainees and journalism students. Such an innovative formula breaks with the old top-down knowledge transmission model in order to foster personalized and sustainable sensitization. It aims at growing up a new generation of journalists who would be more aware of their responsibility concerning suicide and would more spontaneously resort to the WHO guidelines. Ultimately, the Papageno program strives for the creation of a new culture where journalists and psychiatrist would collaborate for a safer media coverage of suicide.

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S36

Youth leadership in mental health: Views from EFPT and IFMSA

M. Pinto da Costa¹, D. Silva^{2,*}, S. Essafi³, E. Frau⁴, V. Berquist⁵, K. Maceviciute⁶¹ Hospital de Magalhães Lemos, Psychiatry Department of Porto, Porto, Portugal² University of Porto, Faculty of Medicine, Porto, Portugal³ University of Sousse, Medical School, Sousse, Tunisia⁴ University of Fribourg, Faculty of Medicine, Fribourg, Switzerland⁵ Monash University, Faculty of Medicine, Melbourne, Australia⁶ Vilnius University, Faculty of Medicine, Vilnius, Lithuania

* Corresponding author.

The world today is more challenging than ever before. Discrimination, stigma, and ever-changing lifestyles are just a few examples of elements that have a profound impact on the mental health status of our global population. Even though the burden of mental illness is well documented and increasing, mental health remains a neglected area of health worldwide.

Youth Associations, like the International Federation of Medical Students' Associations (IFMSA) and the European Federation of Psychiatric Trainees (EFPT) recognize the importance of tackling this problem, taking an active role on promoting education in our communities, tackling stigma and advocating for more action. Medical students worldwide, from Slovenia, Australia, Lebanon, Brazil, Quebec and Grenada – among at least 42 other countries, organise expansive, creative and engaging mental health projects.

With particular interest we can mention the winner of the last Rex Crossley Award, attributed to a Slovenian project 'in Reflection': a suicide prevention project, which tackles the different factors associated with vulnerable groups through a series of workshops and campaigns that seek to destigmatize the mental health problems and offer the opportunity to high school students to get the help they need.

This talk will give an insight into strengths, weaknesses and challenges faced by youth in tackling mental health, specially in the role of the IFMSA, displaying some of our most interesting and innovative projects from future mental health leaders around the world, together with the initiatives of EFPT.

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S37

Introducing PEEP: The psychiatry early experience programme

H. Qureshi^{1,*}, C. Holt², R. Mirvis³, S. Cross⁴, O. Hussain⁵, H. Hutchings⁶, E. Marshall⁷, F. Turner⁸, C. Wilson Jones (Director of Undergraduate Psychiatry)⁹

¹ South London and Maudsley NHS Foundation Trust, Lewisham IPTT Ladywell Clinic, London, United Kingdom

² South London and Maudsley NHS Foundation Trust, Southwark Community Mental Health team Older Adults, London, United Kingdom

³ Oxleas NHS Foundation Trust, Greenwich Learning Disability Team, London, United Kingdom

⁴ Oxleas NHS Foundation Trust, Greenwich East ICMP, London, United Kingdom

⁵ South London and Maudsley NHS Foundation Trust, Mental Health of Older Adults, London, United Kingdom

⁶ South London and Maudsley NHS Foundation Trust, National Autism Unit, Beckenham, United Kingdom

⁷ South London and Maudsley NHS Foundation Trust, Wandsworth Community Drug and Alcohol Team, London, United Kingdom

⁸ Oxleas NHS Foundation Trust, Adult Mental Health, London, United Kingdom

⁹ South London and Maudsley NHS Foundation Trust, London, United Kingdom

* Corresponding author.

At Guy's King's and St Thomas' School of Medicine, a unique initiative is the Psychiatry Early Experience Programme (PEEP), which allows students to shadow psychiatry trainees at work several times a year. The students' attitudes towards psychiatry and the scheme are regularly assessed and initial results are already available.

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Epigenetic discoveries in psychiatric disorders

S38

Methylome modifications in monozygotic twins and in depression

L. Fañanás*, A. Córdova-Palomera
University of Barcelona, Animal Biology, Barcelona, Spain

* Corresponding author.

Epigenetics is the study of gene expression changes that are produced by heritable, though potentially reversible, modifications of chromatin structure or DNA methylation. DNA methylation is interesting in epidemiological studies, due to its accessibility and since previous evidence indicates that large inter-individual differences in methylation levels at some loci may correlate with phenotypic plasticity in changing environments.

Prior genome-wide methylomic research on depression has suggested that, together with differential DNA methylation changes, affected co-twins of monozygotic twin pairs have increased DNA methylation variability, probably in line with theories of epigenetic stochasticity. However, the putative biological roots of this variability remain largely unexplored.

This study evaluate whether DNA methylation differences within MZ twin pairs were related to differences in their depressive status. Genome-wide DNA methylation levels were measured in peripheral blood of 34 twins (17 MZ pairs) using Illumina Infinium Human Methylation450 Beadchip. Two analytical strategies were used



to identify differentially methylated probes (DMPs) and variably methylated probes (VMPs).

The majority of the DMPs were located in genes previously related to neuropsychiatric phenotypes, such as WDR26, a GWAS hit for MDD whose expression levels have been found altered in blood of depressed individuals.

VMPs were located in genes such as *CACNA1C*, *IGF2* and the p38 MAP kinase *MAPK11*, showing enrichment for biological processes such as glucocorticoid signaling.

The findings expand on previous research to indicate that both differential and variable methylation may play a role in the etiopathology of depression, and suggest specific genomic loci of potential interest in the epigenetics of depression.

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S39

Longitudinal study of methylome profiles in subjects with psychosis and/or schizophrenia

O. Kebir*, B. Chaumette, M.O. Krebs

Inserm U894, Centre of Psychiatry and Neurosciences, Paris, France

* Corresponding author.

Background Schizophrenia is a complex disorder involving both genetic and environmental factors. Epigenetic is a growing theory to explain these interactions at a molecular level. It is well-known that schizophrenia begins with prodromal symptoms and patients undergoing subthreshold symptoms are named ultra-high risk (UHR) subjects. Therapeutic and prognostic attitude remain challenging for this population. According to the model of the gene-environment interactions, the psychotic transition in adolescence could be related to epigenetic changes during the psychotic transition.

Methods We designed and performed the first longitudinal study about whole-genome DNA methylation changes. Thirty-nine UHR patients were recruited in specialized center C'JAAD - Centre Hospitalier Ste Anne - Paris (France). During follow-up, 14 of them became psychotic (converters) according to the validated scale CAARMS. Initial and final methylation were investigated by Infinium Human Methylation450 BeadChip for 450,000 CpG after bisulfite conversion.

Results The psychotic transition was not associated with global methylation changes. Linear models failed to identify CpG and genes significantly associated with psychotic transition after Bonferroni correction. Analyses of the top results provided a cluster, which could classify perfectly converters and non-converters. These genes of interest are over-represented in biological pathways with relevance for psychotic physiopathology. Individual analyses highlighted the biological heterogeneity of the psychotic transition.

Conclusion Improving physiopathological understanding of psychotic transition is a current challenge to identify biomarkers and to develop targeted preventive interventions available in clinical practice for UHR subjects. The epigenetic processes and in particular DNA methylation could be interesting factors.

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S40

Epigenetic modifications in anorexia nervosa patients and remitters compared to healthy control women

N. Ramoz^{1,*}, J. Clarke^{1,2}, P. Gorwood^{1,3}

¹ Inserm U894, Centre de Psychiatrie et Neurosciences, Paris, France



² Hôpital R.-Debré, Psychiatrie de l'enfant et de l'adolescent, Paris, France

³ Hôpital Sainte-Anne, CMME, Paris, France

* Corresponding author.

Introduction Anorexia nervosa (AN) is the most severe in terms of morbidity psychiatric illness with the highest mortality rate increased by 23 fold. Treatments are limited effectiveness. AN has a strong genetic component with heritability at 70% but despite ~200 studies no major gene was identified. Epigenetics, such as DNA methylation, is another component of heritability that could explain the high heritability. Methylation is poorly studied in AN from small samples, and is focused on few candidate genes among publications. Under publication, a first genome-wide methylation study investigated 10 restrictive type AN patients, 19 bingeing/purging type of AN patients and 15 normal eaters using DNAs from whole blood (Booij, 2015). Of the 480K CpG sites that can be methylated of Infinium Human Methylation450 BeadChip Kit, authors focused on 24,000 sites located close to genes and they identified candidate genes with a different profile of methylation between AN and controls.

Objectives Our work is to replicate the results of Booji and also to investigate the AN remitters.

Aims Our goal is to identify epigenetic signatures of the AN disorder and the prognostic of remission.

Methods Twenty-four AN patients, 24 AN remitters will be compared to 48 healthy control women for methylation using the Infinium Human Methylation450.

Results As Booji et al., we will compare methylation for 24,000 sites located close to genes for 24 AN, 24 remitters and 48 controls.

Conclusions We expected to replicate the published results of Booji and to identify genes with a methylation signature specific of the AN remission.

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

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S41

Whole-genome epigenetic changes genome regarding childhood maltreatment in patients with borderline personality disorder or depression



J. Prados¹, L. Stenz^{2,*}, P. Courtet³, P. Prada⁴, R. Nicastro⁵, A. Wafae¹, S. Guillaume³, E. Olié³, J.M. Aubry⁴, A. Dayer¹, N. perroud⁴

¹ University of Geneva, Department of psychiatry, Geneva, Switzerland

² University of Geneva, Department of genetic medicine and development, Geneva, Switzerland

³ University of Montpellier, Department of mental health and psychiatry, Montpellier, France

⁴ University Hospitals of Geneva, Department of mental health and psychiatry, Geneva, Switzerland

⁵ University Hospital of Geneva, Department of mental health and psychiatry, Geneva, Switzerland

* Corresponding author.

Early life adversity plays a critical role in the emergence of borderline personality disorder (BPD) and this could occur through epigenetic programming. In this perspective, we aimed to determine whether childhood maltreatment could durably modify epigenetic processes by the means of a whole-genome methylation scan of BPD subjects. Using the Illumina Infinium[®] Human Methylation450 BeadChip, global methylation status of DNA extracted from peripheral blood leucocytes was correlated to the severity of childhood maltreatment in 96 BPD subjects suffering from a high level of child adversity and 93 subjects suffering from major depressive

disorder (MDD) and reporting a low rate of child maltreatment. Several CpGs within or near the following genes (*IL17RA*, *miR124-3*, *KCNQ2*, *EFNB1*, *OCA2*, *MFAP2*, *RPH3AL*, *WDR60*, *CST9L*, *EP400*, *A2ML1*, *NT5DC2*, *FAM163A* and *SPSB2*) were found to be differently methylated, either in BPD compared with MDD or in relation to the severity of childhood maltreatment. A highly relevant biological result was observed for cg04927004 close to *miR124-3* that was significantly associated with BPD and severity of childhood maltreatment. *miR124-3* codes for a microRNA (miRNA) targeting several genes previously found to be associated with BPD such as *NR3C1*. Our results highlight the potentially important role played by miRNAs in the etiology of neuropsychiatric disorders such as BPD and the usefulness of using methylome-wide association studies to uncover such candidate genes. Moreover, they offer new understanding of the impact of maltreatments on biological processes leading to diseases and may ultimately result in the identification of relevant biomarkers.

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European alliances against depression: 4-level interventions targeting depression and suicidal behaviour

S42

Community-based 4-level approach: Background, implementation and evidence for efficacy



U. Hegerl^{1,*}, E. Arensman², C. van Audenhove³, T. Baader⁴, R. Gusmão⁵, A. Ibelshäuser⁶, Z. Merali⁷, C. Rummel-Kluge⁸, V. Pérez Sola⁹, R. Pycha¹⁰, A. Värnik¹¹, A. Székely¹²

¹ University of Leipzig, Department of Psychiatry and Psychotherapy, Leipzig, Germany

² NSRF, National Suicide Research Foundation, Cork, Ireland

³ LUCAS, Katholieke Universiteit Leuven, Leuven, Belgium

⁴ Universidad Austral de Chile Facultad Medicina, Instituto Neurociencias Clínicas, Valdivia, Chile

⁵ EUTIMIA, EUTIMIA, Lisbon, Portugal

⁶ Pro mente tirol, St. Pölten, Austria

⁷ University of Ottawa, Institute of Mental Health Research, Ottawa, Canada

⁸ Stiftung Deutsche Depressionshilfe, University of Leipzig, Department of Psychiatry and Psychotherapy, Leipzig, Germany

⁹ Parc de Salut Mar Barcelona, Institut de Neuropsiquiatria i Addiccions, Barcelona, Spain

¹⁰ Krankenhaus Bruneck, Abteilung für Psychiatrie, Bruneck, Italy

¹¹ ERSI, Estonian-Swedish Mental Health and Suicidology Institute, Tallinn, Estonia

¹² Semmelweis University, Institute of Behavioural Science, Budapest, Hungary

* Corresponding author.

The community-based 4-level-intervention concept developed within the “European Alliance against Depression” (<http://www.eaad.net/>) combines two important aims: to improve the care and treatment of patients with depression and to prevent suicidal behavior. It has been shown to be effective concerning the prevention of suicidal behavior [1–4] and is worldwide the most broadly implemented community-based intervention targeting depression and suicidal behavior. The 4-level intervention concept comprises training and support of primary care providers (level 1), a professional public relation campaign (level 2), training of community facilitators (teacher, priests, geriatric caregivers,

pharmacists, journalists) (level 3), and support for self-help of patients with depression and for their relatives (level 4). In order to deepen the understanding of factors influencing the effectiveness of the intervention, a systematic implementation research and process analysis was performed within the EU-funded study “Optimizing Suicide Prevention Programs and Their Implementation in Europe” (<http://www.ospi-europe.com/>; 7th Framework Programme) [5]. These analyses were based on data from four intervention and four control regions from four European countries. In addition to intervention effects on suicidal behaviour, a variety of intermediate outcomes (e.g. changes in attitude or knowledge in different populations) were considered. Strong synergistic as well as catalytic effects were identified as a result of being active simultaneously at four different levels. Predictable and unpredictable obstacles to a successful implementation of such community-based programs will be discussed. Via the EAAD, the intervention concept and materials (available in eight different languages) are offered to interested region in and outside of Europe.

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

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Hallucinations and delusions in schizophrenia: From phenomenology to neurobiology

S43

Hallucinations without delusions in patients with first-episode psychosis: Clinical correlates and implications for pathophysiological models



I. Melle

NORMENT Centre for Psychosis Research, Division of Mental Health and Addiction, Institute of Clinical Medicine, University of Oslo and Oslo University Hospital, Oslo, Norway

Introduction The symptomatic distribution in schizophrenia spectrum disorder is heterogeneous. Patients may experience hallucinations, delusions and combinations thereof, in addition to disorganized and negative symptoms. We have previously found that patients with monosymptomatic hallucinations exhibited a different clinical profile than patients with monosymptomatic delusions or combinations of the two; with an earlier age at onset and more suicidal symptoms.

Aims To replicate findings in a new group of patients with schizophrenia spectrum disorders.

Methods A total of 421 consecutive patients with schizophrenia spectrum disorders were included into the study. They were comprehensively assessed by specifically trained psychiatrists or clinical psychologists; using the SCID for DSM-IV for diagnostic purposes, the PANSS to assess current clinical symptoms and CDSS to assess current depression. Lifetime presence of different symptom types was ascertained during the diagnostic interview.

Results A total of 346 (82%) had experienced both hallucinations and delusion, 63 (15%) had experienced delusions without hallucinations, 10 (2.5%) had experienced hallucinations without delusions and 2 patients (0.5%) had neither but experienced negative and severely disorganized symptoms. Contrary to hypothesis,

we did not find any statistically significant differences in age at onset and in clinical symptoms (including suicidality) between these groups. We also did not find any differences in the type of hallucinatory experiences between hallucinating groups.

Conclusions In a new sample of patients, we did not replicate previous findings of a different clinical profile in patients with monosymptomatic hallucinations. This type of psychotic disorder is relatively rare, which might pose a problem concerning statistical strength.

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S44

Abnormal time experience, bizarre delusions and verbal-acoustic hallucinations in schizophrenia



G. Stanghellini

“G. d’Annunzio” University, Department of Psychological, Humanistic and Territorial Sciences, Chieti, Italy

The integrity of time consciousness is the condition of possibility of the identity through time of an object of perception as well as of the person who perceives it. I will present our findings about abnormal time experience (ATE) in people with schizophrenia. These data may support the following hypothesis: if the continuity of temporal experience disintegrates (of which ATE are experiential manifestations), overarching meaningful units are no longer available, thereby creating temporal gaps, e.g., in one’s stream of consciousness. In some cases, thoughts that are no longer experienced as embedded in one’s stream of thoughts are experienced as, e.g., thought interferences, blockages, insertion or withdrawal. These symptoms cannot be explained as a mere disturbance of attention or comprehension at the level of semantic combinations. Rather, the disturbance could be searched for at a more basic level where the temporal coherence of conscious awareness is constituted. A failure of the constitutive temporal synthesis may create micro-gaps of conscious experience. In the most severe cases, thoughts or other mental phenomena that are no longer embedded in the continuity of basic self-experience may appear in consciousness as “erratic blocks” and experienced as being inserted, or, if further externalized, as auditory hallucinations (“voices”). This coheres with the hypothesis that a breakdown of temporality may be bound up with the breakdown of prereflexive self-awareness.

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Improving clinical outcomes through technology: An innovative approach proposal

S45

Smartphone based treatment in bipolar disorder



M. Faurholt-Jepsen^{1,*}, M. Frost², J.E. Bardram³, L.V. Kessing¹

¹ *Rigshospitalet, Copenhagen University Hospital, Psychiatric Center Copenhagen, Copenhagen, Denmark*

² *IT University of Copenhagen, PIT Laboratory, Copenhagen, Denmark*

³ *DTU, CACHET, Lyngby, Denmark*

* *Corresponding author.*

E-mental health technologies are under great development and the use is of these technologies is increasing rapidly.

During this symposium, results from a randomized controlled trial investigating the effect of smartphone based electronic self-monitoring on the severity of depressive and manic symptoms will be presented and discussed.

Further, we will present and discuss the use of automatically generated objective smartphone data on behavioral activities (e.g. social activities, mobility and physical activity) as electronic biomarkers of illness activity in bipolar disorder.

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

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S46

Value-based healthcare delivery in the digital era



G. Seara^{1,*}, A. Payá², J. Mayol³

¹ Hospital Clínico San Carlos, Innovation Unit, Madrid, Spain

² Servicio Madrileño de Salud SERMAS, Dirección General de Sistemas de Información Sanitaria, Madrid, Spain

³ Hospital Clínico San Carlos, Universidad Complutense, Innovation Unit, Department of Surgery, Madrid, Spain

* Corresponding author.

Introduction Mental disorders are a major cause of disability in Europe [1]. However, organizational structures and information systems are focused on delivery of care, rather than providing value [2]. In the digital era, we have the capacity to change priorities through the analysis of heterogeneous databases that could support patients' and professionals' decisions.

Objectives to analyse the contradictions between the design and the theoretical structure of mental health services and the possibilities to evaluate the actual value of the delivered care.

Aims To reflect on changing the trend using a different conceptualization of objectives and evaluating methods.

Methods We used a tool provided to clinicians by the Madrid's Regional Health Service SERMAS ('ConsultaWeb') combining primary care, pharmacy and hospital data ($n = 395,073$ patients for the catchment area), and a set of hospital-based data (patients attended by psychiatrists at the ER, $n = 13,877$, and patients admitted to the Psychiatric Inpatient unit $n = 3318$), to explore some of the present professional information resources.

Results Currently used healthcare databases only describe the diagnostic or therapeutic categories of patients and might be used to detect abnormal behaviours. However, they are neither able to show the functional status of patients nor designed to predict their clinical course.

Conclusions A clearer definition of value in patient outcomes is needed. This might help to organize the healthcare delivery and to create a new information system that would allow to assess health outcomes.

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

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S47

New platform of data analytics for mental health



K. Suzuki

Fujitsu Spain, Department of Innovation, Madrid, Japan

Introduction Mental disorder is a key public health challenge and a leading cause of disability-adjusted life years (DALYs) due to its high level of disability and mortality. Therefore, a slight improve-

ment on mental care provision and management could generate solid benefits on relieving the social burden of mental diseases.

Objectives This paper presents a long-term vision of strategic collaboration between Fujitsu Laboratories, Fujitsu Spain, and Hospital Clínico San Carlos to generate value through predictive and preventive medicine improving healthcare outcomes for every clinical area, benefiting managers, clinicians, and patients.

Aims The aim is to enable a data analytic approach towards a value-based healthcare system via health informatics. The project generates knowledge from heterogeneous data sources to obtain patterns assisting clinical decision-making.

Methods This project leverages a data analytic platform named HIKARI ("light" in Japanese) to deliver the "right" information, to the "right" people, at the "right" time. HIKARI consists of a data-driven and evidence-based Decision Support and Recommendation System (DSRS), facilitating identification of patterns in large-scale hospital and open data sets and linking data from different sources and types.

Results Using multiple, heterogeneous data sets, HIKARI detects correlations from retrospective data and would facilitate early intervention when signs and symptoms prompt immediate actions. HIKARI also analyses resource consumption patterns and suggests better resource allocation, using real-world data.

Conclusions With the advance of ICT, especially data-intensive computing paradigm, approaches mixing individual risk assessment and environmental conditions become increasingly available. As a key tool, HIKARI DSRS can assist clinicians in the daily management of mental disorders.

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Is schizophrenia a disorder of brain connectivity?

S48

Disintegration of sensorimotor brain networks in schizophrenia



T. Kaufmann*, K.C. Skåtun, D. Alnæs, C.L. Brandt, N.T. Doan,

I. Agartz, I.S. Melle, O.A. Andreassen, L.T. Westlye

University of Oslo, Norwegian Centre for Mental Disorders Research, Oslo, Norway

* Corresponding author.

A large body of literature reported widespread structural and functional abnormalities throughout the brain in schizophrenia spectrum disorders (SZ). Corresponding with the typical symptomatology in SZ where sensory dysfunctions contribute to the core social and cognitive impairment, converging evidence suggests a disturbed interplay between higher-order (cognitive) and lower-order (sensory) regions. This talk will discuss the results of several recent studies, investigating brain connectivity in SZ using functional magnetic resonance imaging data from large samples. Within-network sensorimotor as well as sensorimotor-thalamic aberrations in SZ robustly appear among the core findings across studies, both during performance of cognitive tasks and during rest. We utilized machine learning to distinguish SZ from healthy controls based on connectivity profiles. When classifying on sensorimotor connections alone, not only can we reach accuracies largely above chance but also, these accuracies are as good as when incorporating whole brain connectivity in the classification. Whereas the overall accuracy levels in distinguishing SZ from controls are not useful in a clinical context, these results underline the robustness of the sensorimotor findings on the individual subject level. Targeting the sensory and perceptual domains may thus be key for

future research to get a better understanding of the heterogeneity of clinical manifestations in severe mental disorders and to map clinical symptoms to imaging phenotypes.

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

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S49

Fronto-thalamic dysconnectivity and cognitive control in schizophrenia



G. Wagner^{1,*}, F. De la Cruz², D. Güllmar³, C.C. Schultz², K. Koch⁴, K.J. Bär²

¹ Germany

² Jena University Hospital, Department of Psychiatry and Psychotherapy, Jena, Germany

³ Jena University Hospital, Institute of Diagnostic and Interventional Radiology I, Jena, Germany

⁴ Klinikum rechts der Isar, TUM, Department of Neuroradiology, München, Germany

* Corresponding author.

Introduction Several lines of evidence suggest that cognitive deficits represent a core feature of schizophrenia.

Objectives The concept of “cognitive dysmetria” has been introduced to characterize disintegration at the system level of frontal-thalamic-cerebellar circuitry which has been regarded as a key network for a wide range of neuropsychological symptoms in schizophrenia.

Aims The present multimodal study aimed at investigating effective and structural connectivity of the frontal-thalamic circuitry in schizophrenia.

Methods Univariate fMRI data analysis and effective connectivity analysis using dynamic causal modeling (DCM) were combined to examine cognitive control processes in 40 patients with schizophrenia and 40 matched healthy controls. BOLD signal and parameters of effective connectivity were related to parameters of corresponding white matter integrity assessed with diffusion tensor imaging (DTI).

Results In the DTI analysis, significantly decreased fractional anisotropy (FA) was detected in patients in the right anterior limb of the internal capsule (ALIC), the right thalamus and the right corpus callosum. During Stroop task performance patients demonstrated significantly lower activation relative to healthy controls in a predominantly right lateralized frontal-thalamic-cerebellar network. An abnormal effective connectivity was observed in the right lateralized connections between thalamus, anterior cingulate and dorsolateral prefrontal cortex. FA in the right ALIC was significantly correlated with the fronto-thalamic BOLD signal, effective connectivity and cognitive performance in patients.

Conclusions Present data provide evidence for the notion of a structural and functional defect in the prefrontal-thalamic-cerebellar circuitry, which seems to be the basis of the cognitive control deficits in schizophrenia.

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

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S50

Motor symptoms and altered connectivity in schizophrenia



S. Walther*, K. Stegmayer, B. Tobias, A. Federspiel
University Hospital of Psychiatry, Translational Research Center,
Bern, Switzerland

* Corresponding author.

Schizophrenia spectrum disorders are frequently associated with motor abnormalities. Aberrant motor function can be observed in patients throughout the course of the disorder, in subjects at high

clinical risk and in unaffected first-degree relatives. Schizophrenia is further characterized by white matter abnormalities in multiple fiber tracts and aberrant resting state cerebral perfusion. In a series of studies, we investigated the association of objectively measured motor behavior in terms of activity levels with white matter microstructure and cerebral perfusion at rest. Patients were less active than controls at the behavioral level. In the associations with neuroimaging techniques, we detected that unlike controls, patients' activity levels were linked to structure and perfusion of cortical motor areas as well as the connecting white matter. In controls instead, motor activity relied on the association of cortico-subcortical motor loops. Thus, some of the motor signs in schizophrenia may result from ineffective coupling between cortical and subcortical motor areas. Finally, preliminary data from functional connectivity analyses support this notion.

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

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Lifespan development of schizophrenia and how the treatments improve outcome

S51

Antipsychotic medication and outcomes in schizophrenia from a lifespan perspective



H. Koponen

Helsinki University and Helsinki University Hospital, Department of Psychiatry, Helsinki, Finland

Introduction Antipsychotic medications play an important role in schizophrenia, and their efficacy in the relapse prevention and treatment of acute psychotic symptoms is clear-cut.

Objectives Data on the long-term use of antipsychotics and impact on prognostic issues is limited, although some previous studies noted a high risk of relapse during the first two years after the first acute psychosis.

Aims Our aim was to study the characteristics and clinical course of medicated and unmedicated schizophrenia patients.

Methods The study population consisted of schizophrenia patients from the Northern Finland 1966 Birth Cohort ($n = 70$). Use of antipsychotics was examined in the follow-up interview by asking about the subjects' medication history during the previous three months. The sample was divided into a non-medicated group ($n = 24$) and a medicated group ($n = 46$).

Results Relapses during the follow-up were equally frequent between non-medicated and medicated subjects (47% vs. 53%). Not having been hospitalised during previous five years, but not previous two years, before the interview predicted long-term successful antipsychotic withdrawal without relapse. Fifteen of the subjects in the non-medicated group (63%) and 9 in the medicated group (20%) were in remission.

Conclusions The present results imply that there are some individuals with schizophrenic psychoses not using antipsychotic medication whose psychotic illness and clinical course are so favourable that they do not necessarily need medication permanently. Changes in the antipsychotic dosing should not be made too fast and the patient and relatives should be able to contact without delay if exacerbation of psychotic symptoms is suspected.

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

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S52

A life course perspective on familial and environmental risks for schizophrenia using a western Australian E-cohort



V. Morgan*, P. Di Prinzio, G. Valuri, M. Croft, S. Shah, T. McNeil, A. Jablensky

The University of Western Australia, School of Psychiatry and Clinical Neurosciences, Perth, Australia

* Corresponding author.

Introduction Familial risk for psychosis may interact with environmental risk factors.

Objectives We are studying a large birth cohort of children of mothers with psychotic disorders, themselves at high risk of developing a psychotic illness, to understand the developmental aetiology of psychotic illness.

Aims Our aim is to examine whether exposure to environmental stressors in childhood, including timing of exposure, is a risk factor for psychotic illness, independent of familial liability. Specificity to maternal schizophrenia is explored.

Methods We used record-linkage across state-wide registers (midwives, psychiatric, child protection and mortality, among others) to identify 15,486 offspring born in Western Australia 1980–2001 to mothers with a lifetime history of psychotic illness (case children) and compared them with 452,459 offspring born in the same period to mothers with no known psychiatric history (comparison children).

Results A total of 4.1% of case children had developed a psychotic illness compared to 1.1% of comparison children. Exposure to environmental risk factors including obstetric complications, aboriginality, lower socioeconomic status, discontinuity in parenting and childhood abuse significantly increased risk of psychotic illness in offspring. Length and age at time of discontinuity in parenting impacted on risk. At the same time, case children were also significantly more likely than comparison children to be at risk of experiencing these adverse life events.

Conclusions Exposure to environmental stressors is associated with psychotic illness, and timing of exposure is important. However, children already at increased familial risk for psychotic illness are also at increased risk of experiencing these environmental stressors.

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

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S53

Treatment-resistant schizophrenia during life span : Epidemiology, outcomes and innovative M-Health treatments within M-RESIST Project



K. Rubinstein^{1,2,3,*}

¹ Sheba Medical Center, Department of Psychiatry, Tel HaShomer, Israel

² Tel-Aviv University, Sackler School of Medicine, Tel Aviv, Israel

³ Gertner Institute of Epidemiology and Health Policy Research, Tel Aviv, Israel

* Correspondence.

Treatment-resistant symptoms of schizophrenia (TRS) complicate the clinical course of the illness, and a large proportion of patients do not reach functional recovery (Englich and Zink, 2012). Out of the estimated 5 million people (0.2–2.6 %) suffering from psychotic disorders in the European Union, 30–50 % can be considered resistant to treatment, and 10–20 % ultra-resistant (Essock et al., 1996 ; Juarez-Reyes et al., 1995). The complexity of standard intervention within this population, along with the presence of persistent posi-

tive symptomatology, extensive periods of hospital care and greater risk of multi-morbidity, lead to a high degrees of suffering for the patients, family and social environment, and a high proportion of costs to the healthcare system (Kennedy et al., 2014).

At present, a uniform definition of treatment resistance in the pharmacotherapy of schizophrenia is not available (Suzuki et al., 2011), as well as generally recommendable evidence-based treatment methods (Dold and Leucht, 2014).

A recent systematic review on the topic showed that TRS is poorly a studied and understood condition, contrasted to its high prevalence, clinical importance and poor prognosis. There is lack of studies on epidemiology and risk factors of this disorder, as well as on outcomes and longitudinal course. Most of the available literature focuses on medication treatments, while very few examine efficacy of adjunctive therapeutic options (Seppala et al., in preparation).

Treatments based on information and communication technology (ICT) present novel possibilities to improve the outcomes of schizophrenia. Previous studies have indicated suitability and promising results of such intervention techniques (Granhm et al., 2012 ; Ben-Zeev et al., 2013). m-RESIST is an innovative project aimed to empower patients with resistant schizophrenia, to personalize treatment by integrating pharmacological and psychosocial approaches, and to further develop knowledge related to the illness using predictive models designed to exploit historical and real-time data based on environmental factors and treatment outcomes.

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S54

Somatic comorbidity and its outcomes in schizophrenia during lifespan



J. Seppala^{1,2,*}, H. Korpela², E. Jääskeläinen², J. Miettinen², M. Isohanni², J. Auvinen², T. Nordström³, R. Marttila⁴, S. Keinänen-Kiukaanniemi², M.R. Järvelin⁵, H. Salo², N. Rautio²

¹ Department of Psychiatry, South Savo Hospital District, Mikkeli, Finland

² University of Oulu, Center for Life Course Health Research, Oulu, Finland

³ University of Ouu, Research Unit of Clinical Neuroscience, Oulu, Finland

⁴ Oulu University Hospital, Unit of Primary Health Care, Oulu, Finland

⁵ Imperial College London, Department of Epidemiology and Biostatistics, London, United Kingdom

* Corresponding author.

Background Studies mainly relied on hospital or case-control data have well documented that individuals with psychoses, and especially with schizophrenia have increased rates of physical illnesses. They have two to four-fold higher mortality risk, and about 10 to 25 years shorter life expectancy compared with the general population. The aim of this study is to evaluate the prevalence of physical illnesses in individuals with schizophrenia or with other psychoses and among people without psychoses until the age of 46 years using complete outpatient and inpatient data from birth cohort.

Methods The study is based on The Northern Finland 1966 Birth Cohort (NFBC, 1966), which is a population-based prospective cohort concerning 12,058 live-born children in 1966 in the provinces of Lapland and Oulu.

The study population consisted of 10,933 individuals, who were alive at the age of 16-years, and followed serially until the age of 46-years. The study population was divided into three groups: those having schizophrenia ($n=228$) and those with other psychoses ($n=240$) while individuals without psychosis ($n=10,465$)

formed the control group. The data was obtained from various national registers.

Results Diseases of the blood and blood forming organs (prevalence in SCZ was 17% versus 10% in controls, $P < 0.001$), endocrine, nutritional and metabolic diseases (45% vs. 27%, $P < 0.001$), diabetes mellitus (7% vs. 3%, $P < 0.001$) and nervous diseases (33% vs. 25%, $P = 0.018$) were more common among individuals with SCZ compared with controls. Diseases of musculoskeletal system and connective tissue were less common in SCZ than among controls (28% vs. 41%, $P < 0.001$).

People with other psychoses than SCZ had statistically significant association with all the diagnostic groups classified in ICD-10 except with neoplasms. Infections and parasitic diseases (prevalence in other psychoses was 44% versus 32% in controls, $P < 0.001$), diseases of the blood and blood forming organs (18% vs. 10%, $P < 0.001$), endocrine, nutritional and metabolic diseases (42% vs. 27%, $P < 0.001$) including diabetes mellitus (9% vs. 3%, $P < 0.001$), nervous diseases (40% vs. 25%, $P < 0.001$), diseases of the eye and adnexa (32% vs. 21%, $P < 0.001$), diseases of the ear and mastoid process (58% vs. 44%, $P < 0.001$), diseases of circulatory (50% vs. 37%, $P < 0.001$), respiratory (70% vs. 60%, $P < 0.001$) and digestive system (77% vs. 68%, $P = 0.004$), diseases of skin and subcutaneous tissue (23% vs. 16%, $P = 0.006$), diseases of musculoskeletal system and connective tissue (51% vs. 40%, $P = 0.004$) and diseases of genitourinary system (41% vs. 31%, $P = 0.003$) were more common among people with other psychoses than SCZ compared with controls.

Discussion A new finding is that not only people with schizophrenia but especially those with other psychoses show a greater occurrence of somatic diseases compared with those without psychosis. The increased occurrence of somatic comorbidity in other psychoses should be noted by medical professional, and further longitudinal studies are warranted to study its possible risk factors during lifespan.

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Market economy and its consequences for mental health

S55

Overview of the EPA guidance paper

M.M. Carrasco

Instituto de Investigaciones Psiquiátricas, Fundación M^a Josefa Recio Hermanas Hospitalarias, Bilbao, Spain



After several decades of Market Faith in Western societies and the most severe financial crash several generations has known, there has not really been a serious re-examination of the role of markets and money in our society. A market economy may be a valuable and effective tool for organizing productive activity. The problem is whether we have become a “market society”. That is, if the economic values have been transplanted to the whole of society – not only economic life – and we have become a monetized society: a society where just about everything is up for sale. That’s to say, a way of life where market relations and market incentives and market values come to dominate all aspects of life. Paradoxically, it is possible that the economic crisis has only increased this trend. Administrations at different levels – European, States, Local... – have demanded tremendous sacrifices from the population intended to save the financial system, but on the way sacrificing a Welfare state that took decades to build. In this presentation, we will review the mental health consequences of the current economic crisis. Also it examines how the change in social values and

sweeping assertion of economic values can affect the way we think about Mental Health and Psychiatric Care.

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S56

Discussant: Ethical challenges

M. Kastrup

Own firm, Copenhagen, Denmark



Europe has undergone considerable economic changes that have an impact on mental health of its citizens; have consequences for the organization of mental health services; and raise ethical issues, such as the distribution of wealth, and equity in access to care. Furthermore, Europe is current undergoing serious economic problems that will produce adverse effects on the mental health of its citizens, among them increase in substance abuse related disorders as well as an increase in suicide.

The consequences that economic changes have on mental health relate to the conditions of the particular country, as countries with better health security nets would be less likely to experience adverse effects. Different policy measures may reduce the impact on mental health not only within the health sector, but other sectors of society have to be engaged in the process.

The symposium will consider these problems from different selected perspectives.

An overview of the impact of economic policies on health services will be followed by a presentation of the important role of international organizations like EPA in outlining the problem and finally a presentation of the initiative Choosing Wisely that focuses on communication between health professionals and patients with recommendations of decisions about the most appropriate care based on the patient’s individual situation.

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S57

Mental health in context. Impact of economic policies on health services

N. Sartorius (President)

Association for the Improvement of Mental Health Programs, Geneva, Switzerland



The impact of economic policies on mental health services – and with some differences also on general health services – will be exemplified by an analysis of the current trend of governments’ withdrawal from funding the mental health services it provided until now and the replacement of the government funded services by privately owned services. The analysis will be made on the background of the current worldwide tendency of commoditification, which posits that health care should be considered a commodity and judged using indicators, which have proven their value in commerce and handling of commodities. The analysis leads to the conclusion that the both tendencies – of commoditification and of increasing involvement of private capital in running health care services are likely to lead to a deterioration of care for people with mental illness.

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Mental health in nursing homes: Current best practice

S58

Organizing mental health care in nursing homes: How, by whom and what for?



C.A. de Mendonça Lima (Head)

Unity of Geriatric Psychiatry, Centre Les Toises, Lausanne, Switzerland

Though care should be provided in patients' homes for as long as possible, it must be recognised that care in an alternative residential setting may be the only way of meeting some patients' needs effectively or avoiding intolerable carer burden. Such care will always be necessary, for people who have no relatives available. The residential care may be useful for respite care including a range of time limited services, to support the carers. Residential care should also be available for those patients whose physical, psychological, and/or social dependencies make living at home no longer possible. This provision includes a range from supported accommodations with low level supervision, medium level care facilities and full nursing facilities. There is a high prevalence of mental disorders in nursing homes and very often the staff is not adequately educated, trained and supported to care these individuals. Psychiatric consultation liaison services should be provided not only for residents but also to support the staff of these facilities. The most recent international documents point out the necessity to offer the best available care [1] for these vulnerable persons in the deep respect of their dignity [2]. It becomes urgent to launch a deep debate on this subject in order to recommend to authorities the best guidelines to support policies to be adopted in this field.

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

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S59

Treating chronically psychotic patients in nursing homes



J. Gaillard

Centre d'action sociale de la ville de Paris, Unité de Liaison Psychiatrique, Paris, France

The increase of aging patients with schizophrenia becomes a public health issue. The exponential demography of the elderly, the improvement of cares associated with better physical follow-up directly impact the number of old patients with chronic psychiatric disease. Deinstitutionalization associated with a dramatic enhancement of ambulatory and community cares has led to a reduction of beds in psychiatric hospitals. When dependency occurs, due to physical comorbid illness or a worsening of the negative symptoms, psychiatric teams should find appropriate housing and no longer the psychiatric hospital. Nursing home and sheltered housing for the elderly dependent persons become a solution, but geriatric staffs are not always prepared to receive resident with schizophrenia and other psychotic disorders. They often are at a loss when faced with the expression of psychiatric symptoms or with the specificity of caring for often-younger patients whose behavior is different from older people with neurodegenerative disorders. How psychiatric teams could long-term assist the sheltered housing and nursing home and bring a psychiatric know-how within

staffs often reluctant to deal with psychotic patients who could burden caregivers. How could they be trained to cope with complex cognitive functions impairments of schizophrenia, far from cognitive impairments of Alzheimer dementia? How to change the representation of psychiatric illness, which often leads to a double stigmatization (old age and madness)? Improving the quality of life of aging patients with severe chronic mental illness in homes for seniors is a great challenge for psychiatric teams in collaboration with geriatric caregivers.

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S60

Modell Donaustadt: A best practice example for treatment of mental and physical comorbidity in long-term care



B. Hobl*, B. Schreiber

Haus der Barmherzigkeit, Geriatric Psychiatry, Vienna, Austria

* Corresponding author.

Evidence consistently demonstrates that people with long-term mental health conditions develop serious physical comorbidities at an earlier age than the average population. These physical comorbidities are often exacerbated because long-term psychiatric conditions reduce the patient's ability to manage somatic symptoms effectively, thus hindering treatment. This highlights the critical importance of continuous support by primary care physicians and nursing staff. People with persistent mental illnesses typically require long-term care significantly earlier than people without mental illness.

As a consequence, elderly patients with chronic mental illnesses who are essentially unable or unprepared to function in the outside world or are in need of constant medical attention are typically placed into long-term care facilities and nursing homes geared to serving physically disabled elderly.

These LTC institutions have no capacity to provide specific care for mentally ill patients. Difficulties in treating psychiatric patients in these LTC facilities often result in transfers to and repeated admissions in acute psychiatric hospitals.

In an effort to resolve the "revolving-door" situation of these patients and reduce the rates of re-admission to acute psychiatric hospitals, Modell Donaustadt was developed. In the talk, Modell Donaustadt will be presented as a best practice example for the treatment of mental and physical comorbidities in long-term care.

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Offenders with intellectual disability: Best practice update

S61

Sex offenders and intellectual disability



K. Goethals

University Forensic Centre, Antwerp University Hospital, Edegem, Belgium & CAPRI, University of Antwerp, Belgium

Ethical controversies in patients with intellectual disability who are sex offenders.

Patients with an intellectual disability (ID) have a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains (according to the DSM-5). These deficits in adaptive functioning result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life. Therefore, it is not surprising that these patients cross physical/sexual boundaries quite often. Above that, a proportion of all sex offenders have an intellectual disability.

The treatment of these sex offenders with an ID has to focus on protective factors, next to risk factors in order to decrease the risk of recidivism. Due to the chronicity of their disorder, quality of life is an important issue in these patients.

In this paper, we want to address some ethical controversies:

- hormonal treatment in patients with ID who are sex offenders;
- the right to have a 'normal' sexual life in these ID offenders, and the Dutch experience of the Stichting Alternatieve Relatiebemiddeling (SAR, that can be translated as foundation of alternative relationship mediation).

The SAR is an alternative dating service, giving information about the sexuality of physically or mentally disabled people and organizing sexual encounters for them.

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S62

Assessment of people with intellectual disability for the court: What does a psychiatrist need to know?

R. Latham

East London NHS Foundation Trust, London, United Kingdom

This presentation will focus on the importance of psychiatrists understanding that they operate at an interface between two very different disciplines; medicine and law. There will be consideration of what and why psychiatrists need to understand the law, the way it operates and the likely implications of their opinions. There will be consideration of an example from England and Wales to illustrate the way in which psychiatry and law might interpret the same information. The aim is that psychiatrists will be better equipped to face the challenges the law presents.

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S63

Use of risk assessment tools for people with intellectual disability: The latest evidence

C. Morrissey^{1,2,*}

¹ University of Nottingham, School of Medicine, Nottingham, United Kingdom

² Lincolnshire Partnership NHS Trust, Clinical and Forensic Psychology, Lincoln, United Kingdom

* Correspondence.

A relatively high proportion of people detained in forensic psychiatric hospitals have intellectual disabilities (up to 3000 people in the UK; Royal College of Psychiatrists, 2013), and people with intellectual disability are significantly over-represented among those psychiatric patients with long lengths of hospital stay (CQC, 2013; Vollm, 2015). People with mild to borderline intellectual disabilities are also prevalent in the UK prison system.

Although the relationship between intelligence and offending is complex, lower intelligence is a known actuarial risk factor for offending behaviour. Studies, which have investigated the prediction of re-offending risk in populations with intellectual disability, have nevertheless found lower rates of recorded re-offending compared to those in mainstream forensic populations (e.g. Gray et al., 2010). The relatively high rate of 'offending-like' behaviour, which is not processed through the criminal justice system in people with intellectual disability makes risk prediction a more complex exercise with this group of people. It also makes outcomes measurement more difficult.

This paper will give an overview of the current research evidence and clinical practice in the field of risk assessment, risk management and outcome measurement with offenders with intellectual disability. It will summarise the findings of a recent NIHR funded systematic review by the author, which pertains to this area, and will point to future developments in the field.

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S64

Prisoners with intellectual disability: How to adapt interventions and the environment



V. Tort Herrando (Coordinador)

Unitat Polivalent de Psiquiatria Quatre, Camins, Parc Sanitari Sant Joan de Deu, Sant Boi de Llobregat, Barcelona, Spain

There is an increasing interest in the Spanish prison to give the appropriate care when they are in prison. This situation has a special meaning in inmates with learning disabilities, as they are a vulnerable group inside prison. They are vulnerable in different areas as they have a high prevalence dual diagnosis (both with mental illness and drug misuse), they could suffer from abuse from other inmates, difficulties to understand prison regulations, etc. The prevalence of intellectual disability (ID) in the prison setting has been poorly evaluated. In Spain, despite various approximations or estimates regarding people with intellectual disabilities no reliable data is available.

In our presentation, we will give an overview of the care of this group of patients, presenting some data from an epidemiological study in Spain. The rate of learning disabilities was of 3.77% of the study population has an IQ below 70, and 7.3% has borderline IQ rate. We also describe a new setting in one of wards of a prison of Barcelona where has a model of therapeutic community for treating offenders with intellectual disabilities. This resource open two years ago and is run between prison services and an organization "Accepta" (specialized in people with learning disability and penal law problems). This is an effort from the prison services to adapt to the needs of inmates and deliver a better service with a good post-release follow-up.

And finally, we present some data about learning disability in penitentiary psychiatric settings (the prevalence as a main diagnose is around 10%).

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

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Old age depression: Do we need a special approach

S65

Clinical pharmacological management of polypharmacy in old age depression

P. Baumann^{1,*}, W. Greil^{2,3}¹ University Department of Psychiatry (DP-CHUV), Prilly-Lausanne, Switzerland² Psychiatric Department, Universität München, München, Germany³ Psychiatric Hospital, Sanatorium Kilchberg, Kilchberg-Zurich, Switzerland

* Corresponding author.

Polypharmacy is the rule in psychogeriatric patients, as they present frequently comorbidities such as depression, dementia [often including Behavioral and Psychological Symptoms of Dementia (BPSD)] and somatic diseases. Recommended treatments for geriatric depression are antidepressant medications, psychotherapy and psychosocial interventions [1]. Besides antidepressants, other psychotropic drugs are often co-prescribed, but somatic drugs are also needed for the treatment of other concomitant diseases. This situation increases the risk for adverse effects due to pharmacokinetic and pharmacodynamic interactions, especially since the organism of elderly patients displays a lowered homeostatic reserve and a decrease of functions, which allows resisting to xenobiotic influences.

On the other hand, there are also studies which suggest that in hospitalized psychogeriatric patients, the incidence of severe adverse reactions is lower in patients > 60 y than in those < 60 y [2]. This is one of the results of the AMSP-study group, which in German speaking countries has developed a pharmacovigilance program in psychiatric hospitals.

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

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S66

Physical comorbidity and consequences for mortality and treatment

R. Heun^{1,*}, D. Schoepf²¹ Derbyshire Healthcare NHS Foundation Trust, Psychiatry, Derby, United Kingdom² University of Bonn, Psychiatry, Bonn, Germany

* Corresponding author.

Introduction Ageing is related to an increase rate of physical comorbidity. However, the interaction between physical comorbidity and the development of depression in the elderly is not yet clear. Depression may be the cause or consequence of physical morbidity. Both may increase mortality.

Methods A total of 9604 patients with depression and a control sample of 96040 patients who attended a general hospital were followed-up for up to 12 years. Physical comorbidity and mortality was assessed.

Results Twenty-nine physical disorders were more prevalent in subjects with depression, but the effect of individual disorders on

mortality did not differ significantly in the depressed and control sample.

Conclusions Patients with depression suffer more physical health problems than control patients that lead to death. The implications for early treatment will be discussed, a preventative approach may be most relevant.

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

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S67

Distinction of dementia and depression in various stages of the disease processes



W. Maier

University of Bonn, Department of Psychiatry, Bonn, Germany

Old age depression is often difficult to discriminate from dementia (particularly of Alzheimer type) – particularly cross-sectionally. Incident dementia is frequently associated with depressed mood and agitation; depression in the elderly goes together with executive and memory dysfunctions; associated psychotic symptoms and activity-of-daily-life dysfunctions are shared by both conditions as well as major risk factors as vascular and metabolic factors. Frequently both syndromes are “masking” each other; depression may furthermore present as the first clinical sign of Alzheimers disease. Yet, both clinical syndromes/disorders emerging from quite different are pathogenic neurobiological mechanisms with differentiating neuropsychological, – imaging and – chemical features. Clinical tools can be derived and enable accurate differential diagnosis. Thus, the distinction between both syndromes is a first instance for biomarker supported differential diagnoses in psychiatry.

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Overcoming the stigma of mental illness: Current proceedings and initiatives

S68

Seven years after ratification of the UNCRPD: Are there any advances for patients with mental health conditions?



Y. Cohen

GAMIAN-Europe, Azor, Israel

The Convention on the Rights of Persons with Disabilities (CRPD) is the first highest international legally-binding standard which aims to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, including those with mental health conditions, and to promote respect for their inherent dignity. The CRPD embodies a ‘paradigm shift’, from the charitable and the medical approaches to disability to one, which is firmly rooted in human rights. It provides a clear path towards non-discrimination, full and effective participation and inclusion in society, respect for difference and acceptance of persons with disabilities as part of human diversity and humanity, equality of opportunity and accessibility just to name a few.

States which have signed the CRPD have an obligation to respect, protect and fulfil the internationally agreed upon set of standards

guaranteed to all people included in the Convention. However, even in signatory states, violations often occur behind “closed or open doors” and go unreported and consequently unprevented. The growing number of people with mental health conditions in the world has further contributed to a level of attention paid to quality and human rights conditions in both outpatient and inpatient facilities, which has never been greater. Persons with mental health conditions need both de jure human rights protection and de facto human rights practices.

Seven years after the CRPD came into force the care available in many mental health facilities around Europe is still not only of poor quality but in many instances hinders recovery. The level of knowledge and understanding by staff of the rights of people with mental disabilities is very poor. It is still common for people to be locked away or to be chained to their beds, unable to move. Inhuman and degrading treatment is common, and people in facilities are often stripped of their dignity and treated with contempt. Violations are not restricted to inpatient and residential facilities; many people seeking care from outpatient and community care services are disempowered and also experience extensive restrictions to their basic human rights.

In the wider community, many people with mental disabilities are still denied many basic rights that most people take for granted. For example, they are denied opportunities to live where they choose, marry, have families, attend school and seek employment. There is a commonly held, yet false, assumption that people with mental health conditions lack the capacity to assume responsibility, manage their affairs and make decisions about their lives. These misconceptions contribute to the ongoing marginalization, disenfranchisement and invisibility of this group of people in their communities.

One of the underlying reasons it is difficult to move through the obstacles to fully embrace the CRPD, is that discrimination continues to affect people with mental health conditions on many levels. Changing laws is only a partial solution. We have to change the ways that we relate to each other at every level, and to offer people information and tools to make the transition to a more equitable social reality.

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S69

Promoting stigma coping and empowerment: Results from the multi-center clinical trial STEM

W. Gaebel

Department of Psychiatry and Psychotherapy, Medical Faculty, Heinrich-Heine-University, Düsseldorf, Germany

Introduction The stigma of mental illness is still a major challenge for psychiatry. For patients, stigma experiences and self-stigma are associated with reduced quality of life and increased vulnerability to a more chronic illness course. Nevertheless, there is a scarcity of validated therapeutic approaches addressing strategies for coping with stigma.

Objectives and aims A manualized psycho-educational group therapy for stigma coping and empowerment (STEM) should be tested for efficacy in patients with depression and schizophrenia. The study was funded by a research grant of the Federal Ministry of Education and Research.

Methods A cluster-randomized RCT with two arms including 30 mental health care services (psychiatric inpatient services, day-units, and outpatient services, as well as inpatient psychiatric rehabilitation services) was conducted. The intervention consisted of 8 sessions regular psycho-education group therapy and 3 sessions addressing stigma coping and empowerment. Controls received 11 sessions regular psycho-education. Primary outcome

variable was quality of life (WHO-QOL). Assessments were conducted directly before and after the intervention, and at 3, 6 and 12 months follow-ups.

Results A total of 469 patients participated and more than 300 participants (approx. 65%) completed the 12-month follow-up. First results of the analysis will be presented at the conference.

Conclusions Since the statistical analysis is currently in progress, no conclusions concerning the efficacy of the tested therapeutic approach can be done by now. Nevertheless there is a strong need for supporting patients in developing positive stigma coping strategies. STEM is the first therapeutic approach to our knowledge tested for efficacy in a RCT.

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Phenomenology of anxiety

S70

Temporality and spatiality of anxious experience



O. Doerr-Zegers

Center for Studies on Phenomenology and Psychiatry, Diego Portales University, Santiago, Chile

Since the first descriptions of anxiety, it has been related with temporality and in particular with the dimension of future. Thus, we already find anxiety defined as a general feeling of threatening (from the future) in the German mystic Jakob Boehme (1575–1634). He also used the image of “the wheel of anxiety”, with which he refers to its probable origin in a conflict between two forces which tend to separate themselves and are not able to do it, as a result from this centrifugal rotation movement of a wheel. This image also has a temporal character. In Kierkegaard, we read that “anxiety is always related with the future... and when we are disturbed by the past we are basically projecting toward the future...” In Heidegger’s masterpiece, “Being and Time”, there is a chapter dedicated to the temporality of *Being-in-the-world*, and in particular to anxiety. Fear and anxiety have their roots, according to Heidegger, in the past, but their relation with the future makes them different: anxiety arises from the future as possibility, while fear arises from the lost present. In this paper, we try to make a contribution to the phenomenology of temporality (and of spatiality) of anxiety in relation with the analysis of a concrete anxiety experience: flight phobia. The analysis allows us to show both the desolation and narrowing of anxiety space, and with respect to temporality, the disappearance of every plan (the future), of every history (the past), and the reduction of the present to a succession of mere punctualities, behind which there arises, threatening, the nothingness itself.

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S71

Being on the edge: The psychopathology of the accelerated, agitated and anxious subject



L. Madeira^{1,*}, M.L. Figueira²

¹ Faculdade de Medicina, Universidade de Lisboa, Psychiatry, Lisbon, Portugal

² Universidade de Lisboa, Faculdade de Medicina, Lisbon, Portugal

* Corresponding author.

The accurate identification of accelerated, agitated and anxious states is of paramount relevance for the correct diagnosis and the selection of a suitable psychopharmacological treatment. Choosing antidepressants, antipsychotics and/or mood stabilizers is presently contingent to the identification of specific phenotypic profiles in anxiety disorders, mixed and manic episodes and/or delirium states. Today, the anamnesis and psychopathological examination are hindered by the vagueness of the conceptualization of these experiences in diagnostic textbooks. We propose a selective review of literature of how these have been conceptualised aiming at increasing the segregation of specific phenomenological profiles across these phenomena.

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S72

Phenomenology of emotions

G. Stanghellini^{1,*}, M. Aragona², O. Doerr-Zegers³, M. Musalek⁴, L. Madeira⁵



¹ “G. d’Annunzio” University, Department of Psychological, Humanistic and Territorial Sciences, Chieti, Italy

² Sapienza University, Philosophy, Rome, Italy

³ Portales University, Psychiatry, Santiago del Chile, Chile

⁴ Anton Proksch Institute, Psychiatry, Vienna, Austria

⁵ University of Lisbon, Psychiatry, Lisbon, Portugal

* Corresponding author.

This symposium analyses the psychopathological phenomenon “anxiety”, a classical concept, which has returned to be central in the recent psychiatric debate. Some of the most important international phenomenologists will discuss anxiety in the context of major psychopathological areas. Clinical and research insight will be presented in the context of a philosophically deep understanding of the fundamental qualitative features of the psychopathology of anxiety.

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Physical activity for people with psychotic disorders: Realities and prospects

S73

Studies on PA in schizophrenia: What did we learn? What is effective?

G. de Girolamo*, V. Bulgari

Saint John of God Clinical Research Center, Psychiatric Epidemiology and Evaluation Unit, Brescia, Italy

* Corresponding author.



Schizophrenia is frequently associated with abnormal physical activity (PA) per se (e.g., hypokinesia, motor retardation, etc.) or related to antipsychotic medications (e.g., extrapyramidal symptoms including bradykinesia, tremor, etc.). Daily amounts of PA for subjects diagnosed with schizophrenia tend to decrease over the illness course and contribute to metabolic and cognitive disturbances. PA intervention for schizophrenia patients may result in increased well-being, improved cognitive functioning, fewer negative symptoms and increased self-efficacy, leading to improved management of psychosocial life domains. However, PA trials conducted among people suffering from schizophrenia show several methodological limits: small sample sizes, lack of randomized patients’ allocation, heterogeneity of interventions and inappropriate outcome measures.

Firth et al. (2015) have recently conducted a systematic review and meta-analysis of 11 trials on structured PA in schizophrenia ($n = 659$, median age of 33 years). The conclusions of this recent review are the following:

- aerobic exercise (for instance exercise bike) of moderate-to-vigorous intensity done at least 90 minutes per week is effective in improving cardiovascular fitness; studies ($n = 7$) using VO_{2max} as an assessment of fitness have reported clinically significant increases in VO_{2max} , “defined as sufficient to reduce cardiovascular disease risk by 15% and mortality by 20%”;
- several low-dose aerobic interventions did not show any effect;
- there was a “strong effect of exercise on total psychiatric symptoms” (both positive and negative symptoms were reduced);
- total attrition rate was 32%. Group exercise showed a much lower attrition rate than solitary exercise;
- caregivers’ supervision increased compliance as compared to unsupervised intervention;
- in the only study that compared per-protocol and intention-to-treat analysis, a significant improvement in fitness, psychiatric symptoms and overall functioning only occurred in participants who attended > 50% of exercise sessions.

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S74

Clinical and neurobiological effects of aerobic endurance training in multi-episode schizophrenia patients



P. Falkai

Department of Psychiatry, Ludwig-Maximilians-University, Munich, Germany

Schizophrenia is a severe brain disorder characterised by positive, negative, affective and cognitive symptoms and can be viewed as a disorder of impaired neural plasticity. Aerobic exercise has a profound impact on the plasticity of the brain of both rodents and humans such as inducing the proliferation and differentiation of neural progenitor cells of the hippocampus in mice and rats. Aerobic exercise enhances LTP and leads to a better performance in hippocampus related memory tasks, eventually by increasing metabolic and synaptic plasticity related proteins in the hippocampus. In healthy humans, regular aerobic exercise increases hippocampal volume and seems to diminish processes of ageing like brain atrophy and cognitive decline.

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S75

Feasibility and effectiveness of aerobic exercise training interventions in schizophrenia



K. Keller-Varady^{1,*}, A. Hasan¹, T. Schneider-Axmann¹, U. Hillmer-Vogel², B. Adomßent², T. Wobrock³, A. Schmitt¹, A. Niklas², P. Falkai¹, B. Malchow¹

¹ Ludwig-Maximilians-University, Department of Psychiatry and Psychotherapy, Munich, Germany

² University Medical Center Göttingen, Department of Sports Medicine, Göttingen, Germany

³ University Medical Center Göttingen, Department of Psychiatry and Psychotherapy, Göttingen, Germany

* Corresponding author.

Patients with schizophrenia might benefit from exercise via multiple ways. It can be assumed that positive effects observed in healthy people counteract different pathological dimensions of

schizophrenia or add to a better compensation. E.g. exercise may serve as a coping strategy, produces changes in brain structure and function and is already known to improve mood and cardiovascular health. First studies have shown beneficial effects of exercise in schizophrenia. These studies feature a multitude of exercise types and diagnostic tests and also lay emphasis on different research questions.

From the diverse information of the studies, heterogenic character conclusions for future therapy and research can be derived. From the point of view of sports science, feasibility and effectiveness of endurance training will be discussed on the basis of current literature and results from our own research. In a controlled trial 22 patients with schizophrenia participated in 12 weeks of endurance training using bicycle ergometers resulting, e. g., in improvements of endurance capacity and functioning. A special focus was laid on analyzing the differences between the adaptations of patients and healthy controls to test the transferability of methods and effects of endurance training. The exercise intervention was feasible and effective for both healthy controls and patients but some interesting differences could be found.

Additionally, ideas and special circumstances regarding the implementation of endurance training in clinical settings or for outpatients will be considered. From the current knowledge it can be concluded, that the implementation of endurance training in multimodal therapy strategies can be recommended to promote recovery.

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S76

Adopting and maintaining physical activity behaviour in people with severe mental illness: The importance of autonomous motivation



M. Probst

UPC K.U. Leuven, Belgium

Background Physiotherapy can improve the health of people with serious mental illness (SMI) but many are inactive. Adopting theoretically-based evidence considering the motivational processes linked to the adoption and maintenance of an active lifestyle can assist physiotherapists in facilitating lifestyle changes in people with SMI.

Purpose Within the Self-Determination Theory (SDT) and the Trans-Theoretical Model (TTM) (stages of change) frameworks, we investigated differences in motives for physical activity between different diagnostic SMI groups.

Methods All participants with SMI from 15 different centers completed the Behavioral Regulation in Exercise Questionnaire 2 (BREQ-2), the International Physical Activity Questionnaire (IPAQ) and the Patient-centered Assessment and Counseling for Exercise (PACE) questionnaire.

Results Overall 294 persons with SMI (190♀) (43.6 ± 13.6 years) agreed to participate. People with affective disorders had higher levels of introjected regulations than people with schizophrenia. No significant differences were found for other motivational regulations. Moreover, no significant differences were found according to gender, setting and educational level. Multivariate analyses showed significantly higher levels of amotivation and external regulations and lower levels of identified and intrinsic regulations in the earlier stages of change. Strongest correlations with the IPAQ were found for motivational regulations towards walking.

Conclusions Our results suggest that in all people with SMI the level of identified and intrinsic motivation may play an important role in the adoption and maintenance of health promoting behaviours.

Implications The study provides a platform for future research to investigate the relationships between autonomy support, motivational regulations and physical and mental health variables within physiotherapy interventions for this population.

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Problematic sexual behaviours: Diagnostic, categorical, epidemiological, imaging, psychopathological and treatment considerations

S77

Gender-related differences in the associations between sexual impulsivity, psychiatric disorders and trauma

G. Erez^{1,*}, C. Pilver², M.N. Potenza³¹ Yale University, Tel Aviv University, Psychiatry, Tel Aviv, Israel² Yale University, Biostatistics, New Haven, USA³ Yale University, Psychiatry, New Haven, USA

* Corresponding author.

Introduction Sexual impulsivity (SI) has been associated with conditions that have substantial public health costs, such as sexually transmitted infections and unintended pregnancies. However, SI has not been examined systematically with respect to its relationships to psychopathology. The literature regarding associations between SI and history of different types of trauma also scarce.

Aims We aimed to deepen the understanding of the roots of SI, both through the prism of history of trauma and through the prism of psychopathology as an explanation for SI.

Objectives We intended to investigate associations between SI and psychopathology, and between SI and personal history of trauma of different types, including gender-related differences.

Methods We performed a secondary data analysis of Wave-2 of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a national sample of 34,653 adults in the United States. DSM-IV based diagnoses of mood; anxiety, drug and personality disorders were assessed using the Alcohol Use Disorder and Associated Disabilities Interview Schedule DSM-IV Version.

Results For both women and men, SI was positively associated with most Axis-I and Axis-II psychiatric disorders. Significant gender-related differences (GRD) were observed. Among women as compared to men, SI was more strongly associated with social phobia, alcohol abuse/dependence and most personality disorders. As for trauma, SI was positively associated with any trauma for both women and men. Among women as compared to men, SI was more strongly associated with sexual assault and kidnapping.

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S78

Classification and clinical issues relating to hypersexuality



M. Potenza*, K. Shane, H. Rani

Yale, Psychiatry, New Haven, USA

* Corresponding author.

Multiple terms have been used to describe excessive and interfering patterns of non-paraphilic sexual behaviors including sex addiction, compulsive sexual behavior (CSB) and hypersexual disorder

(HD). While a field trial was conducted to investigate the reliability and validity of the criteria for HD, the condition was not included in DSM-5, with this decision in part relating to insufficient data on the proposed condition. Currently, CSB is being considered as a diagnostic entity in the category of impulse-control disorders for ICD-11. In this presentation, we will present data relating to HD/CSB. In particular, we will discuss current issues relating to diagnosis and classification, as well as data regarding the assessment and clinical correlates of sexually relevant constructs (e.g., pornography use and craving). Data relating HD/CSB behaviors to sexual risk-taking, sexually transmitted diseases and mental health problems (including suicidality) will be presented. A strategy for addressing HD/CSB in clinical settings will be proposed and discussed.

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S79

Pharmacological treatment of sex offenders

F. Thibaut

University Hospital Cochin, University Sorbonne Paris Cité, Inserm U 894, Psychiatry and addictive disorders, Paris, France

Most people recognize that incarceration alone will not solve sexual violence. Indeed, treating the offenders is critical in an approach to preventing sexual violence and reducing victimization. In most cases, a diagnosis of paraphilia is associated with sexual violence. This review is intended to present and summarize the first recently published international guidelines about pharmacological treatment of paraphilias. Pharmacological interventions should be part of a more comprehensive treatment plan including psychotherapy and, in most cases, behavior therapy. Antiandrogens, and mostly GnRH analogues, significantly reduce the intensity and frequency of deviant sexual arousal and behavior. GnRH analogue treatment constitutes the most promising treatment for sex offenders at high risk of sexual violence, such as pedophiles or serial rapists, however informed consent is necessary. SSRIs remain an interesting option in adolescents, in patients with depressive or OCD disorders, or in mild paraphilias such as exhibitionism.

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Further reading

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Racism and discrimination in mental health care of immigrants

S80

The impact of racism and discrimination on mental health of refugees and asylum seekers

M. Kastrup (Speciallæge i psykiatri)
Copenhagen, Denmark



With the strong focus on terrorism in recent years, there is an increasing concern that the fundamental rights of refugees and asylum seekers may be violated in the interest to combat acts of terrorism. It may also lead to increasing racism and discrimination towards these populations.

Racism and discrimination encompass the negative stereotypes and prejudicial beliefs that people may hold, as well as inequitable practices that may result hereof.

Knowledge about the mental health consequences of racism and discrimination is of clear clinical relevance for psychiatrists worldwide, as a significant proportion of psychiatric patients will have a background as refugees and asylum seekers. Many of them have experiences of war, strife, persecution and torture that further adds to their mental distress.

The paper will outline the psychiatric symptomatology related to racism as well as ethical dilemmas and educational needs for the psychiatric profession.

Further the role of national psychiatric associations in combating racism and discrimination by e.g. defining best practices and revising medical training curricula will be outlined.

URL: <http://www.mariannekastrup.dk/>

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S81

Room for hope: How to deal with growing racism and discrimination?

L. Küey

Istanbul Bilgi University, Psychology Department, Istanbul, Turkey

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. Moreover, internalized discrimination perpetuates this process. 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 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, arising from imagined and generalized differences and used to distinguish groups of people as separate from the norm reinforces and maintains discrimination. Accordingly, discrimination built on race, color, sex, gender, gender identity, nationality and ethnicity, religious beliefs, age, physical and mental disabilities, employment, caste and language have been the focus of a vast variety of anti-discriminatory and inclusive efforts. National acts and international legislative measures and conventions, political and public movements and campaigns, human rights movements, education programs, NGO activities are some examples of such anti-discriminatory and inclusive efforts. All these efforts have significant economic, political and psychosocial components.

Albeit the widespread exercise of discrimination, peoples of the world also have a long history of searching, 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-discriminatory efforts and search a room for hope and its realistic bases for a more non-violent, egalitarian and peaceful human existence.

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Relapse prevention in addiction – from bench to bedside

S82

From genes to treatment: The effect of polymorphisms in neurotransmitter systems on addictive behaviour, neural response and relapse



P. Bach^{1,*}, S. Vollstädt-Klein¹, M. Kirsch¹, S. Hoffmann¹, A. Jorde¹, J. Frank², K. Charlet³, A. Beck³, A. Heinz³, H. Walter³, M. Rietschel², F. Kiefer¹

¹ Central Institute of Mental Health, University of Heidelberg, Medical Faculty Mannheim, Department of Addictive Behavior and Addiction Medicine, Mannheim, Germany

² Central Institute of Mental Health, University of Heidelberg, Medical Faculty Mannheim, Department of Genetic Epidemiology in Psychiatry, Mannheim, Germany

³ Charité, Universitätsmedizin Berlin, Department of Psychiatry and Psychotherapy, Berlin, Germany

* Corresponding author.

Introduction The development and maintenance of an alcohol addiction is a complex interaction between genetic and environmental factors. Genetic effects seem to contribute substantially to the risk of developing an addiction, but also to its course and patients' responses to different treatments. Recent studies identified associations between polymorphisms in the genes of glutamate and μ -opioid receptors and addiction risk. Those receptors are of special interest, because they are targets of therapeutic agents, such as acamprosate and topiramate.

Objectives and aims Several studies were conducted, in order to further determine the effects of genetic polymorphisms in glutamate and opioid receptor genes on addictive behavior, neural response to alcohol cues and relapse risk.

Methods Genetic effects were investigated in samples of alcohol-dependent patients using functional imaging techniques, neuropsychological tests and follow-up investigation after standard clinical treatment. Data on clinical parameters, neuronal response to alcohol cues, functional neuronal connectivity and relapse risk were collected and analyzed.

Results Results demonstrate effects of genetic polymorphisms in glutamate and opioid receptors on neuronal response to alcohol cues in frontal and mesolimbic brain areas, subjective craving and time to first relapse. Current findings will be discussed in the light of existing evidence on the contribution of genetic effects to treatment outcome and patient stratification.

Conclusions The investigation of genetic risk factors and mechanisms by which they affect addiction related phenotypes seems to be a promising tool to identify molecular treatment targets and predictors for successful treatment strategies.

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S83

Role of inhibitory processes in relapse prevention treatment



G. Rudio

Laboratorio de Psicofisiología Clínica, Hospital Universitario 12 de Octubre, Madrid, Spain

Alcohol dependence is a chronic disorder with frequent relapses during recovery. Most studies have pointed out that craving is the main process involved in relapse, but recently other factors have been implicated in it, such as attentional bias and impulsivity. Some authors consider that different stages could be involved in

the relapse process, and each may be governed by different mechanisms: Attentional bias; motivational response to alcohol cues and inhibitory control.

Motivationally salient cues attract and hold selective attention, and this "attentional bias, (AB)" is related to individual differences in appetitive and aversive motivation. In a recent review, attentional bias has been shown to be significantly present in alcohol-dependent and is associated with craving and risk to a relapse in alcohol consumption.

In alcohol-dependent subjects, alcohol-related cues reach a very high motivational valence (Motivational response, MR), which, in effect, increases craving for alcohol and activates behavioral strategies towards alcohol intake. One method used to assess motivational valence of alcohol is the craving self-assessment. In addition, in recent years, the affective modulation of the startle reflex has been used as an objective measure of craving. It has been shown that subjects with a low baseline startle response when viewing alcohol-associated pictures are at major risk of relapse compared to those with increased reactions.

Once alcohol craving has appeared, the subject will either drink or not, depending on his ability to resist his behavior towards alcohol consumption (impulsivity or inhibitory control, IC). Moreover, subjects that exhibit greater impulsivity are those more likely to relapse.

Our group has recently conducted a study on a sample of 172 alcohol-dependent patients seen in outpatient therapeutic program during 12 weeks. All of them were assessed with the following measures: Attentional bias was assessed using the dot task, motivational response was evaluated using the affective modulation of the startle reflex paradigm, inhibitory control was assessed by the stop-signal reaction time task. Alcohol relapse variables were: relapse, days to the first relapse and days of accumulated abstinence.

One of the most relevant results was that processes related to inhibitory control (Stop-signal reaction time and attentional bias) were the most relevant measures to explain variables related to relapse in alcohol consumption during the treatment period.

Our results support the use of assessment strategies, therapeutic and pharmacological inhibitors aimed at improving the ability of serious alcohol-dependent patients.

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Self-related processes and underlying brain networks: Relevance for major psychiatric disorders

S84

Self-related networks and negative symptoms in psychotic disorders



A. Aleman

Groningen, The Netherlands

Objective Two factors of negative symptoms in schizophrenia have been consistently described based on factor analysis, "expressive deficits" and "social amotivation". We aimed to investigate the putatively differential involvement of self-related networks, as measured with BOLD fMRI during a self-evaluation task, in two dimensions of negative symptoms in schizophrenia (reduced expression and social amotivation).

Method Forty-five patients with a diagnosis of schizophrenia participated in an fMRI study in which they performed a

self-evaluation task. The task comprised a self-reflection, close other-reflection, and a semantic (baseline) condition. We compared correlates of Expressive versus Social amotivation factors (summed items from the PANSS interview) for the contrasts self-baseline and self-other. Significance threshold was set at $P < 0.05$ family-wise error (FEW) corrected.

Results Social amotivation correlated significantly with self-evaluation vs. baseline in right and left ACC, and in the sulcus of frontal lateral lobe between inferior frontal triangularis and middle frontal gyrus. This was also significant, but less pronounced, in the direct comparison of social amotivation vs. expressive deficits scores (for the self-baseline contrast). No activation differences survived critical thresholds for the self-other contrast.

Conclusion Differential neural correlates for the two dimensions of negative symptoms support the validity of this distinction based on factor analyses. Intact functioning of brain circuitry for self-referential processing may be of relevance to actively seek social interaction.

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S85

The social self in schizophrenia: A neural network perspective on integrative external and internal information processing

S. Ebisch

University G. d'Annunzio, Department of Neuroscience and Imaging, Chieti, Italy

Social impairment is recognized as a basic aspects of schizophrenia. Although the nature of aberrant self-other relationship in schizophrenia is still poorly understood, it has been suggested that some social impairments could have their roots in self-disturbances typical of schizophrenia. For instance, experiencing otherness could become problematic with anomalous self-recognition. Furthermore, deficits in the processing of self-relatedness of social stimuli disconnect the self from its social environment. On the one hand, this could lead to problems in self-other distinction caused by misattributions of ownership of experience and agency in social interaction. On the other hand, this could result in feelings of isolation and reduced intersubjectivity due to interrupted self-referential processing of social stimuli, likely also mediated by memory and emotion. Brain networks involved in self-referential processing, sense of ownership, and agency also have been implied in social cognition. Whereas cortical midline structures are associated with self-referential processing of external stimuli including social information, sensorimotor and affective networks involved in bodily and interoceptive self-processing are also involved in the ability to share others' experiences. Schizophrenia has been linked with a reduced integrity of these networks underlying various aspects of self and social impairments, though rather separately. Recent neuroimaging findings will be highlighted explaining how self-disturbances can pervade the social domain in schizophrenia. In particular, disruptions of the social self in schizophrenia will be addressed from a neuronal network and connectomics perspective providing a unifying framework.

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S86

Psychopathology of the self and the altered cortical midline structures in psychiatric disorders – a marriage?

G. Northoff

University of Ottawa, Institute of Mental Research, Ottawa, Canada

The self is central in our mental life and disturbances of the self-figure most prominently in psychopathological symptoms. The cortical midline structures (CMS) have been associated with self-related processing and its changes in schizophrenia, depression and other psychiatric disorders. However, the exact neuronal mechanisms underlying self-related processing in CMS and its changes in psychiatric disorders remain unclear. Especially the neural overlap between high resting state activity levels and self-related processing in CMS is rather puzzling. I present recent data on the rest-self overlap in healthy subjects showing that resting state activity in CMS can predict self-relatedness. The implications for psychological symptoms as in depression and schizophrenia are pointed out.

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S87

Brain networks sub-serving self-referential processing in depression

G. Wagner*, C. Schachtzabel, G. Peikert, K.J. Bär

Jena University Hospital, Psychiatry and Psychotherapy, Jena, Germany

* Corresponding author.

Introduction Persistent pondering over negative self-related thoughts is a central feature of depressive psychopathology.

Objectives In the present study, we sought to investigate the neural correlates of abnormal negative self-referential processing (SRP) in patients with major depressive disorder (MDD) and its impact on subsequent cognitive control-related neuronal activation.

Aims We hypothesized aberrant activation dynamics during the period of negative and neutral SRP in the rostral anterior cingulate cortex (rACC) and in the amygdala in patients with MDD. We assumed abnormal activation in the fronto-cingulate network during Stroop task execution.

Methods Nineteen depressed patients and 20 healthy controls participated in the study. Using an event-related fMRI design, negative, positive and neutral self-referential statements were displayed for 6.5s and followed by incongruent or congruent Stroop conditions.

Results In contrast to controls, patients did not exhibit valence-dependent rACC activation differences during SRP. A novel finding was the significant activation of the amygdala and the reward-processing network during presentation of neutral self-referential stimuli relative to baseline and to affective stimuli in patients. The fMRI analysis of the Stroop task revealed a reduced BOLD activation in the right frontoparietal network of patients in the incongruent condition after negative SRP only.

Conclusions Thus, the inflexible activation in the rACC may correspond to the inability of depressed patients to shift their attention away from negative self-related stimuli. The accompanying negative affect and task-irrelevant emotional processing may compete for neuronal resources with cognitive control processes and lead thereby to deficient cognitive performance associated with decreased frontoparietal activation.

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

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Sex matters – also in psychosis!

S88

Sex differences in emotional reactivity to daily life stress in psychosis

I. Myin-Germeys^{1,*}, G. Merge²¹ Leuven, Belgium² Maastricht University, Department of Psychiatry and Neuropsychology, Maastricht, Netherlands

* Corresponding author.

Background A recent study did not find clear-cut sex differences in psychotic symptoms. Studies investigating altered stress reactivity more consistently report differences between the sexes, although the results are contradicting in suggesting either men or women to be more stress-sensitive. We assessed self-reported experiences in the context of real-life to more fully understand the nature of sex differences in psychosis.

Methods We employed the Experience Sampling Method, a structured diary technique, to investigate in real-life:

- symptoms;
- behavior in context;
- underlying mechanisms in 283 healthy controls, 268 subjects at risk for psychosis and 232 patients with psychotic disorder.

Results Multilevel regression analyses revealed no differences in symptom expression between the sexes. Similarly, men and women did not differ in their level of social interaction and overall activity. However, men at increased risk of psychosis were more often alone and were less involved in goal-directed activities compared to women. Finally, women reported more emotional reactivity to daily life stress than men but women also reported more positive affect when pleasant events had happened.

Discussion The data thus suggest only minor differences between men and women in psychotic symptoms and actual behavior. However, whenever differences were apparent, they consistently pointed towards more severe symptoms and more deficiencies in men compared to women. In contrast, increased environmental reactivity in women (to both negative and positive environments) in addition to more social contacts may constitute a protective factor for the development of more severe psychopathology.

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

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S89

Sex and gender differences in schizophrenic psychoses

A. Riecher-Rössler

University of Basel, Psychiatric Clinics, Basel, Switzerland

Introduction Sex and gender differences in schizophrenic psychoses have often been described but treatment approaches so far have hardly taken them into account.

Objectives To describe the most important sex and gender differences in schizophrenic psychoses with clinical implications.

Methods Review.

Results Schizophrenic disorders show a later age of onset in women and a slightly better course, especially in young women. As to pathogenesis, there is some evidence that the age difference might be at least partly due to the female sex hormone estradiol being a protective factor. Differences in course might also have to do with this biological factor, but at the same time with the psychosocial advantages of a higher age of onset and other psychosocial factors.

These gender differences have important implications for assessment and therapy. Thus, we have to consider gender differences in coping behaviour as well as psychosocial burdens and needs



deriving from differing roles in partnership, family, household and profession, from dependent relationships, potential abuse and violence. Furthermore, there are specific biological risks such as gonadal dysfunction we have to deal with in both sexes differently. Thus, e.g. women with psychosis can also have very special needs regarding fertility, pregnancy and motherhood. Also, around menopause we have to consider special measures such as replacement of physiological 17- β -estradiol.

Conclusions Women, but also men, with schizophrenic psychoses should get a gender-sensitive assessment and treatment.

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

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S90

Menopause and psychosis

J. Usall^{1,*}, E. Huerta-Ramos²¹ Parc Sanitari Sant Joan de Déu, GTRDSM, CIBERSAM, Research Unit, Sant Boi de Llobregat, Spain² Parc Sanitari Sant Joan de Déu, Research Unit, Sant Boi de Llobregat, Spain

* Corresponding author.

There has been little research into the effects of menopause on symptoms, social and cognitive functioning in women with schizophrenia, and the results are controversial. The most replicated finding is that late-onset schizophrenia is more prevalent in women than in men and that this fact appears to be related to the diminution of estrogen levels during menopause.

Estrogens have a known protective effect on CNS. Animal research has shown that estrogen has a modulating effect on the dopaminergic, glutamatergic and serotonergic systems.

There are concerns about long-term use of sexual hormone therapy in postmenopausal women with regard to breast cancer risk, and the use of the selective estrogen receptor modulators (SERMs's) can be a better option.

Raloxifene is a SERM that is used in the preventive treatment of postmenopausal osteoporosis and has no effect in the breast and uterus. A number of studies seem to indicate that raloxifene acts on brain dopamine and serotonin systems in a similar way to conjugated estrogens.

In this presentation, I will show the results of some clinical trials that have studied the efficacy of raloxifene as a coadjuvant treatment of patients with schizophrenia. Our team has done two clinical trials that studied the efficacy of 60 mg of raloxifene for the treatment of negative symptoms in postmenopausal women with schizophrenia. Our results showed that raloxifene improved the negative symptoms better than placebo. We concluded that raloxifene seems to be a promising option to treat some patients with schizophrenia.

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Social anxiety disorder – from shyness and blushing to brains and psychotropic drugs

S91

Recent guidelines for evidence-based pharmacological treatment of social anxiety disorder

D. Baldwin

University of Southampton Faculty of Medicine, Clinical and Experimental Sciences, Southampton, United Kingdom



Pharmacological and psychological treatments The findings of meta-analyses and randomized placebo-controlled treatment studies indicate that a range of approaches are efficacious in acute treatment. Pharmacological and psychological treatments, when delivered singly, have broadly similar efficacy in acute treatment. However, acute treatment with cognitive therapy (group or individual) may be associated with a reduced risk of symptomatic relapse at follow-up. Cognitive behaviour therapy is efficacious in adults and children: cognitive therapy appears superior to exposure therapy, but the evidence for the efficacy of social skills training is less strong. It is unlikely that the combination of pharmacological with psychological treatments is associated with greater overall efficacy than with either treatment, when given alone, as only 1 of 4 studies of the relative efficacy of combination treatment found evidence for superior efficacy.

Efficacy and length of acute pharmacological treatment Antidepressant drugs with proven efficacy include most SSRIs, the SNRI venlafaxine, the MAOI phenelzine and the RIMA moclobemide: the potential efficacy of tricyclic antidepressants is unknown. Some benzodiazepines and anticonvulsants and the antipsychotic olanzapine also appear efficacious in acute treatment. A number of small single-dose placebo-controlled crossover studies together suggest that beta-blockers can be beneficial in reducing anxiety symptoms in individuals with 'performance anxiety' (for example, when speaking in public), which overlaps with mild non-generalized social anxiety disorder. Acute treatment studies indicate that the proportion of responding patients increases steadily over time. A post-hoc analysis of the clinical trial database with paroxetine indicates that many non-responders to treatment at 8 weeks become responders with a further 4 weeks of double-blind treatment: however a post-hoc analysis of the clinical trial database for escitalopram indicates that response is unlikely if there is no onset of clinical effect within the first 4 weeks of treatment.

Longer-term treatment and further treatment after non-response The findings of randomized placebo-controlled relapse prevention studies in patients who have responded to previous acute treatment reveal a significant advantage for staying on active medication (clonazepam, escitalopram, paroxetine, pregabalin, sertraline) for up to six months. Fixed-dose randomized controlled trials do not provide consistent evidence of a dose-response relationship with antidepressant drugs: but a fixed-dose study of pregabalin found that only the higher daily dosage was efficacious. A double-blind randomized controlled dosage escalation trial found no advantage for increasing to a higher daily dosage (of duloxetine), when compared to continuing treatment with a lower dosage. Switching between treatments with proven efficacy may be helpful. An uncontrolled study of augmentation of SSRI treatment with buspirone found some evidence of beneficial effects; but a placebo-controlled crossover-study of the augmentation of paroxetine with pindolol found no evidence of efficacy. A small placebo-controlled study of the augmentation of paroxetine with clonazepam found the combination was marginally short of superiority, when compared to paroxetine alone.

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

Further reading

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Baldwin DS, et al. Evidence-based pharmacological treatment of anxiety disorders, posttraumatic stress disorder and obsessive-compulsive disorder: a revision of the 2005 guidelines from the British Association for Psychopharmacology. *J Psychopharmacol* 2014;28:403–39.

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S92

Oxytocin in social anxiety: An overview

I. Iancu

Tel Aviv University, Tel Aviv, Israel

Oxytocin is a neuropeptide that is synthesized in the hypothalamus. It acts as a central neurotransmitter, as well as a peripheral hormone. It is called also trust hormone or love hormone. Because of its anxiolytic, pro-social and social cognitive enhancing effects, oxytocin has been suggested as a promising novel treatment for patients with social anxiety disorder. However, controlled research is small and the studies' results are inconclusive. I will present the results of several studies with several recommendations about the role of oxytocin in social anxiety disorder. Whereas oxytocin shows some promising effects in resistant cases, of course the preferred agents are SSRIs, SNRIs and CBT.

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S93

The relationship between social anxiety, shyness and blushing

A. Pelissolo*, A. Moukheiber

AP-HP, Hôpitaux Universitaires Henri-Mondor, Department of Psychiatry, UPEC, Créteil, France

* Corresponding author.

The diagnosis of social anxiety disorder (SAD) has seen substantial changes in the last 35 years from its first appearance in the DSM-III in 1980 up to the most recent ones in the DSM-5. Throughout all these changes, this disorder, previously called social phobia, is still considered one homogenous entity with only one specifier ("performance only") introduced in the DSM-5 revision with specific fears or associated personality profiles not being considered relevant clinical markers to define SAD subtypes. However, our therapeutic experience suggested substantial particularities associated with the fear of blushing in patients with SAD. Some patients presenting this profile, historically called "erythrophobia", seem to have a very specific type of social anxiety that does not include shyness and other characteristics of classical SAD. In a study conducted in a sample of 450 new consecutive outpatients seeking treatment for SAD, we compared 142 subjects with fear of blushing without other social fears, 97 subjects with fear of blushing with other associated social fears and 190 SAD subjects without fear of blushing. The group with pure fear of blushing presented a different profile when compared with the two other groups: later age of onset, less comorbidity, lower behavioral and temperamental inhibition, i.e. less shyness, and higher self-esteem. Furthermore, from a therapeutic point of view, some specific strategies such as the Task Concentration Training have shown to be particularly effective in fear of blushing. We will further argue the validity of a possible "fear of blushing" subtype of SAD.

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Subthreshold psychotic experiences in the general population. Predictors for the development of psychotic disorders?

S94

Exploring full-blown psychotic experiences in 'non-need for care' populations: Findings from the UNIQUE Study

E. Peters^{1,*}, T. Ward¹, M. Jackson², C. Morgan³, P. Mc Guire⁴, P. Woodruff⁵, P. Garety¹

¹ Institute of Psychiatry–Psychology & Neuroscience (IoPPN), King's College London (KCL), Psychology Department, London, United Kingdom

² Bangor University, School of Psychology, Bangor, United Kingdom

³ IoPPN–KCL, Health Services & Population Research, London, United Kingdom

⁴ IoPPN–KCL, Psychosis Studies, London, United Kingdom

⁵ University of Sheffield, Academic Psychiatry, Sheffield, United Kingdom

* Corresponding author.

Background People displaying persistent, full-blown psychotic experiences without a need-for-care in the general population are an ideal group to investigate to differentiate those factors that are linked to distress and dysfunction from those that are merely associated with benign anomalous experiences. The UNIQUE study investigated the cognitive and social processes predicted by cognitive models of psychosis to differentiate between benign and pathological outcomes of psychotic experiences (PEs).

Method Two hundred and fifty-nine individuals were recruited (84 clinical participants with PEs; 92 non-clinical participants with PEs; 83 controls without PEs) from urban (South-East London) and rural (North Wales) UK sites. The three groups were compared on clinical and psychological measures, on reasoning tasks, and on their appraisals of experimental tasks inducing anomalous experiences (of thought interference symptoms and auditory hallucinations).

Results The clinical picture demonstrated a distinctive pattern of similarities and differences on PEs between the clinical and non-clinical groups, while their demographic and psychological profiles were markedly different. As predicted, the clinical group showed a 'jump-to-conclusions' reasoning style, and endorsed more threatening appraisals ratings of the experimentally-induced anomalous experiences than the non-clinical group, who did not differ from the controls.

Conclusions The results of this study identified a number of specific factors that may be protective against transition to psychosis in individuals with persistent PEs. They also provide robust experimental evidence for the key role of appraisals in determining outcome, as postulated by cognitive models of psychosis.

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S95

Prevention of psychotic disorders in the general population

W. Rössler

University of Zurich, Psychiatric University Hospital, Zurich, Switzerland

Subthreshold psychotic experiences are widely reported within otherwise healthy populations. Their phenomenology is broad and very heterogeneous ranging from meaningful coincidences and

precognitive dreams over haunting to out-of-body experiences and visual as well as auditory hallucinations.

Although creative aspects of these experiences are implied too, a similarity in form and content to positive symptoms in schizophrenia (e.g., delusion, disordered thought, and hallucinations) or schizotypy (e.g. magical thinking, unusual perceptual experiences, ideas of reference or paranoid ideation) seems to be obvious. However, the borderline between normal and pathological experiences and behaviour is unclear.

The so called "continuum approach" assumes that schizophrenia or schizotypy are not discrete or categorical illness entities. It implies a gradient in the severity of the symptoms, ranging from healthy population to full-blown schizophrenia. As such, psychotic signs are no longer restricted to formal diagnoses according to DSM or ICD, but would, instead, complete the spectrum of psychological and biological features that characterize individual variations among human beings.

Can subthreshold psychotic experiences be integrated in this continuum? Do individuals indicating such experiences lack some social cognitive abilities and are particularly vulnerable to false inferences in their social world. How are these experiences related to increased neural activity or an abnormal dopaminergic neurotransmission?

These and similar questions will be discussed in the presentation.

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

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S96

Psychotic experiences as precursors in schizophrenia? Findings from a population-based sample in Germany (DEGS1-MH)

C. Schmidt-Kraepelin

Medical Faculty, Department of Psychiatry and Psychotherapy, Düsseldorf, Germany

There are only a few studies that have studied the prevalence of psychotic experiences (PEs) in a representative population-based sample and a broad range of age. The association and predictive role of PEs in the context of psychotic and other mental disorders remains a subject of discussion. The Mental Health Module of the German Health Interview and Examination Survey for Adults is the first wave of a German health monitoring survey describing:

- the distribution and frequency, the severity and the impairments of a wide range of mental disorders;
- risk factors as well as patterns of help-seeking and health care utilization;
- associations between mental and somatic disorders.

A total of 4483 participants participated in the mental health section of the survey. The Composite International Diagnostic Inventory, the Launay-Slade Hallucination Scale and the Peter's Delusion Inventory were used to assess PEs by clinically experienced interviewers. We can confirm and extend previous findings for younger age groups that PEs are very frequent psychopathological expressions in the general population across genders and all age groups. PEs rates were elevated among those with other mental disorders, particularly among possible psychotic disorders, PTSD and affective disorders. This points to the relevant role of PEs as a marker for psychopathology and mental disorders. Future prospective studies will have to focus on specific properties of psychotic experiences such as their appraisal or underlying social influences to determine their significance for the prediction of psychotic and other mental disorders.

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S97

Clinic risk associated with comorbidity of (subclinical) psychosis, anxiety and depressive symptoms: A case for stratified medicine in psychiatry

M. van Nierop^{1,*}, I. Myin-Germeys¹, R. van Winkel²¹ KU Leuven, Psychiatry, Leuven, Belgium² Maastricht University, MHeNS, Maastricht, Netherlands

* Corresponding author.

Background Meta-analyses link childhood trauma to depression, mania, anxiety, and psychosis. It is unclear, however, whether these outcomes truly represent distinct disorders following childhood trauma, or that childhood trauma is associated with admixtures of affective, psychotic, anxiety and manic psychopathology throughout life.

Aim To investigate the impact of trauma on psychopathological phenotype, functional outcome, and daily life stress reactivity.

Methods We used data from a representative general population sample (NEMESIS-2; $n=6646$), of whom respectively 1577 and 1120 had a lifetime diagnosis of mood or anxiety disorder, as well as from a sample of patients with a diagnosis of schizophrenia (GROUP; $n=825$). Multinomial logistic regression was used to assess whether childhood trauma was more strongly associated with isolated affective/psychotic/anxiety/manic symptoms than with their admixture. Additionally, we examined these groups in terms of social functioning, clinical severity, and quality of life. In a separate sample ($n=621$), daily life (emotional and cortisol) stress reactivity was assessed, using ambulatory assessment.

Results In all samples, childhood trauma was considerably more strongly associated with an admixture of symptoms of depression, anxiety, psychosis, and mania, rather than with these symptoms in isolation. Individuals exposed to childhood trauma, who also had an admixture of symptoms, had a lower quality of life, more help-seeking behaviour, higher prevalence of substance use disorders, and lower social functioning, compared with individuals not exposed to trauma, without an admixture of symptoms, or neither. Furthermore, trauma-exposed individuals with an admixed psychopathological phenotype show a higher daily emotional stress reactivity.

Conclusion Childhood trauma increases the likelihood of a specific admixture of affective, anxiety and psychotic symptoms cutting across traditional diagnostic boundaries. Stratifying according to childhood trauma exposure thus identifies an admixed phenotype, possibly induced by continuous daily life stress reactivity, that has important clinical relevance. Identification of functionally meaningful aetiological subgroups may aid clinical practice.

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Suicidology in the 21st century

S98

Information and communication technologies for the follow-up of patients



E. Baca-Garcia

Fundación Jiménez-Díaz, Madrid, Spain

Clinical assessment in psychiatry is mostly based on brief, regularly scheduled face-to-face appointments. Although crucial, this approach reduces assessment to cross-sectional observations that

often miss critical information about course of disease and risk assessment. Clinicians in-turn make all medical decisions based on this inevitably limited information. We discuss recent technological developments in terms of assessment and information triangulation, analysis of longitudinal data, approaches to enhance medical decision-making and improve communication between patients, caregivers and clinicians.

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S99

A neurosciences based – semiology of suicidal behavior



P. Courtet

CHU de Montpellier, Emergency, Psychiatry and acute care, Montpellier, France

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. Besides suicidal ideation and warning signs, the clinical features related to suicide risk and revealed by neuroscientific studies include notably: impulsive-aggression and hopelessness as well as high web consumption, sedentary behaviors and reduced sleep time, an enhanced sensibility to social exclusion and loneliness, a decreased sensitivity to detect social support, interpersonal problems related to decision-making impairments, difficulties to regulate negative emotional states, a propensity to perceive psychic and also physical pain and to receive opiates treatments. Improving the assessment will also open new targets for suicide prevention. In the short-term, some of these targets await us: standard protocols for evaluation of risk, healthcare continuity, implication of the family/caregivers, mitigation of social or psychological pain.

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S100

Follow-up and chain of care in the prevention of suicide recurrence



P.A. Sáiz Martínez

Universidad de Oviedo, Área de Psiquiatría, CIBERSAM, Oviedo, Spain

Suicide constitutes one of the most important problems in global public health. However, assessment as well as corresponding verification of suicide risk, either in case histories or clinical reports, is handled poorly in several clinical settings. Aspects as important as the existence of a personal history of suicidal tendencies are frequently omitted, despite this being one of the risk factors that most clearly predict the possibility of a complete suicide in the future. During this presentation, I would like to refer specific interventions in at-risk populations, with special emphasis on individuals who have made previous suicide attempts. Suicidal behaviour is a very complex phenomenon, making a specific treatment for it difficult to produce. Consequently, when the most appropriate therapeutic approach for an at-risk population is raised, the following fact is mentioned: in approximately 90% of suicide cases, there is an underlying psychiatric disorder. This makes psychopharmacological treatment of the base pathology the most adequate. Still

totally in agreement with that affirmation, we want to point out that we often forget there is proven evidence of the preventative utility of non-pharmacological interventions designed to increase clinical follow-up and adherence to post-attempt outpatient treatment. It is important to indicate that these interventions are not aimed at specific disorders or population groups, but rather they are of a more universal character and are thus more easily generalised. During this presentation, some of these approaches will be addressed and discussed.

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The effects of neuroleptics on the brain

S101

GROUP 6 year outcome data in relation to antipsychotic medication



W. Cahn*, for GROUP Investigators
UMC Utrecht, Brain center, Utrecht, Netherlands

* Corresponding author.

Objective Genetic risk and outcome of psychoses (GROUP) is a 6 year longitudinal cohort study that focus on gene–environment vulnerability and resilience in patients with psychotic disorders, their unaffected family members and non-related controls. Its main aim is to elucidate etiological and pathogenetic factors that influence the onset and course of psychotic disorders. In this substudy, we will examine medication use over time, its relation with (the change in) metabolic syndrome status and effects on the brain.

Methods A consortium of four university psychiatric centers and their affiliated mental health care institutions, conducted the GROUP study. At baseline, 1120 patients, 1057 siblings, 919 parents and 590 healthy controls were included. After inclusion, participants, except parents, were evaluated again after three and six years of follow-up. Extensive assessment of genetic factors, environmental factors, medication use, metabolic parameters and outcome were performed. Moreover, brain imaging was performed in a subset of participants, using a 1.5 Tesla MRI scanner.

Results At baseline 65% of patients used atypical antipsychotics, 16% used conventional antipsychotics and 19% used clozapine. Siblings and controls used no antipsychotics. Forty-three percent of patients, 21.3% of siblings and 9.1% of controls used antidepressants; 43.9% of patients, 2.1% of siblings and none of the controls used a mood stabilizer. We are currently analyzing the medication data over time in relation to (change in) metabolic syndrome status and the effects on the brain.

Conclusion GROUP is a longitudinal cohort study in patients with psychotic disorders, their healthy siblings and controls without psychosis. This naturalistic substudy examines medication use, its association with (change of) metabolic status and effects on the brain in subjects with (high risk of) psychosis.

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

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S102

Discontinuation vs. continuation treatment with neuroleptics for a better long-term outcome



L. Wunderink^{1,*}, R. Nieboer², F. Nienhuis³, S. Sytema³, D. Wiersma³

¹ Friesland Mental Health Services, University Medical Center Groningen, Research & Education, Psychiatry, Leeuwarden, Netherlands

² Friesland Mental Health Services, Research and Education, Leeuwarden, Netherlands

³ University Medical Center Groningen, Psychiatry, Groningen, Netherlands

* Corresponding author.

Background Long-term functional outcome of dose-reduction/discontinuation strategies in first-episode psychosis (FEP) has not been studied before. The present study compared 7-year outcome of an early antipsychotic dose-reduction/discontinuation (DR) strategy with maintenance treatment (MT). Primary outcome was (symptomatic and functional) recovery; relapse rates, functional and symptomatic remission were secondary outcomes.

Methods FEP patients ($n = 128$) symptomatically remitted for 6 m during their first treatment year who completed an 18 months trial comparing MT and DR were followed-up at 7 years. Symptomatic remission criteria were adopted from Andreasen et al., functional remission criteria were based on a functioning scale. Recovery was defined as meeting both criteria sets. MT or DR strategy, and baseline parameters were entered in a logistic regression analysis with symptom and functional remission and recovery at 7-years follow-up as dependent variables.

Results One hundred and three patients consented to participate. DR-patients showed twice the recovery-rate of MT-patients (40% against 18%), odds ratio 3.5 ($P = .014$). Symptomatic remission-rates were equal (69% and 67%). Better DR recovery-rates were attributable to higher functional remission-rates (46% vs. 20%) in DR. Predictors of recovery were DR, baseline living together and less severe negative symptoms. During the last 2 years of follow-up the mean daily dose in haloperidol equivalents was 2.20 mg in DR vs. 3.60 mg in MT ($P = .031$).

Relapse rates were initially higher in DR but leveled at 3 years; 61.5% relapsed in DR and 68.6% in MT in 7 years.

Conclusion DR of antipsychotics during early stages of remitted FEP significantly improved 7-years outcome in terms of recovery and functional remission compared to maintenance treatment. Though initially relapse rates in GD were higher, these equalled those in MT from 3 years to the end of the study. While the necessity of immediate antipsychotic treatment in FEP and positive symptoms relapse is robustly demonstrated in a great number of studies, this study suggests that we are faced with a dilemma concerning the drawbacks of long-term maintenance antipsychotic treatment on functional capacity. Though antipsychotic discontinuation appears only feasible without relapse in a substantial minority of patients, guided dose-reduction as far as positive symptoms remain subsided and allow it, appears a feasible strategy in view of functional recovery, doing justice to both sides of the dilemma.

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

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The role of emotional instability in adult ADHD, borderline personality disorder, bipolar disorder, autism and intellectual disability: A transdiagnostic construct or disorder specific syndrome?

S103

Emotional instability and adult attention-deficit hyperactivity disorder (ADHD)

P. Asherson

Institute of Psychiatry–Psychology and Neuroscience, King's College London, Social Genetic and Developmental Psychiatry, London, United Kingdom

Background ADHD is defined in DSM-5 by developmentally inappropriate and impairing levels of inattentive and hyperactive-impulsive symptoms. However, emotional dysregulation is considered to be an associated feature of the disorder that supports the diagnosis of ADHD. The common co-occurrence of emotional lability (EL) in ADHD raises the question of whether EL should be viewed as a component of ADHD or reflecting a comorbid condition.

Aims To address the question of whether EL should be viewed as a third dimension of ADHD.

Method We investigated the association of EL with ADHD and impairment scores, in a sample of adults with ADHD that had been carefully selected for absence of comorbid conditions that could give rise to EL using both rating scale and experience sampling methods to measure emotional instability. We reviewed the effects of stimulants and atomoxetine on EL and the covariation of EL with ADHD inattention and hyperactivity-impulsivity. We further considered the phenotypic and genetic association of EL with ADHD using population twin data.

Results From these studies, we found that EL is strongly associated with ADHD even in non-comorbid cases and gives rise to additional impairments after ADHD symptoms are controlled for in the analysis. Stimulants and atomoxetine both improve EL and these improvements are correlated with changes in ADHD symptoms, indicating a shared treatment response. Genetic model fitting suggests a common pathway model, consistent with a single genetic liability for inattention, hyperactivity-impulsivity and EL.

Conclusions Taken together these findings suggest that EL can be viewed as a third dimension of ADHD. Patients presenting with chronic emotional instability should always be screened for ADHD.

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

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S104

Emotional instability and borderline personality disorder

U. Ebner-Priemer^{1,*}, P. Santangelo¹, M. Bohus²

¹ *Karlsruhe Institute of Technology (KIT), Karlsruhe, Germany*

² *Central Institute of Mental Health, Psychiatric and Psychosomatics Psychotherapy, Mannheim, Germany*

* *Corresponding author.*

Affective instability is widely regarded as being the core problem in patients with borderline personality disorder (BPD) and the driving force behind the severe clinical manifestations of BPD symptoms. In ICD-10, BPD is even labelled as emotionally unstable personality disorder. In the last years, the advent of electronic diaries, in combination with sophisticated statistical analyses, enabled studying affective instability in everyday life. Surprisingly, most recent studies using state-of-the-art methodology to assess and model affective instability in BPD failed to show any specificity, supporting

the idea of a transdiagnostic construct. In addition, dysfunctional emotion regulation strategies revealed results contradictory to current clinical beliefs. Using multiple data sets and multilevel modelling, we will demonstrate that to understand affective instability it is important:

- to statically model basic subcomponents of affective dynamics simultaneously;
- in combination with dysfunctional regulation strategies;
- cognitive processes in everyday life.

Altogether, current research suggests that the dynamics of affective states and their intentional regulation are even more important to psychological health and maladjustment, than the affective states itself. Current initiatives to fundamentally improve psychopathological research are looking at basic physiological processes spanning across disorders. However, these approaches do fall short in understanding human behaviours as dynamical processes that unfold in the broadest setting imaginable – everyday life. Only the combination of basic physiological processes and methods assessing dynamical affective mechanisms in everyday life will enhance our understanding how dysregulations and dysfunctions of fundamental aspects of behaviour cut across traditional disorders.

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

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S105

Emotional instability and bipolar disorder

S. Frangou

Icahn School of Medicine at Mount Sinai, Psychiatry, New York, USA

Background Affective dysregulation is a core feature of bipolar disorder (BD) and a significant predictor of clinical and functional outcome. Affective dysregulation can arise from abnormalities in multiple processes. This study addresses the knowledge gap regarding the precise nature of the processes that may be dysregulated in BD and their relationship to the clinical expression of the disorder.

Methods Patients with BD ($n=45$) who were either in remission or in a depressive or manic state and healthy individuals ($n=101$) were compared in terms of the intensity, duration and physiological response (measured using inter-beat intervals and skin conductance) to affective and neutral pictures during passive viewing and during experiential suppression.

Results Compared to healthy individuals, patients with BD evidenced increased affective reactivity to neutral pictures and reduced maintenance of subjective affective responses to all pictures. This pattern was present irrespective of clinical state but was more pronounced in symptomatic patients, regardless of polarity. Patients, regardless of symptomatic status, were comparable to healthy individuals in terms of physiological arousal and voluntary control of affective responses.

Conclusion Our study demonstrates that increased affective reactivity to neutral stimuli and decreased maintenance of affective responses are key dimensions of affective dysregulation in BD.

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

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S106

Emotional instability and autism and intellectual disability

J. McCarthy

King's College London, Forensic & Neurodevelopmental Sciences, London, United Kingdom

Aim To explore if emotional instability is a useful construct in adults with autism spectrum disorder (ASD) and intellectual disability (ID).

Method/approach The current diagnostic criteria for ASD and ID will be outlined and related to any relevant literature on emotional instability in those with ASD or ID. Recent cross-sectional studies in a clinic and a prison of adults with ASD and/or ID using standardised screening and diagnostic tools will be described.

Findings Current literature indicates there is little research on emotional instability in adults with ASD and ID. Studies across clinic and forensic settings indicate high levels of comorbidity such as attention-deficit hyperactive disorder (ADHD) and mood disorders in adults with ASD and ID.

Conclusion At present emotional instability as a construct may not have validity for adults with ASD and ID but may do in the context of other comorbid conditions such as ADHD.

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

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Thought and language disorders: Phenomenology and neural pathophysiology

S107

How increasing the effect of rTMS in the treatment of auditory hallucinations in schizophrenia?

S. Dollfus^{1,*}, C. Nathou², E. Olivier³

¹ CHU de Caen, Department of psychiatry, Caen, France

² CHU Caen, Department of psychiatry, Caen, France

³ CHU de Caen, Department of neurophysiology, Caen, France

* Corresponding author.

Repetitive transcranial magnetic stimulation (rTMS) shows a high inter-subjects variability in the efficacy of treatment of auditory verbal hallucinations (AVH) in schizophrenia. The aim of this presentation is to demonstrate the involvement of several factors in the efficacy of rTMS such as the frequency of stimulation, the placebo effect and the brain morphology underlying the target of stimulation.

Methods A meta-analysis was conducted to determine the effect sizes of placebo effect in 21 controlled studies on rTMS in the treatment of AVH in schizophrenia. MRI was also acquired in patients treated by rTMS to evaluate the scalp to cortex distances (SDCs) and the gray matter densities (GMDs) at the target of stimulation. Finally, we evaluated the efficacy of high (20 Hz) frequency stimulation in a controlled placebo study.

Results Weak or no placebo effect in the control groups led to reveal a superiority of active rTMS over sham rTMS in the treatment of AVH. Clinical efficacy of rTMS was also correlated with the SCD or the GMD at the region of the target stimulation. Finally, we also demonstrated that more responders were observed after 2 weeks in the active group treated by 20 Hz than in the placebo group.

Conclusion We clearly demonstrated that several factors such as high frequency, the placebo effect, anatomical cortical variations can impact on the efficacy of rTMS. These results fundamentally inform the design and the method of further controlled studies, particularly with respect to studies of rTMS in the treatment of AVH.

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

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S108

Phenomenology and neural correlates of formal thought disorder

T. Kircher

Philipps-University, Psychiatry and Psychotherapy, Marburg, Germany



Speech and language disorders, such as concretism and formal thought disorder (FTD) are core symptoms of Schizophrenia, but do occur to a similar extent in other diagnoses such as bipolar disorder and major depression. We will review clinical rating scales of FTD and introduce a new, validated scale, the TALD. Further, structural and functional brain imaging data will be reviewed and own novel findings presented, relating speech and language dysfunctions to neural networks, within schizophrenia and across the “functional psychoses”. The impact of genetic variance and NNDA receptor blockage on brain function will be addressed with a particular focus on speech and language (dys-) function. We demonstrate, from the genetic to the brain structural and functional level, that particular aspects of the neural language system are disrupted in patients with FTD across traditional diagnoses.

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

Further reading

Kircher T, Krug A, Stratmann M, Ghazi S, Schales C, Frauenheim M, et al. A rating scale for the assessment of objective and subjective formal Thought and Language Disorder (TALD). *Schizophr Res* 2014;160(1–3):216–21.

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S109

Language, psychosis and the brain: Novel insights from a dimensional approach

W. Strik

University of Bern, Psychiatry, Bern, Switzerland



The brain mechanisms related to formal thought disorders (FTD) and auditory verbal hallucinations (AVH) appear to be closely linked to structural and functional abnormalities of the language system.

In particular, functional imaging data indicate that several components of the language system are involved in the generation of both, FTD and AVH. Co-activation of the primary auditory cortex (Heschl's gyrus) during verbal thoughts appears to be crucial for the subjective perception of an externally generated voice, and DTI studies indicated that the intrahemispheric fronto-temporal connectivity of the language system is specifically increased in hallucinating patients. On the other hand, FTD are significantly correlated to a gray matter reduction in Wernicke's region along with a hyperactivation of frontal and temporal components of the language system.

AVH are intimately related to a dysfunction of the left hemispheric language system, including the primary auditory cortex and the fronto-temporal fibre tracts connecting Broca's and Wernicke's regions. Co-activation of the primary auditory cortex during verbal thoughts appears to be the basis of the pathological network dynamics during AVH, while FTD are linked to a pathological hyperactivity of central components of the language system. Both phenomena are related to functional imbalances of the language system, and phenomenological differences may depend on the different contributions of the system components.

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

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Towards personalized pharmacotherapy for suicide prevention across the lifespan

S110

Using genomics to predict antidepressant response in suicidal depressed children

Maya Amitai (MD)^{1,2,3}, Alan Apter (MD)^{1,2,*}¹ Department of Psychological Medicine, Schneider Children's Medical Center of Israel, Petach Tikva, Israel² Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel³ The Ruhman Family Laboratory for Research on the Neurobiology of Stress, Department of Neurobiology, Weizmann Institute of Science, Rehovot, Israel

* Corresponding author.

Background Depression and anxiety disorders are among the most common childhood psychiatric disorders. Selective serotonin reuptake inhibitors (SSRIs) are generally considered first-line treatment for both depression and anxiety in this age group. However, it has been reported that 30%–40% of all patients who receive a sufficient dose and duration of treatment fail to respond. Moreover, SSRI use is frequently associated with serious adverse events (SAE), including activation symptoms, manic switch and increased suicidal behavior. These are particularly relevant in pediatric populations because of concerns about the suicide threat of SSRIs, resulting in a black-box warning. Currently there is no way of knowing in advance who of the patients will respond. Identification of biomarkers that would be early predictors of response and of the occurrence of SAE could help to maximize the benefit–risk ratio for the use of SSRIs, and speed up the matching of treatment to patient. The main objective of this project is therefore to identify and validate biomarkers predicting response and SAE in depressed children and adolescents, thus improving treatment, enabling the development of novel diagnostic tests and suggest novel therapeutic targets for future related drug development.

Methods As a preliminary pilot, we already obtained blood samples from 80 depressed and anxious children and adolescents over the last year before, during and after eight weeks of fluoxetine (FLU) therapy. Genetic and epigenetic samples were collected from all participants. The patients were treated with FLU 20–40 mg/day for 8 weeks. Clinical response was measured with several scales including the Children's Depression Rating Scale–Revised (CDRS–R), the Beck Depression Inventory (BDI) and the Screen for Child Anxiety Related Emotional Disorders (SCARED).

Results The participant's age ranged from 6 to 18 (14.12 ± 2.30) years. The overall response rate was 56%. Ten percent responded with SAE. Regarding Pharmacogenetics, The 5-HTTLPR ss genotype was associated with a poorer clinical response with regard to depressive symptoms as well with fewer reports of agitation compared to the ll genotype. Regarding immune measures, we analyzed cytokine levels from 41 children. Plasma concentrations of TNF- α , IL-6 and IL-1 β were measured by enzyme linked immunosorbent assays (ELISA) before and after FLU treatment. Antidepressant treatment significantly reduced TNF- α levels ($P = 0.037$), with no significant changes in the levels of IL-6 and IL-1 β . All three pro-inflammatory cytokines were significantly ($P < 0.05$) higher in SSRI-refractory than SSRI-responsive patients, i.e.: higher levels of TNF- α , IL-6 and IL-1 β might predict non-response to fluoxetine treatment in children.

Future plans Out of the study sample we selected 13 remitters and 13 non-responders and 10 children with SAE (activation symptoms, manic/hypomanic switch, increased suicidality), and analyzed expression profiles in peripheral blood at admission and after 8 weeks of treatment using illumine Truseq technique. Hopefully, we shall find significant differences in miRNA profiles between the different groups which may serve as biomarkers indi-

cating AD treatment response and SAE. The differentially regulated miRNA's can be studied in depth in the future in animal models in order to support the hypothesis that they may be involved in the AD mechanism.

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

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S111

Large-scale suicide prevention by pharmacological treatment of mood disorders



E. Isometsa

University of Helsinki, Department of Psychiatry, Helsinki, Finland

Introduction In psychological autopsy studies, at least half of suicides have suffered from depressive or bipolar disorders at time of death. Improving access to care and provision of evidence-based pharmacotherapies can be important preventive measures.

Objectives To examine suicide risk and pharmacoepidemiology in mood disorders; evidence for efficacy of pharmacotherapies in mood disorders and in preventing suicidal behaviour in them, and limitations to effectiveness of treatment due to problems of adherence.

Aims To evaluate potentials for suicide prevention in mood disorders by improved access to treatment, improved quality of treatment provision, improved adherence, or by specific pharmacotherapies.

Methods Selective review of literature.

Results Risk of suicide death and attempts in mood disorders clusters into major depressive and mixed illness episodes, and time spent in them is a major determinant of risk, but direct evidence for preventive effects of effective pharmacotherapies remains limited. Observational and randomized studies indicate lithium treatment to reduce risk of suicide deaths and attempts. Ecological evidence from Europe shows increasing sales of antidepressants to consistently associate with declining regional suicide rates. Forensic chemical studies still find majority suicides negative for antidepressants. Poor adherence is a central problem in treatment provision. **Conclusions** Positive impact of increase in pharmacotherapy provision in the last few decades on suicide mortality remains uncertain. Lithium is the pharmacological agent with best evidence for preventive utility, but underused. Providing treatments for those at risk, improving quality and continuity of treatment, and integrating them with psychosocial approaches is likely to be beneficial for suicide prevention.

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

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S112

Brain imaging biomarkers in personalizing pharmacotherapy of suicidal depressed patients



J.J. Mann

Columbia University, New York, NY, USA

Background New knowledge has emerged about decision-making, mood regulation, social distortions and learning that is relevant for the diathesis for suicidal behavior. All four domains have identified underlying neural circuits and for decision-making and mood regulation also specific neurotransmitter systems.

Methods We have conducted PET studies of the serotonergic system and CSF studies of the serotonin, norepinephrine and dopamine neurotransmitter systems in patients surviving suicide attempts to determine whether they have neurotransmitter abnormalities that resemble those found in the brain after suicide. We found

alterations in the serotonin transporter and the 5-HT_{1A} receptor that are similar to those seen in suicides and moreover the severity of the abnormality in 5-HT_{1A} binding is correlated with the lethality of suicidal behavior. Other studies examining CSF levels of 5-HIAA are consistent with imaging data and extend the findings to the noradrenergic and dopaminergic systems. Finally, we will present data on use of these biomarkers to predict treatment outcome. Abnormal decision-making and mood regulation in suicidal patients is linked to abnormal brain biology and has direct implications for clinical practice in terms of selecting specific types of medication and how these may be best combined with psychotherapies.

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

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S113

Age and pharmacotherapy of suicidal depressed bipolar patients

M.A. Oquendo^{1,*}, H. Galfalvy²

¹ Columbia University and New York State Psychiatric Institute, New York, NY, USA

² Columbia University, Biostatistics and Psychiatry, New York City, NY, USA

* Corresponding author.

The mortality and morbidity due to suicidal behavior associated with bipolar disorder is the greatest among psychiatric diagnoses. To address this problem, it is essential to find predictors of future risk as well as protective factors. Studies from several international teams have demonstrated that for bipolar disorder, the presence of a depressive episode is the most robust predictor and risk increases as does depression severity. Protective factors such as older age and religious affiliation are also key moderators. The role of pharmacotherapy in suicidal behavior has been studied mostly utilizing data that are either observational and naturalistic, rather than experimental. Only one randomized, double-blind clinical trial has been conducted to date, although another one is underway. The comparison of lithium and valproate in terms of effect on suicidal behavior revealed no differences. Although the trial was not powered to detect small effect sizes, results suggest that the Relative Risk ratio generated from meta-analytic studies (RR~ 5) is too optimistic. The trial also suggested that younger individuals may respond differently to pharmacotherapy, suggesting opportunities to personalize treatment approaches. Robust pharmacotherapy targeting both mood stabilization and depressive symptoms is essential and may assist in the quest against suicidal behavior.

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

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Treatment of people with dual diagnosis

S114

Treating adult ADHD and comorbid substance-related disorders

J.A. Ramos-Quiroga

Hospital Universitari Vall d'Hebron, Universitat Autònoma de Barcelona, Department of Psychiatry, CIBERSAM, Barcelona, Spain

Attention-deficit/hyperactivity disorder (ADHD) is a complex, and multifactorial and chronic neurodevelopmental disorder. Comorbid psychiatric disorders are highly prevalent in individuals with a diagnosis of ADHD. There is a solid overlap between ADHD and

substance use disorders (SUD). Prevalence of SUD is high among patients with ADHD, so that SUD are approximately double as common among individuals with ADHD than in general population, and individuals with SUD have much higher rates than expected of a comorbid ADHD. Studies shown that treatment during childhood of attention-deficit/hyperactivity disorder with stimulant medication neither protects nor increases the risk of later substance use disorders. Nevertheless, recent studies found that patients with ADHD and SUD can reduce ADHD symptoms and SUD with stimulants and cognitive-behavioral therapy. Treatment of ADHD in patients with SUD requires a comprehensive diagnostic assessment. It is recommendable to stabilize the addiction prior to treating the ADHD. In this talk, the recent literature for the treatment of adults with co-occurring ADHD and SUD will be reviewed.

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

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Value-based health care

S115

Value in mental healthcare: The patient aspect

Y. Cohen (Acting president)

GAMIAN-Europe, Azor, Israel

From the patients' point of view, valued-based mental healthcare is mental healthcare based on a holistic vision of care, according to which patients are actively involved in their treatment to achieve the best possible outcomes. They are invited to collaborate with both mental health care providers such as psychiatrists and primary caregivers to determine what types of treatment are the most effective.

GAMIAN-Europe believes that the best package of care includes the following four elements:

- medication – antipsychotic medication is consensually regarded as first-line treatment for people with mental health problems;
- psychotherapy/counselling – although antipsychotic medications are the mainstay of treatment for mental health problems, pharmacotherapy alone produces only limited improvement in negative symptoms, cognitive function, social functioning and quality of life. Additionally, many patients continue to suffer from persistent positive symptoms and relapses, particularly when they fail to adhere to prescribed medications. These situations emphasize the need for multimodal care, which includes psychosocial therapies as adjuncts to antipsychotic medications in order to alleviate symptoms and to improve social functioning and quality of life;
- psycho-education – the more a patient learns about his/her condition the better placed he/she will be to take control of it. Psycho-education embodies this principle by using a clearly-defined therapeutic programme, in which a trained therapist delivers targeted information designed to reduce both the frequency and the severity of symptoms. Psycho-education increases patients' knowledge and understanding of their illness and treatment options and helps them cope more effectively. Many people find that they benefit not only from the information they receive during psycho-education, but also from the learning process itself. There are several different ways in which psycho-education can be delivered, including one-to-one sessions with a therapist, sessions aimed specifically at carers and family members, group sessions attended by several people coping with mental illness and mixed group sessions attended by people with mental illnesses and family members;

– self-help – self-help groups offer patients a voice and an audience with the time and inclination to listen to patients' concerns and reassure them and ease their anxiety. For example, a self-help group may be able to quell anxiety regarding side effects, to reassure the patient, from first-hand experience, that these side effects are transient, normal and non-threatening and will diminish over time. The real experts on living with a mental disorder are those who are already doing so. Therefore, most support groups are full of people who can share information about how they have managed to cope with their illnesses.

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

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S116

Value-based mental healthcare: The quality aspect



W. Gaebel

Heinrich-Heine-University Düsseldorf, LVR-Klinikum Düsseldorf, Department of Psychiatry and Psychotherapy, Düsseldorf, Germany

Introduction The goal of value-based healthcare is to improve the quality of care while also lowering healthcare costs. Values may also include societal or research benefits.

Objectives To outline the emergence and quality-related concepts of value-based healthcare.

Aims To give a comprehensive overview and critical discussion of quality aspects of value-based mental healthcare including aspects of personal, societal and scientific values.

Methods Review of quality aspects of value-based mental healthcare.

Results The quality aspect of value-based healthcare includes the implementation of patient-centered care and may include the assessment of societal values or values for research purposes. Current concepts focus on the reduction of disability-adjusted life years to measure the achievement of values, but may need to be

broadened to include benefits to society as a whole or the progress of knowledge about mental disorders in research. Conceptually, addressing such broader value issues may lead to increased benefits and a better appraisal of the value of mental healthcare.

Conclusions The trend towards value-based mental healthcare aims at creating an efficient care delivery model, that strongly focuses on achieving favorable patient outcomes and may in the future also include creating societal values. It includes the development and implementation of suitable mental health policies and comprehensive quality assessment, plus a broad conceptualization of the value-term and its assessment in value-based mental healthcare.

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

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S117

Value-based mental healthcare: The cost aspect



M. Knapp

London School of Economics and Political Science, London, United Kingdom

Economic hardship can be a factor in the incidence and exacerbation of mental health problems, and economic constraints have always constrained availability of resources. But examining the economic case – whether treatment or longer-term preventive strategies are cost-effective – can actually provide strong support for investing more in them. This presentation will provide illustrations of how economic evidence has helped decision-makers (in government and in funding bodies) to recognise the enormous contributions often generated by prevention, treatment and care.

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

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24th European Congress of Psychiatry Workshop

Age of onset of mental disorders: Etiopathogenetic and treatment implications

W01

Age of onset of bipolar disorders: A systematic review and meta-analysis

G. de Girolamo^{1,*}, M. Bani¹, J. Dagani¹, C. Ferrari², A. Pastore³,
 G. Signorini¹



¹ Saint John of God Clinical Research Center, Psychiatric Epidemiology
 and Evaluation Unit, Brescia, Italy

² Saint John of God Clinical Research Center, Statistics services,
 Brescia, Italy

³ University "Aldo Moro", Department of Basic Medical
 Sciences-Neuroscience and Sense Organs- Childhood and Adolescence
 Neuropsychiatry Unit, Bari, Italy

* Corresponding author.

Introduction Although the onset of bipolar disorder (BD) is usually estimated in early adulthood (Burke et al., 1990; Kessler et al., 1997), it is still not clear which age-specific triggering factors may contribute to the underlying vulnerability.

Objectives/aims The present meta-analysis attempts to clarify the number of untreated years of BD, from first symptoms appearance, to first actions carried out by health services (first diagnosis, treatment and hospitalization).

Methods A literature search of three databases PubMed, Web of Science and Psychology and Behavioral Sciences Collection was performed, looking for peer-reviewed publications in English, French, German and Italian language that reported the AOO of BD; the search string adopted was "bipolar and onset". Standardized mean differences were calculated between (i) mean AOO, operationally defined as onset of first symptoms/episodes, and (ii) mean AOO, operationally defined according to four criteria: first contact with services, date of the diagnosis, first pharmacological treatment, or first hospitalization.

Results The searches yielded 8710 articles; 2424 of these articles met the inclusion criteria. A final set of 19 studies presenting multiple definitions of AOO has been analyzed, revealing an overall effect size of 6.96 of untreated years (Cohen's $d = 0.65$)

Conclusion To our knowledge, this is the first meta-analysis that addresses the definition and the modulation of the AOO in bipolar disorder. Identifying the time-frame of untreated illness is very important for the best planning of timely interventions.

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

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W02

The age of onset of anxiety disorders in samples from the general population: A meta-analysis



J. de Lijster*, B. Dierckx, E. Utens, F. Verhulst, C. Zieldorff,
 G. Dieleman, J. Legerstee

Erasmus MC Sophia Children's Hospital, department of Child and
 Adolescent Psychiatry/psychology, Rotterdam, Netherlands

* Corresponding author.

Workshop Age of onset of mental disorders: etiopathogenetic and treatment implications.

Background Age of onset (AOO) of anxiety disorders could serve as a vital statistic in the formulation of mental health policy. Previous reviews have reported on the AOO of anxiety disorders in the general population. However, these review studies did not systematically estimate the AOO of different anxiety disorder subtypes, and did not examine factors that might have influenced reported AOO.

Objective The aims of the present study were (1) to estimate the AOO for all anxiety disorders and for specific subtypes, (2) to examine gender differences in AOO of anxiety disorders, and (3) to examine the influence of study characteristics on reported AOO.

Method Seven electronic databases were searched with keywords representing anxiety disorder subtypes, AOO and study design. The inclusion criteria were studies using a general population sample that provided data on AOO for all anxiety disorders, or specific anxiety disorders, according to DSM-III-R, DSM-IV or ICD-10 criteria. Meta-analysis was used to estimate AOO and gender differences, while meta-regression was used to examine the influence of study characteristics.

Results A total of 1028 titles were examined, which yielded 24 studies meeting the inclusion criteria. Meta-analysis found an average AOO of all anxiety disorders of 21.3 years (95% CI: 17.46 to 25.07). Separation anxiety disorder, specific phobia and social phobia had their mean onset before the age of 15 years, whereas AOO of agoraphobia, obsessive compulsive disorder, post-traumatic stress disorder, panic disorder and generalized anxiety disorder began on average between 21.1 and 34.9 years. Anxiety disorder is more common in women, but meta-analysis revealed no difference in AOO between genders. Prospective study design and higher developmental level of the study country were associated with earlier AOO.

Conclusion Results from this meta-analysis indicate that anxiety disorder subtypes differ in mean AOO, with onsets ranging from early adolescence to young adulthood. These findings suggest that prevention strategies of anxiety disorders should be directed towards the factors associated with the development of subtypes

of anxiety disorder in the age groups with the greatest vulnerability for developing those disorders.

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

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W03

Anticipation of age at onset in anorexia nervosa

A. Favaro*, P. Santonastaso

University of Padova, Neurosciences, Padova, Italy

* Corresponding author.

It is a common clinical observation that early-onset cases of anorexia nervosa (AN) are increasing. In a previous study in a large cohort, we found that age of onset in both AN and bulimia nervosa was significantly decreasing in younger generations. We now present data about cohort effects in a sample of more than 3000 patients with eating disorders.

Methods The sample is composed of 2200 AN subjects and 900 BN subjects without previous AN consecutively referred to our outpatient Unit in the period between 1985 and 2014. Time trends have been analysed according to the year of birth of subjects. All diagnoses were reviewed according to DSM-5 criteria.

Results Age of onset in AN showed a significant decrease according to year of birth. A regression model showed a significant independent effect of socio-economic status, age at menarche and number of siblings in predicting age of onset. A second analysis including a subsample representative of the general population confirmed the effect in AN. In BN, although the age of onset showed a decrease in new generations, the effect is not significant.

Conclusion Age of onset of AN continues to decrease in younger generations. The implications of our findings in terms of long-term outcome remain to be understood. Biological and socio-cultural factors explaining this phenomenon need to be explored by future studies. It is important to acknowledge the clinical implications of this cohort effect.

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

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W04

Familiarity, gender and cannabis use determine age of onset in schizophrenia

R. Murray

Institute of Psychiatry, London, United Kingdom

There is evidence that certain risk factors for schizophrenia (e.g. copy number variations, obstetric complications) are associated with an earlier age of onset of psychosis. One possible explanation is that in such cases, early neurodevelopmental damage is associated with greater perturbation of critical neural systems and that this leads to the early presentation of psychosis. Less is known about the significance of age of onset for treatment response and outcome though patients presenting in childhood are reported to have a worse outcome than those who present later. We have conducted two large first episode psychosis studies in which we have examined those baseline characteristics which predict later treatment resistance, notably the AESOP and GAP studies. In each of these, early age of onset and also male gender were associated with treatment resistance. Interestingly in approximately three quarters of cases, treatment resistance was present at onset of psychosis and only in the remaining quarter did it develop over the course of the illness. One possibility is that there exists a type of schizophrenia which is associated with neurodevelopmental damage, early age of onset and lack of response to dopamine blockade; this is

compatible with our previous finding that patients with treatment resistant schizophrenia do not show the increased synthesis of striatal dopamine which is usually found in actively psychotic individuals.

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

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Child and adolescent mental health services in Europe: The current scenario and the future prospects

W05

The current state of child and adolescent mental health services in Europe: A survey in 28 countries

G. de Girolamo^{1,*}, G. Signorini¹, S.P. Singh², J. Warwick³

¹ Saint John of God Clinical Research Center, Psychiatric Epidemiology and Evaluation Unit, Brescia, Italy

² Warwick Medical School, University of Warwick, Coventry-UK, Mental Health and Wellbeing Division, Warwick, United Kingdom

³ Warwick Medical School, University of Warwick, Coventry-UK, Warwick Clinical Trials Unit, Division of Health Sciences, Warwick, United Kingdom

* Corresponding author.

Introduction Transition to adulthood is the period of onset of most serious mental disorders. The current discontinuity of care between Child and Adolescent Mental Health (CAMHS) and Adult Mental Health (AMHS) Services is a major socioeconomic and societal challenge for the EU.

Objectives/aims In the framework of the MILESTONE project this study aims to map current services and transitional policies across Europe, highlighting current gaps and the need for innovation in care provision.

Methods An on-line mapping survey has been conducted across all 28 European countries through the administration of two ad-hoc instruments: the Standardized Assessment Tool for Mental Health Transition (SATMEHT) and the European CAMHS Mapping Questionnaire (ECM-Q). The survey systematically collected data about CAMHS organization and characteristics, with a specific focus on actual national transition policies and practice.

Results Response rate was 100%. Despite up to 49% of CAMHS service users need to continue with specialist AMHS care, written policies for managing the interface between these two services are available only in 4/28 countries and transition support services are reported as missing by half of the respondents. Lack of connection between CAMHS and AMHS is reported as the major (82%) difficulty experienced by young service users.

Conclusion Preliminary results indicate a marked variability in characteristics of services and in data activity among the 28 European countries, with important missing information at national level about CAMHS and their functioning. All these conclusions warrant an improvement in data collection and service planning and delivery.

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

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W06

A systematic review of service transitions in people with ADHD



F. McNicholas^{1,2,*}, M. Tatlow-Golden¹, B. Gavin¹, S. Singh³

¹ University College Dublin, School of Medicine and Medical Science, Dublin, Ireland

² Lucena Clinic- St John of God-Dublin, Child Psychiatry, D6, Ireland

³ University of Warwick, medical School, Warwick, United Kingdom

* Corresponding author.

Background Young people (YP) with attention deficit hyperactivity disorder (ADHD) are recognized to be a group who are particularly vulnerable to falling through the gap regarding transitioning from Child and Adolescent Mental health Services (CAMHS) to Adult Mental Health Services (AMHS). This presentation will combine a systematic review of the literature with some clinical examples of the pathway for a number of YP with ADHD who reach the transition boundary (TB).

Method (1) Databases (e.g., PubMed, PsycINFO, AMED, CINAHL, EMBASE, Web of Knowledge), and grey literature, were searched systematically with database-specific key words, variants and truncations, to cover six subject areas: ADHD; transition or transfer; age; experiences or views; service development; and policies or protocols. Hand searching of key journals, ancestry and forward searches of references, and expert consultation were conducted. Two reviewers critically evaluated studies using a validated appraisal tool for mixed methodologies and findings were synthesized. (2) Following ethical approval, CAMHS clinicians from 9 clinics in Republic of Ireland identified all cases where a YP with ADHD had reached the TB, and identified referral/service outcomes ($n = 20$).

Results The search yielded 27 studies, covering areas of service review and recommendations (7), guidelines (3), medication (5), case note audit (3), professional's views (5), pilot transition clinics (2). A further set of papers covered the perspective of the young person (4) and parent (2). Overall these highlighted the less than optimum experience by both clinicians and service users of the experience with suggestions for future developments. These findings were mirrored in the review of clinical notes and individual interviews of YP identified through their CAMHS. Of the 20 young people identified, only 1 was directly transferred to AMHS. Eight were retained in CAMHS, on average for over a year. A significant number (7) refused onward referral. A perception from CAMHS clinicians, that AMHS did not accept such cases or lacked relevant service/expertise, may have contributed to the low rate of referral.

Conclusion Both the extant literature and the specific study presented highlight the lack of clear cut consensus about the appropriate management of young people with ADHD who reach the transition boundary. Low rates of AMHS transfer may come from CAMHS clinicians' perceptions of AMHS, and preferences of young people and families. Before assuming the very low rate of referral by CAMHS clinicians is poor practice, clinical outcomes need to be identified, young people's reasons for refusing transfer explored and service options identified.

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W07

Developing and measuring transition-related decision-making in Europe



P. Santosh

Institute of Psychiatry, Psychology and Neuroscience King's College London, Department of Child and Adolescent Psychiatry, London, United Kingdom

The MILESTONE project developed the Transition Readiness and Appropriateness Measure (TRAM) and the Transition-Related Outcome Measure (TROM) on the HealthTracker™ platform, each prepared in versions for young people, parents/carers and clinicians. Together these instruments aim to support and then evaluate clinician decision-making with respect to transition. The suite of measures were developed on and hosted on the HealthTracker™ Platform. FDA approved protocols were evoked in scale development and validation. A comprehensive list of items potentially significant in transition decision-making was generated from a thorough literature review and discussion with experts. Focus groups were conducted with young people, parents/carers and clinicians centring on the themes of “who should transition” and “identifying successful transition”. In open discussion, further items considered important in transition decision-making were elicited, and the importance of listed items was rated. Analysis of the data allowed items to be removed, kept or amalgamated. Domains considered universally important in transition decision-making emerged; these included diagnosis, impairment, risk, life changes, barriers to a successful transition and transition success markers. A beta version of the scale was tested for comprehension and usability by transition experts, young people and parents/carers. Following pilot testing, qualitative interviews were conducted with some participants to identify further issues. Scales were translated from English into French, Italian, German, Croatian and Dutch and translations uploaded to the HealthTracker™ online platform. Validation of the scales required completion of the TRAM and TROM alongside a series of proxy “gold-standard” measures to assess psychometric validity, test-retest validity and sensitivity to change.

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W08

Novel research on transition from child to adult mental health services in Europe: The MILESTONE project



H. Tuomainen*, S.P. Singh, The MILESTONE Consortium

Warwick Medical School, University of Warwick, Coventry, United Kingdom

* Corresponding author.

Introduction Current service configuration of distinct Child and Adolescent Mental Health (CAMHS) and Adult Mental Health Services (AMHS) is considered the weakest link where the care pathway should be most robust. Transition-related discontinuity of care is a major health, socioeconomic and societal challenge for the EU.

Objectives The overall objective of the MILESTONE project is to improve transition from CAMHS to AMHS in diverse healthcare settings in Europe.

Aims To improve the understanding of current transition-related service characteristics, and processes, outcomes and experiences of transition from CAMHS to AMHS using a bespoke suite of measures; to explore the ethical challenges of providing appropriate care to young people as they move to adulthood; to test a model of managed transition in a cluster randomized controlled trial (cRCT) for improving health, social outcomes and transition to adult roles; and to develop training modules for clinicians and policy guidelines.

Methods Data will be collected via systematic literature reviews; bespoke surveys to CAMHS professionals, experts and other stakeholders; focus groups with service providers and users and members of youth and mental health advocacy groups; and a longitudinal cohort study with a nested cRCT in eight EU countries (Belgium, Croatia, France, Germany, Ireland, Italy, Netherlands, UK) involving over 1000 CAMHS service users, their parents/carers, and clinicians, with assessments at baseline, 9, 18 and 27 months.

Results First results are expected in 2016 with further major findings following in 2019.

Conclusions The MILESTONE project will provide unprecedented information on the nature and magnitude of problems at the CAMHS-AMHS interface, and potential solutions to overcome these.

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Future experts on the floor: Young researchers in addiction

W09

Neurostimulation in alcohol dependence: The effect of repetitive transcranial magnetic stimulation on brain function and craving



J. Jansen^{1,*}, O. van den Heuvel², Y. van der Werf³, S. De Wit², D. Veltman², W. van den Brink¹, A. Goudriaan¹

¹ Academic Medical Centre, Psychiatry, Amsterdam, Netherlands

² VU University Medical Center, Psychiatry, Amsterdam, Netherlands

³ Netherlands Institute for Neuroscience, Amsterdam, Netherlands

* Corresponding author.

Background Alcohol dependence has long been related to impaired processing and handling of negative emotions. This is the first study to compare emotion regulation (ER) at a behavioral and neural level in alcohol dependent patients (ADPs) and healthy controls (HCs). It also examines the effects of high-frequency repetitive transcranial magnetic stimulation (rTMS) on ER abilities and related craving levels in ADPs.

Method Thirty-six ADPs and 32 HCs matched on age, sex, and education, were included in a within-subject fixed-order study with one functional magnetic resonance imaging (fMRI) session and one rTMS plus fMRI session, with high-frequency (10 Hz) rTMS over the right dorsolateral prefrontal cortex (dlPFC). An fMRI emotion regulation task (ERT) was administered during both sessions and craving was measured before and after each ERT.

Results ADPs were impaired in the regulation of negative emotion and showed a higher activation of ER related brain areas compared to HCs. Furthermore, active rTMS improved ER abilities in both ADPs and HCs, but was accompanied by a decrease in anterior cingulate and left dlPFC activity only in ADPs. In addition, the ERT-induced increase in craving levels in ADPs was trend-significantly reduced by active rTMS, with a large effect size.

Conclusions ADPs are impaired in the regulation of negative emotion and show enhanced neural activity in the ER brain circuit. High-frequency rTMS improves ER in ADPs and HCs and normalizes neural activity and tends to reduce craving in ADPs. Future studies are needed to test the long-term effects of (multiple session) rTMS on ER, craving, and drinking.

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

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W10

The impact of appetite regulating peptides on substance use disorders



A. Koopmann*, F. Kiefer

Central Institute of Mental Health, Department of Addictive Behavior and Addiction Medicine, Mannheim, Germany

* Corresponding author.

Background Preclinical and clinical data suggest modulating effects of the appetite regulating peptide ghrelin on food intake.

Recent data suggest that in food intake the “endostatic” energy-homeostatic systems of the lateral hypothalamus (LH) and the motivational, mesolimbic reward system operate in dynamic interplay with each other. Ghrelin receptors have been detected in the ventral tegmentum of the midbrain (VTA), where they modulate the activity of dopaminergic neurons projecting to the NAC. Assuming that Ghrelin modulate mesolimbic reactivity, the question remains: is this only the case in response to food cues? Or is this the case in response to reward-associated cues in general (including those related to nicotine and alcohol)?

Methods Study 1: a consecutive sample of 61 alcohol-dependent male inpatients was included. Blood was drawn at onset of withdrawal 12-24 hours after admission, and following 14 days of controlled abstinence in order to assess plasma concentrations of both active and total ghrelin. In parallel, we assessed alcohol craving applying the Obsessive Compulsive Drinking Scale (OCDS) as well as symptoms of depression (Beck Depression Inventory [BDI]) and anxiety (State Trait Anxiety Inventory [STAI]). The severity of alcohol dependence was assessed with the Alcohol Dependence Scale (ADS). Study 2: 54 non-treatment seeking smokers and 30 healthy controls with normal eating behavior, as measured by the Three Factor Eating Questionnaire (TFEQ) participated in this study. We measured plasma concentrations of both active and total ghrelin, using a blood sample taken two hours after a standardized meal during early nicotine abstinence in the smoking group. Additionally we quantified severity of addiction in the smoking group using the number of cigarettes smoked per day, cotinine plasma concentration and the Fagerström Test for Nicotine Dependence (FTND).

Results Study1: we found a significant positive correlation between the plasma concentration of active ghrelin and alcohol craving in both blood samples. Plasma concentrations of active ghrelin increased significantly during early abstinence. In a linear regression model, the plasma concentration of active ghrelin on day one, the scores of the ADS, and the BDI explained 36% of the variance in OCDS sum score ($P < 0.0001$). By day 14, these same factors accounted for 54% ($P < 0.0001$). We did not detect any association between the plasma concentration of total ghrelin and patients' alcohol cravings. Study 2: plasma concentration of acetylated ghrelin but not total ghrelin was significantly higher in smokers than in non-smokers. Moreover, we found significant negative correlations between acetylated ghrelin and all measures of the severity of nicotine dependence.

Discussion In conclusion, both studies supports the general idea that ghrelin's central effects go beyond the endostatic regulation of energy homeostasis, also involving pathways underlying reward expectation and craving. Physiologic factors modulating the reactivity of mesolimbic pathways represent an important research topic for developing pharmacologic treatments for disorders characterized by altered reward-related behaviors, such as substance use disorders and behavioral addictions.

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W11

Novel psychoactive substances

L. Orsolini^{1,2,3,4,*}, D. Papanti⁴, R. Vecchiotti^{1,2,3}, A. Valchera^{1,3}, J. Corkery⁴, F. Schifano⁴



¹ Villa San Giuseppe Hospital, Hermanas Hospitalarias, Department of Psychiatry, Ascoli Piceno, Italy

² Maastricht University, Department of Psychiatry and Neuropsychology, Maastricht, Netherlands

³ Polyedra, Polyedra Research, Teramo, Italy

⁴ University of Hertfordshire, School of Life and Medical Sciences, Department of Pharmacy, Pharmacology and Medical Sciences, Hatfield, United Kingdom

* Corresponding author.

Over the last decade, the “traditional” drug scene has been supplemented – but not replaced – by the emergence of a range of novel psychoactive substances (NPS), which are either newly created or existing drugs, including medications, now being used in novel ways. By the end of 2015, in excess of 700 NPS had been reported by a large number of countries in the world. Most recent data show however that synthetic cathinones; synthetic cannabinoids; and psychedelics/phenethylamines; account for the largest number of NPS. Given the vast range of medical and psychopathological issues associated with the molecules here described, it is crucial for health professionals to be aware of the effects and toxicity of NPS. The “Drugs 2.0.” revolution facilitated the birth and growth of an “Online Drug Culture” which finds its main expression in chats/fora/blogs as well as the diffusion of online drug marketplaces (both in the surface and deep web). The web has progressively modified the drug market from a “street” into a “virtual” one, so by increasing the availability of new drugs/NPS/“legal highs” (“legal alternatives” to the traditional illegal drugs). The rapid pace of change in the NPS online market constitutes a major challenge to the provision of current and reliable scientific knowledge on these substances. The present lecture aims at providing an overview of the NPS phenomenon, also giving an overview of the main clinical and pharmacological issues relating to these most popular NPS categories.

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W12

Translational perspectives in addiction psychiatry

A. Schellekens

Radboud University Medical Centre, Donders Centre for Neuroscience, department of Psychiatry, Nijmegen Institute for Scientist Practitioners in Addiction, Nijmegen, Netherlands

Background Heritable factors account for approximately 50–60% of the risk for alcohol dependence. However, which genes confer this risk remains to elucidate. Moreover, genetic association studies are hampered by non-replication. Several strategies can be applied to approach this issue. One option is the application of intermediate phenotypes. Neurobiological measures that are closely related to the addiction phenotype may be more directly related to genetic variation. Intermediate phenotypes related to dopamine function seem particularly suitable, given the strong dopamine hypothesis in addiction. Another strategy is to include environmental factors, such as childhood adverse experience, in genetic association studies. We tested the effect of *COMT* Val158Met and *DRD2* Taq1A genotypes, as modulators of brain dopamine function in the context of self-reported environmental factors, like childhood adverse experience.

Methods Alcohol-dependent patients ($n = 110$) and healthy controls ($n = 99$) were genotyped for the *COMT* Val158Met and *DRD2* Taq1A genotypes. Childhood adversity was measured using self-report questionnaires. Dopamine sensitivity was assessed using an apomorphine challenge with cognitive performance and plasma growth hormone levels as main outcome measures.

Results *COMT* genotype modulated the effect of apomorphine on cognitive performance, but was not directly associated with alcohol dependence. Yet, the interaction between childhood adversity and *COMT* genotype did predict alcohol dependence. *DRD2* genotype modulated the effect of apomorphine on plasma growth hormone levels and was also not directly associated with alcohol dependence. Yet, the interaction between parental rule setting and *DRD2* genotype did predict alcohol use in a separate population-based sample of adolescents.

Conclusion This study provides evidence for a role of *COMT* and *DRD2* genotypes in alcohol dependence using both the GxE and

intermediate phenotype approach. This confirms that both an intermediate phenotype approach and GxE interaction analyses can be useful tools in understanding mechanisms mediating addiction vulnerability. The clinical relevance of dopamine genes and intermediate phenotypes for staging and profiling of alcohol use disorders remains to be investigated.

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Getting started: The first steps in psychiatric consultations

W13

Short-term psychotherapeutic interventions in consultation-liaison psychiatry



A. Diefenbacher*, R. Burian

Ev. Krankenhaus-Königin Elisabeth Herzberge gGmbH, Psychiatry, Psychotherapy and Psychosomatic, Berlin, Germany

* Corresponding author.

Due to a reduction in length of hospital stay of general hospital inpatients, CL-psychiatrists find themselves confronted with the problem of “less time to do more”. This presentation will first outline procedural aspects of CL-psychiatry, delineating its development from the “situational approach” to becoming case managers. Then, short-term supportive interventions will be discussed with regard to their applicability and newer disorder specific techniques, such as ACT and DBT will be demonstrated in their usefulness for the medically ill.

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W14

The magic list of everyday problems in consultation-liaison psychiatry (and hints for solving them)



S. Ferrari*, G. Mattei, G.M. Galeazzi, M. Rigatelli

University of Modena & Reggio Emilia, Department of Diagnostic-Clinical Medicine and Public Health, Modena, Italy

* Corresponding author.

Introduction Consultation-liaison psychiatry (CLP) deals with clinical, research and training activities at the interface between psychiatry and the rest of medicine. The main clinical competencies of CLP include medical-psychiatric comorbidity (co-existing psychiatric and non-psychiatric disorders affecting reciprocally); medically unexplained physical symptoms, “somatization” and functional disorders; and liaison activities, addressed to medical workers and teams.

Objectives/aims To describe and discuss typical clinical scenarios that CL psychiatrists have to work in, and suggest effective, evidence-based solutions.

Methods Long-standing everyday clinical experience of the authors combined to evidence derived from international literature consented to create a list of the most common and complex problems or difficulties typical of the CLP clinical context, and related possible solutions.

Results Most common/complex problems include the following: stigma and prejudice (of patients, relatives, colleagues, and own); excessive technicality of language; short/unpredictable duration of hospital stay of patients, and more in general pressure in clinical

practice due to shortness of time and resources; tendency of colleagues from other disciplines to disregard setting features related to time and space (inadequate rooms, e.g. too busy or noisy); limited time for face-to-face discussion of cases or problems; conflicts with patients/relatives/colleagues, and fear of reciprocal manipulation.

Discussion Moving on the interface between psychiatry and the somatic disciplines, CL specialists need to develop special skills, not only those strictly technical, but also those “soft skills” including relational abilities and flexibility. Understanding the systemic aspects of referrals in the relationship between physician, staff and patients is usually essential in the process of consultation.

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W15

Psychotherapeutic interventions in consultation-liaison psychiatry implications for psychiatric trainees



K. Koelkebeck

University of Muenster, School of Medicine, Department of Psychiatry and Psychotherapy, Muenster, Germany

In clinical reality, psychiatric trainees working in consultation and liaison psychiatry (CLP) face a lot of obstacles to gain satisfactory results from their work on somatic wards. Specifically, the deliverance of psychotherapeutic interventions in every-day CLP is a topic of discussion. The talk will present a case of a young anorectic patient that will exemplify the difficulties in delivering psychotherapeutic treatment in every-day clinical work and will outline common difficulties, specifically in relation to interactions with staff of somatic units. The presentation will be wrapped-up by suggestions on how to deal with the most common problems.

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W16

Psychopharmacological treatments strategies in consultation-liaison psychiatry: Clinical vignette and pros and cons



G. Mattei^{1,*}, N. Colombini², S. Ferrari¹, G.M. Galeazzi¹

¹ University of Modena and Reggio Emilia, Department of Clinical-Diagnostic Medicine and Public Health, Modena, Italy

² Castelfranco Emilia Community Mental Health Center, Mental Health Department, Modena, Italy

* Corresponding author.

Introduction Multimorbidity and polipharmacotherapy are crucial features influencing the psychiatrist's prescription in the consultation-liaison psychiatry (CLP) setting.

Aims to provide an example of computer-assisted decision-making in psychotropic prescriptions and to provide hints for developing pharmacological treatment strategies in the CLP setting.

Methods Case report. A clinical vignette is presented, followed by a review of available online computer-assisted prescription software.

Results A woman in her seventies was repeatedly referred for psychiatric consultation. Eleven different medications were administered daily, because of multimorbidity. A diagnosis of dystymia was established, with comorbid mixed pain (partly fulfilling the criteria of somatic symptom disorder) and substance use disorder (opioids). After the first assessment, six follow-up visits were needed during hospitalization. Mirtazapine and benzodiazepines were introduced. Beside the pharmacological intervention, conflict mediation was performed in the relationship with the patient, her

relatives, the ward personnel and the GP, to develop a long-term rehabilitation project. Pros and cons of online computer-assisted prescription software were discussed together with the ward personnel, as well.

Conclusions Computer-assisted decision-making in psychotropic prescription is becoming more common and feasible. The use of available software may contribute to safety, effectiveness and cost-effectiveness of clinical decision-making. Risks are also possible: depending for example from regional differences in prescription indications, different guidelines, pharmacogenomics, frequency with which databases are updated, sponsorships, possible conflicts of interest, and real clinical significance of highlighted interactions – all issues the clinician willing to benefit from this modern tools should pay attention to.

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W17

Drugs pharmacokinetics interactions with cardiac and renal disease patients in consultation-liaison psychiatry



D. Telles*, A. Barbosa

Hospital de Santa Maria, Consultation-Liaison Department, Lisbon, Portugal

* Corresponding author.

The prevalence of psychiatric disturbances in patients with cardiovascular disease is elevated. For example the prevalence of major depression can reach 15–20% and of anxiety disturbances 5–20%. When we treat psychiatric symptoms in cardiovascular disease we must have in mind four particular effects of psychiatric drugs: (1) disturbances of atrial-ventricular conduction; (2) QTc interval prolongation that can lead to *torsade de pointes* and ventricular fibrillation; (3) hypertension; (4) changes in platelet aggregation. On the other hand, there is a great prevalence of psychiatric disease in patients with renal disease. For example, about 5–25% of the patients with advanced renal disease have major depression.

Renal disease patients can evidence changes in several pharmacokinetic parameters such as: (1) biodisponibility; (2) distribution; (3) metabolism; (4) excretion. Therefore, when we treat these patients we have to keep in mind the effect of psychiatric drugs over the renal functioning, but also the effect of the deficient renal function in the pharmacokinetics of the drugs.

In this presentation we intend to reveal what are the main concerns when we prescribe psychiatric drugs in patients with cardiovascular and renal disease.

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How should psychopharmacotherapy be learned by residents in psychiatry – proposals of psychopharmacology curricula

W18

The present situation of psychopharmacology teaching suggests the need for a European curriculum



P. Baumann^{1,*}, G. Laux²

¹ Department of Psychiatry (DP-CHUV), Prilly-Lausanne, Switzerland

² Institute of Psychological Medicine IPM, Department of Psychiatry, Psychotherapy, Ludwig-Maximilians-University, Haag o.B., Germany
* Corresponding author.

Introduction In most European countries postgraduate training for specialization in psychiatry and psychotherapy is acquired over the course of 4–6-year programs. In the European Union, qualification in one country is recognized within other countries of the Union.

Objectives and aims To analyze the present situation of psychopharmacology-pharmacopsychiatry postgraduate teaching in Europe and to present the needs and preliminary instruments for improving the situation by harmonization of the programs.

Methods Analysis of the data available from national psychiatric societies and from the literature; development of a consensus among experts in this field.

Results Despite efforts to standardize post-graduate training, the curricula in different European countries vary greatly. This variability limits comparability between countries and international exchange while carrying consequences in the breadth and quality of education that trainees receive. Literature and curricula mainly published in USA as well as a recently published curriculum and learning catalogue in Germany [1] offer useful tools for the development of a curriculum at a European level.

Conclusions There is clearly a need for standardization of psychopharmacology-pharmacopsychiatry teaching at the European level. This can be achieved by the introduction of a curriculum and learning catalogue developed by European experts and based on tools already available.

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W19

Proposal for a model psychopharmacology curriculum for psychiatric residents in Germany

G. Laux

Institute of Evidence-based Medicine in Psychopharmacotherapy, Institute of Psychological Medicine, Haag i.OB, Germany

All German societies of medicine have been ordered by the Federal Association of Physicians (Bundesärztekammer) to propose new revised regulations for the education of residents. The German Association for Psychiatry, Psychotherapy and Psychosomatics (DGPPN) is offering a broad extension of education in psychotherapy while education in pharmacotherapy is still rather small and limited. The working group Biological Psychiatry of the German Association of Psychiatric Hospitals (Bundesdirektorenkonferenz, BDK) suggests a detailed proposal of a psychopharmacology curriculum based on a Delphi method consent of medical directors involved in the education of the majority of German psychiatric residents. Issues include general pharmacology, neurobiological principles, clinical pharmacology of different classes of psychotropics (antidepressants, antipsychotics, mood stabilizers, anxiolytics, hypnotics, stimulants etc.), special aspects (e.g. pregnancy, geriatric patients) as well as ethical, legal and economic aspects. About 160 hours of theoretical education are proposed, clinical teaching should be interactive, with vignettes and supervision covering about 300 hours.

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W20

Psychopharmacology during residents' training: The role of scientific societies

P.M. Llorca

Hôpital Gabriel Montpied, Psychiatry department, Clermont-Ferrand, France



In France, psychopharmacology is supposed to be one of the bases of the training during the first year of residency. But there is no standardization in the content of the psychopharmacology courses for residents from one region to another. There is also a debate around the way psychopharmacology has to be learned by young professionals, with the development a narrative approach that seems to have a pedagogic relevance, opposed to a more academic approach. In this context, the French Society for Biological Psychiatry and neuropsychopharmacology developed a program of specific psychopharmacology workshops for residents. These workshops combine a fundamental pharmacologic approach, with a more clinical evidence-based one, trying to take into account the discrepancy that residents may experienced between knowledge and every day practice, around specific topics (e.g. polypharmacotherapy). This program highlights different issues in the domain of the psychopharmacology courses for residents around the format (e.g. on-line courses versus face-to-face courses), the topics and the content of the courses (e.g. categorical approach of prescription versus dimensional approach). It underlines the need for a clear definition of what has to be known by residents in this field but also how this initiative can be implemented for a large number of residents using numeric tools and what is the role of scientific societies and their interactions with academic teaching. The funding of such programs has also to be defined and clarified.

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W21

The new neuroscience based nomenclature of neuropsychotropic drugs: A chance for a better understanding and teaching of clinical psychopharmacology

H.J. Möller

Psychiatric University Hospital Munich, Munich, Germany



Traditional psychopharmacological terminology is based on historical grounds and under different aspects not systematic and rational. It even tends to confuse patients by prescribing a drug that does not reflect their identified diagnosis, prescribing “antipsychotics” to depression. Four major colleges of neuropsychopharmacology (ECNP, ACNP, Asian CNP, an CINP) proposed a new multi-axial pharmacologically-driven nomenclature. The template has five axes: 1- class (primary pharmacological target and relevant mechanism); 2- family (reflecting the relevant neurotransmitter and mechanism); 3- neurobiological activities; 4- efficacy and major side effects; and 5- approved indications. The results of the surveys suggest that the clinicians found the available indication-based nomenclature system dissatisfactory, non-intuitive, confusing, and doubt-inducing for them and the patients. The proposed five-axis template seeks to upend current usage by placing pharmacology rather than indication as the primary axes. With the proposed nomenclature relating primarily to Axis 1 – the class, and usage of the other axes would largely depend the extent to which the clinician seeks to deepen the scientific and clinical base of his involvement.

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W22

A European psychopharmacology curriculum: The young psychiatrist's point of view

M. Spies*, S. Kasper

Medical University of Vienna, Department of Psychiatry and Psychotherapy, Vienna, Austria

* Corresponding author.



It goes without saying that psychopharmacologic treatment requires extensive knowledge of topics ranging from pharmacodynamics and efficacy, to pharmacokinetics, side-effects, and toxicity. Knowledge should be supplemented with experience regarding applicability in a clinical setting. It is well accepted that comprehensive psychopharmacologic education is essential to convey necessary knowledge and adequately prepare trainees for independent practice [1]. Currently, a psychopharmacologic curriculum, under the umbrella of the European Psychiatric Association, is in preparation in order to emphasize the importance of psychopharmacologic education in the context of psychiatric training and to foster standardization within the European Union. The aim of this presentation is to discuss psychopharmacologic education and prerequisites for an effective curriculum from the trainee's point of view. We will address challenges facing psychiatric trainees [2] and review existing curricula as well as literature in which they are evaluated. Based on evaluation of the model curriculum by the American Society of Clinical Psychopharmacology, one of the most broadly used psychopharmacologic curricula, it has been emphasized that an effective curriculum should be more than a list of topics. It should also convey pedagogic strategies with a focus on up-to-date technology, and provide a process through which teacher and trainee progress can be assessed [3,4]. Reflection on currently available curricula should aid in the development of an effective and timely EU-wide psychopharmacologic curriculum.

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How to overcome the negative image of psychiatry: Facts and fiction

W23

Are psychiatrists an endangered species?

H. Katschnig

IMEHPS.research, CEO, Vienna, Austria



Introduction Recruitment of young doctors into psychiatry is declining in many countries, which might become a threat to the survival of the profession.

Objectives To identify potential reasons for this threat.

Aims To look at psychiatry with concepts used by the sociology of professions.

Methods Professions are characterized – and these concept will be used for analysis here – by (1) ownership of a specialized body of knowledge and skills, which defines the field of competence and the scope of potential clients, including the demarcation from other professions; (2) holding a high status in society; (3) being granted autonomy by society, e.g. in recruiting and excluding members; and (4) being obliged, in return for the above, to guarantee high quality standards in providing services and following ethical rules.

Results Six intertwined areas of concern are identified: three of them, the increasing criticism by users and carers, the intrusion of other professions, and psychiatry's negative image in society, can be traced back to problems with the other three concerning the "ownership of a specialized body of knowledge and skills". With the preparation and advent of DSM-5, discussions about the lack of validity of psychiatric disease entities have gone viral in the time of the internet. The attempts to "carve nature at its joints" have failed, and this is more and more perceived from outside, threatening psychiatry's status in society and potentially turning away to be psychiatrists.

Conclusion Looking at psychiatry as a profession may help to better understand its current situation.

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W24

The negative image psychiatry from a sociological perspective



A.M. Möller-Leimkühler^{1,*}, H.J. Möller¹, W. Maier², W. Gaebel³, P. Falkai¹

¹ Ludwig-Maximilians-University Munich, Department of Psychiatry and Psychotherapy, Munich, Germany

² University of Bonn, Department of Psychiatry and Psychotherapy, Bonn, Germany

³ Heinrich-Heine-University Düsseldorf, Department of Psychiatry and Psychotherapy, Düsseldorf, Germany

* Corresponding author.

The negative image of psychiatry is not only due to unfavourable communication with the media, but is basically a problem of self-conceptualization. It results both from unjustified prejudices of the general public, mass media and health care professionals and of own unfavourable coping with external and internal concerns.

Issues related to negative stereotypes of psychiatry include overestimation of coercion, associative stigma, lack of public knowledge, need of simplification of complex mental issues, problem of the continuum between normality and psychopathology, competition with medical and non-medical disciplines, and psychopharmacological treatment.

Issues related to psychiatry's own contribution to being underestimated include lack of a clear professional identity, lack of biomarkers supporting clinical diagnoses, limited consensus about best treatment options, lack of collaboration with other medical disciplines and low recruitment rates among medical students.

Much can be improved to achieve a positive self-concept, however, psychiatry will remain a profession with an exceptional position among the medical disciplines which should be seen as its specific strength.

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W25

The negative image of psychiatry in the medical community

R.J. van der Gaag

University Medical Centre Nijmegen, Utrecht, Netherlands

It is a very unfortunate matter of fact that mental problems and diseases are matter to societal stigmatization. In the slipstream psychiatry has a negative image in the public eye. Fighting stigma should be at the core of all professionals involved in mental health care. Self-reflection should be a primary reaction of any psychiatrist when confronted with a sensitive issue like stigmatization and negative image. It is painful to realize that the negative image of psychiatry is also present to the community to which psychiatrists belong, namely the medical community. This is strange and hurting. Psychiatrists (then closely linked to neurology) have, worldwide strongly contributed to the birth and strengthening of medical associations. Yet psychiatrists have estranged themselves from the medical community, thus, in my view, contributing themselves to stigma on patients with mental conditions and the negative image of psychiatry. So time for action, starting by self-awareness of psychiatrists that they are medical specialist, urging oneself as a psychiatrist to behave as a medical specialist by relating to colleagues in a helpful way and keeping one's own medical knowledge and skills up to standards. Psychiatrists have so much to offer in helping their colleagues in somatic medicine.

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Old age psychiatry – towards the future

W26

Training in old age psychiatry: The 30 countries' perspective

M. Orrell

University of Nottingham, Institute of Mental Health, Nottingham, United Kingdom

To improve the care of older people with mental health problems it is necessary to have a highly skilled workforce who is very well-trained in the diagnosis and management of the range of the psychiatric problems affecting older people including the dementias. Key to this is the need to have an adequate number of specialists in geriatric psychiatry and a wider recognition of geriatric psychiatry training across Europe including a broad agreement on training requirements. In 2012 the European Association of Geriatric Psychiatry (Toot et al.) published the results of a Europe wide survey on geriatric psychiatry training to scope current practice and develop recommendations to begin a debate on harmonization. Representatives from 30 out of 38 (79%) representatives responded including many from countries where old age psychiatry was not formally a specialty. Training programs and duration varied between countries. Eleven countries reported that they had geriatric psychiatry training programs and most of these required geriatric psychiatry trainees to complete mandatory training for two years within old age psychiatry. Representatives from ten countries reported having specific Continuing Professional Development (CPD) for old age psychiatrists at consultant level.

The recognition of geriatric psychiatry as a specialist discipline in Europe is on the rise. The training procedures and processes in place vary considerably between and sometimes within countries. There are several options for harmonizing old age psychiatry training across Europe with advantages to each. However, support is

required from national old age psychiatry bodies across Europe and an agreement needs to be reached on a training strategy that encompasses supervision, development, and appraisal of the knowledge and skills sets of old age psychiatrists. This workshop will look at options for harmonization and take first steps towards a consensus.

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W27

Harmonization of European training

R. Oude Voshaar

University Medical Center Groningen, Psychiatry, Groningen, Netherlands

Mental health disorders, especially dementia, mood- and anxiety disorders, are among the most prevalent diseases in later life. Due to a greying European society, numbers are expected to increase over the next decades. Consequently, there is a pressing need for well-trained specialists in geriatric psychiatry across Europe in order to meet the mental health needs and to deliver a high standard of care to the aging population. In the past decades, some countries have set up specific training programs for specializing in geriatric psychiatry, whereas others did not. In order to stimulate the development of high-quality services, harmonizing specialty training across Europe will be a first step forward.

The EU stresses the need for standardizing qualifications of medical professionals to enable them to work across the EU. This workshop aims to work towards a consensus on the minimum training level required for geriatric psychiatry. We state that being able to work as an old age psychiatrist requires specific training in geriatric psychiatry and old age over and above general training in psychiatry. Therefore, discussion of opportunities to develop minimal criteria for training and practice across Europe is crucial. Taken the differences between countries into account (many countries do not provide specific training in old age psychiatry), we should finally agree on the minimal level of education and supervision, the minimum level of work experience and finally the minimal level of supervision in peer groups as a starting point.

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W28

Old and new reasons for specialization

G. Stoppe

MentAge, MentAge Consulting, Practice, Research, Basel, Switzerland

Mental illness is one of the largest areas of activity in the health service, with mental disorders of the elderly an important part of it. This substantial ageing of the population is a new phenomenon, occurring over the last century. It has given prominence to mental illness in old age. There is a growing interest in making decisions about how many and which services to provide to the older community.

The expertise of old age psychiatry services lies in the care and treatment of people with complex mixtures of psychological, cognitive, functional, behavioral, physical and social problems usually relating to ageing. Current evidence suggests specialist old age services are best equipped to diagnose and treat mental illness in our ageing population. However, the specialists should be integrated optimally into a service system to the benefit of the elderly. It will be crucial to improve access of older patients to the services. The service system and the partners in the system differ to those for younger adult psychiatric patients. Thus, not only knowledge and skills underline the necessity of specialization but also the increasingly complex health service structures of modern societies.

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Schizophrenia research: The necessary link between psychopathology and clinical neuroscience

W29

From Griesinger to DSM-V: Do we need the diagnosis of schizophrenia?



A. Erfurth^{1,*}, G. Sachs²

¹ Otto-Wagner-Spital, 6th Psychiatric Department, Vienna, Austria

² Medical University of Vienna, Department of Psychiatry and Psychotherapy, Vienna, Austria

* Corresponding author.

The dichotomy between “dementia praecox” and “manic-depressive insanity” by Emil Kraepelin is one of the milestones of nosology in psychiatry [1].

This dichotomy reflects the necessity – particularly in the absence of effective treatment in Kraepelin’s time – to differentiate (and to predict) the functional outcome of individual patients. Since Kraepelin’s original division particularly the influence of Kurt Schneider has led to a full acknowledgment of the dichotomy in both ICD and DSM.

While this division has proven to be clinically useful, alternatives have been proposed covering a large spectrum from the idea of unitary psychosis as in Wilhelm Griesinger and Klaus Conrad to further subdivisions as in Karl Leonhard. Recent research in neuroscience suggests the presence of an overlap between schizophrenia and other psychiatric disorders [2–4].

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W30

Role of psychopathology in elucidating the underlying neural mechanisms



F. Oyebo

Birmingham, United Kingdom

Introduction Psychopathology is the systematic study of abnormal subjective experience and behaviour and it aims to give precise description, categorisation and definition of abnormal subjective experiences.

Aim I aim to demonstrate that the most appropriate approach to elucidating the biological origins of psychiatric disorders is firstly to identify elementary abnormal phenomena and then to relate these to their underlying neural mechanisms. I will exemplify this by drawing attention to studies of Delusional Misidentification Syndromes (DSM).

Results I will show that there are impairments in face recognition memory in individuals with DSM without impairments in the recognition of emotion and that there are abnormalities of right hemisphere function and of the autonomic recognition pathways that determine sense of familiarity.

Conclusions Basic psychopathological phenomena are more likely to throw light on the basic neural mechanisms that are important in psychiatric disorders than studying disease level categories.

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W31

The role of cognition in the psychopathology of schizophrenia: Assessment and treatment options



G. Sachs^{1,*}, I. Lasser¹, B. Winklbaur¹, E. Maihofer², A. Erfurth²

¹ Medical University of Vienna, Department of Psychiatry and

Psychotherapy, Vienna, Austria

² Otto Wagner Spital, Vienna, Austria

* Corresponding author.

Cognitive dysfunction is a characteristic feature of patients with schizophrenia. Traditionally, the main distinction between “dementia praecox” and “manic-depressive insanity” was in fact the cognitive outcome during the course of the disease [1].

For the assessment of cognitive dysfunction both large, detailed instruments [2] and brief screening scales for quick and multiple use [3,4] are available.

Recently, the role of social cognition has been thoroughly examined showing differential effects [5].

Treatment of cognitive dysfunction in schizophrenia comprises adherence to a therapy with atypical antipsychotics as well as specific treatment programs for cognitive [6] and social cognitive [7,8] dysfunction.

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Shaping the future of healthcare through innovation and technology

W32

New research in outcome management using apps and DSM-5 measures. Preliminary results



V.J.A. Buwalda

Vrije Universiteit/Victas addiction Center, Psychiatry, Amsterdam, Netherlands

The presentation is about the use of outcome measurements in combination of a newly developed app that enables psychiatrists and patients track the progress of their treatment process and adjust it if needed in a shared decision fashion.

In 2013 the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders was introduced. Around the same time there was the start of a paradigm shift in healthcare which increased the focus on patient involvement in individual health care decision-making and on measuring and improving outcomes of care (Sederer

et al., 1997; Sperry, 1997; Hermann, 2005). If outcome measures are psychometrically sound and able to measure clinical change, treatment progress can be made transparent for both patients and clinicians.

In this presentation the presenter will update the audience on a research project where the DSM-5 Field Trials, patient-reported dimensional measures and the World Health Organization Disability Assessment Schedule (WHODAS) (Clarke et al., 2013; Narrow et al., 2013; Mościcki et al., 2013) are secured and placed in a newly developed app.

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W33

Addiction component walk along working towards a new app



M. Krausz

Institute of Mental Health at UBC, UBC-Providence Leadership Chair for Addiction Research Professor of Psychiatry, West Vancouver, Canada

Only a very small percentage of adolescents and young adults with mental challenges is able to access specialized care. Access is limited due to a lack of capacity but also internal hurdles and stigma especially among young males. The web creates a new environment for them, which is defining a new culture of communication and interaction. The majority is using smart phones to access the internet and make that their main communication device. Walkalong is a web-based platform, which aims to provide a range of opportunities and tools for youth with especially mood challenges. These tools include screening and assessment, online resources and all kind of orientation and interaction for informed decision making. We are working on that to develop a framework for better online-based mental health care including useful tools beyond crisis based on the principles of empowerment and strength based approaches.

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W34

North Carolina Statewide Telepsychiatry Program (NC-STeP): Using telepsychiatry to improve access to evidence-based care



S. Saeed^{1,2,3,4}

¹ Department of Psychiatry and Behavioral Medicine, Brody School of Medicine at the East Carolina University, Greenville, NC, USA

² North Carolina Statewide Telepsychiatry Program (NC-STeP), Greenville, NC, USA

³ ECU Center for Telepsychiatry and e-Behavioral Health, Greenville, NC, USA

⁴ Vidant Medical Center, Greenville, North Carolina, NC, USA

Mental disorders are common [1] and they are associated with high levels of distress, morbidity, disability, and mortality. We know today that psychiatric treatments work and there is extensive evidence and agreement on effective mental health practices for persons with these disorders. Unfortunately, at a time when treatment for psychiatric illness has never been more effective, many people with these disorders do not have access to psychiatric services due to the shortage, and maldistribution of providers, especially psychiatrists. This has resulted in patients going to hospital emergency departments to seek services resulting in long lengths of stay and boarding of psychiatric patients in hospital emergency departments. A growing body of literature now suggests that the use of telepsychiatry to provide mental health care has the poten-

tial to mitigate the workforce shortage that directly affects access to care, especially in remote and underserved areas [2,3].

The North Carolina Statewide Telepsychiatry Program (NC-STeP) was developed in response to NC Session Law 2013-360. The vision of NC-STeP is to assure that if an individual experiencing an acute behavioral health crisis enters an emergency department of a hospital anywhere in the state of North Carolina, s/he receives timely, evidence-based psychiatric treatment through this program. Aside from helping address the problems associated with access to mental health care, NC-STeP is helping North Carolina face a pressing and difficult challenge in the healthcare delivery system today: the integration of science-based treatment practices into routine clinical care. East Carolina University's Center for Telepsychiatry is the home for this statewide program, which is connecting 80-85 hospital emergency departments across the state of North Carolina. The plan for NC-STeP was developed in collaboration with a workgroup of key stakeholders including representatives from Universities in NC, hospitals/healthcare systems, NC Hospital Association, NC Psychiatric Association, LME-MCOs, NC-Department of HHS, and many others. The NC General Assembly has appropriated \$4 million over two years to fund the program. The program is also partially funded by the Duke Endowment.

The program has already connected 56 of the projected 85 hospitals in the first 18 months since its inception and over 12,000 encounters have been successfully completed during this time. A web portal has been designed and implemented that combines scheduling, EMR, HIE functions, and data management systems. This presentation will provide current program data on the length of stay, dispositions, IVC status, and other parameters for all ED patients who received telepsychiatry services. NC-STeP is now positioned well to create collaborative linkages and develop innovative models for the mental health care delivery by connecting psychiatric providers with EDs and Hospitals, Community-based mental health providers, Primary Care Providers, FQHCs and Public Health Clinics, and others. NC-STeP is positioned well to build capacity by taking care of patients in community-based settings and by creating collaborative linkages across continuums of care. By doing so, the program implements evidence-based practice to make recovery possible for patients that it serves.

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

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W35

21st century house call home tele-behavioral medicine



H.A. Schwagar

Alaska Telemedicine Consultants, Inc., Willow, Alaska, USA

Objective This presentation will focus on and demonstrate the effective, secure, cost effective delivery of Tele-Behavioral Medicine services to patients in the privacy or their own home.

Method Today's use of internet technology brings with it "cost effectiveness" for Tele-behavioral medicine applications. Today, with a relatively current laptop computer, a web-cam or iPad, broadband connectivity (256 kB or faster), and a downloadable,

free, secure video conference application, makes this technology available literally and virtually everywhere, anywhere, in the world at any time.

Results Medical History clearly supports the value of the “house call” as a means of getting to “see the entire picture”. Chronically ill patients are frequently visited by home health nurses and or “in home” medical monitoring programs. Psychiatrically ill patients may now receive their medication management and behavioral intervention and assessment right in the privacy of their own home. Psychiatrists and psychologists merely schedule “in home” appointments with their patients in the same manner as they would if the patient were being seen in their office.

Conclusion Chronically ill patients favored treatment rendered in “their private space” as well as providers tended to learn much more about their patients when the provider is the “guest” in the patients home versus the patient as the “customer” in the providers office. The convenience and cost savings for both provider and patient is significant. Availability of spouses, parents etc. was a valuable addition to the Tele-Home-Behavioral Medicine model.

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Social cognition in schizophrenia: Relationship with neurocognition, functional capacity and functional outcome

W36

Relationships between neurocognition, social cognition and functional outcome in schizophrenia



A. Mucci^{1,*}, S. Galderisi¹, A. Rossi², P. Rocca³, A. Bertolino⁴, P. Bucci¹, M. Maj¹

¹ University of Naples SUN, Department of Psychiatry, Naples, Italy

² University of L'Aquila, Department of Biotechnological and Applied Clinical Sciences Section of Psychiatry, L'Aquila, Italy

³ University of Turin, Department of Neuroscience Section of Psychiatry, Turin, Italy

⁴ University of Bari, Department of Neurological and Psychiatric Sciences, Bari, Italy

* Corresponding author.

Introduction The inter-relationships of neurocognition, social cognition, residual psychopathology and real-life functioning are poorly understood. A large multicenter study was carried out by the Italian Network for Research on Psychoses to model relationships between neurocognitive deficits, psychopathology and real-life functioning, taking into account the role of functional capacity and social cognition.

Methods A structural equation model was used to investigate direct and indirect effects of neurocognition and psychopathology on real-life functioning. Social cognition and functional capacity were modeled as mediators.

Results In 921 patients with schizophrenia, neurocognition had both direct and indirect effects, through functional capacity and social cognition, on real-life functioning. Neurocognition predicted to a large extent social cognition on which depression and disorganization had a modest effect. Social cognition showed a significant direct impact on real-life functioning.

Conclusion Our results support a strong link between neurocognition and functional outcome, independent of psychopathology. Social cognition accounted for unique incremental variance in real-life functioning.

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W37

Social cognition, functional capacity and symptoms in the longitudinal prediction of outcome in subjects with first-episode schizophrenia



M. Nordentoft^{*}, R. Wills, D. Gotfredsen

University of Copenhagen, Mental Health Center Copenhagen, Copenhagen, Denmark

* Corresponding author.

Background Several national guidelines recommend continuous use of antipsychotic medication after a psychotic episode in order to minimize the risk of relapse. However some studies have identified a subgroup of patients who can obtain remission of psychotic symptoms while not being on antipsychotic medication for a long period of time. This study investigated the long-term outcome and characteristics of patients in remission of psychotic symptoms with no use of antipsychotic medication at the 10-year follow-up.

Methods The study was a cohort study including 496 patients diagnosed with schizophrenia spectrum disorders (ICD 10: F20 and F22–29). Patients were included in the Danish OPUS Trial and followed up 10 years after inclusion, where patient data was collected on socio-demographic factors, psychopathology, level of functioning and medication.

Findings Among the patients, 30% had remission of psychotic symptoms at the time of the 10-year follow up with no current use of antipsychotic medication. This favorable outcome was associated with female gender, high GAF-F score, participation in the labor market and absence of substance abuse.

Interpretation Results from several RCTs advise against discontinuation of antipsychotic medication, but our results from the 10-year follow-up indicate that a subgroup do obtain long-term remission while not being on antipsychotic medication. Hence, guidelines on antipsychotic medication do not pay sufficient attention to patients who discontinue antipsychotic medication and are still able to obtain remission of psychotic symptoms.

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W38

The impact of the different dimensions of social cognition on functional outcome in schizophrenia



P. Rocca

Department of Neuroscience, University of Turin, Turin, Italy

Social cognition (SC) refers broadly to the domains of cognitive functions that are employed in socially relevant situations. These include three primary domains (i.e., emotion perception, Theory of Mind-TOM-, and attributional style), as well as more complex and developing concepts such as social metacognition.

Patients with schizophrenia demonstrate significant deficits across multiple dimensions of SC and throughout all phases of the illness. The correlation between SC and real-life functioning ranged from small to large, mainly depending on the examined aspect of SC, with largest effects observed for TOM. Indeed, it has been suggested that TOM difficulties may lead to social misperceptions that influence how an individual reacts to others, which in turn may lead to maladaptive social patterns and/or social withdrawal, which both may influence real-life vocational outcome more than neurocognition (NC) abilities. Moreover, SC appears to act as a mediator between nonsocial basic NC and community functioning.

The goals of this study are to analyze the pattern of SC variables in schizophrenia using cluster analysis, to examine the relationship of real-life functioning with cluster membership, and to identify cut-offs that best discriminate among clusters in a large sample of patients with schizophrenia recruited to the Italian Network for Research on Psychoses (NIRP). A full assessment of different aspects of SC was carried out, including emotional intelligence, recognition and theory of mind (TOM).

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W39

The effects of integrated treatment with atypical antipsychotics and social cognition training on functional outcome



G. Sachs^{1,*}, B. Winklbaur¹, A. Erfurth²

¹ Medical University of Vienna, Department of Psychiatry and Psychotherapy, Vienna, Austria

² Otto-Wagner-Spital, 6th Psychiatric Department, Vienna, Austria

* Corresponding author.

Social cognition is impaired in patients with schizophrenia [1]. This impairment is one of the core features of the illness and has a clear impact on functional outcome.

While conventional antipsychotics might have a worsening effect on social cognition, e.g. on amygdala attenuation in fMRI studies on facial recognition [2], atypical antipsychotics might not show this effect [3].

Social cognitive training [4] – such as the training of affect recognition [5] – is a promising approach in the treatment of schizophrenia.

Holistic strategies including both treatment with atypical antipsychotics and social cognitive training can improve functional outcome in patients with schizophrenia [6].

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

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Suicide risk evaluation: From research to clinical practice

w40

Future direction of suicidal risk assessment



H. Blasco-Fontecilla

CIBERSAM, Autonoma University, Navacerrada, Spain

Objective to explore future directions on the assessment of the risk of suicidal behavior (SB).

Methods narrative review of current and future methods to improving the assessment of the risk of suicidal behavior (SB).

Results Predicting future SB is a long-standing goal. Currently, the identification of individuals at risk of SB is based on clinician's subjective reports. Unfortunately, most individuals at risk of SB often

do not disclose their suicidal thoughts. In the near future, predicting the risk of SB will be enhanced by: (1) introducing objective, reliable measures – i.e. biomarkers – of suicide risk; (2) selecting the most discriminant variables, and developing more accurate measures – i.e. questionnaires – and models for suicide prediction; (3) incorporating new sources of information – i.e. facebook, online monitoring; (4) applying novel methodological instruments such as data mining, or computer adaptive testing; and, (5) most importantly, combining predictors from different domains (clinical, neurobiological and cognitive).

Conclusions Given the multi-determined nature of SB, a combination of clinical, neuropsychological, biological, and neuroimaging factors, among other might help overcome current limitations in the prediction of SB. Furthermore, given the complexity of prediction of future SB, currently our efforts should be focused on the prevention of SB.

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W41

New technologies for detecting suicidal risk of psychiatric patients



J. Lopez-Castroman

CHRU de Nimes, Psychiatry, Nimes, France

Suicide is a major health issue with considerable human and economic costs. There have been many attempts to develop techniques capable of predicting future suicidal behavior, but known risk factors are insufficiently specific. However, during the last decades, technical developments have made possible the use of new technologies to assess potential clinical markers for psychiatric patients. In many cases the technologies are affordable, wearable and interconnected, multiplying the wealth of data resulting from their use. Quite logically, psychiatrists from all over the world are investing in recently developed devices for their research projects and have consequently started to collaborate with engineering and pattern recognition groups in the study of potential clinical markers. These groups provide the expertise and computational methods required to process this wealth of data, and can improve the classification accuracy to predict a certain condition using data mining techniques. In the field of suicidal behavior, new devices that capture promising predictors such as electrodermal response activity, some facial expressions or speech properties have been developed and are being tested. In view of these facts, during the workshop we will review some of the new methodologies that can be used for the assessment of suicidal risk and how can multidisciplinary and complementary approaches be implemented.

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W42

Electrodermal hyporeactivity evaluation for detecting suicidal propensity in depressed patients



L.H. Thorell

Linköping University, Linköping, Sweden

Introduction Since 1987 several publications have focused on electrodermal reactivity in groups with different suicidal behaviors, but with varying results. However, using an untraditional statistical approach with clinical application in focus revealed between themselves confirming results of a strong relationship between electrodermal hyporeactivity and suicide.

Objectives The objectives were to investigate how this research tool can be implemented for detecting suicide risk in depressed patients.

Aims The aims were to find a base for the objective test of electrodermal reactivity to be used as support in suicidal risk assessments in depressed patients.

Methods More than ten published studies on electrodermal hyporeactivity and suicide were reviewed subsequent to the application of an untraditional statistical approach. Gender, age, subdiagnoses and depressive depth were considered. All subjects were tested in a habituation experiment of the electrodermal response to a moderately strong tone stimulus.

Results The percentage of electrodermally hyporeactive depressed patients who later committed suicide was 86–97%. The percentage of electrodermally reactive patients that did not commit suicide was 96–98%. Hyporeactivity seems to be stable in at least 1–2 years in remission.

Conclusions It was considered favorable to test for hyporeactivity as early as possible, i.e. already in the primary care. That enables right treatment of right patients very early. The number of referrals to psychiatric specialists could be expected to decrease. Possible causes of hyporeactivity begin to be revealed, giving ideas of several treatment approaches.

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

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The assessment of negative symptoms: Achievements and perspectives

W43

Self-assessment instruments: Development and validation

S. Dollfus

CHU de Caen, Department of psychiatry, Caen, France



Introduction Negative symptoms are found in many patients with schizophrenia, but their assessment remains delicate. Standardized assessments are therefore needed to facilitate their identification. Many tools have been developed but most of them are assessments based on observer rating. Nevertheless, patient subjective evaluation can provide an additional outcome measure and allow patients to be more engaged in their treatment. Therefore, the aim of this study is to present past and recent tools assessing the subjective experience of negative symptoms; we will particularly focus on a novel tool, the Self-evaluation of Negative Symptoms (SNS).

Methods Forty-nine patients with schizophrenia and schizoaffective disorders (DSMIV) were evaluated in order to demonstrate three components of the scale's validity: face and content validities and reliability.

Results Cronbach's coefficient showed good internal consistency. Factor analysis extracted 2 factors (apathy and emotional). SNS was significantly correlated with the Scale of Assessment of Negative Symptoms and the Clinician Global Impression on severity of negative symptoms supporting good convergent validity. SNS scores were not correlated with level of insight, Parkinsonism, or with BPRS positive sub-scores in favor of good discriminant validity. Intra-subject reliability of SNS revealed excellent intraclass correlation coefficients.

Conclusion This study shows good psychometric properties of SNS as well as quite satisfactory acceptance by patients. It also demonstrates the ability of patients with schizophrenia to accurately report their own experience. Self-assessments of negative

symptoms should be used more in clinical practice since they might allow patients with schizophrenia to develop appropriate coping strategies.

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

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W44

Evolution of negative symptom assessment instruments

M.P. García-Portilla Gonzalez

University of Oviedo, Psychiatry, Oviedo, Spain



In this talk we will review the psychometric evolution of available instruments for assessing the negative syndrome of schizophrenia, describing their strengths and weaknesses.

Current instruments were classified into two categories according to their content validity and assessment approach as first- or second-generation instruments. The BPRS, SANS, the SENS and the PANSS belong to the first generation while the BNSS, the CAINS and the MAP-SR belong to the second generation. The NSA can be considered a transitional instrument between the two. First-generation instruments have more content validity problems than second-generation instruments do, as they do not accurately reflect the currently accepted negative syndrome (they do not include all negative symptoms and signs or they include symptoms from other dimensions). They also have more problems relative to the use of behavioral referents instead of internal experiences of deficits when assessing symptoms, which may lead to measuring functioning instead of negative symptoms.

Further research needs to be done in this area in order to ensure the evaluation of primary negative symptoms and internal experiences involved in negative symptoms rather than external behaviors.

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

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W45

Assessment of negative symptoms beyond schizophrenia

S. Kaiser

Psychiatric Hospital, University of Zurich, Department of Psychiatry, Psychotherapy and Psychosomatics, Zurich, Switzerland



Introduction Negative symptoms have long been recognized as a hallmark of schizophrenia. Newer evidence suggests that negative symptoms can be observed in persons with other disorders or even in non-clinical populations. However, most negative symptom scales are designed to identify clinically relevant symptoms, which might lead to underappreciation of subclinical symptom expression.

Objectives The aim of the present study was to establish distributional properties of well-established negative symptom scales in comparison with the newly developed Zurich Negative Symptom Scale, which employs a fully dimensional and continuous approach.

Methods We included participants with established schizophrenia ($n = 65$), first-episode psychosis ($n = 25$), schizotypal personality traits ($n = 29$) and remitted bipolar disorder ($n = 20$). Assessment of negative symptoms was conducted with the Zurich Negative Symptom Scale and compared to established rating scales.

Results In this broad sample, measurement of negative symptoms with established negative symptom scales lead to a highly skewed distribution. In other words, established negative symptom scales were able to identify negative symptoms in some participants in the non-schizophrenia spectrum, but a differentiation of negative symptom severity in the subclinical range was not possible. In contrast, the distribution of negative symptoms measured with the Zurich Negative Symptom scale approached normality.

Conclusions Negative symptoms can be observed outside the schizophrenia diagnosis. However, in order to fully explore the continuity of negative symptoms, measurement instruments need to be designed to cover the full range of symptomatology starting at a subclinical level. We propose the newly developed Zurich Negative Symptom Scale as a useful tool in this respect.

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

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W46

The second-generation assessment scales: Brief negative symptom scale and clinical assessment interview for negative symptoms



A. Mucci*, S. Galderisi

University of Naples SUN, Department of Psychiatry, Naples, Italy

* Corresponding author.

The construct of negative symptoms has undergone significant changes since the introduction of first generation assessment scales, such as the Scale for the Assessment of Negative Symptoms or the Positive and Negative Syndrome Scale. Blunted affect, Avolition, Anhedonia and Avolition are largely recognized as valid domains of the negative symptoms construct.

Among the new assessment instruments, both the Brief Negative Symptom Scale (BNSS) and the Clinical Assessment Interview for Negative Symptoms (CAINS) are considered adequate in their coverage of the negative symptoms domains. They include the assessment of both behavior and internal experience for Anhedonia, Asociality and Avolition to avoid overlap with functional outcome measures, as well as consummatory and anticipatory components of anhedonia with an emphasis on the internal experience of pleasure.

Strengths and limitations of these new assessment instruments will be reviewed in the light of some existing challenges, such as the distinction between primary and secondary negative symptoms and development of innovative treatments.

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

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The impact of societal forces on the mental health of LGBT populations across cultures

W47

LGBT adolescents in America: Depression, discrimination and suicide



A. Ahuja

Los Angeles LGBT Center, Los Angeles, USA

Introduction The mental health of Adolescents in America is a major concern for the field of psychiatry. In particular, Lesbian, Gay, Bisexual and Transgender (LGBT) adolescents are at higher risk of adverse mental health outcomes. This is largely attributed to "minority stress" and from outright bullying and discrimination. In this presentation, this link between bullying and depression will be explored.

Objectives By the end of this presentation, the audience will be able to better understand the link between anti-LGBT bullying and mental illness and identify the ways to help their patients.

Methods This presentation is informed by a literature search from PubMed In addition, it is informed by a symposium previously done at the American Psychiatric Association (APA) annual meeting in 2014.

Results There is clear evidence in the literature that bullying of LGBT adolescents is pervasive. In addition, LGBT people are more likely to be depressed than their heterosexual counterparts. This combination has led to 4-5 times higher rates of attempted suicide by LGBT adolescents. Having Gay-Straight Alliances in schools, supportive teachers and school administrators, and broader anti-discrimination legislation has a protective effect on this.

Conclusion LGBT adolescents are exposed to more stress by being a minority in society and by being explicitly bullied and discriminated against. This can lead to depression in some of these adolescents, and can also lead to suicide in the most vulnerable among them. There are proven ways to reduce these risks, and psychiatrists have a role to play in advocating for these reforms.

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

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W48

Cultural variations in LGBT issues



D. Bhugra

World Psychiatric Association, London, United Kingdom

Culturally determined gender roles influence relationships between different-sex partners, and cultural values affect attitudes towards sexual variation. LGBT patients face stigma, discrimination and prejudice and have specific issues related to a number of factors, in addition to the nature of sexuality. These factors affect help-seeking and also cause delays in pathways to care. In specific instances, gay, lesbian and transgender individuals show higher than expected levels of psychopathology. The clinician's attitudes affect therapeutic adherence and therapeutic alliance. LGBT patients may also have specific issues related to "coming out" and this may influence their relationships directly and indirectly. Furthermore, they may experience a reluctance to share their sexual orientation. Matching of therapists may offer one way forward but this is not always possible, and may not work due to a number of reasons.

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

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W49

HIV pre-exposure prophylaxis (PrEP) and treatment as prevention (TasP): What mental health providers should know



T. Hall

University of California-Los Angeles, Center for Behavior and Addiction Medicine, Los Angeles, USA

Pharmacologic methods of treating and preventing HIV have advanced tremendously in recent years. Understandings of HIV risk and recommendations for risk-reduction strategies have also changed substantially. A majority of new cases of HIV in many developed countries are now acquired through sex with long-term partners who are unaware of their HIV-positive status, rather than from casual or anonymous sexual encounters. Persons with bipolar disorder and substance use disorders are at particularly high risk. Mental health providers who work with LGBT persons and other populations at higher risk for HIV need to understand strategies their patients are using for HIV risk reduction, and to refer appropriate patients for consideration for pre-exposure prophylaxis (PrEP). PrEP is the daily use of an antiretroviral (ARV) medication for

prevention of HIV infection in higher-risk individuals. The United States approved tenofovir + emtricitabine for PrEP in 2012; this is under review in several European countries, Canada, and Australia, and is already prescribed off-label in many. Additionally, studies have shown that treatment with ARV medications to an “undetectable viral load” greatly reduces the risk of further transmission by persons already infected with HIV, called “treatment as prevention” (TasP). As of September 2015, WHO recommends early ARV treatment for all persons with HIV, and consideration of PrEP for men who have sex with men. This paper reviews findings from the PrEP studies (especially iPrEx, iPrEx Ole, IPERGAY, and PROUD) and TasP, and looks at their impact on LGBT and HIV+ communities, with relevance for mental health providers.

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

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W50

The association of bullying with suicide ideation and attempt among adolescents with different dimensions of sexual orientation



R. Montoro^{1,*}, K. Igartua¹, B.D. Thombs²

¹ McGill University Health Centre, Psychiatry, Montreal, Canada

² Jewish General Hospital, Psychiatry, Montreal, Canada

* Corresponding author.

Introduction Sexual minority youth are at increased risk for bullying and suicide, but they are heterogeneous in their sexual orientation dimensions (attraction, behavior and identity).

Objective To compare the association of bullying and suicide parameters between (1) heterosexually identified students without same-sex attractions or behaviors (2) heterosexually identified students with same-sex attractions or behaviors and (3) non-heterosexually identified students.

Methods The Quebec Youth Risk Behavior Survey was a self-report questionnaire given to 1852 students 14–18 years old.

Results The heterosexually identified students without same-sex attraction or behavior, and no bullying, was our reference group. When these students had bullying, the likelihood of suicidal ideation was double, but their likelihood of suicide attempts was the same. For non-heterosexually identified students, those with no bullying were twice as likely, and those with bullying were four times as likely to have suicidal ideation. When these students had no bullying, they were not more likely to have suicide attempts, but they were almost three times as likely when they had bullying. Heterosexually identified students with same-sex attraction or behavior were never more likely on any of the suicide measures.

Conclusion This study was the first to show that adolescents with a non-heterosexual identity will have a disproportionately greater likelihood in their suicide parameters when subject to bullying, than heterosexually identified students with or without same-sex attraction or behavior, suggesting that these latter two dimensions were non-contributory to suicide risk. The significance of identity as a predictor of suicidal ideation and behavior will be discussed.

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

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Addictive behaviours

FC01

“Dual disorder with drugs”: Comparison of two French databases

A. Batisse^{1,*}, N. Taright², C. Chevallier¹, M. Marillier¹,
S. Djeddar¹



¹ Groupe hospitalier Lariboisière/Fernand-Widal/Saint-Louis,
CEIP-Addictovigilance, Paris, France

² AP-HP, Département d'information médicale, Paris, France

* Corresponding author.

Context Dual diagnosis (substance used disorders (SUD) and mental illness) represents 3% of general population. Among United States population, 42.3% of SUD patients have psychiatric troubles (without tobacco). Moreover, SUD can concern all psychoactive substances (PAS) or illicit PAS only named “dual disorder with drugs” (DDD).

Methods A quantitative analysis of DDD data from January 2013 to July 2014 of two epidemiological tools has been performed: PMSI database (Programme Médicalisé des Systeme d'Information) hospital discharge data is made up of data providing medical information for all patients discharged in Paris public hospital system (AP-HP) and NOT'S is a vigilance database of spontaneous NOTifications of drug abuse and dependence. We propose a descriptive analysis of DDD in Paris metropolitan area.

Results With PMSI, 9.2% of SUD inpatients ($n=617$) have DDD, with mean age of 46 years (62% of men). In comparison, NOT'S reports 36% of SUD with DDD ($n=302$) with mean age of 39.5 years (68% of men). Suicide attempt is also listed and reach 23% of cases.

Conclusion These two databases (Table 1) show the difficulty of DDD diagnosis with the discordance in results. DDD miss in PMSI database since addictovigilance database shows a first prevalence of DDD. Despite the high rates of DDD, the problem is often under diagnosed by clinicians practising. It is also important to promote the collaboration among health care workers (addictologist and psychiatrist) because these patients require intensive mental and substance abuse care.

Table 1

	PMSI	NOTS
Psychosis / schizophrenia	68%	13%
Depression / anxiety	21%	54%
eating disorders	6%	2%
bipolar disorder	5%	6%
ADHD	0%	1%

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

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FC02

25I-NBOMe: The legal LSD

I. Ezquiaga^{1,*}, M. Grifell², L. Galindo², L. Martínez¹,
Á. Palma², P. Quintana³, M. Ventura⁴, E. Ribera¹, L. Pujol¹,
I. Fornís⁴, M. Torrens², M. Farré⁵



¹ Institut de Neuropsiquiatria i Addiccions, Parc de Salut Mar,
Psychiatry, Barcelona, Spain

² Institut de Neuropsiquiatria i Addiccions, Parc de Salut Mar, IMIM,
Universitat Autònoma de Barcelona, Psychiatry, Barcelona, Spain

³ Energy Control, Asociación Bienestar y Desarrollo, Energy Control,
Primary Care, Barcelona, Spain

⁴ Energy Control, Asociación Bienestar y Desarrollo, Energy Control,
Barcelona, Spain

⁵ Hospital Universitari Germans Trías i Pujol, IGTP, Universitat
Autònoma de Barcelona, Psychiatry, Barcelona, Spain

* Corresponding author.

Introduction Novel psychoactive substances (NPS) use is progressively increasing year on year. A new group of phenethylamines sold as legal stimulants and hallucinogens is being reported increasingly since 2012. Within this group, 25I-NBOMe is an outstanding substance with powerful effects and high affinity with the serotonin 2a (5HT2a) receptor. Several toxicity cases have been reported so far.

Objectives To describe the presence of 25I-NBOMe and its characteristics in samples delivered to Energy Control from 2009 to 2015 in Spain.

Methods Among the samples, 21,198 analyzed from august 2009 to august 2015 and only those samples containing 25I-NBOMe were studied ($n=56$). Samples were analyzed by Energy Control, a Spanish harm-reduction NGO that offers users the possibility of analyzing the substances they intend to consume. Analysis was done by Gas Chromatography–Mass Spectrometry.

Results From 56 samples were 25I-NBOMe was found, 24 were bought as LSD (42.8%), 12 as 25I-NBOMe (21.4%), 4 as 25C-NBOMe (7.1%), 4 as 25I-NBOH (7.1%) and 12 as other substances (21.4%), gummy bears included. All samples were received from 2012 on, having the highest peak on 2013 (19 samples).

Conclusions 25I-NBOMe consumption represents an emerging issue with potential harmful effects, especially when the substance used is not the expected. Further pharmacokinetic, pharmacodynamic, clinical and epidemiological researches should be conducted to deepen knowledge about 25I-NBOMe and the management of its possible toxic effects. Physicians should be aware of NPS, their increasing use and the clinical differences between them.

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

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FC03

Alcohol, caffeine and tobacco use during pregnancy and associated risk factors in a population-based study



R. Navinés^{1,*}, M.L. Imaz¹, A. Gutiérrez-Zotes², R. Guillamat³, C. Francesca⁴, T. Marta⁵, S. Julio⁶, M.S. Rocío¹

¹ Clinic Hospital, Psychiatry, Barcelona, Spain

² Hospital Universitari Institut Pere Mata, Psychiatry, Reus, Spain

³ Consorci Sanitari, psychiatry, Terrassa, Spain

⁴ Hospital Universitari de Son Espases, Psychiatry, Palma Mallorca, Spain

⁵ Institut de Neuropsiquiatria i Addiccions, Psychiatry, Barcelona, Spain

⁶ Clinic Hospital, Psychiatry, Valencia, Spain

* Corresponding author.

Introduction The use of psychoactive substances is quite widespread among general population. Data on the prevalence of drug use among pregnant women are not available for most European countries.

Aims To assess the prevalence of substance use during pregnancy and associated risk factors with regard to sociodemographic and obstetric variables, coping strategies, and personality traits.

Methods Design: a population-based, prospective, multicentre study. Setting: seven teaching hospitals in Spain. Participants: 1804 women were recruited on day 2–3 postpartum. Measurements: All participants completed a semi-structured interview, including sociodemographic, reproductive and obstetric variables, personal and family psychiatric disorders and self-reported drug use during pregnancy. The STAI, EPQ-R, COPE-28 and the DUKE-UNC questionnaires were administered to assess personality traits, coping skills and social support.

Results Fifty percent reported substance use during pregnancy. Of the 909 who did so, 52.5% used caffeine only, 14.7% tobacco only, 0.8% alcohol only, 24% caffeine and tobacco, 3.6% caffeine and alcohol, and 2.5% caffeine, tobacco and alcohol, and 1.9% others. Lower education (OR=1.32, 95% CI=1.00–1.73), sick leave (OR=1.74, 95% CI=1.15–2.63) and personal psychiatry history (OR=1.36, 95% CI=1.04–1.78) were independent factors associated with substance use during pregnancy. Primiparity was a protective factor (OR=−0.71, 95% CI=0.59–0.87), and psychoticism (OR=1.02,

95% CI=1.00–1.03), extraversion (OR=1.01, 95% CI=1.00–1.02) personality traits and the use of substances to cope with emotions (OR=2.49, 95% CI=1.38–4.49) were identified as risk factors.

Conclusions In our non-clinical sample, one out of every two women reported substance use during pregnancy. Substance use during pregnancy was associated with sociodemographic characteristics, history of psychiatric disorder, health problems and specific pattern of personality traits and coping strategies.

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

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FC04

Maternal smoking during pregnancy and offspring's psychiatric morbidity in early adulthood. Findings from the Finnish Family Competence Birth Cohort Study



S. Niemelä^{1,*}, S. Mikola², A. Sourander³, P. Rautava², M. Sillanpää²

¹ University of Oulu, Department of Clinical Neurosciences, Oulu, Finland

² University of Turku, Department of Public Health, Turku, Finland

³ University of Turku, Department of Child Psychiatry, Turku, Finland

* Corresponding author.

Introduction Prenatal smoking exposure is one of the most common insults during the fetal period prevalence varying from 5 to 19% in the European countries [1].

Objectives Prenatal smoking exposure increases the risk of psychiatric morbidity in the offspring, externalizing disorders in particular. However, less is known whether maternal smoking during pregnancy increases the risk for anxiety disorders [1].

Aims To study the associations between maternal smoking during pregnancy and offspring psychiatric morbidity in early adulthood in a Finnish birth cohort study.

Methods A prospective data collection from 10th gestational week (GW10) to early adulthood ($n=475$, 37% from the original sample). Information on self-reported smoking during pregnancy was collected using questionnaires at GW10 and GW28. Offspring psychiatric diagnoses and clinically relevant symptoms were assessed using Development and Well-being Assessment (DAWBA)-interviews at age 18 to 20 years. Information on parental alcohol use, depressive mood, anxiety, and education level, as well as offspring's gender, education level, and birth weight were used as covariates.

Results Maternal smoking during pregnancy associated independently with PTSD (OR=6.9, 95% CI 1.3–35.6, $P=0.021$), and conduct disorder (OR=2.7, 95% CI 1.02–6.9, $P=0.046$) in a multivariate analysis after adjusting for other psychiatric diagnoses, offspring and parental variables (OR=1.9, 95% CI 0.5–6.9, $P=0.359$).

Conclusions In addition to conduct problems, prenatal nicotine exposure may increase the offspring's risk for posttraumatic stress disorder (PTSD). This relationship may be explained, in part, by effects on nicotinic acetylcholine receptors and uteroplacental mechanisms [1].

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

Reference

[1] Tiesler CM, Heinrich J. Prenatal nicotine exposure and child behavioural problems. Review. Eur Child Adolesc Psychiatry 2014;23:913–29.

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Anxiety disorders and somatoform disorders

FC05

Searching for new markers of panic disorder – the examination of stem cells mobilization and levels of factors involved in their trafficking

Jolanta Kucharska-Mazur^{1,*}, Marcin Jabłoński¹, Maciej Tarnowski², Barbara Dołęgowska³, Z. Ratajczak Mariusz⁴, Jerzy Samochowiec¹

¹ Department of Psychiatry, Pomeranian University of Medicine, Szczecin, Poland

² Department of Physiology, Pomeranian University of Medicine, Szczecin, Poland

³ Department of Medical Analytics, Pomeranian University of Medicine, Szczecin, Poland

⁴ Stem Cell Biology Program at the James Graham Brown Cancer Center, University of Louisville, Louisville, KY 40202, USA

* Corresponding author.

Introduction Regeneration processes are the new target in looking for biological markers of psychiatric disorders.

Aims In this study, we considered the role of stem cells and factors responsible for their trafficking in panic disorder (PD).

Methods A group of 30 patients with panic disorder was examined and compared with a group of 30 healthy volunteers. In peripheral blood we have analysed: the number of hematopoietic stem cells – HSC (Lin–/CD45+/CD34+) and HSC (Lin–/CD45+/AC133+), the number of very small embryonic – like stem cells – VSEL (Lin–/CD45–/CD34+) and VSEL (Lin–/CD45–/CD133+) and concentration of stromal derived factor-1 (SDF-1), sphingosine-1-phosphate (S1P), and some proteins of the complement cascade.

Results Peripheral blood concentration of HSCs (Lin–/CD45+/AC133+) was significantly lower in PD group compared to control group, before and after antidepressant treatment. Peripheral blood concentration of VSEL (Lin–/CD45–/CD133+) was significantly lower in PD group before treatment compared to concentration after treatment. In PD group concentrations of factors involved in stem cell trafficking were statistically significantly lower in PD group (before and after treatment) compared to control group.

Conclusion Examination of regeneration system seems to be useful in PD diagnostics.

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

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Bipolar disorders

FC06

Multimorbidity in affective disorders: Impact on length of stay

F. Cealicu Toma^{*}, J. Moammi
University of Ottawa, Psychiatry, Gatineau, Canada

* Corresponding author.

Background Multimorbidity (MM) refers to the coexistence of two or more chronic diseases in the same individual; it encompasses medical comorbidity (MC) and psychiatric comorbidity (PC).

Hypothesis: MM is prevalent amongst in-patients suffering from affective disorders (AD) and also impacted on length of stay.

Aims To determine the prevalence of MM and its impact on duration of hospitalization in AD admissions.

Method This cross-sectional study was conducted using secondary data taken from discharge records of 1056 adults admitted for AD to a Quebec-based facility, between 2006 and 2014. Distribution of AD cases: 47% depression, 53% bipolar disorders.

Results The prevalence rate of MM: 85%. PC was present in 70% of sample whereas MC was present in 62%. The median number of comorbid illnesses was 2.7 for each study subject. The rate of MM was not related to age or gender. Metabolic syndrome (54%), cardiovascular diseases and chronic pain syndrome (17%) were the most prevalent MC in both depressed and bipolar populations. Personality disorder (65%) was highest in the depression population, whereas substance misuse (55%) was the most prevalent PC in the bipolar subjects. A longer length of stay was correlated with MM. However, a logistic regression analysis indicated that duration of hospitalization was only correlated with MC.

Conclusions The observation that MM is the norm, even in this relatively young population with AD. The results confirmed that MC prolongs hospital stay. These findings advocate strongly for integrated management of psychiatric and physical health problems in clinical practice.

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

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FC07

Trends of hospitalization for bipolar I in USA: A nationwide analysis

Z. Mansuri^{1,*}, U. Mansuri², M. Rathod³, S. Shambhu¹, K. Karnik⁴

¹ Drexel University, School of Public Health, Philadelphia, USA

² Icahn School of Medicine at Mount Sinai, School of Public Health, New York, USA

³ Drexel School of Public Health, School of Public Health, Philadelphia, USA

⁴ Children's Hospital of San Antonio - Texas, Department of Pediatrics, San Antonio, USA

* Corresponding author.

Objectives Bipolar I (B-I) is an important cause of morbidity and mortality in hospitalized patients. While B-I has been extensively studied in the past, the contemporary data for impact of B-I on cost of hospitalization are largely lacking.

Methods We queried the Healthcare Cost and Utilization Project's Nationwide Inpatient Sample (HCUP-NIS) dataset between 1998–2011 using the ICD-9 codes. Severity of comorbid conditions was defined by Deyo modification of Charlson comorbidity index. Primary outcome was in-hospital mortality and secondary outcome was total charges for hospitalization. Using SAS 9.2, Chi² test, *t*-test and Cochran-Armitage test were used to test significance.

Results A total of 1,80,681 were analyzed; 56.29% were female and 43.71% were male ($P < 0.0001$); 70.63% were white, 17.14% black and 12.23% of other race ($P < 0.0001$). Rate of hospitalization increased from 7469.65/million to 9375.27/million from 1998–2011. Overall mortality was 0.12% and mean cost of hospitalization was 19,821.50\$. The in-hospital mortality increased from 0.13% to 0.16% ($P < 0.0001$) and mean cost of hospitalization increased from 12,091.31\$ to 29,292.97\$. Total yearly spending on B-I related admissions increased from \$0.72 million/year to \$2.16 billion/year.

Conclusions While mortality has slightly increased from 1998 to 2011, the cost has significantly increased from \$0.72 million/year to \$2.16 billion/year, which leads to an estimated \$1.46 billion/year additional burden to US health care system. In the era of cost conscious care, preventing B-I related Hospitalization could save

billions of dollars every year. Focused efforts are needed to establish preventive measures for B-I related hospitalization.

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

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FC08

The impact of climate on risk of mania

C.R. Medici^{1,2,*}, C.H. Vestergaard³

D. Hadzi-Pavlovic^{4,5}, P. Munk-Jørgensen⁶, G. Parker^{4,5}

¹ Aarhus University Hospital, Psychiatric Research Academy, Department of Affective Disorders, Aarhus, Denmark

² Aarhus University Hospital, Department of Clinical Epidemiology, Aarhus, Denmark

³ Aarhus University, Research Unit for General Practice and Section for General Practice, Department of Public Health, Aarhus, Denmark

⁴ University of New South Wales, School of Psychiatry, Sydney, Australia

⁵ Black Dog Institute, Research Unit, Sydney, Australia

⁶ Aarhus University Hospital, Risskov, Aarhus, Denmark

* Corresponding author.

Introduction Bipolar disorder varies with season: admissions for depression peak in winter and mania peak in summer. Sunlight presumably increases the risk of mania through suppression of melatonin. If so, we expect admissions for mania to vary in accordance with climate variations.

Objectives To investigate how climate and climate changes affects admissions for mania.

Aims To identify which climate variables – sunshine, ultraviolet radiation, rain and snow cover – affect admissions for mania.

To examine whether year-to-year weather variation as well as long-term climate changes reflects the variation in number of admissions for mania.

Methods This register-based nationwide cohort study covers all patients admitted for mania (ICD-10 code F31 or F30.0–F30.2) between 1995 and 2012 in Denmark. Climate data, obtained from the Danish Meteorological Institute, were merged with admission data and correlated using an Unobserved Component Model regression model.

Preliminary results In total, 8893 patients were admitted 24,313 times between 1995 and 2012: 6573 first-admissions and 17,740 readmissions. Linear regression shows significant association between admissions per day and hours of sunshine ($P < 0.01$) and ultraviolet radiation (UV) dose ($P < 0.01$). Average days with snow cover and rain were not significantly correlated with admissions. Analyses on year-to-year variation and long-term change are not yet available.

Preliminary conclusions Admissions for mania are correlated with sunshine and UV, but not rain and snow cover. If more patients are admitted during very sunny summers compared with less sunny summers this implies a relation with light itself and not just season.

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FC09

Delays to diagnosis and treatment in patients presenting to mental health services with bipolar disorder

R. Patel^{1,*}, H. Shetty², R. Jackson³, M. Broadbent², R. Stewart³, J. Boydell¹, P. McGuire¹, M. Taylor¹

¹ Institute of Psychiatry, Psychology and Neuroscience, Department of Psychosis Studies, London, United Kingdom

² South London and Maudsley NHS Foundation Trust, Biomedical Research Centre Nucleus, London, United Kingdom



³ Institute of Psychiatry, Psychology and Neuroscience, Department of Psychological Medicine, London, United Kingdom

* Corresponding author.

Introduction There are often substantial delays before diagnosis and initiation of treatment in people bipolar disorder. Increased delays are a source of considerable morbidity among affected individuals.

Aims To investigate the factors associated with delays to diagnosis and treatment in people with bipolar disorder.

Methods Retrospective cohort study using electronic health record data from the South London and Maudsley NHS Foundation Trust (SLaM) from 1364 adults diagnosed with bipolar disorder. The following predictor variables were analysed in a multivariable Cox regression analysis on diagnostic delay and treatment delay from first presentation to SLaM: age, gender, ethnicity, compulsory admission to hospital under the UK Mental Health Act, marital status and other diagnoses prior to bipolar disorder.

Results The median diagnostic delay was 62 days (interquartile range: 17–243) and median treatment delay was 31 days (4–122). Compulsory hospital admission was associated with a significant reduction in both diagnostic delay (hazard ratio 2.58, 95% CI 2.18–3.06) and treatment delay (4.40, 3.63–5.62). Prior diagnoses of other psychiatric disorders were associated with increased diagnostic delay, particularly alcohol (0.48, 0.33–0.41) and substance misuse disorders (0.44, 0.31–0.61). Prior diagnosis of schizophrenia and psychotic depression were associated with reduced treatment delay.

Conclusions Some individuals experience a significant delay in diagnosis and treatment of bipolar disorder, particularly those with alcohol/substance misuse disorders. These findings highlight a need to better identify the symptoms of bipolar disorder and offer appropriate treatment sooner in order to facilitate improved clinical outcomes. This may include the development of specialist early intervention services.

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

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FC10

Trends of hospitalization for major bipolar II in USA: A Nationwide analysis

M. Rathod^{1,*}, Z. Mansuri¹, S. Shambhu¹, A. Sutaria¹, K. Karnik²

¹ Drexel University, School of Public Health, Philadelphia, USA

² Children Hospital at San Antonio - Texas, Department of Pediatrics, San Antonio, Texas, USA

* Corresponding author.

Objectives Bipolar II (B-II) is an important cause of morbidity and mortality in hospitalized patients. While B-II has been extensively studied in the past, the contemporary data for impact of B-II on cost of hospitalization are largely lacking.

Methods We queried the Healthcare Cost and Utilization Project's Nationwide Inpatient Sample (HCUP-NIS) dataset between 1998–2011 using the ICD-9 codes. Severity of comorbid conditions was defined by Deyo modification of Charlson comorbidity index. Primary outcome was in-hospital mortality and secondary outcome was total charges for hospitalization. Using SAS 9.2, Chi² test, *t*-test and Cochran-Armitage test were used to test significance.

Results A total of 107,152 patients were analyzed; 62.61% were female and 31.39% were male ($P < 0.0001$); 78.19% were white, 11.44% black and 10.37% of other race ($P < 0.0001$). Rate of hospitalization increased from 866.87/million to 8156.03/million from 1998–2011. Overall mortality was 0.32% and mean cost of hospitalization was 19,447.89\$. The in-hospital mortality increased from 0.00% to 0.07% ($P < 0.0001$) and mean cost of hospitalization increased from 7565.20\$ to 26,511.95\$. Total yearly spending on



B-II related admissions have increased from \$52.24 million/year to \$1.6 billion/year.

Conclusions While mortality has slightly increased from 1998 to 2011, the cost has significantly increased from \$52.24 million/year to \$1.6 billion/year, which leads to an estimated \$1.55 billion/year additional burden to US health care system. In the era of cost conscious care, preventing B-II related hospitalization could save billions of dollars every year. Focused efforts are needed to establish preventive measures for B-II related hospitalization.

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

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FC11

Analysis of genetic polymorphisms, adverse drug reactions and targeted treatment



E. Stella^{1,*}, M. La Montagna¹, D. Seripa², M. Giuseppe², L. di Mauro², A. Greco², A. Rinaldi¹, M.S. Martone¹, A. Bellomo¹, M. Lozupone^{1,3}

¹ University of Foggia, Department of Mental Health, Psychiatric Unit, Asl Fg, Foggia, Italy

² IRCCS Casa Sollievo della Sofferenza, Geriatric Unit and Gerontology, Geriatrics Research Laboratory, Department of Medical Sciences, San Giovanni Rotondo, Italy

³ University of Bari "A. Moro", Department of Basic Medical Sciences, Neurosciences and Sense Organs, Bari, Italy

* Corresponding author.

Introduction Bipolar disorders (BD) are chronic and recurrent psychopathological conditions characterized by therapeutic failures (TFs), regardless of the initial choice of psychiatric medication with a high prevalence of adverse drug reactions (ADRs). Cytochrome P450(CYP)2D6 genetics has been recently suggested to have a role in the response to treatment and extra-pyramidal symptoms (EPS) across several psychiatric conditions.

Objectives To evaluate interindividual differences in CYP2D6 enzyme activities, TFs and ADRs rates in BDs patients.

Aims To tailor psychiatric medication choice and dose based on pharmacogenetic test.

Methods We analyzed 16 clinical relevant polymorphisms CYP2D6 genotype in Psychiatric Unit of Foggia using the Infini-tiM Analyzer; the Simpson Angus Scale (SAS) was used to measure drug-induced EPS and Brief Psychiatric Rating Scale-24 (BPRS-24) response to treatment.

Results Ten drug-resistant patients were consecutively enrolled, and six of these experience major ADR during therapy with worsening of symptoms before screening for CYP polymorphism: BM (*2A/*5 genotype, BPRS-24 T₀: 63, T₁₄: 51), SR (*2A/*4, BPRS-24 T₀: 66, T₁₄: 59), LT (*4/*17 BPRS-24 T₀: 72, T₁₄: 64), DC (*2A/*4A BPRS-24 T₀: 69, T₁₄: 54), AL (*2A/*2A, BPRS-24 T₀: 72, T₁₄: 64), PA (*2A/*2A BPRS-24 T₀: 52, T₁₄: 46).

Conclusions According to the specific CYP2D6 polymorphism, we personalized patients' treatment considering that poor and extensive metabolizers have different rates of ADR and responses to treatment. CYP2D6 genotype's knowledge is useful for the reduction of therapeutic attempt during patient clinical history, thus reducing admission time and costs, and to guide clinicians toward a better patient management.

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

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FC12

Trends of hospitalization for major bipolar unspecified in USA: A nationwide analysis



A. Sutaria^{1,*}, Z. Mansuri¹, M. Rathod¹, S. Shambhu¹, U. Mansuri²

¹ Drexel University, School of Public Health, Philadelphia, USA

² Icahn School of Medicine at Mount Sinai, School of Public Health, New York, USA

* Corresponding author.

Objectives Bipolar unspecified (BP-U) is an important cause of morbidity and mortality in hospitalized patients. While BP-U has been extensively studied in the past, the contemporary data for impact of BP-U on cost of hospitalization are largely lacking.

Methods We queried the Healthcare Cost and Utilization Project's Nationwide Inpatient Sample (HCUP-NIS) dataset between 1998–2011 using the ICD-9 codes. Severity of comorbid conditions was defined by Deyo modification of Charlson comorbidity index. Primary outcome was in-hospital mortality and secondary outcome was total charges for hospitalization. Using SAS 9.2, Chi² test, t-test and Cochran-Armitage test were used to test significance.

Results A total of 711,147 patients were analyzed; 61.33% were female and 38.67% were male ($P < 0.0001$); 77.63% were white, 13.17% black and 9.2% of other race ($P < 0.0001$). Rate of hospitalization increased from 2,310.28/million to 74,908.88/million from 1998–2011. Overall mortality was 0.81% and mean cost of hospitalization was \$25,152.02. The in-hospital mortality reduced from 1.24% to 0.97% ($P < 0.0001$) and mean cost of hospitalization increased from 11,308.05\$ to 32,211.67\$. Total yearly spending on BP-U related admissions have increased from \$207 million/year to \$19.15 billion/year.

Conclusions While mortality has slightly decreased from 1998 to 2011, the cost has significantly increased from \$0.21 billion/year \$19.15 billion/year, which leads to an estimated \$18.94 billion/year additional burden to US health care system. In the era of cost conscious care, preventing BP-U related hospitalization could save billions of dollars every year. Focused efforts are needed to establish preventive measures for BP-U related hospitalization.

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

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FC13

Trends of hospitalization for major bipolar I (most recent episode-manic) in USA: A nationwide analysis



A. Sutaria^{1,*}, Z. Mansuri¹, M. Rathod¹, S. Shambhu¹, U. Mansuri²

¹ Drexel University, School of Public Health, Philadelphia, USA

² Icahn School of Medicine at Mount Sinai, School of Public Health, New York, USA

* Corresponding author.

Objectives Bipolar I most recent episode-manic (BP-I-M) is an important cause of morbidity and mortality in hospitalized patients. While BP-I-M has been extensively studied in the past, the contemporary data for impact of BP-I-M on cost of hospitalization are largely lacking.

Methods We queried the Healthcare Cost and Utilization Project's Nationwide Inpatient Sample (HCUP-NIS) dataset between 1998–2011 using the ICD-9 codes. Severity of comorbid conditions was defined by Deyo modification of Charlson comorbidity index. Primary outcome was in-hospital mortality and secondary outcome was total charges for hospitalization. Using SAS 9.2, Chi² test, t-test and Cochran-Armitage test were used to test significance.

Results A total of 10,875 patients were analyzed; 57.13% were female and 42.87% were male ($P < 0.0001$); 74.78% were white, 14.51% black and 10.71% of other race ($P < 0.0001$). Rate of hospitalization increased from 528.71/million to 588.76/million from 1998–2011. Overall mortality was 0.42% and mean cost of hospitalization was 22,215.77\$. The in-hospital mortality increased from 0.37% to 0.82% ($P < 0.0001$) and mean cost of hospitalization increased from 10,580.54\$ to 40,737.65\$. Total spending on BP-I-M related admissions have increased from \$44.24 million/year to \$187.00 million/year.

Conclusions While mortality has slightly decreased from 1998 to 2011, the cost has significantly increased from \$44.24 million/year to \$187.00 million/year, which leads to an estimated \$ 142.76 million/year additional burden to US health care system from. In the era of cost conscious care, preventing BP-I-M related hospitalization could save billions of dollars every year. Focused efforts are needed to establish preventive measures for BP-I-M related hospitalization.

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

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Child and adolescent psychiatry

FC14

Separating efficacy and sedative effects of guanfacine extended release in children and adolescents with ADHD from four randomized, controlled, phase 3 clinical trials



M. Huss^{1,*}, K. McBurnett², A.J. Cutler³, A. Hervás⁴, J. Gu⁵, B. Dirks⁶, J.H. Newcorn⁷

¹ Johannes Gutenberg University Mainz, Child and Adolescent Psychiatry, Mainz, Germany

² University of California, Department of Psychiatry, San Francisco, USA

³ Florida Clinical Research Center, Child and Adolescent Psychiatry, Bradenton, USA

⁴ University Hospital Mútua de Terrassa, UEDT, Hospital Sant Joan de Deu, Child and Adolescent Mental Health Unit, Barcelona, Spain

⁵ Shire, Biostatistics, Wayne, USA

⁶ Shire, Neuroscience, Wayne, USA

⁷ Icahn School of Medicine at Mount Sinai, Department of Psychiatry, New York, USA

* Corresponding author.

Introduction Guanfacine extended release (GXR) is a non-stimulant treatment for attention-deficit/hyperactivity disorder (ADHD).

Objective To separate efficacy and sedative treatment-emergent adverse events (TEAEs) associated with GXR in four randomized, controlled trials in children (6–12 years) and adolescents (13–17 years) with ADHD.

Methods SPD503-301 ($n = 345$) and SPD503-304 ($n = 324$) were 8 and 9 week studies of fixed-dose GXR (≤ 4 mg/day). SPD503-312 ($n = 314$; adolescents only) and SPD503-316 ($n = 338$) were 10–13 week studies of dose-optimized GXR (1–7 mg/day).

Results In fixed-dose studies, pooled incidences of sedative TEAEs with GXR were highest at week 1 (GXR, 13.9–18.7%; placebo, 8.7%) and decreased to placebo levels at week 8 (0–1.4%; placebo, 0%). In contrast, proportions of responders ($\geq 30\%$ reduction from baseline in ADHD Rating Scale IV [ADHD-RS-IV] total score) increased from week 1 (GXR, 29.6–34.8%; placebo, 25.0%) through endpoint (GXR, 66.7–72.2%; placebo, 42.6%). Incidences of sedative

TEAEs, but not proportions of responders, increased with GXR dosing. GXR was associated with a statistically significant reduction in ADHD-RS-IV total score from baseline to endpoint in patients without sedative TEAEs in both fixed-dose and dose-optimized studies (GXR versus placebo, effect size = 0.49 and 0.67, respectively; $P < 0.001$). GXR was associated with statistically significant improvements compared with placebo in both ADHD-RS-IV Hyperactivity/Impulsivity and Inattentiveness subscale scores ($P < 0.001$).

Conclusion These data from pooled GXR clinical trials indicate that incident sedative TEAEs do not contribute to increased treatment response over time, and that sedation and symptomatic improvement are distinct effects of GXR.

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

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FC15

Suicidality and psychiatric comorbidities among adults with childhood identified ADHD: Gender differences – a population-based longitudinal study



K. Yoshimasu^{1,*}, W.J. Barbaresi², R.C. Colligan³, R.G. Voigt⁴, J.M. Killian⁵, A.L. Weaver⁵, S.K. Katusic⁵

¹ Wakayama Medical University, Hygiene, Wakayama city, Japan

² Boston Children's Hospital, Medicine, Boston, USA

³ Mayo Clinic, Psychiatry and Psychology, Rochester, USA

⁴ Baylor College of Medicine, Pediatrics, Houston, USA

⁵ Mayo Clinic, Health Sciences Research, Rochester, USA

* Corresponding author.

Objective To evaluate the effect of comorbid psychiatric disorders (PD) on the association between childhood ADHD and suicidality and the effect of gender on the association between PDs and suicidality among adults with childhood ADHD.

Method Subjects were recruited from a birth cohort of all children born 1976–1982 remaining in Rochester, MN after five years of age. Participating subjects with research-identified childhood ADHD ($n = 232$; mean age 27.0 years; 72% men) and non-ADHD controls ($n = 335$; mean age 28.6 years; 63% men) were administered a structured psychiatric interview (MINI International Neuropsychiatric Interview) to assess suicidality and psychiatric comorbidities.

Results Compared to controls, ADHD cases were significantly more likely to meet criteria for suicidality [odds ratio (OR) = 2.7, 95% CI 1.7–4.5]. Although this association was not moderated by the presence of PDs ($P = 0.63$ for interaction effect), the association between ADHD and suicidality was partially mediated by the presence of PDs [OR decreased from 2.7 to 2.1 (95% CI 1.2–3.5)]. Among adults with childhood ADHD, there was no significant moderating effect of gender on the association between suicidality and PD ($P = 0.26$ for interaction effect). However, the odds of suicidality was 6.1 (95% CI, 2.3–15.9) times higher among males with both externalizing and internalizing PDs compared to males with no disorders; among females the corresponding odds ratio was 3.4 (95% CI, 0.7–16.6).

Conclusion Childhood ADHD is significantly associated with adult suicidal risk. Among those with ADHD, associations between suicidality and comorbid psychiatric disorders are more apparent in men among those with comorbid externalizing and internalizing disorders.

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

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Cognitive neuroscience

FC16

A novel protocol to assess dual task cost as a potential measure of cognitive reserve



A. Oliveira-Maia^{1,*}, I. Coelho¹, J.B. Barahona-Corrêa¹, V. Paixão², M. Camacho¹, R.M. Costa²

¹ Champalimaud Clinical Centre, Champalimaud Centre for the Unknown, Neuropsychiatry Unit, Lisbon, Portugal

² Champalimaud Centre for the Unknown, Champalimaud Research, Lisbon, Portugal

* Corresponding author.

Introduction Methods for measuring cognitive reserve (CR) are limited and controversial. Dual task cost (DTC) paradigms, assessing links between gait and cognition, are increasingly regarded as robust measures of CR.

Objectives Here, we aimed to validate a simplified methodology for a DTC paradigm in healthy volunteers for application in clinical settings as a measurement of CR.

Methods We tested if subtracting by 7's (cognitive task) while walking (motor task) induced a DTC in a sample of 39 healthy young adults. For the cognitive task, we recorded the number of correct and incorrect subtractions, as well as the latency between subtractions. Gait parameters were recorded on a tri-axial accelerometer fixed to the left ankle. Both tasks were performed separately (single task) and simultaneously (double task) to assess the DTC. A battery for neuropsychological assessment and questionnaires to assess quality of life and affective symptoms were also applied, to measure possible correlations with the DTC.

Results Subtracting 7's while walking caused significant changes in gait parameters and in cognitive task performance. A significant decrease in the autocorrelation of the accelerometer signal during the dual task was also found (DTC = 37.92 ± 7.56%; $P < 0.0001$). This measure has not been previously used and may be a more sensitive measure of the dual task induced disturbance of the gait periodic signal pattern. Correlations between DTC and quality of life, affective or cognitive measures were not significant.

Conclusion Our study provides an effective, portable and non-intrusive DTC experimental protocol that can be easily applied in clinical settings.

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

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FC17

Cortisol, life events and cognition in non-demented subjects: A population-based study



S. Ouanes*, E. Castelao, A. Von Gunten, M. Preisig, J. Popp CHUV, Department of Psychiatry, Lausanne, Switzerland

* Corresponding author.

Background Older people are particularly exposed to stressful events, known to activate the hypothalamus-pituitary-adrenal axis. Many studies highlighted the possible deleterious effects of elevated cortisol on cognition, assuming a likely role of stressful events. Yet, very few studies actually examined these assumed links between life events, cortisol and cognition.

Objective To examine associations between salivary cortisol, cognition and life events in a population of non-demented old individuals.

Methods A cross-sectional analysis was conducted using data from Colaas/PsyColaas, a longitudinal population-based study involving 6733 Lausanne residents. Salivary cortisol samples (upon

waking, 30 minutes after waking, at 11 am and at 8 pm) were obtained from 799 non-demented participants aged at least 60.

Life events, activities of daily life along with depressive symptoms were assessed using a standardized questionnaire. A comprehensive neuropsychological test battery was used to determine the Clinical Dementia Rating (CDR).

For multiple comparisons, P values were adjusted (P') according to Holm-Bonferroni's method.

Results Cortisol at 11 am and cortisol area under the curve (AUC) were positively correlated with CDR sum of boxes (CDRSOB) scores ($P' = 0.035$; $Rho = 0.097$ and $P' = 0.024$; $Rho = 0.110$, respectively). The association between cortisol AUC and CDRSOB remained significant after controlling for age, sex, body mass index, education, smoking and depression ($P = 0.001$; $\beta = 0.001$; R^2 change = 0.016). The number and the total impact of life events were associated neither with cortisol nor with CDRSOB.

Conclusions Elevated cortisol was associated with poorer cognitive functioning yet independently of life events. This suggests that the increased cortisol associated with poorer cognition might be not a mere reflection of stressful events but rather explained by other factors, yet to be elucidated.

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

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FC18

The EVACO Project: A new battery for assessing social cognition disorders and related psychiatric disability in schizophrenia



P. Roux^{1,*}, M. Urbach¹, S. Fonteneau¹, B. Aouizerate^{1,3,4,5,6,7,8}, F. Berna^{1,6,7,8}, L. Brunel^{1,9}, D. Capdevielle^{1,10}, I. Chereau^{1,11}, J. Danion^{1,7}, J. Dorey^{1,12}, C. Dubertret^{1,13}, J. Dubreucq^{1,14}, C. Faget^{1,15}, F. Gabayet^{1,14}, P.M. Llorca^{1,11}, J. Mallet^{1,13}, D. Misdrachi^{1,3,4,5,6,7,8,16}, R. Rey^{1,12}, R. Richieri^{1,15}, F. Schürhoff^{1,9}, H. Yazbek^{1,10}, C. Passerieux^{1,2}, E. Brunet-Gouet^{1,2}, FACE-SCZ-Group¹⁶

¹ Fondation FondaMental, Créteil, France

² Service de psychiatrie d'adulte, Centre Hospitalier de Versailles, UFR des Sciences de la Santé Simone Veil, Université Versailles Saint-Quentin-en-Yvelines, Versailles, France

³ Centre Hospitalier Charles-Perrens, 33076 Bordeaux, France

⁴ Université de Bordeaux, Bordeaux, France

⁵ Inserm, Neurocentre Magendie, Physiopathologie de la Plasticité Neuronale, U862, 33000 Bordeaux, France

⁶ Hôpitaux Universitaires de Strasbourg, Université de Strasbourg, Inserm U1114, Fédération de Médecine Translationnelle de Strasbourg, Strasbourg, France

⁷ Inserm U955, Translational Psychiatry team, Créteil, France

⁸ Paris Est University, DHU Pe-PSY, Pôle de Psychiatrie des Hôpitaux Universitaires H.-Mondor, Créteil, France

⁹ Service Universitaire de Psychiatrie Adulte, Hôpital la Colombière, CHRU de Montpellier, Université Montpellier 1, Inserm 1061, Montpellier, France

¹⁰ CMP B, CHU, EA 7280 Faculté de Médecine, Université d'Auvergne, BP 69, 63003 Clermont-Ferrand cedex 1, France

¹¹ Université Claude-Bernard Lyon 1, Centre Hospitalier Le Vinatier Pole Est, BP 300, 39-95, boulevard Pinel, 69678 Bron cedex, France

¹² AP-HP, Department of Psychiatry, Louis-Mourier Hospital, Inserm U894, Université Paris Diderot, Sorbonne Paris Cité, Faculté de médecine, Colombes, France

¹³ Centre Référent de Réhabilitation Psychosociale, Centre Hospitalier Alpes Isère, Grenoble, France

¹⁴ Assistance publique des Hôpitaux de Marseille (AP-HM), pôle universitaire de psychiatrie, Marseille, France

¹⁵ CNRS UMR 5287-INCLIA, France

¹⁶ **FondaMental Academic Centers of Expertise for Schizophrenia (FACE-SZ) group, France**

* Corresponding author.

The relation of social cognitive disorders and schizophrenic symptoms are well-established. Yet, assessment methods have not reached a consensus. In addition, causal paths between neurocognition, social cognition, symptoms and functional expression are not clearly understood. During the past few years, some authoritative accounts proposed specialized batteries of tests and emphasized theory of mind, emotion recognition, and interpretation bias constructs:

– NIMH's "Social cognition psychometric evaluation" battery (Pinkham AE, Penn DL, Green MF, Harvey PD. *Schizophrenia Bulletin*, 2015);

– "Social cognition and functioning in schizophrenia" (Green MF, Lee J, Ochsner KN. *Schizophrenia Bulletin*, 2013).

Interestingly, these accounts stemming either from expert consensus and psychometric considerations or from neuroscience knowledge recognized some difficulties in providing a fully usable set of instruments. The project described here (EVACO protocol, funded by the Programme Hospitalier de Recherche Clinique national) follows an alternative approach and aims at providing a psychometrically validated battery. Based on a cognitive neuropsychology view on schizophrenic functional disability, several tests were gathered and are assessed in a 12-months multi-center follow-up of 160 individuals with schizophrenia. The FondaMental foundation network of Expert Centers is involved in recruiting patients from eight centers (Clermont-Ferrand, Colombes, Créteil, Grenoble, Marseille, Montpellier, Strasbourg, Versailles). To-date, the first evaluation of the population has been achieved. Experience reports and inclusions follow-up demonstrate the good acceptability of this battery both on the patients and the evaluator's side. We emphasize the usefulness of this project to meet the clinicians' needs of validated social cognition tools, by describing different scenarios of use.

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

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FC19

The relationship between premorbid adjustment and cognitive dysfunction in schizophrenia



P. Stefanatou^{1,*}, C.S. Karatosidi (MSc)², E. Kattoulas¹, N. Stefanis¹, N. Smyrnis¹

¹ Eginition Hospital, Medical School, University of Athens, 1st Department of Psychiatry, Athens, Greece

² Eginition Hospital, Medical School, University of Athens, Clinical Neuropsychology, Athens, Greece

* Corresponding author.

Introduction Premorbid adjustment (PA) is one of the main prognostic indicators of schizophrenia. Both social and cognitive deficits observed during the premorbid period hold a predictive value for the onset of schizophrenia.

Objectives To investigate how cognitive functions are related to aspects of PA.

Aims To examine the relationship of each PA domain (academic and social) at each of the three developmental stages (childhood, early adolescence and late adolescence), as well as their course with the cognitive functions in schizophrenia patients.

Methods PA, intellectual quotient (IQ), verbal learning, memory, processing speed, executive functions and verbal fluency were assessed using PAS, WAIS, RAVLT, TMT, WCST and COWAT measures respectively in a sample of 85 clinically stabilized male schizophrenia inpatients.

Results Negative correlations emerged between academic PA during adolescence and both verbal IQ and processing speed, while

positive correlations were found with working memory. Negative correlations emerged between deterioration in academic PA during adolescence and both processing speed and immediate auditory verbal recall, while correlations with verbal learning were positive. There was no relationship between cognitive functions and either social PA or its deterioration.

Conclusion Our findings revealed significant associations between both academic PA and its course with cognitive functions in schizophrenia patients. In summary, deficits in several fields of cognitive functions seem to follow a different path long before and after the onset of the disease, but further investigation is necessary.

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

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Comorbidity/dual pathologies

FC20

Role of metabolic, atherogenetic and psychological factors in patients with colorectal adenomas: Preliminary results of the psycho-Neuro-Endocrino-Immunology Modena (PNEI-MO) Research Group



S. Ferrari¹, S. Mancini¹, S. Alboni¹, C. Artoni¹, A. Fabbri¹, L. Feltri¹, G. Galli¹, A. Guicciardi¹, M. Marchi¹, F. Mariani¹, G. Mattei^{1,*}, G. Pollutri¹, S. Saraceni¹, P. Sena¹, G. Spiga¹, S. Tassi¹, C. Visentini¹, L. Roncucci¹, A. Merighi², M. Marsico²

¹ University of Modena and Reggio Emilia, Department of Clinical-Diagnostic Medicine and Public Health, Modena, Italy

² Policlinico Hospital, Endoscopy Unit, Modena, Italy

* Corresponding author.

Introduction Pro-inflammatory states of the large bowel have a multifactorial aetiology, including metabolism, atherogenesis, and psychological determinants. Inflammation plays a role in depressive and anxiety disorders, is tightly associated with early pro-atherogenetic alterations and metabolic dysregulation, and is also a key factor for the development of colorectal cancer.

Aim To investigate the association between pro-atherogenetic factors, metabolic status, psychological assessment and presence of colorectal adenomas.

Methods Case-control study, approved by the local Ethic Committee. Patients aged 40 or more and undergoing colonoscopy for positive faecal blood test and/or abdominal symptoms, with a negative history for neoplasia or inflammatory bowel diseases, were enrolled. For each patient the following data were collected: waist and hip circumferences, BMI, arterial pressure, fasten serum glycemia, current medications. Beside colonoscopy, carotid intima-media thickness (IMT) was assessed by means of echographic evaluation. Psychometric assessment included HADS, TCI, IMSA, SF-36. Statistics performed with SigmaPlot v.12 Platform.

Results Preliminary results are available for 18 patients (male/female 8/10) Mean age 62.6 ± 8.4. Ten patients had at least one adenoma, 8 patients had no lesions. The following differences were noticeable: HADS-depression (mean ± SD) adenoma vs. no-adenoma: 4.9 ± 3.2 vs. 1.7 ± 1.8 ($P < .01$); IMT median value adenoma vs. no-adenoma: 793 vs. 638 micrometers ($P = .04$); Body weight (mean ± SD) adenoma vs. no-adenoma: 66.4 ± 8.7 kg vs. 80.9 ± 15.3 kg ($P = .03$); waist circumference (mean ± SD) adenoma vs. no-adenoma: 105.2 ± 13.4 cm vs. 89.5 ± 4.7 cm ($P < .01$).

Conclusions Preliminary data from PNEI-MO Research Group support the relation between systemic inflammation, psychological status and development of precancerous colorectal cancer lesions. Depression seems associated with the presence of colorectal adenomas.

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

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Depression

FC21

Epigenetic signature of glucocorticoid receptor is associated with the familial component of depression: A twin-based study



H. Palma-Gudiel, A. Cordova-Palomera, L. Marquès Feixa, F. Cirera Miquel, L. Fañanás*

University of Barcelona, Animal Biology, Barcelona, Spain

* Corresponding author.

Introduction Despite the fact that depression has an estimated heritability around 40%, there is no definitive candidate gene contributing to its etiology. The lack of an identified genetic component for high-heritability disorders, like depression, gave rise to the concept of missing heritability. The epigenetics' field has pushed forward new hypotheses to fill this gap since transgenerational inheritance of epigenetic patterns has been described both in animal models and, more recently, in humans. Depression is usually associated with an abnormal stress response and an altered hypothalamic-pituitary-adrenal axis, regulated by the glucocorticoid receptor (coded by *NR3C1* gene). Therefore, *NR3C1* has been widely investigated as a functional candidate gene involved in anxious-depressive spectrum disorders (ADSD) although a more comprehensive study of its methylation is further required (Palma-Gudiel et al., 2015).

Aims To analyze *NR3C1* promoter's methylation and to study its association with anxious-depressive spectrum disorders.

Methods The sample consisted of 48 pairs of monozygotic twins, from the UB twin register, grouped as concordant, discordant and healthy pairs depending on whether both, one or none of the co-twins of each pair were affected by a lifetime ADSD, according to DSM-IV criteria (SCID). DNA methylation was assessed by bisulfite conversion and subsequent pyrosequencing.

Results Hypermethylation at specific CpG sites, not previously reported, was detected in concordant twin pairs as compared with discordant and healthy groups ($P=0.03$).

Conclusions The epigenetic pattern newly described in *NR3C1* gene may be contributing to the familial component of depression and thus could be putatively explained by transgenerational inheritance of epigenetic phenomena.

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

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FC22

Pilot Project: Sound pillow treatment to improve sleep quality for patients with depression or bipolar diagnosis with sleeping problems



H.N. Lund*, I.N. Pedersen

Aalborg Psychiatric Hospital, Klinik Syd, Aalborg, Denmark

* Corresponding author.

A well-known symptom for patients with depression and bipolar diagnosis is poor quality of sleep. This has a major impact on the quality of life for the individual. Most recently, an article in the *Cochrane Review*, Music for insomnia in adults, concludes that music may be effective for improving sleep quality in adults with insomnia symptoms [1].

A Research Project at Aalborg University Hospital, Psychiatry, in Denmark has been initiated involving psychiatrists and nurses from an outpatient unit and researchers and music therapists from the Music Therapy Research Clinic at the hospital in an innovative collaboration. A pilot project is started, where patients with depression are given a sound pillow with special designed playlists, offering selected calm music for the patients to use at home for a period of 30 days. The listening periods are registered by the patients. Questionnaires are filled out before and after the listening period. A short semi-structured interview is taking place four times throughout the listening period and as a follow-up, when patients come in for control.

The aim is to investigate, whether music listening is helpful to improve sleep quality and quality of life, and to investigate if music listening can limit or replace medication. Discussion of first results.

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

Reference

[1] Jespersen, Koenig, Jennum, Vuust. *Cochrane Rev* 2015, <http://dx.doi.org/10.1002/14651858.CD010459.pub2> [Wiley & Sons Ltd.].

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FC23

Sex differences in depressive symptomatology in patients with chronic hepatitis C during pegylated interferon alpha therapy: A 72-week prospective study



Z. Pavlovic^{1,*}, M. Jasovic-Gasic², D. Delic³, N. Maric¹, O. Vukovic⁴, S. Pejovic⁵

¹ School of Medicine, University of Belgrade, Clinic for Psychiatry, Clinical Centre of Serbia, Belgrade, Serbia

² School of Medicine, University of Belgrade, School of Medicine, University of Belgrade, Belgrade, Serbia

³ School of Medicine, University of Belgrade, Institute of Infectious and Tropical Diseases, Belgrade, Serbia

⁴ School of Medicine, University of Belgrade, Institute of Mental Health, Belgrade, Serbia

⁵ Clinic for Psychiatry, Clinical Centre of Serbia, Clinic for Psychiatry, Clinical Centre of Serbia, Belgrade, Serbia

* Corresponding author.

Introduction Treatment with pegylated interferon alpha (PEG-IFN- α) is associated with depression more frequently in chronic hepatitis C (CHC) patients than with other inflammatory diseases.

Objectives To prospectively assess sex differences in the prevalence of depression in CHC patients during the PEG-IFN- α , as well as in the CHC group with no therapy.

Methods Sample consisted of 103 subjects with CHC on the PEG-IFN- α and 103 subjects with CHC without interferon therapy. The diagnosis of depressive disorder was established by using Structured Clinical Interview and Criteria of International Classification Disorder. The severity of depression was assessed by using Hamilton Depression Rating Scale (HAMD ≥ 8) prior to PEG-IFN- α (baseline) and at the follow-up visits (4th, 12th, 24th, 48th, 72nd week).

Results During the course of PEG-IFN- α , 49.5% of subjects showed depressive symptomatology (HAMD ≥ 8). Except at baseline and in the 72nd week, on the all other follow-up visits the prevalence of depression was significantly higher in female subjects (*all $P_s < 0.05$). The strongest difference was observed in the 12th week: of all the subjects with HAMD ≥ 8 , 68.8% were female and

32.7% were male ($P < 0.001$). The multivariate logistic regression model showed that female sex is a very strong predictor for the development of depression during the interferon treatment [Exp (B) = 6.729]. There were no significant sex differences in the prevalence of depression in the control group.

Conclusions Our study (the longest study in this area) indicate that the prevalence of depression is significantly higher in female subjects with CHC during antiviral treatment.

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

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FC24

Depression as an interdisciplinary problem



A. Vasileva^{1,*}, N. Neznanov (Director)²

¹ Bekhterev Psychoneurological Institute, Medical Faculty of St. Petersburg University, neurosis and psychotherapy, Saint-Petersburg, Russia

² Bekhterev Psychoneurological Institute, Medical Faculty of St. Petersburg University, Saint-Petersburg, Russia

* Corresponding author.

Traditionally depression was defined as a mental illness. Acknowledgment of biopsychosocial model in modern medicine brought about a number of interdisciplinary studies. In the meantime, a number of correlations in the onset, cause and prognosis between depression and other somatic as well as mental illnesses were discovered. The research results showed that from one hand, depression could be an independent factor of the possible development of heart infarct, on the other hand it can influence the recovery process in cardiological patients. The conducted studies established some common pathways in depression and vascular diseases development. Psychoneuroimmunological research gives the data about the influence of anxiety and depression on the interleukine profile that could be a matter of further investigation of the possible links between depression and cancer diseases. The other dimension is the addiction impact on depression onset. The interrelationship between epilepsy as organic brain disease and depression is also worth of attentional. Hypercortisolemia and low-grade inflammation plays an important role both in depression and dementia. There is also a strong correlation between personality traits and depression itself and as response to unfavorable circumstances and somatic illness as well. We propose to apply to depression the principles of pathological stable circuits with the self-sustained reverberation engram chains mechanisms. All these data calls for consideration of depression as an interdisciplinary phenomena.

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

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Eating disorders

FC25

Clinical features in insulin-treated diabetes with comorbid diabulimia, disordered eating behaviors and eating disorders



V. Deiana^{1,*}, E. Diana¹, F. Pinna¹, M.G. Atzeni¹, F. Medda¹, D. Manca¹, E. Mascia¹, F. Farci², M. Ghiani², R. Cau², M. Tuveri³, E. Cossu³, L. Elena³, S. Mariotti³, B. Carpiniello¹

¹ University of Cagliari, Clinica Psichiatrica, Cagliari, Italy

² ASL Cagliari, Unità Operativa di Diabetologia, Quartu Sant'Elena, Italy

³ AOU Cagliari, Unità Operativa di Diabetologia, Monserrato, Italy

* Corresponding author.

Adherence to self-management and medication regimens is required to achieve blood glucose control in diabetic patients. Therefore, diabulimia, the deliberate insulin restriction/omission to lose weight, and other disordered eating behaviors (DEBs) or eating disorders (EDs), place these patients at risk of complications.

We aimed to establish the frequency of diabulimia, DEBs and EDs among patients with type 1 and 2 diabetes (T1DM and T2DM) and their association with other clinical features.

A total of 211 insulin-treated diabetic patients (13–55 years old) answered the Diabetes Eating Problem Survey-Revised (DEPS-R), a diabetes-specific screening tool for DEBs, and the Eating Disorders Inventory-3 (EDI-3). SCID-I modified according to DSM-5 criteria was used to diagnose EDs.

At the DEPS-R, 20.8% of the sample scored above the cutoff, more frequently females ($P = 0.005$), patients with T1DM ($P = 0.045$), with a diagnosis of ED ($P < 0.001$), positive to the EDI-3 ($P \leq 0.001$), with physical comorbidities ($P = 0.003$), with HbA1c $> 7\%$ ($P = 0.020$). Combining data from the interview with the results at the DEPS-R, 60.2% of the sample presented diabulimia. Dividing the sample by gender, we found that diabulimic females more frequently used diet pills ($P = 0.006$), had significantly higher HbA1c ($P = 0.019$) and STAI-Y1 scores ($P = 0.004$). Other DEBs comprised dietary restraint (51.8% of the sample), binge eating (42.2%), vomiting (6.2%), diet pills (7.1%) or laxatives (1.9%) or diuretics use (4.3%). Overall, 21.8% of the sample, mostly females ($P < 0.001$) met criteria for at least one DSM-5 diagnosis of ED.

Diabetic patients, especially women, should be carefully monitored for the presence of diabulimia, BEDs and EDs.

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

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FC26

Gender and age differences in eating and drinking risk behaviors in Italian high school students



V. Deiana^{*}, L. Sanna, P. Milia, F. Pinna, L. Puddu, F. Fatteri, S. Lostia di Santa Sofia, A. Ghiani, A. Lai, F. Medda, M.G. Atzeni, D. Manca, C. Arzedi, B. Carpiniello

University of Cagliari, Clinica Psichiatrica, Cagliari, Italy

* Corresponding author.

Drunkorexia, limiting food intake before alcohol consumption, increases teenagers and young adults' risk for negative alcohol-related health consequences.

The purpose of the present study is to explore gender and age differences regarding weight management behaviors and alcohol consumption among 3004 students aged 13 to 24 years.

The following questionnaires were administered: Eating Disorder Inventory-3 (EDI-3), Alcohol Use Disorders Identification Test (AUDIT) and Compensatory Eating and Behaviors in Response to Alcohol Consumption Scale (CEBRACS).

EDI-3 showed that 11.3% of the sample met the threshold on the "Drive for Thinness" (DT) scale, 28.9% on the "Bulimia" (B) scale, 17.2% on the "Body Dissatisfaction" (BD) scale. Females presented a higher risk at DT, B and BD scales ($P < 0.001$), and the risk of bulimia was higher in those aged ≤ 16 years ($P = 0.028$). AUDIT revealed a greater clinical risk of alcohol-related problems in males ($P < 0.001$) and in those aged > 16 years ($P < 0.001$). Drunkorexia was found in 44% of the sample, without significant difference in relation to gender and age.

Girls and younger students have more weight concerns, while boys and older students are at greater risk of alcohol use disorders. Therefore, no specific group should be considered risk-free with respect to drunkorexia.

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

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FC27

The prevalence and correlates of haematological abnormalities in adult inpatients with anorexia nervosa

C. Hopkins^{1,*}, A. Bruno², P. Jenkins², A. Ayton²

¹ Berkshire Healthcare NHS Foundation Trust, Prospect Park Hospital, Reading, United Kingdom

² Oxford Healthcare NHS Foundation Trust, Cotswold House, Oxford, United Kingdom

* Corresponding author.

Introduction There is only limited literature concerning haematological abnormalities in anorexia nervosa (AN), with little past investigation into these abnormalities in adult AN patients admitted to inpatient eating disorder (ED) units.

Objectives This study sought to determine the prevalence and severity of haematological abnormalities in admitted AN patients, and to examine correlates of these abnormalities.

Methods All adult patients with a clinical diagnosis of AN admitted to the Cotswold House specialist ED inpatient unit between November 2013 and December 2014 were included in the study. Demographic, anthropometric and haematological parameters were systematically recorded for the duration of each admission. The proportions of patients affected by haematological abnormalities (anaemia, leucocytopenia, neutropenia, thrombocytopenia and pancytopenia) were selected as primary outcomes, and binary logistic regression was performed using SPSS 22.0.

Results A total of 37 AN patients (91.9% female; mean age: 29.7 years) were included in this study, with a mean admission BMI of 13.7 kg/m² (SD: 1.8) and a mean admission duration of 128 days; 54.1% of patients were anaemic, 64.9% of patients experienced leucocytopenia, 56.8% of patients developed neutropenia, 16.2% of patients suffered thrombocytopenia, and 8.1% of patients were pancytopenic. Logistic regression identified low admission BMI ($P=0.009$) and low serum albumin level ($P=0.017$) as significant correlates of anaemia, and isolated increased age ($P=0.034$) as a significant associate of leucocytopenia.

Conclusions Haematological abnormalities occur frequently in AN inpatients. Given the frequency at which abnormalities occurred in this cohort, further large-scale and prospective studies examining haematological abnormalities in inpatient AN populations are warranted.

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

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Epidemiology and social psychiatry

FC28

A multi-attribute utility instrument suitable for use in individuals with psychosis – the AQoL-4D: Findings from the Second Australian National Survey of Psychosis

A. Neil^{1,*}, V. Carr^{2,3}, A. Mackinnon⁴, A. Waterreus⁵, H. Stain⁶, M.C. Hanlon^{7,8,9}, S. Korn (Consultant, Epidemiologist)¹⁰, V. Morgan⁵

¹ University of Tasmania, Menzies Institute of Medical Research, Hobart, Australia



² University of New South Wales, Research Unit for Schizophrenia Epidemiology, School of Psychiatry, Sydney, Australia

³ Monash University, Department of Psychiatry, Melbourne, Australia

⁴ The University of Melbourne, Orygen Youth Health Research Centre, Melbourne, Australia

⁵ University of Western Australia, Neuropsychiatric Epidemiology Research Unit, School of Psychiatry and Clinical Neurosciences, Perth, Australia

⁶ Durham University, Wolfson Research Institute for Health and Well-being, Stockton-On-Tees, United Kingdom

⁷ The University of Newcastle, Centre for Brain and Mental Health Research, Newcastle, Australia

⁸ Calvary Mater Newcastle, Radiation Oncology/Physics, Newcastle, Australia

⁹ Hunter Medical Research Institute, Brain and Mental Health Program, Newcastle, Australia

¹⁰ Melbourne, Australia

* Corresponding author.

Introduction Multi-attribute utility instruments (MAUIs) are generic health-related quality of life (HRQoL) measures that enable valuation of health states relative to death (0.0) and full health (1.0). The usefulness of MAUIs in people with psychosis has been questioned, with the EQ-5D considered “insensitive”, the 15D “problematic” and the SF-6D “unsuitable”.

Objectives Confirm the Assessment of Quality of Life (AQoL)-4D MAUI is useful and meaningful in people with psychosis.

Aims Assess utility values across demographic, general and disease-specific health categorisations for a large nationally-representative sample with psychosis ($n=1825$).

Methods Participants underwent a comprehensive 32 module interview encompassing psychopathology to service use. Utility values were calculated by applying a standard algorithm to responses to each of 12 items of the AQoL-4D.

Results Utility values were assessed for 1793 participants (98.2%). No ceiling effect was observed and only 6.6% of participants scored in the top decile of HRQoL [0.9–10.0]. In contrast, 10.8% scored in the lowest decile [–0.04–0.10], a floor effect observed in 0.4%. The mean utility value was 0.49 (95% CI: 0.48–0.51), significantly lower than the Australian population norm of 0.81 (95% CI: 0.81–0.82). Greatest impacts on HRQoL were for diminishing global independent functioning as measured by the MSIF (ES_{MSIF} : 0.68–2.24), self-rated current mental health (ES_{MH} : 0.15–1.65) and physical health status (ES_{PH} : 0.11–1.21). Strong effects also observed for course of disorder (ES_{CoD} : 0.08–1.13), current suicidal ideation (ES_{CSI} : 0.76–1.08), and labor force participation (ES_{LFP} : 0.11–0.97).

Conclusions The AQoL-4D had good lower end sensitivity in a large sample of people with a psychotic illness, and demonstrated responsiveness across subjective, objective and symptom measures.

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

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FC29

Loneliness is adversely associated with lifestyle and physical and mental health

A. Richard^{1,*}, S. Rohrmann¹, C.L. Vandeleur², M. Schmid¹, M. Eichholzer¹

¹ Epidemiology-Biostatistics and Prevention Institute EBPI, University of Zurich, Chronic Disease Epidemiology, Zurich, Switzerland

² Centre for Research in Psychiatric Epidemiology and Psychopathology, University Hospital of Lausanne, Department of Psychiatry, Prilly, Switzerland

* Corresponding author.



Introduction Loneliness is a common emotional distress experience and there is increasing evidence of associations with unhealthy lifestyle and adverse health-related factors. Little is known about age and sex as potential effect modifiers, and about the prevalence of loneliness.

Objective/aims To assess the associations of loneliness with behavioral, physical and mental health factors, taking sex and age into account and to examine the prevalence of loneliness in individuals aged 15+ years.

Methods Data from 20,007 participants of the cross-sectional population-based Swiss Health Survey 2012 were analyzed. The association of loneliness with lifestyle and health-related factors were assessed with logistic regression analyses. Wald tests were used to test for age and sex differences.

Results Loneliness was reported by 64.1% of individuals, and was associated with smoking (OR 1.13, 95% CI 1.05–1.23), physical inactivity (1.20, 1.10–1.31), non-adherence to the 5-a-day recommendation for fruit and vegetable consumption (1.21, 1.07–1.37), and more visits to a physician within the last year (1.29, 1.17–1.42). Loneliness was also associated with high cholesterol levels (1.31, 1.18–1.45), diabetes (1.40, 1.16–1.67), self-reported chronic diseases (1.41, 1.30–1.54), impaired self-perceived health (1.94, 1.74–2.16), moderate and high psychological distress (3.74, 3.37–4.16), and depression (2.78, 2.22–3.48). Age modulated the associations in BMI, smoking, visiting a physician within the past year, and self-perceived health. Sex did generally not modulate the associations.

Conclusion Loneliness is associated with unhealthy lifestyle, and poorer physical and mental health. Associations were modulated by age, but not sex. Further longitudinal studies are needed to elucidate the causal relationships of these associations.

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

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Genetics and molecular neurobiology

FC30

Potential blood gene expression markers for postpartum psychosis



M. Fuste

King's College London, psychosis Studies, London, United Kingdom

Background Postpartum psychosis (PP) is the most severe psychiatric disorder associated with childbirth. Previous evidence has shown gene expression alterations in immune profile in women with PP when compared with healthy postpartum women. However, no study has ever evaluated women at risk who do not develop the disorder.

We conducted an exploratory analysis of a gene expression profile that could distinguish women with PP episode (PPE) from women at risk who do not develop PP (NPPE) after delivery.

Methods The sample was characterised by 24 women at risk of PP of which $n = 12$ with PPE and $n = 12$ with NPPE and 21 healthy women in the same postpartum period. Following Microarray analysis, we assessed gene expression signature across the 3 groups using ANOVA. We then studied Pathway analysis of genes differently expressed in PPE and NPPE exploring canonical pathways and upstream regulators using Ingenuity Pathway Analysis software.

Results Following an exploratory gene expression analysis we identified 719 genes that are differently expressed across PPE and NPPE. The PPE presented upregulation of several genes involved in the inflammatory pathway and increased gene expression levels of *GRIA4*, *AKT3*, *SP4* and *NRG1* genes, which have been previously

described in psychotic disorders. Moreover, 5 differently expressed canonical pathways were identified including ones relevant to development, mitochondrial formation and immune system.

Conclusion These preliminary results reveal the presence of an immuno-neuro-endocrine dysregulation in postpartum psychosis, with an upregulation of the immune system specific to those women at risk who actually develop postpartum psychosis episodes.

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

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FC31

A meta-analysis of gene (5-HTT) × environment interactions in eating pathology using secondary data analyses



V. Rozenblat¹, D. Ng¹, M. Fuller-Tyszkiewicz², K. Akkermann³, D. Collier⁴, R. Engels⁵, F. Fernandez-Aranda⁶, J. Harro⁷, A. Karwautz⁸, J. Homberg⁹, K. Klump¹⁰, S. Racine¹¹, C. Larson¹², H. Steiger¹³, J. Richardson¹⁴, S. Stoltenberg¹⁵, T. van Strien¹⁶, G. Wagner⁸, J. Treasure¹⁷, I. Krug^{18,*}

¹ University of Melbourne, Psychological Sciences, Melbourne, Australia

² Deakin University, Psychology, Melbourne, Australia

³ University of Tartu, Psychological, Tartu, Estonia

⁴ King's College London, Social Genetic and Developmental Psychiatry SGDP, London, United Kingdom

⁵ Radboud University, Behavioural Science Institute, Nijmegen, Netherlands

⁶ University of Barcelona, Bellvitge Hospital, Barcelona, Spain

⁷ University of Tartu, Psychology, Tartu, Estonia

⁸ Medical University of Vienna, Psychiatry, Vienna, Austria

⁹ Radboud University, Behavioural Sciences, Nijmegen, Netherlands

¹⁰ Michigan State University, Psychology, Michigan, USA

¹¹ Ohio University, Psychology, Ohio, USA

¹² University of Wisconsin-Milwaukee, Psychology, Wisconsin, USA

¹³ McGill, Psychology, Montreal, Canada

¹⁴ McGill University, Psychiatry, Montreal, Canada

¹⁵ University of Nebraska Lincoln, Psychology, Nebraska, USA

¹⁶ Radboud University, Behavioural Science Institute, Nijmegen, Netherlands

¹⁷ King's College London, Psychological Medicine, London, United Kingdom

¹⁸ University of Melbourne, Psychology, Melbourne, Australia

* Corresponding author.

Background Gene × environment (G × E) interactions in eating pathology have been increasingly investigated, however studies have been limited by sample size due to the difficulty of obtaining genetic data.

Objective To synthesize existing G × E research in the eating disorders (ED) field and provide a clear picture of the current state of knowledge with analyses of larger samples.

Method Complete data from seven studies investigating community ($n = 1750$, 64.5% female) and clinical ($n = 426$, 100% female) populations, identified via systematic review, were included. Data were combined to perform five analyses: 5-HTTLPR × Traumatic Life Events (0–17 events) to predict ED status ($n = 909$), 5-HTTLPR × Sexual and Physical Abuse ($n = 1097$) to predict bulimic symptoms, 5-HTTLPR × Depression to predict bulimic symptoms ($n = 1256$), and 5-HTTLPR × Impulsivity to predict disordered eating ($n = 1149$).

Results The low function (s) allele of 5-HTTLPR interacted with number of traumatic life events ($P < .01$) and sexual and physical abuse ($P < .05$) to predict increased likelihood of an ED in females but not males (Fig. 1). No other G × E interactions were significant,

possibly due to the medium to low compatibility between datasets (Fig. 1).

Conclusion Early promising results suggest that increased knowledge of G × E interactions could be achieved if studies increased uniformity of measuring ED and environmental variables, allowing for continued collaboration to overcome the restrictions of obtaining genetic samples.

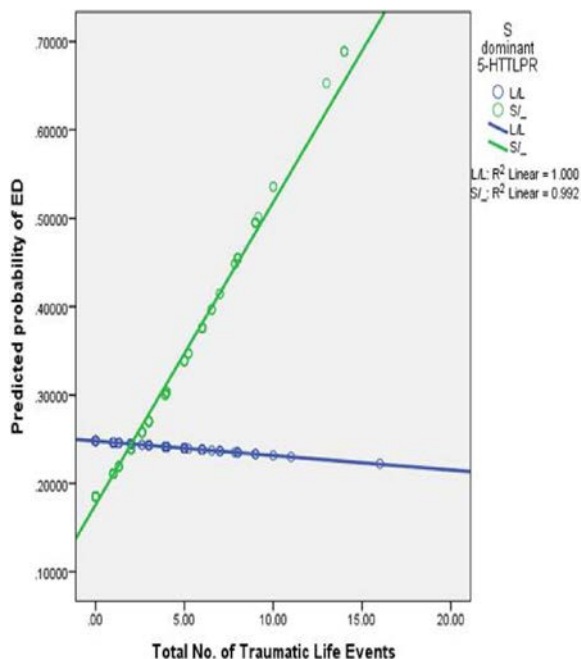


Fig. 1 The interaction between 5-HTTLPR (s-allele present versus s-allele absent) and number of traumatic life events to predict likelihood of an eating disorder in females.

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

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Geriatric psychiatry

FC32

A quality improvement intervention in geriatric psychiatry care: Results of a pre-post design study

E. Albuquerque*, S. Fernandes, J. Cerejeira
Coimbra Hospital and University Centre, Psychiatry, Coimbra, Portugal

* Corresponding author.

Introduction Innovative approaches are needed to respond to the increasing number of elderly subjects with complex psychiatric conditions who require flexible and rapid responses, avoiding unnecessary hospital admissions. A new organizational model was implemented in our psychogeriatric service in September 2011 consisting of:

- a comprehensive multidisciplinary geriatric assessment;
- a helpline for caregivers for management of acute behavioral problems;
- programmed visits to nursing homes.

Aims To evaluate whether the implementation of this program was associated with a reduction in hospital admissions and emergency department visits.

Methods This is a pre-post test design study, involving 1197 patients who attended the Old Age Psychiatric (OAP) Unit three years before and three years after the implementation of the organizational intervention (1.09.2008 to 1.10.2014). An index of patient × year was calculated considering the period during which the patient was followed in OAP Unit. Data was obtained from the medical files of all eligible patients regarding demographic variables, number and type of hospital admissions and emergency department visits.

Results During the 3 years before the intervention 671.2 patients × years were included (mean age of 75.8 years) while after the intervention this reached 2010.1 patients × years (mean age of 77.8 years). The intervention was associated with a decrease of 44% in psychiatry emergency visits, 48% in general emergency visits, 44% in psychiatric ward admissions and 51% in geriatric ward admissions.

Conclusions The implementation of this new model was associated with significant reduction of hospital-based service utilization. Future research should determine if this was coupled with increased health outcomes.

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

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FC33

Association between physical frailty and cognition in late-life depression

M. Arts^{1,*}, R. Collard², H. Comijs³, M. Zuidersma⁴, S. de Rooij⁵, P. Naarding⁶, R. Oude Voshaar¹

¹ UMCG, Old Age Psychiatry, Groningen, Netherlands

² Radboud UMC, Clinical Psychiatry, Nijmegen, Netherlands

³ VU University Medical Center/GGZinGeest, Psychiatry, Amsterdam, Netherlands

⁴ UMCG, University Center for Psychiatry, Groningen, Netherlands

⁵ UMCG, Clinical Geriatrics, Groningen, Netherlands

⁶ GGNet, Old Age Psychiatry, Apeldoorn, Netherlands

* Corresponding author.

Introduction Cognitive frailty has recently been defined as the co-occurrence of physical frailty and cognitive impairment. Late-life depression is associated with both physical frailty and cognitive impairment, especially processing speed and executive functioning.

Aim and objectives In this study, we investigated the association between physical frailty and cognitive functioning in depressed older persons.

Methods In a total of 378 patients (>60 years) with depression according to DSM-IV criteria and a MMSE score of 24 points or higher, the physical frailty phenotype as well as its individual criteria (weight loss, weakness, exhaustion, slowness, low activity) was studied. Cognitive functioning was examined in 4 domains: verbal memory, working memory, interference control, and processing speed.

Results Of the 378 depressed patients (range 60–90 years; 66.1% women), 61 were classified as robust (no frailty criteria present), 214 as prefrail (1 or 2 frailty criteria present), and 103 as frail (>3 criteria). Linear regression analyses, adjusted for confounders, showed that the severity of physical frailty was associated with poorer verbal memory, slower processing speed, and decreased working memory, but not with changes in interference control.

Conclusion In late-life depression, physical frailty is associated with poorer cognitive functioning, although not consistently for executive functioning. Future studies should examine whether cognitive impairment in the presence of physical frailty belongs to cognitive frailty and is indeed an important concept to identify

a specific subgroup of depressed older patients, who need multimodal treatment strategies integrating physical, cognitive, and psychological functioning.

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

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FC34

Association between physical frailty and inflammation in late-life depression



M. Arts^{1,*}, R. Collard², H. Comijs³, P. Naudé⁴, R. Risselada⁵, P. Naarding⁶, R. Oude Voshaar¹

¹ UMCG, Old Age Psychiatry, Groningen, Netherlands

² UMC Radboud, Psychiatry, Nijmegen, Netherlands

³ VU University Medical Center/GGZInGeest, Psychiatry, Amsterdam, Netherlands

⁴ UMCG, Neurology, Alzheimer Research Center, Groningen, Netherlands

⁵ VNN, Psychiatry, Leeuwarden, Netherlands

⁶ GGNet, Old Age Psychiatry, Apeldoorn, Netherlands

* Corresponding author.

Introduction Although the criteria for physical frailty and depression partly overlap, both represent unique, but reciprocally related constructs. The association between inflammation and frailty has been reported consistently, in contrast to the association between inflammation and late-life depression (LLD).

Aim and objectives To determine whether physical frailty is associated with low-grade inflammation in LLD.

Methods The physical frailty phenotype, defined as three out of five criteria (weight loss, weakness, exhaustion, slowness, low physical activity level), and three inflammatory markers [C-reactive protein (CRP), interleukin-6 (IL-6), and neutrophil gelatinase-associated lipocalin (NGAL)] were assessed in a sample of individuals aged 60 and older with depression according to Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, criteria ($n = 366$).

Results The physical frailty phenotype was not associated with inflammatory markers in linear regression models adjusted for sociodemographic characteristics, lifestyle characteristics, and somatic morbidity. Of the individual criteria, handgrip strength was associated with CRP and IL-6, and gait speed was associated with NGAL. Principal component analysis identified two dimensions within the physical frailty phenotype: performance-based physical frailty (encompassing gait speed, handgrip strength, and low physical activity) and vitality-based physical frailty (encompassing weight loss and exhaustion). Only performance-based physical frailty was associated with higher levels of inflammatory markers.

Conclusion The physical frailty phenotype is not a unidimensional construct in individuals with depression. Only performance-based physical frailty is associated with low-grade inflammation in LLD, which might point to a specific depressive subtype.

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

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FC35

Antidepressants and mortality risk in a dementia cohort – data from SveDem, the Swedish Dementia Registry



D. Enache^{1,*}, S.M. Fereshtehnejad², P. Cermakova², S. Garcia-Ptacek², I. Kåreholt², K. Johnell², D. Religa², V. Jelic², B. Winblad², C. Ballard³, D. Aarsland², J. Fastbom², M. Eriksdotter²

¹ Karolinska Institute, Stockholm, Sweden

² Karolinska Institute, Department of Neurobiology, Care Sciences and Society, Stockholm, Sweden

³ King's College London, Wolfson Centre for Age-Related Diseases, King's College, London, United Kingdom

* Corresponding author.

Background The association between mortality risk and use of antidepressants in people with dementia is unknown.

Objective To describe the use of antidepressants in people with different dementia diagnoses and to explore mortality risk associated with use of antidepressants 3 years before a dementia diagnosis.

Methods Study population included 20,050 memory clinic patients from Swedish Dementia Registry diagnosed with incident dementia. Data on antidepressants dispensed at the time of dementia diagnosis and during three-year period before dementia diagnosis was obtained from the Swedish Prescribed Drug Register. Cox regression models were used.

Results During a median follow-up of 2 years from dementia diagnosis, 25.8% of dementia patients died. A quarter (25.0%) of patients were on antidepressants at the time of dementia diagnosis while 21.6% used antidepressants at some point during a three-year period before a dementia diagnosis. Use of antidepressant treatment for 3 consecutive years before a dementia diagnosis was associated with a lower mortality risk for all dementia disorders (HR: 0.82, 95% CI: 0.72–0.94) and in Alzheimer's disease (HR: 0.61, 95% CI: 0.45–0.83). There were no significant associations between use of antidepressant treatment and mortality risk in other dementia diagnoses.

Conclusion Antidepressant treatment is common among patients with dementia. Use of antidepressants during prodromal stages may reduce mortality in dementia and specifically in Alzheimer's disease.

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

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FC36

Differential mortality rates in late-life depression and subthreshold depression: 10-year follow-up in the community



C. Ho^{1,*}, T.P. Ng²

¹ Singapore, Singapore

² National University of Singapore, Department of Psychological Medicine, Singapore

* Corresponding author.

Background Although the association between depression and excess mortality is well-established, effects of subthreshold depression on mortality are unclear. We compared excess mortality between threshold and subthreshold depression, and investigated risks factors and disease-specific mortality rates according to the depression threshold levels.

Methods Cross-sectional and longitudinal analyses of data from 1070 participants aged 55 and above of the Singapore Longitudinal Aging Study (SLAS). Baseline depression levels (Geriatric Mental State Examination, GMS), chronic medical comorbidity, instrumental activities of daily living (IADL) were related to baseline and 10-year follow-up of differential mortality rates according to depression threshold level.

Results The prevalence of late-life subthreshold and threshold depression was 9.9% and 5.1%, respectively; 26.3% of respondents died by the 10-year follow-up, with a mortality rate of 28.2 per 1000 person-years. The risk of mortality increased with age, male gender, lower physical activity, multiple medical comorbidities and IADL-disability, but when stratified according to depression status,

none of the variables was statistically significant for the subthreshold depression group. Depression, regardless of threshold levels, increased mortality risk by at least 1.6 folds, with small difference between the two. Cardiovascular mortality risk was significantly increased by 2.17 fold ($P=0.024$) in threshold but not subthreshold depression.

Conclusion Both subthreshold and threshold depression increase the risk of excess mortality, though it is slightly higher when reaches threshold levels. Subthreshold depression should be regarded as part of the depressive illness spectrum and more emphasis on recognition and timely treatment of this disorder should be considered in clinical practice.

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

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FC37

Premorbid personality characteristics and CSF markers of Alzheimer's pathology



D. Kukreja^{1,*}, D. Tautvydaitė¹, J.P. Antoinetti², H. Henry³, A. von Gunten¹, J. Popp¹

¹ University Hospital of Lausanne, Psychiatry Old age Psychiatry SUPAA-Cery, Lausanne, Switzerland

² University of Lausanne, Statistics, Lausanne, Switzerland

³ University Hospital of Lausanne, Psychiatry, Lausanne, Switzerland

* Corresponding author.

Background Beginning as early as in young adulthood, personality characteristics may contribute to cognitive reserve by their influence on lifestyle and health-related behavior. A "resilient" personality profile may be associated with less cognitive and functional impairment in persons with cerebral Alzheimer's disease (AD) pathology.

Aim The aim of this study was to investigate whether premorbid personality characteristics modulate the relationships between cognitive performance and AD pathology as measured using CSF biomarkers at preclinical and early clinical disease stages.

Subjects and methods Sixty-eight patients with mild cognitive impairment or mild dementia and forty-two older subjects with normal cognition have been included. Premorbid personality characteristics were assessed by the NEO Personality Inventory Revised (as reported by a close relative) along with cognitive performance, functional status and CSF concentrations of A β 1-42, tau, and ptau181.

Multivariate regression analysis, including age, gender, education years, and APOE4 genotype was used to evaluate associations between disease severity and premorbid personality scores, and the CSF markers of AD pathology.

Results Overall, there were significant associations between Clinical dementia rating-Sum of boxes (CDRSOB) and the interactions of each personality trait with the ptau181/A β 1-42 ratio. In subjects with cognitive impairment, there were significant associations between CDRSOB and the interactions of ptau181/A β 1-42 ratio with Neuroticism, Extraversion, Openness and Conscientiousness. Significant results were also found using the interaction between different personality traits and the tau/A β 1-42 to predict the CDRSOB.

Discussion The findings suggest that premorbid personality characteristics modify the relationship between cerebral pathology and cognitive performance at very early clinical stages of AD.

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

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FC38

Validity of the Geriatric Depression Scale-30 against the gold standard diagnosis of depression in older age: The GreatAGE Study



M. Lozupone^{1,*}, F. Veneziani¹, I. Galizia¹, L. Lofano¹, D. Montalbò¹, S. Arcuti², R. Tortelli², M.R. Barulli², R. Capozzo², C. Bonfiglio³, F. Panza², D. Seripa⁴, O. Todarello¹, G. Logroscino²

¹ Psychiatric Unit, Basic Medical Sciences, Neurosciences and Sense Organs, University of Bari Aldo Moro, Bari, Italy

² Pia Fondazione "Cardinale G. Panico", Tricase, Department of Clinical Research in Neurology, University of Bari Aldo Moro, Tricase LE, Italy

³ IRCCS "S. De Bellis", Epidemiology and Biostatistics Laboratory, Castellana Grotte BA, Italy

⁴ Geriatric Unit & Laboratory of Gerontology and Geriatrics, Department of Medical Sciences, IRCCS "Casa Sollievo della Sofferenza", San Giovanni Rotondo FG, Italy

* Corresponding author.

Introduction Depression is a common disorder in late-life. Structured clinical interviews may be less efficient compared to self-administered questionnaires, but provide more accurate findings in terms of diagnosis. No population-based studies with both these depression assessment instruments have been ever performed.

Objectives To estimate the GDS-30 accuracy for depression assessment against the gold standard [Semi-structured Clinical Diagnostic Interview for DSM-IV-TR Axis I Disorders (SCID)] in subjects 65+ years in a random sampling of the general population.

Methods The sample was collected in a population-based study (GreatAGE) conducted among elderly residents in Castellana, Southeast Italy. It includes 597 participants (57.62% males, mean age 73 years). Depression was assessed through the GDS-30 and the SCID, both double-blinded administered respectively by a trained neuropsychologist and psychiatrist. The GDS-30 screening performances were analyzed using ROC curves.

Results According to the gold standard SCID, the rate of depressive disorder was 10.22% (15.81% of women; 6.1% of men) while with GDS-30 instrument 12.06% of the residents met the depression cutoff. Only 36.1% of GDS cases were true positive. At the optimal cutoff score (> 5), GDS had 62% sensitivity and 81% specificity. Using a more conservative cutoff (> 9), the GDS-30 specificity reached 91% while sensitivity dropped to 43%.

Conclusions These preliminary results from the first population-based study that compares GDS-30 and SCID showed that the GDS-30 identified adequate levels of screening accuracy (AUC 0.76) compatible with scores established in community settings.

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

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FC39

Specific personality changes in subjects with MCI and mild dementia are associated with cerebral Alzheimer's pathology as measured by CSF biomarkers



D. Tautvydaitė^{1,*}, J.P. Antonietti², A. Von Gunten¹, H. Henry³, J. Popp¹

¹ Lausanne University Hospital, CHUV, Service of Old Age Psychiatry, Department of Psychiatry, Lausanne, Switzerland

² University of Lausanne, Faculty of Social and Political Sciences, Institute of Psychology, Lausanne, Switzerland

³ Lausanne University Hospital, CHUV, Service of Biomedicine, Lausanne, Switzerland

* Corresponding author.

Introduction Specific changes in personality profiles may represent early symptoms of Alzheimer's disease (AD). Knowledge about relationship between personality changes and biomarkers of cerebral pathology can contribute to early diagnosis of AD.

Objectives To investigate to what extent the personality changes predict the cerebral AD pathology.

Aims To describe the relationship between the personality changes and pathological cerebro-spinal fluid (CSF) biomarkers.

Method One hundred and ten subjects, of whom 57 patients with mild cognitive impairment (MCI), 9 subjects with mild dementia, and 44 healthy controls had an extensive medical and neuropsychological examination as well as lumbar puncture to evaluate concentrations of CSF biomarkers of AD pathology [amyloid- β_{1-42} ($A\beta_{1-42}$), phosphorylated tau (ptau-181), and total-tau (tau)]. The proxies of the participants completed the Revised NEO Personality Inventory (NEO-PI-R) to assess subjects' personality at the time being and 5 years retrospectively.

Results In a hierarchical multivariate regression analysis, including age, gender, education, Mini Mental State Examination (MMSE), and APOE ϵ 4 status, lower $A\beta_{1-42}$ concentrations in CSF were associated with increasing neuroticism, and decreasing extraversion and conscientiousness. Decreasing extraversion, openness to experience and conscientiousness were associated with higher tau/ $A\beta_{1-42}$ ratio, and higher ptau-181/ $A\beta_{1-42}$ ratio was related to decreasing extraversion. Personality changes in the domain of agreeableness did not yield any significant effect as a predictor on any of CSF biomarkers.

Conclusions Our findings suggest that early and specific changes in personality traits are associated with cerebral AD pathology, in particular with amyloid pathology, and may serve as clinical signs to consider when evaluating MCI and mild dementia.

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

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FC40

Diuretic medication use reduces incident dementia risk: A meta-analysis of prospective studies

P. Tully^{1,*}, O. Hanon², S. Cosh³, C. Tzourio⁴

¹ University of Adelaide, Medicine, Adelaide, Australia

² Inserm, Université Paris Descartes, Service de Gériatrie, Paris, France

³ University of Adelaide, Psychology, Adelaide, Australia

⁴ University of Bordeaux, Neuroepidemiology, Bordeaux, France

* Corresponding author.

Introduction Numerous observational studies suggest that blood pressure management with antihypertensive drugs may be effective in reducing dementia risk.

Objective To quantify dementia risk in relation to diuretic medication use.

Methods Electronic databases were searched until June 2015. Eligibility criteria: population, adults without dementia at baseline from primary care, community cohort, residential/institutionalized or randomized controlled trial (RCT); exposure, diuretic medication; comparison, no diuretic medication, other or no antihypertensive medication, placebo-control; outcome, incident dementia in accordance with standardized criteria. Adjusted hazard ratios (HR) with 95% confidence intervals (CI) were pooled in fixed-effects models with RevMan 5.3. The overall quality and strength of evidence was rated with GRADE criteria.

Results Fifteen articles were eligible comprising a pooled sample of 52,599 persons and 3444 incident dementia cases (median age 76.1 years, 40% male) with a median follow-up of 6.1 years. Diuretic use was associated with 17% reduction in dementia risk

(HR 0.83; 95% CI 0.75 to 0.90) and a 21% reduction in Alzheimer's disease risk (HR 0.79; 95% CI 0.68 to 0.93). GRADE was rated as moderate. Risk estimates were consistent comparing monotherapy versus combination therapy, study design and follow-up. Meta-regression did not suggest that age, gender, systolic blood pressure, attrition, mortality rate, education, cognitive function, stroke, Apolipoprotein E allele, heart failure or diabetes altered the primary results.

Conclusions Diuretic medication was associated with a consistent reduction in dementia and Alzheimer's disease risk and the absence of heterogeneity points to the generalizability of these findings.

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

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Mental health policies

FC41

Changes in prescribing patterns of benzodiazepines after training of general practitioners



T. Alves-dos-Reis^{1,2,*}, A.L. Papoila³, R. Gusmão⁴

¹ Hospital do Espírito Santo de Évora, Psiquiatria e Saúde Mental, Évora, Portugal

² NOVA Medical School Faculdade Ciências Médicas, Mental Health Department, Lisbon, Portugal

³ NOVA Medical School Faculdade Ciências Médicas, Biostatistics, Lisbon, Portugal

⁴ Instituto de Saúde Pública da Universidade do Porto, Instituto Saúde Pública, Porto, Portugal

* Corresponding author.

Introduction Benzodiazepines are the most utilized anxiolytic and hypnotic drugs. The high consumption of benzodiazepines has been a concern due to reported side effects of long-term use and dependence. Portugal has the highest benzodiazepine utilization in Europe.

Objectives To analyze the change in general practitioners' (GPs) benzodiazepine prescription pattern after an intervention period.

Methods An educational session was delivered to a group of intervened GPs. The benzodiazepine prescription pattern of intervened group was compared to the pattern of a non-intervened matched group from the same region, and of another non-intervened matched group from a different region. The research time frame was 12 months before and after intervention. The analysis of the prescription trends used the defined daily dose (DDD) and defined daily dose per 1000 patients per day (DHD) methodology. The statistical methods consisted of segmented regression analysis.

Results There was a decrease in benzodiazepine prescription pattern of intervened GPs after intervention ($P=0.005$). There was also a decrease in benzodiazepine prescription pattern for the non-intervened group from the same region ($P=0.037$) and for the non-intervened group from a different region ($P=0.010$). Concerning an analysis by gender, female gender prescribed a higher amount of benzodiazepines. The intervened female gender prescribers presented the highest decrease in prescription trend after intervention ($P=0.008$).

Conclusions Intervention was effective in reducing benzodiazepine prescription after intervention. It demonstrates that a single intervention has a positive impact on improving prescription trends. The replication of this intervention might be an opportunity for changing the worrying benzodiazepine utilization in Portugal.



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

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Neuroimaging

FC42

Parkinsonism and basal ganglia volumes in first-episode psychosis

M.J. Cuesta^{1,2,*}, A.M. Sánchez-Torres^{1,2}, T. Cabada^{2,3}, P. Lecumberri^{2,4}, R. Lorente-Omeñaca^{1,2}, J.M. López-Ilundain^{1,2}, M. Ribeiro^{1,2}, L. Moreno-Izco^{1,2}, M. Gómez^{2,4}

¹ Complejo Hospitalario de Navarra, Department of Psychiatry, Pamplona, Spain

² IdiSNA, Navarra Institute for Health Research, Pamplona, Spain

³ Complejo Hospitalario de Navarra, Department of Radiology, Pamplona, Spain

⁴ Universidad Pública de Navarra, Department of Mathematics, Pamplona, Spain

* Corresponding author.

Introduction Parkinsonian motor signs are the most frequent of the genuine motor abnormalities present in drug-naïve patients with schizophrenia, and are also present in patients with a first-episode of psychosis (FEP).

Objective To study whether there are differences in basal ganglia volumes depending on the presence of Parkinsonism in FEP.

Methods Forty-six patients with a FEP were included in the study. Twenty-three controls were included to normalise patients' brain volume data. Parkinsonism was assessed with the UKU scale. Brain volumes were obtained with MRI (1.5 Tesla Siemens Avanto). Reconstruction and volumetric segmentation was made with the Freesurfer© software (<http://surfer.nmr.mgh.harvard.edu/>). Patients were divided into two groups, considering the presence/absence of Parkinsonism (UKU total score cutoff point=4). Patients have been treated with antipsychotics a mean of less than 2 months. There were not significant differences in the total exposure to antipsychotics between both groups. ANCOVAs were performed including gender as covariate.

Results Patients with Parkinsonism showed a trend towards significance to exhibit reduced volumes in the left caudate and right putamen (Fig. 1).

Conclusions FEP patients who exhibit Parkinsonian signs tend to show reduced left caudate and right putamen volumes in the early phases of psychotic illness, after correcting by gender.

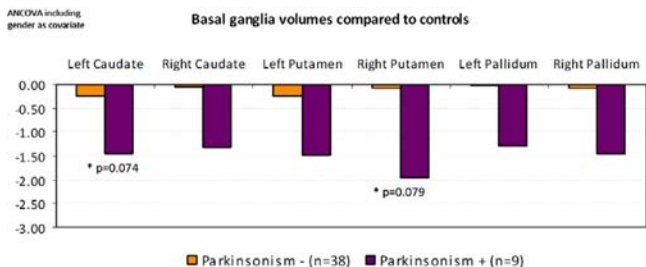


Fig. 1

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FC43

The role of neurometabolites in emotional processing

D. Denzel^{1,*}, L.R. Demenescu², L. Colic², F. von Düring³, H. Nießen³, M. Walter²

¹ Magdeburg, Germany

² Clinical Affective Neuroimaging Laboratory CANLAB, Leibniz Institute for Neurobiology, Magdeburg, Germany

³ Clinical Affective Neuroimaging Laboratory CANLAB, Otto-von-Guericke University Magdeburg, Magdeburg, Germany

* Corresponding author.

Objective To investigate how brain metabolites, especially glutamate and glutamate to glutamine ratio of pgACC modulate the neural response within these areas and how this affects their function during emotion facial expression matching task.

Methods Seventy healthy volunteers underwent magnetic resonance spectroscopy (MRS) and task functional magnetic resonance imaging (fMRI) in 7 Tesla scanner. PgACC MRS data were obtained using STEAM sequence and analyzed using LCModel.

Angry, fearful, and happy facial expressions were presented in an affect-matching block where one of the two facial expressions presented matched the target facial expression. The control condition was form matching. Data were preprocessed and analyzed in SPM 8.

Results Glutamate to Creatine ratio measured in pgACC positively correlated with BOLD response in the right DLPFC during negative emotional perception (FWE=0.05) Glutamate to glutamine ratio indicating on-off mechanisms in pgACC positively correlated with BOLD responses in FFA extending to cerebellum cluster (FWE < 0.05).

Conclusion This study indicate that pgACC, baseline metabolism predicts neural response to emotional processing. We conclude that individuals with higher glutamate ratios, an excitatory neurotransmitter, in pgACC during rest might have a better coping mechanism to potential danger indicated by perception of angry or afraid faces. The higher glutamate to glutamine ratio in pgACC indicates a higher turnover of excitatory metabolite glutamate. This mechanism is associated with higher emotional response in fusiform area and cerebellum suggesting higher visual attention towards negative emotions.

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

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FC44

Association analysis of imbalanced interhemispheric functional coordination and early therapeutic efficacy in major depressive disorder: Evidence from resting state fMRI

Z. Hou^{1,*}, X. Song², W. Jiang¹, Y. Yue¹, Y. Yin¹, Y. Zhang¹, Y. Liu³, Y. Yuan¹

¹ Affiliated Zhongda Hospital of Southeast University, Medical School of Southeast University, Department of Psychosomatics and Psychiatry, Nanjing, China

² College of Engineering, Peking University, Department of Biomedical Engineering, Beijing, China

³ Key Laboratory of Cognition and Personality, Faculty of Psychology, Southwest University, Chongqing, China

* Corresponding author.

Introduction Emerging evidences indicate that the alteration of interhemispheric functional coordination may be involved in the pathogenesis of major depressive disorder (MDD). In present study, we aim to explore the potential marker by using the voxel-mirrored homotopic connectivity (VMHC) approach, which may be contributing to predict the clinical prognosis in MDD.

Methods Eighty-two MDD patients and 50 normal control (NC) subjects participated in this study. We divided the MDD group into unremitted and remitted group according to the reduction rate of Hamilton Rating Scale for Depression (HAMD) within 2 weeks.

Results The study detected significantly decreased VMHC in bilateral precuneus (pCu), inferior temporal gyrus (ITG) and increased VMHC in middle frontal gyrus (MFG) and caudate nucleus when compared remitted depression (RD) group to unremitted depression (URD) group. Meanwhile, when compared with NC group, the URD group presented reduced VMHC in bilateral cerebellum anterior lobe, thalamus and postcentral gyrus. Furthermore, the VMHC in media frontal gyrus, postcentral gyrus and precentral gyrus were significantly decreased in RD group. Correlation analysis suggested that reduced VMHC in bilateral pCu was negatively correlated with the baseline HAMD score of URD ($r = -0.325$, $P = 0.041$). Receiver operating characteristic (ROC) curve indicated that three regional VMHC changes could identify depressed patient with poorer treatment response: ITG [area under curve (AUC) = 0.699, $P = 0.002$, 95% CI = 0.586–0.812], MFG (AUC = 0.692, $P = 0.003$, 95% CI = 0.580–0.805), pCu (AUC = 0.714, $P = 0.001$, 95% CI = 0.603–0.825).

Conclusion The current study combined with previous evidence indicates that the subdued intrinsic interhemispheric functional connectivity might represents a novel neural trait involved in the pathophysiology of MDD.

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

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FC45

Alteration in creatine phosphate behavior in excited visual cortex of early-stage schizophrenia patients measured by phosphorus magnetic resonance spectroscopy



A. Manzhurtsev^{1,*}, N. Semenova^{1,2,3}, M. Ublinskiy^{1,3}, T. Akhadov³, S. Varfolomeev¹, I. Lebedeva⁴, V. Kaleda⁴

¹ Emanuel Institute of Biochemical Physics of Russian Academy of Sciences, 501 Enzyme catalysis kinetics, Moscow, Russia

² Semenov Institute of Chemical Physics of Russian Academy of Sciences, 0404 Chemical and biological processes dynamics, Moscow, Russia

³ Research Institute of Children's Emergency Surgery and Trauma, Radiology, Moscow, Russia

⁴ Mental Health Research Center State Scientific Institution, Neurovisualisation and Multimodal Analysis, Moscow, Russia

* Corresponding author.

Introduction ³¹P MRS is a unique way of in vivo energy metabolism research. This method allowed revealing schizophrenia-induced disturbances of energy exchange in resting state [1]. We use ³¹P MRS in presence of visual stimulation that allows neuronal energy-consuming processes studying.

Objective Revealing of stimulation effects on high-energy phosphates (PCr, ATP) in early-stage schizophrenia.

Aim Discovery of energy processes contribution in schizophrenia pathogenesis.

Methods Twelve right-handed 18–26 years old male patients with early-staged schizophrenia (F20, ICD-10) and 20 age-matched healthy right-handed controls. Spectra were acquired on Philips Achieva 3.0 T using Rapid Biomed 31P/1H birdcage coil and 2D ISIS pulse sequence. fMRI was used for accurate 2D slice positioning, spectroscopy voxels containing primary visual cortex (V1) were averaged (see Fig. 1). Two ³¹P spectra of V1 were obtained: firstly in resting state and then during 6 minutes of continuous stimulation by 6 Hz flashing checkerboard. Spectra were processed in jMRUI.

Results Excitation reduced PCr in the norm and had no effect on schizophrenia (see Fig. 2). No excitation-induced ATP changes in both groups were revealed.

Conclusion Alteration in PCr behavior in this study witnesses for deviations in energy-consuming processes in schizophrenia. A new scheme of neuronal response to stimulation in schizophrenia is offered.

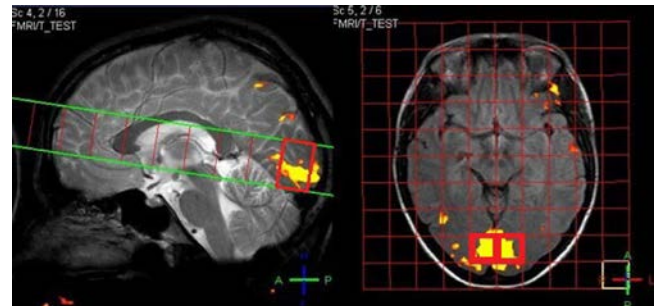


Fig. 1 fMRI-guided voxel positioning in visual cortex.

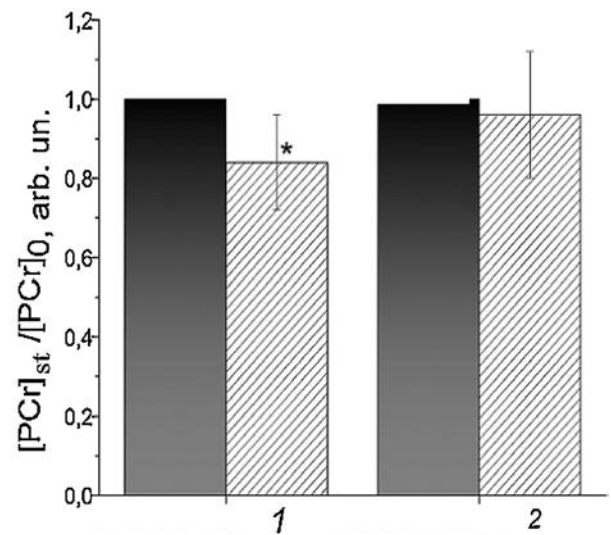


Fig. 2 PCr of visual cortex in the norm (1) and in schizophrenia (2) during continuous stimulation relative to PCr in resting state. * $P < 0.05$ by Mann-Whitney U-criteria.

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

Reference

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FC46

Trimodal approach (PET/MR/EEG) of response inhibition as a possible biomarker for schizophrenia



C. Wyss^{1,*}, K. Heekeren¹, A. Del Guerra², N.J. Shah³, I. Neuner^{3,4}, K. Wolfram¹

¹ University Hospital of Psychiatry Zurich, Department for Psychiatry, Psychotherapy and Psychosomatics, Zurich, Switzerland

² University of Pisa, Department of Physics "E. Fermi", Pisa, Italy

³ Research Centre Jülich, Institute of Neuroscience and Medicine-INM-4, Jülich, Germany

⁴ RWTH Aachen University, Department of Psychiatry, Psychotherapy and Psychosomatics, Aachen, Germany

* Corresponding author.

Introduction The aim of the FP7-European funded project TRIM-AGE is to create a trimodal, cost-effective imaging tool consisting of PET/MR/EEG to enable effective early diagnosis of schizophrenia.

Objective In the scope of this project we are interested in the multimodal assessment of response inhibition. The loudness dependence of auditory evoked potential (LDAEP) is a suitable biomarker of inhibitory action in signal processing. Variations in response inhibition can have great impact on different aspects of life. Individuals with reduced capability of inhibitory control have a tendency to impulsive behavior. Studies showed that they have stronger LDAEP values. Patients with schizophrenia may exhibit alterations in the responsiveness to sensory stimuli. Thus, a reduced LDAEP was found in these patients. However, these deviations differed in clinical features of the disorder. Therefore, we would like to further elucidate the relationship between multimodal neuroimaging methods and dimensions of symptoms, observable behavior, personality traits and general psychopathological dysfunction.

Methods A sample of 20 healthy controls and 20 patients with manifest schizophrenia will be examined with the LDAEP paradigm in a trimodal approach with customary imaging tools. PET measurements with the radiotracer [¹¹C]-flumazenil will be used to assess the binding potentials of GABA-A receptors. MRS will provide data about GABA concentrations. Simultaneously recorded EEG-fMRI data will permit new insight in the relationship between LDAEP and impulsivity.

Discussion The project will use alternative approaches to psychiatric classification. Response inhibition in sensory processing will be investigated from different angles (biochemical, neurophysiological, and neuroanatomical) and combined with psychological characteristic values.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.050>

FC47

A diffusion tensor imaging study of white matter microstructure concerning suicidal ideation in major depressive disorder

H. Zhang^{1,*}, Z. Jia²

¹ West China Hospital, Sichuan University, Radiology, Chengdu, China

² West China Hospital, Sichuan University, Nuclear medicine, Chengdu, China

* Corresponding author.

Introduction Suicide is a serious public health problem. Microstructural abnormalities of white matter (WM) in major depressive disorder (MDD) patients had been studied with diffusion tensor image (DTI) before. However, little is known regarding suicidal ideation (SI).

Objectives To use diffusion tensor imaging to characterize abnormalities of white matter integrity in major depressive disorder patients with and without SI.

Methods Sixteen depressive patients with SI, 16 depressive patients without SI and 32 age- and gender-matched healthy controls received MRI scans on a 3T magnet. Whole brain voxel-based analysis was used to compare fractional anisotropy (FA) across the three groups with threshold at $P < 0.005$ (uncorrected) at voxel level and 50 for cluster size with SPM8. Pearson analyze was conducted to examine the association between clinical measurements and regional FA value.

Results The three groups had significant differences of FA in the left centrum semiovale (peak $Z = 4.64$ at $-30, -38, 34$), right centrum semiovale (peak $Z = 3.54$ at $32, -34, 32$) and right splenium of

corpus callosum (peak $Z = 4.64$ at $4, -34, 12$; Fig. 1). We also found a negative correlation between mean regional FA values in the white matter under the left centrum semiovale and the intensity of suicidal ideation scores ($r = -0.563, P = 0.023$).

Conclusion Suicidal ideation is associated with microstructure abnormalities of the white matter in centrum semiovale and corpus callosum.

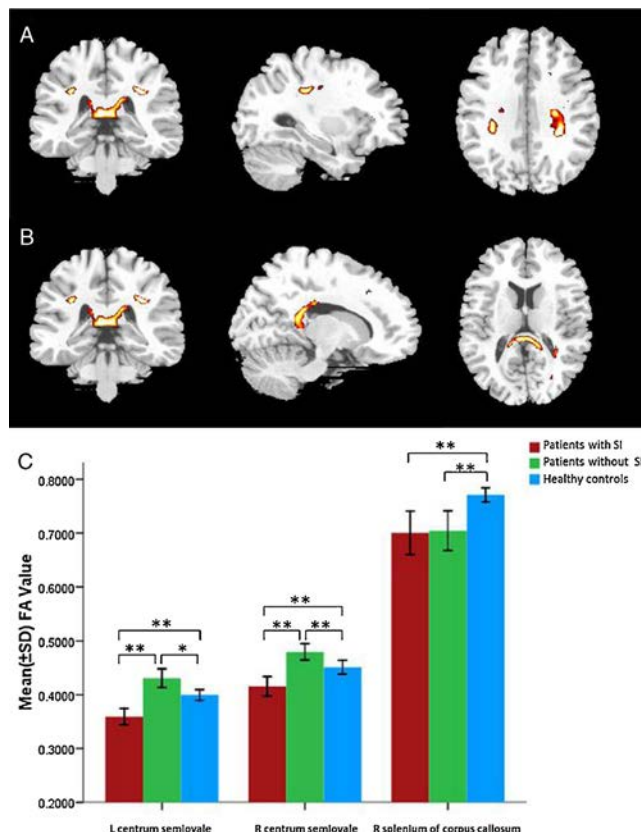


Fig. 1 Brain regions differed significantly among groups. A. Bilateral centrum semiovale. B. Right splenium of corpus callosum. C. Patients tested.

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

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Obsessive-compulsive disorder

FC48

Actions speak louder than words: Enhanced action tendencies in obsessive-compulsive disorder: An ERP study

A. Dayan Riva^{1,*}, A. Berger², G. Anholt²

¹ Beer Sheva, Israel

² Ben Gurion University of the Negev, Psychology, Beer Sheva, Israel

* Corresponding author.

Obsessive-compulsive disorder (OCD) is characterized by repeated thoughts and behaviors. Several studies have detected deficient response inhibition ability in individuals with OCD, leading researchers to suggest this deficit as an endophenotype of OCD.

However, other researchers maintain that the effect size of this deficit is modest and that it lacks clinical significance. The current investigation examines a potential alternative explanation for difficulties in response inhibition, namely enhanced action tendencies in response to stimuli. Therefore, early processes of motor response preparation preceding action performance (or inhibition) were studied with the event-related potential (ERP) component of readiness potential (RP). RP measures brain reactions related to motor activity in response to external stimuli. ERPs were recorded while 15 participants with OCD and 16 healthy controls performed a variation of a go/no-go task and a stop-signal task using schematic faces (angry and neutral). The OCD group presented with a greater RP slope gradient and amplitude over bilateral parietal areas corresponding to the motor cortex. The amplitude effect was further enhanced under negative valence, compared with the neutral condition. Differences in RP between the OCD and control groups remained significant when controlling for levels of trait anxiety. Results support the hypothesis that a stronger readiness for action might characterize OCD, especially in the presence of threatening stimuli. This finding, specific to OCD and not to anxiety symptoms, may underlie habitual tendencies in OCD. This study suggests that early-stages of motor preparation might be important to the etiology and maintenance of OCD.

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

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Pain and treatment options

FC49

The net suppression effect of pain catastrophic cognition on anxiety sensitivity



W. Wong^{1,*}, J. Lam², H. Lim³, S. Wong⁴, P. Chen⁵, Y. Chow⁴, R. Fielding⁶

¹ Hong Kong Institute of Education, Department of Special Education & Counseling, Hong Kong, China

² Hong Kong Institute of Education, Department of Psychological Studies, Hong Kong, China

³ United Christian Hospital, Department of Anesthesiology, Pain Medicine & Operating Services, Hong Kong, China

⁴ Queen Mary Hospital, Department of Anesthesiology & Operating Services, Hong Kong, China

⁵ Alice Ho Miu Ling Nethersole Hospital, Department of Anesthesiology & Operating Services, Hong Kong, China

⁶ University of Hong Kong, School of Public Health, Hong Kong, China

* Corresponding author.

Introduction The existing literature on chronic pain points to the effects anxiety sensitivity, pain hypervigilance, and pain catastrophizing on pain-related fear; however, the nature of the relationships remains unclear. The three dispositional factors may affect one another in the prediction of pain adjustment outcomes. The addition of one disposition may increase the association between another disposition and outcomes, a consequence known as suppressor effects in statistical terms.

Objective This study examined the possible statistical suppressor effects of anxiety sensitivity, pain hypervigilance and pain catastrophizing in predicting pain-related fear and adjustment outcomes (disability and depression).

Methods Chinese patients with chronic musculoskeletal pain (n=401) completed a battery of assessments on pain intensity, depression, anxiety sensitivity, pain vigilance, pain catastrophizing, and pain-related fear. Multiple regression analyses assessed

the mediating/moderating role of pain hypervigilance. Structural equation modeling (SEM) was used to evaluate suppression effects. **Results** Our results evidenced pain hypervigilance mediated the effects of anxiety sensitivity (Model 1: Sobel z=4.86) and pain catastrophizing (Model 3: Sobel z=5.08) on pain-related fear. Net suppression effect of pain catastrophizing on anxiety sensitivity was found in SEM where both anxiety sensitivity and pain catastrophizing were included in the same full model to predict disability (Model 9: CFI=0.95) and depression (Model 10: CFI=0.93) (all P<0.001) (see Tables 1 and 2, Figs. 1 and 2).

Conclusions Our findings evidenced that pain hypervigilance mediated the relationship of two dispositional factors, pain catastrophic cognition and anxiety sensitivity, with pain-related fear. The net suppression effects of pain catastrophizing suggest that anxiety sensitivity enhanced the effect of pain catastrophic cognition on pain hypervigilance.

Table 1 Multivariate regression analyses of the relationships between pain hypervigilance, anxiety sensitivity, pain-related fear.

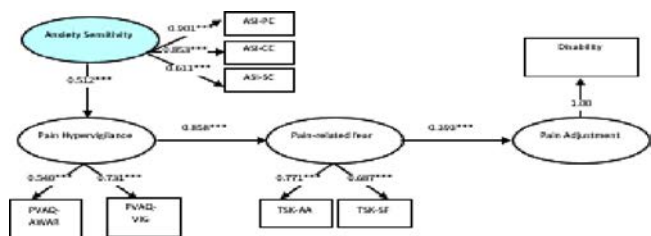
Model	β	SE	95% CI	P value
Model 1: Anxiety sensitivity → Pain hypervigilance → Pain-related fear				
Anxiety sensitivity (Predictor) → Pain hypervigilance (Mediator)	0.25	0.04	0.17, 0.34	<0.001
Pain hypervigilance (Mediator) → Pain-related fear (Outcome)	0.19	0.02	0.15, 0.23	<0.001
Anxiety sensitivity (Predictor) → Pain-related fear (Outcome)	0.15	0.02	0.12, 0.18	<0.001
Anxiety sensitivity (Predictor) → Pain-related fear (Outcome) Pain hypervigilance (Mediator) [†]	0.11	0.02	0.08, 0.14	<0.001
Sobel test				
	Z = 4.86 P < 0.001			
Model 2: (Anxiety sensitivity × Pain hypervigilance) → Pain-related fear				
Anxiety sensitivity (Predictor)	0.12	0.02	0.09, 0.15	<0.001
Pain hypervigilance (Moderator)	0.15	0.02	0.11, 0.18	<0.001
Anxiety sensitivity (Predictor) × Pain hypervigilance (Moderator)	-0.00	0.00	-0.00, 0.00	0.186
Model 3: Pain catastrophizing → Pain hypervigilance → Pain-related fear				
Pain catastrophizing (Predictor) → Pain hypervigilance (Mediator)	0.47	0.05	0.38, 0.57	<0.001
Pain hypervigilance (Mediator) → Pain-related fear (Outcome)	0.18	0.02	0.15, 0.22	<0.001
Pain catastrophizing (Predictor) → Pain-related fear (Outcome)	0.21	0.02	0.17, 0.24	<0.001
Pain catastrophizing (Predictor) → Pain-related fear (Outcome) Pain hypervigilance (Mediator) [†]	0.15	0.02	0.11, 0.19	<0.001
Sobel test				
	Z = 5.08 P < 0.001			
Model 4: (Pain catastrophizing × Pain hypervigilance) → Pain-related fear				
Pain catastrophizing (Predictor)	0.15	0.02	0.11, 0.19	<0.001
Pain hypervigilance (Moderator)	0.11	0.02	0.07, 0.15	<0.001
Pain catastrophizing (Predictor) × Pain hypervigilance (Moderator)	0.00	0.00	0.01, 0.00	0.068

Note: β: Unstandardized beta coefficient; SE: standard error; CI: confidence interval; NS: non-significant P value at 0.05 level. All regression equations were controlled for age, sex, number of pain site, and pain duration. The total scores of the measurement scale of anxiety sensitivity, pain hypervigilance and pain-related fear were used in all regression models.
[†]Four separate regression models were generated to test the mediation pathway of pain hypervigilance on the link between anxiety sensitivity and pain-related fear (Model 1) and the link between pain catastrophizing and pain-related fear (Model 3).
[‡]Pain hypervigilance, as mediator, was controlled in the regression equation.
[§]Using pain-related fear as dependent variable, one regression model was generated to test the moderation pathway of pain hypervigilance on the link between anxiety sensitivity and pain-related fear (Model 2) and the link between pain catastrophizing and pain-related fear (Model 4).

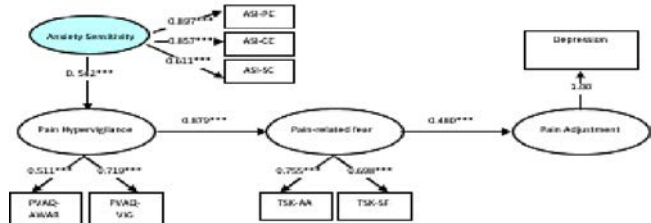
Table 2 Results of SEM testing the relationships between anxiety sensitivity, pain catastrophizing, and pain hypervigilance for two pain adjustment outcomes.

Model	S-B ²	df	CFI	NNFI	RMSEA	90% CI	SRMR
Simple model: Anxiety sensitivity → Pain hypervigilance → Pain-related fear → Adjustment outcome							
Model 5: Disability	49.97	18	0.96	0.94	0.07	0.05, 0.10	0.05
Model 6: Depression	58.17	18	0.96	0.93	0.08	0.06, 0.10	0.06
Simple model: Pain catastrophizing → Pain hypervigilance → Pain-related fear → Adjustment outcome							
Model 7: Disability	79.22	18	0.94	0.91	0.10	0.08, 0.12	0.05
Model 8: Depression	112.51	18	0.91	0.96	0.12	0.10, 0.15	0.06
Full model							
Model 9: Disability	122.24	40	0.95	0.93	0.08	0.06, 0.09	0.05
Model 10: Depression	154.49	40	0.93	0.91	0.09	0.08, 0.11	0.06

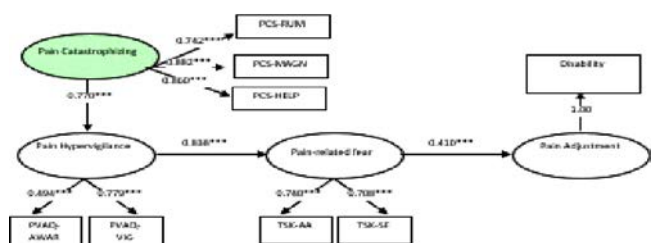
Note: The full models include both anxiety sensitivity and pain catastrophizing, and specify that pain hypervigilance mediates the link of both anxiety sensitivity and catastrophizing with pain-related fear, which in turn predicts adjustment outcomes. Disability was indexed by the Chronic Pain Grade Disability score. Depression was indexed by the Depression subscale of the Hospital Anxiety and Depression Scale. S-B² = Satorra & Bentler scaled chi-square statistics; df = degrees of freedom; CFI = comparative fit index; NNFI = non-normed fit index; RMSEA = root mean square error of approximation; CI = confidence interval; SRMR = standardized root mean square residual.



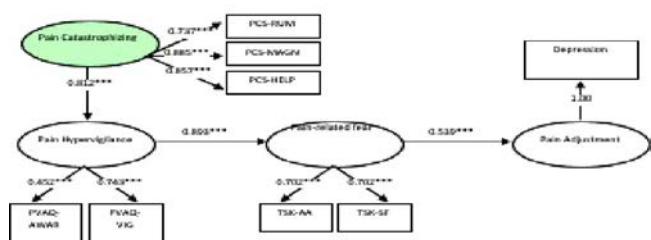
Model 5: $S - B\chi^2(18) = 49.97, CFI = 0.96, RMSEA = 0.07, SRMR = 0.05.$



Model 6: $S - B\chi^2(18) = 58.17, CFI = 0.96, RMSEA = 0.08, SRMR = 0.06.$

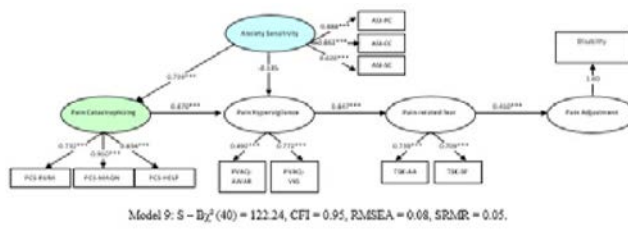


Model 7: $S - B\chi^2(18) = 79.22, CFI = 0.94, RMSEA = 0.10, SRMR = 0.05.$

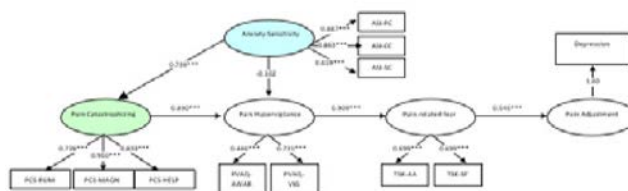


Model 8: $S - B\chi^2(18) = 112.51, CFI = 0.91, RMSEA = 0.12, SRMR = 0.06.$

Fig. 1 Simple models testing the mediating role of pain hypervigilance in the link between anxiety sensitivity and pain-related fear (Models 7 and 8) predicting disability and depression. Anxiety Sensitivity was indexed by the Anxiety Sensitivity Index (ASI). PC: ASI Physiological Concerns subscale; CC: ASI Physiological Concerns subscale; SC: ASI Social Concerns subscale. Pain catastrophizing was indexed by the Pain Catastrophizing scale (PCS). RUM: PCS Rumination subscale; MAGN: PCS Magnification subscale; HELP: PCS Helplessness subscale. Pain hypervigilance was indexed by the Pain Vigilance and Awareness Questionnaire (PVAQ). AWAR: PVAQ Passive Awareness subscale; VIG: PVAQ Active Vigilance subscale. Pain-related fear was indexed by the Tampa Scale for Kinesiophobia (TSK). AA: TSK Activity Avoidance subscale; SF: TSK Somatic Focus. Disability was indexed by the Chronic Pain Grade Disability score. Depression was indexed by the Depression subscale of the Hospital Anxiety and Depression scale. $S - B\chi^2$: Satorra and Bentler scaled χ^2 statistic; CFI: comparative fit index; RMSEA: root mean square error of approximation; SRMR: standardized root mean square residual. *** $P < 0.001$.



Model 9: $S - B\chi^2(40) = 122.24, CFI = 0.95, RMSEA = 0.08, SRMR = 0.05.$



Model 10: $S - B\chi^2(40) = 154.49, CFI = 0.93, RMSEA = 0.09, SRMR = 0.06.$

Fig. 2 Full models testing pain hypervigilance as a mediator in the link of both anxiety sensitivity and pain catastrophizing with pain-related fear which predicts disability (Model 9) and depression. Anxiety Sensitivity was indexed by the Anxiety Sensitivity Index (ASI). PC: ASI Physiological Concerns subscale; CC: ASI Physiological Concerns subscale; SC: ASI Social Concerns subscale. Pain catastrophizing was indexed by the Pain Catastrophizing scale (PCS). RUM: PCS Rumination subscale; MAGN: PCS Magnification subscale; HELP: PCS Helplessness subscale. Pain hypervigilance was indexed by the Pain Vigilance and Awareness Questionnaire (PVAQ). AWAR: PVAQ Passive Awareness subscale; VIG: PVAQ Active Vigilance subscale. Pain-related fear was indexed by the Tampa Scale for Kinesiophobia (TSK). AA: TSK Activity Avoidance subscale; SF: TSK Somatic Focus. Disability was indexed by the Chronic Pain Grade Disability score. Depression was indexed by the Depression subscale of the Hospital Anxiety and Depression scale. $S - B\chi^2$: Satorra and Bentler scaled χ^2 statistic; CFI: comparative fit index; RMSEA: root mean square error of approximation; SRMR: standardized root mean square residual. *** $P < 0.001$.

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

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Personality and personality disorders

FC50

Prevalence, mortality and healthcare utilization of cluster B personality disorders in Quebec: A province cohort study, 2001–2012

L. Cailhol^{1,*}, E. Pelletier², L. Rochette³, E. Villeneuve⁴, L. Laporte⁵, P. David⁶, A. Lesage⁷

¹ Montreal, Canada

² INSPQ, Surveillance des troubles mentaux, Quebec, Canada

³ INSPQ, Statistique, Quebec, Canada

⁴ CIUSS-Capitale-Nationale Institut universitaire en santé mentale de Québec, Département de psychiatrie, Quebec, Canada

⁵ Université McGill, CUSM, Montreal, Canada

⁶ IUSMM, PTRP, Montreal, Canada

⁷ IUSMM, Psychiatrie, Montreal, Canada

* Corresponding author.



Background Cluster B personality disorder (PD) is a highly prevalent mental health condition in general population (1 to 6% depending on the subtype and study). Patients affected are known to be heavier users of both mental and medical healthcare than other clinical conditions such as depression. Few studies have highlighted their elevated mortality rate compared to general population.

Methods The estimates were produced using data from the integrated monitoring system for chronic disease of Quebec. It provides annual and life prevalence, mortality rate, years of and healthcare utilization profile Quebec inhabitants.

Results A total of 7,995,963 people were included in the study. The life prevalence of cluster B PD is 2.6%. The mean years of lost life is 13 for men and 9 for women when they are compared to general population. The 3 most important causes of death are: suicide (20.4%), cardiovascular diseases (19.1%) and cancers (18.6%). The standardized mortality ratio (SMR) for each medical condition is superior in cluster B personality disorders than general population. The most important SMR is for suicide (male: 10.2 and female: 21). In the year 2011–2012, 78% had consulted a general practitioner, 62% a psychiatrist, 41% were admitted in an emergency department and 21% were hospitalized.

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

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FC51

Correlation between attachment and personality dimensions and their association to the catechol-O-methyltransferase Val158Met polymorphism



L. Erkoreka^{1,*}, M.I. Macías², A. Arrue², N. Basterreche², A. Arnaiz², E. Gordo², O. Olivas³, B. Santos⁴, M.I. Zamalloa², M. Zumárraga², M.A. González-Torres⁵

¹ Mental Health Network of Biscay, Centro Salud Mental Barakaldo, Barakaldo, Spain

² Mental Health Network of Biscay, Hospital de Zamudio, Zamudio, Spain

³ Mental Health Network of Biscay, Centro Salud Mental Gernika, Gernika, Spain

⁴ Universidad del País Vasco, Neurociencias, Leioa, Spain

⁵ Hospital Universitario de Basurto, Servicio de Psiquiatría, Bilbao, Spain

* Corresponding author.

Introduction Both attachment style and personality traits are closely related to individual's interpersonal patterns. Association between these constructs has been widely studied, but variability in results makes it difficult to reach definite conclusions. Similarly, dopaminergic pathways are considered to underlie some personality traits and to be related to attachment styles, but evidence, hitherto, remain inconclusive.

Aims To assess the correlation between personality and attachment dimensions and to study whether a common association to the catechol-O-methyltransferase (COMT) Val158Met polymorphism exists.

Methods One hundred and three Caucasian controls (mean age 39.6±6.4; 65% women) were recruited in the province of Biscay, Spain. DAPP-BQ and ECR-Spanish scales were administered to assess personality and attachment dimensions respectively. DNA was obtained from saliva and the COMT Val158Met polymorphism was determined. Pearson's correlation coefficient and ANOVA were calculated using R statistical software.

Results High positive correlation is observed between inhibition personality dimension and attachment avoidance ($r=0.75$). Besides, both inhibition and avoidance dimensions' scores are significantly higher in the COMT ValMet genotype than in the

other genotypes. MetMet: 63.1±13.6; ValMet: 71.0±13.9; ValVal: 63.0±16.7 (ANOVA $F=3.75$, $P=0.027$) for inhibition and MetMet: 3.44±0.17; ValMet: 3.82±0.2; ValVal: 3.33±0.23 (ANOVA $F=3.83$, $P=0.025$) for avoidance.

Conclusions Attachment patterns are rooted in early interactions with parental figures, and according to our results they could be linked to self-perceived personality traits in adulthood. Our study also suggests that genetics may predispose individuals to certain interaction styles. Our findings, linking ValMet individuals to avoidant attachment, are similar to Luijk's (2011) results, and would support a genetic-environmental model of both attachment and personality.

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

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Posttraumatic stress disorder

FC52

Traumatic stress and risk of severe mental illness: A nationwide cohort study



N. Okkels^{1,2,*}, B. Trabjerg³, M. Arendt², C. Bøcker Pedersen³

¹ Department of Affective Disorders, Aarhus University Hospital Risskov, Risskov, Denmark

² Clinic for Anxiety Disorders, Aarhus University Hospital Risskov, Risskov, Denmark

³ National Centre for Register-Based Research, Aarhus University, Aarhus, Denmark

* Corresponding author.

Introduction A history of traumatic events is prevalent in people with schizophrenia spectrum disorders and mood disorders. However, little is known about their etiological relationship.

Objectives To explore whether patients with acute or post-traumatic stress disorder are at higher risk of developing a schizophrenia spectrum disorder or mood disorder.

Methods In this prospective cohort study using registers covering the entire Danish population, we used the Danish Psychiatric Central Research Register to identify patients with ICD-10 diagnoses of acute traumatic stress disorder and/or posttraumatic stress disorder. From inpatient and outpatient mental hospitals, we identified 4371 diagnoses with more than 18 million years of follow-up. Main outcomes and measures were relative risks (RR) with 95% confidence intervals (95% CI) of schizophrenia, schizophrenia spectrum disorder, bipolar disorder and mood disorder.

Results The incidence of traumatic stress disorder (TSD) has increased steadily from 0.6% in 1996 to 6% in 2012, showed a higher incidence in women and an age distribution with a peak-incidence in early adulthood. We found that diagnoses of TSD increase the risk of schizophrenia (RR 5.85, 95% CI 3.59–8.91), schizophrenia spectrum disorder (RR 3.82, 95% CI 2.38–5.75), bipolar disorder (RR 5.83, 95% CI 3.11–9.83) and mood disorder (RR 4.10, 95% CI 3.15–5.22). Risks were high in the first year after diagnosis of TSD and declined going forward in time.

Conclusions Our findings indicate that acute and posttraumatic stress disorder are etiological risk factors for schizophrenia spectrum disorders and mood disorders. If replicated, this may underline treatment of traumatized patients in prevention of severe mental disorder.

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

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FC53

Co-occurrence of PTSD and cardiovascular disease among ethnic/racial groups in the United States



C. Vidal Mariño^{1,*}, R. Polo del Rio¹, M. Alegría², Y. Wang², R. Carmona¹

¹ Fundación Jiménez Díaz, Departamento de Psiquiatría, Madrid, Spain

² Massachusetts General Hospital, Disparities Research Unit, Boston, USA

* Corresponding author.

Introduction Some inconsistent evidence indicates experiences of trauma and the presence of symptoms of PTSD are associated with increased risk of cardiovascular diseases. This relation has rarely been explored with community samples including participants with PTSD symptoms or who fulfill criteria for PTSD disorders. **Objectives** We identify those with a high number of PTSD symptoms and those fulfilling criteria for PTSD are more likely to have CVD than those without a PTSD syndrome or diagnosis. We examine rates of mental health access for those with PTSD and CVD.

Methods We use Collaborative Psychiatric Epidemiology Surveys (CPES) to examine differences in trauma/PTSD prevalence and the association of prior trauma exposure and PTSD diagnoses with CVD ($n = 13,286$). CIDI was used to make psychiatric diagnoses and medical data was acquired regarding onset and severity of CVD.

Results Individuals with prior exposure to trauma and PTSD diagnoses had twice the likelihood of developing a cardiovascular disease as those without trauma exposure [OR = 1.77, 95% CI (1.0, 2.94)]. Having a PTSD diagnosis is a significant predictor of having a CVD for individuals who experienced a traumatic event.

The probability of developing a CVD was higher when patients had prior diagnosis of substance abuse [OR = 1.36, 95% CI (1.11, 1.65)] or mental health disorders [OR = 1.43, 95% CI (1.10, 1.87) for depression; OR = 1.33, 95% CI (1.04, 1.69) for anxiety]. Men were almost twice as likely as women to be diagnosed with a CVD [OR = 1.67, 95% CI (1.37, 2.00)].

Conclusions Exposure to trauma and the presence of PTSD symptoms are significantly associated with CVD.

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

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Prevention of mental disorders

FC54

Prevalence of the metabolic syndrome in patients at risk of psychosis



J. Cordes^{1,*}, A. Bechdolf², S. Moebus³

¹ Medical Faculty, Düsseldorf, Germany

² Klinik für Psychiatrie-Psychotherapie und Psychosomatik, Vivantes Klinikum am Urban, Akademisches Lehrkrankenhaus, Berlin, Germany

³ Zentrum Urbane Epidemiologie Cue, Universitätsklinikum Essen, Universität Duisburg-Essen, Essen, Germany

* Corresponding author.

The metabolic syndrome (MetS) is one of the most frequent reasons for the higher mortality in patients with schizophrenia. It is difficult to separate between effects of medication or the disorder itself on the development of MetS. In the present study, patients at clinical high risk for first-episode psychosis (CHR) were examined and the prevalence of the MetS was assessed. One hundred and sixty-three

unmedicated antipsychotic naïve CHR patients aged between 18 and 42 years and suffering from unmanifested prodromal symptoms were compared to 35,869 patients of the “German Metabolic and Cardiovascular Risk Study” (GEMCAS). We observed a slightly higher prevalence of single MetS criteria in CHR group compared to the GEMCAS sample, in particular: high blood pressure (35.0 vs. 28.0%), waist circumference (17.6 vs. 15.1%), and high fasting blood glucose (9.4 vs. 4.0%). We assume the higher risk for MetS in schizophrenia patients or CHR patients to derive from genetic factors.

Disclosure of interest In cooperation with Joachim Cordes, Andreas Bechdolf, Christina Engelke, Kahl KG, Chakrapani Bali-jepalli, Christian Lösch, Joachim Klosterkötter, Michael Wagner, Wolfgang Maier, Andreas Heinz, Walter de Millas, Wolfgang Gaebel, Frank Schneider, Martin Lambert, Georg Juckel, Thomas Wobrock, Michael Riedel, Susanne Moebus.

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Psychoneuroimmunology

FC55

Inflammatory cytokines and glutamatergic excitotoxicity in patients with obsessive-compulsive disorder (OCD)



S. Gnanavel^{1,*}, A. Parmar², P. Sharan², V. Subbiah³, U. Sharma⁴, N.R. Jagannathan⁴

¹ St Mary's Hospital, CAMHS, Department of Psychiatry, Kettering, United Kingdom

² All India Institute of Medical Sciences, Psychiatry, New Delhi, India

³ All India Institute of Medical Sciences, Neurobiochemistry, New Delhi, India

⁴ All India Institute of Medical Sciences, NMR and MRI Facility, New Delhi, India

* Corresponding author.

Introduction In vitro studies have demonstrated possible neuroprotective effects of the following pro-inflammatory cytokines: IL-6, IL-1 β and TNF- α against glutamatergic excitotoxicity in brain through different pathways.

Objectives In the current study, we aim to correlate level of the above pro-inflammatory cytokines in serum with glutamate levels in head of caudate nucleus measured using Proton Magnetic Resonance Spectroscopy (¹H-MRS) in patients with obsessive-compulsive disorder (OCD), a neuropsychiatric illness with possible multifactorial aetiology including immunological and excitotoxic factors.

Method Thirty psychotropic-naïve patients with OCD and an equal number of gender and age-matched normal controls were recruited in the study. A detailed psychiatric assessment was carried out including sociodemographic and clinical variables. A 3T MR imaging and spectroscopy session was carried out in head of caudate nucleus. Further, absolute quantification of glutamate level was obtained using LC model. Simultaneously, 5 mL of blood sample was collected and assayed for the above pro-inflammatory cytokines (Siemens, ImmuliteTM). The level of glutamate was correlated with the cytokine levels in patients with OCD.

Results The level of Glx was significantly higher in patients with OCD as compared to controls ($P < 0.05$). The Glx level negatively correlated with two of the three pro-inflammatory cytokines: IL-6 and TNF- α ($r = -0.807$; $r = -0.838$; $P < 0.05$) while no significant correlation was demonstrated with IL-1 β .

Conclusions The findings provide preliminary evidence regarding possible neuroprotective effects of pro-inflammatory cytokines

against glutaminergic excitotoxicity in patients with OCD. Further studies including patients with other psychiatric illnesses as controls are required for confirmation of the above findings.

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

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Psychopharmacology and pharmacoeconomics

FC56

Impact of DRD2 polymorphisms on prolactin level in risperidone-treated Thai children and adolescent with autism spectrum disorders



C. Sukasem*, Y. Hongkaew

Faculty of Medicine Ramathibodi hospital, Pathology, Bangkok, Thailand

* Corresponding author.

Introduction A large number of studies have reported that the prolactin concentration was significantly increased in the Taq1A A1 allele carriers because several reports revealed that individuals with the DRD2 Taq1A A1 allele have a reduced density of brain D2 receptors.

Objective The main aim of this study was to identify the impact of pharmacogenetic markers associated with prolactin concentration in risperidone-treated children and adolescents with autism spectrum disorders.

Methods One hundred and forty-seven children and adolescents with autism, aged 3 to 19, received risperidone. The clinical data of patients were recorded from medical records. Prolactin levels were measured by chemiluminescence immunoassay. Three CYP2D6 single nucleotide polymorphisms (SNPs), CYP2D6*4 (1846G>A), *10 (100C>T), and *41 (2988G>A), one gene deletion (*5), and DRD2 Taq1A (rs1800497) polymorphism were genotyped by TaqMan real-time PCR.

Results The three common allelic frequencies were CYP2D6*10 (55.10%), *1 (32.65%) and *5 (6.12%), respectively. Patients were grouped according to their CYP2D6 genotypes. The DRD2 genotype frequencies were Taq1A A2A2 (38.77%), A1A2 (41.50%), and A1A1 (19.73%), respectively. There were statistically significant differences in prolactin level of patients among the three groups ($P=0.033$). The median prolactin level in patients with DRD2 Taq1A A2A2 (17.80 ng/mL) was significantly higher than A1A2 (17.10 ng/mL) and A1A1 (12.70 ng/mL).

Conclusion DRD2 Taq1A A2A2 polymorphisms may be a critical role in an influence prolactin elevation during risperidone treatment in ASD.

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

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FC57

Detection of CYP2D6 polymorphism using Luminex xTAG technology in autism spectrum disorder: CYP2D6 activity score and its association with risperidone levels



C. Sukasem*, S. Santon

Faculty of Medicine Ramathibodi hospital, Pathology, Bangkok, Thailand

* Corresponding author.

Introduction The determination of the accurate CYP2D6 genotyping is essential in the clinical setting and individualization of drug therapy.

Objectives In this study, was to apply the Luminex xTAG technology to detect significant CYP2D6 polymorphisms and copy number variation, including assessment the relationship of CYP2D6 polymorphisms and risperidone plasma concentration in autism spectrum disorder children (ASD) treated with risperidone.

Methods All 84 ASD patients included in this study had been receiving risperidone at least for 1 month. The CYP2D6 genotypes were determined by luminex assay. Plasma concentrations of risperidone and 9-hydroxyrisperidone were measured using LC/MS/MS.

Results Among the 84 patients, the most common genotype was CYP2D6*1/*10 (26.19%). The most common allele was CYP2D6*10 (51.79%) and the second most allele was CYP2D6*1 (27.98%). There were 46 (55.42%) classified as EM, 33 (39.76%) as IM, and 4 (4.82%) as UM. The plasma concentration of risperidone and risperidone/9-hydroxyrisperidone ratio in the patients were significant differences among the CYP2D6 predicted phenotype group ($P=0.001$ and $P<0.0001$, respectively). Moreover, the plasma concentration of risperidone and risperidone/9-hydroxyrisperidone ratio in the patients with CYP2D6 activity score 0.5 were significantly higher than those with the CYP2D6 activity score 2.0 ($P=0.004$ and $P=0.002$, respectively).

Discussions The present study suggests that it would be ideal to identify the CYP2D6 genotype of patients before prescribing and administering risperidone. Furthermore, the use of CYP2D6 gene scoring system to determine an individual's metabolic capacity may become an essential tool for a more rational and safer drug administration.

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

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FC58

Angiotensin II type 1 receptor blockade diminishes negative effect of chronic stress on memory via upregulation of brain-derived neurotrophic factor



D. Wincewicz^{1,*}, A. Juchniewicz²

¹ Medical University of Bialystok, Department of Clinical Pharmacology, Bialystok, Poland

² Medical University of Bialystok, Department of Clinical Molecular Biology, Bialystok, Poland

* Corresponding author.

Introduction A critical need exists for progress in the characterization of targets for pro-cognitive drug discovery. We previously demonstrated that Telmisartan (TLM), an angiotensin type 1 receptor (AT1) blocker and partial agonist of peroxisome proliferator-activated receptor gamma (PPAR γ), alleviates cognitive decline in chronically stressed rats. Understanding of mechanistic background of this phenomenon is hampered by both dual binding sites of TLM and limited data on the molecular consequences of central AT1 blockade and PPAR γ activation.

Objectives To discriminate molecular effects of AT1 blockade and PPAR γ activation in stress induced memory impairment.

Aims In this study, we investigated mechanism of neuroprotection provided by TLM in chronic psychological stress.

Methods We analyzed BDNF gene expression in the hippocampus (HIP) and medial prefrontal cortex (mPFC) in chronically restrained stressed Wistar rats (2.5 h, 21 days), repeatedly treated with TLM (1 mg/kg), GW9662 (0.5 mg/kg) – a selective PPAR γ receptor antagonist, or both in combination. TATA box binding protein (Tbp) was an internal control for expression studies.

Results Alterations of mRNA expression of BDNF are shown on Figs. 1 and 2.

Conclusions AT1 receptor blockade restores cognitive functions in chronically stressed subjects, which is associated with changes in primarily cortical gene expression.

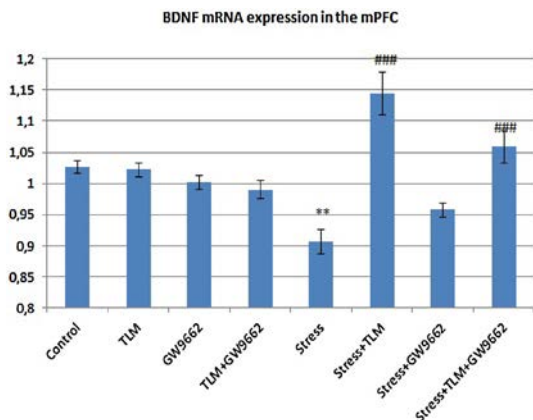


Fig. 1 Effect of chronic stress (2.5 h, 21 days), chronic TLM (1 mg/kg, 21 days), chronic GW9662 (0.5 mg/kg, 21 days) or all in combination on mRNA BDNF expression in the mPFC (BDNF/Tbp ratio). Bars represent mean \pm SEM; $n=5$; ** $P<0.01$; Control vs. Stress; ### $P<0.001$ Stress vs. Stress + TLM and Stress vs. Stress + TLM + GW9662.

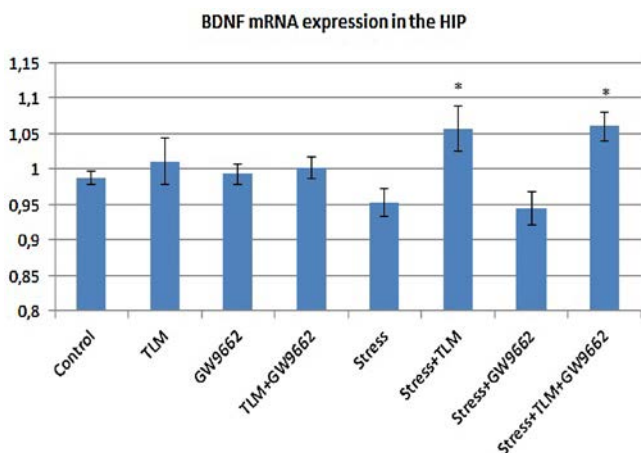


Fig. 2 Effect of chronic stress (2.5 h, 21 days), chronic TLM (1 mg/kg, 21 days), chronic GW9662 (0.5 mg/kg, 21 days) or all in combination on mRNA BDNF expression in the HIP (EDNF/Tbp ratio). Bars represent means \pm SEM; $n=5$; * $P<0.05$; Stress vs. Stress + TLM and Stress vs. Stress + TLIVH-GW9662.

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

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Psychosurgery and stimulation methods (ECT, TMS, VNS, DBS)

FC59

Neuropsychiatric consequences of deep brain stimulation surgeries in the patients affected by chronic movement disorders: A brief report

S. Mahdavi^{1,*}, S.K. Malakouti², B. Naji², M. Asadi¹, S. Kahani³

¹ Iran University of Medical Sciences, psychiatry, Tehran, Iran

² School of Behavioral Sciences and Mental Health, Iran University of Medical Sciences, psychiatry, Tehran, Iran

³ Rasoul Akram Hospital, Iran University of Medical Sciences, psychiatry, Tehran, Iran

* Corresponding author.



The main surgical procedure for PD and other chronic movement disorders is deep brain stimulation. DBS has been reported to have specific consequences such as decline in verbal fluency and episodes of depression.

We designed an interventional study in 12 patients affected by Parkinson, dystonia and tic who underwent DBS surgery. Patient assessed before surgery, one month and one year after surgery.

The results proved a significant improvement in SF36. The Hamilton's anxiety scale showed an overall but insignificant improvement. The mean of scores of the BDI had a great drop one month after surgery but a raise at the 12th month (insignificant pattern).

Pearson's correlation test showed a significant negative correlation between age and the SF36 scores. The BDI's scores were assessed in relation with age. Although there was no actual relation between them before surgery, we detected a positive correlation between them after one year.

Conclusion The pattern of changes can be related with the differences between perioperative expectations and real long-term outcomes. Correlations between changes seen in BDI and SF36 scores with age can be considered as a confirmatory evidence for this idea.

All cases showed an insignificant gradual decline in digit span test, which may be independent of the surgical procedure. Although the COWA test could not prove a significant deterioration in verbal fluency but a slight decline after one year was obvious, in addition to one patient who turned aphasic during this period.

The outcomes showed that the benefits of DBS outweigh the slight risk of developing depression.

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

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FC60

Transcranial direct current stimulation in treatment – resistance unipolar major depressive disorder

M. Asadi*, S. Mahdavi

Tehran University of medical science, psychiatry, Tehran, Iran

* Corresponding author.



Objective MDD is a common, chronic and recurrent illness .it is essential to reach full remission in acute treatment. tDCS is a non-invasive brain stimulation that uses direct electrical currents to stimulate specific parts of the brain.

Aim Is to assess the effectiveness of tDCS in patients with treatment resistance MDD.

Method Eighty outpatients of a psychiatric clinic were selected. Subjects meet (DSM-IV) diagnostic criteria for MDD. All patients had failed to respond to at least two standard antidepressant

medication, in the current episode. Patients with bipolar depressive disorder, MDD with psychotic and atypical features, other psychiatric disorders, severe medical condition, acute suicidality and pregnancy were excluded. All patients received stable drug regimens for at least two weeks before enrollment and drug dosages remained unchanged throughout the study. They revised 8 stimulation sessions, using a 2 mA current, for 20 minutes, in 8 consecutive days. The anodal electrode was placed over the left DLPFC. Cathode electrode over the right supraorbital region. Mood was evaluated with 21-item Hamilton Rating Depression Scale and the Beck Depression Inventory.

We designed a pretest–posttest study and evaluate depression at baseline (pre-intervention), immediately after 8 sessions (post-intervention) and two months after treatment onset (follow-up).

Results There is a significant difference between Pre- vs. post-intervention ($F_{BDI} = 246.58$, $P < 0.001$; $F_{HRSD} = 214.56$, $P < 0.001$) and pre vs. Follow-up intervention ($F_{BDI} = 323.10$, $P < 0.001$; $F_{HRSD} = 150.96$, $P < 0.001$).

Conclusion It can be said that tDCS had effective and enduring variation ($P_{\text{post vs. follow-up}} > 0.05$) in improving the clinical symptoms of MDD.

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

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FC61

Cryostimulation of whole body as a possible supportive biological approach in mild cognitive impairments



J. Rymaszewska*, D. Szczesniak, U. Katarzyna, T. Elzbieta, S. Bartlomiej

Wroclaw Medical University, Division of Consultation Psychiatry and Neuroscience, Wroclaw, Poland

* Corresponding author.

Background Limitations of available treatment methods of dementia imply constant need to search for new, supplementary therapy strategies. There is a consensus that vascular lesions, oxidative stress, inflammatory processes and abnormal neurotransmission are associated with dementia. Due to the anti-inflammatory (modification of pro-inflammatory cytokines concentration), antioxidative effect of cryogenic temperatures as well as the hormonal and lipid changes, they may play an important role in preventing or inhibiting pathophysiological processes.

Aim To assess the influence of whole-body cryostimulation on cognitive functions of patients with MCI.

Methods RCT design is used to examine the influence of whole-body cryotherapy (WBC) on people with mild cognitive impairments (MCI) with the evaluation of psychometric, somatic and laboratory parameters. Participants undergo 10 sessions each day of 2–3 min of WBC in experimental group (–110 till –160 °C) and placebo (–20 °C). The CDR, MoCA, TYM, DemTect and SLUMS scales are used among others at baseline and follow-up. Preliminary data of 7 volunteers ($n = 7$, 49–79 years old) were presented. Results on Fig. 1.

Discussion Among obtained psychometric results show that all, except of one, patients significantly improved their scores after WBC. That is a very promising feedback for future evaluation of WBC effectiveness in prevention of dementia in patients with MCI.

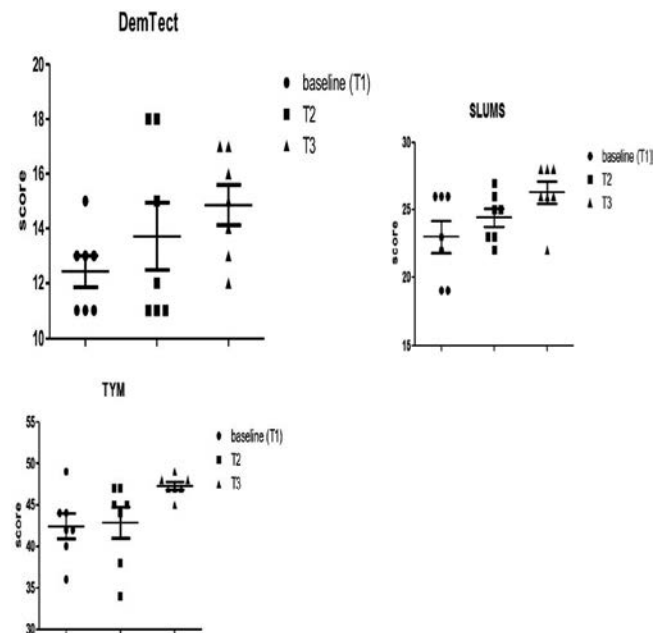


Fig. 1

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

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Schizophrenia

FC62

Clinical symptomatology and facial emotion recognition in schizophrenia: Which relationship?



A. Arous*, J. Mrizak, R. Trabelsi, A. Aissa, H. Ben Ammar, Z. El Hechmi

Razi Hospital, Department Psychiatry F, Tunis, Tunisia

* Corresponding author.

Introduction Patients with schizophrenia show impairments in social cognitive abilities, such as recognizing facial emotions. However, the relationships between specific deficits of emotion recognition and with clusters of psychotic remain unclear.

Objectives To explore whether facial emotion recognition was associated with severity of symptoms and to which presentation of psychotic symptoms.

Methods Facial emotion recognition (FER) were evaluated in 58 patients with stable schizophrenia with a newly validated FER task constructed from photographs of the face of a famous Tunisian actress representing the Ekman's six basic emotions (happiness, anger, disgust, sadness, fear, and surprise). Symptomatology evaluation comprised the Positive and Negative Syndrome Scale (PANSS), the Calgary Depression Scale for Schizophrenia (CDSS) and the Clinical Global Impressions Scale Improvement and severity (CGI).

Results Patients who failed to identify anger had significantly higher scores in hyperactivity item ($P < 0.0001$). The patients who had a difficulty to identify sadness had more grandiosity ($P \leq 0.002$). The impairment in happiness recognition was correlated with hallucination ($P = 0.007$) and delusion ($P = 0.024$) items. Incapacity to identify fear was associated with lack of judgment and insight ($P = 0.004$).

Conclusions Deficits in recognition of specific facial emotions may reflect severity of psychiatric symptoms. They may be related to specific clusters of psychotic symptoms, which need to be confirmed in further studies.

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

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FC63

Differential serum acute-phase biomarker profile in schizophrenia and bipolar disorder

B. Arranz^{1,*}, M. Sanchez², M. Garriga³, G. Safont², P. Garcia-Portilla⁴, P. Sierra⁵, L. San¹

¹ Parc Sanitari Sant Joan de Deu, CIBERSAM, CSMA Cornellà, Barcelona, Spain

² Hospital Mutua Terrassa, Department of Psychiatry, Terrassa, Spain

³ Hospital Clinic, Department of Psychiatry, Barcelona, Spain

⁴ University of Oviedo, CIBERSAM, Area de Psiquiatría, Oviedo, Spain

⁵ Universidad de Valencia, Department of Psychiatry, Valencia, Spain

* Corresponding author.

There is a growing interest in inflammation and immune dysfunction in severe psychiatric disorders such as schizophrenia and bipolar disorder. This dysfunction seems to consist in abnormal blood levels of cytokines and acute-phase proteins, with increased levels of C-reactive protein (CRP), fibrinogen, homocysteine and erythrocyte sedimentation rate (ESR). Higher levels can be found in acute episodes and in patients with a higher cardiovascular risk. Acute-phase protein serum parameters were determined in a sample of 100 outpatients with schizophrenia ($n=50$) or bipolar disorder ($n=50$) so as to assess differences in pro-inflammatory state. Metabolic state was assessed through BMI, waist circumference, glucose, cholesterol and triglyceride levels.

The whole sample showed higher levels of fibrinogen (mean 4 ± 0.9 g/L), triglycerids (mean 2.9 ± 8.5 mmol/L), cholesterol-LDL (mean 3 ± 0.9 mmol/L), and homocysteine (mean 16.2 ± 7.3 μ mol/L) than our laboratory reference values from healthy individuals.

After correcting for gender and pharmacological treatment, patients with schizophrenia showed higher levels of ESR, fibrinogen, glucose and CRP, while homocysteine was not statistically different between patients with schizophrenia or bipolar disorder (see Table 1).

These results may suggest a different biomarker profile in bipolar and schizophrenic outpatients, with a more severe pro-inflammatory state in schizophrenia. Serum homocysteine levels could be a state marker in both disorders.

Table 1

	ESR (mm)	Fibrinogen (g/L)	Glucose (mmol/L)	CRP (mg/L)	Homocysteine (mmol/L)
Schizophrenia	6 \pm 5.7	4.1 \pm 0.85	5.7 \pm 2.0	5.4 \pm 4.2	17.1 \pm 8.6
Bipolar disorder	3.1 \pm 2.2*	3.6 \pm 0.76*	4.4 \pm 0.95*	2.2 \pm 2.0*	15.9 \pm 5.7 (NS)

NS: not significant. * $P < 0.05$.

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

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FC64

Akathisia: Prevalence and risk factors in a community-dwelling sample of patients with schizophrenia. Results from the multi-center FACE-SZ Dataset

F. Berna^{1,*}, D. Misrahi², L. Boyer³, P.M. Llorca⁴, G. Fond⁵, W.G. Face-sz⁵

¹ Hôpitaux Universitaires de Strasbourg, Inserm U1114, FMTS, Fondation FondaMental, Psychiatry, Strasbourg cedex, France

² Centre Hospitalier Charles-Perrens Bordeaux, CNRS UMR 5287, INCIA, Fondation FondaMental, Psychiatry, Bordeaux, France

³ CHU Sainte-Marguerite, Pôle Psychiatrie Universitaire, Marseille, France

⁴ CHU de Clermont-Ferrand, Fondation FondaMental, Psychiatry, Clermont-Ferrand, France

⁵ Université Paris-Est, Inserm U955 eq15, GHU Mondor, DHU Pe-psy, Psychiatry, Créteil, France

* Corresponding author.

The main objective of this study was to determine the prevalence of akathisia in a community-dwelling sample of patients with schizophrenia, and to determine the effects of treatments and the clinical variables associated with akathisia. Three hundred and seventy-two patients with schizophrenia or schizoaffective disorder were systematically included in the network of FondaMental Expert Center for Schizophrenia and assessed with validated scales. Akathisia was measured with the Barnes Akathisia Scale (BAS). Ongoing psychotropic treatment was recorded. The global prevalence of akathisia (as defined by a score of 2 or more on the global akathisia subscale of the BAS) in our sample was 18.5%. Patients who received antipsychotic polytherapy were at higher risk of akathisia and this result remained significant (adjusted odd ratio=2.04, $P=.025$) after controlling the influence of age, gender, level of education, level of psychotic symptoms, substance use comorbidities, current administration of antidepressant, anticholinergic drugs, benzodiazepines, and daily-administered antipsychotic dose. Our results indicate that antipsychotic polytherapy should be at best avoided and suggest that monotherapy should be recommended in cases of akathisia. Long-term administration of benzodiazepines or anticholinergic drugs does not seem to be advisable in cases of akathisia, given the potential side effects of these medications.

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

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FC65

Antipsychotic-induced tardive dyskinesia: The role of glutamatergic system

A. Boiko^{1,*}, S. Ivanova¹, A. Semke²

¹ Mental Health Research Institute SB RAMSci, Laboratory of Molecular Genetics and Biochemistry, Tomsk, Russia

² Mental Health Research Institute SB RAMSci, Department of Clinical Psychiatry, Tomsk, Russia

* Corresponding author.

Tardive dyskinesia (TD) occurs in 20–25% of patients with long-term antipsychotic therapy. Abnormalities in glutamatergic transmission are considered one of the key components of the pathogenesis of drug-induced side effects. Glutamate acts as excitotoxin under certain conditions and in excessive concentrations. Aim is to study the concentration of glutamate and analysis of single nucleotide polymorphisms (SNP) in genes coding the glutamate transporter and NMDA-receptors in schizophrenic patients with TD and without it.

The study group included 156 patients with schizophrenia receiving long-term antipsychotic treatment. Patients were divided into two groups: 63 patients with TD and 93 patients without it. Glutamate was determined in serum by spectrophotometric method. Determination of allelic variants of gene SLC1A2 (rs4354668) and GRIN2A (rs2650427, rs1969060) was performed by polymerase chain reaction in real-time.

We found a significant ($P < 0.05$) increase of the concentration of glutamate in patients with TD. Significant ($P < 0.05$) reduction in frequency of genotype GG of GRIN2A (rs1969060) and TT of SLC1A2 (rs4354668) were found in patients with TD in comparison to group without TD. In the study of glutamate concentration depending on the genotype GRIN2A (rs1969060) and genotype SLC1A2 (rs4354668) we observed a statistically significant change: elevated levels of glutamic acid identified with the heterozygous genotype in patients.

It is possible to suggest that reduction in frequency of these genotypes increases the risk of movement disorders due to the protective effect of these genotypes.

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

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FC66

Cognitive function in female patients with schizophrenia and metabolic syndrome



A.C. Botis^{1,*}, I. Miclutia¹, N. Vlasin²

¹ University of Medicine and Pharmacy Cluj-Napoca, Psychiatry and pediatric psychiatry, Cluj-Napoca, Romania

² Emergency County Hospital Cluj-Napoca, Psychiatry, Cluj-Napoca, Romania

* Corresponding author.

Introduction The metabolic syndrome (MetS) and cognitive impairments, both related with poor outcomes in schizophrenia, are common in patients with this disorder. MetS has been associated with cognitive impairments in schizophrenia, but there is no general consensus regarding the description of various domains of neurocognition in patients with schizophrenia related to MetS.

Objectives The goal of this study was to assess cognitive functions in female patients with schizophrenia complicated by metabolic syndrome compared to those with schizophrenia without metabolic syndrome.

Methods Fifty-four female patients diagnosed with schizophrenia were divided into two groups: MetS group (MetS+) and non-MetS group (MetS-). Cognitive functioning were investigated using the Brief Assessment of Cognition in Schizophrenia (BACS).

Results Twenty-seven (52%) patients with schizophrenia met criteria for the MetS diagnosis. Mean age of patients was 40.80. Patients from MetS+ group performed significantly worse on verbal memory ($P = 0.005$), executive functions ($P = 0.028$) and motor speed ($P = 0.035$) as compared to MetS- group. Patients with schizophrenia who were hypertensive showed cognitive impairments in 2 domains of cognition: attention and speed of information processing ($P = 0.004$) and verbal fluency ($P = 0.001$). Patients with hypertriglyceridemia performed significantly worse on verbal memory ($P = 0.005$). Motor speed was associated with waist circumference ($P = 0.02$).

Conclusions At a mean age of 40 years old, female patients with schizophrenia and metabolic syndrome show difficulties in more domains of cognitive function compared to female patients with schizophrenia without metabolic syndrome. Our findings suggest a link between cognition and metabolic syndrome in female patients with schizophrenia.

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

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FC67

Comparing cognitive functions in medication adherent and non-adherent patients with schizophrenia



A. El-Missiry

Ain Shams University, Neurology & Psychiatry, Cairo, Egypt

Background Medication non-adherence presents a considerable problem in patients with schizophrenia. Cognitive and executive functions can affect adherence. The association between medication non-adherence and cognitive impairment in schizophrenia is under investigated with limited and conflicting research data.

Purpose of the study To prospectively assess the rate of drug adherence among a sample of patients with schizophrenia and to compare the cognitive and executive functions between adherent and non-adherent patients.

Subjects and methods One hundred and nine patients with schizophrenia diagnosed according to the DSM-IV classification were initially assessed by the Wechsler Adult Intelligence Scale (WAIS), Wechsler Memory Scale-Revised (WMS-R) and Wisconsin Card Sorting Test (WCST) and six months later by the Brief Adherence Rating Scale (BARS).

Results Among the patients, 68.8% were non-adherent to their antipsychotic medication. Adherent patients (31.2%) had significantly higher mean scores for the total, verbal and performance IQ. Moreover, they had significantly higher mean scores in most of WMS subtests (orientation, information, verbal paired association, digit span, visual memory span), and higher mean scores for; total correct, conceptual level response, percentage and categories completed on the WCST subscales ($P < 0.0001$). Whereas the non-adherent group had higher mean scores in; trials administered, total errors, perseverative responses, and perseverative errors ($P < 0.0001$). In a step regression analysis, digit span, conceptualization, total and percentage of errors were putative predictors of non-adherence to antipsychotic medications.

Conclusion Cognitive deficits, especially verbal memory and executive functions were the strongest patients' related factors associated with non-adherence to medication. Psychiatrists should consider possible cognitive factors influencing adherence to enable offering proper interventions.

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

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FC68

Peripheral sub-inflammation is associated with antidepressant consumption in schizophrenia. Results from the multi-center FACE-SZ dataset



G. Fond^{1,*}, O. Godin¹, P.M. Llorca², M. Leboyer¹

¹ Schizophrenia Expert Center Fondation Fondamental, Créteil, France

² Schizophrenia Expert Center Fondation Fondamental, Clermont-Ferrand, France

* Corresponding author.

Objectives The relation between C-reactive protein (CRP), depression and antidepressant consumption has been well explored in major depressive disorders but not in schizophrenia, which has a high rate of depression comorbidity. The objectives of this study were:

- to determine the prevalence of abnormal CRP levels, depression and antidepressant consumption in a multi-center community-dwelling sample of subjects with schizophrenia;
- to determine the association between abnormal CRP levels, depression and antidepressant consumption in schizophrenia.

Method Two hundred and nineteen stable patients with schizophrenia (mean age = 31.6 years, 75.3% male gender) were systematically included in the multicentre network of FondaMental Expert Center for schizophrenia (FACE-SZ) and assessed with Calgary Depression Scale for depression. High sensitivity CRP (hs-CRP) was measured with an assay using nephelometry (Dade Behring). Abnormal CRP level was defined by levels > 3 mg/L. Current medication was recorded.

Results Overall, 63 subjects (28.8%) were found to have abnormal CRP levels, 43 (20.1%) received a diagnosis of comorbid current depression, and 51 (31.9%) had ongoing antidepressant treatment. In univariate analysis, abnormal CRP levels were found to be significantly associated with metabolic syndrome ($P=0.0011$) and with antidepressant consumption ($P=0.01$), while depression, psychotic symptomatology, age of onset, illness duration, sociodemographic characteristics, current tobacco or cannabis status were not (all $P>0.05$).

In a multivariate model, abnormal CRP was highly associated with antidepressant consumption independently of other confounding variables (adjusted odd ratio = 2.9, 95% confidence interval 1.2–6.8). **Conclusion** Abnormal CRP levels in schizophrenia were found to be associated with antidepressant consumption, but not with depression.

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

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FC69

Birth by cesarean section and schizophrenia. Results from the multi-center FACE-SZ dataset

G. Fond^{1,*}, L. Boyer², P.M. Llorca³, M. Leboyer¹

¹ Schizophrenia Expert Center Fondation Fondamental, Créteil, France

² Pôle de psychiatrie universitaire, Pôle de psychiatrie universitaire, Marseille, France

³ Schizophrenia Expert Center Fondation Fondamental, Clermont-Ferrand, France

* Corresponding author.

Objectives Children born by cesarean section (“c-birth”) are known to have different microbiota and a natural history of different disorders including allergy, asthma and overweight compared to vaginally born (“v-birth”) children. C-birth is not known to increase the risk of schizophrenia (SZ), but to be associated with an earlier age at onset. To further explore possible links between c-birth and SZ, we compared clinical and biological characteristics of c-born SZ patients compared to v-born ones.

Method Four hundred and fifty-four stable community-dwelling SZ patients (mean age = 32.4 years, 75.8% male gender) were systematically included in the multicentre network of FondaMental Expert Center for schizophrenia (FACE-SZ).

Results Overall, 49 patients (10.8%) were c-born. These patients had a mean age at schizophrenia onset of 21.9 ± 6.7 years, a mean duration of illness of 10.5 ± 8.7 years and a mean PANSS total score of 70.9 ± 18.7 . None of these variables was significantly associated with c-birth. Multivariate analysis showed that c-birth remained associated with lower peripheral inflammation (aOR = 0.07; 95% CI 0.009–0.555, $P=0.012$) and lower premorbid ability (aOR = 0.945; 95% CI 0.898–0.994, $P=0.03$) independently of age, age at illness onset, sex, education level, psychotic and mood symptomatology, antipsychotic treatment, tobacco consumption, birth weight and mothers suffering from schizophrenia or bipolar disorder.

Conclusion Altogether, literature data as well as our results suggest that c-birth is associated with lower weight gain and lower inflammation in schizophrenia, which could be explained by microbiota differences. Further studies should take into account c-birth when exploring the role of microbiota in SZ patients.



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

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FC70

Abnormal connectivity in dorsolateral prefrontal cortex in schizophrenia patients and unaffected relatives



L. Galindo^{1,*}, F. Pastoriza², D. Bergé³, A. Mané³, N. Roé³, N. Pujol³, M. Picado³, A. Bulbena³, V. Perez⁴, O. Vilarroya⁵

¹ IMIM Foundation, Neuropsychiatry and Addictions Institute INAD of Parc de Salut Mar, Barcelona, Spain

² IMIM Foundation, Psychiatry, Barcelona, Spain

³ Neuropsychiatry and Addictions Institute of Parc de Salut Mar, IMIM Foundation, Barcelona, Spain

⁴ Neuropsychiatry and Addictions Institute of Parc de Salut Mar, IMIM Foundation. Universitat Autònoma de Barcelona, CIBERSAM G21, Barcelona, Spain

⁵ Universitat Autònoma de Barcelona, IMIM Foundation, Barcelona, Spain

* Corresponding author.

Objectives The aim of this study is to explore connectivity of the left dorsolateral prefrontal cortex (LDLPC) by functional magnetic resonance imaging during resting state, in subjects affected by schizophrenia and unaffected relatives.

Methods We recruited a group of 29 patients diagnosed with schizophrenia, who were treated with atypical antipsychotics, who are and were clinically stable in the last 6 months and had an illness duration range from 5 up to 15 years. We also recruited a group of 23 unaffected relatives, without history of other mental, neurological or somatic disease and a group of 37 healthy volunteers. No subject in any of the three groups met criteria for substance use disorders.

All three groups were clinically evaluated, and a functional magnetic resonance during Resting State was performed.

Functional images were reoriented to the first scan, normalized to the MNI EPI template and smoothed with an 8 mm Gaussian kernel, with SPM. The CONN-FMRI Toolbox v1.2 was used to create individual subject seed-to-voxel connectivity maps, to the corresponding seeds of the default mode network.

Results Fig. 1.

Conclusions Our results show a significant increase in connectivity between LDLPC and anterior prefrontal cortex, dorsolateral prefrontal cortex and somatosensory association areas, especially between patients and controls. It is noteworthy to mention that we found a significant decrease in connectivity between LDLPC and supramarginal gyrus, superior temporal gyrus and somatosensory association areas between unaffected relatives and controls.

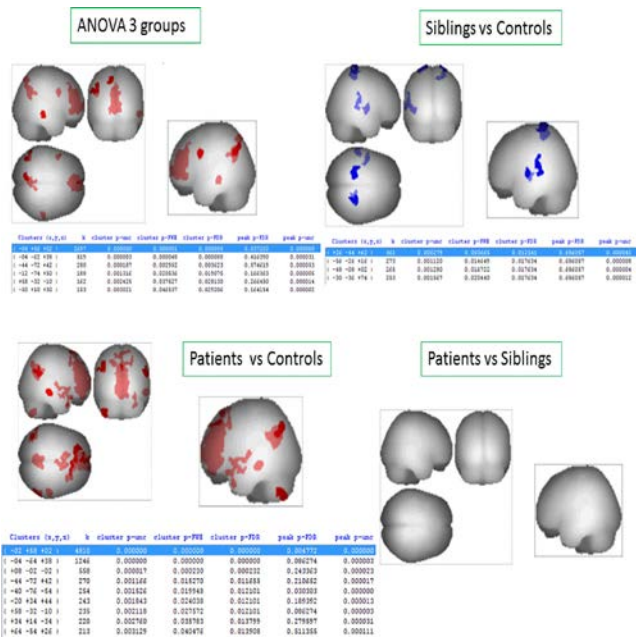


Fig. 1

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

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FC71

An interventional, multi-center, randomized, double-blind, placebo-controlled, active reference, flexible dose study of brexpiprazole in adults with acute schizophrenia

S.R. Marder¹, M. Hakala^{2,*}, M. Gislum³, A. Skuban⁴, E. Weiller⁵, C. Weiss⁶

¹ Desert Pacific Mental Illness Research, Education and Clinical Center, Semel Institute for Neuroscience at UCLA, Department of Psychiatry and Biobehavioral Sciences, Los Angeles, USA

² Lundbeck A/S, ICR Psychiatry, DK, Valby, Denmark

³ H. Lundbeck A/S, Department of Biostatistics, Valby, Denmark

⁴ Otsuka Pharmaceutical Commercialization and Development Inc., Global Clinical Development, Princeton, USA

⁵ H. Lundbeck A/S, Medical Affairs, Valby, Denmark

⁶ Otsuka Pharmaceutical Commercialization and Development Inc., Global Medical Affairs, Princeton, USA

* Corresponding author.

Introduction Brexpiprazole is a serotonin-dopamine activity modulator that is a partial agonist at 5-HT_{1A} and dopamine D₂ receptors at similar potency, and an antagonist at 5-HT_{2A} and noradrenaline alpha_{1B/2C} receptors.

Objectives Evaluating the efficacy, safety, and tolerability of flexible doses of brexpiprazole compared with placebo in patients with acute schizophrenia.

Aim Primary endpoint was change from baseline to week 6 in PANSS total score and key secondary endpoint was change from baseline to week 6 in CGI-S score.

Methods Phase 3, multi-center, randomized, double-blind, placebo-controlled, active reference, trial (NCT01810380). Hospitalized patients were randomized to brexpiprazole (2 to 4 mg/day), placebo, or quetiapine extended release (400 to 800 mg/day) for

6 weeks. Quetiapine was included as an active reference. Changes from baseline were analyzed using an MMRM approach.

Results Mean change in PANSS total score was -20.0 and -15.9 in the brexpiprazole ($n = 150$) and placebo ($n = 159$) groups, respectively ($P = 0.056$). Sensitivity analyses suggested treatment effect (e.g., ANCOVA, LOCF: $P = 0.025$; ANCOVA, OC: $P = 0.026$). Mean change in PANSS total score (-24.0) with quetiapine ($n = 150$) was significantly greater than that with placebo ($P < 0.001$), demonstrating sensitivity of the assay. Brexpiprazole separated from placebo on the mean change in CGI-S score (-1.2 vs. -0.9, $P = 0.014$). The proportion of patients reporting TEAEs were similar between the brexpiprazole and placebo treatment groups (54% versus 54.7%).

Conclusion Treatment with brexpiprazole showed a clinically meaningful improvement in patients with acute schizophrenia. While the difference between brexpiprazole and placebo only approached statistical significance, sensitivity analyses and secondary endpoints supported a treatment effect of brexpiprazole.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.075>

FC72

Are self-stigma and coping strategies interrelated in outpatients with schizophrenia spectrum disorders using the psychiatric medication?

Cross-sectional study

M. Holubova^{1,2,*}, J. Prasko¹, R. Hruby³, K. Latalova¹, M. Slepecky⁴, M. Marackova¹, D. Kamaradova¹, T. Gubova²

¹ Faculty of Medicine and Dentistry, Palacky University Olomouc, University Hospital Olomouc, Department of Psychiatry, Olomouc, Czech Republic

² Regional Hospital Liberec, Department of Psychiatry, Liberec, Czech Republic

³ Psychiatric Outpatient Department, Psychiatric Outpatient Department, Martin, Slovakia

⁴ Faculty of Social Science and Health Care, Constantine the Philosopher University in Nitra, Department of Psychology Sciences, Nitra, Slovakia

* Corresponding author.

Introduction Self-stigma is the maladaptive psychosocial phenomenon that can affect the patient's self-image, may lead to dysphoria, social isolation, reduced adherence and quality of life. Maladaptive coping strategies may adversely disturb the overall functioning of psychiatric patients.

Objectives Thinking about coping strategies and self-stigma in practice may play a significant role in understanding patients with schizophrenia spectrum disorders, especially for mental health professionals. Focus on coping strategies could be a useful concept in supportive and educational therapy to help patients in using more adaptive coping strategies and decrease their self-stigma.

Aims The aim of this study was to determine the relation between coping strategies and the self-stigma among outpatients with schizophrenia and related disorders.

Methods Stress Coping Style Questionnaire (SVF-78), Internalized Stigma of Mental Illness (ISMI) and severity of the disorder (measured by Clinical Global Impression objective and subjective form) were assessed.

Results One hundred and four patients suffering from schizophrenia ($n = 67$), schizoaffective disorder ($n = 30$), polymorphic psychotic disorder ($n = 3$), schizotypal disorder ($n = 2$) and delusional disorder ($n = 2$) were included in the study. The results showed that there was a high positive correlation between negative coping and self-stigma, and the negative correlation between positive strategies and the overall score of self-stigma. Stepwise regression analysis showed that negative coping (especially resignation), subjective severity SubjCGI and positive coping



strategies (especially positive self-instruction) explains 52.8% of the overall score variance of self-stigma (Tables 1–3).

Conclusions This study revealed that there is a connection between self-stigma and coping strategies in patients suffering from schizophrenia spectrum disorders.

Table 1 Description of the sample, demographic and clinic at data.

VARIABLE	MEAN AND STANDARD DEVIATION
Age	42.19 ± 10.09
Gender (M: F)	41:63
Age of the disease onset	26.06 ± 8.95
Lifetime duration of treatment	15.67 ± 9.57
Minimum	1
Maximum	45
Number of hospitalizations	4.17 ± 4.03
Psychiatric heredity	
Same disorder	15 (14.4 %)
Other disorder	39 (37.5 %)
Without	48 (46.2 %)
Education:	
elementary	10 (9.6 %)
vocational training	26 (25.0 %)
secondary school	51 (49.0 %)
university	16 (15.5 %)
Marital Status:	
single	61 (58.7 %)
married	24 (23.1 %)
divorced	16 (15.4 %)
widowed	1 (2.8 %)
Employment Yes/No	33/71
Retirement	
Full invalidity	88
Partial invalidity	61
Old-age	20
From parent family	7
From incomplete family	66
Brother/sister Yes/No	31
Birth order	
First-born	91/13
Second-born	44
Third-born	37
Using psychiatric medication Yes/No	10
Regular use	102/2
Regularly, more than prescribed amount	94
Irregularly use	2
ObjCGI severity	7
SubjCGI severity	4.12 ± 0.95
	2.76 ± 1.39

Table 2 Description of using coping strategies and self-stigma in outpatients.

COPING STRATEGIES	T-score mean	Self-stigma ISMI	Mean and sd
Underestimation	47.77 ± 12.87	Alienation	13.40 ± 3.86
Guilt denial	54.35 ± 12.2	Stereotype agreement	14.06 ± 3.37
Diversión	50.88 ± 9.88	Perceived discrimination	11.17 ± 3.25
Compensatory satisfaction	55.57 ± 10.2	Social withdrawal	13.11 ± 3.69
Situation control	44.95 ± 11.08	Stigma resistance	12.67 ± 2.36
Reaction control	47.76 ± 10.8	Overall score	64.30 ± 13.49
Positive self-instruction	41.37 ± 11.95		
Need for social support	50.98 ± 11.02		
Active avoidance	55.76 ± 8.9		
Escape tendency	61.82 ± 9.42		
Perseveration	49.9 ± 12.5		
Resignation	60.44 ± 10.95		
Self-accusation	53.29 ± 12.61		
Using negative coping	59.04 ± 11.24		
Using positive coping	49.5 ± 11.8		

Abbreviations: Average use of coping 40–60 T-score, more than 60 overusing, less than 40 reduced using

Table 3 Correlations between self-stigma and coping strategies.

Coping / Subscore	Whole score	Alienation	Stereotype agreement	Perceived discrimination	Social withdrawal	Stigma resistance
Underestimation	-0.424***	-0.397***	-0.300**	-0.282**	-0.459***	-0.219*
Guilt denial	-0.256**	-0.149	-0.317**	-0.152	-0.226*	-0.261**
Diversión	-0.365***	-0.310**	-0.336**	-0.254*	-0.276**	-0.363***
Compensatory satisfaction	-0.223*	-0.089	-0.233*	-0.132	-0.165	-0.294**
Situation control	-0.219*	-0.202*	-0.218*	-0.103	-0.133	-0.263**
Reaction control	-0.377***	-0.337***	-0.385***	-0.313**	-0.300**	-0.265**
Positive self-instruction	-0.555***	-0.464***	-0.521***	-0.322**	-0.447***	-0.468***
Need for social support	0.121	0.192	0.047	0.154	0.097	0.070
Active avoidance	-0.019	0.047	-0.138	-0.059	0.033	-0.039
Escape tendency	0.434***	0.428***	0.271**	0.236*	0.375***	0.303**
Perseveration	0.436***	0.504***	0.281*	0.345***	0.456***	0.148
Resignation	0.637***	0.631***	0.485***	0.388***	0.570***	0.403***
Self-accusation	0.454***	0.494***	0.381***	0.266**	0.417***	0.194*
Negative coping	0.598***	0.632***	0.412***	0.386***	0.570***	0.280**
Positive coping	-0.491***	-0.399***	-0.464***	-0.315***	-0.406***	-0.431***

Abbreviations: Pearson's correlation, * p<0.05; ** p<0.01; *** p<0.001

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

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FC73

Lifetime antipsychotic use and brain structures in schizophrenia and other psychoses – 43-year study of the Northern Finland Birth Cohort 1966

S. Huhtaniska^{1,2,3,*}, I. Korkala^{1,2}, T. Heikka¹, J. Tohka⁴, J. Manjon⁵, P. Coupe⁶, J. Remes⁷, J. Moilanen^{3,8}, V. Kiviniemi⁷, L. Björnholm¹, M. Isohanni^{1,8}, J. Veijola^{1,3,8}, G. Murray^{9,10}, E. Jääskeläinen^{1,2,3,8}, J. Miettunen^{1,2,3,8}

¹ University of Oulu, Institute of Clinical Medicine, Research Unit for Clinical Neurosciences, Oulu, Finland

² University of Oulu, Center for Life Course Epidemiology and Systems Medicine, Oulu, Finland

³ Oulu University Hospital and University of Oulu, Medical Research Center Oulu, Oulu, Finland

⁴ Universidad Carlos III de Madrid, Department of Bioengineering and Aerospace Engineering, Madrid, Spain

⁵ Universitat Politècnica de València, Instituto de Aplicaciones de las Tecnologías de la Información y de las Comunicaciones Avanzadas, Valencia, Spain

⁶ Laboratoire Bordelais de Recherche en Informatique, Unité Mixte de Recherche CNRS UMR 5800, PICTURA Research Group, 351, cours de la Libération, Talence, France

⁷ Oulu University Hospital, Department of Diagnostic Radiology, Oulu, Finland

⁸ Oulu University Hospital, Department of Psychiatry, Oulu, Finland

⁹ University of Cambridge, Department of Psychiatry, Cambridge, United Kingdom

¹⁰ University of Cambridge, Behavioural and Clinical Neuroscience Institute, Cambridge, United Kingdom

* Corresponding author.

Introduction The effects of long-term antipsychotic medication use on structural brain changes in psychoses are still unknown. Severity and duration of illness are key confounders when evaluating antipsychotic effects on brain morphology.

Objectives Understanding the role of antipsychotic medication on brain morphology in psychoses.

Aims To analyze whether cumulative lifetime or current antipsychotic medication dose relates to brain morphology in schizophrenia and other psychoses at age of 43 years.

Methods Forty-four schizophrenia cases and 35 with other psychoses from the Northern Finland Birth Cohort 1966 were scanned on a 1.5T GE Signa scanner and brain structures were extracted using volBrain automated volumetry system (<http://volbrain.upv.es>). Data of antipsychotic medication were collected from medical records and interviews. We used linear regression model to analyze the effect of antipsychotic medication on brain volumes and used intracranial volume and onset age as covariates. We also performed additional analyses adding psychotic symptoms (PANSS Total score) as a covariate.

Results Higher lifetime and current dose associated to left lateral ventricle increase ($b=0.33$, $P=0.033$; $b=0.307$, $P=0.042$, respectively) and right and left accumbens decrease ($b=-0.405$, $P=0.013$, $b=-0.404$, $P=0.010$; $b=-0.302$, $P=0.027$, $b=-0.282$, $P=0.036$, respectively) in schizophrenia but not in other psychoses. When PANSS was added to the model, the findings remained regarding right and left accumbens, but not regarding left lateral ventricle.

Conclusions It seems that antipsychotic medication affects the brain in schizophrenia, but not in the heterogeneous group of other psychoses. In schizophrenia, brain changes associated to antipsychotic medication cannot be explained by illness duration or symptom severity.

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

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FC74

Association between drug-induced hyperprolactinemia related adverse events on women schizophrenia patients with DRD2 Taq1 polymorphism



J.J. Moon¹, J.M. An¹, J.C. Shim¹, D.U. Jung^{1,*}, B.G. Kong¹, J.W. Kang¹, D.W. Jeon¹, H.S. Kim²

¹ Inje University Busan Paik Hospital, Psychiatry, Busan, Republic of Korea

² Inje University Busan Paik Hospital, Clinical Pharmacology, Busan, Republic of Korea

* Corresponding author.

Objectives To observe the association between adverse effects of long-term use of antipsychotic drugs in female schizophrenic patients and dopamine D2 receptor (DRD2), cytochrome P450 (CYP) 2D6, estrogen receptor- α gene (ESR1).

Method The subjects were 89 female schizophrenic patients (age range from 18 to 40) who had been taking the same medication for more than 3 months. The adverse effects with regard to hyperprolactinemia were studied through the blood collection at one point of the subjects. Furthermore, the effect of DRD2, CYP2D6, ESR1 on serum prolactin level and amenorrhea was analyzed.

Results There was a lower concentration of E2 in patients with amenorrhea. In addition, an inverse correlation was found between prolactin level and E2 level. Hyperprolactinemia (HPRL) was commonly found in patients who had been using risperidone, amisulpride and paliperidone; in contrast, HPRL was found less in those who had been taking aripiprazole, olanzapine, ziprasidone, clozapine and quetiapine. Moreover, female schizophrenic patients who had DRD2 Taq1 A1 allele had twice the chance of developing amenorrhea than those who did not have A1 allele. Female schizophrenic patients who had Taq1 A1 allele also had 48% higher concentration level of prolactin than those who did not have A1 allele. There was no association found between prolactin and CYP2D6 or ESR1.

Conclusion Female schizophrenic patients who had DRD2 Taq1 A1 allele showed high prolactin level and high-frequency of HPRL. Therefore, reducing the use of prolactin-elevating antipsychotics for female schizophrenic patients with DRD2 Taq1 A1 allele would

be one method minimizing the adverse effects of drug-induced hyperprolactinemia.

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

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FC75

Affectivity during social behaviour in a schizophrenic-like rat



L. Kai^{1,*}, D. Gill², G. Wegener³, A. Tasker²

¹ Aarhus University, Translation Neuropsychiatry Unit, Aarhus, Denmark

² University of Prince Edward Island, Biomedical Department, Charlottetown, Canada

³ Aarhus University, Translational Neuropsychiatry Unit, Aarhus, Denmark

* Corresponding author.

Introduction Rats are social animals that produce high-frequency whistles said to reflect their underlying affective state. Injecting rats with a glutamate agonist (domoic acid) at a sensitive period of brain development, models aspects of schizophrenia. This is known as the neonatal DOM model.

Aims We investigated whether DOM rats display altered social behaviour – as seen in patients with schizophrenia – using their high-frequency whistles as a proxy for the emotional valence of social situations.

Methods We used 19 male Sprague Dawley rats, injected with either a low-dose of domoic acid or saline at postnatal days 8 to 14. The social behaviour of the rats was investigated at four levels:

- anticipation of social interaction;
- dyadic encounter;
- three-chamber test;
- tickling.

Tests were carried out at postnatal days 34 to 40 and 50 to 56. Rat whistles were recorded on all days of testing.

Results In progress.

Conclusions The interest in rat whistles as a supplement to traditional behavioural tests has increased. New software allows for detailed qualitative analysis of the whistle subtypes and thus new complexity to their interpretation. This study can help unravel information encoded in the whistles and shed light on the social behaviour of the DOM rat thus investigating its applicability as a model of schizophrenia.

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

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FC76

Maternal obstetric complications and intellectual functioning in patients with schizophrenia and their healthy siblings



H. Karakula-Juchnowicz^{1,*}, D. Juchnowicz², P. Krukow³, J. Moryłowska-Topolska³, J. Pawezka⁴, M. Flis⁵, R. Markiewicz⁶, A. Urbanska⁴

¹ Medical University of Lublin, Department of Clinical Neuropsychiatry I Department of Psychiatry Psychotherapy and Early Intervention, Lublin, Poland

² University of Pedagogy of Białystok, Department of Psychology, Białystok, Poland

³ Medical University of Lublin, Department of Clinical Neuropsychiatry, Lublin, Poland

⁴ Medical University of Lublin, II Department of Psychiatry and Psychiatric Rehabilitation, Lublin, Poland

⁵ Medical University of Lublin, I Department of Psychiatry Psychotherapy and Early Intervention, Lublin, Poland

⁶ Medical University of Lublin, Department of Psychiatric Nursing
Faculty of Nursing and Health Sciences, Lublin, Poland

* Corresponding author.

Objectives Intellectual functioning in schizophrenia has been associated with genetic vulnerability and obstetric complications.

Aims The aim of this study was to assess:

– the incidence of complications during pregnancy, labor and delivery;

– the association of OCs with general intellectual ability in two groups: patients with schizophrenia and their healthy siblings.

Methods Forty-two patients with schizophrenia according to DSM-IV and 43 their healthy siblings were included in the study and examined using MINI and WAIS-R. Their mothers were interviewed to gather data on OCs. The ‘midwife protocol’ of Parnas et al. was used to quantify the presence and entity of OCs.

Results Asphyxia, mother’s serious illness during pregnancy, premature delivery with weight <2500 g, labor time >48 h, infarcts in the placenta and eclampsia were statistically more frequent in schizophrenic group. OCs were more common in individuals with a family history. The two investigated groups were different in the following WAIS-R subtests: comprehension ($P=0.018$), block design ($P=0.0001$), digit symbol ($P=0.001$), as well as in performance IQ and total IQ. In the patient group, correlations between OCs indexes and WAIS-R results include all intelligence quotients (verbal, performance, total IQ) and 5 WAIS-R subtests, while in the sibling group: verbal and total IQ and 2 subtests. The correlation between Vocabulary subtest and OCs was the strongest in both groups.

Conclusion OCs may interact with genetic vulnerability to increase the risk of schizophrenia and have been associated with cognitive deficits in the patient group.

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

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FC77

Premorbid social adjustment is better in cannabis-using than non-using psychotic patients across Europe

L. Ferraro^{1,*}, V. Capuccio², A. Mulè¹, C. La Cascia¹, L. Sideli¹, G. Tripoli¹, F. Seminerio¹, C. Sartorio¹, D. La Barbera¹, R. Murray³, M. Di Forti⁴

¹ University of Palermo, Psychiatry, Palermo, Italy

² University of Palermo, Statistics, Palermo, Italy

³ King’s College of London, Psychosis Studies, London, United Kingdom

⁴ King’s College of London, Social, Genetic and Developmental Psychiatry, London, United Kingdom

* Corresponding author.

Introduction A number of authors have hypothesized that psychotic patients who consume cannabis constitute a differentiated subgroup of patients that have better cognitive and social skills, necessary to engage in illegal drug consumption, than non-using patients.

Objectives Given that the prevalence, and patterns, of cannabis use are culturally driven, we wanted to study first-episode psychosis (FEP) cannabis-using and non-using patients coming from different European countries as part of the EUGEI-STUDY.

Aims We tested the hypothesis of better premorbid social adjustment in cannabis-using FEP patients, by comparing them to FEP non cannabis users and to their respective healthy controls.

Methods A total of 1745 people (746 cases; 999 controls) completed the assessment for premorbid adjustment [Premorbid Adjustment Scale (PAS)] and cannabis use (CEQ-Revised). We first extracted the Premorbid Social Adjustment Factor (PSA) from PAS and then performed linear mixed models with PSA as dependent variable and cannabis lifetime (Yes/No) and subject status

(Cases/Controls) as independent variables. We then considered ‘Country’ as random intercept.

Results Across all countries, PSA scores were better in patients who had smoked cannabis in their lifetime than patients who had not ($P=0.009$). The difference in PSA score between cannabis users and non-users was significantly greater in cases than controls ($P=0.038$). The relationship between PSA, cannabis lifetime (Yes/No) and subject status among nations (random intercept) is shown on Fig. 1.

Conclusions Cannabis-using psychotic patients show better premorbid social adjustment than non-using patients, across 5 European countries.

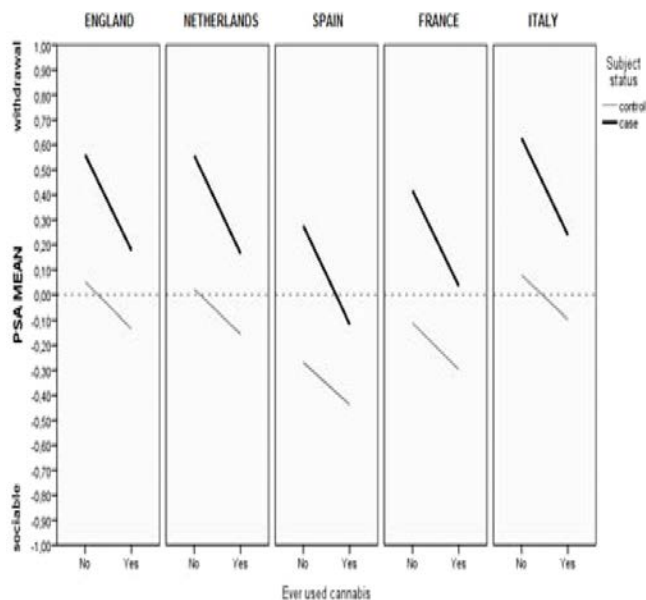


Fig. 1 PSA scores by subject status (cases/controls) and cannabis use (yes/no) across different countries.

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

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FC78

Disrupted thalamo-orbitofrontal but not fronto-temporal white matter connectivity in people with schizotypal personality disorder

T.Y. Lee*, S.N. Kim, J.S. Kwon

Seoul National University College of Medicine, Psychiatry, Seoul, Republic of Korea

* Corresponding author.

Introduction Despite patients with schizophrenia showed the deficits in the fronto-temporal and thalamo-frontal connectivity, the white matter connectivity in patients with schizotypal personality disorder had not been systematically investigated.

Methods This study involved 40 neuroleptic-naïve patients with schizotypal personality disorder (SPD), 60 patients with schizophrenia (SCZ), and 100 healthy controls (HC), and scanned on the 3T MRI scanner. Probabilistic tractography was performed using the FATCAT software in AFNI. The target brain regions (bilateral lateral frontal, medial frontal, orbitofrontal, temporal and thalamus) were extracted from the automated segmentation and cortical parcellation. Cross-sectional comparisons in mean fractional anisotropy (FA) performed on the thalamo-lateral frontal, thalamo-medial frontal, thalamo-orbitofrontal, lateral frontal-temporal and

orbitofrontal-temporal pathway. We also analyzed the relationship between the white matter pathway and the Positive and Negative Syndrome Scale and GAF.

Results The diffusion tensor imaging showed that SCZ and SPD had decreased FA in the left thalamo-orbitofrontal pathway. However, SPD showed no alteration in the fronto-temporal pathway, despite SCZ showed decreased FA in the left temporo-orbitofrontal pathway. In SCZ, there were significant correlations between FA value in the left temporo-orbitofrontal pathway and negative symptoms score in PANSS and GAF score. However, SPD showed the trend level relationship between the GAF score and FA value in the left temporo-orbitofrontal pathway.

Conclusion These results suggest that the deficits in thalamo-frontal connectivity may be a trait marker of schizophrenia spectrum disorder, and the deficits in fronto-temporal connectivity may play a key role towards the vulnerability of psychosis.

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

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FC79

Trends of hospitalization for schizoaffective disorder (SD) in USA: A nationwide analysis



Z. Mansuri^{1,*}, S. Shambhu¹, P. Yadav², M. Rathod¹, U. Mansuri³

¹ Drexel University, School of Public Health, Philadelphia, USA

² Thomas Jefferson University, Kimmel Cancer Center, Philadelphia, USA

³ Icahn School of Medicine at Mount Sinai, School of Public Health, New York, USA

* Corresponding author.

Objectives Schizoaffective disorder (SD) is an important cause of morbidity and mortality in hospitalized patients. While SD has been extensively studied in the past, the contemporary data for impact of SD on cost of hospitalization are largely lacking.

Methods We queried the Healthcare Cost and Utilization Project's Nationwide Inpatient Sample (HCUP-NIS) dataset between 1998–2011 using the ICD-9 codes. Severity of comorbid conditions was defined by Deyo modification of Charlson comorbidity index. Primary outcome was in-hospital mortality and secondary outcome was total charges for hospitalization. Using SAS 9.2, Chi² test, *t*-test and Cochran-Armitage test were used to test significance.

Results A total of 4,66,800 patients were analyzed; 50.90% were female and 49.10% male ($P < 0.0001$); 61.15% were white, 25.97% black and 12.88% of other race ($P < 0.0001$). Rate of hospitalization increased from 13,035.05/million to 26,703.21/million from 1998–2011. Overall mortality was 0.50% and mean cost of hospitalization was 20,995.19\$. The in-hospital mortality increased from 0.46% to 0.50% ($P < 0.0001$) and mean cost of hospitalization increased from 11,504.94\$ to 31,460.67\$. Total spending on SD related admissions increased from \$1.2 billion/year to \$6.6 billion/year.

Conclusions While mortality has slightly increased from 1998 to 2011, the cost has significantly increased from \$1.2 billion/year to \$6.6 billion/year which leads to an estimated \$5.4 billion/year additional burden to US health care system. In the era of cost conscious care, preventing SD related hospitalization could save billions of dollars every year. Focused efforts are needed to establish preventive measures for SD related hospitalization.

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

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FC80

Trends of hospitalization for schizophrenia in USA: A nationwide analysis



Z. Mansuri^{1,*}, M. Rathod¹, A. Sutaria¹, S. Shambhu¹, P. Yadav², U. Mansuri³

¹ Drexel University, School of Public Health, Philadelphia, USA

² Thomas Jefferson University, Kimmel Cancer Center, Philadelphia, USA

³ Icahn School of Medicine at Mount Sinai, School of Public Health, New York, USA

* Corresponding author.

Objectives Schizophrenia is an important cause of morbidity and mortality in hospitalized patients. While schizophrenia has been extensively studied in the past, the contemporary data for impact of schizophrenia on cost of hospitalization are largely lacking.

Methods We queried the Healthcare Cost and Utilization Project's Nationwide Inpatient Sample (HCUP-NIS) dataset between 1998–2011 using the ICD-9 codes. Severity of comorbid conditions was defined by Deyo modification of Charlson comorbidity index. Primary outcome was in-hospital mortality and secondary outcome was total charges for hospitalization. Using SAS 9.2, Chi² test, *t*-test and Cochran-Armitage test were used to test significance.

Results A total of 443,659 patients were analyzed; 38.78% were female and 61.22% were male ($P < 0.0001$); 48.19% were white, 35.30% black and 16.51% of other race ($P < 0.0001$). Rate of hospitalization increased from 56,768.47/million to 79,444,666/million from 1998–2011. Overall mortality was 0.70% and mean cost of hospitalization was 23,568.47\$. The in-hospital mortality decreased from 0.75% to 0.73% ($P < 0.0001$) and mean cost of hospitalization increased from 12,775.64\$ to 36,768.58\$. Total spending on schizophrenia related admissions have increased from \$1.75 billion/year to \$6.23 billion/year.

Conclusions While mortality has slightly decreased from 1998 to 2011, the cost has significantly increased from \$1.75 billion/year to \$6.23 billion/year which leads to an estimated \$4.48 billion/year additional burden to US health care system. In the era of cost conscious care, preventing schizophrenia related hospitalization could save billions of dollars every year. Focused efforts are needed to establish preventive measures for schizophrenia related hospitalization.

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

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FC81

Electrophysiological mechanisms underlying ERP amplitude reduction in patients with schizophrenia: A time-frequency analysis



D.D. Marasco^{1,*}, A. Vignapiano², G. Di Lorenzo³, A. Mucci², M. Altamura¹, A. Petito¹, M. Caroprese¹, C. Niolu³, A. Bellomo¹, S. Galderisi²

¹ Laboratory of Neurophysiology, Department of Clinical and Experimental Medicine, Section of Psychiatry, University of Foggia, Foggia, Italy

² Department of Psychiatry, University of Naples SUN, Naples, Italy

³ Department of Systems Medicine, University of Rome "Tor Vergata", Rome, Italy

* Corresponding author.

Background It is hypothesized that the event-related potentials are generated by different electrophysiological mechanisms, i.e., event-related power increase and enhanced degree of phase-locking over trial. The study aimed to characterize the relative

contribution of these mechanisms to the ERP in patients with schizophrenia (SCZ).

Materials and methods One hundred and fifteen chronic stabilized SCZ and 62 healthy controls (HC) recruited to the study of the Italian Network for Research on Psychoses were included. Scalp potentials were recorded during a standard auditory oddball task. Stimulus-locked segments were extracted for all standard trials and correctly hit target trials. Trials contaminated by other artifacts were rejected. For each subject and stimulus type the event-related spectral perturbation (ERSP) and the inter-trial-coherence (ITC) were computed to assess event-related power increase and inter-trial phase-locking. The two groups were compared using Student's *t*-test followed by Bonferroni correction for multiple comparisons.

Results SCZ presented a reduced amplitude of both N100 and P3b. For both standard and target stimuli, at Cz and Pz, ERSP was reduced in SCZ in the delta-theta band (from 0 up to 400 ms). The ITC index, at the same channels, was reduced in SCZ in the delta band for standard stimuli (from 0 to 300 ms), and in both delta and theta bands for target stimuli (from 300 to 400 ms).

Conclusions Our results indicate that alterations of both mechanisms are involved in N100 and P3b amplitude reduction observed in SCZ. Inter-trial phase-locking abnormalities for N100 were limited to the delta band, while for P3b involved delta and theta frequencies.

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

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FC82

Methylenetetrahydrofolate reductase (MTHFR) gene polymorphisms and antipsychotic-induced metabolic disturbances in first-episode schizophrenia patients



B. Misiak^{1,*}, Ł. Łączmański², K. Słoka², E. Szmida³, R. Ślęzak³, P. Piotrowski¹, A. Kiejna¹, D. Frydecka¹

¹ Wrocław Medical University, Department of Psychiatry, Wrocław, Poland

² Wrocław Medical University, Department of Endocrinology and Diabetology, Wrocław, Poland

³ Wrocław Medical University, Department of Genetics, Wrocław, Poland

* Corresponding author.

Introduction There is a scarcity of prospective studies addressing the influence of the *methylenetetrahydrofolate reductase* (*MTHFR*) gene polymorphisms on antipsychotic-induced metabolic changes in first-episode schizophrenia (FES) patients.

Objectives We aimed at investigating metabolic side effects of second-generation antipsychotics (SGAs) with respect to the *MTHFR* gene polymorphisms in FES patients.

Methods Polymorphisms in the *MTHFR* gene (C677T and A1298C) were investigated with respect to changes in body mass index (BMI) and waist circumference (WC) together with serum levels of glucose, lipids, homocysteine, vitamin B12 and folate after 12 weeks of treatment with SGAs in 135 FES patients.

Results The 677TT genotype was associated with significantly higher BMI, WC and serum levels of triglycerides, as well as significantly lower folate levels at baseline. Additionally, the 677T allele was associated with significantly lower folate levels at baseline. The 677CC homozygotes had significantly higher increase in BMI and serum levels of triglycerides. The 677TT genotype predicted significantly higher increase in homocysteine levels and significantly higher decrease in folate levels. These associations were also significant in the allelic analysis. Only the patients with the 677T allele had significantly lower folate levels and significantly higher homocysteine levels at the follow-up. The 677T allele was also related to

significantly lower increase in WC. The 1298CC homozygotes had significantly higher weight gain in the course of treatment with SGAs.

Conclusions The *MTHFR* gene polymorphisms might predict antipsychotic-induced weight gain in FES patients. In addition, the *MTHFR* C677T polymorphism might be also predictive with respect to other metabolic adversities of SGAs.

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

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FC83

Clinical symptomatology and theory of mind in schizophrenia: Which relationship?



J. Mrizak*, R. Trabelsi, A. Arous, A. Aissa, H. Ben Ammar, Z. El Hechmi

Razi Hospital, Psychiatry F, Mannouba, Tunisia

* Corresponding author.

Introduction Theory of mind (ToM) has repeatedly been shown to be compromised in many patients with schizophrenia (SCZ). It now seems to be quite well-established that patients with profound negative or disorganized symptoms perform poorly on ToM tasks. By contrast, findings in patients with predominant positive symptoms are much more ambiguous.

Objectives To investigate the relationship between ToM deficits and different symptoms dimensions in SCZ.

Methods Fifty-eight outpatients with stable SCZ completed the intention-inferencing task (IIT), in which the ability to infer a character's intentions from 28 short comic strip stories is assessed. Symptomatology evaluation comprised the Positive and Negative Syndrome Scale (PANSS), the Calgary Depression Scale for Schizophrenia (CDSS) and the Clinical Global Impressions Scale Improvement and severity (CGI).

Results The number of correct answers in the IIT negatively correlated with both the positive ($P=0.015$) and negative ($P<0.0001$) scales of the PANSS. ToM deficits were correlated with the conceptual disorganization, hallucinations and the suspiciousness/persecution items.

The patients who had more false answers in the IIT also had significantly higher scores at the positive ($P=0.005$), negative ($P<0.0001$) and general ($P<0.0001$) scales of the PANSS. Worse IIT performance correlated with a higher severity index in the CGI. No correlations were found between IIT scores and CDSS scores.

Conclusions Our results confirm the relationship between ToM deficits and negative symptoms and suggest that ToM may also be correlated to specific positive symptoms.

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

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FC84

Effectiveness of long-acting injectables and clozapine in a real-world setting during the early-stages of psychotic illness



E.G. Ostinelli*, E. Guanella, S. Cavallotti, C. Casetta, A. D'Agostino

San Paolo Hospital, Department of Health Sciences, Milan, Italy

* Corresponding author.

Introduction Intervention in the early-stages of psychosis may be able to shape the clinical course; critical period (CP) is best represented by the first 5 years from first admission (FA).

Objectives To investigate the effectiveness of pharmacological intervention within and beyond the CP.

Aims (1) To compare hospitalization rates of patients stabilized on treatment with LAIs and CLZ. (2) To determine whether treatment with LAIs and CLZ within CP can influence hospitalization rates.

Methods Data were retrospectively collected from patients diagnosed with non-affective psychoses with FA between 2000 and 2014; 200 patients were then divided into three groups, according to stabilized treatment regimen during the final year of observation: treatment as usual (TAU), CLZ, LAIs. hospitalization duration (HSPD) and frequency (HSP) were calculated for each group.

Results Despite a major severity before assignment to either CLZ or LAIs treatment, HSPD and HSP in both groups shifted below those observed for the TAU arm. Patients who began treatment with LAIs within the CP showed a highly significant decrease of both HSPD and HSP (respectively 17.4 ± 18 vs. 2.6 ± 8.2 ; $Z = -2.856$; $P < 0.005$ and 1.1 ± 0.8 vs. 0.2 ± 0.5 ; $Z = -3.115$; $P < 0.005$). No significant changes in hospitalization rates were observed for subjects who began treatment with LAIs after the CP.

Conclusions Our study confirms that treatment with either CLZ or LAIs significantly impacts the course of psychotic disorders. The data seem to suggest that LAIs and CLZ should be considered more effective than conventional oral antipsychotics in the early-stages of psychotic illness. The difference among treatments tends to wane beyond the CP, especially for LAIs.

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

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FC85

Metabolic syndrome in patients with schizophrenia receiving long-term treatment with lurasidone, quetiapine XR, or risperidone



J. Newcomer¹, M. Tocco², A. Pikalov^{3,*}, H. Zheng³, J. Cucchiari³, A. Loebel³

¹ Florida Atlantic University Charles E. Schmidt College of Medicine, N/A, Boca Raton, USA

² Sunovion Pharmaceuticals Inc., N/A, Marlborough, USA

³ Sunovion Pharmaceuticals Inc., N/A, Fort Lee, USA

* Corresponding author.

Introduction Lurasidone has demonstrated low propensity for metabolic disturbance in adult patients with schizophrenia in short-term studies.

Objectives To evaluate metabolic syndrome occurrence during long-term lurasidone treatment in patients with schizophrenia.

Aims To compare metabolic syndrome rates with lurasidone versus other antipsychotic agents.

Methods Metabolic syndrome rates (as defined by the US National Cholesterol Education Program-Adult Treatment Panel III) were evaluated in adult patients with schizophrenia treated with lurasidone in 2 long-term, active-controlled studies (quetiapine XR or risperidone). In the quetiapine XR-controlled study, patients completing a 6-week, double-blind, placebo-controlled, fixed-dose trial of lurasidone (74 mg/d or 148 mg/d) or quetiapine XR (600 mg/d) continued on double-blind, flexibly dosed lurasidone (37–148 mg/d) or quetiapine XR (200–800 mg/d) for up to 12 months. In the risperidone-controlled study, patients received double-blind, flexibly dosed lurasidone (37–111 mg/d) or risperidone (2–6 mg/d) for up to 12 months.

Results Among patients without metabolic syndrome at baseline in the quetiapine XR-controlled study, 2.4% (2/84) of lurasidone-treated patients and 7.4% (2/27) of quetiapine XR-treated patients developed metabolic syndrome at month 12 ($P = NS$). Of patients without metabolic syndrome at baseline in the risperidone-controlled study, 10.3% (12/117) and 23.2% (16/69) of lurasidone- and risperidone-treated patients, respectively, developed metabolic syndrome at month 12 ($P = 0.02$).

Conclusions Long-term treatment with lurasidone was associated with lower rates of metabolic syndrome in patients with schizophrenia compared to treatment with quetiapine XR or risperidone.

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

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FC86

Neurochemical and behavioral sensitization to d-amphetamine in healthy subjects measured with [¹¹C]-(+)-PHNO-PET



A. Popovic^{1,*}, M. Bauer², L. Bartova¹, U. Sauerzopf¹, N. Praschak-Rieder¹, C. Rami-Mark³, L. Nics³, C. Philippe³, M. Mitterhauser³, W. Wadsak³, S. Kasper¹, M. Willeit¹

¹ Medical University of Vienna, Department of Psychiatry and Psychotherapy, Vienna, Austria

² Medical University of Vienna, Department of Clinical Pharmacology, Vienna, Austria

³ Medical University of Vienna, Department of Nuclear Medicine, Vienna, Austria

* Corresponding author.

Introduction It has been shown that patients with schizophrenia are super-sensitive towards dopamine-releasing agents such as amphetamine. Here, we studied the effects of amphetamine sensitization on amphetamine-induced dopamine release in healthy subjects.

Objectives To measure d-amphetamine-induced dopamine release as measured with the D_{2,3} agonist radioligand [¹¹C]-(+)-PHNO-PET via change in non-displacable binding potential (BP_{ND}) and behavioral measures of d-amphetamine effects with drug effects questionnaire (DEQ) and subjective states questionnaire (SSQ).

Aims To study d-amphetamine-induced sensitization in healthy subjects on a behavioral and neurochemical level with [¹¹C]-(+)-PHNO-PET in order to gain more knowledge on sensitization-induced changes in the dopaminergic system.

Methods Twelve stimulant-naïve healthy male subjects underwent three 90-min [¹¹C]-(+)-PHNO-PET-scans and four oral administrations of d-amphetamine. After a naïve baseline scan, subjects underwent a PET scan with previous ingestion of 0.4 mg/kg bodyweight of d-amphetamine 90–120 minutes before scanning. Subsequently, subjects were sensitized to d-amphetamine with the same dose on two separate days. Thereafter, they underwent another PET scan with previous d-amphetamine ingestion. DEQ and SSQ were administered before, 60 min, 90–120 min, and 210 min after amphetamine ingestion.

Results We found significant sensitization effects on a behavioral level and on a neurochemical level after four administrations of amphetamine. Items of the SSQ, which showed significant sensitization effects were “outgoing”, “energetic”, “lively”, “alert” and “focused”.

Conclusions We were able to induce significant behavioral and neurochemical sensitization in healthy humans, which were measured with [¹¹C]-(+)-PHNO-PET for the first time. This sensitization model will be useful for studying the neurobiology of schizophrenia.

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

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FC87

An observational study of clozapine-induced sedation and its pharmacological management

S. Ramos Perdigues^{1,*}, A. Mane Santacana², R.B. Sauras Quetcuti³, E. Fernandez-Egea⁴

¹ Nuestra Señora de Jesus, Spain

² Hospital Del Mar, Psychiatry, Barcelona, Spain

³ CSMA Horta, Psychiatry, Barcelona, Spain

⁴ Behavioural and Clinical Neuroscience Institute, Psychiatry, Cambridge, United Kingdom

* Corresponding author.

Introduction Clozapine is the only drug approved for resistant schizophrenia, but remains underused because of its side effects. Sedation is common, but its management is unclear.

Objectives To analyze factors associated with clozapine-induced sedation and the efficacy of common treatment strategies.

Aims To determine clozapine-induced sedation factors and possible therapeutic strategies.

Methods Using two years' electronic records of a community cohort of resistant schizophrenia spectrum disorder cases on clozapine, we performed three analyses: a cross-sectional analysis of which factors were associated with number of hours slept (objective proxy of sedation), and two prospective analyses: which factors were associated with changes in hours slept, and the efficacy of the main pharmacological strategies for improving sedation.

Results One hundred and thirty-three patients were included; 64.7% slept at least 9 hours/daily. Among monotherapy patients ($n = 30$), only norclozapine levels ($r = .367$, $P = .033$) correlated with sleeping hours. Multiple regression analyses confirmed the findings ($r = .865$, $P < .00001$). Using the cohort prospectively assessed ($n = 107$), 42 patients decreased the number of hours slept between two consecutive appointments. Decreasing clozapine (40%) or augmenting with aripiprazole (36%) were the most common factors. In the efficacy analysis, these two strategies were recommended to 22 (20.6%) and 23 (21.5%) subjects, respectively. The majority (81.8% and 73.9%) did not report differences in the hours slept.

Conclusions Sedation is common and involves pharmacological and non-pharmacological factors. The only correlation was a weak correlation between norclozapine plasma levels and total sleeping hours. Reducing clozapine and aripiprazole augmentation were the most successful strategies to ameliorate sedation, although both strategies were effective only in a limited number of subjects.

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

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FC88

Trends of hospitalization for schizophreniform disorder in USA: A nationwide analysis

M. Rathod^{1,*}, Z. Mansuri¹, S. Shambhu¹, K. Karnik², A. Sutaria¹, U. Mansuri³

¹ Drexel University, School of Public Health, Philadelphia, USA

² Children's Hospital of San Antonio - Texas, Department of Pediatrics, San Antonio, USA

³ Icahn School of Medicine at Mt. Sinai, School of Public Health, New York, USA

* Corresponding author.

Objectives Schizophreniform disorder (SD) is an important cause of morbidity and mortality in hospitalized patients. While SD has been extensively studied in the past, the contemporary data for impact of SD on cost of hospitalization are largely lacking.

Methods We queried the Healthcare Cost and Utilization Project's Nationwide Inpatient Sample (HCUP-NIS) dataset between 1998–2011 using the ICD-9 codes. Severity of comorbid



conditions was defined by Deyo modification of Charlson comorbidity index. Primary outcome was in-hospital mortality and secondary outcome was total charges for hospitalization. Using SAS 9.2, Chi² test, t-test and Cochran-Armitage test were used to test significance.

Results A total of 8645 patients were analyzed; 36.21% were female and 63.79% were male ($P < 0.0001$); 49.04% were white, 39.06% black and 19.9% of other race ($P < 0.0001$). Rate of hospitalization decreased from 599.22/million to 394.47/million from 1998–2011. Overall mortality was 0.23% and mean cost of hospitalization was 17930.23. The in-hospital mortality reduced from 0.21% to 0.15% ($P < 0.0001$) and mean cost of hospitalization increased from 9662.88\$ to 27,749.68\$ from 1998–2011. Total spending on SD related admissions have increased from \$47.59 million/year to \$853.83 million/year.

Conclusions While mortality has slightly decreased from 1998 to 2011, the cost has significantly increased from \$47.59 million/year to \$853.83 million/year, which leads to an estimated \$806.24 million/year additional burden to US health care system from 1998 to 2011. In the era of cost conscious care, preventing SD related hospitalization could save billions of dollars every year. Focused efforts are needed to establish preventive measures for SD related hospitalization.

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FC89

Assessment of cognitive impairment with the cognitive assessment interview (CAI) was useful for identifying poor psychosocial functioning outcome in patients with psychosis

A. Sánchez-Torres^{1,2,3,*}, M.R. Elosúa², R. Lorente-Omeñaca^{1,3}, L. Moreno-Izco^{1,3}, V. Peralta^{1,3}, J. Ventura⁴, M.J. Cuesta^{1,3}

¹ Complejo Hospitalario de Navarra, Department of Psychiatry, Pamplona, Spain

² Universidad Nacional de Educación a Distancia, Department of Basic Psychology I, Madrid, Spain

³ IdiSNA, Navarra Institute for Health Research, Pamplona, Spain

⁴ UCLA, Department of Psychiatry, Semel Institute for Neuroscience and Human Behavior, Los Angeles, USA

* Corresponding author.

Introduction Cognitive impairments clearly impact the daily functioning of patients with psychosis.

Objectives To assess cross-sectionally whether there are differences in the cognitive domains assessed with the CAI, for considering the real-world functioning of a sample of patients with psychosis.

Methods The sample consisted of 76 patients with a DSM-IV psychotic disorder. Patients were assessed with the cognitive assessment interview (CAI), which is an interview-based measure of cognitive functioning that is intermediate between cognitive functioning and daily functioning, and three subscales of the specific levels of functioning (SLOF), an informant-rated measure of functioning. The CAI was used to assess the patient and an informant, and these scores were integrated into a rater composite score. We divided the sample by a median-split procedure for each of the three functional domains, and then applied ANOVAs to compare the two groups (impaired/not impaired) in the six cognitive domains of the CAI: working memory, attention, verbal memory, problem solving, processing speed, and social cognition.

Results We found significant differences between the impaired vs. non-impaired groups in most of the cognitive domains assessed with the CAI (Fig. 1).



Conclusions Interview-based assessment of cognition with the CAI allows for the prediction of everyday functioning in patients with psychosis. Impairment in almost all CAI cognitive domains, except for social cognition, was associated with poorer psychosocial functioning.

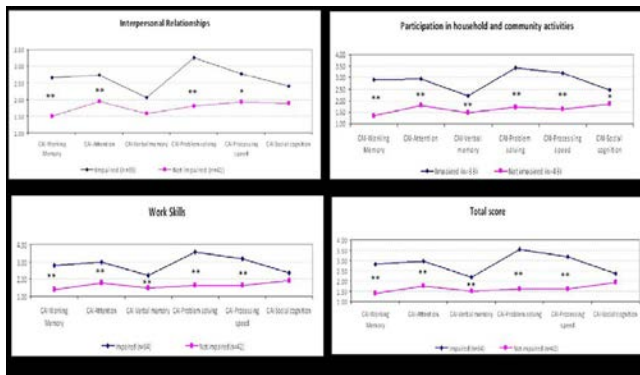


Fig. 1

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FC90

Cerebral hemodynamics in schizophrenia during the Trail Making Test: A functional transcranial Doppler sonography study

D. Schuepbach¹, S. Egger^{2,*}, S.C. Herpertz³

¹ Zentrum für Psychiatrie Weinsberg, Clinic of General Psychiatry and Psychotherapy, Sector West, Weinsberg, Germany

² Psychiatric University Hospital Zurich, Department of Psychiatry, Psychotherapy and Psychosomatics, Zurich, Switzerland

³ University of Heidelberg, Department of General Psychiatry, Heidelberg, Germany

* Corresponding author.

Introduction Schizophrenia is a severe mental disorder, with complex symptoms involving psychosis, negative symptoms and cognitive impairment. The Trail Making Test (TMT) has been widely used to assess attention and executive function. Functional transcranial Doppler sonography (fTCD) of basal cerebral arteries allows monitoring of aberrant cerebral hemodynamics during cognitive tasks in this patient group.

Objectives We assessed cerebral hemodynamics in the middle cerebral arteries (MCA) using fTCD while patients with schizophrenia and healthy subjects performed the TMT and a control task.

Methods Fifteen patients with chronic schizophrenia and 15 healthy controls performed the TMT-A and -B during fTCD measurements of the MCA. Dependent measures were performance, mean cerebral blood flow velocity (MFV) and the lateralization.

Results Patients demonstrated an overall decreased speed of solution ($P=0.002$), and there was no significant effect of age. They showed a significantly increased flow pattern for the TMT-B ($P=0.005$). There were no lateralization differences between diagnostic groups.

Conclusions There was a performance deficit in patients with schizophrenia for both TMT-A and -B that fits well with results of existing literature. The aberrant hemodynamic response supports the idea that cognitive performance elicits an aberrant cerebral hemodynamic correlate. It adds to the notion that fTCD is a valuable tool to correlate psychological paradigms with brain perfusion in patients with schizophrenia.



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FC91

Does family history of schizophrenia affect the severity of disease?

M. Sisek-Šprem*, M. Herceg, V. Jukić

University Psychiatric Hospital Vrapče, Integral Ward, Zagreb, Croatia

* Corresponding author.

Introduction Previous studies have demonstrated that family history is associated with earlier age at onset, severity of positive and negative symptoms, and the duration of untreated illness. Hereditary factors may contribute a vulnerability for antisocial and/or violent behaviour per se, and for other stable characteristics such as aggressive behaviour.

Aim To analyze the impact of family history of schizophrenia and aggressive behavior among members of family on severity of disease and aggressive behavior of patients.

Method The study population consisted of 120 male schizophrenic patients classified into non-aggressive ($n=60$) and aggressive ($n=60$) groups, based on indication for admission in hospital (aggression/anything else but aggression). For severity of disease, we assessed psychopathology using the Positive and Negative Syndrome Scale (PANSS), the number of hospitalizations and the total equivalent dose of therapy (collected from medical record). The presence of a family history and aggression in family was assessed using a semi-structured interview of patients and, when available, family members.

Results Twenty-seven (22.5%) participants were determined to have at least one family member with schizophrenia or another psychotic disorder, with no difference between aggressive (10%) and non-aggressive (12.5%) group. There was no significant interaction between family history and severity of disease (PANSS, number of hospitalizations, total equivalent dose of therapy). Aggressive behaviour in first-degree family member had no influence on aggressive behaviour of patients with schizophrenia.

Conclusion Family history of schizophrenia does not affect the severity of disease nor aggressive behaviour.

Keywords Family history; Schizophrenia; Severity of disease; Aggressive behavior

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

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FC92

Soluble Fas ligand (sFasL) as a predictor of reduction of general psychopathology in schizophrenia after antipsychotic treatment

K. Szymona^{1,*}, H. Karakula-Juchnowicz², B. Zdzisinska³, M. Flis⁴, K. Kaławaj³, W. Rosa⁵, M. Kandefer-Szerszeń³

¹ Medical University of Lublin, Mental Health Outpatient Clinic, Lublin, Poland

² Medical University of Lublin, Department of Psychiatry, Psychotherapy and Early Intervention, Lublin, Poland

³ Maria Curie-Skłodowska University in Lublin, Department of Virology and Immunology, Lublin, Poland

⁴ Medical University of Lublin, Department of Clinical Neuropsychiatry, Lublin, Poland

⁵ Lublin University of Technology, Department of Applied Mathematics, Lublin, Poland

* Corresponding author.



Introduction Dysregulation of the apoptotic process is associated with the etiopathogenesis of schizophrenia, which is observed at the brain and peripheral blood levels. A significant negative correlation between the duration of the disease and serum sFasL concentration was demonstrated by other authors. It was shown that an increased rate of apoptosis is more pronounced in neuroleptic-free patients with the first-episode of schizophrenia than in patients with chronic disease.

Aim Search for a predictor of good response to antipsychotic treatment based on the analysis of the sFasL plasma level and its relationship with clinical symptoms.

Methods Fifty-three patients with chronic schizophrenia and 46 healthy individuals were enrolled in the study. The concentration of sFasL was measured by ELISA. Clinical assessments (PANSS, SANS, SAPS) and blood analyses were conducted three times: during the active phase of disease (at admission), after 4 weeks of pharmacotherapy, and after reaching remission.

Results In the schizophrenia group, non-altered levels of sFasL ($P=0.1$; U Mann-Whitney test), compared to the control, were detected at admission. The initial level of sFasL correlated negatively ($r=-0.33$; $P=0.04$; Spearman's rank) with blood leukocyte count. Despite clinical improvement, no significant changes in the level of sFasL were observed. However, the sFasL level correlated negatively with the PANSS general psychopathology reduction after 4 weeks of pharmacotherapy ($r=-0.7$; $P=0.04$) and after remission ($r=-0.39$; $P=0.026$).

Conclusions The results indicate a possible role of sFasL in apoptosis of blood leukocytes and suggest that the reduction of sFasL level can predict level of PANSS general psychopathology after antipsychotic treatment in schizophrenia.

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

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FC93

Basic symptoms as subjective cognitive deficit in schizophrenia: Cognitive, clinical and functional associations

M.L. Vargas^{1,*}, S. López-Lorenzo², I. Legascue², A. Nagore², P. Serrano², N. Jimeno-Bulnes³

¹ Complejo Asistencial de Segovia, Grupo de Investigación en Neurociencia Clínica de Segovia GINCS, Psychiatry, Segovia, Spain

² Grupo de Investigación en Neurociencia Clínica de Segovia GINCS, Psychiatry, Segovia, Spain

³ Universidad de Valladolid, Grupo de Investigación en Neurociencia Clínica de Segovia GINCS, Psychiatry, Segovia, Spain

* Corresponding author.

Introduction Basic symptoms are subjective complaints that present at the early states in psychotic disorders and persist in the long-term. They can be studied using hetero applied clinical instruments or self-administered questionnaires. Basic symptoms can be useful as screening tools in at risk populations.

Aims To determine if basic symptoms (subjective cognitive deficits) are associated with the objectively measured cognitive deficit after controlling for functioning and symptomatology.

Methods One observational, transversal, psychopathological and neuropsychological study was performed on a schizophrenia outpatients sample ($n=78$). Correlations were measured by using Spearman's Rho coefficient. Basic symptoms were registered by using the Frankfurt Complaints Questionnaire (FCQ-3); cognitive status was assessed by Repeatable Battery for the Assessment of Neuropsychological Status (RBANS); clinical status was assessed by PANSS and Clinical Global Impression (CGI); functional status was measured with Global Assessment of Functioning (GAF).

Results All the dimensions were related to subjective complaints: cognitive functioning ($r=-.38$; $P<.001$); positive symptoms

($r=.54$; $P<.001$); negative symptoms ($r=.26$; $P<.02$); general symptoms ($r=.41$; $P<.001$); CGI ($r=.57$; $P<.001$); GAF ($r=-.45$; $P<.001$). The association between subjective and objective cognitive deficit remains significant after controlling for the clinical and functional variables, except when controlling for CGI.

Conclusions The evaluation of basic symptoms with FCQ-3 is related with an objective cognitive deficit and could be useful as a screening tool.

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

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FC94

Adjunctive memantine in clozapine-treated refractory schizophrenia: A one-year extension study

S. Veerman^{1,*}, P. Schulte², J.B. Deijen³, L. de Haan⁴

¹ Mental Health Service Organisation North Holland North, Community Mental Health Division, Flexible Assertive Community Treatment, Alkmaar, Netherlands

² Mental Health Service Organisation North Holland North, Division for Specialised Treatment, Treatment Centre for Bipolar Disorders, Alkmaar, Netherlands

³ VU Medical Center, Psychology, Amsterdam, Netherlands

⁴ Academic Medical Center, University of Amsterdam, Academic Psychiatric Centre, Early Psychosis Department, Arkin, Amsterdam, Netherlands

* Corresponding author.

Introduction In a recent 26-week placebo-controlled, crossover trial ($n=52$) we found significant positive effects on verbal and visual memory, and negative symptoms in clozapine-treated patients with refractory schizophrenia.

Objectives In this 1-year extension study, we report the long-term effects and tolerability of memantine add-on therapy to clozapine.

Aims To evaluate the persistence of improvements in cognitive functioning and symptoms of memantine add-on therapy to clozapine in schizophrenia.

Methods Completers of the first trial who experienced a beneficial effect of memantine after 12 weeks continued memantine for one year. Primary endpoints were change from baseline to 26 weeks treatment and 26 weeks to 52 weeks treatment on memory and executive function using the Cambridge Neuropsychological Test Automated Battery (CANTAB), Positive and Negative Syndrome Scale (PANSS), and Clinical Global Impression Severity Scale (CGI-S). Secondary endpoints were change on the Health of the Nation Outcome Scales (HoNOS) and Liverpool University Neuroleptic Side Effect Rating Scale (LUNTERS).

Results Of 32 completers who experienced a beneficial effect of memantine 23 patients continued memantine for one year. Memory improvement was sustained, verbal recognition memory improved even further between $t=26$ weeks and $t=52$ weeks. Continued treatment with memantine add-on to clozapine was associated with significantly improved PANSS positive, negative and overall score, CGI-S and HoNOS scores.

Conclusions In the extension phase the positive effect of memantine add-on therapy on verbal memory sustained and positive, negative and overall symptoms of schizophrenia, clinical global status and psychosocial functioning significantly improved. Memantine was well tolerated without serious adverse effects.

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

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FC95

Decreased interhemispheric resting state functional connection in schizophrenic patients with auditory hallucinations



H. Wang^{1,*}, G. Wang²

¹ Renmin Hospital of Wuhan University, Wuhan, China

² Renmin Hospital of Wuhan University, Department of Psychiatry, Wuhan, China

* Corresponding author.

Introduction Auditory hallucination (AH) has been always concerned as a main core symptom of schizophrenia. However, the mechanisms of AH are still unclear.

Objectives The aim of this study is to further explore the complicated neuroimaging mechanism of AHs from a new insight by using voxel-mirrored homotopic connectivity (VMHC).

Methods Forty-two patients with AH (APG), 26 without AHs (NPG) and 82 normal controls (NC) participated in resting state fMRI scan. Correlation analyses were used to assess the relationships between VMHC and Hoffman scores. Additionally, ROI analysis was used to further know about the functional connectivity between the brain areas with changed interhemispheric FC and the whole brain.

Results APG showed reduced VMHC in the parahippocampus, fusiform gyrus, rolandic operculum, insula, heschl's gyrus and superior temporal gyrus (STG). Hoffman score of APG group had negative correlation with VMHC in these regions. Besides, ROI analysis supported decreased interhemispheric FC in schizophrenia with AH and verified functional connectivity abnormalities in schizophrenia.

Conclusions These findings suggest impairment of interhemispheric coordination and whole brain FC in schizophrenia with AH, which may be implicated to the neuroimaging mechanism of auditory hallucination. Furthermore, this research highly support dysconnectivity hypothesis that schizophrenia related to abnormalities in neuronal connectivity.

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

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FC96

Efficacy and safety of brexpiprazole in schizophrenia: Meta-analysis of three double-blind, randomized, placebo-controlled phase 3 studies



C. Weiss^{1,*}, P. Zhang², M.J. Hakala³, A. Skuban⁴, E. Weiller⁵

¹ Otsuka Pharmaceutical Development & Commercialization Inc., Global Medical Affairs, Princeton, USA

² Otsuka Pharmaceutical Development & Commercialization Inc., Biostatistics, Princeton, USA

³ H. Lundbeck A/S, ICR Psychiatry, DK, Valby, Denmark

⁴ Otsuka Pharmaceutical Development & Commercialization Inc., Global Clinical Development, Princeton, USA

⁵ H. Lundbeck A/S, Medical Affairs, Valby, Denmark

* Corresponding author.

Introduction Brexpiprazole is a serotonin-dopamine activity modulator that is a partial agonist at 5-HT_{1A} and dopamine D₂ receptors at similar potency, and an antagonist at 5-HT_{2A} and nor-adrenaline alpha1B/2C receptors.

Objectives To evaluate the efficacy, safety, and tolerability of brexpiprazole in patients with acute schizophrenia in a meta-analysis of three phase 3 studies with brexpiprazole.

Aim The primary endpoint was change from baseline to week 6 in PANSS total score.

Methods Data from the 3 clinical studies in patients with acute schizophrenia were combined and analyzed using individ-

ual patient data meta-analysis. In two similarly designed studies (NCT01396421; NCT01393613), patients with acute schizophrenia were randomized to fixed-doses of brexpiprazole 2 mg/day, 4 mg/day or placebo (a low-dose treatment group was included in each study [0.25 mg and 1.0 mg]; not included in the meta-analysis). In the third study (NCT01810380), patients were randomized to flexible dosing of brexpiprazole (2 to 4 mg/day), placebo, or an active reference (quetiapine extended release). Changes from baseline for brexpiprazole vs. placebo were analyzed using an MMRM approach.

Results Brexpiprazole 2–4 mg ($n=868$) was superior to placebo ($n=517$) in change from baseline in PANSS total score (-20.1 vs. -14.3 ; estimated treatment difference to placebo: -5.8 [95% CI: -8.0 ; -3.6]; $P<0.001$). The proportions of patients reporting TEAEs were similar between the brexpiprazole and placebo treatment groups (57.9% vs. 57.5%). No unexpected safety concerns were observed.

Conclusion This meta-analysis supports evidence from three individual trials that brexpiprazole is efficacious and safe in treating patients with acute schizophrenia.

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

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Sleep disorders and stress

FC97

Sleep disturbances and substance use disorders: An international study of primary care and mental health specialty care patients



L. Fortuna^{1,*}, N. Noyola², B. Cook³, A. Amaris²

¹ Boston Medical Center, Psychiatry, Child and Adolescent Psychiatry, Boston, USA

² Massachusetts General Hospital, Disparities Research Unit, Boston, USA

³ Cambridge Health Alliance and Harvard Medical School, Health Equity Research Lab, Cambridge, USA

* Corresponding author.

Introduction There is no comprehensive evidence on the influence of sleep disturbances (SD) on substance use disorders (SUD) or treatment use patterns of individuals with comorbid disturbances. **Objective/aim** To better understand comorbidities and treatment use patterns of individuals with SD and SUD.

Methods We combine 2010–2012 electronic health record (EHR) data from healthcare system in Boston ($n=131,966$ person-years) and Madrid, Spain ($n=43,309$ person-years). Patients with sleep disturbances (SD) were identified in the EHR through ICD-9 codes and medical records and substance use disorders (SUD) identified by documented treatment for drug or alcohol abuse or dependence. Rates of SUD are compared between individuals with and without SD. Among those with both, adequacy of mental health treatment (defined as eight or more outpatient visits or four or more outpatient visits with a psychotropic prescription) and ER use is compared.

Results Among the individuals, 21.1% with SD also report SUD, compared to only 10.6% of individuals without SD ($P<.01$). Those with comorbidities were more likely than their specialty care counterparts without comorbidities to be seen in the ER (57.1% vs. 36.6%, respectively, $P<.05$). Limiting the sample to only those with both SD and SUD in specialty mental health care ($n=268$ in Boston and $n=28$ in Madrid), 49.2% of Boston patients received adequate care

compared to 38.5% of Madrid patients, and 57.8% of Boston patients had any ER use in the last year vs. 50% of Madrid patients.

Conclusions SD is correlated with SUD and comorbid patients are more likely to use emergency services.

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

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FC98

Sensory hypersensitivity predicts reduced sleeping quality in patients with major affective disorders



G. Serafini^{1,*}, B. Engel-Yeger², X. Gonda³, M. Pompili⁴, Z. Rihmer³, M. Amore¹

¹ University of Genoa, Neuroscience DINOGMI, Genoa, Italy

² Faculty of Social Welfare and Health Sciences, University of Haifa, Occupational Therapy, Haifa, Italy

³ Kutvolgyi Clinical Center, Semmelweis University, Clinical and Theoretical Mental Health, Budapest, Hungary

⁴ Sant'Andrea Hospital, Sapienza University of Rome, Neuroscience, Rome, Italy

* Corresponding author.

Introduction Major affective disorders ranging from subthreshold affective temperaments to severe affective diseases and anxiety, are frequently associated with sleep–wake dysregulation. Interestingly, recent studies suggested an active role of Sensory Processing Disorders (SPD) in the emergence of sleep disturbances. **Objectives** The objective of this study was to investigate the relationship between SPD and sleep quality in subjects with major affective disorders and specific affective temperaments.

Aims This study aimed to examine the sensory profile (expressed in hypersensitivity or hyposensitivity) of patients with major affective disorders and its relative contribution to the prediction of sleep quality while also considering affective temperaments and depression, known as factors that may impact sleep quality.

Methods We recruited 176 participants (mean age = 47.3) of which 56.8% have unipolar depression and 43.2% bipolar disorder. Reduced sleep quality was evaluated using the Pittsburgh Sleep Quality Index (PSQI) whereas affective temperaments were assessed using the Temperament Evaluation of Memphis, Pisa, Paris and San Diego (TEMPS).

Results Sensory hypersensitivity, assessed using Adolescent/Adult Sensory Profile (AASP), significantly distinguished between poor and good sleepers. Sleep quality was mainly predicted by the Beck Depression Inventory-II total score and anxious temperament. Yet, sensory hypersensitivity contributed to this prediction mainly in regard to sleep efficiency and related daytime dysfunctions.

Conclusions The careful assessment of the unique sensory profile and its behavioral/functional influence on patients' quality of life may help clinicians and health providers in developing targeted treatment interventions.

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

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FC99

Association between circadian rhythm, sleep disturbances and temperament in major depression, bipolar disorder and schizophrenia



S. Tunç^{1,*}, İ. Yağcı¹, Y. Yenilmez Bilgin², Ö. Canbek³, M.İ. Atagün⁴, N. Hüseyinoğlu⁵, S. Ardiç⁶

¹ Kafkas University School of Medicine, Psychiatry, Kars, Turkey

² Istanbul Kanuni Sultan Süleyman Research and Training Hospital-Formerly Kafkas University School of Medicine, Psychiatry, Istanbul, Turkey

³ Istanbul Bakırköy Research and Training Hospital for Psychiatry, Psychiatry, Istanbul, Turkey

⁴ Ankara Yıldırım Beyazıt University School of Medicine, Psychiatry, Ankara, Turkey

⁵ Kafkas University School of Medicine, Neurology, Kars, Turkey

⁶ Kafkas University School of Medicine, Chest Diseases, Kars, Turkey

* Corresponding author.

Introduction Circadian rhythms and quality of sleep have been associated with temperament characteristics in healthy populations. Since temperaments are personality traits concerning the behavioral, motivational and emotional responses, adaptive capacity for sleep and circadian rhythm may also be related with temperament traits.

Aims To identify the determinants of sleep quality (SQ) and biological rhythm (BR) in bipolar disorder, schizophrenia and depression among temperament measures.

Methods Patients with bipolar disorder (BD, $n=49$), major depression (MD, $n=35$), schizophrenia (SZ, $n=30$) and a healthy control group (HC, $n=36$) were enrolled. Pittsburgh Sleep Quality Index (PSQI), Biological Rhythms Interview of Assessment in Neuropsychiatry (BRIAN) and the Temperament and Character Inventory (TCI) were the measures. One-way ANOVA, Spearman Correlation Test and Linear Regression analyses were the other comparisons.

Results Determinants of sleep quality were self-directedness in MD [$F(1,26)=6.10$, $P=0.020$] and BD [$F(1,31)=10.88$, $P=0.002$] groups. Self-transcendence ($P=0.004$), self-directedness ($P=0.038$) and persistence ($P=0.05$) were the determinants of sleep quality in schizophrenia group [$F(3,21)=9.71$, $P<0.001$]. Harm-avoidance was the determinant of sleep quality in the HC group [$F(1,28)=7.97$, $P<0.001$]. Determinants of biological rhythms were harm-avoidance in the BD group [$F(1,32)=9.65$, $P=0.004$] and self-directedness in the SZ group [$F(1,23)=11.09$, $P=0.003$] and harm-avoidance ($P<0.001$) and self-transcendence ($P=0.039$) in the HC group [$F(2,27)=15.81$, $P<0.001$].

Conclusions Self-Directedness was associated with circadian rhythm and sleep quality in MD, BD and SZ groups. Extreme temperament features may contribute to emotional and behavioral dysfunction, which may lead to abnormal sleep patterns in psychiatric disorders.

Keywords Sleep; Circadian rhythm; Temperament; Bipolar disorder; Schizophrenia; Depression

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

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Suicidology and suicide prevention

FC100

The effects of the last global economic crisis on the suicide rate in Europe



M.M. Dumitru^{1,*}, B.S. Constantin²

¹ Romanian Academy, "Francisc Rainer" Institute of Anthropology, Iasi, Romania

² Romanian Academy, "Francisc Rainer" Institute of Anthropology, Bucharest, Romania

* Corresponding author.

Introduction Since 1897, Émile Durkheim noted that suicides occur more often during the economic changes that disrupt the social structure of society.

Objective and aims The objective of this study is to analyze the consequences of last global economic crisis on mortality by suicide in the EU countries in period 2007–2012.

Material and method We extracted data on mortality from the WHO database and unemployment trends from the EUROSTAT database. We had used this data to calculate the effect of unemployment on suicide rate, in pre-2004 and post-2004 EU countries.

Results If the number of suicides from 2007 was maintained in 2008–2012 period, EU 27 countries would have registered with 16,572 fewer suicides. The increase of suicides is based on the increasing number of suicides in men. The small increase in the suicide rate was recorded in Austria, France, Hungary and Slovenia. Luxembourg was the only country where the number of suicides was lower compared to 2007. In 2008, we can notice a slight decrease in the unemployment rate compared to 2007 and an increase in suicide by 3% in both groups of countries, followed by increasing suicide only in the post-2004 EU, where reach 10% in 2010, followed by a slight decrease in the coming years, while the unemployment rate gradually increases to 46% compared with 2007.

Conclusions In European Union countries, suicides have increased both before and during the crisis, in periods in which unemployment rose. States that joined the EU after 2004 are more vulnerable in times of crisis.

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

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FC101

Childhood trauma in suicide attempters: Case-control study



L. Jimenez-Trevino^{1,*}, L. Gonzalez-Blanco², M.P. Garcia-Portilla¹, H. Blasco Fontecilla³, J. Lopez Castroman⁴, P. Courtet⁴, V. Carli⁵, M. Sarchiapone⁶, E. Baca-Garcia⁷, P. Saiz Martinez¹, J. Bobes Garcia¹

¹ Universidad de Oviedo, Department of Psychiatry, CIBERSAM, Oviedo, Spain

² Universidad de Oviedo, Department of Psychiatry, Oviedo, Spain

³ Hospital Universitario Puerta de Hierro, Department of Psychiatry, Madrid, Spain

⁴ University of Montpellier, Department of Psychiatry, Montpellier, France

⁵ Karolinska Institute, Department of Psychiatry, Solna, Sweden

⁶ University of Molise, Department of Psychiatry, Molise, Italy

⁷ Fundacion Jimenez Diaz, Department of Psychiatry, Madrid, Spain

* Corresponding author.

Introduction An expanding body of research suggests that childhood trauma and adverse experiences can lead to a variety of negative health outcomes, including substance abuse, depressive disorders, and attempted suicide among adolescents and adults. Alcoholism, depressed affect, and illicit drug use, which are strongly associated with such experiences, appear to partially mediate this relationship as observed in population studies.

Objectives We have tested the association between early trauma and suicide attempts in a sample of suicide attempters from the Eureka International Project and a matched healthy control sample.

Methods We have studied the prevalence of childhood stressful events compared with healthy controls in a multicentre sample of 791 suicide attempters (SA) and 630 healthy controls (C), we have measured childhood parental neglect, physical abuse, sexual abuse, and emotional abuse, using the Childhood Trauma Questionnaire (CTQ). Chi² tests were performed using SPSS v15.0.

Results A significant increase in prevalence of childhood trauma was found in the suicide attempters sample for all types of trauma: childhood physical abuse: 25.3% (SA) vs. 11.1% (C) (Chi² test: 120,108 $P=0.000$); childhood sexual abuse: 18.2% (SA) vs. 2.4% (C) (Chi² test: 88,212 $P=0.000$); parental neglect 25.3% (SA) vs. 1.1% (C)

(Chi² test: 164,910 $P=0.000$); childhood emotional abuse: 34.9% (SA) vs. 5.6% (C) (Chi² test: 176,546 $P=0.000$).

Suicide attempters were increasingly overrepresented compared with controls if experiencing more than 1 trauma: represented 77% of the sample who suffered 1 type of childhood trauma vs. more than 90% of the sample with 2 or more types of trauma.

Conclusions A powerful graded relationship exists between adverse childhood experiences and risk of attempted suicide.

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

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TeleMental Health

FC102

Profile of users of a new E-Mental Health ecological momentary assessment web-based program: MEMind



C. Bonal*, M.L. Barrigon, J.J. Carballo,

E. Baca-Garcia, MEMind studygroup

IIS-Fundación Jiménez Díaz, Psychiatry, Madrid, Spain

* Corresponding author.

Background e-Mental Health is an emergent area within e-Health. In the evaluation area, ecological momentary assessment (EMA) has been used to investigate separately on different psychiatric disorders while a comprehensive tool to cover the entire spectrum of mental health has not yet been developed. In this study, we aimed to present the MEMind wellness tracker and to characterize the group of patients who use it.

Methods We developed an EMA web application: MEMind, accessed through the web page <http://www.memind.net>. Since 20th May 2014 on, adult outpatients ($n=13,883$) attended in all psychiatric services within the Psychiatry Department of Fundación Jimenez Diaz in Madrid were proposed to use MEMind and then registered. Data collected from first year of implementation of the tool were transferred to an SPSS sheet and then analysed. A comparison between patients using and not using MEMind were performed.

Results MEMind users ($n=2842$) were significantly younger than MEMind non-users ($n=11,041$) (42.2 ± 13.5 vs. 48.5 ± 16.3 ; $P=0.000$) and mostly women (65% vs. 61.4%; $P=0.001$). Also, patients with neurotic disorders were the main users of MEMind (see Table 1). Furthermore, patients with thoughts about death and suicide were more likely to use MEMind (Table 2).

Conclusions Women, young people and patients with neurotic disorder were the main users of MEMind. Furthermore, people with suicidal thoughts were willing to use MEMind. Novel interventions for suicide prevention could be developed with the use of EMA web-based tools. Further studies are warranted.

Table 1

Demographic & Clinical Characteristics	All participants (N= 13883)	MEMind users vs. MEMind non-users		P value
		Participants using MEMind (N=2842)	Participants not using MEMind (N=11041)	
Age, years (mean \pm SD)	47.2 \pm 15.9	42.2 \pm 13.5	48.5 \pm 16.3	0.000
Sex (% males)	38% (5242)	35% (1003)	38.6% (4239)	0.001
Marital status (% married)*	49.1% (6339/12829)	53.7% (143/267)	48% (4902/10222)	0.000
Job status (% currently employed)*	47.6% (6076/12765)	54.6% (1446/2637)	45.8% (4636/10128)	0.000
CGI-Severity (% moderately ill and more)	45% (5410/12023)	53.4% (1080/2002)	45.4% (4330/9535)	0.036
ICD-10 Diagnosis (n= 12800)				
(F00-F09)	2.8% (365)	1% (27)	3.3% (338)	0.000
(F10-F19)	7.7% (991)	4.8% (128)	8.5% (863)	0.000
(F20-F29)	11.9% (1533)	6.7% (180)	13.3% (1353)	0.000
(F30-F39)	23.4% (3004)	22.9% (614)	23.6% (2390)	0.260
(F40-F49)	49% (6284)	57.9% (1549)	46.7% (4735)	0.000
(F50-F59)	4.8% (614)	5.6% (150)	4.6% (464)	0.035
(F60-F69)	12.4% (1587)	13.4% (359)	12.1% (1226)	0.036
(F70-F79)	1.4% (183)	0.7% (19)	1.6% (164)	0.000
(F80-F89)	0.3% (38)	0.2% (6)	0.3% (35)	0.293
(F90-F99)	20.1% (2573)	19.7% (526)	20.2% (2047)	0.283

Table 2

Suicidal Thoughts&Behaviours	All participants (N= 13883)	MEMind users vs. MEMind non-users		P value
		Participants using MEMind (N=2842)	Participants not using MEMind (N=11041)	
Death Desire	17.8% (2472)	24% (682)	16.2% (1790)	0.000
Desire to Self-Harm	7.2% (1003)	8.4% (240)	6.9% (763)	0.003
Thoughts about Suicide	9.8% (1360)	12% (341)	9.2% (1019)	0.000
Suicide Plan	2.8% (395)	3.9% (110)	2.6% (285)	0.000
Suicide attempt	8.5% (1185)	8.5% (242)	8.5% (943)	0.498

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

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FC103

A randomized controlled trial of an internet-delivered treatment: Its potential as a low-intensity community intervention for adults with symptoms of depression

D. Richards^{1,2,*}, L. Timulak², N. Vignano¹, E. O'Brien¹, G. Doherty³, J. Sharry⁴, C. Hayes⁵

¹ SilverCloud Health, Clinical Research & Innovation, Dublin, Ireland

² Trinity College Dublin, School of Psychology, Dublin, Ireland



³ Trinity College Dublin, School of Computer Science & Statistics, Dublin, Ireland

⁴ Parents Plus, Parents Plus Charity, Dublin, Ireland

⁵ Aware, Aware Charity Ireland, Dublin, Ireland

* Corresponding author.

Introduction Internet-delivered treatments for depression have proved successful, with supported programs offering the potential for improved adherence and outcomes. Internet interventions are particularly interesting in the context of increasing access to interventions, and delivering interventions population-wide.

Objective Investigate the potential feasibility and effectiveness of an online intervention for depression in the community.

Aims Establish the effectiveness of a supported online delivered cognitive behavioural intervention for symptoms of depression in adults in the community.

Methods The study was a randomized controlled trial of an 8-module internet-delivered cognitive behavioral therapy (iCBT) program for adults with depressive symptoms ($n = 96$) compared to a waiting-list control group ($n = 92$). Participants received weekly support from a trained supporter. The primary outcome was depressive symptoms as measured by the Beck Depression Inventory (BDI-II). The program was made available nationwide from an established and recognized charity for depression.

Results For the treatment group, post-treatment effect sizes reported were large for the primary outcome measure ($d = 0.91$). The between-group effects were moderate to large and statistically significant for the primary outcomes ($d = 0.50$) favoring the treatment group. Gains were maintained at 6-month follow-up.

Conclusion The study has demonstrated the efficacy of the online delivered space from depression treatment. Participants demonstrated reliable and statistically significant changes in symptoms from pre- to post-intervention. The study supports a model for delivering online depression interventions population-wide using trained supporters.

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

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Treatment practice

FC104

Preventing weight gain and increased waist circumference during the first two years after antipsychotic initiation in youth with first-episode psychosis

P. Ward^{1,*}, J. Curtis², S. Rosenbaum¹, A. Watkins², S. Teasdale², O. Lederman², M. Kalucy², K. Samaras³

¹ University of NSW, Psychiatry, Sydney, Australia

² Southeastern Sydney Local Health District, Mental Health, Bondi Junction, Australia

³ Garvan Institute of Medical Research, Diabetes and Obesity Program, Darlinghurst, Australia

* Corresponding author.

Background We recently demonstrated that weight gain could be prevented in young people experiencing a first-episode of psychosis commencing treatment with antipsychotics. A 12-week, intensive lifestyle and life skills intervention – the Keeping the Body in Mind program, – was delivered by dedicated nursing, dietetic and exercise physiology clinicians, for new referrals with <one month of antipsychotic exposure. (Curtis et al., Early intervention in psychiatry, in press). At the conclusion of the



intervention the 16 young people participating in the program experienced a mean weight gain of 1.8 kilograms, and a mean increase in waist circumference of 0.1 centimeters. The participants were followed up for two years after initial referral.

Methods During the two-year follow-up, participants had continuing access to an in house gym and weekly cooking groups, but without the same intensity of follow-up. Two year follow-up data were obtained from 11 participants from the original cohort.

Results Mean weight gain at two-year follow-up was 0.90 (SD 8.7) kilograms, and this difference was not statistically significant [$t(10)=0.3$, NS]. Waist circumference decreased by 0.7 (SD 7.7) centimeters, which was not statistically significant [$t(10)=0.3$, NS]. Nine of the participants (82%) did not experience clinically significant weight gain two years after initiation of antipsychotic medication.

Conclusion This two-year follow-up data demonstrated that it is feasible to prevent weight gain in youth with first-episode psychosis over the first two years of treatment.

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

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Others

FC105

Differences between countries in adult acute psychiatric hospitalization: Clinical features and drug prescription in Spain and the United States of America

L. Gonzalez-Blanco*, S. Bestene-Medina, E. Torio-Ojea, I. Abad-Acebedo, J. Rodriguez-Revuelta, G. Paniagua-Calzon
Servicio de Salud del Principado de Asturias, Psiquiatría, Oviedo, Spain

* Corresponding author.

Introduction Diverse prescription patterns and differences in length of psychiatry inpatient stay among European and American countries have been reported [1,2].

Objectives To describe and compare clinical features and drug prescriptions in two Acute Psychiatric Units from Spain and USA.

Methods Cross-sectional and comparative study. Sample: 73 inpatients from Reno (USA-Inpatients) and 65 from Oviedo (Spain-Inpatients) admitted to public Adult Acute Psychiatric Unit over a two-month period. Sociodemographic/clinical data and drug prescription were collected.

Results Sociodemographic/clinical comparison (Table 1) and drug prescription differences (Table 2) are shown.



No significant differences in antipsychotics' prescription except for the most frequently used [risperidone in Spain (36%)/ziprasidone in US (19.6%), $\chi^2 = 39.7^{**}$].

Conclusions (A) Psychiatric inpatients in US are younger, have longer hospitalization, show more comorbid substance use disorder and differ from Spanish inpatients in frequency of diagnostic categories (schizophrenic disorders represent a larger proportion). (B) Inpatients in Spain usually receive polytherapy, and are more frequently treated with antidepressants and anxiolytics, especially benzodiazepines. In contrast, USA-Inpatients take lithium more often [1,2].

Table 1

	Spain-Inpatients (mean±SD;%)	USA-Inpatients (mean±SD;%)	Statistics
Gender(%male)	49.2%	52.1%	
Age(years)	49.02±15.79	42.27±12.24	$t=-2.82^{**}$
Length(days)	13.32±9.2	18.38±14.59	$t=2.46^*$
Cause(%) (Suicide Risk/Agitation-Psychosis/ Others)	27.7/60/12.3%	43.8/46.6/9.6%	
Diagnosis(%)			$\chi^2=14.37^*$
Schizophrenic_Disorders	21.5%	48.6%	
Other Psychotic_Disorders	23.1%	12.5%	
Bipolar_Disorder	15.4%	9.7%	
Affective/Depression D.	20%	18.1%	
Personality_Disorders	10.8%	9.7%	
Others	9.2%	1.4%	
Comorbid Substance Use D.	13.8%	45.8%	$\chi^2=16.44^{**}$

* $p<0.05$, ** $p<0.01$; Not significant($p\geq 0.05$)=not represented.

Table 2

	Spain-Inpatients	USA-Inpatients	Statistics
Antipsychotic(≥2AP5s)	78.5%(16.9%)	84.9%(13.7%)	
LAI(≥2LAI; Oral+LAI)	18.5%(1.5%;16.9%)	20.5%(1.4%;12.3%)	
1 st g-APS/2 nd g-APS	6/94%	10.7/89.3%	
Antidepressant(≥2ATDs)	49.2%(15.4%)	28.8%(2.7%)	$\chi^2=6.09^*(\chi^2=6.92^{**})$
Mood stabilizers(≥2MS)	35.4%(3.1%)	39.7%(1.4%)	
Lithium/Valproate/others	8.7/78.3/13%	37.9/44.8/17.2%	$\chi^2=11.16^*$
Anxiolytics(BZD type)	75.4%(67.7%)	43.8%(23.3%)	$\chi^2=14.12^{**}(\chi^2=19.65^{**})$
Polytherapy	98.5%	73.6%	$\chi^2=16.92^{**}$

LAI=Long-acting injections; 1stg/2ndg=First/second generation

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

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Addictive behaviours

EW01

Adherence to rehabilitation treatment in HIV-positive and HIV-negative opioid-addicted patients with psychiatric comorbidity

Z. Bereza
 Sain-Peterburg, Russia



Introduction Early diagnostics and treatment of comorbid disorders in drug addicts is an integral part of the rehabilitation process and a critical factor in the success of rehabilitation measures as a whole.

Subjects One hundred and thirty-three patient of inpatient rehabilitation department. The inclusion criteria in the study were: age above 18 years, withdrawal status, diagnosis (F 11.20 ICD-10). They were divided into two groups: HIV positive ($n = 38$) and HIV negative ($n = 95$).

Aims To estimate the prevalence of HIV infection and comorbid mental disorders in substance abuse patients and the impact of comorbidities disorders on the compliance.

Methods Clinico-anamnestic method, clinical-psychopathological method (criteria ICD-10 and clinical diagnostic scales: PANSS, HADS, MMPI). All participants also had serological blood test for antibodies to HIV.

Results According to our data, the incidence of comorbid mental disorders among HIV negative patients is 65%. The research also showed a correlation ($P < 0.05$) between HIV infection and mental disorders. So, mental disorders were diagnosed in 82% of HIV infected patients. Patients who stopped their treatment early ($n = 42$) significantly ($P < 0.05$) more often had specific personality disorders (17%). Most of them suffered from dissocial personality disorder (9%) and borderline personality disorder (18%).

Conclusions This analysis showed that HIV is not significant factor ($P > 0.05$) of early rehabilitation treatment interruption. But comorbid personality disorders in both groups are a significant factor ($P < 0.05$) of the treatment interruption, while the endogenous, neurotic or affective mental disorders are not.

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

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EW02

Aggression as risk factor of delinquent behaviour (gender aspect)



N. Bokhan^{1,*}, A. Abolonin², I. Nazarova²

¹ Mental Health Research Institute, Administration, Tomsk, Russia

² Mental Health Research Institute, Addictive States Department, Tomsk, Russia

* Corresponding author.

In many studies it is noted that common traits of aggressive adolescents are frustration, dissatisfaction with social environment; emotional coarseness, hostility against people around. Substance abuse leads to restructuring the motifs and gender roles. Heightened aggression of offenders as compared with common people is noted.

Objective To study characteristics of aggression of male and female offenders with substance dependence.

Materials and methods One hundred and fifty-five male and 110 female adolescents abusing psychoactive substances and serving their sentence were examined. "Hand-test" and Buss-Durkee questionnaire were used in this study.

Results During comparison of number of offences committed by male and female adolescents, it was revealed that male adolescents commit significantly more crimes against life and female adolescents more crimes against property. Conducted analysis showed high level of aggressive and hostile reactions in this sample, indices of female adolescents (13.7 ± 2.95 and 27.6 ± 5.5) are significantly higher ($P < 0.05$), than in male adolescents (8.6 ± 2.8 and 23.6 ± 5.3). Significant correlations between level of aggression in female adolescents and beginning of substance use were revealed ($r = 0.46$, $P < 0.05$). In male adolescents, long-term substance use correlated with increase in level of physical aggression and tendency to manipulative behaviour ($r = 0.37$, $P < 0.05$). In male adolescents, high potential of adjustability, use of communication for self-assertion and achievement of goals, low level of attachment were revealed. Female adolescents are more aggressive in contacts, build relationships according to type of control-submission.

Discussion Conducted study allowed revealing gender traits of juvenile offenders influencing the structure of aggressive behaviour, allowing the broadening the understanding of mechanisms of aggressive behaviour.

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

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EW03

Predictors for readmission within one year after discharge from an alcohol rehabilitation program



M. Müller*, G. Weniger, S. Prinz, S. Vetter, S. Egger
University Hospital for Psychiatry Zurich, ZIP-Rheinau, Zurich,
Switzerland

* Corresponding author.

Introduction Alcohol use disorders have been associated with an increased risk of frequent readmissions. This study aimed to examine factors that contribute to the risk for readmission within one year after discharge from an alcohol rehabilitation program.

Methods Rehospitalization status was assessed for all patients with an alcohol use disorder as primary diagnosis ($n = 468$) admitted to our inpatient unit between July 1, 2012, and June 30, 2014. All patients were followed up for one year after their first hospitalization (index hospitalization) within this period. Time to readmission within one year after discharge was measured using the Kaplan–Meier method. Risk factors for readmission were examined using Cox proportional hazard regression models. Three set of variables were selected to be included in the analyses:

- demographic features at time of admission of index hospitalization;
- comorbid conditions at time of admission of index hospitalization;
- treatment-related variables in relation to the index hospitalization including observer-rated outcome measures.

Results Readmissions within one year after discharge from an alcohol rehabilitation program as well as the corresponding time to readmission were linked to higher numbers of previous hospitalizations and the presence of comorbid opioid use disorders.

Conclusion Higher numbers of past treatments for AUD are indicators for a chronic course of the disorder, which, in turn, increase the risk of further relapses. Our findings further confirmed previous findings suggesting high rates of comorbidity among alcohol and opioid use disorders, and their link with poorer clinical outcomes.

Keywords Alcohol use disorder; Alcohol rehabilitation program; Readmission; Survival analysis

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

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EW04

Interactions between mephedrone and alcohol in humans: Cardiovascular and subjective effects



M. Farré^{1,*}, C. Perez-Mañá², E. de Souza³, J. Mateus², E. Theunissen³, K. Kuypers³, J. Ramaekers³, F. Fonseca⁴, M. Torrens⁴, E. Olesti², R. de la Torre², E. Papaseit²

¹ Hospital Universitari Germans Trias i Pujol-IGTP-IMIM-UAB, Clinical Pharmacology, Badalona, Spain

² Hospital del Mar Medical Research Institute-IMIM-UAB and UPF, Human Pharmacology, Badalona, Spain

³ Faculty of Psychology and Neuroscience, Maastricht University, Neuropsychology and Psychopharmacology, Maastricht, Netherlands

⁴ Institut de Neuropsiquiatria i Addiccions, Parc de Salut Mar-IMIM-UAB, Addiction Unit, Badalona, Spain

* Corresponding author.

Introduction Mephedrone is a synthetic cathinone derivative included in the class of “New-Novel Psychoactive Substances”. Synthetic cathinones are marketed as “bath salts” or “plant food” and gained notable popularity for similar effects to 4-methylenedioxymethamphetamine (MDMA, ecstasy), or amphetamines. Mephedrone is commonly consumed simultaneously with alcohol.

Objectives and aims The aim of the present study was to evaluate the interactions between mephedrone and ethanol in humans.

Methods Twelve healthy male, recreational users of psychostimulants participated as outpatients in four experimental sessions. They received a single oral dose of mephedrone (200 mg) and alcohol (0.8 g/kg), mephedrone placebo and alcohol (0.8 g/kg), mephedrone (200 mg) and placebo alcohol, and both placebos. Design was double-blind, double-dummy, randomized, cross-over and controlled with placebo. Study variables included: vital signs (blood pressure, heart rate, temperature, and pupil diameter), subjective effects (visual analogue scales-VAS, ARCI-49 item short form, and VESSPA questionnaire).

Results The combination produced an increase in the cardiovascular effects of mephedrone and induced more intense feeling of euphoria and well-being in comparison to mephedrone and alcohol. Mephedrone reduced the drunkenness and sedation produced by alcohol.

Conclusions These results are similar to those obtained with the combination of other psychostimulants as amphetamines and MDMA. Abuse liability of the combination is greater than induced by mephedrone.

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

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EW05

The synthetic cannabinoids: JWH, four years of analysis



L. Galindo^{1,*}, M. Grifell¹, P. Quintana², A. Palma¹, J. Tirado³, M. Ventura⁴, I. Fornis⁴, M. Torrens⁵, M. Farré⁶

¹ Institut de Neuropsiquiatria i Addiccions, Parc de Salut Mar, IMIM, Universitat Autònoma de Barcelona, Psychiatry, Barcelona, Spain

² Energy Control, Asociación Bienestar y Desarrollo, Energy Control, Parc de Salut Mar, Medina de Familia, Barcelona, Spain

³ IMIM, Addictions, Barcelona, Spain

⁴ Energy Control, Asociación Bienestar y Desarrollo, Energy Control, Barcelona, Spain

⁵ Institut de Neuropsiquiatria i Addiccions, Parc de Salut Mar, IMIM, Universitat Autònoma de Barcelona, Addictions, Barcelona, Spain

⁶ Hospital Universitari Germans Trias i Pujol, IGTP, Universitat Autònoma de Barcelona, Pharmacology, Barcelona, Spain

* Corresponding author.

Introduction Since 2004, herbal mixtures for smoking use have been sold under the generic brand “Spice”. Many of them contain synthetic cannabinoids (agonists of the cannabinoid receptors). JWH-018 was one of the first spice drugs. There is no scientific evidence of their effects on humans, except cases of intoxications and users opinions.

Objective The present study describes the presence of the synthetic cannabinoids JWH's and their characteristics in the samples delivered for analysis to the harm reduction NGO Energy Control from 2010 to 2014 in Spain.

Methods From 15,814 samples analyzed from 2010 to 2014, those containing synthetic cannabinoids JWH's were studied ($n = 47$). Analysis was done by gas chromatography–mass spectrometry.

Results From these 47 samples containing JWH, 55% were delivered as “legal highs” ($n = 21$) and 44% as JWH. Most common presentations were powder 47% and herbals 32%. Samples containing JWH 45% ($n = 21$) were mixed with more than one kind of JWH or were adulterated and other active principles were found 28% ($n = 13$) JWH-018, 11% ($n = 5$) JWH-210, 8% ($n = 4$) JWH-081 and

the 6% WH-250 ($n=3$). Origin of the sample was Catalunya 23% ($n=11$), other provinces of Spain 46% ($n=22$); other EU countries 23% ($n=11$) and internet-unknown country 8% ($n=8$). From the ($n=47$) samples, were delivered ($n=16$) in 2012, ($n=12$) in 2013, ($n=11$) in 2011, ($n=3$) in 2010 and ($n=3$) in 2014.

Conclusion JWH'S represent a low percentage of new psychoactive substances analyzed. Its presence in the market seems decreasing.

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

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EW06

Is lithium implicated in tobacco addiction?



I. Houas^{1,*}, D. Haj Mouhamed², G. Gallelo³, W. Douki², L. Gaha¹, M.L. Cervera³, M. De la Guardia³

¹ Faculty of Medicine, University of Monastir, Research Laboratory "Vulnerability to psychosis, RS 05E10", Monastir, Tunisia

² University Hospital Fattouma Bourguiba of Monastir, Biochemistry and Toxicology, Monastir, Tunisia

³ University of Valencia, Campus of Burjassot, Analytical Chemistry Department, Valencia, Spain

* Corresponding author.

Introduction Tobacco is a source of mineral elements that can affect human health in various ways, such as lithium, which is used as a psychiatric medication. Lithium salts are used as mood-stabilizing drugs and indicated in the treatment of manic-depressive psychosis.

Objective Studying the lithium content in tobacco over the smokers' plasma content and evaluate the potential role of lithium in tobacco addiction.

Methods A total of 18 different tobacco products (cigarettes, smokeless and water pipe tobacco) and 125 plasma samples (45 from smokers, 10 from ex-smokers and 70 from non-smokers) were collected to determinate the lithium content. Tobacco samples were digested with nitric acid and lithium concentration was measured by inductively coupled plasma-optical emission. The collected plasma samples were diluted 1/10 with a nitric acid solution and the lithium level was measured by inductively coupled plasma-mass spectrometry.

Results The average concentration of lithium in the cigarettes ($16.59 \pm 0.59 \mu\text{g/g}$) was higher compared to those in the smokeless tobacco ($8.39 \pm 4.44 \mu\text{g/g}$) and in the water pipe tobacco ($6.13 \pm 6.32 \mu\text{g/g}$) but with no significant difference ($P=0.182$). For plasma lithium levels, there was no significant difference ($P=0.186$) between smokers and non-smokers (6.20 ± 6.24 vs. $4.98 \pm 6.20 \mu\text{g/g}$). However, a significant negative correlation was noted between plasma and the lithium content in tobacco products ($r=-0.435$; $P=0.04$). The lithium plasma level was significantly and negatively correlated with the dependence score ($r=-0.316$; $P=0.031$).

Conclusion The correlation between plasmatic lithium and dependence score in smokers suggests that lithium would be involved in tobacco addiction probably through its regulating action of mood.

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

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EW07

Sleep quality and sexual function in patients under methadone maintenance treatment



A. Kheradmand^{1,*}, N. Nakhaee², A.R. Sabahy², Z. Amini Rnjbar³, Z. Zeynali³

¹ Shahid Beheshti University of Medical Sciences, Taleghani Hospital Research Development Committee, Tehran, Iran

² Kerman University of Medical University, Kerman neuroscience research center, Kerman, Iran

³ Kerman University of Medical University, Institute of Futur Studies in Health, Kerman, Iran

* Corresponding author.

Background Methadone maintenance has remained the main modality of treatment for opioid dependent subjects. Side effects of methadone treatment may be potential obstacles to its continuation. Sleep quality and sexual function are two culture-based concerns, directly related to patients' compliance with methadone maintenance treatment (MMT) program. This research was conducted to examine the frequency of sleep disparity and sexual dysfunction in patients under MMT referring to MMT clinics of Kerman, Iran.

Methods In this cross-sectional study, 198 adult subjects under MMT for more than 6 months were enrolled. Measurement tool consisted of Pittsburgh Sleep Quality Index (PSQI), Arizona Sexual Experience Scale (ASEX), the 12-item General Health Questionnaire (GHQ-12), and a demographic questionnaire. The questionnaires were self-completed, except where individuals were illiterate.

Results Mean \pm SD age of the subjects was 41.2 ± 7.9 years and 93.4% of them were male. More than half of them used heroin. Prevalence of poor sleeping and sexual dysfunction in patients under MMT were 67.7% and 18.2%, respectively. There was no association between sleep quality and sexual dysfunction and demographics or methadone dose. However, a significant correlation was observed between mental health and sleep quality ($r=0.16$, $P=0.033$), and sexual function ($r=0.18$, $P=0.011$).

Conclusions Sleep quality showed a poorer profile than sexual function. Therefore, more emphasis should be laid on treatment of sleep disparity during follow up of MMT patients comparing to their sexual function. Patients should be reassured that probable sexual dysfunctions should not be regarded as a consequence of MMT.

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

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EW08

Optimization of therapy clinic-immunological disorders with heroin addiction



N. Khodjaeva*, S. Sultanov

Tashkent medical academy, Psychiatry and Narcology, Tashkent, Uzbekistan

* Corresponding author.

The immune defect can be found in all forms of addiction (Frank, 2004). These data determine the use of funds in immunotropic heroin addiction.

Objective To study the effectiveness of antidepressant sevram (citalopram) and its combination with galavit (immunomodulator) on a background of standard pharmacotherapy in heroin addiction. To evaluate the immune status of the following methods:

- evaluation of lymphocytes (CD4), (CD8) with monoclonal antibodies in cytotoxicity assay;
- determination of serum immunoglobulin classes A, M, G performed by turbidimetric analysis;

– the concentration of the CIK (circulating immunokompleks) was determined by precipitation with polyethylene glycol.

Patients of the 1st group was administered into the sevpram 10 mg/day in combination with galavit (25 mg daily); group 2 – only the standard therapy (ST).

The results of research As a result of the treatment in the first group showed an increase of 34.8% the number of immunoglobulin A, which however does not reach the level of healthy people and reducing the number of circulating complexes by 13.8%, which also indicates the normalization of this index. The first group – a significant improvement of immunological parameters increase of 3 indicators (CD4, CD8, CD4/CD8) and a decrease in the CIK. Analysis of changes in indicators Hamilton Rating Scale for Depression, also notes a reduction in the symptoms scores.

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

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EW09

Exercise addiction: Identification and prevalence in physically active adolescents and young eating disordered patients



M. Lichtenstein^{1,*}, R.K. Støving²

¹ Department of Psychology, University of Southern Denmark, Odense, Denmark

² Department of Clinical Research, Odense University Hospital, Odense C, Denmark

* Corresponding author.

Introduction Exercise addiction is characterized by increasing exercise amounts, withdrawal symptoms and lack of control. Eating disorders and exercise addiction often appear together, but only eating disorders are recognized as diagnoses. However, exercise addiction can exist independently from eating disorders and can be as harmful as any other addictive behavior.

Objectives The Exercise Addiction Inventory (EAI) is useful to identify exercise addiction symptoms in adults and prevalence rates of 3–10% have been found. But a scale for adolescents does not yet exist even though behavioral addictions seem to be more prevalent among young people.

Aims To develop an instrument for identification of exercise addiction in adolescents and to estimate the prevalence and negative consequences.

Methods We developed a Youth version of the EAI and screened 383 adolescents in sport settings and 69 patients from an eating disorder department (age range 11–20 years).

Results The psychometric properties of the scale were good (Cronbachs alpha 0.71). The prevalence of exercise addiction was 5.5% in adolescents in sport settings and 21.2% in eating disorder patients. We found a positive linear relationship between EAI-score and “high weekly exercise amounts” ($r=0.4, P=0.00$), “the tendency to exercise in spite of injury” ($r=0.4, P=0.00$), “feelings of guilt when not exercising” ($r=0.5, P=0.00$), “reduced sport performance related to overtraining” ($r=0.2, P=0.00$), and “food dominating life” ($r=0.2, P=0.00$).

Conclusions On basis of this study, we recommend the EAI-Y for identification of exercise addiction in adolescents. Early identification is important since it can prevent excessive and obsessive exercise, injuries, reduced sport performance and eating disorder pathology.

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

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EW10

PCP analogues in samples of Barcelona from 2009 to 2015



M. Angelats^{1,*}, L. Galindo¹, M. Grifell¹, Á. Palma¹, L. Martínez¹, L. Pujol¹, M. Ventura², I. Fornís², M. Torrens³, M. Farré⁴

¹ Instituto de Neuropsiquiatria y Adicciones INAD, Parc de Salut Mar, Psiquiatria, Barcelona, Spain

² Energy Control, Asociación Bienestar y Desarrollo, Energy Control, Barcelona, Spain

³ Instituto de Neuropsiquiatria y Adicciones INAD, Parc de Salut Mar, Institut Hospital del Mar d'Investigacions Mèdiques IMIM, Parc de Salut Mar, Universitat Autònoma de Barcelona, Psiquiatria, Barcelona, Spain

⁴ Institut Hospital del Mar d'Investigacions Mèdiques IMIM, Parc de Salut Mar, Universitat Autònoma de Barcelona, Servei de Farmacologia Clínica, Hospital Universitari Germans Trias i Pujol, IGTP, Farmacologia, Barcelona, Spain

* Corresponding author.

Introduction Novel psychoactive substances (NPS) use is progressively increasing year on year. The new analogues of phencyclidine are frequently sold as legal dissociative anesthetic drug with hallucinogenic and sedative effects, a legal alternative to ketamine, acting as a high affinity and selective ligand of NMDA receptor antagonists.

Objectives To describe the presence of 3- and 4-MeO-PCP in samples delivered to Energy Control from 2009 to 2015 in Spain.

Methods A total of 21,198 samples were analyzed from august 2009 to august 2015. Only those samples containing 4-MeO-PCP or 3-MeO-PCP 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 All the samples resulted to be the acquired drug of the consumer. Three samples were adulterated with substances as tramadol, cocaine, acetone among others.

Conclusions Three and 4-MeO-PCP consumption is not found to be an emerging issue according to the results of our samples. Even the potential harmful effects of these dissociative drugs, our indirect indicator seems to show that consumption has not increased. A more precise monitoring would make a better approach to the real consumption and the impact of these substances in our society.

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

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EW11

Methylone consumption characterized through samples handled by users



L. Martínez Sadurní^{1,*}, M. Grifell², L. Galindo², I. Ezquiaga¹, P. Quintana³, M. Ventura⁴, I. Fornís⁴, Á. Palma², M. Angelats¹, E. Ribera¹, M. Torrens², M. Farré⁵

¹ Institut de Neuropsiquiatria i Addiccions, Parc de Salut Mar, Psychiatry, Barcelona, Spain

² Institut de Neuropsiquiatria i Addiccions, Parc de Salut Mar, IMIM, Universitat Autònoma de Barcelona, Psychiatry, Barcelona, Spain

³ Energy Control, Asociación Bienestar y Desarrollo, Primary care medicine, Barcelona, Spain

⁴ Energy Control, Asociación Bienestar y Desarrollo, Energy Control, Barcelona, Spain

⁵ Hospital Universitari Germans Triás i Pujol, IGTP, Universitat Autònoma de Barcelona, Pharmacology, Barcelona, Spain

* Corresponding author.

Introduction In recent years, the increasing use tendency of NPS has motivated both awareness and concern about their identification and potential harmfulness. Synthetic cathinones represent a significant proportion of the NPS available and methylone is one of the most frequently found in Europe.

Objectives The aim of the present study is to determine methylone presence and characteristics from the samples analyzed by Energy Control between the years 2009 and 2015 in Spain.

Methods From all 21,198 samples analyzed from august 2009 to august 2015, only those in which methylone was found are studied ($n = 140$). The samples have been analyzed by Energy Control, a Spanish harm-reduction NGO that offers to users the possibility of analyzing the substances they intend to consume. The analysis is done by gas chromatography–mass spectrometry.

Results From the 140 samples containing methylone, 87 were handled as methylone, 20 as MDMA, 8 as other synthetic cathinones and 25 as other substances. The peak of consume was registered in 2011 with 41 samples then the number decreased until 10 samples in 2015.

Conclusions Results suggest that methylone is most frequently handled as methylone or as MDMA and that its consumption could be decreasing. Further pharmacokinetic, pharmacodynamic, clinical and epidemiological studies should be conducted to enhance the knowledge not only about methylone consumption, but also about synthetic cathinones in general in order to assess their potential risk and study the complications and its management.

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EW12

Leptin and ghrelin levels in alcohol dependent patients and their relationship with withdrawal and craving

S. Mehta^{1,*}, A. Baruah², S. Khattri¹, S. Das², P. Avinash²

¹ SMI, Psychiatry, Dehradun, India

² LGB Regional Institute of Mental Health, Psychiatry, Tezpur, India

* Corresponding author.

Introduction Association between leptin and ghrelin plasma levels and alcohol craving have been found in few studies.

Objectives To search this correlation in a different population while comparing levels of these hormones with healthy individuals and also to study this correlation with respect to hyper-excitability state of alcohol withdrawal.

Aim To assess leptin and ghrelin levels after 3 weeks of abstinence in alcohol-dependent patients.

Methods Twenty-five indoor patients fulfilling the alcohol dependence criteria were assessed for withdrawal symptoms and craving for alcohol. Leptin and ghrelin levels were measured on 1st day, at the end of 1st week, at 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.

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 Study shows that leptin and ghrelin, known for balancing the energy homeostasis of body, also seem to play 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.

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EW13

Presence and evolution of a new psychoactive tryptamines branch



Á. Palma Conesa^{1,2,*}, L. Galindo Guarín¹, M. Grifell Guardia^{1,2}, P. Quintana Mathe³, C. Gil Lladanosa³, I. Fornís Espinosa³, M. Ventura Vilamala³, M. Torrens Melich^{1,2,4}, M. Farré Albaladejo^{4,5}, M.F. Fonseca Casals^{1,2}

¹ Institut de Neuropsiquiatria i Addiccions, Parc de Salut Mar, Psychiatry, Barcelona, Spain

² Institut Hospital del Mar d'Investigacions Mèdiques, IMIM, Parc de Salut Mar, Psychiatry, Barcelona, Spain

³ Energy Control, Asociación Bienestar y Desarrollo, Energy Control, Barcelona, Spain

⁴ Universitat Autònoma de Barcelona, Psychiatry, Barcelona, Spain

⁵ Servei de Farmacologia Clínica, Hospital Germans Triás i Pujol, Clinical Pharmacology, Barcelona, Spain

* Corresponding author.

Introduction New psychoactive substances (NPS) are substances that have recently appeared on the market and are not under international control. NPS use is experiencing an unprecedented increase. DiPT, 4-HO-DiPT and 4-AcO-DiPT are new psychoactive tryptamines and their effects may differ from those of other psychoactive tryptamines.

Objective To explore the presence of DiPT, 4-HO-DiPT and 4-AcO-DiPT from samples delivered to and analyzed by Spanish harm reduction service Energy Control.

Materials and methods All samples analyzed from 2009 to 2014 delivered as DiPT, 4-HO-DiPT and 4-AcO-DiPT or containing these substances. Analysis was performed by gas chromatography–mass spectrometry.

Results From 17,432 samples, 4-HO-DiPT was found in 16, delivered as 4-HO-DiPT (6); 4-AcO-DiPT (7); DiPT (1); 4-AcO-DMT (1) and cocaine (1). 4-AcO-DiPT was found in 16, delivered as 4-AcO-DiPT (12); 5-MeO-DMT (1); 5-MeO-DiPT (1); 4-AcO-DMT (1) and cocaine (1). Only 4 samples contained DiPT, all presented as DiPT. Nine samples contained both 4-AcO-DiPT and 4-HO-DiPT. During the years of study, 4-HO-DiPT deliverance was increasing (4 samples in 2014) while deliverance of 4-AcO-DiPT and DiPT was decreasing (1 sample in 2014).

Conclusions Increasing 4-HO-DiPT presence could translate a progressive replacement of 4-AcO-DiPT and DiPT recreational use. Clinical relevance comes from its growing use and the absence of scientific evidence on humans, therefore relying on users subjective experience to predict the effects.

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

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EW14

The EFPT-PSUD study

D. Papanti^{1,*}, L. Orsolini², M. Potočan³,
D. Quattrone⁴, F. Baessler⁵, M. Martens⁶, J. Levola⁷,
T.M. Gondek⁸, L. De Picker⁹, A. Kanellopoulos¹⁰,
M. Casanova Dias¹¹, M. Pinto da Costa¹², I. Rojnic Palavra¹³
¹ SOC Alcologia e Dipendenze Patologiche, Distretto Est, Latisana, Italy
² University of Hertfordshire, Pharmacy and Clinical Therapeutics,
Hatfield, United Kingdom
³ University of Ljubljana, Psychiatric Clinic Ljubljana, Ljubljana,
Slovenia
⁴ King's College, London, Institute of Psychiatry, London, United
Kingdom
⁵ University of Berne, University of Berne, Berne, Switzerland
⁶ Tartu University, Tartu University, Tartu, Estonia
⁷ Hospital District of Helsinki and Uusimaa, Hospital District of
Helsinki and Uusimaa, Helsinki, Finland
⁸ Wroclaw Medical University, Wroclaw Medical University,
Wroclaw, Poland
⁹ University of Antwerp, University of Antwerp, Antwerp, Belgium
¹⁰ University of Athens, University of Athens, Athens, Greece
¹¹ Barnet Enfield and Haringey Mental Health NHS Trust, Barnet
Enfield and Haringey Mental Health NHS Trust, London, United
Kingdom
¹² Hospital de Magalhães Lemos, Hospital de Magalhães Lemos,
Porto, Portugal
¹³ Croatian Institute of Public Health, Croatian Institute of Public
Health, Zagreb, Croatia
* Corresponding author.

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 to carry out in year 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 will investigate, 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 has been developed, and will be shared through an online data-collecting system among European CAP and GAP trainees, with 40 trainees per country filling the survey in at least 30 countries (sample expected population of 1200). One national coordinator per country will facilitate the delivering of the survey. **Results** Twenty-five national coordinators were enrolled so far. It is still needed to reach coordinators from other 5 European countries to fulfil the above criteria and start the study.

Conclusions This 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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EW15

Research assessments more important than duration of treatment? A systematic review and meta-analysis of the duration of psychosocial treatments for alcohol use disorders



L. Schmidt*, A.S. Nielsen, A.B. Bojesen, K. Andersen
Institute of Clinical Research- University of Southern Denmark,
Psychiatry, Odense, Denmark
* Corresponding author.

Background and aims The recommendations of duration of treatment for alcohol use disorders (AUD) in clinical guidelines are based on consensus decisions. There is a risk that patients will receive too little or too much therapy. We hypothesize that there is an association between duration and effect up until a point where the effects of treatment diminish.

Methods A systematic review and meta-analysis of randomized controlled trials of psychosocial interventions in the alcohol outpatient treatment centers. Population: adults (> 17 years) suffering from AUD treated with at least two sessions of therapy.

Statistics Multiple linear regression analysis with outcome measured in percentage of days abstinent (PDA), percentage of heavy days drinking (PHD), drinks per drinking day (DDD) and/or proportion of participants abstinent (ABS) as a function of duration of treatment.

Results Forty-four studies with 8485 participants were included. Mean duration: 18 (8–82) weeks and 15 (2–36) sessions. Mean follow-up time: 43 (8–104) weeks with a mean of 5 (2–18) research assessments. Only ABS was significantly associated with duration of treatment; ABS increased with 1.6%-point ($P < 0.01$) with each additional week in treatment. Surprisingly the analysis showed that each research assessment increased PDA with 11%-point ($P < 0.001$), decreased PHD with 4%-point ($P < 0.05$) and decreased DDD with 8%-point ($P < 0.001$).

Conclusion Duration of treatment was associated positively with proportion of participants abstinent but not percentage of days abstinent drinks per drinking day or percentage of heavy drinking days. The three latter outcomes were affected positively by number of research assessments.

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

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EW16

Cloninger's temperament dimensions and longitudinal alcohol use in early mid-life: A Northern Finland birth cohort 1966 study



D. Vladimirov^{1,*}, S. Niemelä², J. Auvinen³, M. Timonen³,
S. Keinänen-Kiukaanniemi³, L. Ala-Mursula³, J. Laitinen⁴,
J. Miettunen³

¹ Oulu, Finland

² Research Unit of Clinical Neurosciences, Department of Psychiatry,
Oulu, Finland

³ University of Oulu, Center for Life Course Epidemiology and Systems
Medicine, Oulu, Finland

⁴ Finnish Institute of Occupational Health, Health and Work Capacity,
Helsinki, Finland

* Corresponding author.

Background Longitudinal studies on how temperament is related to alcohol use in general population are scarce.

Objectives Finding relations with temperament and problematic alcohol use using prospective birth cohort data.

Aims To investigate trends in self-reported alcohol consumption in adulthood.

Methods In the Northern Finland Birth Cohort 1966 ($n = 5247$), alcohol use was studied with questionnaires at ages 31 and 46. Participants were classified into abstainers, bingers, heavy drinkers, steady drinkers, increasers or reducers based on the change in consumption (g/day). Cloninger's TCI-scores were calculated for each group. Multinomial regression analysis was conducted with TCI-scores as factors influencing the change in alcohol consumption.

Results High novelty seeking was associated with increased consumption, binge and heavy drinking among both sexes at both time points ($P < 0.01$). Lower persistence was associated with increased consumption at both time points among men and among women at age 46. Baseline novelty seeking predicted both increasing (OR 1.1; 95% CI: 1.0–1.1) and reducing (1.1; 1.0–1.1) for men and for women also increasing (1.1; 1.0–1.1) and reducing (1.1; 1.0–1.1), but when adjusted with baseline alcohol use novelty seeking only predicted increasing for men (1.0; 1.0–1.1).

Conclusions High novelty seeking and low persistence are associated with problematic alcohol use among middle-aged Northern Finns. Gender differences in predictors existed: novelty seeking predicted increase only for men in the adjusted model. Temperament scores do not seem to affect strongly changes in alcohol use.

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

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Anxiety disorders and somatoform disorders

EW17

Depressive symptoms and bone mineral density in menopause and postmenopausal women: A still increasing and neglected problem

A. Bener

Istanbul University, Biostatistics & Public Health, Istanbul, Turkey

Objective The objective of current study was to investigate whether association exist between depression and low BMD during menopause and post-menopausal period.

Methods A cross-sectional descriptive study and 1650 women aged 45–65 years were included during 1182 women agreed to participate (71.6%). Data on body mass index (BMI), clinical biochemistry variables including serum 25-hydroxyvitamin D were collected. The Beck Depression Inventory (BDI) was administered for depression purposes.

Results A total of 1182 women agreed to participate and responded to the study. The mean age and SD of the menopausal age were 48.71 ± 2.96 with depressed and 50.20 ± 3.22 without depressed ($P < 0.001$). Also, the mean and SD of postmenopausal age were 58.55 ± 3.27 depressed and 57.78 ± 3.20 without depressed ($P < 0.001$). There were statistically significance differences between menopausal stages with regards to number of parity, and place of living. There were statistically significance differences between menopausal stages with regards to BMI, systolic and diastolic blood pressure, vitamin D deficiency, calcium deficiency and sheesha smoking habits. Overall, osteopenia and osteoporosis and bone loss were significantly lower in post-menopausal women than in menopausal women ($P < 0.001$). Similarly, T-score and z-score were lower with depressed menopause and postmenopausal women ($P < 0.001$).

Conclusion The multivariate logistic regression analyses revealed that the depression, the mean serum vitamin D deficiency, calcium level deficiency, less physical activity, co-morbidity, number of parity, systolic and diastolic blood pressure and sheesha smoking habits were considered as the main risk factors associated with bone mineral loss after adjusting for age, BMI and other variables.

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

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EW18

Depression, anxiety and stress [DASS21] symptoms in menopausal Arab women: Shedding more light on a complex relationship

A. Bener

Istanbul University, Biostatistics & Public Health, Istanbul, Turkey

Objective 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 descriptive study was used and 1468 women aged 45–65 years were included and 1101 women agreed to participate (75.0%). Depression, anxiety and stress were measured using the Depression Anxiety Stress Scales (DASS-21). Data on body mass index (BMI), clinical and other parameters was used.

Results A total of 1101 women agreed to participate after informed consent was obtained. The mean age and SD of the menopausal age was 49.55 ± 3.12 , the mean and SD of 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 post-menopause women. Also, there were no differences between the groups regarding the frequency of certain levels of stress among menopause and post-menopause. 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 which had negative effects on the quality of life among Arabian women.

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

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EW19

Neurocognitive deficit in first-episode, drug-naïve obsessive-compulsive disorder

S.N. Kim^{1,*}, T.Y. Lee², Y.B. Yoon¹, J.S. Kwon¹

¹ *Seoul National University Hospital, Psychiatry, Seoul, Republic of Korea*

² *Seoul National University, Neuropsychiatry, Seoul, Republic of Korea*
* *Corresponding author.*

Objective Obsessive compulsive disorder (OCD) is one of the most common psychiatric chronic disorders (prevalence 2–3%) and has been associated with various neurocognitive impairment, including visual memory function. Although the relapse rate of OCD is highly considerable, little is known regarding the relationship between neurocognitive dysfunction and the chronicity of the illness, mainly because there are confounding factors as the medication effect. Therefore, we compared the difference of neurocognitive functions of the first-episode, medication-naïve OCD patients to chronic, medication-naïve OCD patients.

Method We defined the first-episode (FEOCD) if the illness duration was less than 3-year by DSM-IV criteria. Twenty-one FEOCD and 28 chronic OCD patients performed Korean version of the Wechsler Adult Intelligence Scale (K-WAIS), the Trail Making Test (TMT). All the participants were medication-naïve.



Results There was no differences in the severity of illness (YBOCS), depressive symptoms (Hamilton depression rating scale), general anxiety symptoms (Hamilton anxiety rating scale). FEOCD group showed significant impairment on the block design subtest of the K-WAIS ($P=0.04$, $t=1.294$).

Conclusions These results suggest that visual spatial cognitive dysfunction in patients with OCD may deteriorate as the untreated duration of illness get longer.

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

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EW20

Behavioral inhibition/behavioral activation systems are relevant with the interpersonal problem?

H. Na

Seoul St. Mary's hospital, psychiatry, Seoul, Republic of Korea

Introduction and objectives It is well known that interpersonal dysfunction has influence on the onset, treatment response, and prognosis of depression. Exploring factors influencing interpersonal problems is important and anxiety-related characteristics could be considered as one of the significant points. Based on this background, we aimed to investigate the influence of anxiety-related characteristics such as state anxiety, trait anxiety and anxiety sensitivity on interpersonal problems in patients with depressive disorders.

Aim and methods A total of 152 outpatients diagnosed with depressive disorders completed questionnaire measuring socio-demographic, clinical symptom severity, such as depression and anxiety, and interpersonal problems. Beck Depression Inventory (BDI) was used to measure depression severity and State and Trait Anxiety Inventory (STAI) and Anxiety Sensitivity Index (ASI-R) were used to evaluate various anxiety related symptoms. Interpersonal relationship problems were measured by the short form of the Korean version of the Inventory of Interpersonal Problems Circumplex Scales (KIIP-SC).

Result General interpersonal problem was affected by trait anxiety and anxiety sensitivity. General and any other specific interpersonal problems were not significantly different according to state anxiety. Patients with higher trait anxiety and anxiety sensitivity score tend to more distant, socially inhibited and non-assertive interpersonal pattern. More domineering and intrusive interpersonal pattern was observed in patient with high anxiety sensitivity.

Conclusion The present study provides preliminary evidence that predisposing characteristics, such as trait anxiety and anxiety sensitivity, might influence interpersonal dysfunction, especially socially inhibiting behaviors.

Keywords Interpersonal relationship; Trait anxiety; Anxiety sensitivity; Depression

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

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EW21

Dynamics of biochemical changes in anxious-depressed patients under treatment with antidepressants with different mechanisms of action on serotonin reuptake

M. Uzbekov*, N. Maximova

Moscow Research Institute of Psychiatry, Brain Pathology, Moscow, Russia

* Corresponding author.



Objectives Pharmacodynamics of serotonergic antidepressants differently influencing on serotonin reuptake receptors is poorly investigated.

Aim To compare biochemical profiles at patients with anxious depression under treatment with tianeptine–serotonin reuptake enhancer and sertraline–selective serotonin reuptake inhibitor.

Methods Platelet monoamine oxidase (MAO) and serum amine oxidase (AO) activities, level of middle mass endotoxigenic molecules (MMEM) and serum albumin functional properties – effective albumin concentration (EAC) and reserve of albumin binding (RAB) were investigated at 43 patients with anxious depression (F 32.1 and F 33.1). Clinical severity of illness was assessed using Hamilton Depression (21 items) and Hamilton Anxiety Scales. All patients were divided in two groups: group I (21 person) received tianeptine (37, 5 mg/day), group II – sertraline (50 mg/day).

Results It was established that patients with anxious depression were characterized by significant increase in MAO activity (by 95%) and the level of MMEM (by 86%) and significant decrease in AO activity (by 28%) and EAC and RAB parameters by 43 and 38%, respectively, in comparison with healthy volunteers. Under tianeptine and sertraline treatment, there were revealed contrary directed changes of all investigated parameters.

Conclusion Results of study show that both tianeptine and sertraline are equally effective in treatment of anxious depression. Present biochemical investigation, however, suggest that underlying biochemical changes are more complete following tianeptine treatment.

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

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Bipolar disorders

EW22

Thyroid profile and its relationship with response to treatment with lithium in bipolar mood disorder patients

P. Avinash^{1,*}, K. Pathak²

¹ Deva Institute of Health Care and Research, Psychiatry, Varanasi, India

² LGBRIMH-Tezpur, Psychiatry, Tezpur, India

* Corresponding author.

Introduction There is substantial evidence that even minor perturbation of thyroid function plays a significant role in clinical course and treatment outcome in bipolar mood disorder.

Aims and objectives To understand the relationship between thyroid profile and bipolar disorder subtypes and to study the relationship between pre-treatment 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 LGBRIMH, Tezpur in the year of 2012, after clearance from scientific and review committee and Ethics committee of the institute. 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 all started on lithium monotherapy, and only lorazepam was used on SOS basis. On day 30, the BPRS was applied again to check the response to treatment. Appropriate statistical analysis was done using SPSS version 16.

Results The response to treatment was good with the mean % fall of the BPRS score being 40%, with the maximum fall in the subscale



of grandiosity and minimum for depression. Age, illness duration, substance use, family history 2nd or later episodes were negatively correlated with treatment response. Pretreatment T4 level was positively correlated while pre-treatment TSH level was negatively correlated with the treatment response.

Conclusion Pre-treatment T4 and TSH level were predictors of treatment response with lithium.

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

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EW23

Determining the cut-off for recurrent depressive episode to predict diagnostic conversion from unipolar depression to bipolar disorder: 5-year retrospective study in one university hospital



W.M. Bahk^{1,*}, Y.S. Woo¹, H.R. Wang¹, B.H. Yoon², D.I. Jon³, Y.J. Kwon⁴, K.H. Lee⁵, K.J. Min⁶, S.Y. Lee⁷, M.D. Kim⁸

¹ Yeouido St. Mary's Hospital, Psychiatry, Seoul, Republic of Korea

² Naju National Hospital, Psychiatry, Naju, Republic of Korea

³ Sacred Heart Hospital, Hallym University, Psychiatry, Anyang, Republic of Korea

⁴ Soonchunhyang Cheonan Hospital, Psychiatry, Cheona, Republic of Korea

⁵ College of Medicine, Dongguk University, Psychiatry, Gyeongju, Republic of Korea

⁶ College of Medicine, Chung-Ang University, Psychiatry, Seoul, Republic of Korea

⁷ Wonkwang University School of Medicine, Psychiatry, Iksan, Republic of Korea

⁸ College of Medicine, Jeju National University, Psychiatry, Jeju, Republic of Korea

* Corresponding author.

Objectives The aim of this study was to determining the cut-off for recurrent depressive episode to predict diagnostic conversion from unipolar depression to bipolar disorder by means of retrospective reviews of medical records.

Methods The medical records of 250 patients with a diagnosis of major depressive disorder for at least 5 years were retrospectively reviewed for this study. We reviewed DSM-IV diagnosis and detailed clinical information at the index admission with assessments made every year after discharge to determining the cut-off for recurrent depressive episode to predict diagnostic conversion from unipolar depression to bipolar disorder.

Results Receiver operating characteristic curve analysis indicated cut-off scores for recurrent depressive episode of more than three times (area under curve=0.647, sensitivity=0.435, specificity=0.819, positive predictive value=0.351, negative predictive value=0.865).

Conclusions These findings suggest that it could predict the best diagnostic conversion from unipolar depression to bipolar disorder when depressive episodes are recurrent more than three times. Based on these findings, it will be able to promote the accuracy of diagnosis and the efficiency of treatment.

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

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EW24

Cognitive training for bipolar disorder. Functional wellness



L. Bernabei^{1,*}, E. Pompili², S. Quinto¹, L. Basco¹, L. Di Gennaro¹, G. D'Antoni¹, C. Murtinu¹, M. Biondi¹, R. Delle Chiaie¹

¹ Policlinico Umberto I, Sapienza University of Rome, Neurology and Psychiatry, Roma, Italy

² ASL Roma G, Mental Health Centre, Colferfero, Italy

* Corresponding author.

Patients with bipolar disorder (BD) show a typical neuropsychological profile, characterized by an alteration of attentive, amnesic and executive ability. The aim of the study is evaluate the effectiveness of cognitive training in integrated treatment (CTiIT) for bipolar disorder.

Methods A total of 30 BD euthymic patients were enrolled. All participants completed a comprehensive neuropsychological and psychosocial (SF-36 and PSQ) assessment. Patients were random assigned to CTiIT group or control group. CTiIT is designed to be a short therapy (20 individual sessions of about 1 hour for three days at week) for the neurocognition, and for psychosocial aspects. Cognitive training consisted of computerized tasks selected from CogPACK. Attention, memory and executive tasks available within the CogPACK program were selected for use in this study, based on the cognitive domains typically affected in BD patients. Training with this program is hierarchically organized. All individuals in the present study had the potential to complete all of the tasks, regardless of degree of impairment. Statistical analyses were conducted using Statistical Package for the Social Sciences Version 20.0 (SPSS 20.0) for windows (SPSS Inc., Chicago, Ill).

Results Results showed that CTiIT for BD is effective in improving verbal learning and memory, executive functions and attention. Moreover CTiIT increases social wellness measured by SF-36 and reduces stress perception's (PSQ).

Conclusions Cognitive training in integrated treatment – CTiIT is an important tool for achievement of personal recovery and becomes necessary to use it, in the daily treatment of BD.

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

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EW25

First rank symptoms in mania: An indistinct diagnostic strand



A. Channa^{1,*}, S. Aleem², H. Mohsin¹

¹ Liaquat National Hospital, Psychiatry, Karachi, Pakistan

² Agha Khan University, Psychiatry, Karachi, Pakistan

* Corresponding author.

First rank symptoms (FRS) are considered to be pathognomic for schizophrenia. However, FRS is not distinctive feature of schizophrenia. It has also been noticed in affective disorder, albeit not inclusive in diagnostic criteria. Its existence in the first episode of bipolar disorder may be predictor of poor short-term outcome and decompensating course of illness.

Objective To determine the frequency of first rank symptoms in manic patients.

Method The cross sectional study was done at psychiatric services of Aga Khan University Hospital, Karachi, Pakistan. One hundred and twenty manic patients were recruited from November 2014 to May 2015. FRS was assessed by administration of validated Urdu version of Present State Examination (PSE) tool.

Result The mean age of the patients was 37.62 ± 12.51. The mean number of previous manic episode was 2.17 ± 2.23. In total, 11.2% males and 30.6% females had FRS. This association of first rank

symptoms with gender in patients of mania was found to be significant with a *P* value of 0.008. All-inclusive, 19.2% exhibited FRS in their course of illness, 43.5% had thought broadcasting, made feeling, impulses, action and somatic passivity, 39.1% had thought insertion, 30.4% had auditory perceptual distortion, and 17.4% had thought withdrawal. However, none displayed delusional perception.

Conclusion The study confirms the presence of FRS in mania in both male and female, irrespective of the duration of current manic illness or previous number of manic episodes. A substantial difference was established between both the genders.

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

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EW26

Emotional reactivity, functioning and chronic inflammation in remitted bipolar patients: Clinical relevance of a dimensional approach



A. Ayub Dargél^{1,2,*}, V. Hirakata³, C. Henry⁴

¹ Institut Pasteur and Molecular Psychiatry Laboratory, Perception and Memory Laboratory, Paris, France

² Hospital de Clínicas de Porto Alegre, Porto Alegre, Brazil

³ Hospital de Clínicas de Porto Alegre, GPPG-Statistics, Porto Alegre, Brazil

⁴ Institut Pasteur, Université Paris XII, Inserm U955, Paris, France

* Corresponding author.

Aims To examine emotional reactivity (ER) as a dimension that may contribute to the better characterization of subsyndromal mood symptoms in bipolar disorder (BD) patients during remission, and to explore the association between ER, psychosocial functioning and levels of C-reactive protein (CRP, a biomarker of low-grade inflammation) including as to whether CRP is a biosignature of ER in BD.

Method Six hundred and thirteen adult BD outpatients. Assessments: psychosocial functioning by Functional Assessment Short Test (FAST), mood by Multidimensional Assessment of Thymic States (MATHyS). The MATHyS ER sub-score (0–40) characterized 3 patients:

- <16: emotional hyporeactivity (HypoER);
- 16–24: normal emotional reactivity (NormalER);
- >24: emotional hyperreactivity (HyperER).

CRP was measured by using standard enzyme immunoassay. Statistical analyses were performed using SPSS v21.

Results HypoER (*n* = 144; *m* = 12.4 ± 3.4), NormalER (*n* = 198; *m* = 19.9 ± 2.6); HyperER (*n* = 271; *m* = 28.9 ± 3.7). BD patients with HypoER or HyperER had significantly greater levels of residual mood symptoms than patients with NormalER (*P* < .0001). Patients with HypoER (FAST *m* = 21 ± 14.1) or HyperER (FAST *m* = 20 ± 11.2) presented lower functioning (*P* < .0001). CRP levels were significantly increased in BD patients with HypoER (*m* = 2.8 ± 2.0; *P* < .0001) and mostly with HyperER (*m* = 4.3 ± 2.8; *P* < .0001) compared with NormalER patients (*m* = 1.4 ± 1.4).

Conclusions ER appear to impact psychosocial functioning as well as to be a pertinent dimension to discriminate subsyndromal mood states in remitted BD patients. CRP could be a biological validator of emotional reactivity in BD. Association between ER-CRP may be useful proxy to examine the relationship between specific symptom profiles and chronic inflammation, a potential biological state associated with BD. These novel findings could be clinically relevant, if tested and confirmed by future studies.

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

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EW27

Impact of sleep disturbance in functioning and quality of life in euthymic patients with bipolar disorder



L. de la Fuente-Tomás^{1,*}, M. García-Portilla¹, G. Safont², B. Arranz³, M. Sánchez⁴, P. Sierra⁵

¹ Universidad de Oviedo, Área de Psiquiatría, CIBERSAM, Oviedo, Spain

² Hospital Universitario Mutua de Terrasa, Psiquiatría, Barcelona, Spain

³ Fundación San Juan de Dios, Universidad de Barcelona, Psiquiatría-Cibersam, Barcelona, Spain

⁴ Hospital Mutua de Terrasa, Psiquiatría, Barcelona, Spain

⁵ Hospital La Fe, Psiquiatría, Valencia, Spain

* Corresponding author.

Introduction Sleep impairment has been described as a core mechanism of bipolar disorder (BD) frequently associated low global function and quality of life (QoL) [1].

Aim To investigate the impact of sleep disturbance in daily functioning and QoL in a sample of euthymic BD patients with presence and absence of sleep complaints, assessed with a valid sleep quality questionnaire [2].

Methods Naturalistic, multicenter, cross-sectional study. Sample: 119 euthymic outpatients with BD [34.5% males; mean age (SD) = 46.28 (12.22)]; (1) without sleep complaints (60.5%); (2) with sleep complaints (31.9%) and insomnia diagnosis (7.6%). Instruments: Cuestionario de Oviedo de Calidad de Sueño (COS), FAST, SF-36, HDRS, CGI and SCIP.

Results No significant differences were found between groups in age, sex, global severity illness, and cognitive impairment (*P* > 0.05). Likewise, there was not statistical difference neither in daily functioning (*P* > 0.05) nor in QoL (*P* > 0.05), with the exception of emotional role (*t* = 2.26; *P* < 0.05), sleep complaints group showing higher interference.

Conclusions Despite 39.5% euthymic patients with BD experienced sleep complaints, this study showed that sleep disturbance not affected patients' daily functioning and QoL. Both groups report similar outcomes.

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

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EW28

Haloperidol, risperidone and quetiapine in the treatment of acute severe manic episode in bipolar disorder: The experience at the mood disorder unit in Milan



D. Delmonte^{1,*}, C. De Santis², S. Brioschi², B. Barbini¹, C. Colombo²

¹ San Raffaele-Turro Hospital, Clinical Neurosciences, Milan, Italy

² University Vita-Salute San Raffaele, Clinical Neurosciences, Milan, Italy

* Corresponding author.

Introduction Patients affected by severe manic episode, often with delusional symptoms, are commonly treated with a

combination of mood stabilizers, antipsychotics and other sedatives. The choice of a specific drug, dose and term is still debated.

Objectives A naturalistic study on a sample of 84 inpatients affected by acute severe mania treated with a combination therapy.

Aims To compare efficacy and tolerability of haloperidol/risperidone/quetiapine in association with lithium and/or valproate.

Methods Eighty-four bipolar inpatients affected by a manic episode according to DSM-5 criteria. Drugs administered according to our best practice. Clinical course weekly monitored with Young Mania Rating Scale (YMRS) for 4 weeks. Extrapiramidal side effects (EPSE) monitored with Saint Hans Rating Scale (SHRS).

Results Twenty-five men (29.76%) and 59 women (70.24%); mean age 43.37 ± 13.58 years. Mean YMRS score T0 40.27 ± 9.04 . Forty-one patients (48.81%) treated with haloperidol (3.4 mg/die); 16 (19.05%) with risperidone (4.3 mg/die); 27 (32.14%) with quetiapine (438 mg/die). The 3 groups showed no difference regarding clinical characteristics and YMRS basal scores. Chi² analysis confirmed a higher response rate (50% of reduction of YMRS final score compared to T0) with haloperidol ($\chi^2 = 14.88$; $P = 0.00$). The repeated-measures model analysis showed a significant decrease ($P < 0.05$) in YMRS scores in haloperidol vs. risperidone vs. quetiapine patients for all time points from second week. No statistical difference for EPSE was found.

Conclusions We suggest that haloperidol could be advisable in the treatment of severe mania, with rapid efficacy, even with low doses. Occurrence of EPSE was not considerable during the acute treatment. Studies with a larger sample size, randomization, fixed doses, double blind design are needed.

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

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EW29

Late-onset bipolar disorder: What else?

C.P. Ferreira*, S. Alves, C. Oliveira, M.J. Avelino
 Centro Hospitalar Psiquiátrico de Lisboa, SETA, Lisbon, Portugal
 * Corresponding author.

Introduction Geriatric-onset of a first-episode mania is a rare psychiatric condition, which may be caused by a heterogeneous group of non-psychiatric conditions. To confirm late-onset bipolar disorder (LOBD) diagnosis, secondary-mania causes should be ruled out.

Objectives To provide a comprehensive review reporting prevalence, features, differential diagnosis, comorbidity and treatment of LOBD.

Methods The literature was systematically reviewed by online searching using PubMed®. The authors selected review papers with the words "Late-onset mania" and/or "Late-onset bipolar" in the title and/or abstract published in the last 10 years.

Results and discussion With population ageing, LOBD is becoming a more prevalent disorder. Clinical presentation may be atypical and confounding, making the diagnosis not always obvious. Several non-psychiatric conditions must be considered in an elderly patient presenting with new-onset mania, namely stroke, dementia, hyperthyroidism or infection causing delirium. Only then LOBD diagnosis may be done, making that an exclusion diagnosis. Comorbidities, such as hypertension or renal insufficiency are often present in the elderly and must be taken into account when choosing a mood stabilizer.

Conclusions LOBD remains a complex and relatively understudied disorder with important diagnostic and therapeutic implications. This diagnosis must be kept in mind for every elderly patient presenting with new-onset mania. Further investigations could contribute to a better understanding of LOBD etiopathogenesis and to set out better treatment guidelines.



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

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EW30

Telemedicine and bipolar disorder

A. García-Alocén^{1,*}, C. Bermudez-Ampudia²,
 M. Martínez-Cengotitabengoa³, I. González-Ortega³,
 S. Ruiz de Azua³, I. Zorrilla³, P. Lopez³, A. González-Pinto³
¹ HUA-Santiago, Psiquiatria, Vitoria, Gasteiz, Spain
² HUA-Araba, Psiquiatria, Vitoria, Spain
³ HUA, Psiquiatria, Vitoria, Spain



Show the efficacy of an innovate telemedicine psyeducational invention based on a psychoeducational intervention treatment with a group of bipolar patients.

Objectives To assess the efficacy of an innovate telemedicine psyeducational treatment (TPT) based on a psychoeducational intervention (21 sessions) with an additional support through telemedicine which has 12 videos versus treatment as usual (TAU) based on psychiatry reviews. Specifically, the objective was to evaluate patients' efficacy of psyeducational treatment with telemedicine (TPT) in the fuctionality, depressive symptoms and manic symptoms.

Methods Thirty-eight patients with bipolar disorder were included in the study and randomly distributed in the two groups. The telemedicine treatment is performed through a www.puedoser.es web platform provided by Astra Zeneca. In the web platform is available forums, emails and digital-course with the sessions worked as a reminder. In order to assess the effectiveness of treatments, FAST scale was administered at baseline and 6 months after the intervention. To obtain the results we used comparative data analysis.

Results In patients, we found a low daily functionality. The main issues were: interpersonal cognitive area ($t = -2.611$; $P = 0.014$) and interpersonal-area ($t = -2.617$; $P = 0.014$). We found, at baseline, that TPT group had worse overall results in daily functionality ($t = -2.876$; $P = 0.008$). After intervention, there is an improvement in the daily functionality of the TPT group. This improvement occurred in cognitive area ($z = -3.24$; $P < 0.001$), leisure area ($z = -1.85$; $P = 0.065$) and interpersonal area ($z = -1.72$; $P = 0.086$).

Conclusions The psychoeducational program combined with telemedicine shows to be more effective than TAU in the improvement of general patient functioning in bipolar disorder patients.

* Corresponding author.

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EW31

The prevalence of bipolar mood disorders in the medically ill patients hospitalized in general hospitals

A. Ghanbari Jolfaei*, S. Ataei
 Mental Health Research Center, Iran University of Medical Sciences,
 Psychiatry, Tehran, Iran
 * Corresponding author.



Introduction Bipolar mood disorders are the eighth cause of disability in the world. Several studies have shown the prevalence of bipolar disorders in patients with medical diseases is higher than healthy controls.

Aims This study aimed to investigate the prevalence of bipolar disorders in the medically ill patients hospitalized in general hospitals.

Methods In this cross-sectional study, 706 patients (342 men, 49%) admitted to different wards of three general hospitals randomly enrolled to the study. Demographic questionnaire, MDQ

(Mood Disorder Questionnaire) and BSDS (Bipolar spectrum Diagnostic Scale) were used. The criteria for inclusion were informed consent and cooperation for the study, lack of cognitive and mental disorders and being literate.

Results In 84 (12.1%) and 145 (20.8%) patients, respectively BSDS and MDQ questionnaire results were positive. In 75% of patients, the results of both tests were negative, while in 9.7% of hospitalized patients, the results of both tests were positive. The frequency of bipolar mood disorders was not significantly different between male and female, but the frequency of bipolar disorders was significantly higher in singles, smokers, alcohol abusers, younger age and lower education level. The highest rate of bipolar disorders was reported in the orthopaedic ward.

Conclusion The prevalence of bipolar mood disorders in hospitalized medically ill patients is significant, due to the impact of the disorder on the lifestyle, compliance and the prognosis, identification and treatment of bipolar mood disorders is important in these patients.

Keywords Bipolar mood disorder; Medical disease; General hospital

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

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EW32

Initial usability and feasibility evaluation of the SIMPLe Smartphone application to monitor and psychoeducate bipolar patients



D. Hidalgo-Mazzei^{1,*}, M. Reinares¹, A. Mateu², A. Murru¹, C.D.M. Bonnín¹, E. Vieta¹, F. Colom¹

¹ Hospital Clinic de Barcelona, Bipolar disorders unit, Department of Psychiatry and Psychology, Barcelona, Spain

² Hospital Clinic de Barcelona, Psychiatry and Psychology, Barcelona, Spain

* Corresponding author.

Background The SIMPLe project was designed with the aim of developing a smartphone application (i.e. app) to monitor and psychoeducate subjects with bipolar disorder through highly personalized messages from both passive and active data. The project was based on a face-to-face group program, which has an increasing scientific evidence of its efficacy and cost-effectiveness reducing bipolar disorder relapses.

Aims An initial feasibility study was conducted to evaluate the usability and satisfaction of an Android version of the SIMPLe app 1.0.

Methods The SIMPLe feasibility study was conducted from March 2015 to June 2015. The participation in the study was offered to a consecutive sample of adult patients diagnosed of bipolar disorder I, II or NOS (not otherwise specified) attending the outpatient mental health clinic of the Hospital Clinic of Barcelona, Spain.

Results The participation in the study was offered to 72 stable bipolar patients. Forty-three subjects were enrolled in the study. Since the day the patients were enrolled in the study, the rate of completed tests was 0.74 per day and 1.13 per week. Nine emergency alerts were received through the application and notified to the reference patients' psychiatrists. Ninety-five percent of the initial participants remained actively using the app and no relapses were identified during the 3 months of the study.

Conclusion These preliminary results suggest a high feasibility of the SIMPLe app based on the rates of tasks completed and retention.

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

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EW33

Neurocognitive impairments in euthymic patients with bipolar disorder type II



R.S. İlhan^{1,*}, V. Senturk-Cankorur²

¹ Dr. Nafiz Korez Sincan State Hospital, Ministry of Health, Psychiatry, Ankara, Turkey

² Ankara University Medical School, Psychiatry, Ankara, Turkey

* Corresponding author.

Introduction Most of the studies have indicated that there have been neurocognitive impairments especially in the domains of executive functions, attention, verbal and working memory among euthymic patients with bipolar disorder type I (BD-I). However, there has been limited research investigating neurocognitive functioning in euthymic patients with BD- II.

Objectives/aims Aim of this study was to investigate neurocognitive functions in euthymic BD-II patients. Our hypothesis was that euthymic BD-II patients would have neurocognitive impairments in the domains of executive functions, attention, verbal and working memory.

Methods Euthymic BD-II patients ($n=37$) and healthy controls (HC) ($n=35$) were compared in terms of their neurocognitive functioning in the domains of executive functions assessed by the number of perseverative errors, non-perseverative errors and category completed on the Wisconsin Cart Sorting Test (WCST); working memory assessed by Auditory Consonant Trigrams (ACT); immediate verbal memory assessed by the Logical Memory subscale of the Wechsler Memory Scale I (WMS I) and attention assessed by Stroop Colour-Word Interference Test (SCWIT). Euthymic state was confirmed by the low scores both on Hamilton Depression Rating Scale, Young Mania Rating Scale.

Results Significant differences were found between two groups in terms of WCST non-perseverative errors ($Z=3.8$, $P<0.01$) and category completed subtests ($Z=3.8$, $P<0.01$), ACT ($t=2.97$, $P<0.01$) WMSI ($Z=2.4$, $P=0.01$), SCWIT ($t=3.52$, $P<0.01$) performances.

Conclusions Our study indicated that euthymic BD-II patients had poorer performance on the domains of executive functions, attention, working memory and verbal memory than the HC group. But future studies with large samples are needed to support our results.

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

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EW34

Contemplation of smoking cessation in bipolar disorder patients: The 3 A's intervention at community mental health. Longitudinal follow-up to 12 months



M.J. Jaen-Moreno^{1,*}, M.J. Sánchez Cabanillas¹, J. Montiel², A.B. Rico del Viejo¹, S. Nieto-Carrascosa¹, S. Alvarez-Melendez¹, V. Millán-Aguilar¹, F. Sarramea-Crespo¹

¹ Hospital Reina Sofia, Psiquiatría, Córdoba, Spain

² Unidad Salud Mental Comunitaria Andújar, Psiquiatría, Andújar, Spain

* Corresponding author.

Introduction Smoking is a serious health problem for people with mental illness and especially for bipolar disorder patients (Rüther et al., 2014). It is necessary to explore the possibilities of brief intervention in the context of community care that may act on the level of motivation for change.

Objectives Assess the effectiveness of the 3 A's intervention (Ask, Advise and Assess) in a sample of euthymic bipolar patients after 12 months.

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); before and after conducting a brief intervention of no more than 30 minutes in total, divided in three contacts during a month, two face to face and one phone contact. We evaluated the results in the smokers at baseline after 12 months of the intervention.

Results After 12 months of follow-up, a 7.1% was abstinent, a 35.7% tried to abandon the consume at least once during the follow-up an average 8 days (2–30). A 14.3% discontinued the study.

Conclusions This is the first paper that evaluate the 3 A's intervention in bipolar disorder with 12 months of follow-up. The results of abstinence after were similar to those obtained in patients with schizophrenia using the same intervention (5%) (Dixon et al., 2009).

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

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EW35

Subthreshold symptoms in bipolar disorder: Impact on quality of life



R. Khemakhem*, W. Homri, D. Karoui, H. Belhadj, L. Mouelhi, N. Bram, I. Ben Romdhane, R. Labbene
Razi Hospital, Psychiatry C, Mannouba, Tunisia

* Corresponding author.

Introduction Several studies have analyzed the influence of bipolar disorder (BD) related to many kinds of functioning. Even if it is obvious that patients in relapse have poor quality of live (QoL), what's about it in interictal phases with subthreshold symptoms?

Aims To study the potential relationship between QoL and subthreshold symptoms in bipolar I patients in remission.

Objective To evaluate the above relationship, we hypothesized that subsyndromic BD phases can be related to worse subjectively QoL.

Methods This was a cross-sectional study. Forty-four BD patients were enrolled. The subthreshold symptoms were evaluated by Hamilton Depression Rating Scale (HDRS) and Young Mania Rating Scale (YMRS). Patients with HDRS lower than 7 and YMSR lower than 6 were the successful applicants. Then, we run the Tunisian version of SF-36 to measure the QoL.

Results Twenty-seven men and seventeen women with an average age of 39.3 years were selected. Age of beginning of BD was 31.5 years and patients were in relapse since 1.56 years. The HDRS's average score was 2.73. Twenty patients (45.5%) have an HDRS upper than 4. The YMRS's average score was 2.25 and twenty-nine BD's patients have a score between 1 and 6. The overall average score at SF-36 scale were 64.2 and 25% of BD patient with subthreshold symptoms had a poor QoL.

Conclusions Subsyndromic interictal phases affect the QoL of BD patients and it's necessary to introduce therapy adapted according to troubles in order to improve patient's quality of life and functioning.

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

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EW36

First bipolar episode and functionality: Relation with depressive symptoms and inflammation levels



M. Martinez-cengotitabengoa^{1,*}, C. Bermudez-ampudia², M.P. Lopez², A. Garcia-alocen², I. Gonzalez-ortega³, I. Zorrilla², A. Gonzalez-pinto⁴

¹ CIBERSAM, University Hospital of Alava, National Distance Education University UNED, Psychiatry, Vitoria, Spain

² CIBERSAM, University Hospital of Alava, Psychiatry, Vitoria, Spain

³ CIBERSAM, University Hospital of Alava, University of the Basque Country EHU-UPV, Psychiatry, Vitoria, Spain

⁴ CIBERSAM- University Hospital of Alava, University of the Basque Country EHU-UPV, Psychiatry-Neurosciences, Vitoria, Spain

* Corresponding author.

Introduction It is important to make an early and effective intervention from the first bipolar episode. The presence of depressive symptoms in the course of a manic episode could influence negatively the evolution and the prognosis of the patient. Inflammation and oxidative stress are also related with functionality.

Objectives To explore the relationship between depressive symptoms during a first episode of mania, inflammatory parameters and patient functionality during the follow-up.

Method We included in the study 92 are patients with a first manic episode and 92 matched healthy controls. We compared 13 inflammatory/oxidative stress parameters measured at baseline (TFN α , IL6, PGE2, MCP1, TBARS, NO2, SOD, CAT, GSHTOT, GSSG, GSHfree, GPx, TAS) between both groups. Between patients, 46 presented pure mania (PM) (no depressive symptoms) and 46 mixed mania (MM) (with depressive symptoms). We explored the influence of inflammatory factors in functionality, exploring differences between PM and MM. To measure patients' general functioning one year after illness onset, we used the Functional Assessment Short Test (FAST).

Results We found significant differences in TFN α , MCP1 and TBARS (higher in patients) and in SOD, GSHTot, GSSG, GSHfree, GPx and TAS levels (lower in patients). Only In MM group, there was a significant influence of SOD and GSHfree in FAST scores suggesting that a higher antioxidant levels at baseline the patient functionality improves one year after.

Conclusions Some parameters of oxidative stress at baseline are related with patient's functionality one year after the first episode of mania, but only when mania debuts with depressive symptoms simultaneously.

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

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EW37

Aspects of sexuality in bipolar women



L. Damian^{1,*}, I. Miclutia²

¹ Psychiatric hospital Ergoterapie, Cluj Municipal Hospital, Cluj-Napoca, Romania

² University of Medicine & Pharmacy Cluj-Napoca, Neuroscience-discipline of Psychiatry, Cluj-Napoca, Romania

* Corresponding author.

Introduction In spite of more studies dedicated to the topic of sexual disorders among schizophrenic patients or to the sexual effects of antipsychotics and antidepressants, few studies entangle broadly the issue of sexual attitudes and behaviors of bipolar patients, due partly to the heterogeneity of the disorder and the variety of episodes, and treatments.

Objectives To establish if special sexual patterns are specific to depressive or manic episodes and if the sexual disorders are related to the severity of the mood episodes.

Aims To compare depressive, manic, and matched controls regarding their sexuality.

Methods The current study is an observational cross sectional study, carried out on 173 women, among them 112 bipolar, diagnosed according to ICD-10 criteria (81 depressive, and 31 manic), and 61 controls. All subjects fulfilled the Sexual Disorders Interview (SDI), Female Sexual Function Index (FSFI) and to bipolar patients BDI, YMRS have been administered.

Results Female bipolar patients were significant less sexual active than controls, depressive women being less interested in sexuality than manic patients; there were not significant differences between the two patients' samples regarding the frequency of sexual intercourse, degree of psychopathology. Sexual problems on FSFI were detected in 75% of bipolar patients, both bipolar groups emphasizing difficulties in arousal, lubrication and sexual satisfaction.

Conclusions The issue of sexual problems in bipolar female patients is delicate to investigate and often neglected, being difficult to ascertain to the mood disorder itself or to different treatments the patients have been exposed to, or to stigma.

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

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EW38

A peripheral composite proteomic and gene expression biomarker related to diagnosis and affective state in rapid cycling bipolar disorder

K. Munkholm*, M. Vinberg, L.V. Kessing

Psychiatric Center Copenhagen, Rigshospitalet, Copenhagen, Denmark

* Corresponding author.

Introduction Management of bipolar disorder is limited by absence of laboratory test. While alterations related to multiple biological pathways have been found in bipolar disorder, findings have not translated into clinically applicable biomarkers. We previously found promise for a combined gene expression biomarker. The combination of gene expression and proteomic biomarkers could have potential as a meaningful clinical test.

Objectives To identify a composite biomarker based on multiple potential peripheral biomarkers related to neuroplasticity, inflammation and oxidative stress, both on a proteomic and gene expression level.

Aims To test the ability of a composite biomarker to discriminate between bipolar disorder patients and healthy control subjects and between affective states in bipolar disorder patients.

Methods mRNA expression of a set of 19 candidate genes and protein levels of immune markers and neurotrophic factors were measured in peripheral blood mononuclear cells and combined with urinary levels of oxidized nucleosides of 37 rapid cycling bipolar disorder patients in different affective states (depression, mania and euthymia) during a 6–12-month period and in 40 age- and gender-matched healthy control subjects. A composite measure was constructed in the first half of the sample and independently validated in the second half of the sample. The composite measure was evaluated using ROC curves and by calculating sensitivity and specificity.

Results Statistical analysis is ongoing. Results will be presented at the congress.

Conclusions A peripheral composite biomarker based on multiple biological pathways on both proteomic and gene expression levels may have potential as a clinically applicable biomarker.

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

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EW39

Ketamine effect of the neural response of emotinal processing

H. Nießen

Leibniz Institute for Neurobiology, Clinical Affective Neuroimaging Laboratory, Magdeburg, Germany



Introduction The NMDA antagonist ketamine has shown a good antidepressant effect in drug resistant patients with MDD. The exact mechanism of these antidepressant effects are unknown but some studies indicate that ketamine changes neuronal emotion processing. Amygdala is an important brain structure for the emotion processing in people with affective disorders. Previous studies showed functional and morphological changes, for example elevated neuronal activation in the amygdala in depressive patient. Previous studies also indicated that ketamine seems to inhibit this elevated amygdala function.

Methods Sixty-three healthy subjects (28 female, group mean age 25.65 ± 4.32 years) took part in a double-blinded fMRI study. Half of the participants received ketamine infusion with 0,5 mg/kg BW, and half received placebo (saline infusion). To investigate the temporal development of the drug impact, the experiment was repeated at three time points: baseline, one hour and 24 hours after the infusion. We used a block design with positive and negative facial expressions and forms (task adapted from Hariri [7]). Pre-processing and statistical data analysis were performed in SPM8.

Results We found a continuous suppression of the amygdala during negative face recognition in the ketamine group, with a maximum 24 hours after infusion.

Conclusion Ketamine seems to inhibit amygdala function during negative face perception.

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

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EW40

Assessment of executive functions in bipolar depression

R. Paunescu*, I. Miclutia

Iuliu Hatieganu University of Medicine and Pharmacy, Neurosciences, Cluj-Napoca, Romania

* Corresponding author.



Introduction Cognitive functions in bipolar disorder have been assessed during acute mood episodes but also during remission. While other cognitive functions, such as verbal and working memory, attention, verbal fluency and psychomotor speed seem to recover after the acute episode, executive functions impairment remains also during remission; this aspect led to the assumption that executive functions may be a trait marker for bipolar disorder. **Objective** The purpose of this study was to assess the executive functions, such as cognitive flexibility, set shifting, problem solving and abstract thinking in bipolar depression compared to healthy subjects.

Method Forty patients diagnosed with Bipolar Disorder and Major Depressive Episode according to DSM IV-TR were included into the study. Executive functions were investigated using Wisconsin Card Sorting Test (WCST). Results obtained by patients were compared with those of 30 healthy who underwent the same cognitive evaluation.

Results Depressed bipolar patients scored significantly worse on the majority of WCST measures. Thus, for total trials, total errors, perseverative errors and perseverative responses (raw scores and percents) and failure to maintain set scores, the differences between the two groups were significant at the 1% threshold ($P=0.000$). The patients and controls displayed similar behavior for total correct ($P=0.215$) and conceptual levels scores ($P=0.421$).

Conclusions Patients with bipolar disorder show during a depressive episode difficulties in most cognitive tasks involving executive functions. Results obtained by patients at failure to maintain set score suggest frontal dysfunctions for this category of patients.

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

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EW41

Use of antidepressants in maintenance phase of patients with bipolar disorder in an outpatient setting



A. Peh*, W.K. Tay

Changi General Hospital, Dept of Psychological Medicine, Singapore, Singapore

* Corresponding author.

Introduction Guidelines for the maintenance treatment of bipolar disorder discourage the use of antidepressants chiefly on grounds of unproven efficacy and risk if mania for bipolar I. However, for patients stabilised on an antidepressant, naturalistic data support its continued use.

Aim The aim is to describe use of antidepressants in patients with bipolar disorder in remission seen at an outpatient clinic in Singapore.

Methods The case notes of patients with bipolar disorder in remission, seen by psychiatrist in an outpatient psychiatric clinic in a general hospital unit from December 2014 to March 2015 were studied. Data describing the age, sex, type of bipolar disorder and psychotropic medications prescribed, was obtained.

Results Forty-two patients were included, of which 13 (31%) were male and 29 (69%) were female. The age ranged from 23 to 82, with mean age of 47 years. Of these 17 (40%) had bipolar I and 25 (60%) had bipolar II. Antidepressant use for maintenance treatment was present in 19 out of 42 (45%) of these patients; of these 7 out of 17 (41%) were bipolar I and 12 out of 25 (48%) were bipolar II. Eighteen out of the 19 (95%) patients who were prescribed antidepressants were on combination treatment with mood stabilizers. Antidepressant type included SSRI (37%), NDRI (37%), SNRI (10.5%), TCA (10.5%), NASSA (5%).

Conclusion Almost half of patients with bipolar disorder managed in an individual practice were on antidepressants together with mood stabilisers. They remained in remission with combination treatment, which did not seem to jeopardise their condition.

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

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EW42

Bipolar mood disorder BMD can be classified into 4–5 broad molecular categories based on parametric oscillation theory and signs and symptoms



K. Pirkalani^{1,*}, Z. Talaeead²

¹ Mehr Medical Group, Internal Medicine, Tehran, Iran

² Mehr Medical Group, Gynecology, Tehran, Iran

* Corresponding author.

Introduction BMD is regarded as spectrum and needs finer classification.

Objectives Wide clinical and molecular data on BMD are available but no correlation.

Aims To correlate malfunction of circadian oscillators with different clinicopathologic presentations of BMD spectrum.

Methods Based on 73 patients, we have differentiated 5 disease activity patterns. A divergent model of one master (CLOCK/BMAL1 heterodimer) + 4 slave circadian oscillators (neuronal PAS domain protein 2, Rora, Rev-erb, and CSNK1E) and downstream effector genes (*PER1*, *PER2*, *PER3*, *CRY1*, *CRY2*, *Teneurin 4*, *NCAN (Neurocan)*, *GSK3-b*, *casein kinase I epsilon*) were designed to highlight heterogeneity in regard to genetics and presentation.

Results Five patterns of activity curves with the appropriate molecular explanations can be drawn:

- one attack, rare exacerbations, near normal inter-interval mental functioning; pathogenesis lies in master mutation. Lifetime events are the cause of deregulation;

- frequent attacks with inter-interval derangements due to major mutation of the master oscillator and ambiguity between master and slave. No time for circadian re-establishment, wide range of downstream genes activity, and a full-blown clinical picture;

- one major attack and no apparent remission, wide range of signs. Hyperactive mutant of slave and suppression of the master;

- rapid cycling due to master mutation and complete change of the innate frequency;

- a diagnostic dilemma of mild continuous signs and symptoms with no prominent attacks and overlap with borderline or schizotypal PD due to mutation in some downstream genes (i.e. *GSK3-b* or *Per*, *CRY*, *NCAN*).

Conclusions Finding molecular correlation with disease subtypes and activities is possible.

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

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EW43

Multiple oscillators assure soft margin of diurnal function and are the result of alternate splicing and later genetic rearrangement: Possible role in bipolar disorder



K. Pirkalani^{1,*}, Z. Talaeead²

¹ Mehr Medical Group, Internal Medicine, Tehran, Iran

² Mehr Medical Group, Gynecology, Tehran, Iran

* Corresponding author.

Introduction Appearance of multiple effector proteins on a single receptor seems mysterious. These new effectors appear during alternate splicing, gene duplication and genomic re-arrangement during evolution. In chronobiology, this might have vital protective importance for migration to places with extreme climates.

Objectives Residing on a simple light/darkness system of circadian cycle is in contrast with human cultural development.

Aims Developing a model of molecular interaction to explain the BMD spectrum.

Methods We classify circadian oscillators into one master (CLOCK/BMAL1) and 4 slave oscillators. The master has suppressing action on 4 parallel slave oscillators. In case of disruption of this tract, one of them reigns. Input from the retinal ganglion cells has minor effect (noise) for the parametric oscillation of the master but not slave oscillator. Mutations in the master that disrupts these feedbacks, or increases sensitivity to ganglion cells input or cause hyperactivity of the slave oscillators are explanations for BMD development. Downstream to this, a divergent set of genes (*PER1*, *2*, *3*, *NCAN*, *GSK3-b* and *CRY1*), 2 with different functions are activated. Derangement of any of the downstream genes causes incomplete symptoms and signs.

Results This model with elegant curves can successfully incorporate many laboratory and clinical findings and explains in a comprehensive way how genetic and environmental factors interact to build up disease picture and spectrum of BMD. In addition, some innovative (less intensive and with less side effects) treatment strategies can be suggested.

Conclusions More research in this field is warranted.

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

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EW44

Hypomanic symptoms in mixed depression – is DSM-5 wrong? Evidence from the BRIDGE-II-MIX study



D. Popovic^{1,*}, C. Torrent¹, E. Vieta¹, J.M. Azorin², J. Angst³, S. Mosolov⁴, C.L. Bowden⁵, A. Young⁶

¹ *Unviersity Of Barcelona, Idibaps, Hospital Clinic, Psychiatry, Barcelona, Spain*

² *Hôpital Sainte-Marguerite, Psychiatry, Marseille, France*

³ *Psychiatric Hospital, University of Zurich, Psychiatry, Zurich, Switzerland*

⁴ *Moscow Research Institute of Psychiatry, Psychiatry, Moscow, Russia*

⁵ *University of Texas Health Science Center, Psychiatry, USA*

⁶ *King's College, Psychiatry, London, United Kingdom*

* *Corresponding author.*

Introduction DSM-5 criteria for the mixed features specifier exclude symptoms, such as psychomotor agitation, irritability and mood lability.

Objectives The goal of the BRIDGE-MIX study was to provide an estimate of the frequency of mixed states (MXS) in depressed patients according to different definitions and to compare their clinical validity.

Aims The aim of this sub-analysis is to examine the importance of distinct hypomanic symptoms in mixed depression, including those excluded from DSM-5.

Methods A total of 2811 subjects were enrolled in this multicentric cross-sectional study. Psychiatric symptoms, socio-demographic and clinical variables representing risk factors for bipolar disorder (BD) were collected. Multiple comparisons analysis was performed using a Bonferroni-corrected threshold and stepwise-backward logistic regression.

Results Two hundred and twelve patients fulfilled DSM-5 criteria for MXS. The most common symptoms in this subset and in the total sample are shown in Table 1 (Tables are not available for this abstract). Logistic regression demonstrated specific associations of psychomotor agitation (Wald 5.092, $P=0.024$), impulsivity (Wald 28.47, $P<0.0001$), racing thoughts (Wald 12.657, $P<0.0001$) and logorrhoea/pressured speech (Wald 230.720, $P<0.0001$) with DSM-5 diagnosis of MXS (Table 2).

Conclusions The DSM-5 definition of MXS excludes “overlapping” mood criteria, such as psychomotor agitation, irritability and mood lability, among the most frequent features of mixed depression in our sample and in literature. The results of this study highlight the impact of the excluded symptoms on MXS diagnosis. Although these symptoms may be non-specific, their exclusion from DSM-5 may not be justified, in the absence of evidence that the remaining criteria are sufficiently sensitive to identify MXS.

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

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EW45

Towards a redefinition of dissociative spectrum dimensions inside Capgras and misidentification syndromes in bipolar disorder: Case series and literature review



M. Preve^{1,*}, P. Salvatore², M. Mula³, E. Favaretto⁴, M. Godio¹, R. Traber¹, R.A. Colombo¹

¹ *Sociopsychiatric Organization, Psychiatric Clinic, Mendrisio, Switzerland*

² *McLean Hospital, Department of Psychiatry, Harvard Medical School, Boston, USA*

³ *Epilepsy Group, Atkinson Morley Regional Neuroscience Centre, St. George's University Hospitals NHS Foundation Trust, London, United Kingdom*

⁴ *Krankenhaus Brixen, Zentrum für Psychische Gesundheit, Brixen, Italy*

* *Corresponding author.*

Introduction Misidentification phenomena and Capgras Syndrome (CS) occur in different psychiatric (psychotic or major affective illnesses) and neurological (traumatic brain injury, epilepsy, neurosyphilis, etc.) disorders [1,2]. The aim of this report is to redefine dissociative spectrum dimensions inside CS and misidentification syndromes in patients with Bipolar Disorder (BD). **Method** Five inpatients were assessed with the SCID-P, SCID-DER, DSS, HRSD, YMRS, a neurological and general medicine review, a first-level brain imaging examination (CT and/or MRI). We conducted a systematic literature review (PubMed, Embase, PsychInfo) using the key terms “Capgras Syndrome” and “Misidentification”. **Results** All patients were diagnosed with type-I BD and had concomitant CS that presented with misidentification phenomena in the context of psychotic mixed state. They reported high scores for autopsychic and affective depersonalization symptoms as well as high SCI-DER (mean = 24.4) and DSS (mean = 13) total scores.

Discussion and conclusion To our knowledge in literature, there are not studies that evaluated dissociative spectrum symptoms in CS in BD. This condition of identity and self fragmentation could be the key to shedding light on the interconnection between affective and non-affective psychotic disorders from schizophrenia to BD, and may underscore the possible validity of the concept of the unitary psychosis proposed by Griesinger [3–5]. 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 are considered.

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

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EW46

Mapping vulnerability to bipolar disorders



M.R. Raposo^{1,*}, M.D. Piqueras², I. Martínez³, A.L. Galdámez⁴, A. Gil⁵, J.B. Murcia⁶, A. Belmar⁴, A. Rodríguez⁴, P. Manzur⁴, I. Bello⁴, S. Bravo⁴, V. Ivanov⁴, C.J. García²

¹ *Servicio Murciano de Salud, Centro de Salud Mental, Hospital Universitario Santa Lucía, Cartagena, Murcia, Spain*

² *Servicio Murciano de Salud, Hospital Universitario Santa Lucía, Cartagena, Murcia, Spain*

³ *Servicio Murciano de Salud, Residencia Psicogerítrica Virgen del Valle, El Palmar, Murcia, Spain*

⁴ *Servicio Murciano de Salud, Centro de Salud Mental Cartagena, Hospital Universitario Santa Lucía, Cartagena, Murcia, Spain*

⁵ *Servicio Murciano de Salud, Unidad Regional de Media Estancia, Hospital Psiquiátrico Román Alberca, Murcia, Spain*

⁶ *Servicio Murciano de Salud, Centro de Salud Mental Cartagena, Cartagena, Murcia, Spain*

* *Corresponding author.*

Introduction Although early interventions in individuals with bipolar disorder may reduce the associated personal and economic burden, the neurobiologic markers of enhanced risk are unknown. **Objectives** The objective of this paper is to analyze the existence of neurobiological abnormalities in individuals with genetic risk for developing bipolar disorder (HR)

Material and methods A literature search was performed in the available scientific literature on the subject study object, by searching MEDLINE.

Results There were 37 studies included in this systematic review. The overall sample for the systematic review included 1258 controls and 996 HR individuals. No significant differences were detected between HR individuals and controls in the selected ROIs (regions of interest): striatum, amygdala, hippocampus, pituitary and frontal lobe. The HR group showed increased grey matter volume compared with patients with established bipolar disorder. The HR individuals showed increased neural response in the left superior frontal gyrus, medial frontal gyrus and left insula compared with controls. The overall results found no significant differences between individuals at high genetic risk and controls since the magnitude of the association as corresponds to an OR < 1.5 (low association)

Conclusion There is accumulating evidence for the existence of neurobiologic abnormalities in individuals at genetic risk for bipolar disorder at various scales of investigation. The etiopathogenesis of bipolar disorder will be better elucidated by future imaging studies investigating larger and more homogeneous samples and using longitudinal designs to dissect neurobiologic abnormalities that are underlying traits of the illness from those related to psychopathologic states, such as episodes of mood exacerbation or pharmacologic treatment.

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

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EW47

Evolution of bipolar disorder over 12 years in a psychiatric hospital



E. Ribera^{1,*}, M. Grifell², M.T. Campillo¹, I. Ezquiaga¹, L. Martínez¹, L. González¹, A. Palomo¹, V. Pérez³, L. Galindo²

¹ Institut de Neuropsiquiatria i Addiccions, Parc de Salut Mar, Psychiatry, Barcelona, Spain

² Institut de neuropsiquiatria i addiccions Parc de Salut Mar, Institut Hospital del Mar d'Investigacions Mèdiques, Barcelona, Spain

³ Institut de neuropsiquiatria i addiccions Parc de Salut Mar- Centro de investigación Biomédica en Red de Salud Mental CIBERSAM G21, Institut Hospital del Mar d'Investigacions Mèdiques, Barcelona, Spain

* Corresponding author.

Introduction Bipolar disorder is a leading cause of hospitalization in psychiatric hospitals. It is known that early detection of bipolar disorder is associated with a better prognosis.

Objectives The aim of this study is to conduct a demographic analysis of patients hospitalized for bipolar disorder in a single center between 2003 to 2014.

Methods Retrospective cohort study of 1230 patients admitted with bipolar disorder diagnosis from 2003 to 2014 at Centre Assistencial Emili Mira i López of Parc Salut Mar of Barcelona. We divided the study in two periods: 2003–2008 and 2009–2014. We analyzed the following variables: frequency of admissions, age, sex and days of hospital stay, comparing both periods. Chi-square test for categorical variables and Student t test for quantitative variables were applied.

Results The mean ages at the first and second period are 52 and 47, respectively ($P < 0.001$). There are no significant differences in sex and days of hospitalization. The frequency of admissions on the first and third trimesters is higher than in the second and fourth, although the differences are not statistically significant.

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. The average age of patients in the second period is lower than in the first. This could suggest an improvement in early detection of bipolar disorder in the last years. Further research is needed to confirm this hypothesis.

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EW48

Onset episode in a bipolar patient sample: A preliminary study



F. Romosan^{1,*}, R.S. Romosan¹, A. Draghici²

¹ "Victor Babes" University of Medicine and Pharmacy, Neuroscience, Timisoara, Romania

² Vasile Goldis West University of Arad, Psychiatry, Arad, Romania

* Corresponding author.

Introduction Bipolar disorder usually has an atypical onset, either with a depressive or a psychotic (non-manic) episode. Potential predictive factors for bipolarity should increase diagnostic accuracy since onset.

Objectives Identifying the onset episode type in a Romanian bipolar patient sample.

Methods Seventy-two patients diagnosed with bipolar disorder according to ICD-10 diagnostic criteria, admitted in our hospital between 2009 and 2015, were included in this study. For assessing the type of the onset episode, we used the MADRS and YMRS (for affective symptoms) and the PANSS (for psychotic symptoms).

Results Out of the 72 bipolar patients, at onset: 24 had a moderate or severe depressive episode (without psychotic features), 19 had a severe depressive episode with psychotic features, 11 had a manic episode with psychotic features, 8 had a manic episode without psychotic features, 6 had the diagnosis of acute polymorphic psychotic disorder (5 without symptoms of schizophrenia and 1 with symptoms of schizophrenia), 3 had the diagnosis of other acute predominantly delusional psychotic disorder and 1 had the diagnosis of acute schizophrenia-like psychotic disorder.

Conclusions More than half of the patients included in this study had moderate or severe depressive symptom severity at onset. Identifying predictors for bipolarity in a depressive first episode should aid in more adequate treatment since onset.

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

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EW49

Cognitive emotional regulation in euthymic unipolar, bipolar and schizoaffective patients



R.S. Romosan^{1,*}, A. Draghici², F. Romosan¹, V.R. Enatescu¹, L. Dehelean¹, C. Bredicean¹, I. Papava¹, C. Giurgi-Oncu¹

¹ "Victor Babes" University of Medicine and Pharmacy, Neuroscience, Timisoara, Romania

² Vasile Goldis West University of Arad, Psychiatry, Arad, Romania

* Corresponding author.

Introduction The way an individual responds to emotionally arousing information best describes cognitive emotional regulation. In affective disorders, emotional regulation strategies vary widely depending on the phase of the disorder and the episode type.

Objectives Identifying differences in cognitive emotion regulation of remitted bipolar patients (after a depressive episode), remitted schizoaffective patients (after a depressive episode), remitted unipolar patients and a healthy control group.

Methods This study was conducted between 2009 and 2015 and consists of outpatients from the Timisoara Hospital and Mental Health Center, diagnosed with either bipolar disorder ($n=35$), schizoaffective disorder ($n=29$) and recurrent depressive disorder ($n=39$), according to ICD-10 criteria and a healthy control group ($n=84$). For assessing cognitive emotional regulation, we used the CERQ.

Results Statistically significant differences between the patient groups and the control group were found in the following subscales: “selfblame”, “rumination”, “catastrophizing”, “blaming others” (negative emotional response strategies – higher mean scores than the control group), “positive refocusing” and “putting into perspective” (positive emotional response strategies – lower mean scores than the control group). When comparing the three patient groups, we found statistically significant differences in the following subscales: “self-blame” and “rumination” (higher mean scores for unipolar subject), “blaming others” (higher mean scores for bipolar and schizoaffective subjects), “positive refocusing” (higher mean scores for unipolar subjects) and “catastrophizing” (higher scores for schizoaffective patients).

Conclusions Cognitive emotional regulation strategies used by unipolar, bipolar and schizoaffective patients seem to differ and might be an insight to the medium and long-term outcome, thus potentially guiding future therapeutic strategies.

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

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EW50

Euthymia is not always euthymia: Clinical status of bipolar patients after 6 months of clinical remission



L. Samalin^{1,2,*}, I. De chazeron¹, M. Reinares³, C. Torrent³, C.D.M. Bonnin³, D. Hidalgo³, A. Murru³, I. Pacchiarotti³, F. Bellivier⁴, P.M. Llorca¹, E. Vieta³

¹ EA7280, CHU Clermont-Ferrand, Psychiatry B, Clermont-Ferrand, France

² Institute of Neurosciences, Hospital Clinic, University of Barcelona, Barcelona, Spain

³ Institute of Neurosciences, Hospital Clinic, University of Barcelona, IDIBAPS, CIBERSAM, Barcelona, Spain

⁴ Inserm, U1144, AP-HP, groupe Saint-Louis-Lariboisière-F.-Widal, Paris, France

* Corresponding author.

Introduction Most studies selected euthymic patients with bipolar disorder in inter-episodic phase according to clinical remission criteria at least between 1 and 6 months. However, possible differences can exist in the course of clinical symptoms in bipolar patients related to the duration of clinical remission.

Objectives The main aim of this study was to evaluate the clinical status of bipolar patients after 6 months of clinical remission.

Methods We performed a cross-sectional study of bipolar outpatients in clinical remission for at least 6 months. Bipolar Depression Rating Scale (BDRS), Young Mania Rating scale, Pittsburgh Sleep Quality Index (PSQI) scale, Visual Analogic Scales (VAS) evaluated cognitive impairment were used to assess residual symptomatology of patients. Multivariate analysis (MANCOVA) was conducted for analysing possible differences between 3 groups of patients according to their duration of clinical remission (<6 months–1 year, <1 year–3 years, <3 years–5 years).

Results A total of 525 patients were included into the study. The multivariate analysis indicated a significant effect of the duration of clinical remission on the different residual symptoms (Pillai's trace: $F4.48, P<0.001$). The duration of clinical remission was associated with the significant improvement of the BDRS total score ($P=0.013$), the PSQI total score ($P<0.001$) and the cognitive VAS total score ($P<0.001$).

Conclusion These results support a possible improvement of residual symptoms according to the duration of clinical remission in bipolar patients. Any definition of euthymia should specify the duration criteria.

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

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EW51

Emotion processing and social functioning in euthymic bipolar disorder



A. Aparicio^{1,*}, E.M. Sánchez-Morla², J.L. Santos³, J. Mateo⁴

¹ University of Castilla La Mancha, School of Nursery, Cuenca, Spain

² University of Alcalá, School of Medicine, Psychiatry, Alcalá de Henares, Spain

³ Hospital Virgen de La Luz, Psychiatry, Cuenca, Spain

⁴ University of Castilla La Mancha, Innovation in Bioengineering, Cuenca, Spain

* Corresponding author.

Introduction A large number of studies have found that patients with bipolar disorders have a poor performance in tasks assessing social cognition.

Objectives and aims The present study aimed to investigate whether euthymic bipolar patients (EBP) have a dysfunction in emotion processing when compared to controls. An additional objective was to determine whether there is association between emotion processing and psychosocial functioning.

Methods A sample of 53 EBP and 53 healthy controls matched for age, gender, education level and premorbid intelligence were studied. All subjects were assessed using the MATRICS Consensus Cognitive Battery (MCCB) and two additional executive function measures: the Trail Making Test–Part B and the Stroop Test. Emotion processing was examined using the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT). Psychosocial functioning was assessed using the Global Assessment of Functioning (GAF) scale and the Functional Assessment Short Test (FAST).

Results For the MSCEIT, EBP obtained lower total scores ($P=0.001$), experiential area scores ($P=0.012$), strategic area scores ($P=0.000$), perceiving emotions branch scores ($P=0.008$), understanding emotions branch scores ($P=0.014$) and managing emotions branch scores ($P=0.000$) than controls. There were no significant differences between groups for the using emotions branch ($P=0.113$). In addition, partial correlations controlling for sub-clinical psychopathology in EBP showed the existence of a significant correlation of MSCEIT total score and MSCEIT strategic area score with FAST total score.

Conclusions EBP exhibit deficits in several areas of emotion processing. Performance in emotion processing tasks is associated with social functioning in these patients.

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

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EW52

Prepulse inhibition in euthymic bipolar disorder patients in comparison with control subjects



J.L. Santos^{1,*}, J. Mateo², A. Aparicio³, E.M. Sánchez-Morla⁴

¹ Hospital Virgen de La Luz, Psychiatry, Cuenca, Spain

² University of Castilla La Mancha, Innovation in Bioengineering, Cuenca, Spain

³ University of Castilla La Mancha, School of Nursery, Cuenca, Spain

⁴ School of Medicine, Psychiatry, Alcalá de Henares, Spain

* Corresponding author.

Introduction Deficient prepulse inhibition (PPI) of the startle response, indicating sensorimotor gating deficits, has been reported in schizophrenia and other neuropsychiatric disorders.

Objectives and aims The present study aimed to assess sensorimotor gating deficits in euthymic bipolar patients. Furthermore, we analysed the relationships between PPI and clinical and cognitive measures.

Method PPI was measured in 64 euthymic bipolar patients and in 64 control subjects matched for age, gender, education level and smoking status. Clinical characteristics and level of functioning were assessed in all participants using the Hamilton Depression Rating Scale (HDRS), Young Mania Rating Scale (YMRS) and Functioning Assessment Short Test (FAST). Cognition was evaluated using the MATRICS Consensus Cognitive Battery (MCCB) and the Stroop Test as an additional measure of executive function.

Results Compared with controls, patients with bipolar disorder exhibited PPI deficits at 60- and 120-millisecond prepulse-pulse intervals. Among patients with bipolar disorder, PPI was correlated with the social cognition domain of the MCCB. PPI was not significantly correlated with other clinical or neurocognitive variables in either group.

Conclusions Our data suggest that PPI deficit is a neurobiological marker in euthymic bipolar disorder, which is associated with social cognition but not with other clinical, functional or cognitive measures.

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

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EW53

Lurasidone treatment of major depression with mixed features: Effect on sexual function



A. Clayton^{1,*}, J. Tsai², Y. Mao³, A. Pikalov⁴, A. Loebel⁴

¹ University of Virginia, Psychiatry and Neurobehavioral Sciences, Charlottesville, USA

² Sunovion Pharmaceuticals Inc, Medical Affairs, Marlborough, USA

³ Sunovion Pharmaceuticals Inc., Biostatistics, Fort Lee, USA

⁴ Sunovion Pharmaceuticals Inc., Medical Affairs, Fort Lee, USA

* Corresponding author.

Introduction Sexual dysfunction is common in major depressive disorder (MDD), and frequently is worsened by antidepressant treatment.

Objectives/aims To evaluate the effect of lurasidone on sexual functioning as measured by the Changes in Sexual Functioning Questionnaire (CSFQ) in patients with MDD with mixed features.

Methods Patients meeting DSM-IV-TR criteria for MDD, who presented with 2 or 3 protocol-specified manic symptoms, were randomized to 6 weeks of double-blind treatment with either lurasidone monotherapy 20–60 mg/d ($n = 109$) or placebo ($n = 100$). Change from baseline in the Montgomery-Asberg Depression Rating Scale (MADRS) total at week 6 was the primary efficacy endpoint, analyzed by MMRM. The CSFQ was assessed at baseline and week 6, analyzed by ANCOVA (LOCF).

Results The mean CSFQ total scores at baseline were 36.5 and 34.1 in the lurasidone and placebo groups, respectively. Sexual function was rated as abnormal at baseline on the CSFQ by 77.8% of patients on lurasidone and 89.8% of patients on placebo. Treatment with lurasidone was associated with significant improvement in CSFQ total scores at week 6 (LOCF) compared with placebo (+5.1 vs. +3.1; $P < 0.05$; effect size, 0.28). Significant improvement was also noted on the CSFQ-pleasure sub-scale, and numerical improvement on the CSFQ-desire/frequency, desire/interest, arousal, and orgasm subscales. Sexual function was rated as abnormal at week 6 (LOCF)

on the CSFQ by 59.0% of patients on lurasidone and 70.1% of patients on placebo (odds ratio, 0.75).

Conclusion Lurasidone treatment of MDD with mixed features was associated with significant improvement in sexual function.

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EW54

Sensory processing patterns, coping strategies, and quality of life among patients with major affective disorders



B. Engel-Yeger¹, G. Serafini^{2,*}, X. Gonda³, M. Pompili⁴, M. Amore⁵

¹ Faculty of Social Welfare and Health Sciences, University of Haifa, Occupational Therapy, Haifa, Israel

² Section of Psychiatry, San Martino Hospital, University of Genoa, Neuroscience DINOGMI, Genoa, Italy

³ Kutvolgyi Clinical Center, Semmelweis University, Clinical and Theoretical Mental Health, Budapest, Hungary

⁴ Sant'Andrea Hospital, University of Rome, Neurosciences, Rome, Italy

⁵ Section of Psychiatry, San Martino Hospital, University of Genoa, Neuroscience, Genoa, Italy

* Corresponding author.

Introduction Several studies suggested the involvement of sensory perception in emotional processes and major affective disorders. Similarly, cognitive capacities and coping strategies are reported to influence quality of life of patients with unipolar and bipolar disorders.

Objectives The main objective of this study was to investigate the nature of the association between sensory processing patterns, coping strategies, and quality of life among patients with major affective disorders.

Aims The study aimed to compare unipolar/bipolar patients concerning sensory processing, coping strategies and quality of life (QOL); examine correlations between sensory processing and QOL; investigate the relative contribution of socio-demographic characteristics, sensory processing, and coping strategies to the prediction of QOL.

Methods Two hundred and sixty-seven participants, aged 16–85 years (mean = 53.6 ± 15.7), 157 diagnosed with unipolar major depressive disorder and 110 with bipolar disorder type I and type II completed the Adolescent/Adult Sensory Profile, Coping Orientations to Problems Experienced, and Short Form 12 Health Survey 2.

Results The unipolar and bipolar groups did not differ concerning sensory processing, coping strategies, and QOL. Sensory processing patterns correlated with QOL independently of the mediation by coping strategies. Correlations between low registration, sensory sensitivity, sensation avoidance, and reduced QOL were found more frequently in unipolar patients than bipolar patients. Elevated physical QOL was mainly predicted by lower age and lower sensory sensitivity whereas elevated mental QOL was mainly predicted by coping strategies.

Conclusions Future studies should further investigate the impact of sensory processing and coping strategies on patients' QOL to enhance adaptive and functional behaviors related to affective disturbances.

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

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EW55

Interictal dysphoric disorder – the bridge between epilepsy and bipolar disorder



R. Sousa*, M. Salta, B. Barata, J. Nogueira, J. Vieira, B. Ribeiro, R. Ribeiro, S. Mendes, R. Mendes, A. Gamito
 Setúbal Hospital Center, Department of Psychiatry and Mental Health, Setubal, Portugal
 * Corresponding author.

Introduction Psychiatric disorders are frequent among patients with epilepsy. The association between epilepsy and mood disorders is recognized since the classical antiquity. Recent studies demonstrated that the prevalence of bipolar symptoms in epilepsy patients is more significant than previously expected. In the first half of the twentieth century, Kraepelin and Bleuler were the first to describe a pleomorphic pattern of symptoms claimed to be typical of patients with epilepsy and recently Blumer coined the term interictal dysphoric disorder to identify this condition. Although for some authors, the existence of this condition as a diagnostic entity is still doubtful, for others, it represents a phenotypic copy of bipolar disorder.

Objectives In this work, we start from the phenomenological similarities between the interictal dysphoric disorder and the bipolar disorder, to explore the neurobiological underpinnings that support a possible link between epilepsy and bipolar disorder.

Methods Research of articles published in PubMed and other databases.

Results Interictal dysphoric patients have features that resemble the more unstable forms of bipolar II disorder and benefit from the same therapy used in bipolar depression. Epilepsy and bipolar disorder share features like episodic course, the kindling phenomenon as possible pathogenic mechanisms and the response to antiepileptic drugs. The study of possible common biological processes like neurogenesis/neuroplasticity, inflammation, brain-derived-neurotrophic-factor, hypothalamus pituitary adrenal axis, provided promising but not consensual results.

Conclusions Further efforts to understand the link between epilepsy and bipolar disorder could provide the insight needed to find common therapeutic targets and improve the treatment of both illnesses.

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

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EW56

Comparison of treatment response of typical and atypical antipsychotics in acute mania



C.R. Medici, L.M. Kai, C. Kirkedal, S.P.V. Straszek*
 Aarhus University hospital, Department Q, Risskov, Denmark
 * Corresponding author.

Introduction The medical treatment of acute mania today mainly includes atypical and typical antipsychotics, lithium or valproate. Atypical antipsychotics are often used as first-line treatment, while typical antipsychotics come with the risk of severe long-term side effects and less used today. However, typical antipsychotics may lead to a faster reduction in the severity of mania or a faster remission of symptoms.

Objective To investigate whether the acute effect of typical antipsychotics differs from atypical antipsychotics measured by a daily mania rating-scale (MAS-M) and duration of treatment in a real-life clinical setting.

Aim To help determine if short-term treatment with typical antipsychotics may still be of benefit in the acute treatment of mania.

Methods This is a retrospective case record study. Patients admitted to an acute hospital ward with acute mania between 2012 and 2015 were included ($n = 100$). The daily use of atypical and typical antipsychotics will be compared by daily change in Bech-Rafaelsen Modified Mania Scale (Mas-M) score and time to discharge. The change in mania over time is presented visually using graph curves.

Results The data extraction and data handling will be executed in the winter 2015–2016.

Conclusions Any preliminary findings will be presented at EPA 2016.

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EW57

The metacognitive functioning in bipolar patients and in bipolar alcoholics patients



R. Vecchiotti^{1,2,3,*}, L. Meschini⁴, I. Borsella⁴, U. Pianella⁴, L. Orsolini^{1,2,3,5}, M. Panichi^{1,2}, A. Valchera^{1,2}

¹ Villa S. Giuseppe Hospital, Hermanas Hospitalarias, Department of Psychiatry, Ascoli Piceno, Italy

² Polyedra, Research, Teramo, Italy

³ Maastricht University, Department of Psychiatry and Neuropsychology, Maastricht, Netherlands

⁴ Studi Cognitivi, Psychotherapy, San Benedetto del Tronto, Italy

⁵ University of Hertfordshire, School of Life and Medical Sciences, Hatfield, Herts, United Kingdom

* Corresponding author.

Introduction Metacognition is described as the set of human abilities that allows us to recognize and think about own and other people's mental states. We use these skills in order to overcome psychological and interpersonal issues and to cope emotional, cognitive and behavioral suffering. Studies that focusing on metacognition in bipolar disorder (BD) are still limited and data are controversial. Our purpose is investigating the difference between BD patients and BD patients with alcohol addiction (BD+A), in terms of metacognitive functions. In addition, we want to assess among BD+A whether the increase in metacognitive functions mediates the relationship between symptoms at T0 and T1.

Methods Forty patients were recruited for this study. A set of tests was performed on each patient to formulate a metacognitive and clinical evaluation. A single measurement was performed on 20 BD patients. Two measurements (T0–T1) were carried out on the 20 BD+A patients, after an integrated treatment.

Results Data shown significant differences between these two groups. As regards the treatment of BD+A patients, differences were found between T0 and T1. Among the BD+A patients, reduction in the Beck Cognitive Insight Scale (BCIS-SC, P 0. 042) scores between T0 and T1, leads to the prediction of symptom improvement.

Conclusions Our results confirm the existence of a specific profile of metacognitive functioning in these patients. Our results reveal that the metacognitive functions appear to be predictors of the improvement in the remission of symptoms.

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

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EW58

Global functioning in bipolar patients with cognitive deficits



M. Vrabie^{1,*}, V. Marinescu², A. Talasman³, E. Drima⁴, I. Miclutia⁵

¹ Bucharest, Romania

² Clinical Hospital of Psychiatry "Al. Obregia", 7 Ward, Bucharest, Romania

³ Clinical Hospital of Psychiatry “Al. Obregia”, 9 Ward, Bucharest, Romania

⁴ Clinical Hospital of Psychiatry “Elisabeta Doamna”, Psychiatry, Galati, Romania

⁵ Emergency County Hospital Cluj-Napoca- Romania, Second Psychiatric Clinic, Cluj-Napoca, Romania

* Corresponding author.

Introduction Bipolar patients show broad cognitive deficits and low global functioning.

Objective Assessment of global functioning in bipolars with severe course of illness and cognitive deficits.

Aim Improving life quality of bipolar patients with cognitive deficits.

Methods One hundred and thirty-seven bipolar (depressive: Hamilton Depression Rating Scale score ≥ 17 , manic/hypomanic: Young Mania Rating Scale score ≥ 12 , mixed: HAMD score > 8 and YMRS score > 6 , euthymic: 6-month of remission, HAMD score ≤ 8 , YMRS score ≤ 6) patients (DSMIVTR). Cognitive battery included standardized test of IQ, attention, executive functioning, memory (working and verbal). GAF (Global Assessment Functioning Scale) scale assessed global functionality. Demographic data, psychiatric history, past/current treatment, length of illness, age of onset were collected. We evaluate global functioning in bipolar patients.

Results Cognitive deficits with low functioning are more frequent in bipolars with more severe course of illness (longer illness length, younger onset age, history of frequent manic episodes, higher number of hospitalization). Manic patients showed the most pronounced cognitive deficits. Despite high energy, impaired cognitive function does not support performance and final result is an important decrease of functionality. While for most manic and mixed patients, GAF scores were included between 41 and 50 (any serious deterioration in socio-occupational, school functioning), for majority of depressive patients, GAF scores were included between 51 and 60 (moderate difficulty in socio-occupational, school functioning) and for most euthymic patients, the GAF scores were comprised between 61 and 70 (some difficulty in socio-occupational, school functioning). Manic and mixed patients have similar employment percentages ($< 50\%$), and lowest employment percentage is obtained by depressive ones (40%).

Conclusions Severe course of bipolar disorder is associated with cognitive deficits and lower socio-occupational functionality.

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

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Child and adolescent psychiatry

EW59

Correlation of vitamin D to attention deficit hyperactivity disorder

M. Abouzed*, A. Moshref, A. Elsherbiny, M. Elsheikh
Al-Azhar Faculty of Medicine, Psychiatry, Cairo, Egypt

* Corresponding author.

ADHD is one of the most common neurodevelopmental psychiatric disorders. Many factors have been identified as the cause of ADHD. ADHD is thought to be the result of interactions between biopsychosocial factors leading to neurobiological change. The aim of this study is to investigate the association between serum level of vitamin D and symptoms of attention deficit hyperactivity disorder (ADHD).

Design This is a case-control study which was conducted in children below 12 years of age from June 2013 to May 2014 at

outpatient child psychiatry clinic at Elhussin Hospital Al-Azhar University, Cairo, Egypt.

Methods and subjects The study was based on 62 cases and 30 controls. The data collection instrument included socio-demographic & Children Attention and Adjustment Survey (House form){CAAS}. And interview by (Diagnostic Interview Kiddie-Sads-Present and Lifetime Version (K-SADS-PL) to exclude other psychiatric morbidity. clinical data, serum 25(OH) Vitamin D. Descriptive statistical analysis were performed, Pearson Chi² test (χ^2) and Student (*t*) test.

Result 1-Vitamin D level was much lower in ADHD children compared to healthy children, and was a significant difference in the mean values of vitamin D between ADHD(23 ± 13) and control group means (44 ± 12) and *P* value was > 0.001 and was significant difference between subgroup of ADHD, means of inattentive subtype was (20 ± 13) hyper active subtype (30.1 ± 5) and combined subtype (24.04 ± 4). *P* value 0.011*.

Conclusion Children with ADHD had significantly lower levels of VITAMIN D than healthy, and inattention subtype than other types of ADHD.

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

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EW60

Prevalence rate of psychiatric disorders among Saudi Female adolescents: School-based study from Riyadh City

Y. Alatiq*, O. Al-Modayfer

King Abdulaziz Medical City, Medicine, Riyadh, Kingdom of Saudi Arabia

* Corresponding author.

Introduction Studies have shown that mental health problems at an early age can lead to greater impairment in adult life. Epidemiological evidence on the prevalence and incidence of mental health disorders is fundamental for planning mental health services. However, these data are lacking in Saudi Arabia.

Objectives The objective of the study is to examine the prevalence of mental health problems in Saudi female adolescents attending high school in Riyadh City.

Aims The primary aim is to examine the prevalence rate of psychiatric disorders. Second is to examine some psychosocial variables as predictors of psychiatric disorders.

Methods This two-stage epidemiological study used the Strengths and Difficulties Questionnaire (SDQ) to screen all eligible participants for the presence of a possible psychiatric disorder. The screening was followed by the use of a structured psychiatric interview (MINI-Kid), which was administered to a sub-sample to confirm the presence or absence of psychiatric disorders.

Results A total of 4745 participants were screened in the first stage, and 692 participants underwent follow-up interviews. Agoraphobia was the most common disorder with a prevalence rate of (30.6%), followed by major depressive episode (29.9%), then separation anxiety disorder (27.1%). The only variables with a predictive power of having a psychiatric disorder were “having a private teacher” (OR = 1.86, 95% CI (1.13–3/07), *P* = 0.013).

Conclusion The rate of psychiatric disorders among Saudi female adolescents is within the wide range reported internationally but is associated with specific social predictive factors.

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

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EW61

Psychological violence: A study with adolescents in a Brazilian Public Educational Institution



Z. Scherer^{1,*}, L. Cavalin¹, E. Scherer²

¹ University of São Paulo at Ribeirão Preto College of Nursing, Psychiatric Nursing and Human Sciences, Ribeirão Preto, São Paulo, Brazil

² Ribeirão Preto Medical School Hospital of the University of São Paulo, Neurosciences and Behavioral Sciences, Ribeirão Preto, São Paulo, Brazil

* Corresponding author.

Introduction The healthy development of adolescents is favored by interactions involving reciprocity and balance of power, however, neglectful or abusive relationships can be found in educational practices in family or school psychological violence being the most recurrent and often associated with other types of abuse.

Objectives The goal of this study was to investigate the exposure of adolescents to psychological violence, as well as identify its association with other types of abuse, the perpetrator and the context of occurrence.

Aims Knowing the circumstances of adolescents' exposure to violence in school environment.

Method Therefore, we performed a cross-sectional study with 218 adolescents (aged 14–18 years) of a Brazilian public educational institution. These students completed a questionnaire and Psychological Violence Scale (EVP), whose data were analyzed using descriptive statistics.

Results The study showed that 96.3% of students suffered psychological violence, followed by physical violence (34.9%), sexual (7.3%) and neglect (2.8%). Over 90% of adolescents who suffered physical, sexual and psychological violence suffered neglect in mild and moderate form, which shows the co-occurrence of victimization. We observed that 94.5% of students were exposed to such violence in its mild and moderate and 1.8% severe form, and only 3.7% of adolescents never responded to the 18 items asked of psychological research.

Conclusion These data show that psychological violence, even if experienced with mild to moderate behavior is present in the relationship with significant people in the lives of most adolescents in this study.

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

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EW62

Prevalence and determinants of common fears in children and their socio-demographic characteristic



A. Bener

Istanbul University, Biostatistics & Public Health, Istanbul, Turkey

Objective Most children experience some degree of fear during their development. Excessive fears can create serious obstacles to children. The aim of this study was to identify the most common fears in a sample of children and adolescents and examine the socio-demographic correlates of fears.

Subjects and methods This cross-sectional study was conducted during the period July 2010 to February 2012 at Public and Private Schools of the Ministry of Education and Higher Education, in Qatar. Out of 2188 students approached, 1703 students agreed to participate in this study, with a response rate of 77.8%. The questionnaire includes socio-demographic information, academic performance, behaviour at home and various fears.

Results More than half of the children experienced fears (56.7%). Most of them were in the intermediate level, 12–15 years old (46.1%). Overall, reported fears were significantly more frequent

in girls (62.6%) than boys (37.4%) ($P < 0.001$). A significant difference was observed between girls and boys who experienced fears in their age group ($P < 0.001$), education of mother ($P = 0.04$), household income ($P = 0.008$) and academic performance ($P < 0.001$). The most frequent reported fears were fear of someone dying in the family (85.2%), parents getting divorced (84.5%), breaking religious law (82%), being kidnapped (78.2%), family members ill (78%) and dying (76.7%).

Conclusions The study findings revealed that fears were highly prevalent in Arab children and adolescents in Qatar. Girls reported more fears than boys. There was a significant difference observed between girls and boys in their age group and academic performance for the reported fears.

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

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EW63

Anticipating the unknown: A mixed method study assessing French psychiatrists opinions towards prognosis in adolescent and young adult psychiatry



L. Benoit

Hôpital Cochin, maison des Adolescents, Paris, France

The early treatment of psychiatric disorders has become a central goal of mental health policies worldwide. Yet little is known about the attitudes of psychiatrists regarding prognosis in their daily work. When treating young patients with acute psychotic symptoms, how do psychiatrists manage diagnostic uncertainty? Do they anticipate the risk of schizophrenia or avoid making prognostications? To what extent do they communicate their expectations to patients and their families?

Methods This is a mixed method study. Firstly, a series of in depth interviews addressed French youth psychiatrists' opinions towards prognosis. Participants worked in a variety of settings, public institutions, private practice, and student help. Secondly, an online survey investigated French psychiatrists' opinion toward prognosis. The survey consisted of the presentation of a clinical vignette in which a psychiatrist communicates on prognosis to a young patient with acute psychotic symptoms. The vignette was randomly shown in four versions with different predictions and outcomes. Respondents were then asked questions regarding prognosis communication.

Results Qualitative analysis stresses psychiatrists' uncertainty in their daily work with teenagers presenting unclear symptoms that might be the sign of a beginning psychotic process or might as well reflect adolescent unease. Psychiatrists are reluctant to commit into prognosticating or using standardized tools. The contradiction between the expectations that psychiatrists be able to predict what will happen to a young patient and their impossibility to do so, raises an ambivalence that is only managed through a deep emotional involvement. The survey received more than 400 answers, and statistical analysis is in progress.

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

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EW64

Psychosocial correlates of subjective sleep disturbances in an adolescent community population in South Korea



S.Y. Bhang^{1,*}, J.W. Hwang², M. Jeon¹

¹ Eulji Hospital, Psychiatry, Seoul, Republic of Korea

² Gangwon National University, Psychiatry, Chonchon, Republic of Korea

* Corresponding author.

This study examines the relationship between psychosocial factors and insomnia complaints in a community adolescent population. The aims of this study are:

- to find the prevalence of poor sleep quality complaints in Korean community students;
- to explore the relationship between poor sleep quality complaints and the psychosocial factors;
- to explore the relationship between the severity of poor sleep and the psychopathology in the adolescents in Korea.

It is a cross-sectional study of a stratified sample of 2307 South Korean middle and high-school students. Subjects were given the Adolescent Mental Health and Problem Behavior Screening Questionnaire-II (AMPQ-II), the Symptom Checklist scale (SCL-90-R) and a questionnaire concerning demographic characteristics. Adolescents classified as suffering from sleep disturbances (22.3% of the participants) presented higher levels of general psychopathology. Age, gender, academic and Internet use problems, peer relationship difficulties including school violence, rule violation experiences were identified as correlates of the sleep disturbances complaints. Psychosocial correlates such as suicidal ideation and Internet use problems are important factors to consider when faced with sleep disturbance complaints in this age group. It was found that psychosocial and psychopathologic problems had a positive correlation with severity of sleep disturbances. Regarding the culture of hiding the psychological distress and exhibit the somatic complaints, the level of subjective sleep quality is one indicator for the screening of the high-risk group. Large-scale prospective studies and neurobiological studies are needed for a better understanding of the complex relationship between sleep, psychopathology, and youth suicidal behavior.

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

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EW65

Disorganized attachment and psychological symptoms in children with somatic symptoms disorders

F. Bizzi*, S. Charpentier Mora, D. Cavanna

University of Genoa, Department of Educational Sciences, Genoa, Italy

* Corresponding author.

Introduction Somatic symptoms disorders (SSD) are one of the most neglected areas in child and adolescent psychiatry (Mohapatra et al., 2014). SSD are characterized by multiple and variable physical symptoms without demonstrable pathophysiological processes. Literature has investigated the role of several psychological variables in SSD, with inconclusive data. Moreover, there is a paucity of studies on middle-childhood and early adolescence in this clinical condition.

Objectives We focus on the role of attachment and on psychological aspects in children with SSD.

Aims The aims are to verify the presence of:

- an overrepresentation of attachment disorganization in these children;
- an overrepresentation of psychological symptoms.

Methods Fifty-six consecutive Italian patients with SSD, aged from 8 to 15, were administered Child Behavior Checklist (Achenbach, 1991) and Child Attachment Interview (Shmueli-Goetz et al., 2000).

Results Findings showed:

- a significant presence of disorganized attachment with respect to both parents;
- high levels of anxiety and depression.



Conclusion This study extended previous research in middle-childhood and early adolescence in SSD. The findings support the influence of the disorganization aspects and the psychological problems surrounding the SSD. The clinical implications for future research directions are discussed.

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

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EW66

Assessment of cognitive profile (WISC-IV), autistic symptomatology and pragmatic disorders in high intellectual potential compared with autism spectrum disorder



A. Boschi^{1,*}, P. Planche², A. Philippe^{3,4}, L. Vaire-douret⁵

¹ Paris Descartes University, Sorbonne Paris Cité, Necker-Enfants-Malades University Hospital, Inserm U1178, Child Psychiatry Department, Paris, France

² Bretagne Occidentale University, CREAD EA3875, Psychology Department, Brest, France

³ Necker-Enfants-Malades University Hospital IMAGINE, Inserm U1163, Child Genetic Department, Paris, France

⁴ La Pitié Salpêtrière University Hospital, Child Psychiatry, Paris, France

⁵ Paris Descartes University, Sorbonne Paris Cité, Department of Medicine, Necker-Enfants-Malades University Hospital, Child psychiatry, Imagine affiliation, Inserm Unit 1178 and CESP Paris Sud, UVSQ, Paris-Saclay university, and Department of Pediatrics, Child development, Cochin-Port Royal University Hospitals of Paris Center, Assistance publique-Hôpitaux de Paris, Paris, France

* Corresponding author.

Introduction An overlap between autism spectrum disorder (ASD), in particular Asperger Syndrome (AS), and high intellectual potential (HIP-Total IQ > 2 SD) is often discussed.

Objectives Explore differences between homogeneous and heterogeneous Wisc-profiles among HIP children, and between HIP and ASD children, on cognitive and clinical assessments.

Methods Forty-nine participants (mean age 11.2 years) were divided in 4 groups: High Functioning Autism (HFA), AS, Homogenous HIP and Heterogeneous HIP. Data of WISC-IV and questionnaires – Autism Quotient (AQ), Empathy Quotient (EQ), Systemizing Quotient (SQ), Children's Communication Checklist (CCC) – were compared.

(Preliminary) Results On the WISC-IV, the Z scores curves follow similar trajectories but highlight quantitative differences between AS and heterogeneous HIP: verbal comprehension is the highest index (+1,6 SD in AS; +3,1 SD in heterogeneous HIP) followed by perceptual reasoning, working memory, and processing speed indexes (–1,2 SD in AS; +0,5 SD in heterogeneous HIP), respectively. The questionnaires show that scores of Homogenous HIP children are all in the average. Heterogeneous HIP children score 2,1 SD above average on the AQ (+1,6 SD on “Social Skills” and +1,3 SD on “Local Detail” subscales), whereas ASD children score 4 SD above average on the AQ. In addition, heterogeneous HIP children show pragmatic difficulties (–2,4 SD on the CCC, with a peak on “Area of Interest” subscale), also present in ASD children (–4 SD).

Conclusions AS and heterogeneous HIP children show similar cognitive profiles on the WISC-IV. Furthermore, heterogeneous HIP children exhibit high scores on the AQ and have pragmatic difficulties.

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

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EW67

What do we share during a meal? Exploratory study of shared stories in ADHD children



A. Boulard^{1,*}, C. Leclercq²

¹ *Faculté de psychologie, logopédie et sciences de l'éducation, Liège, Belgium*

² *Centre Hospitalier Régional de La Citadelle, Child Psychiatry Unit, Liège, Belgium*

* *Corresponding author.*

Introduction Many research focus on the study of language in ADHD children. However, the discourse is beyond the language and provides access to child representations of the world, to its own history. The aim of our study was to compare and analyze the self-narratives during a family meal.

Method Speeches of 5 children (6–10 years) were recorded, analyzed and then compared to a strictly matched control group. Once transcribed, the data were morphosyntactically annotated and processed using multivariate exploratory techniques. A thematic analysis was also realized to understand how ADHD children moved from one conversation topic to another.

Results Our first results showed that ADHD children have more difficulty in producing self-narratives while they are doing something else (eat). Moments of sharing common stories are less frequent compared to the control group. The transition from one topic to another is made by direct associations (e.g. the child talks about what he is eating, and this leads him to think about the next day's dinner). The construction of the self-narratives is poorer compared to the control group, both in content and in length of utterances.

Conclusion Interestingly, concerning ADHD children, it appears:

- That these self-narratives exist;
- but also that they are poorer;
- that they allow, less frequently than in the control group, projections into the future or recollection of past events.

If ADHD children cannot access to these moments, special attention should be paid to this sharing of family history outside of daily activities.

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EW68

Aerobic exercise training reduces anxiety in children



H. Budde^{1,*}, F. Koutsandréou¹, M. Wegner²

¹ *Medical School Hamburg, Faculty of Human Sciences, Hamburg, Germany*

² *University of Bern, Sportscience, Bern, Switzerland*

* *Corresponding author.*

Introduction Aerobic exercise seems to decrease anxiety in children. However, those studies are subject to methodological deficiencies (e.g. no control group, cross-sectional study). Therefore, we conducted a longitudinal study where we investigated how 10-week of aerobic or coordination training affects the anxiety of primary school children.

Method Sixty-four children aged 9–10 years were randomly divided into an aerobic (AE; $n = 25$), a coordinative (CE, $n = 23$) and a control group (CON, $n = 20$). The intervention groups received three times a week for 10 weeks for 45 minutes additional physical education. The AE completed an aerobic exercise training at an intensity of 60–70% of maximum heart rate (HR_{max}). The CE completed a coordinative training, with an intensity of 55–65% of HR_{max} . Anxiety was measured by the external version of the State-Trait Anxiety Inventory for Children (STAIC PTD).

Results and discussion A repeated-measures ANOVA of group (AE, CE, CON) \times test time (pre, post) showed a significant reduction in anxiety over time, $F(1, 64) = 7.337$, $P = .009$, $\eta^2 = .103$. The interaction effect of group \times test time was also significant, $F(2, 64) = 3.445$, $P = .037$, $\eta^2 = .097$. Only participants in the AE showed decreased anxiety ($P = .009$). In the post-measurement, AE significantly differed from CE ($P = .023$); the difference to CON was marginally significant ($P = .081$). The results are discussed in terms of exercise type and the slightly different intensities of the experimental groups.

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

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EW69

Internment of the mentally ill children in Spanish asylums (National Asylum of Leganés, 1852–1952)



A. Consejieri Gámez^{1,*}, P. Vázquez de la Torre Escalera², R. Candela Ramirez²

¹ *Hospital Universitario Infanta Cristina, Psiquiatría, Parla, Madrid, Spain*

² *Hospital Universitario de Fuenlabrada, Psiquiatría, Fuenlabrada, Madrid, Spain*

* *Corresponding author.*

Introduction The creation of a theoretical model and institutions for “abnormal childhood” was a relevant issue in various areas (medical and educational) in the first decades of the XXth century. In 1910, the first “official” attempt was carried out with the creation of the Patronato Nacional de Sordomudos, Ciegos y Anormales, and in 1925 with la Escuela Central de Anormales, devoted to these patients. Internment of infants in Spanish asylums was carried out amongst polemic and structural deficiencies. The Internal Regulation of the National Asylum of Leganés (1873 and 1885) established different departments for childhood; however, in reality, there is no evidence of an actual separation being carried out. In the Internal Regulation of 1941, the department disappeared, despite that from the Dirección General de Sanidad, all psychiatric institutions were obliged to have separate pavilions for children.

Objetives/aims Analyze the hospital admissions of children in the national asylum of Leganés.

Study the regulation regarding admission of children.

Methods Children internment in the Asylum of Leganés is analyzed (1852–1952), and compared with other Spanish asylums (SPSSv21). State documents regarding institutionalization of minors are reviewed.

Results During 1852–1952, this Asylum admitted 96 children under 18 (mainly epilepsy and oligofrenia), without any specific pavilion for them. Other institutions, such as Valladolid did have separate pavilions.

Conclusions Children were admitted in Spanish asylums although the Jefe de la Sección de Psiquiatría de la Dirección General de Sanidad in 1943 denounced that few institutions followed the regulation of having separate pavilions.

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

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EW70

A longitudinal approach to the contribution of trauma and external shame on depressive symptoms in adolescence



M. Cunha^{1,*}, R. Almeida¹, S. Cherpe², S. Simões¹, M. Marques¹

¹ *Miguel Torga Institute, Clinical Psychology, Coimbra, Portugal*

² FPCE, CINEICC, Coimbra, Portugal

* Corresponding author.

Introduction Trauma experiences during childhood and adolescence (Gibb, 2002; Ansel et al., 2011; Musliner et Singer, 2014; Hopwood et al., 2015), the experience of shame (Rubeis et al., 2008; Cunha et al., 2012; Rosso et al., 2014; Stuewig et al., 2015) and gender (English et al., 2004; Rosso et al., 2014) had been considered as predictors of depressive symptoms.

Objectives To observe intra-individual variability of trauma, external shame, gender (as predictors) and depressive symptoms (as dependent variable).

Aims To test the predictive value of trauma, external shame and gender on depressive symptoms at 6 months, in adolescents.

Method A sample of 325 adolescents (ages ranging from 12–18) completed the Child Depression Inventory, the Childhood Trauma Questionnaire and Other as Shamer, adolescents version. The results were analysed by the hierarchical multiple regression method (SPSS Inc., 22).

Results The model – shame ($b=0.63$; $P<0.001$); affective abuse ($b=0.15$, $P=0.001$), gender ($b=0.12$; $P=0.001$), sexual abuse ($b=0.12$, $P=0.002$), and emotional neglect ($b=0.10$; $P=0.013$) – explained 63% of depressive symptoms variance.

Conclusions The data indicate that the higher the level of shame and trauma, the higher the level of depressive symptoms at 6 months. The present study can add important information that sheds light to the role of mechanisms underlying the vulnerability to depressive symptoms and that might have impact in the existing therapeutic interventions.

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

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EW71

Comorbid psychiatric symptoms in children with ADHD and/or AUTISM SPECTRUM DISORDER (ASD)

M. Davidsson^{1,*}, C. Särneö², C. Gillberg², E. Billstedt²

¹ Institution of Neuroscience and physiology, Gillberg Neuropsychiatry Centre, Gothenburg, Sweden

² Neuroscience and Physiology, Gillberg Neuropsychiatry Centre, Gothenburg, Sweden

* Corresponding author.

Introduction Co-existing problems are a rule rather than exception in child psychiatry, although rarely studied. Clinical experiences suggest that anxiety and depression are common co-existing problems in children with neurodevelopmental disorders, affecting communication, social adjustment and cognition. Research also implies that the correlation between self-reports and other sources of information is relatively low. In clinical practice, it is frequently presumed that only one source of information is correct, usually from the parents.

Objectives The objectives of the study are to view the self-reported mental health in a group of children with ADHD and/or ASD and its connection to global functioning. A second objective is to study the compliance between reports of mental health from the parents and from the child.

Aims The aim of the study is to examine the connection between mental health and function in a group of children with ADHD and/or ASD.

Methods The study includes 65 children (mean age=16) with ADHD ($n=24$), ASD ($n=24$) or ADHD/ASD ($n=17$). Instruments used are the self-report Beck Youth Inventories Scale and the parent report Five to Fifteen questionnaire. The measure for adaptive functioning was the Global Assessment of Functioning scale.

Results The study is currently in its final stage and we will present the results during the conference. We will report prevalence of

symptoms of anxiety and depression and its correlation to global functioning, as well as the compliance between parent and self-reports.

Conclusions The study emphasizes the importance of assessing psychiatric conditions in children with neurodevelopmental disorders.

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

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EW72

Social and family risk factors of self-injury in Polish population of psychiatrically hospitalized adolescents

I. Makowska, P. Kropiwinicki, A. Gmitrowicz*

Medical University of Lodz, Adolescent Psychiatry, Lodz, Poland

* Corresponding author.

Introduction During last 10 years, the number of non-suicidal self-injury patients (NSSI patients) in Department of Adolescent Psychiatry of Medical University in Łódź has doubled (from 20 to over 40%). According to DSM-5 criteria, NSSI are deliberate and superficial skin injuries. Such behaviours should be distinguished from suicidal behaviour disorder (SBD). However, the two display the high rate of co-occurrence.

Material and method The study covered 1300 patients (12–19 years of age) hospitalized during last 6 years. The analysis included various variables, e.g. demographic, familial, problems related to school and to peer relations, and variables describing NSSI.

Results and summary The analyzed group consisted of 60,4% girls and 39,6% boys. Out of 43% of patients who performed NSSIs, 45% also confirmed BDS. The patients with diagnosed mental retardation and with schizophrenic psychoses performed significantly fewer NSSIs. The instrumental motive was the most frequently declared reason of self-injury (76%). The reactive (65%), and the illness-related motives (only 15%) were less frequent. In comparison to patients without self-injuries, the NSSI patients significantly more frequently ($P<0.05$) experienced physical violence, unreciprocated love, played truant and repeated grades. Conflicts, delinquency, divorce, and lack of a sense of support were significantly more frequent in the family systems of NSSI patients. They more often experienced loss of their parent before age 15 and had close relatives suffering from mental disorders.

Conclusions NSSI is a multi-dimensional issue that requires further research. Indicating potential risk factors allows for implementing efficient prophylactic, diagnostic and therapeutic actions.

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

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EW73

Unhealthy behaviours and mental health among Italian adolescents

M. Iosue*, M. Sarchiapone, M. D'Aulerio

University of Molise, Department of Medicine and Health Sciences, Campobasso, Italy

* Corresponding author.

Introduction A great number of studies describe reciprocal associations between unhealthy behaviours, such as poor sleep and nutrition and lack of physical activity, and mental health problems.

Aims To investigate the relationship between unhealthy behaviours and depression, anxiety and well-being among Italian adolescents.



Methods The sample comprised 1195 high-school pupils (mean age 15.3 ± 0.6 ; 68% females) participating to the SEYLE (Saving and Empowering Young Lives in Europe) study, a randomized controlled trial, co-funded by the EU. Depression, anxiety and well-being were assessed using the Beck Depression Inventory II, the Zung Self-Assessment Anxiety Scale and the WHO-5 index. Unhealthy behaviours, such as short or long sleep, physical inactivity, skipping breakfast and not eating fruit and vegetables were also investigated.

Results Controlling for age and gender, the unhealthy behaviours, with the exception of not eating fruit and vegetables, were all associated with poor level of well-being ($P < .05$); while only short or long sleep hours ($P < .001$) and skipping breakfast ($P < .05$) were associated with depressive symptoms. No significant association were found between anxiety symptoms and unhealthy behaviours.

Conclusions Unhealthy behaviours are often established early in life and are likely to be maintained during adulthood implying negative consequences for both physical and psychological well-being. Early combined health and mental health promotion programme should be implemented in order to boost their effectiveness.

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

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EW74

The stigma of mental illness in children and adolescents: A systematic review

A. Kaushik^{1,*}, E. Kostaki², S. Fewings³, G. Thomas², M. Kyriakopoulos^{2,4}

¹ South London and Maudsley NHS Foundation Trust, Child and Adolescent Psychiatry, London, United Kingdom

² South London and Maudsley NHS Foundation Trust, National & Specialist Acorn Lodge Inpatient Children's Unit, London, United Kingdom

³ Icahn School of Medicine at Mount Sinai, Department of Psychiatry, New York, USA

⁴ King's College London, Department of Child and Adolescent Psychiatry, Institute of Psychiatry, Psychology and Neuroscience, London, United Kingdom

* Corresponding author.

Introduction One in ten children and adolescents experience mental health difficulties at any given time, yet only one third of those suffering access treatment. Untreated mental illness predisposes to longstanding individual difficulties, and presents a great public health burden. Large scale initiatives to reduce stigmatization of mental illness in children and adolescents, identified as a key deterrent to treatment, have had limited success, and research is scarce.

Aims To gain a better understanding of the stigma experienced by children and adolescents with mental health difficulties.

Objectives We conducted a systematic review of the literature examining stigma and self-stigma towards children and adolescents with mental health difficulties, in order to better understand the extent and type of discrimination directed towards this particularly vulnerable group.

Methods Following PRISMA guidelines, the databases Pubmed, PsychINFO and Cochrane were searched for original research published between 1980 and 2014, assessing public stigma (i.e. the

reaction of the general public) and self-stigma (i.e. internalized public stigma) towards children and adolescents with mental health difficulties.

Results Thirty-seven studies were identified, confirming that stigmatization towards children and young people suffering mental health difficulties is a universal and disabling problem. There was some variation by diagnosis and gender, and stigmatization was for the most part unaffected by labelling. Self-stigmatization led to more secrecy and avoidance of interventions.

Conclusions The findings confirm that stigmatization of mental illness is poorly understood due to a lack of evidence and methodological discrepancies. Implications of the findings are discussed, and suggestions made for future research.

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EW75

Factors affecting burden of main caregivers in children with epilepsy

M.D. Kim^{1,*}, B.H. Yoon², D.I. Jon³, K. Lee⁴, Y.J. Kwon⁵, W.M. Bahk⁶

¹ Jeju National University School of Medicine, Psychiatry, Jeju, Republic of Korea

² Naju National Hospital, Naju, Korea, Department of Psychiatry, Naju, Republic of Korea

³ Sacred Heart Hospital, College of Medicine, Hallym University, Department of Psychiatry, Anyang, Republic of Korea

⁴ Dongguk University College of Medicine, Department of Psychiatry, Gyeongju, Republic of Korea

⁵ Chunan Soonchunhyang Hospital, Department of Psychiatry, Chunan, Republic of Korea

⁶ Yeouido St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Department of Psychiatry, Seoul, Republic of Korea

* Corresponding author.

Objective The purpose of the study was to evaluate burden of main caregivers in children with epilepsy and to identify factors associated with caregiver burden.

Method Main caregivers of pediatric patients with epilepsy were enrolled four general hospitals in several cities of Korea. One hundred and twenty-four caregivers of patients were included in this cross-sectional study. Sociodemographic/clinical characteristics of patients and sociodemographic characteristics of caregivers were collected. The caregivers were assessed using the Korean version Zarit burden Interview (ZBI), Center for Epidemiological Studies of Depression Scale (CES-D) and social support/conflict scale. Multiple linear regression methods were used to evaluate factors contributing to burden of caregivers.

Results Of the 124 participants, 98(81.7%) were the mothers. The mean score on the ZBI and CES-D were $23.66 (\pm 19.15)$ and $13.87 (\pm 12.95)$ points, respectively. Factors affecting of caregiver burden were the number of antiepileptic drugs (AEDs), which patients are taking, and CES-D score by multiple linear regression analysis.

Conclusions Higher number of AEDs prescribed and depression of caregivers are main factors contributing to burden of caregivers in children with epilepsy.

Keywords Caregiver burden; Pediatric epilepsy; Factor

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

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EW76

Deficit in executive abilities as a risk factor for emerging weakness in grammar understanding in Russian-speaking children



S. Kiselev

Ural Federal University, Clinical Psychology, Ekaterinburg, Russia

Introduction Weakness in grammar understanding is key future of specific language impairment (SLI) in children. There has been a considerable amount of work on the language abilities of children with SLI, but we still know relatively little about their other cognitive abilities – in particular their non-linguistic cognitive strengths and weaknesses.

Aims The aim of this research was to examine the hypothesis that Russian-speaking children at the age of 4 with deficit in executive abilities have a risk for emerging weakness in grammar understanding at the age of 6.

Methods One hundred and twenty-five children at the age of 4 were assessed with the NEPSY to reveal children with different level of executive abilities. We have revealed 21 children with deficit in executive abilities. The control group included 21 children with typical level of executive abilities. The children from experimental and control group were matched for IQ and gender. In the framework of longitudinal research, children at the age of 6 from both groups were assessed by Grammar Understanding Test from Luria's neuropsychological assessment technique.

Results Two-way ANOVAs with repeated measures revealed significant differences between groups for scores in the Grammar Understanding Test. Children from experimental group had weakness in grammar understanding.

Conclusions We have revealed that children at the age of 4 with weakness in executive abilities have a risk for emerging weakness in grammar understanding at the age of 6. In view of the obtained results, it can be assumed that executive abilities have influence on the development of grammar understanding in preschool children.

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

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EW77

Neurocognitive deficits underlying attention-deficit/hyperactivity disorder (ADHD): A clustering/subgrouping analysis



P. Leung*, F. Chan

The Chinese University of Hong Kong, Psychology, Shatin, Hong Kong, China

* Corresponding author.

Introduction Neurocognitive deficits are assumed to be underlying the behavioral symptoms of ADHD. Research over the years has identified a host of these neurocognitive deficits, but no single one deficit appears to be dominant or pervasive in all ADHD children. This raises the query whether there can be further subgrouping of ADHD children at the neurocognitive level.

Objectives and aims This study aims at disentangling the heterogeneous neurocognitive deficits underlying ADHD. To achieve this, we explore if there are separable neurocognitive subgroups in ADHD children.

Methods One hundred and sixty-four Chinese ADHD boys and 163 typically developing controls, aged 6 to 12, were recruited in Hong Kong. A neurocognitive battery of executive function (EF) measures was administered. Cluster analysis was first conducted to identify subgroups of ADHD children based on their neurocognitive functioning. MANOVA was then employed to further explore the differences between subgroups.

Results Two ADHD subgroups were identified. One subgroup showed multiple EF deficits, including disinhibition, impaired interference control, distorted temporal information processing, slow processing speed, and delay aversion. The other subgroup, on the contrary, had intact EF but increased response variability. Both subgroups had comparable ADHD phenotypic severity and comorbidity pattern. However, ADHD children in the EF deficits subgroup were more responsive to medication (i.e., methylphenidate).

Conclusion Results support the neurocognitive heterogeneity of ADHD. EF deficits and response variability are two separable neurocognitive profiles underlying and subgrouping ADHD children of comparable severity. This subgrouping has implication for medication response and offers candidate endophenotypes for neuroimaging and genetic study.

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

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EW78

Do children with autism spectrum disorder have impaired sleep patterns?



A. Memari*, S. Hafizi

Tehran University of medical science, sport-medicine, Tehran, Iran

* Corresponding author.

Introduction Literature has emerged to offer contradictory findings about sleep disturbances in autistic population and there is still insufficient data for the background and associations of sleep problems (e.g. demographic variables, severity of autism and comorbidities) in autism research and little attention has been paid to autism specific factors.

Objectives This study seeks to add further evidence on sleep patterns specific to autistic children and help answer some of the questions in this field in a population with a different culture (Middle East).

Methods Eighty-six children and adolescents with autism were enrolled. Parents were asked to provide medication history and other comorbidities. Behavior problems were assessed via autism treatment evaluation checklist. Sleep diary forms was completed by parents to record children nocturnal sleep over a 7-day period and in times in which Actigraphy™ were taken off. Moreover, we used GT3X monitor Actigraph™ to assess sleep problems.

Results The *T*-test analysis for sleep minutes revealed that females had slept marginally more minutes than males ($P=0.05$). *T*-test analysis showed no significant difference in sleep parameters between those using and not using any psychotropic agents. Comorbidities analysis showed that children with comorbid conditions slept more ($P=0.01$), went to bed later ($P=0.03$) and had more number of awakening ($P<0.001$) than participants without comorbid conditions. Sleep minutes were correlated with deficit in sensory cognitive awareness ($r=0.236$, $P=0.035$). Behavioural deficit and number of awakening ($r=0.246$, $P=0.028$) were correlated significantly.

Conclusion Our overall findings showed the association of sleep problems and behavioral deficit and comorbidities in autism.

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

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EW79

Role of music and non-musical techniques in self-guided emotional regulation



R. Mohan*, N. Anand

Surrey and Borders Partnership NHS Foundation Trust, Child and Adolescent Psychiatry, Guildford, United Kingdom

* Corresponding author.

Introduction Studies on relationships between music, visual imagery or therapeutic techniques, like mindfulness and emotions have been undertaken with varying success in predominantly adult populations. Their role in the child and adolescent population remains unclear.

Aims and objectives We undertook a systematic literature review to assess current evidence in the use of music, guided imagery with/without therapeutic techniques for emotional processing in adults, children and adolescents.

Methods We identified 87 relevant papers (JSTOR, OVID Medline, Cochrane, PubMed, Science Direct, Taylor & Francis and Wiley). We excluded non-English papers and qualitative analyses. Nine studies used quantitative techniques (Neuroimaging) for assessing emotional change using musical and non-musical stimuli ($n = 77$). Of these, four studies used fMRI and two used PET scans.

Results fMRI demonstrates a significant relation between amygdalar activation and emotional response to visual imagery ($P < 0.05$, $n = 45$). Early information using PET scanning shows a significant association between activation of different parts of brain with varied visual imagery (one study, $n = 5$) and varied music (one study, $n = 10$). There is similarity in the activation of specific cortical areas using musical and non-musical stimuli. Two separate studies of patients with damaged amygdala due to disease ($n = 6$) showed significant impairment of emotional processing and response.

Conclusions There is early encouraging data providing evidence of possible relationships between music and visual imagery in emotional processing. Further studies are needed to examine these in detail, especially in children/adolescents. Music with visual imagery may be a useful adjunct in the self-guided processing of milder emotional disorders with components of anxiety, depression, adjustment and emotional dysregulation.

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EW80

Time-course of treatment-emergent adverse events in a long-term safety study of lisdexamfetamine dimesylate in children and adolescents with ADHD



I. Hernández Otero^{1,*}, T. Banaschewski², P. Nagy³, C.A. Soutullo⁴, A. Zuddas⁵, B. Caballero⁶, B. Geibel⁷, B. Yan⁸, D.R. Coghill⁹

¹ University Hospital Virgen de la Victoria–Maritime Hospital, Unit of Child and Adolescent Mental Health USMIJ, Torremolinos, Spain

² Central Institute of Mental Health, Medical Faculty Mannheim, University of Heidelberg, Department of Child and Adolescent Psychiatry and Psychotherapy, Mannheim, Germany

³ Vadaskert Child and Adolescent Psychiatry Hospital and Outpatient Clinic, Child and Adolescent Psychiatry, Budapest, Hungary

⁴ University of Navarra Clinic, Child and Adolescent Psychiatry Unit, Department of Psychiatry and Medical Psychology, Pamplona, Spain

⁵ University of Cagliari, Department of Biomedical Sciences, Section of Neuroscience and Clinical Pharmacology, Cagliari, Italy

⁶ Shire, Neuroscience, Zug, Switzerland

⁷ Shire, Neuroscience, Wayne, USA

⁸ Shire, Biostatistics, Wayne, USA

⁹ University of Dundee, Division of Neuroscience, Dundee, United Kingdom

* Corresponding author.

Introduction The long-term safety and efficacy of lisdexamfetamine dimesylate (LDX) in children and adolescents with attention deficit/hyperactivity disorder (ADHD) was evaluated in a European 2-year, open-label study (SPD489-404).

Objective To evaluate the time-course of treatment-emergent adverse events (TEAEs) in SPD489-404.

Methods Participants aged 6–17 years received open-label LDX (30, 50 or 70 mg/day) for 104 weeks (4 weeks dose-optimization; 100 weeks dose-maintenance).

Results All enrolled participants ($n = 314$) were included in the safety population and 191 (60.8%) completed the study. TEAEs occurred in 282 (89.8%) participants; most were mild or moderate. TEAEs considered by the investigators as related to LDX were reported by 232 (73.9%) participants with the following reported for $\geq 10\%$ of participants: decreased appetite (49.4%), weight decreased (18.2%), insomnia (13.1%). TEAEs leading to discontinuation and serious TEAEs occurred in 39 (12.4%) and 28 (8.9%) participants, respectively. The median (range) time to first onset and duration, respectively, of TEAEs identified by the sponsor as being of special interest were: insomnia (insomnia, initial insomnia, middle insomnia, terminal insomnia), 17.0 (1–729) and 42.8 (1–739) days; weight decreased, 29.0 (1–677) and 225.0 (26–724) days; decreased appetite, 13.5 (1–653) and 169.0 (1–749) days; headache, 22.0 (1–718) and 2.0 (1–729) days. Reports of insomnia, weight decreased, decreased appetite and headache were highest in the first 4–12 weeks.

Conclusions TEAEs associated with long-term LDX treatment were characteristic of stimulant medications, with the greatest incidence observed during the first 4–12 weeks.

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

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EW81

Integrative approach to the construction of psychosocial rehabilitation of mental and behaviour disorders in children moved out of “Anti-Terrorist Operation” zone



B. Mykhaylov^{1,*}, M. Vodka², T. Aliieva¹, I. Vashkite¹

¹ Kharkov Medical Academy of Postgraduate Education, Kharkov, Psychotherapy, Kharkov, Ukraine

² The International Charity Fund “Alexander Feldman Fund”, Director, Kharkov, Ukraine

* Corresponding author.

Introduction The problem of children’s mental health in Ukraine – it is one of the most pressing problems in the country’s health. This is due to the increasing number of extreme situations (military operations in the territory of Ukraine) for the last time that calls for the training of specialists capable of carrying out psychosocial rehabilitation to victims of “anti-terrorist operation”(ATO).

Objectives The mental and behaviour disorders in children affected of ATO. We studied 261 families: 107 adults and 154 children. The aim of the project was to optimize the provision of psycho-social support for children and adolescents with problems of the psychic sphere by developing a system of psychological adjustment and social education at the Centre for psychosocial rehabilitation of children, as well as the creation of the necessary conditions that expand the comfort and a safe space for the child to enhance positive impacts and mitigate negative impacts of the social environment.

Methods The leading role was played by a combination of two areas of work, namely the psychocorrection (trainings, art-, individual-, family-, hyppo-therapy) and social work.

Results In 85.4% of the children showed stabilization of mental and emotional state, reducing aggression, increasing motivation to social activity. In 56.3% of families – reducing conflict relations.

Conclusions The non-standard way of psycho-correction allowed organizing a fruitful and creative leisure, which resulted in the

reduction of aggression and anxiety, increased motivation for the successful development of new activities and problem-solving skills and conflict situations with peers and family members.

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

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EW82

From Child and Adolescent to Adult Mental Health Services: The Intrepid Journey



M. Nascimento^{1,*}, C.C. Santos², G. Bastos Martins³

¹ Centro Hospitalar Psiquiátrico de Lisboa, Clínica 5, Lisbon, Portugal

² Centro Hospitalar Lisboa Central, Psiquiatria da Infância e da Adolescência, Lisbon, Portugal

³ Hospital Fernando Fonseca, Psiquiatria, Amadora, Portugal

* Corresponding author.

Background The move from Child and Adolescent Mental Health Services (CAMHS) to adults' services (AMHS) is likely to coincide with other transitions in the adolescents' life. Barriers affecting this transition have been referred in most countries, but there is a lack of studies on this matter.

Aims To evaluate the transitional process from CAMHS to AMHS in Portugal, focusing on four criteria: continuity of care, parallel care, a transition planning meeting and information transference. The continuity/discontinuity of the diagnosis and therapeutic plan made at CAMHS has also evaluated.

Methods Identification from a sample of adolescents transferred from Clínica da Juventude (adolescents' clinic) to 3 major AMHS, collecting information regarding the quality of the transition between these services.

Results Fifty-nine adolescents were discharged in 2014, average of 16.5 years old, after being followed in our clinic for an average of 7.44 months. Ten continued being followed in adult psychiatric services (17.5%), with different disorders: 4 depressive, 2 personality, 1 anxiety, 1 bipolar, 1 addiction to psychoactive substances, and 1 oppositional defiant disorder. Even in those cases the transition was far from optimal, with 4 of those presenting the need to use adult emergency facilities.

Conclusions Several barriers between CAMHS and AMHS might account for the ongoing problem with the transition between services. In addition, considering that the onset of severe and recurring mental disorders begins generally before the age of 25, this raises the discussion around the present distinction between child and adolescent mental health services and adult services at 18 years old.

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

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EW83

Assessment of behavior and sleep pattern in school age children with generalized epilepsy



M. Negm

Suez Canal University, Neuropsychiatry, Ismailia, Egypt

Background Epilepsy affects 1% of the human population. Sleep disorders frequently coexist in patients with epilepsy. Whether sleep affects epilepsy or epilepsy modifies sleep has been extensively evaluated, but very little literature exists on the mutual interaction of epilepsy and sleep problems.

Objective and aims To assess the sleep pattern and behavior in school age children with generalized epilepsy.

Methods The current study was comparative case control study was carried on 60 school aged children 30 of them had generalized epilepsy on carbamazepine presented to neuropsychiatry department in suez canal university hospital and other 30 healthy children had no chronic illness. The Children's Sleep Habits Questionnaire and Vanderbilt assessment scale were applied on both groups.

Results the current study showed that epileptic children have a statistically significant difference in breathing problem like snoring ($P=0.001$), epileptic children had more common daytime sleepiness problem ($P=0.002$). Behavioral problems were more common in epileptic children like ADHD (P -value=0.001), anxiety and depression were highly frequent in epileptic children than normal children (P -value=0.001) and schoolastic achievement was more problematic in epileptic children.

Conclusions Epileptic children are more vulnerable to sleep problems, behavioral problems and poor schoolastic achievement is more common in epileptic children. Controlled fits and monotherapy decreased the effect of epilepsy in all aspects.

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

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EW84

Predicting clinical outcome of stimulant medication in pediatric attention, deficit/hyperactivity disorder (ADHD): Single-dose changes in event-related potentials (ERPs)



J.F. Brunner

6 Department of Physical Medicine and Rehabilitation, St Olav's Hospital, Trondheim, Norway

Introduction One of four children and adolescents with ADHD treated with stimulants are considered non-responders (non-REs). So far clinically useful predictors of medication response do not exist.

Objectives and aims In this study, we examined if changes in event related potentials (ERPs) induced by a single dose of stimulant medication were different in responders (REs) and non-REs.

Methods Nineteen channel electroencephalography (EEG) was recorded twice during performance of a cued visual go/no-go task in 82 medication-naïve ADHD patients aged 8–17 years (26 girls). The second recording was completed within 12 weeks after test 1 on a single dose of stimulant medication, followed by a systematic trial on stimulant medication lasting at least 4 weeks. Based on data from daily ratings, the patients were categorized as REs ($n=58$) or non-REs ($n=24$). The two groups were then compared on ERPs reported to be associated with ADHD.

Results REs and non-REs differed significantly with a large effect size in their medication induced changes in the P3 no-go component. This was also found for ERP component contingent negative variation (CNV). A quartile based scale combining changes in P3 no-go amplitude and reaction time variability in the task showed 26% probability of a positive response in quartile-group 1, and 95% probability in group 4.

Conclusion A single dose of stimulant medication induced a significant increase in P3 no-go and CNV amplitudes in REs, but not in non-REs; probably reflecting improvements in aspects of executive function.

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

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EW85

Mental health transition plans for older adolescents with autistic spectrum disorders – clinical profile of patients from a metropolitan Borough, North West of England



S. Olety

Pennine Care NHS Foundation Trust, Child and Adolescent Psychiatry, Rochdale, United Kingdom

Introduction The needs of people with Autistic Spectrum Conditions (ASC) are varied and complex. In order to improve outcomes for Adults with Autism, it is important to understand and evaluate the transition planning process and current services for adolescents/young Adults with ASC.

Aims and objectives Aim was to undertake the needs assessment audit of all young people (ages 16–19) open to a Child and Adolescent Mental Health Service. Objectives was to ensure that transition/discharge plan was in place for all the open cases and also identify any gaps in service provision.

Methods A retrospective case-note review of all open cases ($n=41$) aged 16–19 was undertaken. Data was obtained on diagnosis, co morbid problems, educational status, and transition/discharge plans.

Results Twenty-two percent of the cases had co morbid moderate to severe Intellectual Disability. Transition was not an issue for this group, with entitlement of support from secondary-care-teams. Seventy-eight percent of the cases had diagnosis of Asperger's Syndrome (AS)/high functioning autism (HFA). Seventy-five percent had co-morbid depressive/anxiety disorders, 12% had ADHD and 10% presented with repeated self-harm/suicidal behaviour. Nature of the co-morbid problems/risks did not meet thresholds for Community Adult Secondary Mental Health Services resulting in discharge to Primary Health Care Services.

Conclusions Better training to equip primary care staff, such as General Practitioners is needed to support the growing numbers of young adults with HFA/Asperger's syndrome being discharged to their care. Costs/benefits of providing specialist adult services for people with HFA and AS to be considered in order to improve outcomes for adults with autism.

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

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EW86

Safeguarding foster care youth from overmedication



C. Pataki^{1,2,*}, C. Thompson^{1,3}, G. Crecelius², J. Tesoro^{2,4}, G. Polsky², P. Kambam²

¹ David Geffen School of Medicine at UCLA, Psychiatry & Biobehavioral Science, Los Angeles, CA, USA

² Los Angeles County Department of Mental Health, Juvenile Court Mental Health Service, Monterey Park, CA, USA

³ Los Angeles County Department of Mental Health, Juvenile Justice Mental Health Program, Los Angeles, CA, USA

⁴ University of Southern California School of Pharmacy, Pharmacy, Los Angeles, CA, USA

* Corresponding author.

Introduction There are increasing concerns regarding long-term psychotropic polypharmacy prescribed for foster care youth 3.5 to 5 times more often than in at-home youth (Kreider et al., 2014). Polypharmacy risks include weight gain, glucose intolerance and type 2 diabetes. (De Hert et al., 2011). In view of these risks, novel interventions are essential to safeguard foster care youth from overmedication.

Objectives To present guidelines for identification and management of polypharmacy in foster care youth.

Aims To demonstrate a novel intervention to monitor and diminish polypharmacy and enhance psychiatric care in foster care children.

Methods Polypharmacy is identified using LA County Juvenile Court Mental Health Service (JCMHS) Psychotropic Parameters* to review medication consent forms from treating psychiatrists. Polypharmacy triggers an in-person JCHMS consultation. *(Parameters 3.9 for JCMHS PMAF Review, Revised May 2015).

JCMHS Psychotropic Parameters (summary):

- age 0–5 years:
 - 2 or > psychotropic medications,
 - Any antipsychotic (*except Risperidone in ASD);
- age 6–8 years:
 - 3 or > psychotropic medications;
- age 9–17 years:
 - 4 or > psychotropic medications;
- All age youth:
 - 2 or > psychotropic medications in the same class (antipsychotics, antidepressants, stimulants, mood stabilizers, alpha agonists).

Psychotropic medication doses in excess of recommended (*LA County Department of Mental Health Parameters 3.8 for use of Psychotropic Medications for Children and Adolescents).

Results Approximately 25% of JCMHS annual psychiatric consultations were initiated by JCMHS parameters for polypharmacy. Corresponding consultations included education and recommendations discussed with treating psychiatrists regarding polypharmacy and optimal psychiatric management.

Conclusions JCMHS Psychotropic Parameters is a useful tool to identify polypharmacy and enhance psychiatric care of foster care youth.

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

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EW87

Clinical and psychopathological risk factors for the development of recurrent depression in children at puberty



T. Proskurina^{1,*}, E. Mykhailova¹, T. Matkovska¹, N. Reshetovska¹, A. Matkovska²

¹ SI "Institute for Children and Adolescents Health Care of the NAMS of Ukraine", Psychiatry, Kharkov, Ukraine

² Kharkiv V. Karazin National University Named, Medical Student, Kharkov, Ukraine

* Corresponding author.

Background and aims The research is aimed at revealing clinical and psychological predictors of recurrent depression in children. Our study reflects the relationships of certain clinical and psychological markers in the development of recurrent depression (RD) in children at the stage of sexual maturation.

Materials and methods The study included 145 children in pre-puberty and 200 children in puberty with recurrent depression, in which manifestation of the first depressive episode occurred at the age of 7–11 years. The study design included: social, clinical, psychopathological, anamnestic, somatoneurological and neuropsychological monitoring (CDRS-R; MADRS; the Columbia-Suicide Severity Rating Scale (C-SSRS), Toulouse-Pieronne test to determine the presence and type of a minimal brain dysfunction, as well as Luria's Memorizing 10 words technique).

Results Analysis of the relationships between psychological trauma factors, which took place in children at the stage of the first depressive episode, and the risk of the recurrent depression development in children at puberty has established the significance of: school bullying ($r=0.13$), combination of stress events ($r=0.11$), father flight ($r=0.10$), lack of authority and environmental rejection

($r=0.12$). The study has established a correlation between neurocognitive deficiency of ($r=0.13$), hyperactivity ($r=0.10$), anxiety ($r=0.13$), poor academic progress ($r=0.11$), somatoneurological asthenia ($r=0.10$), self-underestimation ($r=0.13$), suicidal behavior history ($r=0.10$) and the development of recurrent depression in the pre-puberty and early puberty.

Conclusion The revealed regularities make it possible to work out a strategy for the prevention of recurrent depression in young adults.

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

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EW88

Assessment of adopted minors admitted to the inpatient unit in Hospital Clínico Universitario of Valladolid during the last 8 years

L. Rodríguez Andrés^{1,*}, M.E. Otálora Navarro², M.S. Geijo Uribe¹, B. Mongil Lopez¹, C. Imaz Roncero³

¹ Hospital Clínico Universitario de Valladolid, Psychiatry, Valladolid, Spain

² Hospital Virgen de la Concha, Psychiatry, Zamora, Spain

³ Hospital Río Hortega, Psychiatry, Valladolid, Spain

* Corresponding author.



Research about adjustment of adopted children indicates that they have more emotional and behavioral problems than non-adopted children. We have examined 28 adopted minors that have been admitted to the inpatient unit in Hospital Clínico Universitario of Valladolid. We examine the gender, age, diagnose and the number of hospital admissions. In the sample of 28 patients, there are 15 males (53.57%) and 13 females (46.42%). The most common diagnosis is attention deficit hyperactivity disorder (57.57%), followed by reactive attachment disorder of infancy or early childhood (46.42%). Readmission rate is 44.2%. Male patients have higher rates of readmission (60.86%) than females (39.1%). Males have higher rates of readmission (60.86%) than females (39.1%).

Discussion Results indicate a higher rate of admissions in adopted males than females, being attention deficit hyperactivity disorder and reactive attachment disorder of infancy or early childhood the most common diagnosis. Rate of readmission is higher in males.

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

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EW89

Do parents of children with autism show the same motor and mental problems as children with autism spectrum disorder?

M. Shayesteh Far^{1,*}, A. Memari², R. Kordi²

¹ Tehran, Iran

² Tehran University of Medical Sciences, Sport-Medicine, Tehran, Iran

* Corresponding author.

Introduction Mild expressions of autism spectrum disorder (ASD) that does not reach the diagnostic threshold in relatives of ASD individuals has been defined as the broad autism phenotype (BAP). Moreover, research in ASD families has shown a high prevalence of psychiatric disorders (such as mood and anxiety disorders) as well as mild social cognitive impairment. However, there are inconsistent findings and results are inconclusive. Furthermore, there are few studies investigating motor function in parents of children with ASD.



Objective We aimed to examine the mental health, social cognitive skills and motor ability of the parents of ASD children in comparison to parents of TD children.

Methods Forty parents who have a child with ASD and 40 parents with typical children (TD) (control group) were included in the study. We administered General Health Questionnaire and the Beck Depression Inventory. Furthermore, the social cognition of subjects were evaluated using the “Reading the Mind in the Eyes” (RMET) test. Finally, we measured grip strength, motor speed, coordination and praxis of the dominant hand.

Results Parents of ASD children scored significantly higher in GHQ test and Beck questionnaire ($P<0.001$). Parents of ASD children scored significantly lower than the control group in RMET test ($P=0.008$). Parents of ASD children scored significantly lower in motor speed measures ($P=0.001$), fine control ($P=0.01$) and longer in coordination time ($P<0.001$) than control group.

Conclusion Our model including depressive symptoms, social cognitive and motor abilities presented an endophenotype, which can be inherited, from parents with a broad autism phenotype.

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

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EW90

Norm of the Chinese version of the Swanson, Nolan and Pelham, version IV Scale for ADHD in Chinese urban children

J.A. Shi^{1,*}, N. Du², G. Zhao³, X. Hu⁴

¹ Xi'an mental health center, Medical Clinic, Xi'an, China

² West China Hospital, Sichuan University, Department of Psychiatry, Chengdu, China

³ Jining Medical College, Department of Psychiatry, Jining, China

⁴ Shanxi Medical University, Department of Medical Statistics, Taiyuan, China

* Corresponding author.

Introduction The Swanson, Nolan and Pelham, version IV Scale (SNAP-IV) is widely used in the research of ADHD with great reliability and validity. Although the diagnosis and treatment of ADHD has improved significantly recently, the research of SNAP-IV Scale is still scarce in mainland of China.

Objectives The study aimed to develop the norm of the Chinese version SNAP-IV in Chinese urban children and to test the reliability and validity of this scale.

Methods A sample of 2110 students (1102 males and 1008 females) in grades 1 to 9 from cities of the 5 main areas of China were selected by cluster sampling and 107 children diagnosed with ADHD consecutively recruited from a medical center in Chengdu. Parents of subjects completed the Chinese versions of the SNAP-IV and Child Behavior Checklist (CBCL). A total of 231 members of sample group were retested after one month.

Results The Chinese version of SNAP-IV demonstrated similar three-factor structure (Inattention, Hyperactivity/Impulsivity, and Oppositional) as its English version, and satisfactory test-retest reliability (intraclass correlation = 0.61–0.73), internal consistency ($\alpha=0.88–0.91$), and concurrent validity (Pearson correlations = 0.67–0.76). Males scored higher on two subscales and total score than females. Inattention and Hyperactivity-Impulsivity subscale were rated higher in young age groups than older age groups. The SNAP-IV clearly distinguished children with ADHD from school-based participants.

Conclusion The Chinese version SNAP-IV is found to have good psychometrics properties. The findings suggest that it is a reliable and valid instrument for rating ADHD-related symptoms in Chinese urban children.



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

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EW91

A study for development and validation of the computer-based working memory tasks for school-aged children

M.S. Shin^{1,*}, S.J. Oh², J.J. Lee³, J.E. Lee³

¹ Seoul National University College of Medicine, Psychiatry, Seoul, Korea

² Seoul National University Hospital, Psychiatry, Seoul, Korea

³ Seoul National University, Medical Research Center, Seoul, Korea

* Corresponding author.

Introduction Working memory (WM) is the ability to retain and manipulate information during a short period of time. According to previous studies, children who have neurocognitive dysfunctions, such as ADHD and learning disorder were found to have a WM problem, which was associated with frontal lobe dysfunction, especially dysfunctions in dorsolateral prefrontal cortex.

Objectives In the present study, we developed the computer-based WM tasks for school-aged children, which help to provide a timely assessment of risk and preventive intervention for children with subclinical attention problems.

Aims We evaluated the construct and concurrent validity of newly developed WM tasks.

Methods A hundred and fourteen 8- to 10-year-old children were recruited. The newly developed, computer-based WM tasks consist of two domains:

- auditory-verbal WM;
- visual-spatial WM.

We examined the construct validity of the tasks through examining the developmental trend of the WM abilities with age. To determine the concurrent validity of those tasks, we conducted correlation analyses between the participants' scores and their scores on well-known measures of verbal and visual WM; Arithmetic and Letter-Number Sequencing subtest of intelligence scale (KEDI WISC), and Corsi block test.

Results There are marked linear increasing trends of the response accuracy with age. Further, there were high correlations between the scores of two WM tasks and the corresponding scores of standardized assessment tools.

Conclusions This study showed promising evidence for the validity of computer-based tasks assessing WM, which might have the utility for school-aged children in research and clinical settings.

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

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EW92

Consumption of medicines for attention deficit hyperactivity disorder treatment per patient in children and adolescents in Slovenia from 2003 to 2012

M. Stuhec^{1,*}, U. Vedernjak², L. Igor²

¹ Ormoz's Psychiatric Hospital, Clinical Pharmacy, Ormoz, Slovenia

² Faculty of Pharmacy Ljubljana, Social Pharmacy, Ljubljana, Slovenia

* Corresponding author.

Background According to the attention deficit hyperactivity disorder (ADHD) treatment guidelines, atomoxetine (ATX) is a second line treatment after stimulants and therefore a serious monitoring of ATX prescribing is necessary to avoid inappropriate prescribing.

Objectives In most countries in Central Europe, except Germany, there is no data on drug consumption for ADHD medicines (expressed in defined daily dose (DDD)/ADHD patient/year).

Aim The main purposes of this study were: calculate and present the pattern and evolution of national consumption in Slovenia expressed in the percentage of DDD/patient/year consumption for the period 2003–2012.

Methods The national consumption and population data for this period were obtained from Slovenian databases. A DDD/ADHD patient/year was calculated. Only immediate-release methylphenidate (IR-MPH), methylphenidate-osmotic release oral delivery system (OROS-MPH) and ATX have been available and included in this study.

Results Less than 50% of patients with ADHD are treated with medications in Slovenia. A total consumption rose rapidly from 41.3 in 2003 to 148.5 DDD/ADHD patient/year in 2012. The total consumption for ATX and MPH is almost equal (140.9 for ATX and 150.3 for MPH in 2012). This result is lower as it has been seen in Germany (208 DDD/ADHD patient/year in 2008 for MPH).

Conclusions In the last decade in Slovenia, the total consumption is increasing rapidly, which indicates a positive trend. This pattern (low total consumption) has not been seen in Germany. After the new drugs have been available on the Slovenian market, the total consumption rose rapidly.

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

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EW93

Validation of BGaze method supporting ADHD diagnosis

F. Lorena Esposito¹, P. Varela², E. Ozan Alkan¹, I. Morata¹, N. de la Osa³, L. Ezpeleta³, J. Cañete Crespiello², H. Super^{1,*}

¹ Braingaze, R&D, Mataro, Spain

² Consorci Sanitari del Maresme, Mental Health Dept, Mataro, Spain

³ UAB, Dept Clinical and Health Psychology, Barcelona, Spain

* Corresponding author.

Introduction Eye movement recordings can provide information about higher-level processing of visual information. Recent evidence shows a novel role for eye vergence in orienting attention (Solé Puig et al., 2013). Based on such eye tracking data, the BGaze method (Braingaze; Spain) detects visual attention. The outcomes of the BGaze method have been applied to classify ADHD patients from healthy controls.

Aim In this study, we validated the BGaze method.

Objective We therefore recorded eye movements in children while performing a visual detection task.

Methods We evaluated the BGaze method using 4 types of supervised machine learning algorithms. In total, 138 different trained models were tested. Nineteen ADHD diagnosed patients (children 7–14 years of age) and 19 healthy age matched controls were used to build the 138 models. We performed 30 times repeated random sub-sampling validation. In each repeated random split, training set consisted of 80% of the data and test set of the remaining 20%. Finally, all the 138 models were tested with a validation set consisting of 232 children, including 22 ADHD patients.

Results Across all the 138 models, BGaze method showed an average accuracy of 90.84% (minimum 86.21%; maximum, 95.26%) and an average AUC of 0.95 (minimum 0.90; maximum, 0.97). Best models gave accuracies of 92%, AUCs of 0.96 and FN and FP rates of 4.3% and 7.5%, respectively. Mean scores during the training-testing phase averaged 99.63%.

Conclusion The BGaze method is robust, accurate, and can provide an objective tool supporting the clinical diagnosis of ADHD.

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

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EW94

Sleep matters: Impact of tuberous sclerosis and co-morbidities on children's sleep.

A questionnaire-based study and review of current research

P. Sykioti*, H. Liang, F. McEwen, C. The, P. Bolton
King's College London, Institute of Psychiatry, London, United Kingdom

* Corresponding author.

Background Sleep problems are common in children with neuropsychiatric symptoms and are a major source of morbidity both for children and their families. TS is a multisystem genetic disorder with prominent central nervous system involvement. Neurological and neuropsychiatric symptoms are common in TS putting this group of patients at high risk for sleep problems.

Aims Describe sleep problems in children with tuberous sclerosis (TS), profile children most at risk, understand the interplay between the most common co-morbidities and sleep disturbance in TS and review the current knowledge for the impact of TS and co-morbidities on sleep.

Method This study uses data from the TS2000 Study, a population based, longitudinal study of TS. One hundred and twenty-five children diagnosed with TS between 2001 and 2005 were ascertained and genetic testing undertaken. In 2014–2015, consenting participants (85) were assessed using a parent report questionnaire, including items enquiring after ASD diagnosis, epilepsy severity, ADHD diagnosis, tumour count and sleep, which included the Composite Sleep Diagnostic Interview (CSDI) questionnaire.

Review We used PRISMA criteria to report our results.

Preliminary findings – TS and sleep: sleep problems were reported by 63.3% of parents. The mean total CSDI score was 4.2 ± 3.6 . Main problems were: sleep latency (36.7%) and total sleep hours < 7 (46.3%). Parental satisfaction was significantly affected by total sleep hours;

– co-morbidities and sleep: 95.7% of children with ASD had epilepsy, compared to 58.3% without ASD ($P=0.003$). Patients with ASD showed significantly higher mean CSDI scores compared to children without ($P=0.009$). ADHD data and tumour count need further analysis.

Conclusion Children with TS have difficulties with reduced sleep hours and increased sleep latency. Comorbid ASD causes more difficulties.

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

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EW95

An innovative child psychiatry training program using a family-based model for at-risk military families

R. Szeftel^{1,2,*}, C. Pataki^{1,3}

¹ David Geffen School of Medicine at UCLA, Psychiatry & Biobehavioral Science, Los Angeles, CA, USA

² Department of Mental Health, Psychiatry, Los Angeles, CA, USA

³ Department of Mental Health, Juvenile Court Mental Health Service, Monterey Park, CA, USA

* Corresponding author.

Introduction Few child psychiatrists are well trained in family-based interventions for military families who experience significant trauma, intergenerational posttraumatic stress disorder, substance abuse, depression and high rates of suicide (Ramsawh



et al., 2014). The innovative VA/UCLA/LACDMH Child and Adolescent Psychiatry Training program, sponsored jointly by the VA Greater Los Angeles Healthcare System (VA) and the Los Angeles County Department of Mental Health (LAC DMH), will address unmet needs of at-risk military families using a family-focused model also applicable to other families exposed to trauma.

Objectives To present the curriculum of the VA/UCLA/LACDMH training program and details of the collaboration between the LA VA and LAC DMH.

Aims To highlight how innovative child psychiatry training programs can be developed through creative institutional collaborations.

Methods The VA/UCLA/LACDMH program family-based model and FOCUS (Lester et al., 2011) intervention were structured to meet regulatory standards of child psychiatry training programs.

Results A specialized family-based child training program was created to meet the needs of at-risk military families while providing rigorous child and adolescent psychiatry training. Components Early Intervention Family Clinic for At-Risk Children provides family psychoeducation, and identifies children and adolescents at risk.

Focus An evidence-based early intervention for at-risk military families to enhance resilience and mitigate stress through improved coping, increased problem solving, and effective communication.

Conclusions A successful collaboration between the LA VA and LAC DMH can lead to an innovative family-based child psychiatry training program.

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

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EW96

Prevalence of attention deficit hyperactivity disorder in selected rural primary school children in Bangladesh

M.M.J. Uddin

National Institute of Neurosciences and Hospital, Psychiatry, Dhaka, Bangladesh

Introduction Attention deficit hyperactivity disorder (ADHD) is highly prevalent globally as well as developing country, like Bangladesh and there is a limited source of information regarding the prevalence of ADHD in rural primary school going children of Bangladesh.

Objectives To identify the prevalence of ADHD in rural primary school children.

Methods This descriptive cross-sectional study was done in three selected primary school of Shariatpur district of Bangladesh. Children aged between 5 and 12 years were taken purposively. After obtaining informed written consent, ADHD was assessed by using Bengali translated version of Conner's Abbreviated Rating Scale given to the parents and teachers.

Results Out of 587 respondents, 318(54.17%) were boys and 269(45.83%) were girls of lower class and lower middle class 503(85.69%) social status. Among the respondents, 38(6.47%) were found having ADHD. Prevalence was higher among boys 27(4.60%) than girls 11(1.83%).

Conclusion Results of the study indicate that early identification and proper management will help to the children. Further broad based study is required in this regard.

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

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EW97

Protected children require comprehensive mental health care. These are results gathered from a sample of children in care evaluated in the UMERP (Madrid, Spain)



J. Vidal^{1,*}, C. Pagés², K. Pérez², M.J. Ramos¹, M. de Matteis¹, E. Serrano-Drozdowskyj¹, D.M. Moreno¹

¹ Gregorio Marañón Hospital, Psiquiatría del Niño y Adolescente, Madrid, Spain

² Hospital Universitario de la Princesa, Psiquiatría, Madrid, Spain

* Corresponding author.

Introduction The Community of Madrid protects more than 4000 children. These children have an elevated psychopathology (Fisher, 2015). In Hospital General Universitario Gregorio Marañón (Madrid) in 2004, the UMERP (Unidad de Menores en Riesgo Psíquico) was created to attend children in care throughout the Community of Madrid (Spain). Its aim is to identify and treat their Mental Health needs.

Objectives To carry out a descriptive analysis of the sample of patients evaluated in the UMERP and a literature review in recent years.

Methods SPSS was used for statistical analysis. Pubmed was utilised for literature search.

Results Twenty-nine patients were evaluated from March to September 2015. The age of contact was 13.41 years (SD 3.418). In total, 58.6% were male and 41.4% female, 72.4% had psychiatric history and 100% of the evaluated minors had at least one psychiatric diagnosis (ADHD $n = 13$, conduct disorder $n = 12$, depression $n = 7$ and drugs disorders $n = 7$, were the most frequent diagnosis). The school failure in the last year (51.7%) and absenteeism (27.6%) were very high. The 34.5% had at least a medical disease and 31.03% recognized drug consumption in the last month.

Conclusion All evaluated patients had psychopathology, so we suppose that an indefinite number of minors does not have access to treatment. We are beginning groups with children's homes staff to increase their knowledge of Mental Health so they can recognize psychiatric symptoms earlier. We have to coordinate with schools to strengthen access to interventions. We need to contact with other medical specialties and drug addiction centres.

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

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EW98

Comparison of defence mechanisms in adolescent patients with deliberate self-harm behaviour and without it



A. Vuk^{1,*}, A. Razić Pavčić², L. Santrić³, A. Tomac³

¹ Psychiatric Hospital Sveti Ivan, Adult Psychiatry, Zagreb, Croatia

² Clinic for Psychological Medicine, University Hospital Center Zagreb, Adult Psychiatry, Zagreb, Croatia

³ Clinic for Psychological Medicine, University Hospital Center Zagreb, Child and Adolescent Psychiatry, Zagreb, Croatia

* Corresponding author.

Introduction Twenty percent of children and adolescent population are suffering from psychiatric disorders, according to World Health Organization. Above that, clinical work and previous published reports point to increase of self-harm behaviour incidence and prevalence in many countries, including Croatia.

Aims To compare defence mechanisms in adolescent patients with deliberate self-harm behaviour and without it.

Objectives To explore differences in adaptive and maladaptive defence mechanisms in adolescent patients with self-harm behaviour and without this behaviour; to gain better insight in

possible perception and functioning patterns in these two patient subgroups. To assess the effect of possible differences on early diagnostic procedure and therapeutic plan.

Methods Defence Style Questionnaire (DSQ) was administered to 150 patients aged between 14 and 18 years on their first visit to child and adolescent psychiatrist. Seventy-nine patients had history of self-harm behaviour and 81 patients had negative anamnestic data on such behaviour.

Results Comparison of defence mechanisms in these two patient subgroups showed a statistically relevant difference in using defence mechanisms.

Conclusion Results of this study showed significant difference between patients with self-harm behaviour and without such behaviour regarding used defence mechanisms. Awareness of specific mental patterns in patients with self-harm behaviour provides better assessment of suicidal risk and optimal individual approach planning.

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

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EW99

Pruritic urticarial papules and plaques of gestation in perinatal depression



F. Hassan^{1,*}, M. Azaabi², S. Shahid³, T.S. Saimwala⁴, N. Kalar⁵, M.T. Mughal⁶, A. Wahab⁷, G. Wahab⁸, F. Haider⁹, A. Azam¹⁰, N. Shahid¹¹, E. Mujeeb¹², M.U. Kalar¹³

¹ Department of Psychiatry, Karachi Medical and Dental College, Abbasi Shaheed Hospital, Karachi, Pakistan

² Department of Dermatology Mafraq Hospital, Abu Dhabi, United Arab Emirates

³ Department of Psychiatry, Karachi Medical and Dental College, Abbasi Shaheed Hospital, Karachi, Pakistan

⁴ Department of Dermatology, Karachi Medical and Dental College, Abbasi Shaheed Hospital, Karachi, Pakistan

⁵ Department of Obstetrics and Gynecology, Singleton Hospital, South Wales, Sketty Swansea, UK

⁶ Department of Psychiatry, Dow University of Health Sciences, Karachi, Pakistan

⁷ Department of Medicine, Karachi Medical and Dental College, Abbasi Shaheed Hospital, Karachi, Pakistan

⁸ Qureshi Clinic of Family Medicine, Karachi, Pakistan

⁹ Department of Medicine, Karachi Medical and Dental College, Karachi, Pakistan

¹⁰ Department of Gynaecology and Obstetrics, Abbasi Shaheed Hospital, Karachi, Pakistan

¹¹ Department of Medicine, Abbasi Shaheed Hospital, Karachi, Pakistan

¹² Department of Community Health Sciences, Karachi Medical and Dental College, Karachi, Pakistan

¹³ Qureshi Clinic of Family Medicine, Karachi, Pakistan

* Corresponding author.

Introduction The cutaneous polymorphic eruption of pregnancy (PEP) is presented by skin lesions usually in the third trimester of gestation and about 13% of women also suffer from perinatal depression.

Objective To determine the frequency of pruritic urticarial papules of gestation with and without perinatal depression.

Aim To assess the maternal causes for polymorphic eruption of pregnancy (PEP) in patients with and without perinatal depression.

Methods Cases and controls were matched on the grounds of maternal weight gain in gestation, hormonal changes, deficit in iron and zinc, dysregulation of hypothalamic pituitary axis, pre-maturity, pre-eclampsia, pre-term labour. Univariate and multivariate analysis, adjusting for important demographic factors and comorbidities was conducted to assess the relationship of PEP with and without perinatal depression

in reduced and full models of ANOVA in regression analysis. (Reduced model $Y = \beta_0 + \beta_1 X_1 + \dots$ and the full model $Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 + \beta_6 X_6 + \dots$)

Results Polymorphic eruption of pregnancy with perinatal depression was statistically significant in maternal weight gain in gestation [odds ratio (OR) 1.20; 95% (CI): 1.15–1.30], hormonal changes [(OR) 2.78; 95% (CI): 2.52–2.82], deficit in iron and zinc [(OR) 2.18; 95% (CI): 2.04–2.38], dysregulation of hypothalamic pituitary axis [(OR) 1.37; 95% (CI): 1.18–1.49] and was not statistically significant in pre-maturity, pre-eclampsia and pre-term labour in cases and controls.

Conclusion Pruritic urticarial papules and plaques of gestation are commonly associated in patients with perinatal depression.

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

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EW100

Biomarkers of response to transcranial magnetic stimulation in youth with treatment resistant major depression

T. Wilkes^{1,*}, Y. Jasau², A. Kirton³, L.M. Langevin², M. Sembo², F. MacMaster⁴

¹ Foothills Medical Centre, Psychiatry, Calgary, Canada

² Alberta Children's Hospital Research Institute, Behavioral Research Unit, Calgary, Canada

³ Alberta Children's Hospital Research Institute, Paediatric Stroke Program, Calgary, Canada

⁴ Alberta Children's Hospital Research Institute, Psychiatry and Paediatrics, Calgary, Canada

* Corresponding author.

Background Major depressive disorder (MDD) affects approximately 15% of youth, half of who do not respond to standard treatment. One promising intervention is repetitive transcranial magnetic stimulation (rTMS). However, response is limited, highlighting the need to focus on biomarkers to predict treatment response.

Objectives To explore baseline biomarkers of response associated with rTMS treatment in adolescent MDD.

Aims To determine the association between dorsolateral prefrontal cortex (DLPFC) glutamate levels, cortical thickness, and cerebral blood flow (CBF) with MDD symptomatology decrease after rTMS intervention.

Methods Twenty-four MDD youth underwent 3 weeks of rTMS, baseline and post-intervention magnetic resonance imaging scans, and short echo proton magnetic resonance spectroscopy. Response was determined by a 50% reduction of depression scores.

Results Depressive symptoms decreased with rTMS ($t = 8.304$, $P = 0.00$). Glutamate levels differed significantly between responders and non-responders ($t = 2.24$, $P = 0.0039$), where higher glutamate changes were associated with a better response ($r = 0.416$, $P = 0.038$). Responders also exhibited thinner DLPFC ($r = -0.797$, $P = 0.000$) and lower CBF levels.

Conclusions The development of biomarkers for rTMS represents a novel and encouraging technique for a personalized and effective treatment while reducing ineffective treatment costs and personal burden in adolescent MDD.

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

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EW101

Adults with persistent ADHD: Gender and psychiatric comorbidities – a population-based longitudinal study

K. Yoshimasu^{1,*}, W.J. Barbaresi², R.C. Colligan³, R.G. Voigt⁴, J.M. Killian⁵, A.L. Weaver⁵, S.K. Katusic⁵

¹ Wakayama Medical University, Hygiene, Wakayama city, Japan

² Boston Children's Hospital, Medicine, Boston, USA

³ Mayo Clinic, Psychiatry and Psychology, Rochester, USA

⁴ Baylor College of Medicine, Pediatrics, Houston, USA

⁵ Mayo Clinic, Health Sciences Research, Rochester, USA

* Corresponding author.

Objective To evaluate in adults the associations between persistent ADHD and comorbid psychiatric disorders and gender differences, among subjects from a population-based birth cohort.

Method Subjects were recruited from a birth cohort of all children born during 1976–1982 who remained in Rochester, MN after five years of age. Participating subjects with research-identified childhood ADHD ($n = 232$; mean age 27.0 years; 72% men) and non-ADHD controls ($n = 335$; mean age 28.6 years; 63% men) were administered a structured psychiatric interview (MINI-International Neuropsychiatric Interview) to assess current ADHD status and comorbid psychiatric disorders.

Results Among the 232 with research-identified childhood ADHD, 68 (49 men and 19 women) had persistent adult ADHD. Compared to subjects without childhood ADHD, adults with persistent ADHD were significantly more likely to have any (81% vs. 35%, $P < 0.001$) as well as each of the specific psychiatric comorbidities. The associations retained significance when stratified by gender and there were no significant gender by ADHD interactions on psychiatric disorders except for dysthymia with which ADHD was more strongly associated in women than men. Among subjects with persistent ADHD, externalizing psychiatric disorders were more common in men (73%) and internalizing disorders were more common in women (53%).

Conclusion Persistent ADHD is associated with an increased risk of comorbid psychiatric disorders in both adult men and women. Clinicians treating adults with persistent ADHD need to be aware of comorbid psychiatric disorders, especially externalizing disorders for men and internalizing disorders for women.

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

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EW102

Clinical correlates of comorbid chronic tics and Tourette syndrome in a National Inpatient Children's Unit

S. Zinna^{1,*}, M. Kyriakopoulos^{1,2,3}

¹ South London and Maudsley NHS Foundation Trust, National and Specialist Acorn Lodge Children's Inpatient Unit, London, United Kingdom

² Tourette Syndrome Clinic, Great Ormond Street Hospital for Children, London, United Kingdom

³ Institute of Psychiatry Psychology and Neuroscience, Kings College London, Child and Adolescent Psychiatry, London, United Kingdom

* Corresponding author.

Introduction Chronic tics and Tourette syndrome (TS) can be comorbid with several neuropsychiatric conditions and may add to the complexity of children's clinical presentation and need for inpatient input.

Objectives To review the clinical notes of all children admitted to a National Children's Inpatient Unit (aged up to 12 years) over a 5-year period and analyse their demographic and clinical characteristics including the presence of chronic tics/TS.



Aims To assess the clinical correlates of comorbid chronic tics/TS in an inpatient preadolescent population.

Methods A retrospective naturalistic study of all patients admitted to our unit from 2009 to 2014 was conducted. Children with and without chronic tics/TS were compared in terms of age, gender, family history of mental illness, history of neurodevelopmental problems in siblings, medication on admission and at discharge, length of admission and functional outcomes using Chi² and *t*-tests for categorical and continuous data respectively.

Results A total of 133 children (mean age = 11.2 years) were included. Twenty-five (18.8%) were diagnosed with chronic tics/TS. Autism spectrum disorder was the most commonly comorbid diagnosis (84%), with the second most common being an anxiety disorder/OCD (52%). Statistically significant higher percentages of learning disability, neurodevelopmental problems in siblings, medication at discharge and longer inpatient admissions were identified in children with tics compared with the rest of the sample. No other differences were found.

Conclusions The prevalence of chronic tics/TS in children needing inpatient treatment is significant. In our sample, chronic tics/TS seem to represent a marker of increased neurodevelopmental deviance and overall symptom severity.

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

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Classification

EW103

Diagnostic stability of acute and transient psychotic disorder: A systematic review and meta-analysis



Á. López Díaz^{1,*}, S. Galiano Rus¹, A. Soler Iborte², J.I. Aznarte López², J.L. Fernández González¹

¹ Hospital San Juan de la Cruz, Mental Health Services, Úbeda, Spain

² Hospital San Agustín, Mental Health Services, Linares, Spain

* Corresponding author.

Introduction The validity and diagnostic stability of acute and transient psychotic disorder (ATPD) has been questioned by several authors, since its introduction in the International Statistical Classification of Diseases (ICD-10).

Objective To determine the overall diagnostic stability of ATPD in scientific literature.

Method A systematic review and meta-analysis of prospective studies and retrospective chart reviews. Computerized search was performed in MEDLINE/PubMed, EMBASE, and Google Scholar, using the terms: “acute and transient psychotic disorder”, or “acute psychosis”, and “stability”, or “outcome”, or “long-term”, or “follow-up”, or “course”. Search was restricted to works in English published between 1993 and 2015, according to ICD-10 criteria. Opinion articles, individual case reports, researches with less than ten subjects, and overlapping studies were excluded. Data analysis was conducted using MedCalc software, version 15.8. Statistical procedure was calculated for meta-analysis of proportions.

Results Twenty-six studies met the inclusion criteria ($n = 10852$). For methodological purposes, a distinction was made between short-term (less than 2 years), medium-term (between 2–7 years), and long-term stability (more than 7 years). For short-term group ($k = 5$), the overall stability was 60.69% (fixed effects model); Cochran's heterogeneity statistic $Q = 14.9$, $I^2 = 73.15\%$, $P = 0.0049$. For medium-term group ($k = 15$), it was 49.99%; $Q = 181.6$, $I^2 = 92.29\%$, $P < 0.0001$. For long-term group ($k = 6$), it was 61.86%; $Q = 35.12$, $I^2 = 92.29\%$, $P < 0.0001$.

Conclusion The global stability of ATPD indicates at the validity of the construct, but should be redefined in future revisions of ICD, to clarify better diagnostic criteria, and more predictive power.

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

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Cognitive neuroscience

EW104

Human factors in driving accidents: A cognitive investigation in the Gulf context



Y. Alotaibi

Qatar University, Social Sciences, Doha, Qatar

Introduction Human factors have been reported as the reason behind the majority of car accidents. However, to date, no studies at least in the Arab world generally and Gulf area specifically, conducted a comprehensive examination of cognitive functioning as potential predictors of car accidents and driving violations.

Objectives Examining the role of cognitive functions e.g., verbal working memory, attentional control as predictors of traffic accidents and driving violations.

Aims Examining the predictability of individual's cognition of occurrence of driving violations and accidents.

Methods The study was carried on a sample of hundred and thirty two participants whose age ranged between 24 and 31 years. They were classified into groups of violators and non-violators, accident free and accident involved as well. Cognitive functioning were measured using self-reports and task performance, and a series of ANOVAS as well as stepwise multiple regressions were conducted to test the research hypothesis.

Results Findings showed significant differences between violators and non-violators and between the accident free and accident involved groups in almost all of the considered factors, except for the decision making factor. Moreover, Pearson product-moment correlations showed that there were significant negative correlations between age, driving violations, and cognitive performance and the accidents.

Conclusions Human cognition such as executive functioning and mental planning are key factors for predicting driving behavior and traffic accidents. The study results have many implications in diagnosing and preventing or at least reducing driving violations and road accidents.

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

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EW105

Effects of negative autobiographical memories retrieval on corticospinal excitability and sensorimotor integration



L. Mineo¹, C. Concerto², D. Patel³, T. Myorga³, D. Coira⁴, E. Chusid³, E. Aguglia², F. Battaglia^{1,*}

¹ Seton Hall University, Health and medical sciences, South Orange, USA

² Clinical and experimental medicine, Psychiatry Unit, Catania, Italy

³ New York College of Podiatric Medicine, Preclinical Sciences, NY, USA

⁴ Hackensack University Medical Center, Psychiatry and Behavioral Medicine, Hackensack, NJ, USA

* Corresponding author.

Introduction Previous transcranial magnetic stimulation (TMS) studies indicate that exposing the subjects to an emotionally valent stimulus results in larger motor evoked potentials (MEP). Up to date, no TMS studies have been conducted in order to investigate the effect of personal memories with emotional value on corticospinal excitability.

Objects To investigate changes in corticospinal excitability and sensorimotor integration induced by retrieval of negative or neutral autobiographical memories (AM).

Aims To contribute to a further characterization of neural circuits involved during the evocation of negative AM.

Methods In 12 healthy volunteers, we recorded motor evoked potentials (MEPs) elicited by TMS pulses during the retrieval of negative AM or neutral AM. Furthermore, we also tested Short-interval Intracortical Inhibition (SICI), Intracortical facilitation (ICF), Short and Long afferent Inhibition (SAI and LAI) in the two different experimental conditions.

Results Retrieval of negative AM induced a larger increase in MEP amplitude (35.01%) compared to neutral AM ($F_{(1,22)} = 7.04$, $P = 0.013$). Furthermore we showed that retrieval of Negative AM increased ICF ($F_{(1,22)} = 5$, $P = 0.03$) and decrease SAI ($F_{(1,22)} = 7.04$, $P = 0.039$). The other TMS parameters were different between conditions.

Conclusions Our results indicate that evocation of negative AM induce a complex modulation of excitatory and inhibitory sensorimotor networks. Further studies are needed to explore the link of these electrophysiological biomarkers with the strength, valence and specificity of negative AM.

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

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EW106

Differential effects of APOE genotypes on intrinsic functional connectivity of the entorhinal cortex associated with episodic memory in amnesic mild cognitive impairment



J. Chen*, H. Shu, Z. Wang, D. Liu, Z. Zhang
Southeast University, Department of Neurology, Affiliated ZhongDa Hospital, School of Medicine, Nanjing, China

* Corresponding author.

Background The apolipoprotein E (APOE) gene is a well-established genetic susceptibility factor for the conversion from amnesic mild cognitive impairment (aMCI) to Alzheimer's disease (AD). Moreover, entorhinal cortex (ERC) is one of the earliest brain regions of AD pathology that disrupts the formation of episodic memory. The present study was the first to investigate whether there are differential effects of APOE polymorphism on functional connectivity (FC) of ERC and cognition in aMCI.

Methods The FC analyses of ERC in whole-brain were performed in 83 aMCI and 88 healthy controls (HC).

Results In the ERC network, aMCI with APOE epsilon 4 ($\epsilon 4$)-carriers showed decreased FC with the bilateral middle temporal gyrus (MTG) and the right precuneus (PCUN), and the right precentral gyrus (PreCG), while APOE epsilon 2-carriers showed increased FC (except decreased FC with the right PreCG) compared to HC. The altered FC between ERC and right MTG correlated with the impairment of episodic memory in aMCI carried APOE $\epsilon 4$ and $\epsilon 2$ allele.

Conclusions These results provide novel evidence that APOE $\epsilon 4$ and $\epsilon 2$ alleles affect multiple physiopathologic pathways in the ERC network, which aMCI with $\epsilon 4$ -carriers can accelerate

the pathological progression of network-based mechanisms while $\epsilon 2$ -carriers may play a protective role in contributing to a compensatory mechanism. It further suggests that APOE can appear to indirectly mediate the ERC-MTG neural pathway associated with the impairment of episodic memory in aMCI.

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

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EW107

Computational modeling of reinforcement learning using probabilistic selection task and instructional probabilistic selection task



D. Frydecka^{1,*}, J. Drapala², E. Kłosińska³, M. Krefft³, B. Misiak⁴

¹ Wrocław, Poland

² Wrocław University of Technology, Institute of Computer Science, Wrocław, Poland

³ Wrocław Medical University, Department of Psychiatry, Wrocław, Poland

⁴ Wrocław Medical University, Department of Genetics, Wrocław, Poland

* Corresponding author.

Introduction Humans learn how to behave both through rules and instructions as well as through environmental experiences. It has been shown that instructions can powerfully control people's choices, often leading to a confirmation bias.

Aim To compare learning parameters in reinforcement learning task with and without instructions.

Methods We recruited 52 healthy adult control subjects (21 males, 31 females, age 30 ± 6.5 years). Participants completed Repeatable Battery of Neuropsychological Status (RBANSS). Twenty-seven participants completed additionally Probabilistic Selection Task (PST) while twenty-five participants completed Instructional Probabilistic Selection Task (IPST). To analyze learning parameters, we used Q-learning model with 3 parameters: learning rate due to positive and negative reinforcements as well as exploration-exploitation parameter.

Results Both groups did not differ with respect to cognitive functioning measured with RBANSS (immediate and delayed memory, visuospatial abilities, language and attention); however, participants who completed PST had trend-level statistically faster learning rates due to positive ($P = 0.099$) and negative reinforcements (0.057) in comparison to participants who completed IPST. Both groups did not differ with respect to exploration-exploitation parameter (0.409).

Conclusion In healthy adults, interference of confirmation bias can influence learning speed independent of cognitive functioning (immediate and delayed memory, visuospatial abilities, language and attention).

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

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EW108

Risk associated to subtypes of seizure disorders in dementia patients



M. Habeych^{1,*}, R.C. Castilla-Puentes²

¹ Center for Clinical Neurophysiology, Neurological Surgery, Pittsburgh, USA

² Johnson and Johnson, Global Medical Safety, West Chester, PA, USA

* Corresponding author.

Introduction Seizure disorders have been identified in patients suffering from different types of dementia. However, the risks

associated with the subtypes of those seizures have not been characterized.

Objective/aim To compare the occurrence of seizure disorders (partial and generalized) between patients with and without a dementia diagnosis from the OPTUM database.

Methods All ages, and patients with full eligibility between January of 2005 to December of 2014, were included. Data from OPTUM, a de-identified, HIPAA compliant database, made up of 40.7 million private insured patient individual electronic health records from the US, were utilized. Using ICD-9 diagnoses, the occurrence of generalized or partial seizure disorders was identified. A comparison between patients with and without dementia was performed.

Results A total of 150,516 patient records had a dementia diagnosis, and, 56.38% of them were females. Patients with dementia when compared to those without dementia had higher risk for seizure disorders [odds ratio (OR)=6.5 95% CI=4.4–9.5]; grand mal status (OR=6.5, 95% CI=5.7–7.3); partial seizures (OR=6.0, 95% CI=5.5–6.6); motor simple partial status (OR=5.6, 95% CI=3.5–9.0); epilepsy (OR=5.0, 95% CI=4.8–5.2); complex partial epileptic seizures (OR=4.9, 95% CI=4.6–5.2); generalized convulsive epilepsy (OR=4.8, 95% CI=4.5–5.0); localization-related epilepsy (OR=4.5, 95% CI=4.1–4.9); petit mal status (OR=4.2, 95% CI=2.9–6.1); fits convulsions (OR=3.5, 95% CI=3.4–3.6); and complex febrile seizure (OR=2.5, 95% CI=1.6–3.9).

Conclusions The present study confirms that patients with dementia have higher risks for either generalized or partial seizures disorders when compared with patients without dementia.

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

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EW109

Effects of BET inhibitor JQ1 on neurotoxicity in rat primary cortical neurons: A potential therapeutic approach in Alzheimer's disease

S.H. Han^{1,*}, K.J. Kwon¹, C.Y. Shin², S.Y. Chung³

¹ Konkuk University Medical Center, Neurology, Seoul, Korea

² Konkuk University School of Medicine, Pharmacology, Seoul, Korea

³ The Catholic University of Korea Incheon St-Mary Hospital, Pediatrics, Incheon, Korea

* Corresponding author.

Introduction The neuropathological features of Alzheimer's disease (AD) are deposition of amyloid plaques, neurofibrillary tangles and neuro-inflammation. Among these, neuro-inflammation is a common pathological substrate of neurodegenerative disease, such as AD, and Parkinson disease.

Aims Herein, we tested whether the inhibition of bromodomain and extra-terminal domain (BET) protein, a critical regulators of transcription in neurons, could attenuate the neuronal cell death and amyloid beta aggregation using rat primary cortical neurons. We also investigated whether a BET inhibitor could prevent the inflammatory processes and cognitive decline in an animal model of AD.

Methods The effects of BET inhibition on neuronal cell death were assessed in the followings:

- cell viability and reactive oxygen species generation;
- enzyme activity of tPA/PAI-1 measured by casein zymography;
- the signal pathways including BDNF/CREB and MAPKs using western blotting;
- the effects on inflammatory responses in an animal model of AD using immunohistochemistry.

Results JQ1, an inhibitor of Brd2/4 protein, significantly decreased the neuronal cell death in mixed cortical neurons in concentration-dependent manner but not in pure neurons. JQ1 increased the enzyme activity of tPA, which decreased the expression of Brd2 protein. JQ1 also decreased the ROS generation

and decreased cleaved caspase-3 expression. Moreover, Brd2 inhibition by transfection of Brd2 siRNA reduced amyloid beta aggregation.

Conclusion Our results suggested that BET inhibition might have therapeutic potential for AD. That is, Brd2 inhibition by JQ1 can prevent the neuronal cell death and neuroinflammation as well as amyloid beta aggregation through regulation of tPA/PAI-1 system.

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

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EW110

Cognitive engagement profile of the fluency tasks performance by patients with schizophrenia



H. Karakula-Juchnowicz^{1,*}, P. Krukow², J. Morylowska-Topolska², M. Flis³

¹ Medical University of Lublin, Department of Clinical Psychiatry, I Department of Psychiatry, Psychotherapy and Early Intervention, Lublin, Poland

² Medical University of Lublin, Department of Clinical Psychiatry, Lublin, Poland

³ Medical University of Lublin, I Department of Psychiatry, Psychotherapy and Early Intervention, Lublin, Poland

* Corresponding author.

Introduction Fluency tasks, e.g. verbal, design fluency test, etc. are often used in the evaluation of cognitive function in patients with schizophrenia. In the standard approach, the test result is the sum of stimuli generated in a given time period. However, this approach does not allow to determinate of what strategies are used by subjects to regulate the cognitive engagement during task execution.

Aim To investigate the specific dynamic profile of fluency tests performance comparing with healthy controls.

Methods Thirty patients diagnosed with schizophrenia and 30 demographically matched healthy controls took part in the study. Participants performed two tests: COWAT (3 trials) and Ruff Figural Fluency Test in accordance with the original instructions. During the generation of these stimuli, the investigator wrote down their quantity in 15-second intervals, which enables the assessment of cognitive engagement variability in different parts of the whole time (1 minute).

Results Comparison of cognitive engagement variation in both fluency tests showed statistically significant differences. The differences in repeated measures ANOVA with group as an independent variables reached $P < 0.0001$. Factor differentiating the profiles in verbal and figural fluency was first 15 seconds after the tasks started.

Conclusions The beginning of task was the most difficult part for patients with schizophrenia, which may indicate that the overall worse performance of fluency tests is associated with significant difficulties in mobilizing the cognitive activity.

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

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EW111

Temporal correlates of intuition and cognitive control in moral decision, making in different social contexts



F. Keshvari^{1,*}, Z. Rezvani¹, F. Ghassemi², H. Pouretamad¹

¹ Shahid Beheshti University, Institute for cognitive and brain science, Tehran, Iran

² Amirkabir University of Tehran, Faculty of Bioelectric Engineering, Tehran, Iran

* Corresponding author.

In the stream of flurry of publications grappling different paradigms to tackle underlying mechanisms of moral decision-making, EVENT RELATED POTENTIAL (ERP) studies is beginning to explore psychophysiological components in the moral domain, focused on observing various moral behaviors in the experimental situations. This research was aimed at providing a new method of study investigating neural correlates of subjective moral decision-making in which we hypothesize that the social congruent or in-congruent context, could emerge a salience brain response in intuitive or cognitive control related responses toward moral dilemmas. Electrophysiological data were recorded from the scalp a 32-channel recording system complying with the international 10–20 system. The average N2 (175–300 ms) and LPP (300–600 ms) amplitude and latency were measured after the onset of putative counterpart response. Repeated measure ANOVA revealed that there was a difference between congruent versus in-congruent social response to high conflict scenarios in LPP amplitude in right lateral and frontal electrodes $F_{(4, 174)} = 5.812, P < 0.001$ (Fig. 1). The findings also, suggest that N2 latency in less conflict moral scenarios may appear earlier compared with high conflict moral scenarios during in congruent social response in frontal electrodes especially left area $F_{(3, 174)} = 3.013, P < 0.05$ (Fig. 2, figures are not available for this abstract). In conclusion, these results were either extend previous neurophysiological findings on classic moral scenarios and consistent with the notion that right hemisphere would be much more representative of cognitive control process during high conflict moral decision-making, while left frontal electrodes engaged in early intuitive process.

Keywords Moral decision-making; Cognitive control; Intuition; Social context; Late positive potential; N2

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

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EW112

Depressive pseudodementia in Greek patients: How differential diagnosis can lead to early diagnosis

G. Lyrakos^{1,*}, N. Tsioumas², V. Spinaris¹, E. Margioli³, P. Sakka³, I. Spyropoulos¹

¹ General Hospital Nikaia "Ag. Panteleimon", Psychiatric, Nikaia, Greece

² City Unity College-Cardiff MET, MSc Health Psychology, Athens, Greece

³ Day Center of Alzheimer's Disease, Day center, Athens, Greece

* Corresponding author.

Background The term Pseudodementia, as presented by Kiloh, is being used to describe the clinical image characterized by depression combined with impairment in cognitive functions which reacts positively in treatment with antidepressants.

Aim To explore the aspects that make this condition unique, so that mental health professional will be able to use the proper psychometric tools when they face patients with confusing symptoms.

Method Hundred and thirty-one participants were recruited from the B' Psychiatric Clinic of G.H.N.P "Agios Panteleimon" and Day Center of Alzheimer's Disease in Amarousion, with 56 (42.7%) males and 75 (57.3%) females. All participants were administered the MoCA and the DASS21 questionnaires. Statistical analysis was performed with SPSS21.

Results The findings reported a significant difference in the scores of MoCA done by patients with dementia ($M = 13.9, SD = 5.4$) and patients with depression ($M = 20.5, SD = 4.9$) while both groups scored below the accepted scores indicating cognitive impairment [CI]. However, analysis showed that in the following sectors of MoCA, depressive patients scored significantly higher than demented ones: visuospatial ($MD = 0.651$), clock ($MD = 1.288$), orientation ($MD = 1.212$) and delayed recall ($MD = 1.329$).



Conclusion Findings shows a significant pattern in the difference between depressed and patients with cognitive impairment. These findings suggest that mental health professionals should use neuropsychological measurements like MoCA when evaluating such cases in order to be able to diagnose effectively cases of pseudodementia.

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

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EW113

Hemispheric processing of idioms in schizophrenia and autism spectrum disorder

N. Mashal^{1,*}, R. Saban-Bezael¹, S. Hess², D. Dolfin², H. Hermesh²

¹ Bar Ilan university, Education, Ramat gan, Israel

² Geva Mental Health, Geva Mental Health, Petah Tikva, Israel

* Corresponding author.

Introduction Schizophrenia (SZ) and autism (ASD) have been historically considered as a related diagnostic category. Studies point to difficulties in comprehension of figurative language and a tendency to interpret it in a literal manner in both populations.

Aims To examine idiom comprehension and pattern of hemispheric processing of idioms in SZ as compared to ASD.

Methods Nineteen adults diagnosed with SZ, 24 adults diagnosed with ASD, and 22 typically developing (TD) adults participated in the study. The SZ and the ASD groups were matched by gender and verbal abilities. Participants performed a lexical decision task to either literally or idiomatically related target words presented to either the left or the right visual field using the divided visual field paradigm.

Results First, although both SZ and ASD groups performed worse than TD, they demonstrated relatively unimpaired comprehension of idiomatic expressions. No significant difference in idiom comprehension was found between the SZ and the ASD groups. Second, adults with SZ demonstrated a similar pattern of hemispheric lateralization (i.e. right lateralization) as TD participants during the processing of the literal interpretations of idioms. In contrast to SZ and TD participants, ASD participants demonstrated a bilateral pattern of hemispheric processing.

Conclusions Our findings suggest that brain lateralization is intact in adults with SZ but atypical in adults with ASD. The atypical hemispheric processing in addition to relatively unimpaired understanding of figurative language can point to a compensation mechanism in ASD. Thus, the current findings point to a different brain mechanism in each clinical group.

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

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EW114

Do patients with better neuro-cognition have better theory of mind?

J. Mrizak*, A. Arous, R. Trabelsi, A. Aissa, H. Ben Ammar, Z. El Hechmi

Razi Hospital, Psychiatry F, Mannouba, Tunisia

* Corresponding author.

Introduction Theory of mind (ToM) has repeatedly been shown to be compromised in many patients with schizophrenia (SCZ). By contrast, the association between ToM deficits and neuro-cognitive functioning (NF) remains uncertain.

Objectives To investigate the association between ToM functioning and neuro-cognitive functioning in SCZ.



Methods Fifty-eight outpatients with stable SCZ completed the intention-inferencing task (IIT), in which the ability to infer a character's intentions from 28 short comic strip stories is assessed. They also completed a neuro-cognitive battery comprising the following tests: the Hopkins Verbal Learning Test–Revised (HVLT-R), the Letter Digit Substitution Test (LDST), the Stroop Test (ST), the “Double Barrage” of Zazzo (DBZ), the Modified Card Sorting Test (MCST), Verbal Fluency (VF), the Trail Making Test–Part A (TMT-A) and the Digit Span (DS).

Results The performance in the IIT significantly correlated with performance in some neuro-cognitive tests including efficiency in DBZ, number of uncorrected mistakes in ST, number of correct categories in MCST and the time needed to succeed the TMT-A. No correlations were found between performance in the IIT and in memory tasks (HVLT-R and DS).

Conclusions ToM may rely on some neuro-cognitive functions (mainly attention and executive functioning). Elucidating the exact relationship between ToM and NF may be useful as both are targeted in specific psychotherapeutic interventions.

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

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EW115

Cognitive, anxiety and depressive disorders in middleage subjects with metabolic syndrome are associated with elevated endocannabinoid plasma level

V. Piotrovskaya*, N. Neznanov

First State Pavlov Medical University, Psychiatry, St. Petersburg, Russia

* Corresponding author.

Obesity and metabolic syndrome (MS) are associated with an increased risk of developing psychiatric disorders, such as mood disorders and cognitive disorders. Endocannabinoids (EC) are neuromodulators which are involved in a plenty of physiological processes: regulation of motor activity, neuroprotection, modulation of immune function and inflammatory responses, antiproliferative actions in tumoral cells, control appetite. Endogenous cannabinoids play modulatory role in cognitive and emotional processes (1).

Aim of this study was to evaluate a possible association between EC plasma levels, such as anandamide (AEA) and 2-arachidonoylglycerol (2-AG), and mental processes such as, cognitive impairment and anxiety in obesity. And thus determine the participation of the EC system in the development of cognitive and emotional disorders with obesity.

Methods and results Data analyzed from 271 patients with MS according IDF criteria (aged 30–60 years). Current mild cognitive impairment (MCI), depressive (D) and anxiety disorders (A) were confirmed by psychodiagnostic interview according to the criteria of ICD-10. All patients passed through: MMSE test, scales HADS, HARS, HAM-A. Determining the ES level (anandamide, 2-AG) by liquid chromatography. Subjects were divided into 2 groups, group A – with D and/or A (139) and group B – without affective disorders (132). Using Mann-Whitney test significant connection between high levels of 2-AG level and affective disorders in group A were obtained. Subjects with D and A and MCI had higher level of 2-AG and AEA in comparison with only MCI.

Conclusion Increased levels of 2-AG and AEA provoke comorbidity of MCI depression and anxiety.

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

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EW116

Neurocognitive and functional performance in psychotic and non-psychotic bipolar patients and schizophrenia patients

A. Aparicio^{1,*}, E.M. Sánchez-Morla², J.L. Santos³

¹ University of Castilla La Mancha, School of Nursery, Cuenca, Spain

² University of Alcalá, School of Medicine, Psychiatry, Alcalá de Henares, Spain

³ Hospital Virgen de La Luz, Psychiatry, Cuenca, Spain

* Corresponding author.

Introduction It has been suggested that psychotic bipolar patients have more severe cognitive deficits and lower functioning than non-psychotic bipolar patients.

Objectives To evaluate neurocognitive and functional performance in stabilized psychotic bipolar patients (BP+), non-psychotic bipolar patients (BP–) and schizophrenia patients (SZ).

Aims To examine whether BP+ might be defined as a more homogenous subtype of bipolar disorder with more severe cognitive deficit and more severe functional impairment.

Methods Fifty TB+, 50 TB–, 50 SZ and 51 controls were evaluated with a comprehensive neurocognitive battery (WCST, FAS, TMT-A and B, Stroop Test, Digits span, letters and numbers – WMS-III–, CVLT, ROCFT, CPT-DS). Moreover, patients were evaluated with clinical scales (PANSS, MADRS, YMRS) and functionality scales (WHOs Disability Assessment Scales, QLS and GAF). IBM SPSS Statistics (version 19.0) was used to the data analysis.

Results No significant differences were found between three patients' samples ($P < 0.0001$). No significant differences in neurocognitive measures were found between BP+ and BP–. Significant differences were found between both groups of bipolar patients and schizophrenia in working memory measures ($P < 0.0001$). BP+ and BP– showed significant higher functionality than SZ ($P < 0.0001$), without significant differences in functionality between BP+ and BP–.

Conclusions The pattern of neurocognitive and functional deficit is similar in BP+ and BP–. The neurocognitive deficit is very similar in both groups of bipolar patients groups in comparison to SZ; functionality is better in both bipolar groups than in schizophrenia patients.

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

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EW117

Neurocognitive training in the complex therapy of patients with schizophrenia

A. Sofronov^{1,*}, A. Spikina²

¹ Saint Petersburg, Russia

² North West Medical University named by I.I. Mechnikov, psychiatry, Saint Petersburg, Russia

* Corresponding author.

Neurocognitive deficits in schizophrenia patients is a major health and social problem of modern psychiatry nowadays. Many patients with schizophrenia are of working age and there is a high enough percentage of their disability.

Objective To study the influence of neurocognitive training on higher cortical functions in schizophrenia patients and to evaluate their effectiveness in the treatment of schizophrenia.

Material and methods We formed groups of patients diagnosed with paranoid schizophrenia undergoing treatment in the departments of rehabilitation and day hospital. Patients of the main group (102 patients) additionally participated in the training of cognitive deficits. Patients included in the comparison group (48 patients) received only pharmacotherapy.



Study design Initial evaluation of patients was carried out at the first call, prior to the neurocognitive training. Follow-up study was conducted one month after completion of training programs and the final examination, after a year. In the comparison, group surveys were conducted with the similar frequency.

Results After training, the cognitive processes in schizophrenia patients were obtained by increasing the tempo of the performance, improving concentration, improving the adequacy of long-term thinking and memory have identified trend towards an increase in operational short-term memory. According to the survey indicated, with an increase in all indicators (the difference with the control group ranged from 3 to 26%), the maximum improvement falls on visual memory, and minimal attention to the function.

Conclusion The neurocognitive training showed itself as an effective method of correcting neurocognitive deficits.

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

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EW118

Is empathy correlated to patients' level of cognitive impairment in schizophrenia?



R. Trabelsi*, A. Arous, J. Mrizak, H. Ben Ammar, A. Khalifa, Z. El Hechmi

Razi Hospital, Department Psychiatry F, Mannouba, Tunisia

* Corresponding author.

Introduction Empathy, which refers to the ability to understand and share the thoughts and feelings of others, may be compromised in schizophrenia (SCZ). Yet the relationship between empathy and neurocognitive functioning remains unclear.

Objectives To explore whether cognitive and affective empathy are associated with the neurocognitive functioning in SCZ.

Methods Fifty-eight outpatients with stable SCZ completed the Questionnaire of Cognitive and Affective Empathy (QCAE) comprising five subscales intended to assess cognitive and affective components of empathy. They also completed a neurocognitive battery comprising the following tests: the Hopkins Verbal Learning Test–Revised (HVLTR), the Letter Digit Substitution Test (LDST), the Stroop Test (ST), the “Double Barrage” of Zazzo (DBZ), the Modified Card Sorting Test (MCST), Verbal Fluency (VF), the Trail Making Test-Part A (TMT-A) and the Digit Span (DS).

Results Better affective and cognitive empathy correlated with better performance in the ST (less hesitations and less errors). Patients with better cognitive empathy performed better in the MCST (more categories achieved; $P=0.029$) and in the LDST (more substitutions per minute; $P=0.031$).

Conclusions Our results bolster support for the presence of an association between NF and the decreased cognitive and affective empathy in schizophrenia.

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

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EW119

Clinical symptomatology and empathy in schizophrenia: Which relationship?



R. Trabelsi*, J. Mrizak, A. Arous, H. Ben Ammar, A. Khalifa, Z. El Hechmi

Razi Hospital, Department Psychiatry F, Mannouba, Tunisia

* Corresponding author.

Introduction The impairment of cognitive and affective empathy among patients with schizophrenia (SCZ) may represent a significant feature of the illness. However, the relationship between those impairment and dimensions of psychosis remains unclear.

Objectives To explore whether cognitive and affective empathy are associated with severity of different psychotic symptoms.

Methods Cognitive and affective empathy were evaluated in 58 patients with stable schizophrenia with the Questionnaire of Cognitive and Affective Empathy (QCAE) comprising five subscales intended to assess cognitive and affective components of empathy. Symptomatology evaluation comprised the Positive and Negative Syndrome Scale (PANSS), the Calgary Depression Scale for Schizophrenia (CDSS) and the Clinical Global Impressions Scale Improvement and severity (CGI).

Results Patients with better cognitive empathy had less total CDSS scores ($P=0.036$, $r=-0.449$) and lower CGI-severity scale scores ($P=0.01$, $r=-0.536$). Patients with better affective empathy had lower scores (which means a better improvement) at the CGI-improvement scale ($P=0.03$, $r=-0.461$).

Conclusions Our results suggest that empathy with its different component is not totally independent of the clinical state of the patient. Further studies are required to confirm whether empathy deficits are state or trait aspects of SCZ.

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

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Comorbidity/Dual pathologies

EW120

Depressive symptoms in patients with schizophrenia



T. Aladashvili

Tbilisi, Georgia

Introduction Depression is common among patients with schizophrenia and is associated with a wide range of poor outcomes, including psychotic relapse and suicide. The aim of the study is to evaluate the presence of depressive symptoms in patients with schizophrenia and to compare depression intensity in schizophrenic patients and patients with depressive disorder.

Methods In this cross sectional study were included 40 patients from both genders. Patients were divided in 2 groups: (1) examined group: 20 schizophrenic patients who presented depressive symptomatology. Depressive symptoms-evaluated with the 17-item Hamilton Rating Scale for Depression. Inclusion criteria: schizophrenic disorder by ICD-10 (F20.0-F20.9), total score higher than 7 on the HRSD-17 and age between 25 and 65; (2) control group: 20 patients with depressive disorder. Inclusion criteria: recurrent depressive disorder by ICD-10 (F33.0-F33.9), total score higher than 7 on the HRSD-17 and age between 25 and 65. Psychiatric rating scales for clinical evaluation of prominence of symptomatology: 17-item Hamilton Rating Scale for Depression (HRSD-17) and PANSS (Positive And Negative Syndrome Scale).

Results The prevalence of patients with depressive symptoms among the schizophrenic patients was 45% i.e. out of 20 evaluated patients with schizophrenia, 9 showed depressive symptoms. The total score in the remaining 11 patients on the HRSD-17 was lower than 7 and they were excluded. Difference between the two groups for gender difference was not statistically significant.

Conclusions The percentage of patients with depressive symptoms among the patients with schizophrenic disorder was 45%. Schizophrenic patients more frequently presented mild and moderate depression in comparison to the control group. In the majority of subjects with schizophrenia and depressive symptoms positive schizophrenic symptomatology was predominant.

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

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EW121

Nalmefene in alcohol use disorder subjects with psychiatric comorbidity: A preliminary report



M. Di Nicola^{1,*}, L. De Riso¹, M. Pettorruso¹, L. Moccia¹, G. Martinotti², L. Janiri¹

¹ Institute of Psychiatry and Psychology, Catholic University of Sacred Heart, Rome, Italy

² Institute of Psychiatry, Department of Neuroscience and Imaging, "G. d'Annunzio" University of Chieti-Pescara, Chieti, Italy

* Corresponding author.

Introduction Nalmefene is the first drug approved to reduce alcohol consumption in Alcohol Use Disorder (AUD) patients with a high drinking risk level. There is a high prevalence of concurrent psychiatric disorders in AUD patients, with an associated increased morbidity and poorer prognosis.

Objectives Despite high comorbidity rates, little attention has been paid to the clinical management of these patients.

Aims The aims of our study were to evaluate the use of nalmefene in AUD patients with psychiatric comorbidity, previously treated unsuccessfully for alcohol dependence, and to assess reduction in craving.

Methods Thirty AUD outpatients (M/F: 19/11) with stabilized anxiety and affective comorbid disorders were treated with as-needed nalmefene 18 mg plus psychosocial support for 24 weeks. Primary outcome measures were: changes in heavy drinking days (HDDs) and total alcohol consumption (TAC, g/day). Secondary outcome measures were: changes in Drinking Risk Level (DRL) and craving levels (Obsessive-Compulsive Drinking Scale [OCDS] and Visual Analogue Scale for craving [VASc]).

Results The reduction of HDDs and TAC over time was significant ($P < 0.001$). A decrease of DRL was reported. Moreover, a significant reduction in craving levels was observed (OCDS and VASc craving scores, $P < 0.001$). No patients dropped out of the study due to adverse events.

Conclusions As-needed nalmefene was well tolerated and useful in reducing drinking in AUD patients with stabilized psychiatric comorbidity that had not responded to previous interventions for alcohol dependence. Nalmefene also reduced craving, which is related to the motivation to consume alcohol.

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

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EW122

Substance abuse and quality of life in chronic hepatitis C patients receiving antiviral treatment



E. Egmond^{1,*}, G. Oriolo¹, M. Cavero¹, K. Langohr², R. Solà³, R. Navines¹, R. Martin-Santos¹

¹ Hospital Clínic, Psychiatry and Psychology, Barcelona, Spain

² Polytechnic University of Barcelona, Statistics and Operation Research, Barcelona, Spain

³ Hospital del Mar, Hepatology, Barcelona, Spain

* Corresponding author.

Introduction Chronic hepatitis C virus (HCV) is one of world's most important chronic infections. HCV can be treated using interferon-alpha (IFN α) and ribavirin (RBV). HCV, IFN α and RBV are known to impair mental and physical life quality. Many HCV-infected individuals have life-prevalence of substance use disorder (SUD).

Objectives To study life quality (SF-36) in HCV patients with SUD history during antiviral treatment.

Methods SF-36 questionnaire was assessed in 384 HCV patients at baseline, and at 4, 12, 24, and 48 weeks of treatment. ANCOVA models were used to study the association of SF-36 scores and

potential risk factors at baseline. Risk factors from baseline scores over time were studied through linear mixed models, adjusting for baseline scores.

Results At baseline, SUD men had worse mental ($P = 0.03$) and physical health ($P = 0.022$), and younger patients had worse social functioning ($P = 0.011$), and mental ($P = 0.001$) but better physical health ($P < 0.001$). Figs. 1 and 2 show the results of mental and physical life quality during treatment from baseline.

Conclusions This study emphasizes the decrease in life quality in HCV patients with SUD before and during antiviral treatment.

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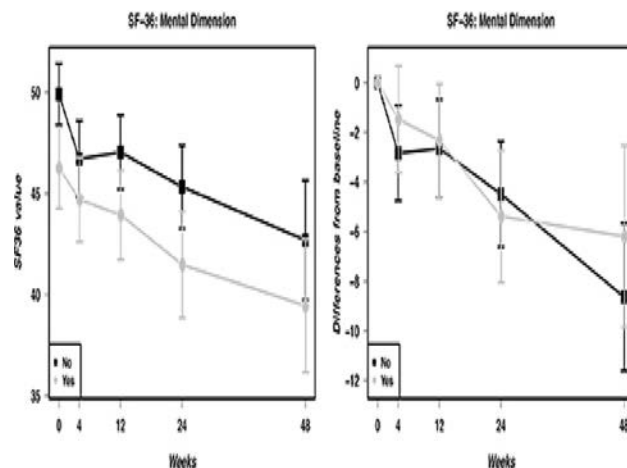


Fig. 1 Mental component scale during treatment.

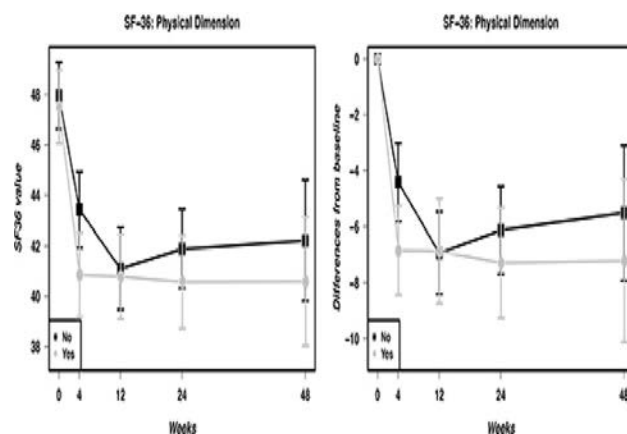


Fig. 2 Physical component scale during treatment. Adjusting for gender, age, HIV co-infection, and history of mood disorders.

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

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EW123

Challenging patients: Human misery

I. Ganhao^{1,*}, S. Paiva², J. Cardoso²

¹ Qta do Anjo, Portugal

² Centro Hospitalar Psiquiátrico de Lisboa, Psiquiatria Geral e Transcultural, Lisbon, Portugal

* Corresponding author.



Introduction Psychiatry has seen significant progress in recent decades due to scientific advances. However, beyond genes, neurotransmitters and neurocircuits, there is a truly human dimension that escapes all the science. The choices each one makes, even if biologically mediated, and the consequences, even if mediated through individual vulnerabilities, dictate an outcome. That outcome may be a biopsychosocially ill individual. Health professionals trained and up-to-date on the latest research are confronted with challenges that far outweigh what they expected and know what to do with, defying the humanity of even the most humane.

Objective To reflect upon a clinical case of human misery.

Aims To promote growth at a professional and personal level through the process of treating challenging patients.

Methods Presentation of a clinical case.

Results A homeless person with a history of and current drug use, prostitution, untreated HIV-AIDS, hepatitis B and C, untreated *Mycobacterium lentiflavum* pulmonary infection, bleeding rectal prolapse, prolonged psychotic manic episode and a very difficult personality has trouble finding and ultimately rejects help from medical professionals and ends up involuntarily admitted to a psychiatric inpatient unit.

Conclusions Many unsolvable or only partially solvable puzzles end up under psychiatric care. The complexity of human nature escapes all scientific advances. We can put many pieces together but the whole often remains a challenge, a challenge of our values, our motivation, creativity and resilience.

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

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EW124

The prevalence of aggressive behaviors among patients with psychiatric disorders: A case study analysis from Jordan

A. Hamdan-Mansour

University of Jordan, Faculty of Nursing-community health Nursing, Amman, Jordan

The study examined the prevalence behavior among patients with psychiatric disorders in psychiatric hospitals in Jordan. Case study analysis was employed through using a non-experimental descriptive survey design. Data were collected through using a modified overt aggression scale and additional information was obtained through a self-designed questionnaire containing socio-demographic and psychiatric illness variables. A total of 203 subjects satisfied the inclusion. The prevalence of aggression in this study was 23.6%. This is inconsistent with previous studies done elsewhere. The findings of this study showed that patients, prior admission, had higher frequencies of aggression than after being admitted and used the same forms of aggression prior to and after admission while reports after admission were less. Also it showed that beating and swearing were reported highly and a considerable number of patients were still attempting to self-harm and committing suicide by hanging themselves. The results are useful in raising the awareness of mental health nurses care providers and recommended that mental health nurses care should be equipped with necessary skills in managing aggressive behaviors among patients with psychiatric disorders (Table 1).



Table 1 Aggression among patients admitted to psychiatric care units in Jordan ($n = 203$).

Variable	Prior admission		Post-admission	
	<i>n</i>	%	<i>n</i>	%
<i>Aggression against</i>				
Himself	34	16.7	12	5.9
Father	26	12.6	2	1.0
Mother	39	19.2	4	2.0
Wife	21	10.3	2	1.0
Children	16	7.9	1	0.5
Relatives	44	21.7	2	1.0
Others	84	41.4	5	2.5

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

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EW125

Agitation in the patient with dual pathology



L. Hernández Plaza^{1,*}, M. García Navarro², E. Delgado Parada¹, E. Ochoa Mangado¹, E. Salvador Vadillo¹, S. Molins Pascual¹

¹ Hospital Ramon y Cajal, Psiquiatría, Madrid, Spain

² Complejo hospitalario de Cáceres, Psiquiatría, Cáceres, Spain

* Corresponding author.

Introduction The consumption of toxic substances often causes agitation, which makes more difficult the pharmacological management of the symptoms.

Objective About one case, a search was performed of the different therapeutic options in the agitation takes place in the context of intoxication.

Methods Thirty-five-year-old male patient diagnosed of dual pathology under treatment since 2003 in our outpatient. The patient shows paranoid schizophrenia disorder due to alcohol, cannabis and cocaine use disorder, summing up different pharmacological treatments with no remission. Whilst the examination is taking place the patient is under alcohol and cannabis effects. His physical and verbal behaviour are aggressive showing psychotic instability. The therapeutic team administers loxapine to its patient.

Results The inhaled loxapine turned out to be a good alternative in the case given.

Conclusion Handling agitation when toxics are involved is complex. The new formulation of inhaled loxapine helps to control agitation quickly and it might be a feasible option for this kind of patients.

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

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EW126

Comparing gaze related anxiety in adult subjects with autism spectrum disorder (ASD) or social anxiety disorder (SAD)



A. Jouni^{1,*}, A. Amestoy^{1,2}, M. Bouvard^{1,2}

¹ Centre hospitalier Charles-Perrens, centre ressource autisme, Bordeaux, France

² CNRS, INCIA UMR 5287, Bordeaux, France

* Corresponding author.

Social anxiety is frequently reported by individuals with ASD. If atypical eye gaze in ASD can not be fully explained by emotional

models, a subgroup seems to present an active gaze avoidance associated with the report of social anxiety symptoms. The main objective of our study was to examine the gaze related anxiety in a population of adults with ASD compared with what's observed in adults with SAD. The purpose was to confirm the experience of social anxiety for some individuals with ASD and quantify its impact on gaze functioning. We included adult patients diagnosed with ASD without intellectual disability ($n = 13$) or SAD ($n = 11$) from three outpatient clinics. Patients were divided in two groups, ASD and SAD, and filled three clinical scales: Gaze Anxiety Rating Scale (GARS, Schneier et al., 2011), Liebowitz Social Anxiety Scale (LSAS, Liebowitz et al., 1999), and Social responsiveness Scale-2 (SRS-2, Constantino et al., 2003). Patients with ASD presented higher scores on SRS-2 (M [SD]: 73.5 [8.9] vs 52.4 [10.4]; $P < 0.001$) and lower on LSAS (M [SD]: 58.6 (32.1) vs 83.8 [22.8]; $P < 0.05$) but no difference on GARS scores compared to people with SAD. Furthermore, a sub-group of ASD patients, presenting with more social anxiety, reported greater gaze related anxiety and avoidance than other patients with ASD (M [SD]: 57.8 (20.5) vs 19.4 [23.5]; $P < 0.05$). Social anxiety can be present in ASD with an impact on gaze functioning. The SRS-2 and LSAS seem to be efficient differentiating anxiety from social ability deficits and maybe useful to guide patients toward a specialised evaluation.

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

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EW127

The influence of social comparisons made on Facebook and sociotropy on bulimia nervosa symptoms: A revised examination of the dual pathway model

I. Krug^{1,*}, F. Kalathas²

¹ University of Melbourne, Psychology, Melbourne, Australia

² University of Melbourne, Psychological Sciences, Melbourne, Australia

* Corresponding author.

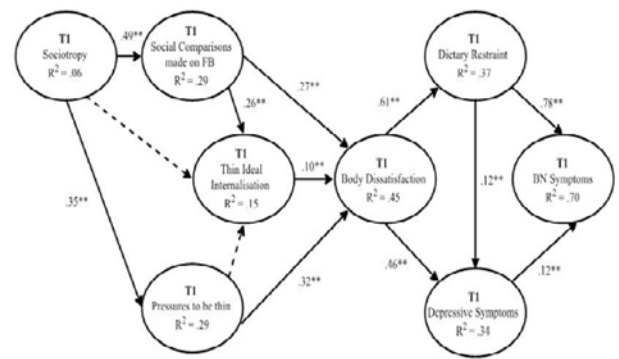
Background The dual pathway model (DPM) attempts to explain the processes that are etiological to the development of Bulimia Nervosa (BN) symptomology by examining both individual and sociocultural risk factors of BN. The DPM, however, is yet to incorporate the sociocultural factor Facebook, which is important given the widespread use of the social media website Facebook. In addition, research has suggested that the personality trait sociotropy may increase vulnerability to developing BN symptoms, however, there is limited evidence examining this factor in the DPM.

Objective To test a revised DPM with the inclusions of social comparisons made on Facebook and sociotropy both (a) cross-sectionally and (b) longitudinally.

Method Four hundred and seventy females participated at baseline (T1). Four weeks later, 274 females completed the follow-up assessment (T2), which assessed a subset of measures from the baseline assessment.

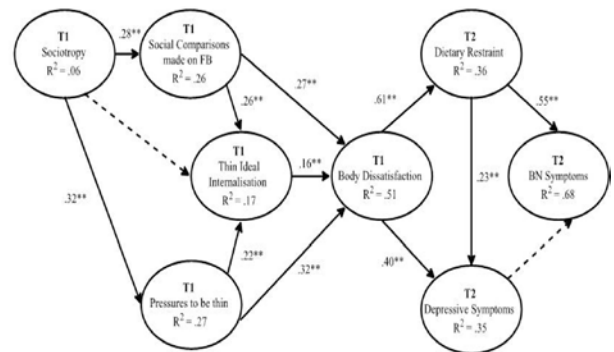
Results An acceptable fit for both DM models was obtained through Structural Equation Modeling (SEM) using MPlus (See Figs. 1 and 2).

Conclusions Prevention and early intervention efforts for both depression and BN should focus on addressing appropriate Facebook and social media use and these interventions should be tailored to individuals scoring high on sociotropy.



SEM fit statistics:
 χ^2 (df = 3970, N = 470) = 10530.76, $p < .001$
 CFI = .71
 RMSEA = .059
 SRMR = .07

Fig. 1 Revised cross-sectional DPM.



SEM fit Statistics
 χ^2 (df = 4530, N = 274) = 9244.12, $p < .001$
 CFI = .66
 RMSEA = .065
 SRMR = .10

Fig. 2 Revised longitudinal DPM.

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

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EW128

A meta-analysis on the longitudinal relationship between eating pathology and depression

F. Puccio¹, M. Fuller-Tyszkiwicz², D. Ong¹, I. Krug^{3,*}

¹ University of Melbourne, Psychological Sciences, Melbourne, Australia

² Deakin University, Psychology, Melbourne, Australia

³ University of Melbourne, Psychology, Melbourne, Australia

* Corresponding author.

Background Despite the considerable number of studies that have assessed evidence for a longitudinal relationship between eating pathology and depression, there is no clear consensus regarding whether they are uni- or bi-directionally related.

Objective To undertake a meta-analysis to provide a quantitative synthesis of longitudinal studies that assessed the direction

of effects between eating pathology and depression. A second aim was to use meta-regression to account for heterogeneity in terms of study-level effect modifiers.

Results Meta-analysis results on 30 eligible studies showed that eating pathology was a risk factor for depression ($r_m = 0.13$, 95% CI: 0.09 to 0.17, $P < 0.001$), and that depression was a risk factor for eating pathology ($r_m = 0.16$, 95% CI: 0.10 to 0.22, $P < 0.001$). Meta-regression analyses showed that these effects were significantly stronger for studies that operationalized eating pathology as an eating disorder diagnosis versus eating pathology symptoms ($P < 0.05$), and for studies that operationalized the respective outcome measure as a categorical variable (e.g., a diagnosis of a disorder or where symptoms were “present”/“absent”) versus a continuous measure ($P < 0.01$). Results also showed that in relation to eating pathology type, the effect of an eating disorder diagnosis ($b = -0.06$, $t = -7.304$, $P \leq 0.001$) and bulimic symptoms ($b = -0.006$, $t = -2.388$, $P < 0.05$) on depression was significantly stronger for younger participants.

Conclusions Eating pathology and depression are concurrent risk factors for each other, suggesting that future research would benefit from identifying factors that are etiological to the development of both constructs.

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

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EW129

The personality dimensions, depression and tobacco smoking among detoxified male alcoholics

G. Mandić-Gajic*, A. Eror, G. Dedic, Z. Stojanovic, M. Dolic, D. Jokovic, Z. Spiric

Military Medical Academy, Psychiatry, Belgrade, Serbia

* Corresponding author.

Introduction The co-occurrence of tobacco smoking and depression among alcoholics is frequent and uncertain. Some findings suggest that there are some shared aetiological factors, but a few clinical researches of personality dimensions among patients with these comorbidities were done.

Objectives The differences of personality dimensions, the pattern of cigarette use and depression between inpatient alcoholics and healthy subjects were explored.

Methods The one hundred primary male inpatient alcoholics were consecutively recruited. Eighty-six completed study and were compared with thirty male age matched healthy subjects. Semistructured clinical interview for sociodemographics and the pattern of cigarette and alcohol use data was applied. The depression was assessed by HAMD scale (Hamilton, 1960). The Eysenck personality questionnaire EPQ was completed. Student *t*-test for differences and Pearson test for correlation were used.

Results There were no significant sociodemographic differences between groups. Alcoholics smoked significantly more frequently than healthy subjects (86% vs. 50%) and had average mild depression degree after detoxification. The HAMD score for alcoholics vs. controls was 15.37 ± 6.20 vs. 1.43 ± 1.55 respectively. All personality dimensions did not show differences between groups, except neuroticism. The neuroticism showed significantly higher level among alcoholics vs. controls (12.72 ± 5.19 vs. 5.00 ± 3.36). The depression significantly correlated only with neuroticism ($r = 0.487$, $P < 0.001$).

Conclusions The majority of detoxified alcoholics were smokers with mild depression and higher neuroticism compared to controls. Our results suggest that the alcoholics with high neuroticism may experience higher depression and may require more intensive integrative treatment.

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

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EW130

Body image and eating disorders are common in professional and amateur athletes using performance and image-enhancing drugs (pieds).



A cross-sectional study

D. Piacentino^{1,*}, L. Longo¹, A. Pavan², S. Ferracuti¹, R. Brugnoli¹, P. Girardi¹, G. Sani¹

¹ Sapienza, University of Rome, NESMOS Neuroscience, Mental Health, and Sensory Organs Department, Rome, Italy

² Sapienza, University of Rome, Immunohematology and Transfusion Medicine, Rome, Italy

* Corresponding author.

Introduction The use of Performance and Image-Enhancing Drugs (PIEDs) is on the increase and appears to be associated with several psychopathological disorders, whose prevalence is unclear.

Objectives/Aims We aimed to evaluate the differences—if any—in the prevalence of body image disorders (BIDs) and eating disorders (EDs) in PIEDs users athletes vs. PIEDs nonusers ones.

Methods We enrolled 84 consecutive professional and amateur athletes (35.8% females; age range = 18–50), training in several sports centers in Italy. They underwent structured interviews (SCID I/SCID II) and completed the Body Image Concern Inventory (BICI) and the Sick, Control, One, Fat, Food Eating Disorder Screening Test (SCOFF). Mann-Whitney *U* test and Fisher's exact test were used for comparisons.

Results Of the 84 athletes, 18 (21.4%) used PIEDs. The most common PIEDs were anabolic androgenic steroids, amphetamine-like substances, cathinones, ephedrine, and caffeine derivatives (e.g. guarana). The two groups did not differ in socio-demographic characteristics, but differed in anamnestic and psychopathological ones, with PIEDs users athletes being characterized by significantly (P -values < 0.05) higher physical activity levels, consuming more coffee, cigarettes, and psychotropic medications (e.g. benzodiazepines) per day, presenting more SCID diagnoses of psychiatric disorders, especially Substance Use Disorders, Eating Disorders, Body Dysmorphic Disorder (BDD), and General Anxiety Disorders, showing higher BICI scores, which indicate a higher risk of BDD, and higher SCOFF scores, which suggest a higher risk of BIDs and EDs.

Conclusions In PIEDs users athletes body image and eating disorders, and more in general psychopathological disorders, are more common than in PIEDs nonusers athletes.

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

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EW131

Comorbidity between delusional disorder and sensory deficits. Results from the deliranda case register



A. Porras Segovia^{1,*}, M. Guerrero Jimenez²,

C. Carrillo de Albornoz Calahorra², J. Cervilla Ballesteros¹

¹ Hospital Universitario San Cecilio, UGC Salud Mental, Granada, Spain

² Hospital Santa Ana, Unidad de Salud Mental, Motril, Spain

* Corresponding author.

Introduction Sensory deficits such as blindness and deafness are very common forms of disability, affecting over 300 million people worldwide according to World Health Organization estimates. These conditions can lead to misinterpretations of the environment, which may contribute to the development of a delusional disorder in predisposed people.

Objectives The objective of this study is to establish the prevalence of blindness and hearing loss across delusional disorder.

Aims The aim is to provide useful information regarding this frequent, often disregarded, comorbidity.

Methods Our results proceed from the Andalusian delusional disorder case-register (DelirAnda). We reviewed 1927 clinical histories of patients diagnosed of delusional disorder. Upon having verified the diagnosis following DSM-V criteria, we recollected data on the prevalence of blindness and hearing loss, which were defined based on clinical diagnosis.

Results One thousand four hundred and fifty-two patients matched DSM-5 delusional disorder criteria. Among them, 49.8% of our sample were women. The overall prevalence of sensory deficits was 7.4%, 3.5% of the patients with delusional disorder were blind, while 3.9% of them suffered from hearing loss.

Conclusions Our results are consistent with previous studies, such as the Deliremp study, which found a 5.7% prevalence of sensory deficit among delusional disorder patients. These results show a higher prevalence of sensory deficit among delusional disorder patients compared with the general population. However, causality could not be established. Further study should be undertaken regarding the relationship between these two conditions.

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

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EW132

Comorbidity between delusional disorder and chronic physical conditions. Results from the Deliranda case register



A. Porras Segovia^{1,*}, C. Carrillo de Albornoz Calahorra², M. Guerrero Jiménez², J. Cervilla Ballesteros^{1,3}

¹ University Hospital San Cecilio, Mental Health Services, Granada, Spain

² Santa Ana Hospital, Mental Health Services, Motril, Spain

³ University of Granada, Psychiatry Department, Granada, Spain

* Corresponding author.

Introduction Mental disorders are often comorbid with chronic physical conditions. This relationship has been looked into in some mental disorders, such as depression or schizophrenia. However, very few studies have explored this comorbidity in the delusional disorder.

Objectives The objective of this study is to establish the prevalence of common chronic medical conditions across delusional disorder.

Aims The aim is to provide useful information regarding this frequent, often disregarded, comorbidity.

Methods Our results proceed from the Andalusian delusional disorder case-register (DelirAnda). We reviewed 1927 clinical histories of patients diagnosed of delusional disorder. Upon having verified the diagnosis following DSM-5 criteria, we recollected data on the prevalence of 10 different medical conditions, which were defined based on clinical diagnosis.

Results One thousand four hundred and fifty-two patients matched DSM-5 delusional disorder criteria. Among them, 49.8% of our sample were women. The overall prevalence of medical conditions was 66%. Thirty-one percent of the patients with delusional disorder had only one comorbid physical condition, 20% of them suffered from two conditions, and 15% of them had three or more chronic conditions. The most prevalent physical condition among delusional disorder patients was diabetes, affecting 16% of these patients.

Conclusions Chronic physical conditions are highly prevalent among patients with delusional disorder. Comorbid physical conditions may have an important impact on the course of delusional disorder. A correct diagnosis and treatment of this comorbidity should be made to help improve the prognosis and life quality of these patients.

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

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EW133

Punding in Parkinson's disease: To a better understanding of a common phenomenon between Parkinson's disease and addictions



A. Tremey*, I. de Chazeron, G. Brousse, P.M. Llorca
CHU Clermont-Ferrand, psychiatry, Clermont-Ferrand, France

* Corresponding author.

Introduction Punding is a stereotypical motor behaviour characterized by a repetitive, excessive and non-goal oriented activity that causes an important loss of time. Since its first description in psychostimulant addicts, data on punding has only derived from studies on Parkinsonian patients treated with dopaminergic drugs. Little is known in the literature about Parkinsonian patient's characteristics who suffer from punding.

Objective We propose to study characteristics of Parkinsonian "punders" in order to investigate the pathophysiology of this phenomenon.

Methods In this retrospective study, we use the "Arduin Scale of Behavior in Parkinson's disease" database. This database was initially used to design a global scale to detect changes in mood and behavior of Parkinson's disease (PD) patients. We compared different variables between Parkinsonian patients who suffer from punding with non-punder Parkinsonian patients.

Results Eighty of the 258 patients were identified as punders. In univariate analysis, the punder and non-punder groups differed statistically with regard to the age of diagnostic of PD, hypersexuality and dopaminergic agonist treatment. In multivariate analysis, the punder and non-punder groups only differed statistically with regard to dopaminergic agonist treatment ($P=0.05$).

Conclusion Dopaminergic agonist treatments appear to be more represented among patients with punding in our sample. Impulse control disorders (ICD) are known to be more common in patients treated by dopamine agonists. Punding could be considered as the most severe form of ICD that is linked to psychomotor stimulation and reward mechanisms.

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

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EW134

Alexithymia and asthma

M. Turki^{1,*}, R. Naoui¹, N. Moussa², S. Sellami², I. Gassrara¹, N. Halouani¹, N. Hamza¹, J. Aloulou¹, S. Kammoun², O. Amami¹

¹ Hedi Chaker University Hospital, Psychiatry Department, Sfax, Tunisia

² Hedi Chaker University Hospital, Pulmonary Department, Sfax, Tunisia

* Corresponding author.

Introduction Alexithymia refers to difficulties in verbal expression of emotions, commonly observed in patients with psychosomatic symptoms. In this context, asthma is described as one of psychosomatic diseases.

Objectives Identify clinical profile of asthmatic patients and assess the alexithymia level as well as associated factors.

Methods We conducted a cross-sectional, descriptive and analytic study, including 30 patients followed for asthma at pulmonary outpatient department, Hedi Chaker Hospital, Sfax, Tunisia, during September and October 2015. We collected socio-demographic and clinical characteristics. Asthma control level was assessed by

the Asthma Control Test (ACT). Alexithymia was measured using Toronto Alexithymia Scale (TAS 20).

Results The mean age was 51 ans. Sex-ratio F/M was 14. The mean duration of disease was 11 years. Long-term control medicines were: inhaled corticosteroids, long-acting beta agonists and theophylline respectively in 86.7%, 33.3% and 26.7%. Two thirds of our patients had a bad therapeutic adherence. The average ACT score was 16.8 points. Asthma was uncontrolled in 1/3 and well controlled in 1/3 of cases. The average TAS 20 score was 64.8 points. Twenty percent of patients were non-alexithymic, 13.3% had a probable alexithymia and 66.7% were alexithymic. This score was positively correlated to bad asthma control ($P < 0.001$), long term evolution ($P = 0.002$) and use of inhaled corticoids ($P < 0.001$). It was inversely correlated to ACT score ($P < 0.001$).

Conclusion Our study shows the high prevalence of alexithymia in patients with asthma and its negative impact in asthma control. Psychological support aiming specifically alexithymic dimension in these patients is indispensable.

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

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EW135

Developmental coordination disorder (DCD), an umbrella term for motor dysfunctions, which could associate minor neurological dysfunctions



L. Vaivre-Douret^{1,*}, C. Lalanne², B. Golse³

¹ University of Paris Descartes, Sorbonne Paris City, Department of Medicine, Necker-Enfants-Malades University Hospital, Child psychiatry, Imagine affiliation, INSERM Unit 1178 and CESP Paris Sud, UVSQ, Paris-Saclay university, and Department of Pediatrics, Child development, Cochin-Port Royal University Hospitals of Paris Center, Assistance publique-Hôpitaux de Paris, Paris, France

² University of Paris Diderot, Paris Sorbonne City, EA 7334 REMES, Patient-Centered Outcomes Research, Paris, France

³ University of Paris Descartes, Sorbonne Paris City, Department of Medicine, Necker-Enfants Malades University Hospital, Child psychiatry, INSERM Unit 1178 and CESP Paris Sud, UVSQ, Paris-Saclay university, Paris, France

* Corresponding author.

Introduction Developmental Coordination Disorder (DCD) defines a heterogeneous class of children exhibiting marked impairment in motor coordination.

Objectives Explore in depth a general group of deficits in fine and gross motricity (subtype mixed group) common to all research subtyping studies. We aimed to highlight discriminant features and specific comorbidities.

Methods Data from DCD children aged between 6 and 13 years were eligible for inclusion in this study on DSM-5 criteria. All children were assessed with a neuropsychological evaluation of all brain functions and with developmental standardized physical tasks in the neuropsychomotor battery (NP-MOT) which include detection of minor neurological dysfunction (MND) and neurological soft signs (NSS) using tone examination, never considered in most previous studies.

Results Findings show in an unexpected way, a high incidence, in 33% of the children, of a motor pathway dysfunction, evidenced by mild spasticity of gastrocnemius muscles in the lower limbs, associated with NSS, for instance failure of standing tone ($P = 0.004$) and dysdiadochokinesia ($P = 0.011$) versus salient DCD markers of the mixed subtype as imitation of gestures, fingers digital perception,

digital praxia, manual dexterity, and upper and lower limbs coordination. This mild spasticity (MND) appears as a comorbid disorder increasing impairment of coordination between upper and lower limbs and manual dexterity. It could explain why DCD appears as a collection of motor disorders in a heterogeneous groups in numerous studies.

Conclusions Our results provide important new evidence to implement an extensive neuro-developmental assessment (mental and physical), including neuromuscular tone examination using appropriate standardized neurodevelopmental tools (common tasks across ages).

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

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EW136

Psychiatric comorbidity does not only depend on diagnostic thresholds: An illustration with major depressive disorder and generalized anxiety disorder



H. van Loo^{1,*}, R. Schoevers¹, K. Kendler², P. de Jonge¹, J.W. Romeijn³

¹ University Medical Center Groningen, Psychiatry, Groningen, Netherlands

² Virginia Commonwealth University, Virginia Institute of Psychiatric and Behavioral Genetics, Richmond, USA

³ University of Groningen, Faculty of Philosophy, Groningen, Netherlands

* Corresponding author.

Background High rates of psychiatric comorbidity are subject of debate: to what extent do they depend on classification choices such as diagnostic thresholds?

Aims/objectives To investigate the influence of different thresholds on rates of comorbidity between major depressive disorder (MDD) and generalized anxiety disorder (GAD).

Methods Point prevalence of comorbidity between MDD and GAD was measured in 74,092 subjects from the general population according to DSM-IV-TR criteria. Comorbidity rates were compared for different thresholds by varying the number of necessary criteria from ≥ 1 to all 9 symptoms for MDD, and from ≥ 1 to all 7 symptoms for GAD.

Results According to DSM-thresholds, 0.86% had MDD only, 2.96% GAD only and 1.14% both MDD and GAD (Odds Ratio [OR] 42.6). Lower thresholds for MDD led to higher rates of comorbidity (1.44% for ≥ 4 of 9 MDD-symptoms, OR 34.4), whereas lower thresholds for GAD hardly influenced comorbidity (1.16% for ≥ 3 of 7 GAD-symptoms, OR 38.8). Specific patterns in the distribution of symptoms within the population explained this finding: 37.3% of subjects with core criteria of MDD and GAD reported subthreshold MDD symptoms, whereas only 7.6% reported subthreshold GAD symptoms.

Conclusions Lower thresholds for MDD increased comorbidity with GAD, but not vice versa, owing to specific symptom patterns in the population. Generally, comorbidity rates result from both empirical symptom distributions and classification choices and cannot be reduced to either of these exclusively. This insight invites further research into the formation of disease concepts that allow for reliable predictions and targeted therapeutic interventions.

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

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Consultation liaison psychiatry and psychosomatics

EW137

Classical homocystinuria and psychiatric disturbances – A case report

T. Abreu^{1,*}, C. Freitas², A.R. Figueiredo³¹ Centro Hospitalar do Tâmega e Sousa, Department of Psychiatry and Mental Health, Penafiel, Portugal² Centro Hospitalar do Tâmega e Sousa, Department of Psychiatry and Mental Health, Amarante, Portugal³ Centro Hospitalar de Trás-os-Montes e Alto Douro, Department of Psychiatry and Mental Health, Vila Real, Portugal

* Corresponding author.

Introduction Classical homocystinuria (cystathionine beta synthase deficiency) is a rare autosomal recessive disease of methionine metabolism that causes accumulation of homocysteine in the blood and cysteine deficiency. It is characterized by intellectual disability, ectopia lentis, skeleton abnormalities resembling Marfan syndrome and thromboembolic episodes. The majority of patients have psychiatric disturbances as depression, behavioral disorders, personality disorders, obsessive-compulsive disorder and, less commonly, bipolar disorder and psychosis.

Objectives and aims To briefly review psychiatric disturbances in patients with homocystinuria and present a case report.

Methods Literature research and analysis of patient's clinical data.

Results A 22-year-old male was diagnosed with classical homocystinuria at age 4 due to intellectual disability and renal alterations. With aging, other problems emerged: epilepsy; postural tremor; dysesthesia; ectopia lentis; orofacial myofunctional disorder; asthma; and patellar instability. He went to a special education program. At age sixteen, he initiated Child Psychiatry consultations due to anxiety and behavioral changes, as difficulty in controlling impulses, establishing relationships and in the perception of the self. Nowadays, the patient is followed in psychiatric consultations, where he has demonstrated high difficulty to empathize. He is being treated with vitamin supplements; betaine; levetiracetam; clobazam; and propranolol, combined with a special diet.

Conclusions It is not practical to screen every psychiatric patient for Homocystinuria, but this disease should be considered when there is a family history, early and/or acute onset, intellectual disability, atypical symptoms, unusual response to treatment, progressive cognitive change and other organic disturbances present in this disorder.

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

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EW138

Personality profile, anxiety, and sexual satisfaction: A comparison between implanted penile prosthesis and intracorporeal injection

H. Dessoki^{1,*}, M. Abas², M. Nasr³, O. Sleim⁴¹ Beni-Sewef, Egypt² Kaser Aini, Andrology, Cairo, Egypt³ Kasr Aini, Psychiatry, Cairo, Egypt⁴ Kase Aini, Andrology, Cairo, Egypt

* Corresponding author.

Purpose of the study To evaluate personality profile, anxiety, patient satisfaction in patients with erectile dysfunction treated

with penile prosthesis as compared to those on Intracorporeal Injection (ICI) home therapy.

Patients and methods A total of 40 male patients complaining of erectile dysfunction were classified into two equal groups according to the line of treatment: Intracorporeal Injection (ICI) and penile prosthesis. Patients were subjected to the following questionnaires: Beck Anxiety Scale, Eysenck Personality Questionnaire, Sexual Satisfaction Scale and International Index of Erectile Function Questionnaire (IIEF-5).

Results Results for Beck Anxiety Scale showed statistically significant difference between both groups ($P=0.000$), while for Eysenck Personality Questionnaire, no significant difference was found in Psychoticism ($P=0.056$), Neuroticism ($P=0.169$), in Extraversion ($P=0.225$), Lie scale ($P=0.159$), and in Criminality ($P=0.378$). Statistically significant difference between both groups was found in the results of Sexual Satisfaction Scale, ($P=0.013$) and for the results of International Index of Erectile Function Questionnaire (IIEF-5), ($P=0.000$).

Conclusion Patients who underwent penile prosthesis implantation showed lower level of anxiety, better sexual satisfaction and erectile function, while no significant difference was found when comparing personality profile five dimensions Psychoticism, Neuroticism, Extraversion, Lie scale and Criminality.

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

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EW139

Familial multiple cavernomatosis and neuropsychiatric symptoms: Is there any relation?

V. Espirito Santo^{1,*}, R. Almendra¹, A.R. Figueiredo², A. Almeida³, I. Rego⁴, P. Guimaraes¹, A.G. Velon¹¹ Centro Hospitalar Trás-os-Montes e Vila Real, Serviço de Neurologia, Vila Real, Portugal² Centro Hospitalar Trás-os-Montes e Vila Real, Serviço de Psiquiatria, Vila Real, Portugal³ Centro Hospitalar Trás-os-Montes e Vila Real, Serviço de Neurologia, Neuropsicologia, Vila Real, Portugal⁴ Centro Hospitalar Trás-os-Montes e Vila Real, Serviço de Neurorradiologia, Vila Real, Portugal

* Corresponding author.

Introduction Cavernomas are clusters of abnormal blood vessels found in the brain and spinal cord. The familiar form is an autosomal dominant disorder associated with the presence of multiple cavernomas in both locations.

Clinical Case A 84-year-old man was admitted in our neurologic department for a sudden onset of difficulty in walking associated with loss of urinary sphincter control. Past history included a major depressive disorder with psychotic features since youth, epilepsy since 33 years old and, at 77 years old, he had a hemorrhagic stroke resulting from cavernous malformation haemorrhage. Medication consisted of clopidogrel 75 mg id, risperidone 3 mg id, venlafaxine 37.5 mg bid and clobazam 10 mg id. On neurological examination, he showed psychomotor slowing, dysexecutive syndrome, paraparesis and hypoesthesia with sensitive level by D10. Blood test was normal. Dorsolumbar spine-TC showed intradural hyperdensity by D12-L1, probably because of a hemorrhage lesion, that MRI revealed to be a cavernoma. Brain-MRI demonstrated 3 massive cavernomas in cortical-subcortical right occipital lobe, left lenticular nucleus and left pre-central gyrus and countless small infratentorial and supratentorial cavernomas. We inquired his family and we found out that one of his daughters also had multiple brain cavernomas, diagnosed after a hemorrhagic stroke when she was 55 years old.

Conclusion Familiar multiple cavernomatosis is associated with neuropsychiatric disorders. We enhance the impact that such a diffuse form of the disease has on the brain network causing atypical

psychocognitive symptoms. In all cases a detailed neuropsychiatric family history should be sought and all should be followed regularly clinically and by MRI.

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

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EW140

Parkinson disease psychosis – A case report



M.D.C. Ferreira^{1,*}, S. Varanda², G. Carneiro², B. Santos¹, Á. Machado²

¹ Hospital de Braga, Psychiatry, Braga, Portugal

² Hospital de Braga, Neurology, Braga, Portugal

* Corresponding author.

Introduction Psychosis is one of the most prevalent non-motor complications in Parkinson's disease (PD). Risk factors for PD psychosis are advancing age, longer disease duration, severe motor symptoms, presence of dementia, sleep disorders, depression and autonomic dysfunction. Treatment is challenging in this setting because antipsychotic medications are known to worsen motor symptoms.

Objectives To highlight the therapeutic difficulties in PD-related psychosis.

Methods Case description and literature review.

Results We report a case of a 74-year-old woman with a 9-year history of PD, who presented a complex psychotic disorder consisting in auditory, olfactory and visual (gulliverian and lilliputian) hallucinations, persecutory and sexual delusions. Additionally, the patient presented euthymic mood, without evidence of cognitive impairment or impulse-control disorder. These symptoms began after dopamine agonist therapy (ropinirole 4 mg/day). Other medical conditions that could justify these symptoms were excluded. Initially, ropinirole was removed, but without psychotic remission. Then, she was treated with antipsychotic medication (clozapine 25 mg/day) with full psychotic remission and without significant worsening of motor symptoms.

Conclusions Clozapine treatment is frequently delayed, mainly for fear of its side effects, particularly agranulocytosis. However, this antipsychotic drug presents many benefits regarding the management of PD-related psychosis, namely few motor effects and even improvement of motor fluctuations.

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

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EW141

Surgery-first or orthognathic surgery approach: Psychosocial and physical changes



E. Gambaro^{1,*}, C. Vecchi², C. Gramaglia², A. Losa², M. Giarda³, E. Broccardo³, A. Benech³, P. Zeppegno²

¹ Azienda Ospedaliera Universitaria Maggiore della Carità di Novara, Novara, Italy

² Università del Piemonte Orientale, Medicina Traslazionale, Novara, Italy

³ Università del Piemonte Orientale, Testa e Collo, Novara, Italy

* Corresponding author.

Introduction Two surgical approaches exist for malocclusion: in the surgery-first approach the orthognathic surgery precedes the orthodontic treatment, treating facial esthetics first and then occlusion, whereas in the conventional approach (the orthodontics-first approach) the orthodontic treatment precedes the orthognathic surgery, treating occlusion first and then facial esthetics. The advantages of the surgery-first approach include the fact that patient's

dental function, and facial esthetics are restored and improved soon after the beginning of treatment. Moreover, the entire treatment lasts only 1 to 1.5 years or less and orthodontic management is easier to achieve.

Aims Our study aims to compare patients undergoing surgery-first or orthognathic surgery approach as for as self-esteem, satisfaction with their appearance in the pre- and postoperative care, quality of life and psychosocial changes, are concerned.

Methods We recruited 50 patients undergoing surgery-first or orthognathic surgery approach at SC Maxillo-Facciale of Novara between October 2014 and December 2017. Assessment were performed at baseline (T0) and at follow-up (T1: 5 weeks; T2: 5–6 months), with Rosenberg Self-Esteem Scale (RSES), Temperament and Character Inventory (TCI: only at T0), Short Form Health Survey 36 (SF-36), Beck Depression Inventory (BDI-II), Resilience Scale for Adult (RSA), Psychosocial Impact of Dental Aesthetics Questionnaire (PIDAQ), Oral Health Impact Profile (OHIP-14).

Results Data collection is still ongoing. We expect to find a better quality of life and higher self-esteem in patients undergoing surgery first approach.

Conclusion Satisfaction is crucial for patients' adherence to treatment and to avoid revolving door. Clinical implications will be discussed.

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

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EW142

Descriptive study of hypothyroidism in an acute psychiatric unit in Barcelona



G. Hurtado*, E. Carrió, A.L. Palomo, M. Campillo, G. Mateu, A. Farre, J. Marti, R. Sanchez, J.R. Fortuny

Parc de Salut Mar, Institut de Neuropsiquiatria i Addiccions Centre Emili Mira, Santa Coloma Gramenet, Spain

* Corresponding author.

Introduction Behavioural, psychological and cognitive disturbance have been associated with hypothyroidism, even it has been suggested that this symptoms may remain despite adequate replacement therapy with thyroxine.

Objective To describe prevalence, sociodemographics and clinical features of patients with hypothyroidism in an acute psychiatric unit.

Aims To know about the relation between hypothyroidism and psychiatric symptoms.

Methods Data base collection of all patients admitted between 2010 and 2014 in the acute unit of our psychiatric hospital in Barcelona, was analyzed using SPSS program.

Results In all 3.1% of the 4536 total patients had hypothyroidism. Among them, 46% were duplicate cases. Mean age was 53 ± 14.27 years. A total of 82.7% were woman. Patients having a TSH lower than 0.30 were 12%, TSH normal were 60.2%, TSH higher than 5 were 27.8%. Most frequent Levothyroxine dosage was: 75 µg (22.1%), 100 µg (19%), 25 µg (12.5%) and 125 µg (12.5%). Diagnosis more frequently associated with hypothyroidism was: Bipolar (26.5%), Schizophrenia (20%), Depression (15.1%), Unspecified psychosis (10%), Personality disorder (10%), Schizoaffective disorder (7.2%), Paranoia 4.3%.

Conclusion Most of patients were stable of thyroid condition when had been admitted to our hospital. Hypothyroidism could be a relapse factor, even when treatment is adequate. Affective disorders are more frequently related with hypothyroidism (lithium has to be consider a confounding factor).

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EW143

Which percentage of patients with coronary artery disease and depression has been referred a psychiatrist?

A. Ghanbari Jolfaei^{1,*}, M. Soltanabadi²¹ Hazrat-Rasool Hospital, Psychiatry, Tehran, Iran² Mental Health Research Center, Iran University of Medical Sciences, Psychiatry, Tehran, Iran

* Corresponding author.

Introduction Recent studies indicate high prevalence of clinical depression and use of antidepressants in patients with coronary artery disease, but the evidence and data about these topics is scant in our country.

Aims The aim of the present study was to investigate the prevalence and severity of depression, risk factors associated with depression, the prevalence of use of antidepressants, specialty of the physician who prescribed the antidepressants and type of antidepressants in patients with coronary heart disease.

Methods In this cross-sectional study, the information of 540 patients with coronary artery disease were collected through their records. In determining the frequency and severity of depression, Hospital Anxiety and Depression Scale (HADS) test was used.

Results From 540 patients, 321 cases (4/59%) were male. Prevalence of depression among patients with coronary heart disease was 29.6%. The average score of Hospital Anxiety and Depression Scale was 6.31 ± 3.91 . Also, the prevalence of antidepressant use was 14.6% and 8.7% had a history of using SSRIs. Depression was associated with severity of coronary atherosclerosis, hypertension and diabetes. In three forth of patients the antidepressants were prescribed by a cardiologist or internist without referral to a psychiatrist and only 25% reported were referred to a psychiatrist.

Conclusion Approximately one third of patients with coronary artery disease suffered from depression and this depression were associated with more severe coronary artery disease and hypertension and diabetes. Less than one in five patients taking antidepressants mentioned referral to a psychiatrist.

Keywords Depression; Coronary artery disease; SSRI

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

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EW144

Burnout among Portuguese oncology healthcare providers – Differences between pediatric and adult teams

R. Gonçalves^{1,*}, J.M.V.D. Ferreira¹, C. Araújo¹, M. Gonçalves², S. Pedroso³, C. Pinho³¹ Hospital Pediátrico, Centro Hospitalar e Universitário de Coimbra, Child and Adolescent Psychiatry, Coimbra, Portugal² Centro Hospitalar e Universitário de Coimbra, Psychiatry Department, Coimbra, Portugal³ Hospital Pediátrico, Centro Hospitalar e Universitário de Coimbra, Child and Adolescent Psychiatry, Liaison Psychiatry Unit, Coimbra, Portugal

* Corresponding author.

Introduction Burnout is characterized by emotional exhaustion, depersonalization and reduced personal accomplishment, resulting from the inability to cope with chronic job stress. The literature suggests that staffs working in adult oncology are at risk of burnout. At the same time, research found that pediatric staff experiences a different set of stressors when compared with colleagues working in adult oncology. However, no studies were identified which directly compared prevalence and sources of Burn-out on pediatric and adult oncology staff.

Objectives To compare the differences on prevalence and sources of burnout between pediatric and adult oncology multidisciplinary teams.

Methods Pediatric and adult oncology professionals, including medical and nursing from a Portuguese oncology center completed the Portuguese version of the Copenhagen Burnout Inventory. Data was analyzed using SPSS.

Results Since the study is currently ongoing the authors will only be able to provide final results and conclusions by the time of submission of our work presentation, in March 2016. However, according to the literature available, we are expecting to found symptoms of Burnout in the superior limit of normality, with differences in the major sources of stress between adult and pediatric professionals.

Conclusion The differences in the challenges experienced by adult and pediatric teams highlight the importance of adequate prevention strategies to specific needs of each unit. Further investigation of stress across a wider range of professional disciplines is required in order to explore this gap.

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

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EW145

Liaison psychiatry: Its impact in an intrahospital treatment for a psychotic patient

D. Goujon^{1,*}, D.E. Chouillard², D.B. Abdullah², D.B. Dew², D.L. Beer³, D.P. Grandin²¹ CASMP, Secteur 78G04, Conflans Sainte-Honorine, France² Centre hospitalier intercommunal Poissy–Saint-Germain en Laye, Department of Psychiatry, Poissy, France³ Institut “Théophile-Roussel”, Montesson, France

* Corresponding author.

Different manners of non-suicidal self-injuries are common ways to deliberately hurt oneself in order to alleviate suffering. It can be seen in various psychiatric affections. The ingestion of bizarre objects in psychotic patients is part of aggressive behaviour as a reaction to massive anxiety. We hereby present the case of a schizophrenic patient who presented to the Emergency Department for a second episode of ingestion of numerous metallic objects (screws, coins, knives, spoon, handles, . . .). Physical examination showed no abdominal guarding. CT scan revealed the presence of multiple metallic objects, which seemed impossible to go through the pylorus. Surgical transgastric extraction was performed. Outcome was uneventful. Patient was discharged and followed-up in a private structure. Three months later, the patient was readmitted for the same reason. Flexible endoscopy allowed this time complete extraction of the ingested objects. He recovered rapidly and was allowed to discharge from the surgical ward. The psychiatrist took decision with family to transfer him into a psychiatric hospital for the first time. His treatment was: chlorpromazine, Proton pump inhibitor, pain killers. Patient was treated by means of medication, psychotherapy, daily activities and family, preparation him for a day hospital.

Conclusion We discuss here the beneficial multifocal treatment of a 42-year-old man suffering from schizophrenia. The life threatening ingestion of sharp and other metallic objects three times in a year was treated surgically with success. The psychiatric affection including invalidating acoustic-verbal delusions and severe negative signs were treated in psychiatric hospital. The definite results will be discussed.

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

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EW146

The prevalence of depression and its correlates in ankylosing spondylitis: A systematic review and meta-analysis



C. Hopkins^{1,*}, C. Moulton²

¹ Prospect Park Hospital, Berkshire Healthcare NHS Foundation Trust, Reading, United Kingdom

² Institute of Psychiatry Psychology & Neuroscience, King's College London, London, United Kingdom

* Corresponding author.

Introduction Ankylosing spondylitis (AS) is a chronic inflammatory disease, associated with significant pain, functional impairment, and diminished quality of life. However, there is significant uncertainty regarding the prevalence of depression in AS and its associations.

Objectives We performed a meta-analysis to examine the prevalence of depression in AS and its associated correlates.

Methods The study protocol was prospectively registered with PROSPERO (CRD42015019676). EMBASE, Medline, PsycINFO and Web of Science were systematically searched for cross-sectional studies with ≥ 50 adult AS patients, which reported depression prevalence using diagnostic criteria or a validated screening tool. Depression prevalence, tool and threshold used, age, gender, disease duration, as well as measures of disease activity, functional impairment, pain and innate inflammation, were abstracted. Open-Meta was used to calculate pooled prevalence estimates and to conduct meta-regression.

Results Eight hundred and seventy-seven texts were identified and 17 studies satisfied inclusion criteria, totalling 3187 participants (75.2% male). Six diagnostic tools and 10 different thresholds were reported, with depression prevalence estimates ranging from 4.9–55.5%. In studies using the depression subscale of the Hospital Anxiety and Depression Scale (HADS-D), 37.1% of participants satisfied criteria for mild (≥ 8) and 8.2% met criteria for moderate depression (≥ 11). Multivariate meta-regression demonstrated significant positive correlations between depression and, respectively, disease activity ($P < 0.001$) and C-reactive protein ($P < 0.001$).

Conclusions The prevalence of depression in AS is comparable with that of other rheumatic and degenerative diseases. Moreover, depression demonstrates significant associations with age, inflammation and disease activity, which require further investigation in prospective studies.

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EW147

Medically unexplained syndromes—Looking for common reasons



A. Kulik*, A. Smotrycka

The John Paul II Catholic University of Lublin, Department of Psychotherapy and Health Psychology, Lublin, Poland

* Corresponding author.

Approximately 15% of general practice doctor's patients and 50% of patients with chronic disease experience persistent physical symptoms, which do not have medical reasons. Those symptoms are often associated with high levels of distress, limited efficiency and consumption of health resources. Each set of symptoms has particular diagnostic features and own operational definition. However, there is a phenomenon of combination of different syndromes. Approximately 96% of patients have several concurrent diagnoses of different syndromes at the same time. One of the explicative hypotheses is the premise that there is a latent factor common for

all medically unexplained syndromes (Deary, 1999). The verification of the assumption about latent factor was based on studies of premenstrual syndrome (PMS) and chronic fatigue (CF). The aim of this study is to determine the relationship between selected sets of symptoms and their conditions in the biopsychosocial paradigm. Hundred and forty-nine young women (aged 18–27 years) were examined following questionnaires: PSST, CFSQ, NEO-FFI, PTS, TPI, KAS. The relationship between symptoms of PMS and CF is 0.517 ($P = 0.000$). The adopted model explaining variables: (1) the PMS 33.3% of the variability of results, the most important are: neuroticism ($\beta = 0.436$), the strength of excitation ($\beta = 0.229$) and negative emotions—anger ($\beta = 0.206$); 2) in CF 57.1% of the variability of results, the most important are: neuroticism ($\beta = 0.298$) and negative emotions—anxiety ($\beta = 0.275$). The relationship between the severity of different medically unexplained syndromes in women is moderate. Among biopsychosocial determinants the most important is the severity of neuroticism and negative emotionality.

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EW148

Psychological factors influence the symptoms of Gastroesophageal Reflux Disease (GERD) and their effect on quality of life in Korean fire fighter



S.Y. Lee^{1,*}, D.I. Jon², M. Kyung-Joon³

¹ Wonkwang University and Hospital, Psychiatry, Iksan, Republic of Korea

² Hallym University College of Medicine, psychiatry, Chuncheon, Republic of Korea

³ Chungang University College of Medicine, psychiatry, Seoul, Republic of Korea

* Corresponding author.

Objective The aim of the study was to investigate the psychological factors influence the symptoms of gastroesophageal reflux disease (GERD) and their effect on quality of life in Korean Fire Fighters.

Methods This study examined data collected from 1217 fire fighters. Depression and Anxiety were identified using the Patient Health questionnaire-9 (PHQ-9) and the 7-item Generalized Anxiety Disorder Scale. Occupational stress and Stress coping were identified using the KOSS-26 and the Ways of Coping Checklist-Revised. Self-esteem and quality of life were identified using the Rosenberg's Self-Esteem Scale and World Health Organization quality of life scale abbreviated version (WHOQOL-BREF). The scores for anxiety, depression and QoL of the two groups were analyzed. The correlation between psychological factors and QoL was also analyzed.

Results Current psychological variables were associated with increased odds of concurrent GERD-related symptoms. Current depression, anxiety and stress were associated with increased odds of GERD-related symptoms. According to the WHOQOL-BREF, depression, anxiety, stress, stress coping and self-esteem were significantly correlated with quality of life in patients with GERD. Quality of life was obviously affected by psychological variables in patients with GERD.

Conclusions These results indicate that psychological symptomatology, depression, anxiety, occupational stress and self-esteem are associated with GERD-related symptoms. Acknowledging this common comorbidity may facilitate recognition and treatment, and opens new questions as to the pathways and mechanisms of the association.

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

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EW149

The syndrome of irreversible lithium-effectuated neurotoxicity: Clinical case and review

F. Leite^{1,*}, H. Salgado², S. Viveiros³, P. Coya³¹ Matosinhos, Portugal² Hospital de Magalhães Lemos, Serviço C, Porto, Portugal³ Centro Hospitalar do Porto, Serviço de Psiquiatria de Ligação e Psicologia Clínica, Porto, Portugal

* Corresponding author.

Introduction Lithium is a mood stabilizer used in the treatment of bipolar disorder. Lithium has recently been associated to permanent neurological damage namely persistent cerebellar dysfunction as well as peripheral and central neuropathies.

Objectives To present a clinical case of a probable Syndrome of Irreversible Lithium-effectuated Neurotoxicity (SILENT) and a review of the literature concerning this rare syndrome.

Aims Increase awareness and knowledge of SILENT.

Methods Psychiatric and psychological evaluation of a probable clinical case of SILENT and review of the literature using the key words “lithium neurotoxicity” and “Syndrome of Irreversible Lithium-effectuated Neurotoxicity”.

Results A 54-year-old female patient was admitted in our hospital due to involuntary lithium intoxication, with acute renal and cardiovascular failure, neurological, metabolic and electrolytic dysfunction in an acute confusional state and in need of dialysis. The patient clinical picture rapidly improved although, when she achieved normal lithium seric levels, it was observed a worsening of the preexisting confusional state followed by two consecutive generalized tonic-clonic convulsions and a partial convulsion. A short time after, it was recognized the development of a persistent catatonic state. It was detected urinary incontinence and repetitive, monosyllabic, incoherent, short phrased speech featuring echolalia, together with emotional lability and incongruous affect. The patient slightly improved with the introduction of anti-Parkinson’s pharmacotherapy.

Conclusions This clinical case raises several differential diagnoses due to its psychiatric and neurologic characteristics. We conclude that the most probable diagnosis is SILENT.

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EW150

Psychiatric symptoms as a presentation of central nervous system involvement in Chagas disease, a case report



G. Martinez-Ales*, A. Fraga, V. Bonan, E. Roman, A. Palao, B. Rodriguez-Vega, M.F. Bravo

Hospital Universitario La Paz, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction Psychiatric symptoms set forth brain dysfunction at several levels. Behavioral disturbances, although frequently associated to primary psychiatric disorders, call for a previous discard of neurologic treatable causes.

Case report We report the case of a 30-year-old gentleman, receiving outpatient psychological treatment and follow-up for a 3-month history of low mood, abulia, apathy, generalized malaise, weight loss and insomnia. Non-structured jealous delusions were also present. No neurological deficit was found. After CT of the brain, a space occupying lesion, suggestive of glioblastoma multiforme, was found. Further studies, including biopsy and a MR, led to the diagnosis of central nervous system Chagas, related to a previously unknown HIV infection in AIDS status, and conditioning a secondary central hypothyroidism. Careful treatment of the

etiological factors, along with symptomatic relieve with low dose paliperidone, led to the resolution of the symptoms.

Discussion The majority of patients suffering from neurologic diseases develop psychiatric symptoms over the course of their illness, with or without the presence of classical disturbances, such as weakness, sensory loss or seizures. Modern psychiatry uses a complex disease model, therefore necessarily integrating anatomy, biochemistry and function during every diagnostic approach.

Conclusion It is necessary to rule out frequent treatable causes, thus involving both psychopathological and neuroscientific approach to psychiatric disturbances. However, while underlying causes are often difficult to treat, psychiatric symptoms respond to existing pharmacologic and nonpharmacologic therapies.

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

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EW151

Psychotic symptoms in a patient diagnosed with temporal lobe epilepsy and schizoaffective disorder



G. Martinez-Ales*, V. Baena, I. Rubio, B. Rodriguez-Vega, V. Bonan, E. Roman, M.F. Bravo

Hospital Universitario La Paz, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction Epilepsy is considered a complex neurological disorder, and its clinical picture can resemble many different cerebral dysfunctions, including those associated to major psychiatric disorders.

Case report We report the case of a 52-year-old gentleman, with a 30-year history of schizoaffective disorder and of complex partial epilepsy with secondary generalization. He was admitted to an emergency room due to a voluntary overdose with 8 mg of clonazepam. The patient explained how he had recently experienced visual hallucinations and insomnia, symptoms that originally led to the psychotic diagnosis. He had previously presented these symptoms, along with stupor, delusions and lability, as a prodrome of complex motor epileptic decompensations. Thus, he took the overdose not to suffer seizures. After carefully reconstructing the clinical history, psychiatric admissions had shown seizures, and periods of clinical stability had been achieved by regulating antiepileptic medication. Eslicarbazepine and lamotrigine reintroduction, and quetiapine withdrawal, led to symptomatic remission.

Discussion Epilepsy and major psychiatric disorders show a high comorbidity. There has been an effort to even include epilepsy and psychosis in a unique diagnosis (alternant psychosis). Furthermore, polymorphism and restitutio ad integrum may resemble classic cycloid psychosis. In this case, chronological study showed all symptoms could be explained by one disorder.

Conclusion Epilepsy includes a variety of neuropsychiatric symptoms. It can be difficult to withdraw psychiatric diagnoses from patients after years of follow-up. However, a carefully taken medical history clarifies temporal criteria.

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EW152

Evaluation of psychomotor/motor disturbances in elderly medical inpatients

G. McCarthy^{1,2,*}, O. Fitzpatrick¹, D. O’Neill¹, D. Meagher³, D. Adamis¹¹ Sligo Mental Health Services, Psychiatry, Sligo, Ireland² NUI Galway, Sligo Medical Academy, Sligo, Ireland

³ University of Limerick, Graduate Entry Medical School, Limerick, Ireland

* Corresponding author.

Introduction Traditionally psychomotor subtypes have been investigated in patients with delirium in different settings and it has been found that those with hypoactive type is the largest proportion, often missed and with the worst outcomes.

Aims and objectives We examined the psychomotor subtypes in an older age inpatients population, the effects that observed clinical variables have on psychomotor subtypes and their association with one year mortality.

Methods Prospective study. Participants were assessed using the scales CAM, APACHE II, MoCA, Barthel Index and DRS-R98. Pre-existing dementia was diagnosed according to DSM-IV criteria. Psychomotor subtypes were evaluated using the two relevant items of DRS-R98. Mortality rates were investigated one year after admission day.

Results The sample consisted of 200 participants [mean age 81.1 ± 6.5 ; 50% female; pre-existing cognitive impairment in 126 (63%)]. Thirty-four (17%) were identified with delirium (CAM+). Motor subtypes of the entire sample was: none: 119 (59.5%), hypo: 37 (18.5%), mixed: 15 (7.5%) and hyper: 29 (14.5%). Hypoactive and mixed subtype were significantly more frequent to delirious patients than to those without delirium, and none subtype more often to those without delirium. There was no difference in the hyperactive subtype between those with and without delirium. Hypoactive subtype was significant associated with delirium and lower scores in MoCA (cognition), while mixed was associated mainly with delirium. Predictors for one-year mortality were lower MoCA scores and severity of illness.

Conclusions Psychomotor disturbances are not unique to delirium. Hypoactivity, this “silent epidemic” is also part of a deteriorated cognition.

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

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EW153

Use of antipsychotics and antidepressants in patients with HIV



P. Muñoz-Calero*, F. García Sánchez, N. Rodríguez Criado, R. Martín Aragón, J.F. Cruz Fourcade, S. Bravo Herrero, B. Sánchez Sánchez

Hospital Universitario de Móstoles, Psychiatry, Móstoles, Spain

* Corresponding author.

Introduction Psychological distress appears in the majority of people infected with HIV. Depression is the most important affection, the prevalence in comparison with general population arises to 37%. Psychotic symptoms in patients with HIV are a very frequent entity, in some cases, these symptoms are pre-existent in others the evolution of the infection or a medical cause related with the infection can cause its apparition. Psychosis and depression in patients with HIV have some clinical and therapeutical considerations. Antidepressants and antipsychotics have many pharmacological interactions with antiretroviral therapy.

Objectives Review the efficacy and safety of antidepressants and antipsychotics in patients with HIV infection.

Methods PubMed was searched for articles published between 1966 and January 1, 2015, using the search terms HIV, AIDS, depression, psychosis, antipsychotics, antidepressants, antiretrovirals. We selected randomized placebo controlled or active comparator control trials.

Results Twelve studies for depression treatment and 2 studies for psychosis treatment in patients with HIV infection. Selective serotonin reuptake inhibitors (SSRI) especially fluoxetine and tricyclic antidepressants are effective in treating depressive symptoms in patients with HIV infection. Testosterone and stimulants have

been used in patients with mild depressive symptoms, however studies with these agents had a small sample size. Haloperidol and chlorpromazine were effective for AIDS delirium, there are not controlled trials with other antipsychotics.

Conclusions Psychiatrists must be concern about the clinical particularities of patients with HIV and depression or psychotic symptoms. The election of antidepressant or antipsychotic has to be made very carefully because of their side effects and interactions.

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

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EW154

Living with Parkinson disease – the central role of primary care physicians and a multidisciplinary approach



M. Oliveira*, M. Marinho, C. Santos

Centro Hospitalar São João - EPE, Psychiatry and Mental Health Clinic, Porto, Portugal

* Corresponding author.

Introduction Parkinson disease is a frequent neurodegenerative disorder. Presence of psychopathology is well described in this illness, nevertheless the etiology is still unknown.

Methods and aims The authors present a clinical case of a patient with idiopathic Parkinson disease with depressive symptoms after the decline of his functioning. We aim to emphasize the importance of a multidisciplinary approach and the central role of general physicians in screening these situations.

Results The patient is a male with 64 years old, reformed with a personal history of hypertension. With 62 years old he started with mild motor complaints that got worse over time, culminating after a year and half on him being almost dependant for most of his daily activities. He also started to express feelings of sadness, despair, and recurrent thoughts of death. He refused to seek out medical help, but was convinced by his wife to consult his general physician that observed the patient and referenced him to Neurology and Psychiatry consultations. He also started sertraline 50 mg/day. He was diagnosed with Parkinson disease and started medication with ropinirole, levodopa and carbidopa with a good response. In Psychiatry consultation the dose of sertraline was increased to 100 mg/day with improvement, and it was provided information on the disease to the patient and family and also supportive psychotherapy.

Conclusions General physicians have a privileged position on screening patients with psychopathology when other physical conditions or illnesses are present. The fast and correct referencing of these patients can improve the prognosis.

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

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EW155

Psychological mechanisms of the formation of non-psychotic mental disorders in patients with hyperthyroidism



O. Pityk^{1,*}, M. Pityk², I. Kuzhda³

¹ Ivano-Frankivsk National Medical University, Department of Psychiatry- Narcology and Medical Psychology, Ivano-Frankivsk, Ukraine

² Ivano-Frankivsk National Medical University, Department of Neurology, Ivano-Frankivsk, Ukraine

³ Ivano-Frankivsk Regional Children Hospital, Department of Ophthalmology, Ivano-Frankivsk, Ukraine

* Corresponding author.

The application of a comprehensive, integrative, systemic approach to the examination of patients with abnormal thyroid gland has to lie in the basis of planning strategies and tactics of medical programs such patients. On this point of view we consider that non-psychotic mental disorders are developing on the basis of both organic and adaptation levels. Population researches showed that the majority of patients with endocrinological pathology suffer from one of the three DCPR syndromes: irritant mood, demoralization thrown in (desperation), persistent somatization. The task of our work was to investigate mechanisms of psychological defense in patients with hyperthyroidism with non-psychotic mental disorders. One hundred and twenty-five patients were examined. Non-psychotic mental disorders with different syndromologic structure were found in 76% of patients (study group), among which anxious-asthenic (38.95%), anxiety and depression (23.16%) were dominant. The method of Robert Plutchik for assessment of the mechanisms of defense was used. In asthenic syndrome we found excessive functioning of negation and regression, inadequate functioning of intellectualization. In patients with astheno-anxious syndrome inadequate functioning of negation, intellectualization, compensation, and excessive repression contributed to the formation of the sensations of anxiety. Excessive compensation, projection, reactive formation generally affected the structure of the asteno-depressive syndrome. The lack of displacing of reactive formation, repression and excessive intellectualization in a complex influenced to the structuring of anxious-depressive syndrome. In hypochondrical syndrome projection, regression and negation were the basis of the formation of clinical picture. Thus, meaningful relationships between intrapsychic level of functioning and syndromological structure of non-psychotic disorders were installed.

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EW156

The psychotic patient at the General Hospital



J.Á. Monforte Porto¹, A. San Román Uría^{1,*}, C. Llanes Álvarez¹, G. Humada Álvarez², I. Sevillano Benito³, S. Cepedello Pérez³, R. Hernández Antón³, S. Gómez Sánchez³

¹ Complejo Asistencial de Zamora, Hospital Provincial de Zamora, Servicio de Psiquiatría, Zamora, Spain

² Complejo Asistencial de Zamora, Hospital Virgen de la Concha, Servicio de Cirugía Ortopédica y Traumatología, Zamora, Spain

³ Hospital Clínico Universitario de Valladolid, Servicio de Psiquiatría, Valladolid, Spain

* Corresponding author.

Background Patients with schizophrenia have a higher prevalence of physical illness and a higher mortality from natural causes than the general population, which is a reason why they can be hospitalized for medical and surgical pathologies.

Aims To determine the demand, the reason for consultation and the sociodemographic characteristics of the psychotic patient admitted at the general hospital.

Methods Sociodemographic variables (age, sex, marital status, education, place of residence, residential housing, with who they live, work status) and health care (service of origin, type of request and its relevance, complaints, days of delay between the request and assistance, number of visits, average length of stay).

Study design Prospective epidemiological study of 80 psychotic patients (F.2 ICD-10), from the total of 906 consults solicited from 1 January 2012 until 31 December 2014. Bioethical considerations: compliance with these principles justice, non-maleficence, autonomy and beneficence.

Results The average age is 58.34 years old, 60% were male, 73.8% single, 81.3% with primary education, 52.5% living in urban areas;

and the 88.8% of cases were pensioners. The Departments that generate a greater demand are Internal Medicine (53.8%), Orthopaedic Surgery (10%), Pneumology (8.8%) and ICU (8.8%). The most frequent reasons for consultation are assessment/treatment setting (77.5%), abnormal behavior (30%), disorientation (18.8%) and psychotic symptoms (18.8%).

Conclusions The typical profile of psychotic patients hospitalized for medical-surgical diseases is a male, middle-aged, single, with primary education and pensioner; from whom it's sued consultation for adjusting of treatment, and secondly for abnormal behavior.

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

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EW157

Inappropriate sinus tachycardia – cardiac syndrome or anxiety-related disorder?



P. Rasmus¹, E. Kozłowska², T. Sobow^{1,*}

¹ Medical University of Lodz, Medical Psychology, Lodz, Poland

² Medical University of Lodz, Experimental Immunology, Lodz, Poland

* Corresponding author.

Introduction Relation between psychology, psychiatry and cardiology are multidimensional and begin to have growing importance in the diagnosis and treatment of patients of cardiosurgery, electrocardiology and cardiac rehabilitation. Inappropriate sinus tachycardia (IST) is a rarely diagnosed clinical syndrome characterized by excessive resting heart rate (HR) or disproportional increasing HR during exercise. The mechanisms of IST are not well understood. It is speculated that psychological factors might be of importance.

Aims The purpose of the study was to evaluate possible relation between the level of anxiety, personality traits and control of emotions, emotional intelligence, coping with stress strategies and manifestation of IST.

Methods The participants were 23 women with a diagnosis of IST (age range 31.8 ± 8.72) and 23 women (28.7 ± 4.4) without cardiac diseases. The research applied psychological tools including: State-Trait Anxiety Inventory, NEO-Five Factor Inventory, Courtauld Emotional Control Scale, Emotional Intelligence Questionnaire, Coping Inventory for Stressful Situations and an originally developed sociodemographic questionnaire.

Results It has been found that that the group of women with IST received higher results in Trait Anxiety Inventory compared to the group of healthy women and the relation was highly statistically significant ($P = 0,009$). No other differences were found.

Conclusions Inappropriate sinus tachycardia can be considered as an anxiety related disorder. However, its pathogenesis and classification position remains elusive.

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

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EW158

Aspects of cardiac anxiety in patients with a myocardial infarction



M.H. van Beek^{1,*}, R.C. Oude Voshaar², G. Pop³, A.E. Speckens⁴

¹ Radboud University Medical Center, Psychiatry, Nijmegen, Netherlands

² University of Groningen- University Medical Center Groningen, University Center for Psychiatry- and Interdisciplinary Center

Psychopathology and Emotion Regulation, Groningen, Netherlands

³ Radboud University Medical Centre, Cardiology, Nijmegen, Netherlands

⁴ Radboud University Medical Centre, Psychiatry, Nijmegen, Netherlands

* Corresponding author.

Introduction When the heart is in danger – as is true during a myocardial infarction (MI) – this is life-threatening and as such can provoke specific fear: so-called cardiac anxiety. Both general anxiety and depression are associated with cardiac prognosis in MI-patients. However, as most treatment studies have not shown beneficial effects on cardiac prognosis, the need to examine specific aspects of anxiety and depression post-MI has been advocated.

Methods We examined whether cardiac anxiety can be reliably assessed with the Cardiac Anxiety Questionnaire (CAQ) in 237 hospitalized MI-patients. Cross-sectional associations were explored, as well as possible trajectories of cardiac anxiety in the year post-MI (by latent class-analysis) and its association with quality of life. Finally, the prognostic association of cardiac anxiety with major adverse cardiac events (MACE) including all-cause mortality was examined with cox-regression-survival analysis.

Results The CAQ is a valid and reliable instrument in MI-patients and assessed fear, attention, avoidance of physical exercise, and safety-seeking behavior. Higher cardiac anxiety was associated with more psychological distress but lower severity in cardiac injury. In the year post-MI four cardiac anxiety trajectories were identified; higher cardiac anxiety was associated with worse quality of life. CAQ score significantly predicted MACE in a five-year-follow-up period, even after adjustment for age, cardiac disease severity and depressive symptoms (HR_{baseline} : 1.60 [95% CI: 1.05–2.45], $P=0.029$; $HR_{3\text{-months}}$: 1.71 [0.99–2.59]; $P=0.054$).

Conclusion Cardiac anxiety is an important and potentially modifiable factor in the treatment of MI-patients: it is prevalent and associated with quality of life and cardiac prognosis.

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

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Cultural Psychiatry

EW159

The experience and impact of stigma in Saudi people with a mood disorder

D. Alateeq^{1,*}, A. AlDaoud¹, A. AlHadi^{1,2}, H. AlKhalaf¹

¹ King Saud University- College of Medicine, Department of Psychiatry, Riyadh, Kingdom of Saudi Arabia

² King Saud University- College of Medicine, SABIC Psychological Health Research & Applications Chair, Riyadh, Kingdom of Saudi Arabia

* Corresponding author.

Introduction Self-stigma plays a powerful role in attitudes toward mental illness and seeking psychological services. Assessing stigma from the perspective of people with mood disorders is important as they were ranked as major causes of disability.

Objectives To determine the extent and the impact of stigma experience in Saudi patients with mood disorder and compare them between depression and bipolar disorder patients. To test if stigma is a universal experience and has similar psychosocial impact across cultures.

Aim It's a part of multicenter international study comparing its results to the universal experiences in the perspectives of individuals with mood disorder.

Methodology We randomly interviewed 94 individuals with mood disorder at King Khalid University Hospital using valid reliable tool, Inventory of Stigmatizing Experiences (ISE), which has two components: Stigma Experiences Scale (SES) and Stigma Impact Scale (SIS).

Results ISE was validated in a population of Saudi patients with mood disorder. There were no significant differences in stigma between patients with bipolar or depressive disorder on SES or SIS. However, over 50% of all respondents tried to hide their mental illness from the others, and to avoid situations that might lead them to be stigmatized. In comparison with the Canadian population, Saudi participants scored lower on both SES and SIS, which may be due to cultural differences.

Conclusion Stigma associated with mood disorder is serious and pervasive. It's important first to understand how patients perceive stigma in order to conduct successful anti-stigma programs. The ISE is a highly reliable instrument among cultures.

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

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EW160

Social skills training group with Turkish immigrants: Results of a pilot study



U. Altunoz*, S. Bozkurt, V. Bannasch, S. Castro-Nunez, I.T. Graeff-Calliess

Klinikum Wahrendorff Psychiatry Hospital, Transcultural Psychiatry, Hannover, Germany

* Corresponding author.

Introduction Social skills training (SST) is an element of cognitive-behavioral therapy, which focuses to improve verbal-nonverbal behaviors involved in social interactions.

Aims-objectives To assess the effectiveness of a standardised 8-sessions-SST-group therapy (Hinsch&Pfungsten) in Turkish Immigrants who have anxiety/depressive disorders.

Method German-Turkish translations-backtranslations of contents and materials of the standardised 8-sessions-SST-group therapy were performed. These weekly eight group sessions applied by two Turkish-psychotherapists to 8 voluntary Turkish-Immigrants (F/M=4/4, age=50±5.4), who were in treatment for anxiety/depressive disorders in our transcultural outpatient-clinic in Hannover, Germany. Symptom-Checklist-90 (SCL-90) and Insecurity Questionnaire (I-Q) administered before and after the treatment program. Seven patients completed pre-post scales.

Results Table 1 presents the scale scores. There was no significant improvement in global-symptom-severity and insecurity-profiles after the SST. One of the psychotherapists and one of the patients were interviewed to discuss qualitatively possible reasons of that. **Psychoherapist** I think patients were not comfortable with many pencil-paper homeworks. Daily-life-examples were too close to German culture. Therefore it's crucial to culturally modify the sessions.

Patient I found the sessions-homeworks strict and different from my thinking style and culture.

Conclusions Qualitative data of this study stated that no improvement may be caused by eurocentric nature of the psychotherapeutic approach. Berry (2006) suggested that such interventions may generate/exacerbate acculturative-stress and may not be beneficial for the patient. Further studies should investigate effectiveness of culturally-modified SST in Turkish immigrants.

Table 1 Scale scores before and after the SST.

	Pre (n = 7)	Post (n = 7)	Wilcoxon-Signed-Ranks-Test
SCL-90-Global-Symptom-Index	2.76 ± 0.5, min-max = 1.84–3.21	2.73 ± 0.8, min-max = 1.50–3.63	Z = -0.507, P > 0.1
I-Q	203 ± 44.6, min-max = 137–264	216.7 ± 44.8, min-max = 128–265	Z = -1.183, P > 0.1

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

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EW161

Ethnopsychiatry and anorexia nervosa: Two clinical cases

N. Bragazzi^{1,*}, G. Del Puente²

¹ University of Genoa, School of Public Health-Department of Health Sciences DISSAL, Genoa, Italy

² University of Genoa, Section of Psychiatry-Department of Neuroscience-Rehabilitation-Ophthalmology-Genetics- Maternal and Child Health DINOGMI, Genoa, Italy

* Corresponding author.

Introduction Usually anorexia nervosa (AN) is considered to be typical only of Western societies, such as Europe and the USA. However, nowadays, this ethnocentric point of view and this position are no more valid, since more often new cases of AN are found and described in China, Singapore, Malaysia, Japan, India and in the Arabic countries. Subtle differences between the Western and the non-Western symptoms presentation of AN can be found concerning the psycho-pathological and psycho-dynamic mechanisms.

Objectives and aims Here, in this contribution, we report and compare the clinical cases of two African women from Tanzania suffering from AN.

Methods The diagnosis of AN was confirmed according to the criteria of DSM-IV TR. After obtaining the consent from the two women, they were administered a semi-structured interview. The psycho-social and anthropological contexts were also taken into account.

Results The first patient was a woman that, after some months spent in the USA, had adsorbed Western stereotypes and had begun to starve, obsessed by the skinny beauty of the American models. Doing this, she underlined the distance between her and her tribal identity and origin. The second patient refused to nourish after that her family had imposed her a planned marriage. Starvation was a strategy to lose her femininity and appeal, a kind of return to infant-hood, and an escape from the marriage.

Conclusion Cultural influences and ethnocultural models are of fundamental importance for properly diagnosing and treating AN, even though often overlooked or underestimated.

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

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EW162

Immigrants in emergency rooms: The role of culture in the diagnostic process and diagnostic certainty

F. Collazosp^{1,*}, C. Gutierrez², P.D.R. ruth³, V.M. Carmen³, L. William⁴

¹ Vall d'Hebron Institute of Research, Psychiatry, Barcelona, Spain

² Hospital Sagrat Cor Martorell, Psychiatry, Barcelona, Spain

³ Fundación Jiménez Díaz, Psychiatry, Madrid, Spain

⁴ Disparities Research Unit Massachusetts General Hospital, Psychology, Boston, USA

* Corresponding author.

Introduction Transnationalism provides a serious challenge in mental health care, especially due to the crucial role of communication. Emergency room interactions offer an opportunity to analyze the role of cultural competency among providers and how they relate to immigrants in the clinical encounter.

Objectives This study addresses three aims: to assess the level of provider-perceived accuracy of diagnoses; to evaluate the use of restraints; and to compare diagnoses rates between patients of diverse racial/ethnic groups.

Methods We examined patients' race/ethnicity and their relation to service use and perceived certainty of mental health diagnoses. Three hundred and forty-seven migrants and 67 natives as well as their providers were interviewed in psychiatry emergency rooms in Barcelona (Spain).

Results The perceived certainty of clinical diagnosis is lower for Asians (OR=0.2, 95% CI [0.07–0.63]), and higher when the clinician feels comfortable with the patient (OR=5.41, 95% CI [2.53–11.58]). The probability of restraints is higher for Maghreb patients compared to native born (OR=3.56, 95% CI [1.03–12.26]). The probability of compulsory admission is lower for Latinos compared to native born (OR=0.26, 95% CI [0.08–0.88]). The probability of receiving a diagnosis of psychosis is lower when the clinician can communicate in the patient's language (OR=0.37, CI 95% [0.16–0.83]).

Conclusions Cultural factors such as level of comfort and communication in the patient's language play a central role in diagnosis and treatment. This study highlights the importance of culture in psychiatric diagnosis and the role of cultural competency for mental health providers.

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

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EW163

Case report: Hallucinations as depressive equivalents

E. Garcia^{1,*}, I. Vicente², R. Martínez²

¹ Ciudad Real, Spain

² Hospital General de Ciudad Real, USMIJ, Ciudad Real, Spain

* Corresponding author.

We comment the case of a 12 years old girl who started with visual and auditive hallucinations. Hallucinations are not a common symptom between children. They may also be linked to many conditions, some of them with poor outcome as schizophrenia. Symptoms appeared in a short time, after a previous normal development. She talked about a man who followed her and that was always behind, she also had heard some insults of undetermined voices. These symptoms were just of one-month duration and made her feel anxious and very afraid. After a normal organical study and a first proposal of medication they asked for our consultation. We found that the patient was alone at home every afternoon. Family, from other country, hadn't any social support, and the father had had to travel away some days before the child began to suffer hallucinations. Suspecting an affective disorder as the basis of anxious symptoms, and hallucinations as a cultural presentation of them, we started with a social intervention mixed with support therapy. After some sessions the patient could talk about her loneliness and fears, disappearing the other symptoms. We will resume this case and literature about other cultural presentations that may difficult diagnosis or treatment.

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

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EW164

Gender differences in the manifestation of brain fog, depression and indices of anxiety among secondary school students in Nigeria

D. Igboke^{1,*}, B.A. Ola², R.J.E. Ndom³

¹ Covenant University, Psychology, Ota, Nigeria

² Lagos State University College of Medicine, Department of Behavioural Medicine- Faculty of Clinical Sciences, Lagos, Nigeria

³ University of Ilorin, Behavioural Sciences, Ilorin, Nigeria

* Corresponding author.

Introduction Secondary school students in Nigeria are under intense pressure to perform well in their academics so as to have competitive advantage in advancing their studies. This pressure has been linked to western derived psycho-pathologies such as depression, anxiety and culture bound syndrome such as brain fog syndrome.

Aim To examine gender differences in the manifestation of brain-fog syndrome, depression, and anxieties among students about to participate in Junior Secondary Certificate Examination (JSCE) and West African Senior School Certificate Examination (WASSCE) in Nigeria.

Methods Two hundred and nine (209) students (X age = 14.27, SD = 2.18) were administered a battery of tests comprising of the Brain Fog Syndrome Scale, Brain Fog Propensity Scale, State Trait Anxiety Inventory, Patient Health Questionnaire, Mathematics Anxiety Inventory and Test Anxiety Inventory. The data was subjected to a multivariate analysis of variance (MANOVA).

Results The result showed no significant gender differences in the manifestation of brain-fog syndrome, depression, and anxieties, $F(6, 202) = 0.947, P \geq 0.01$; Pillai's Trace = 0.03, partial $\eta^2 = 0.02$. In consonance with earlier studies, males reported higher brain fog mean scores than female participants (X = 5.46, SD = 2.06; X = 4.88, SD = 2.43).

Conclusions The study has shown that adolescents who are about to take their final examinations manifest brain fog propensity and go on to manifest symptoms of the brain fog syndrome. But, there is no significant gender difference in the manifestation of brain fog syndrome among males and females.

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

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EW165

A brief exploratory synthesis of portrayal of mental health issues in the script and characters of TV series Wallander (Swedish Version)

S. Kumar

Liverpool, United Kingdom

Introduction The modern Swedish crime drama series Wallander by Henning Mankell presents a good portrayal of mental health issues in 21st century post modern world, including the contribution of biological, psychological and social issues in predisposing, perpetuating and maintaining them.

Aim The aim of the exploratory synthesis is to study the characters in Wallander focusing on the portrayal of their mental health with a view on formulating biological, psychological and social factors that play a role in their development. Furthermore, mental health is reviewed in first world culture acclimatizing itself to the themes emerging from post-modern globalised world.

Method The episodes of Wallander (Swedish Version) are reviewed focusing on the characters and the plots for each episode matching them with mental health diagnoses offered in International classification of diseases.



Discussion The results are collated and a general commentary is offered on the observations and motifs revealed in the portrayal. The focus will be on individual character formulations (both recurring main characters as well other side characters). In addition, there is a commentary on contributing to mental health problems in a post-modern industrial society.

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

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EW166

Anthropology and psychiatry – perspectives on healing and metaphor

B. Lourenco^{1,*}, M. Duarte², M. Gonçalves¹, M.A. Nobre¹

¹ Centro Hospitalar Psiquiátrico de Lisboa, CP5, Lisbon, Portugal

² Centro Hospitalar Psiquiátrico de Lisboa, CP6, Lisbon, Portugal

* Corresponding author.

Introduction Despite different theoretical backgrounds, psychiatry and anthropology, always maintained an enriched dialogue. The understanding of cultural conceptualizations of disease and healing shed light on the symbolic dimension and the role of metaphor in the healing systems.

Objectives and aims To understand the effectiveness of the symbolic dimension and the role of metaphor in healing. To critically discuss the contribution of Anthropology to the field of Psychiatry.

Methods Review of selected literature.

Results Levi-Strauss (1958) formulates a theory of symbolic healing, where the myth plays a major role. The attempt to relive the experience through the reconstruction of the social myth allows its verbal expression. Without this language, the experience would be “chaotic and inexpressible”. The myth provides a coherent interpretation of the world system and thus enables a “psychological manipulation of the sick organ”. Recent studies suggest an hierarchical organization of bio-psycho-social levels on which different healing mechanisms act (Kirmayer, 2004). The metaphor, although it is a cognitive process, will mobilize motivational, emotional and even sensory aspects, working as an information vehicle between the different levels.

Conclusions Symbolic dimension is a highly pervasive aspect in all healing systems, even the biomedical. The hierarchical organization of bio-psycho-social levels, provides a convenient way of conceptualizing the efficacy of different healing systems, such as psychotherapy or shamanism.

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

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EW167

Religious and spiritual implication in the assessment and management of bipolar disorder

L. Maia^{1,*}, A. Coutinho², I. Carvalho¹, B. Baptista¹, L. Carneiro³

¹ Hospital Center of Vila Nova de Gaia and Espinho, Department of Mental Health, Vila Nova de Gaia, Portugal

² Hospital Center of Vila de Gaia, Department of Mental Health, Department of Mental Health, Portugal

³ Hospital Center of Vila Nova de Gaia and Espinho, Department of Mental Health, Department of Mental Health, Portugal

* Corresponding author.

Introduction Religion/spirituality and medicine have been related in one way or another sense the beginning of our know History. Patients' beliefs, values and practices influence the way disease is perceived and managed. In order to provide adequate care the physician must have proper knowledge of the patients' spiritual/religious context, otherwise it may fall prey to errors



of diagnostic, inappropriate management and subsequent poor compliance.

Objectives To present the case of an adult male (a preacher whose beliefs include mediunity) with delusional ideation of mystical content and mood elation, identified during a religious ceremony.

Aims Questioning the frontier between spiritual/religious beliefs and psychopathology.

Methods A case report is presented and a literature review of the theme is shortly surveyed.

Results The case reports to a 53 years old man, who during a religious ceremony presented himself with agitation and disinhibition, removing all his cloths and living the church naked. Additionally it was identified the presence of insomnia, heteroaggressiveness, accelerated speech, mood elation and delusional ideation of mystical and megalomaniac content. Several studies demonstrate the importance of acknowledging the religious/spiritual beliefs of patients. This knowledge allows the psychiatry to correctly identify the existing psychopathology and organize an appropriate intervention plan for the patient.

Conclusions Spiritual and religious beliefs' influence the way disease is perceived and managed. Physician should collect a brief spiritual story of the patient and learn about the different religious/spiritual beliefs and practices of their community, in order to understand the full dimension of the individual illness.

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

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EW168

Apotemnophilia: Psychiatric disorder, neurological disorder or not a disease at all?



C. Novais*, M.J. Peixoto, M. Mota Oliveira, A. Côrte-Real
Centro Hospitalar de São João, Psychiatry Department- Clínica de Psiquiatria e Saúde Mental, Porto, Portugal

* Corresponding author.

Introduction Apotemnophilia or body integrity identity disorder (BIID) is defined by the uncontrollable desire to amputate one or more healthy limbs or to be paraplegic.

Objectives/aims We reviewed the available studies of this condition in order to enhance the comprehension of this disorder and the possible need of a multidisciplinary assessment.

Methods Relevant papers from 2000 were identified using PubMed database, with the terms apotemnophilia, BIID and self-demand amputation.

Results Reports of the phenomenon of amputee attraction trace back to 1933 in a series of letters and articles published in journals and magazines by erotically-obsessed persons who wanted to become amputees themselves. The first scientific report of this issue only appeared in 1977, when John Money described two cases that requested an amputation of a healthy limb, a condition he named apotemnophilia. Would-be amputees – or “wannabes” – may appear in thousands and they have their own websites. Until now, the explanation of this phenomenon has been in favor of a psychiatric etiology: a pathological desire driven by a sexual compulsion. Recently, a neurological explanation has been proposed and defends that might exist a dysfunction of the right parietal lobe, leading to a distorted body image and a desire for an amputation.

Conclusions Apotemnophilia is a rare, uncommonly studied condition, which blurs the limits between psychiatry and neurology. We must be aware that this disorder is more frequent in unusual places like websites and others. A better understanding of this condition is crucial for the development of effective treatment.

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

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EW169

“Makoki”: A view of electroconvulsive therapy in a Spanish comic of the early 80s



F. Pavez^{1,*}, A. Alcántara¹, E. Saura², P. Marset³

¹ Hospital General Universitario Reina Sofía, Psychiatry, Murcia, Spain

² Fundación Jesús Abandonado, Unidad de Asistencia Psicológica, Murcia, Spain

³ Unidad Docente de Historia de la Medicina, Departamento de Ciencias Sociosanitarias, Facultad de Medicina, Universidad de Murcia, Murcia, Spain

* Corresponding author.

Introduction Analysis from cultural products has been previously reported in psychiatry field. This approach provides an understanding of the social imaginary about psychiatry and its work over a determined period of time.

Objectives To describe the representations of ECT and insanity in an Spanish underground comic of the early 80s.

Methods We performed an analysis of complete production (1979–1994) of “Makoki”, comic by Gallardo and Mediavilla, looking for the aspects related with our interest scope (Fig. 1).

Results The comic analyzed is inscribed in the field of provocation and insolence. This is comprehensible in the historical context of Spanish transition, if we attend to almost forty years of cultural confinement as a result of a dictatorial regime. This cultural product could be seen as “politically incorrect” from the current perspective, given that reproduces some stigmatizing topics regarding mental illness, glorifying its alleged associations with violence and drug use, in addition to a negative view of ECT, represented as a sadistic instrument of punishment, control and subjugation (see Fig. 1).

Conclusions The material analyzed reproduces the prevailing social stigma in its epoch about psychiatry and mental illness. The analysis of cultural products that reflect and built the speeches about the psychiatry and its action field, can be a useful strategy to understand the views of the general population in a given era.



Fig. 1 Vignettes of “Revuelta en el frenopático” in Gallardo M, Mediavilla J. Todo Makoki. Spain: DeBolsillo; 2014.

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

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EW170

The cultural products analysis in medicine and psychiatryF. Pavez^{1,*}, A. Alcántara¹, E. Saura², G. Pérez³, P. Marset⁴¹ Hospital General Universitario Reina Sofía, Psychiatry, Murcia, Spain² Fundación Jesús Abandonado, Unidad de Asistencia Psicológica, Murcia, Spain³ Departamento de Historia y Ciencias de la Música, Facultad de Filosofía y Letras, Universidad de Granada, Murcia, Spain⁴ Unidad Docente de Historia de la Medicina, Departamento de Ciencias Sociosanitarias, Facultad de Medicina, Universidad de Murcia, Murcia, Spain

* Corresponding author.

Introduction As the psychopathological constructs have been influenced by scientific and cultural paradigms of its time, culture reflects and determines the way of understanding health and disease. The knowledge generated is integrated to the cultural wealth and it continues its development by interacting with culture, thus the ideas of mental illness and its treatment vary according to culture and beliefs of a given population in a given time.

Objectives To propose a framework for analysis through the examination of cultural products. We argue that this strategy can give us some clues about how the general population understands mental illness and the psychiatric work.

Methods A review of the literature available about social representations of science, medicine, illness and psychiatry, through cultural products analysis.

Results There are many works that address the presence of these issues in the social imaginary by analyzing cultural products. In the field of psychiatry, the analysis of films, literature and music (the last, in a lesser extent) are the most frequent.

Conclusions The analysis of cultural products can be a source of additional knowledge that connects us with the social representations of our profession and its scope of practice, favoring a better understanding about what psychiatry and mental illness means for our patients and general population.

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

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EW171

Hope and religiosity: Re-designing the placebo effectM. Salami^{1,*}, P.R. Khan²¹ Universiti Pendidikan Sultan Idris, Department of Psychology and Counseling, Kuala Lumpur, Malaysia² Universiti Pendidikan Sultan Idris, Department of Psychology and Counseling, Perak, Malaysia

* Corresponding author.

While hope helps to govern the prospects for optimal wellbeing. It also helps in attaining a purposeful and meaningful living. Moreover, the psycho-religious mechanism through which hope and religion may be explained, can be connected to the mind-body interaction, which explains the healing process of the placebo effect. Based on this paradigm, experts agree that what makes the healing process of the placebo comes to effect lies on the premise of how best the effectiveness of the treatment is conveyed to the client on one hand, and the degree of the client's confidence regarding the effectiveness of the treatment on the other. Hence, this paper explore the link between hope, religiosity and the placebo effect with the aim of redesigning the healing process that can be of benefit to both the client and the clinician and as an alternative means towards attaining optimal wellbeing and health. Implications and suggestions for future research are also discussed.

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

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EW172

Band joy without hangover: Report of an experience of health promotion in the carnival of BrazilA. Teixeira*, J. Jaber, S. Cibreiros, A. Hollanda
Clinica Jorge Jaber, Addictions, Rio de Janeiro, Brazil

* Corresponding author.

Carnival is considered the most popular celebration in Brazil and millions of people take to the streets, looking for fun. However, studies have shown increased consumption of alcohol and illegal drugs during this period. Ten years ago, Jorge Jaber, psychiatrist, addiction specialist, created the carnival group "joy without hangover" preventive alcohol abuse and drug use, carrying the message that happiness is possible without the use of any substance chemistry. Band parades annually on Copacabana beach, in the city of Rio de Janeiro; with the support of the mayor, and in 2013, brought together several academic and community segments, besides hundreds of supporters to the cause. In 2015, a group of retired soccer players, the "Masters of Flamengo", from the very popular soccer team "Clube de Regatas do Flamengo", joined the Band "joy without hangover" with the slogan: "A real ace does not use crack", with the support of the Brazilian Psychiatric Association. The "joy without hangover" is inserted in the conceptual formulation of health promotion, as seen action on the individual, seeking behavioral change and lifestyle, according to the precepts of Verdi and Caponi (2005). Thus aims to contribute to change the view that associates the carnival the consumption of alcoholic beverages and drugs, showing the dangers of using these substances.

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

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Depression

EW173

The effects of vitamin B1 on ameliorating of depression related to the premenstrual syndromeS. Abdollahifard^{1,*}, M. Maddahfar²¹ Jahrom University of Medical Sciences, Nursing & Midwifery Department, Jahrom, Iran² BHOWCO Trading GmbH- Int. Marketing & Business Services-Frankfurt- Germany, BHOWCO Trading GmbH- Int. Marketing & Business Services, Frankfurt, Germany

* Corresponding author.

Background & aim The premenstrual syndrome (PMS) is a series of physical, mental, and behavioral symptoms. Different treatments have been introduced for the syndrome due to its unknown complicated causes. Vitamin B1 (Thiamin) may reduce mental symptoms of the syndrome. This study was conducted to determine the effect of vitamin B1 on the Depression related to PMS in students residing at dormitories of Jahrom University in 2014.

Methods In this double-blind placebo-controlled clinical trial, 108 students with PMS residing at dormitories of Jahrom University were divided randomly into two groups, vitamin B1 and placebo. The severity of the depression related to PMS in two cycles, before the intervention and during the intervention, was recorded

by the students. The data were collected using an information collection form, PMS provisional diagnosis form, daily status record form, Beck Depression Inventory. The data were analyzed using descriptive and inferential statistics.

Results The comparison of vitamin B1 group before the intervention with that after the intervention showed that vitamin B1 reduced mean Depression related to PMS (42.06%) significantly ($P < 0.0001$). Moreover, there was a significant difference between vitamin B1 and placebo groups in terms of mean Depression, as mean symptoms in vitamin B1 group was significantly lower than that in the placebo group ($P < 0.0001$).

Conclusion It seems that vitamin B1 is effective in recovery of mental symptoms of PMS especially depression. Therefore, this vitamin can be used to reach a major goal of midwifery, that is, reduction of mental symptom severity of PMS, without any side effects.

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

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EW174

The relationship between anxiety, depression and hopelessness among nonclinical sample



T. Alali

Kuwait University, Kuwait

Introduction This research aims at examining the relationship between anxiety, depression, and hopelessness among nonclinical Kuwaiti sample using Beck Anxiety Inventory, Beck Depression, and hopelessness inventories.

Objectives highlighting the relationship between anxiety, depression, and hopelessness among nonclinical sample of females and males and the common factor/s.

Methods The participants were 616 (308 females & 308 males), Kuwait University students. The two genders were matched in age (18.15 ± 0.36 & 18.18 ± 0.38 , $t = 0.94$, $P > .05$) and BMI (24.12 ± 3.27 & 23.50 ± 4.85 , $t = 0.54$, $P > 0.5$). The Arabic versions of the Beck Anxiety Inventory (BAI), Beck Depression Inventory-II (BDI-II), the Beck Hopelessness Scale (BHS), and demographic surveys were administered to participants during classes. All participants read and signed a consent form before participating. The correlation matrices, exploratory factor analysis, and reliability analysis are used in this study.

Results Internal consistency of scores were satisfactory for the BAI, BDI-II, & BHS inventories respectively (Cronbach's alpha (M)=0.88, 0.75, 0.74 & (F)=0.89, 0.84, 0.88). A correlation of ($r = 0.53$) between the BAI and BDI-II and ($r = 0.43$) with BHS. Meanwhile a correlation of ($r = 0.58$) between BDI-II & BHS. A principal-axis factor analysis with oblique rotation suggested one factor accounting for 67.73% of the common variance.

Conclusion The results indicate that there is a strong relationship between anxiety, depression and hopelessness. This highlights the important of examining common factors between anxiety, depression and hopelessness among nonclinical sample.

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

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EW175

Can somebody listen to me?

E. Cortázar Alonso*, H. Guillén Rodrigo,

R. Remesal Cobreros, R. Alonso Díaz

Hospital Juan Ramón Jiménez, Salud Mental, Huelva, Spain

* Corresponding author.



Given the increase in depressive symptoms, as a mental disorder combined with an organic disease, we suggest a therapeutic

approach based on group therapy. The effectivity of this kind of therapy has been confirmed by multiple studies as a way to decrease the pressure in mental health units. The results reached in various studies confirm at least an equal effectivity as individual psychotherapy, thereby it optimizes the increasingly limited public health resources. The objective of the group therapy is to promote an active attitude in the patients and make them responsible of their condition and their treatment process too. The program is aimed to female patients with various kinds of clinical depression, ranging from 40 to 60, who come to the USMC Hospital Vazquez Diaz in Huelva. The group had 12 participants, it was led by a Clinical Psychologist with the help of the Clinical Psychology residents. The program consisted in 8 bimonthly sessions of 90 minutes with an assessment test/retest at the beginning and end of it. The work in the group therapy was based on the constructivist orientation. Different areas were treated as: identification and adaptive expression of emotions, strengthening self-esteem and providing adaptive coping strategies to the psychological distress. As a conclusion we can see how the individual changes in the patients go socializing and enhancing the change in the rest of the participants in a mutual support that promote a more active role that take the patients away of the initial passivity.

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

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EW176

Phenotypes in patients with monopolar and bipolar depression



L. Dehelean^{1,*}, A.M. Draghici², R. Balint¹

¹ "Victor Babes" University of Medicine and Pharmacy, Neuroscience/Psychiatry, Timisoara, Romania

² Timisoara Psychiatry Clinic, Psychiatry, Timisoara, Romania

* Corresponding author.

Introduction Recurrent depressive disorder is heterogeneous in respect to its etiology (predominantly exogenous or endogenous). Patients with recurrent depressive disorder (RDD) may change diagnosis to bipolar disorder (BD). Regarding the "true" RDD there is the possibility that in most cases it is exogenous, and the prevalence of endogenous RDD might be similar to BD. There is still debate regarding useful criteria for distinguishing between bipolar and monopolar depression especially at the first episode.

Objectives The purpose of the study is to identify useful phenotypes that could help distinguishing between endogenous monopolar and bipolar depression.

Methods The study was carried out on patients diagnosed with RDD and BD according to ICD 10 criteria. The following data was analyzed: socio-demographic parameters, family psychiatric history, seasonality, suicidal attempts, and behavioral phenotypes such as nicotine, alcohol, or illicit drug use.

Results The study included 105 RDD and 74 BD patients. In the RDD sample the mean age at disorder onset was 45.93 years, while in the BD sample, was 32.45 years. Significant differences between the samples were found in: family psychiatric history (BD patients having more relatives with schizophrenia, $P = 0.01$), smoking habits (BD patients smoking more cigarettes than RDD patients, $P = 0.001$), and seasonal depression (mainly summer and winter in RDD, and mainly summer and autumn in BD). No differences were found regarding suicidal attempts, alcohol or illicit drug use.

Conclusions Onset age, family psychiatric history, smoking habits, and seasonality may reflect endogenous depression (BD or RDD) or different subtypes of BD or RDD.

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

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EW177

Government employees and depressive and anxiety disorders: A systematic review

M.A. Dos Santos
Porto, Portugal



Introduction Depressive and anxiety disorders are common among working adults and costly to employers and individuals and their prevalence is high. Public sector employees are also vulnerable to poor mental health, mainly where have been occurring organisational changes similar to private sector concepts.

Objective To highlight the unmet mental needs for new vulnerable working population, government employees.

Methods The search was conducted using PubMed, Medline, Web of Science, Scopus, B-on, Science Direct with the terms “government employees”, “federal employees”, “depressive disorders”, “anxiety disorders”. Using the PRISMA methodology, 1374 articles were considered with the search terms and if were published in the last 10 years; after a review of the title and summary, 5 eligible studies in english were included.

Discussion Mental disorders are growing public health problem, and creating an enormous toll of suffering, disability and economic loss. There are few studies about depressive and anxiety disorders in public sector and those confirm that it would be to examine to what extent national characteristics can explain why individual and organizational characteristics are more related to them in some countries than in others, especially not including military or police officers who usually are submitted to high psychological distress.

Conclusions Workplace health promotion in addressing job stress is crucial to fight against to a range of mental health outcomes. Mental health screening in the public sector may contribute for changes to the traditional roles of government and its management structures and must be encouraged to find out the underlying mechanisms of developing depressive and anxiety disorders.

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

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EW178

Decentering and avoidance: Mechanisms between external shame and depression symptomatology

C. Ferreira*, A.L. Mendes, J. Marta-Simões, I.A. Trindade
Faculty of Psychology and Educational Sciences - University of Coimbra, CINEICC - Cognitive Behavioural Centre for Research and Intervention, Coimbra, Portugal

* Corresponding author.



It is widely accepted that shame plays a significant role in the development and maintenance psychopathology, namely depressive symptoms. In fact, the experience of shame is highly associated with the adoption of maladaptive strategies to cope with negative feelings, such as experiential avoidance (i.e., the unavailability to accept one's private experiences), and the inability of decenter oneself from unwanted internal events. The present study aims to explore a mediation model that examines whether external shame's effect on depressive symptomatology is mediated through the mechanisms of decentering and experiential avoidance, while controlling for age. Participants were 358 adults of both genders from the general population that completed a battery of self-report scales measuring external shame, decentering, experiential avoidance and depression. The final model explained 33% of depression and revealed excellent model fit indices. Results showed that external shame has a direct effect on depressive symptomatology and simultaneously an indirect effect mediated by the mechanisms of decentering and experiential avoidance. These data seem to support the association between shame and

depressive symptomatology. Nevertheless, these findings add to literature by suggesting that when the individual presents higher levels of shame he or she may present lower decentering abilities and tends to engage in experiential avoidance, which amplify the impact of external shame and depression. Furthermore, our findings seem to have important clinical implications, stressing the importance of developing intervention programs in the community that target shame and experiential avoidance and that promote adaptive emotion regulation strategies (e.g., decentering) to deal with adverse experiences.

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

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EW179

Chronic illness-related shame and experiential avoidance mediate the impact of IBD symptomatology on depression

I.A. Trindade, C. Ferreira*, J. Pinto-Gouveia
Faculty of Psychology and Educational Sciences - University of Coimbra, CINEICC - Cognitive Behavioural Centre for Research and Intervention, Coimbra, Portugal

* Corresponding author.



Inflammatory bowel disease (IBD) is group of chronic diseases that cause symptoms such as abdominal pain, urgent diarrhoea and fatigue, as well as associated complications (e.g., arthritis). Literature has pointed that IBD may cause depressive symptomatology, which seems to aggravate physical symptoms in a cycle of depression and inflammation. This study's aims to examine the mediator roles of chronic illness-related shame and experiential avoidance in the relationship between IBD symptomatology and depression, while controlling for associated medical complications. The sample comprised 161 adult IBD patients (52 males and 109 females), with a mean age of 36.73 (SD = 10.93), that completed validated measures. The hypothesised model was tested through path analyses. Results (see Fig. 1) showed that although IBD symptomatology presented a direct effect of .13 on depression, the majority of its impact was mediated through chronic illness-related shame and experiential avoidance with an indirect effect of 0.22. Indeed, IBD symptomatology seemed to lead to higher chronic illness-related shame, which presented a direct effect on depression of .15 and an indirect effect mediated by experiential avoidance of 0.37. This model presented excellent goodness-of-fit indices. These findings suggest that targeting shame and experiential avoidance in IBD patients would have beneficial outcomes for patients' well-being. It thus seems that compassion and acceptance-based psychotherapies should be included in treatment programs for IBD.

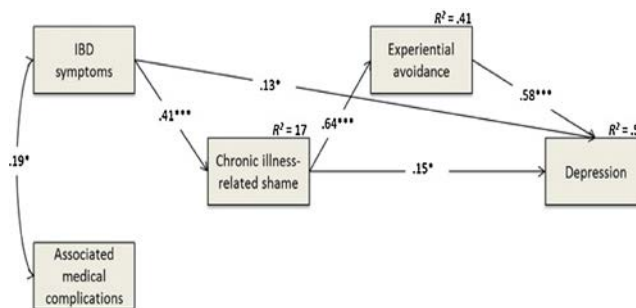


Fig. 1

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EW180

Maladaptive emotion regulation mediating the link between the recall of early affiliative memories and depressive symptomatology



J. Marta-Simões*, C. Ferreira*, A.L. Mendes, I.A. Trindade
 Faculty of Psychology and Educational Sciences - University of Coimbra, CINEICC - Cognitive Behavioural Centre for Research and Intervention, Coimbra, Portugal

* Corresponding author.

The inability of recalling warm and safe memories with parents and close relatives has been often associated in literature with a negative and judgmental sense of self, and a higher proneness to experience feelings of inferiority, inadequacy, and defectiveness. Thus, intending to deal with self-judgment and inferiority, individuals may become submissive as a way of compensating one's negative emotional states with other's positive attention and desirability. However, both early negative affiliative memories and submissiveness are associated with higher vulnerability to psychopathology, namely depression. Using a sample of 338 young women, the present study intended to examine the association between early affiliative memories and depressive symptomatology, and the mediator roles of self-judgment and submissive attitudes and behaviours on this association, through a path analysis. The tested model provided an excellent fit to the data, accounting for 41% of the depressive symptomatology's variance. Results revealed a direct effect of early affiliative memories on depressive symptomatology; and also on self-judgment and submissiveness, explaining 28% and 23% of their variances, respectively. Moreover, part of these memories' effect on depressive symptomatology was explained by self-judgment and submissiveness, which seems to suggest that submissiveness, although used to compensate feelings of inferiority and a judging attitude towards the self, may be a maladaptive strategy due to its positive association with depressive symptoms. This study's findings appear to emphasize the relevance of targeting submissiveness, especially in the context of a scarce recall of early affiliative experiences, when approaching women's depressive symptomatology on mental health promotion programs.

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

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EW181

Monitoring of liver function in major depressive disorder treated with SSRI



P. Ifteni*, A. Teodorescu
 Spitalul de Psihiatrie si Neurologie, Psihiatrie Clinica III, Brasov, Romania

* Corresponding author.

Background Major depressive disorder is one of the most prevalent psychiatric illnesses in the world affecting more than 12% of men and more than 21% of women in their lifetime. Selective serotonin reuptake inhibitors (SSRIs) are worldwide prescribed to treat depression. SSRIs drugs can cause drug-induced liver injury (DILI). *Aims* The aim of the study was to evaluate the liver function in patients treated with SSRI in order to detect DILI.

Methods All the patients with first major depressive episode treated with the same SSRI antidepressant for at least 3 months between September 2013 and September 2015 were entered into the study. The hepatic function panel included aminotransferases, total and direct bilirubin, albumin, total protein, gamma glutamyl transferase (GGT), LDH cholesterol, hepatitis B virus (HBV), and hepatitis C virus (HCV).

Results Of 134 subjects with MDD according to The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)

who met inclusion criteria, 98 patients entered into study. Seventy-seven (76.5%) were treated with SSRI for at least 3 months with mean age were 45.4 (SD=6.3), 65 women (66.3%). Five patients (5.1%) were newly diagnosed with hepatitis, and 10 (10.2%) presented elevated values of ALT, AST. The mean duration of depressive symptoms was 9.2 months (SD = 6.9).

Conclusions The treatment with SSRI seems to be effective and safe in our sample. A relative small number of patients with MDD were diagnosed with viral hepatitis during this cross-sectional study. Further randomized and controlled trials are needed.

Keywords Depression; Antidepressants; SSRI; Hepatitis
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW182

Biopsychosocial model of prevention of depression



M. Khan^{1,*}, S. Asghar², Z. Mukhtar³, S. Niaz⁴

¹ Lahor, Pakistan

² Sexual Health Institute Pakistan, Psychology, Lahore, Pakistan

³ Azm center, Psychology, Sargodha, Pakistan

⁴ Chase form, Psychiatry, London, United Kingdom

* Corresponding author.

Introduction Depression is ranked third highest among disorders responsible for global disease burden. Preventive strategies are more cost effective than treatment alone. Depression is biological disease having serious psychological and social consequences comprehensive program based on biopsychosocial model can curtail its mortality and morbidity.

Method Pubmed search was made to study about prevention of depression.

Result Different studies suggested food, exercise relaxation and social support system to prevent depression. At biological level food is the first item. It should include omega 3, antioxidant, vitamin D3, B6, B12, folic acid, fiber. Foods with anti inflammatory effects too are recommended. Moderate exercise has biological effects mediated by endorphins. It is advised to avoid proinflammatory foods, refined sugar, smoking, and addiction. Whole some sexual life has anti anxiety and antidepressant effects. At psychological level high risk population is screened. Susceptible are taught cognitive restructuring and coping strategies for stress. At social level greater integration with family and friend can help the person.

Discussion Essential ingredients like omega 3 is derived from fish, nuts seed oils. Fruit and vegetable and beans are rich in antioxidant, vitamins and fiber. Healthy food maintains hippocampal volume, which gets shrunken by unhealthy food. Increased levels of homocystine due to inflammation can decrease monoamine neurotransmitters. Anti-inflammatory food include turmeric and garlic. Sex increase blood levels of oxytocin during arousal dopamine serotonin and endorphins at orgasm. Depression is less prevalent in peaceful societies.

Conclusion Every effort should be made to prevent depression.

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

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EW183

Escitalopram orally-disintegrating tablets (ODT) in major depression treatment



M. Polikowska, B. Łoza*

Medical University of Warsaw, Psychiatry, Warsaw, Poland

* Corresponding author.

Introduction The growing rate of depressive disorders causes needs for more effective and more innovative solutions. The

modern patients' challenges make them fail mostly in the treatment compliance. Some reports have described that escitalopram orally disintegrating tablets (ODT) induce faster response and lower dropout rate than oral standard tablets (OST), although both forms have equal bioavailability.

Aim We tried to clarify effectiveness rates between escitalopram ODT and OST treatments in depressive patients.

Method An open-label, 6-month, randomized, flexible-dose study was conducted for direct comparison of the effects of escitalopram ODT (N16) and OST (N15) on dropout rate and clinical outcomes in patients with major depression.

Results Outcome measures included Hamilton Depression Rating Scale (HDRS), Drug Attitude Inventory-10 (DAI), Clinical Global Improvement Scale (CGI), and Psychological General Well-Being Scale (PGWB). The tolerability was assessed by the UKU scale. No significant difference was found in HDRS, CGI, PGWB and GAF between the two forms of tablets. No significant difference was found in any tolerability rates. However, dropout rate favored escitalopram ODT group (N5, 31.3%) vs escitalopram OST (N7, 47.0%). DAI-10 outcomes, both in patients' general attitude and subjective feelings, were significantly improved in ODT group ($P=0.000$), comparing with OST.

Discussion Escitalopram in its classical form (OST) has become a leader in a group of antidepressants, thanks to safety of use, efficacy and tolerability. In the ODT form, escitalopram can meet additional needs, both clinical and lifestyle. ODT may reduce dropout rate and costs of long-term treatment improving the patients' compliance.

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

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EW184

Psychosocial and clinical characteristics of depressed patients with metabolic syndrome



M. Martinac^{1,*}, D. Babić², M. Pavlović²

¹ Public Health Centre Mostar, Centre for Mental Health, Mostar, Bosnia and Herzegovina

² University Clinical Hospital Mostar, Department of Psychiatry, Mostar, Bosnia and Herzegovina

* Corresponding author.

Introduction Depression is a complex disease associated with sleep, appetite and body weight disturbances as well as with the level of physical activity, all of which may be the risk factors for the development of metabolic disorders. Different physiological mechanisms as well as psychosocial factors such as gender, age, smoking, stress level, nutrition and level of physical activity can affect the metabolic syndrome (MS) development in depressed patients. It is considered that chronic stress causes depression and subsequent poor lifestyle that can lead to the MS development, which results in increased incidence of cardiovascular disease.

Aim To determine the psychosocial and clinical characteristics of depressed patients with MS diagnosis.

Methods Cross-sectional study was conducted on a sample of 80 patients suffering from depressive disorder. The structured socio-demographic questionnaire, MINI questionnaire, Hamilton Rating Scale for Depression (HAM-D-17) and the Clinical Global Impression Scale (CGI) were used as diagnostic instruments. MS diagnosis was made according to NCEP/ATP III criteria.

Results Depressive patients with MS diagnosis had a significantly higher frequency of suicide attempts, while MS diagnosis significantly more frequently was present in female patients. Increased intake of carbohydrates was an important characteristic of the depression as well as MS.

Conclusion Further studies are needed in order to explain the observed gender differences, and whether interventions focused on the treatment of depression may contribute to the acceptance

of healthy lifestyles, particularly in changing of dietary habits, and thus indirectly contribute to the reduction of MS frequency.

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

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EW185

Self-esteem and emotional distress in a population of unemployed persons



K. Medhaffar*, I. Feki, R. Sellami, I. Baati, D. Trigui, I. Abida, J. Masmoudi

Hédi Chaker University Hospital, Psychiatry "A", Sfax, Tunisia

* Corresponding author.

Introduction For most individuals, basic life requirements are met through employment. It can satisfy creative urges, promote self-esteem, and provide an avenue for achievement and self-realization.

Objective To assess the level of depression, anxiety and self-esteem in a population of unemployed persons.

Method It was a cross-sectional study involving unemployed people we met in the office of employment of Sfax in Tunisia. The level of anxiety and depression was assessed by the Beck depression and anxiety inventories. The self-esteem Rosenberg scale allowed us to evaluate the level of self-esteem of our population.

Results The average age of our subjects was 33 years six months. The average duration of unemployment of our population was 4 years 7 months and 38.2% of them had never worked before. The anxiety level was moderate in 38.2%, while moderate to severe depression was found in 47%. Self-esteem was low to very low in 47.1%. A low level of depression was positively correlated with a low socioeconomic level ($P=0.000$), a low level of anxiety ($P=0.000$) and a high self-esteem level ($P=0.000$).

Conclusion People with strong support systems and greater self-esteem seemed to experience less unemployment stress. Identifying those who are at high risk for psychological and physical problems and finding ways of preventing them from suffering the adverse effect of unemployment are important areas for further study.

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

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EW186

Religion and depression among Iranian college students



M.M. Naderi

Islamic Azad University- Azadshar Branch- IRAN, Psychology, Azadshahr, Iran

Objective The main aim of the present study is to investigate the relationship between religious attitudes and depression.

Method The statistical sample of this study is 129 students of Islamic Azad university Azadshahr branch selected randomly subjects have been asked to fill out the beck depression Inventory (1978) and religious Attitude Questionnaire (Serahzade, 1978). Pearson correlation coefficient and Multiple factor regression have been used to analyze the research hypothesis.

Results The findings suggested that there is significant relationship between depression and religious attitudes. Furthermore, religious attitudes could explain the depression variance significantly.

Conclusion Religion plays a major role in human life and mental health.

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

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EW187

Revisiting melancholic depression: Review of the concept and clinical implications



L.A. Oliveira*, A. Machado, F. Polido

Centro Hospitalar e Universitário de Coimbra, Psychiatry, Coimbra, Portugal

* Corresponding author.

Introduction Major Depression Disorder (MDD) represents a major concern in mental and public health, being the most common psychiatric disorder and one of the most prevalent diseases in western societies. However, many studies demonstrate a significant heterogeneity in MDD evidenced by different clinical presentations (up to 227 different symptom combinations can be fulfilled to diagnose MDD), different sociodemographic variables, distinct outcomes and significant differences in treatment response. This data may suggest the existence of different ethiopathogenic mechanisms in the development of MDD, implying the review and readjustment of MDD criteria into more distinct and homogeneous subtypes of Depression.

Objectives and methods In this non-systematic review the authors sought to identify different subtypes of MDD concerning their 1) clinical features and outcomes, 2) neurocognitive and neurobiological correlates and 3) treatment outcomes.

Results An increasing number of studies is being published concerning MDD heterogeneity and its possible subtypes. However, most of the authors try to recognize MDD with Melancholic features (M-MDD) as an independent entity in opposition to the current diagnostic criteria. The suggestion of a distinct MDD subtype is based on several studies showing clinical, cognitive and neurobiological differences shared between M-MDD patients which will be further discussed in this review.

Conclusions M-MDD may represent an independent depressive disorder with distinct clinical and outcome implications. However, further research is needed to identify more homogeneous MDD subtypes.

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

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EW188

Apathy and depression: Which clinical specificities?



J. Palaric

Saint Ave, France

Introduction Apathy is a transnosographical symptom that is often described in psychiatric and neurological illness. The most known definition, proposed by Marin (1991), is a lack of goal-directed voluntary behavior. Apathy and depression may be present together but they are clinically independent. The confusion between signs of apathy and those of depression might reveal diagnostic and treatment issue. Our aim is to define a clinical profile of apathetic patients (Ap) with depression, hypothesizing there is a different clinic profile than non-apatetic patients (NAp).

Method Seventy adults diagnosed with depression were included in a comparative, non-randomized and open cohort, since November 2014. Clinical assessments targeted clinical scale evaluations (MINI, AES, MADRS, STAI, SHAPS). Patients were separated in two groups, Ap VS NAp, using a 42 points cut-off at AES score.

Results Ap represent 30%; n(Ap)= 21, n(NAp)= 49. Depressive severity scores (MADRS) are lower in the Ap group; W-test= 672, P= 0,044. State anxiety scores (STAI-A) are lower in Ap group; W-test= 739, P= 0,004. Anhedonia scores (SHAPS) are lower in Ap group; W-test= 412, P= 0,004. Pearson test show negative correlation between AES/STAI-A (r= -0,27; P= 0,02); AES/SHAPS (r= -0,45; P= 0,001).

Conclusion Apathetic patients suffering from depression seem to present different clinical pattern in term of anxiety and anhedonia. These results are high of interest for therapeutic and further studies focus on pathophysiological issues.

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

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EW189

Systematic review of the association between interferon treatment and depression in patients with multiple sclerosis



L. Alba Palé*, B. Samsó Buxareu, J. León Caballero, V. Chavarría Romero, E.J. Pérez Sánchez, A.J. Palma Conesa, J.M. Ginés Miranda, P. Salgado Serrano, V. Perez Sola

Parc de Salut Mar, INAD, Barcelona, Spain

* Corresponding author.

Introduction Multiple sclerosis (MS) is a common chronic neurological disease. Interferon beta (INF-1b) was the first disease-modifying drug to be approved for the treatment of multiple sclerosis. During INF-1b pivotal trials, an association to depression was found. Later, in a study about its efficacy, three suicide attempts were accounted.

Objectives Depression lifetime prevalence in MS patients is 50%, almost three times the rate in the general population. Suicide rate is also significantly higher. Depression has the greatest impact on quality of life. Besides MS treatment, depression itself may be related to neuronal damage, immune dysfunction and lifestyle changes.

Aims The aim of this review is to assess the relationship between INF-1b and depression risk in MS patients.

Methods We performed a literature search on PubMed database using the following keywords.

depression, multiple sclerosis, interferon treatment. We included only human studies in English for the past five years. The abstracts were reviewed and also the full text when necessary.

Results We selected 8 articles. Regarding their design, there was 1 cross-sectional study, 1 retrospective analyses, 1 clinical trial, 1 case control-study and 3 cohort studies. No meta-analyses or previous reviews were found. Two of the studies showed a prejudicial effect, three found no differences and three reflected a beneficial effect.

Conclusions In conclusion, the link between INF-1b and depression is uncertain. Although some studies have found direct relationship, recent publications have seen no changes in mood, and even a positive effect. Studies' limitations are remarkable, which is why further investigation needs to be done.

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

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EW190

The role of augmentation treatment with second-generation antipsychotics in major depression disorder—current evidence in the literature



E. Pereira*, F. Coutinho, M. Marinho, C. Hipólito-Reis

Centro Hospitalar de São João, Clinic of Psychiatry and Mental Health, Porto, Portugal

* Corresponding author.

Introduction Major depressive disorder (MDD) is a chronic mental illness with a considerable lifetime prevalence in adult men and women. Only a third of MDD patients remit following adequate antidepressant treatment, while most suffer from significant

core depressive or residual symptoms during their clinical course. Augmentation treatment with second-generation antipsychotics (SGAs) has been one of the suggested approaches to overcome this shortage of efficacy of antidepressant therapy.

Objectives To review the role of SGAs as an augmentation strategy to antidepressant therapy in MDD.

Methods A search of the MEDLINE/Pubmed database was conducted for articles from 2010 to 2015, using the MeSH terms “antipsychotics”, “depression” and “treatment”.

Results There is a general consensus in the literature that antidepressant augmentation treatment with SGAs is more effective than placebo in the management of patients with MDD who failed to respond adequately to antidepressant therapy alone. The majority of studies found no significant differences between the different studied drugs (namely, aripiprazole, quetiapine, olanzapine and risperidone). On the other hand, discontinuation rates due to adverse effects are also higher with SGAs versus placebo. However, it remains unclear if augmentation with SGAs is more effective than other therapeutic strategies, such as combination or switching to other antidepressant or augmentation with other psychotropics.

Conclusions There is strong evidence that SGAs augmentation is an effective and generally safe therapeutic approach to patients with MDD who respond poorly to antidepressants. Nevertheless, more studies are needed to understand the efficacy of this treatment comparing other therapeutic approaches.

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

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EW191

Antidepressant-induced hyponatremia



L. Rodríguez Andrés*, S. Gómez Sánchez, A. Rodríguez Campos, R. Hernández Antón, L. Gallardo Borge, A. Álvarez Astorga
Hospital Clínico Universitario de Valladolid, Psychiatry, Valladolid, Spain

* Corresponding author.

Introduction Hyponatremia is one of the electrolytic disorders most commonly observed among general hospitalized populations (2% of hospitalized patients). A form of hyponatremia is the syndrome of inappropriate antidiuretic hormone secretion (SIADH). One of its diverse causes is medication. Selective serotonin reuptake inhibitors (ISRSs) can cause hyponatremia due to SIADH, particularly among elderly population.

Clinical case report A 81-year-old female treated with paroxetine 20 mg/day because of depression. Two weeks later she starts feeling nausea, somnolence and motor inhibition. The sodium level previous to the onset of treatment was normal but after two weeks it has decreased to 121 mEq/L, pointing to SIADH induced by ISRSs.

Discussion The incidence of hyponatremia among elderly patients treated with antidepressants of ISRSs class has increased. The prevalence varies between 0.5 and 25%. Although half of the patients are asymptomatic, the mortality rate may reach 25%. It generally develops during the first month of treatment and is reversible between 2 and 28 days after the suspension of the ISRSs.

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

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EW192

The effectiveness of exercise on weight loss and postnatal depression: A systematic review



M. Saligheh^{1,*}, D. Hackett¹, P. Boyce², S. Copley³

¹ University of Sydney, Exercise and Sport Science, Lidcombe, Australia

² University of Sydney, Sydney Medical School, Camperdown, Australia

³ University of Sydney, Discipline of Exercise and Sport Science, Lidcombe, Australia

* Corresponding author.

Introduction Exercise has well-established benefits on depression and weight-management in normative populations. However, its effectiveness at postpartum phase remains uncertain.

Objectives Determine the effectiveness of exercise or physical activity (PA) interventions on postnatal depression (PND) and weight-loss.

Aims Identify exercise and PA modalities most effective in reducing PND symptoms and weight.

Methods Systematic review of RCTs and experimental studies comparing exercise or PA modalities (e.g., flexibility versus resistance training) against control or alternative interventions (e.g. social support, diet). Data search included Cochrane Library (CENTRAL), MEDLINE, PsycINFO, EMBASE, CINAHL, Scopus and Science Citation Index.

Results Of 8099 studies retrieved, six fulfilled inclusion criteria. Two implemented supervised exercise interventions, one using ‘Yoga & Pilates’ (1 × 60 mins/session × 12 weeks) and one using resistance (v flexibility) training focusing on major muscle groups (2/week × 18 weeks). Yoga & Pilates decreased PND and body mass index (BMI); though resistance training did not. Four studies implemented PA interventions (e.g., walking) with varying duration (i.e., 3–18 months (e.g., 30 mins per session × 1/week). Two studies showed significant declines in BMI but no changes in PND, while two showed no changes in PND and BMI.

Conclusion Limitations in the data available; research design quality; inconsistencies in application of exercise modalities as well as their structure and content; and, the standardization of PND diagnosis, constrain the ability to determine whether exercise or PA benefits PND and weight in postpartum women.

Keywords Exercise; Depression; Postpartum; Weight-loss

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

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EW193

The impact of neuroinflammation and inflammatory cytokines in depression and suicidal behavior



G. Serafini^{1,*}, M. Pompili², P. Girardi², M. Amore¹

¹ Section of Psychiatry- San Martino Hospital- University of Genoa, Neuroscience DINOGMI, Genoa, Italy

² Sant’Andrea Hospital- Sapienza University of Rome, Neuroscience, Rome, Italy

* Corresponding author.

Introduction It has been suggested that neuroinflammation and inflammatory mediators may play a crucial role in the pathophysiology of both major depression and suicidal behavior. Immunological differences have been reported between both subjects with major affective disorders and suicidal behavior.

Objectives The main objective of this review was to deeply investigate the nature of the association between inflammatory cytokines in depression and suicidal behavior. **Aims:** The study aimed to conduct a systematic review of the current literature to investigate the association between inflammatory cytokines, depression, and suicidal behavior.

Results Generally, an imbalance between pro-inflammatory and anti-inflammatory cytokines has been documented in both major depression and suicidal behavior. The presence of major depressive disorder (MDD) with suicidal ideation/attempts was associated with differences in inflammatory cytokine profile when compared to that without suicidal ideation/attempts. However, not all

studies demonstrated a positive correlation between inflammatory cytokines and suicidal behavior.

Conclusions The mentioned association between inflammatory cytokines, depression, and suicidal behavior does not imply the existence of a causal relationship. Further additional studies should clarify the molecular mechanisms of the immune activation pathways underlying depression and suicidality.

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

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EW194

N-methyl-D-aspartate antagonists in depression–15 years after the first ketamine clinical study what has changed?



J. Ribeiro*, D. Mota, L. Rosa

Coimbra Hospital and University Centre, Psychiatry Department, Coimbra, Portugal

* Corresponding author.

Introduction In the last decades, multiple studies have suggested evidences of disturbances within the glutamate system in depressed patients. The first clinical study using ketamine in depression treatment was conducted fifteen years ago. Since then several studies tried to understand the mechanisms underlying the antidepressant effects of ketamine, as well as discover new drugs with better pharmacodynamic profiles.

Objectives/aims Review the literature on the role of glutamate system in depression and novel approaches with glutamate N-methyl-D-aspartate receptor antagonists in depression.

Methods Search and review of scientific literature on PubMed database with the keywords.

“major depressive disorder”, “depression”, “ketamine”, “glutamate”, “NMDA”, “neuroplasticity”.

Results Abnormalities of the glutamate clearance at synaptic space and astrocytic dysfunction associated with glutamate metabolism have been associated with depressive symptomatology. In depressed patients, reduced levels of glutamate have been described by magnetic resonance spectroscopy in multiple cortical areas, amygdala and hippocampus, supporting the hypothesis of glutamate system involvement in the neurobiology of depression. Indeed, in the last 15 years, multiple clinical studies using ketamine provided some evidence that glutamate N-methyl-D-aspartate receptor antagonism could be an approach for refractory forms of depression. However, regardless all of the evidences, no drug targeting specifically the glutamate system has been approved for depression treatment.

Conclusions The glutaminergic system plays a role in the pathophysiology of depression, why it's a possible therapeutic target. So, it's of utmost importance that future studies keep the focus in this area, looking for new drugs active in this system.

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

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EW195

Disturbance of serum albumin conformation in patients with melancholic depression



M. Uzbekov^{1,*}, T. Syrejschikova², N. Smolina³, V. Brilliantova¹, G. Dobretsov³, V. Krjukov⁴, I. Emel'yanova⁴, V. Krasnov⁴

¹ Moscow Research Institute of Psychiatry, Brain Pathology, Moscow, Russia

² Lebedev Physical Institute, High energy, Moscow, Russia

³ Federal Research and Clinical Center of Physical-Chemical Medicine, Biophysical methods of diagnostics, Moscow, Russia

⁴ Moscow Research Institute of Psychiatry, Affective disorders, Moscow, Russia

* Corresponding author.

Introduction The last years it is became clear that disturbances in molecular processes in pathological conditions can be connected with conformational changes in protein structure.

Aim Investigation of blood albumin conformation in patients with melancholic depression.

Material and methods There were investigated 19 patients with melancholic depression (12 women and 7 men) and 25 health volunteers. Patient's state according to ICD-10 criteria was defined as a depressive episode in the frame of bipolar depressive disorder (type 2) (F32) and in the structure of recurrent depressive disorder (F33). Subnanosecond laser time resolved fluorescence spectroscopy (SLTRFS) (subnanosecond diapason) with K-35 fluorescent probe was used for the investigation of albumin conformation.

Results and discussion There were revealed 3 binding sites in albumin molecule with fluorescent decay time of 1, 3 and 9 nanoseconds (A1, A3 and A9 sites, respectively) in healthy volunteers using SLTRFS approach. There were found significant differences between albumin binding sites of volunteers and patients with melancholic depression, respectively, A1–117 ± 7 ns 142 ± 10; A3–358 ± 14 ns 420 ± 26; A9–371 ± 16 ns 433 ± 29.

Conclusion These findings point out that melancholic depression is followed by conformational changes of albumin molecule that can affect its functional properties. We can hypothesized that albumin binding properties can serve as a biomarker of the efficacy of psychopharmacotherapy.

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

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EW196

Differential profile amongst patients with depressive disorder (DD) and adjustment disorder (AD)



J. Martínez Arnaiz^{1,*}, B. Vallejo-Sánchez¹, C. García Blanco¹, A.M. Pérez-García²

¹ Santa Barbara Hospital, Mental Health Unit, Puertollano- Ciudad Real, Spain

² UNED, Psychology Faculty, Madrid, Spain

* Corresponding author.

Introduction Adjustment disorder (AD) is a condition that includes both emotional or/and behavioral symptoms and occurs when individual is unable to cope with stress. It is a common diagnosis but few studies have been done due to controversial diagnosis related to their diagnostic criteria definition. It is often difficult to establish differential diagnosis with condition such as depressive and anxiety disorders or even normal reaction to stressful situations. There are limited tools to evaluate such condition and its definition is focused or based on lack of severity.

Objectives Study objective target is to analyse the differences between two groups, a first group with AD and another one with Major Depressive Disorder (MDD) (with different sociodemographic, clinical and triggering individual factors such as vulnerability or coping management).

Aims We try to have a better comprehension and management of depressive conditions.

Methods Two groups that belongs to Mental Health Community Team are compared. The first one with a diagnosis of AD, and another group with the diagnosis of MD. They have been diagnosed through a structured clinical interview and standard questionnaires to evaluate personality copying management. Other

pathologies (such as psychotic, organic, . . .) were excluded through a structured clinical interview. We analyzed variables considered through variance analysis.

Results Significant differences between groups were found in some of the variables considered.

Conclusions This study have important implications regarding evaluation, differential diagnosis and psychotherapeutic approach to patients with AD and MD.

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

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EW197

Use of GP services over a five-year period after an episode of depression



P. Verhaak

University Medical Center Groningen, General Practice, Groningen, Netherlands

Background Depression occurs frequently and is mostly treated in general practice. Little has been reported about its long-term course and long-term use of medical services.

Aim To follow up patients with these depression in general practice for five years, looking at the length and number of index episodes, prescribing behaviour and use of services within general practice and compare them with patients with psychological symptoms and mentally healthy patients.

Design and setting A case-control study based on data from Electronic Medical Records (EMR).

Methods Three cohorts of patients with depression ($n=453$), anxiety symptoms ($n=442$) and emotional distress ($n=185$) were compared against a cohort of control patients ($n=4156$) during a 5-year follow-up looking at the occurrence or recurrence of the index disorders, other psychological disorders and medical disorders, numbers of prescriptions and the number of contacts with the general practice.

Results The depression group had 1.1 follow-up episodes of depression, the anxiety group 0.9 follow-up episodes of anxiety and the emotional distress group 0.5 follow-up episodes of emotional distress during five years. All three groups had more consultations (for both psychological and somatic reasons) during each of the follow-up years than control patients. Furthermore, they are given more prescriptions for psychopharmacological treatment.

Conclusion Five years after the index episode in 2007, patients with an episode of depression, anxiety or emotional distress are still not comparable with control patients, in terms of the prevalence of psychological disorders, the number of prescriptions and healthcare use. Depression appears to be a chronic disease.

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

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EW198

Anhedonic brain while attending sexual and emotional pictures



F. Von Duering

Heiligenthal, Germany

Anhedonia is defined as the inability to gain pleasure from normally pleasurable experiences and reduced sexual desire. Rees et al. (2007) showed that limbic and paralimbic areas are responsible for sexual arousal and that anhedonia is associated with frontolimbic inhibition. In major depression, reduced ventral striatum and increased ventral prefrontal cortex areas was associated with anhedonia (Gorwood, 2009). Walter et al. (2009) indicated that there is a deviation in the neuronal activation pattern of the pregenual anterior cingulate cortex in anhedonic depression which is related to

a glutamergic deficit. Glutamate was suggested to play a relevant role in reward system (Birgner et al., 2005). ACC is a key involved in affective state and glutamate mediates ACC activation to sexual attraction (Wu et al., 2009). Thus, a glutamatergic deficit might be related to reduced hedonic effect specific to major depression. Using an attention modulation of emotional and sexual pictures, we investigate the role of anhedonia on the ventral and dorsal systems in healthy volunteers and patients with major depression. They undergo an expectancy task in a 7T scanner and passively view sexual and emotional photographs and are asked to expect either high salient pictures or high erotic pictures. Half of these pictures are announced by an expectancy cue, whereas the other half are preceded by a fixation cross. Snaith-Hamilton-Pleasure-Scale and Hamilton Depression Rating Scale are employed to assess anhedonia and depressive symptom severity. Brain metabolites in the dorsal and pgACC are measured using MRS. We will show how anhedonia modulates the neural response to sexual arousal.

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

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Eating disorders

EW199

Oxytocin secretion in anorexia nervosa and bulimia nervosa: Investigation of its relationships to temperament personality dimensions



M. Nigro^{1,*}, A.M. Monteleone¹, L. Steardo¹, G. Patriciello¹, V. Di Maso¹, M. Cimino¹, U. Volpe¹, P. Monteleone²

¹ Department of Psychiatry, University of Naples SUN- Naples- Italy, Naples, Italy

² University of Salerno, Neuroscience Section- Department of Medicine and Surgery, Salerno, Italy

* Corresponding author.

Introduction Some temperament characteristics of personality seem to be modulated by oxytocin. Patients suffering from eating disorders (EDs) display aberrant personality traits.

Objectives and aims We investigated the relationships between plasma oxytocin levels and personality dimensions of patients with anorexia nervosa (AN) and bulimia nervosa (BN) and compared them to those of healthy controls.

Methods Plasma oxytocin levels were measured in 23 women with AN, 27 women with BN and 19 healthy controls and assessed their personality traits by means of the Cloninger's Temperament and Character Inventory-Revised (TCI-R).

Results AN patients showed plasma levels of the hormone significantly lower than BN and healthy controls. In healthy women, plasma oxytocin levels resulted significantly correlated negatively with novelty seeking scores and positively with both harm avoidance (HA) scores and the attachment subscale scores of the reward dependence: these correlations explained 82% of the variability in circulating oxytocin. In BN patients, plasma oxytocin resulted negatively correlated with HA, whereas no significant correlations emerged in AN patients.

Conclusions These findings confirm a dysregulation of oxytocin secretion in AN but not in BN and show, for the first time, that the association of circulating oxytocin to patients' temperament traits is totally lost in underweight patients with AN and partially lost or even inverted in women with BN. These findings suggest a role of oxytocin in certain deranged behaviours of ED patients, which are influenced by the subjects' personality traits.

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

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EW200

Attachment style and salivary cortisol awakening response in eating disorders



F. De Riso^{1,*}, R. Giugliano¹, A.M. Monteleone¹, M. Nigro¹, F. Pellegrino¹, M. Calvanese¹, G. Patriciello¹, V. De Stefano¹, U. Volpe¹, P. Monteleone²

¹ University of Naples SUN, Department of Psychiatry, Naples, Italy

² University of Salerno, Neuroscience section- Department of Medicine and Surgery, Salerno, Italy

* Corresponding author.

Introduction Early life experiences can influence hypothalamus-pituitary-adrenal (HPA) axis regulation and adult attachment styles. Furthermore, several studies showed that in patients with eating disorders (EDs) there is a prevalence of insecure attachment. However, the relationship between adult attachment style, HPA axis functioning and onset of EDs is largely unknown.

Objectives and aims In order to evaluate possible associations between attachment styles and HPA axis functioning in EDs, we investigated Cortisol Awakening Response (CAR) in ED patients with different attachment styles.

Methods Twenty adult patients with EDs were classified in three groups, according to the Experience in Close Relationship questionnaire (6 with secure attachment, 6 with anxious attachment and 8 with avoidant attachment). Saliva samples were collected at awakening and 15, 30 and 60 minutes after.

Results There was a significant difference among the groups in both awakening and post-awakening cortisol concentrations. In particular, compared to secure and avoidant groups, the anxious group exhibited lower cortisol concentrations at awakening and post-awakening with a preservation of the timing of the CAR.

Discussion Present findings demonstrate that anxious attachment style is linked to flattened CAR in EDs. This pattern has been associated with other psychiatric disorders. Therefore, attachment style could influence the HPA functioning and it could play, although not specifically, a role in pathophysiology of EDs.

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

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EW201

Obesity: The influence of expressed emotion, anxiety and life events



E. Di Tullio^{1,*}, E. Gattoni¹, C. Gramaglia¹, V. Ruggiero¹, G. Biroli², F. D'andrea², S. Gili¹, M.R. Gualano³, R. Siliquini³, P. Zeppegno⁴

¹ Università del piemonte orientale, medicina traslazionale, Novara, Italy

² Azienda ospedaliero universitaria maggiore della carità, dipartimento dei servizi, Novara, Italy

³ Università degli studi di torino, Dipartimento di Scienze della Sanità Pubblica e Pediatrica, Torino, Italy

⁴ Università del piemonte orientale, translational medicine, Novara, Italy

* Corresponding author.

Background Expressed Emotion (EE) can be described as a measure of the emotional temperature of the family climate and plays a role in disease course and outcome, especially in chronic illnesses. Overweight and obesity are severe problems with serious implications as far as health risks are concerned. The literature suggests

having a high EE caregiver correlates with a worse treatment compliance in obese patients.

Objectives To measure level of EE, stressful events and anxiety in obese patients and their caregivers; to investigate the possible correlations between treatment compliance and EE.

Methods We recruited 190 obese patients and 125 caregivers. Socio-demographic features were recorded. Assessment included: Level of Expressed Emotion Scale (LEE), one version for patients and one for relatives in order to evaluate 4 dimensions: Intrusiveness, Emotional Response, Attitude toward Disease, Tolerance and Expectation; the Paykel's Interview for Recent Life Events; STAI Y1 concerning state anxiety and STAI Y2 concerning trait anxiety; BMI (Body Mass Index) was measured at T0 and after 3, 6 and 9 months. **Results** We have found a correlation between gender and trait anxiety, and an inverse correlation between age and trait anxiety both in patients and caregivers. The decrease of BMI during follow-up is statistically significant and this reduction seems to be affected by tolerance and expectation perceived by patients and the emotional response on behalf of caregivers.

Conclusions Levels of EE should be considered when planning treatment interventions to enhance compliance in obese patients and to support change in their life-style.

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

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EW202

How do obese people eat?



M.P. Felix-Alcantara^{1,*}, J. Perez-Templado², C. Banzo-Arguis¹, R. Martínez de Velasco¹, E. Ruiz-Velasco¹, J. Quintero³

¹ Hospital Universitario Infanta Leonor, Psychiatry, Madrid, Spain

² Fundación Psiformación, Psychiatry, Madrid, Spain

³ Hospital Universitario Infanta Leonor & Fundación Psiformacion, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction The recently published DSM-5 defines Eating Disorders (ED) as "a persistent alteration in the food supply or food-related behavior leading to an alteration in the consumption or absorption of food and cause a significant deterioration in health or psychosocial functioning" and, nevertheless, it does not include obesity as an ED due to the lack of enough evidence to include it. However, everyday more evidence supports that disordered eating could be a significant factor, at least, in development and maintenance of obesity.

Objectives Describe the eating behavior of a 180 obese sample.

Methods One hundred and eighty patients with obesity that went to the endocrinology service in order to lose weight are referred to the Psychiatry department to be assessed. To explore the eating behavior it was administered the Bulimic Investigatory Test of Edinburgh, BITE.

Results A total of 68.7% of patients showed a disordered eating pattern, 71.6% tend to eat a lot when feeling anxious, 63.8% eat rapidly large amounts of food, 72.8% worry about not to have control over how much eat, 40.5% consider that their pattern of eating severely disrupt their life, 40.7% eat sensibly in front of others and make up in private, 59.1% cannot stop eating when they want to and 58.3% admit binges of large amounts of food.

Conclusions Most of our patients showed a pattern of disordered eating, and then our findings support the idea of disordered eating as a significant factor in the development and maintenance of obesity. Therefore, obesity requires a multidisciplinary approach that goes beyond the traditional nutritional guidance.

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

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EW203

Randomized controlled trial testing behavioral weight loss versus multi-modal stepped-care treatment for binge eating disorder



C. Grilo

Yale University School of Medicine, Psychiatry, New Haven, USA

Introduction Binge eating disorder (BED) is prevalent, associated with obesity and elevated psychiatric co-morbidity, and represents a treatment challenge.

Objective and aims A controlled comparison of multi-modal, stepped-care versus behavioral-weight-loss (BWL) for BED.

Methods One hundred and ninety-one patients (71% female, 79% white) with BED and co-morbid obesity (mean BMI 39) were randomly assigned to 6 months of BWL ($n=39$) or stepped-care ($n=152$). Within stepped-care, patients started BWL for one month; treatment-responders continued BWL while non-responders switched to cognitive-behavioral-therapy (CBT) and all stepped-care patients were additionally randomized to anti-obesity medication or placebo (double-blind) for five months. Independent assessments were performed by research-clinicians at baseline, throughout treatment, and post-treatment (90% assessed) with reliably-administered structured interviews.

Results Intent-to-treat analyses of remission rates (0 binges/month) revealed BWL and stepped-care did not differ significantly overall (74% vs 64%); within stepped-care, remission rates differed (range 40% - 79%) with medication significantly superior to placebo ($P<0.005$) and among initial non-responders switched to CBT ($P<0.002$). Mixed-models analyses of binge eating frequency revealed significant time effects but BWL and stepped-care did not differ overall; within stepped-care, medication was significantly superior to placebo overall and among initial non-responders switched to CBT. Mixed models revealed significant weight-loss but BWL and stepped-care did not differ overall; within stepped-care, medication was significantly superior to placebo overall and among both initial responders continued on BWL and non-responders switched to CBT.

Conclusions Overall, BWL and stepped-care treatments produced improvements in binge-eating and weight loss in obese BED patients. Anti-obesity medication enhanced outcomes within a stepped-care model.

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

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EW204

Binge-eating disorder and major depressive disorder co-morbidity: Sequence and clinical significance

C. Grilo^{1,*}, D. Becker²¹ Yale University School of Medicine, Psychiatry, New Haven, USA² University California- San Francisco, Psychiatry, San Francisco, USA

* Corresponding author.

Introduction Binge-eating disorder (BED) is associated with obesity and with elevated rates of co-occurring major depressive disorder (MDD) but the significance of the diagnostic comorbidity is ambiguous—as is the significance of the onset sequence for MDD and BED.

Objective and aims We compared eating-disorder psychopathology and psychiatric comorbidity in three subgroups of BED patients: those in whom onset of BED preceded onset of MDD, those with onset of MDD prior to onset of BED, and those without MDD or any psychiatric comorbidity.

Methods A consecutive series of 731 treatment-seeking patients meeting DSM-IV-TR research criteria for BED were assessed reliably by doctoral-clinicians with semi-structured interviews to evaluate

lifetime psychiatric disorders (SCID-I/P) and ED psychopathology (EDE Interview).

Results Based on SCID-I/P, 191 (26%) patients had onset of BED preceding onset of MDD, 114 (16%) had onset of MDD preceding onset of BED, and 426 (58%) had BED without co-occurring disorders. Three groups did not differ with respect to age, ethnicity, or education, but a greater proportion of the group without MDD was male. Three groups did not differ in body-mass-index or binge-eating frequency, but groups differed significantly with respect to eating-disorder psychopathology, with both MDD groups having significantly higher levels than the group without co-occurring disorders. The group having earlier onset of MDD had elevated rates of anxiety disorders compared to the group having earlier onset of BED.

Conclusions MDD in combination with BED—with either order of onset—has a meaningful adverse effect on ED psychopathology and overall psychiatric co-morbidity.

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

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EW205

ARFID in adults: Problems with the DSM 5 and ICD-11 conceptualization of restrictive eating disorders



R. Gupta*, V. Krishnan, K.S. Deb, A. Mahapatra, P. Sharan

All India Institute of Medical Sciences, Psychiatry, New Delhi, India

* Corresponding author.

Introduction The nosology of eating disorders is undergoing a vast change. As a part of the revision process, the new diagnostic category of “Avoidant/Restrictive Food Intake Disorder” (ARFID) replaces the “Feeding Disorder of Infancy or Early Childhood” of DSM-IV to include those patients who have restrictive patterns of diet, but do not endorse weight or body shape concerns as the primary reasons for these restrictions. DSM-5 broadened the scope of ARFID to also include adults with restrictive eating patterns, which cannot be explained otherwise.

Aims & objectives To highlight the nosological issues with ARFID as a diagnosis among adults.

Methods A case series describing four cases presenting with disordered eating causing significant dysfunction that occurred for the first time in adulthood.

Results In each case, anxieties regarding the consequences of eating multiple types of food led to significant restrictions of the quantity or kinds of diet which was associated with distress and dysfunction, and, significant weight loss. However, in all the cases, the restriction was secondary to the fear of physical symptoms which could be explained by underlying ICD-10 somatoform disorder. The cases do not match the classic western description of ARFID.

Conclusions This series highlights some of the issues relating to eating disorder, particularly its clinical and nosological status. Problems relating to classification in a non-western setting are also reflected by the difficulty in labeling eating-related problems amidst the interplay of somatization, culture and eating.

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

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EW206

Changes in the electrical properties of the tissues in patients with anorexia nervosa measured by bioelectrical impedance analysis

H. Karakula-Juchnowicz^{1,*}, M. Teter², G. Kozak³,A. Makarewicz³, J. Kalinowska³, T. Małeczka-Massalska²

¹ Medical University of Lublin, Department of Clinical Neuropsychiatry I Department of Department of Psychiatry-Psychotherapy and Early Intervention, Lublin, Poland

² Medical University of Lublin, Department of Human Physiology, Lublin, Poland

³ Medical University of Lublin, I Department of Department of Psychiatry- Psychotherapy and Early Intervention, Lublin, Poland
* Corresponding author.

Introduction Monitoring patient with anorexia nervosa (AN) include clinical, biological and psychological factors. In recent years many researchers criticize the BMI as useful measure for controlling evolution of AN.

Objectives Bioelectrical impedance analysis (BIA) is one of the main methods for nutritional status assessment.

Aims The aim of this study was the assessment of the nutrition status in a group of patients with anorexia nervosa in comparison to healthy population (HP).

Methods The study involved 37 participants: 21 patients with AN and 16 healthy volunteers constituting the control group (HP). The patients were divided into two groups according a BMI: I group $14 < \text{BMI} < 15.5$ ($n = 11$; age 18.0 ± 4.37) and II group: $15.5 < \text{BMI} < 17.5$ ($n = 10$; age 17.82 ± 3.68). The mean age of HP was 17.68 ± 1.57 and BMI $20.56 \pm 1.16 \text{ kg/m}^2$. BIA was performed by using ImpediMed bioimpedance analysis SFB7 BioImp. The parameters: phase angle (PA), TBW%, ECW, ICW, ECW/ICW were analyzed.

Results PA was decreased significantly in the I ($4.5^\circ \pm 0.6$) and II group ($4.7^\circ \pm 0.6$) of AN patients' in comparison with HP ($5.6^\circ \pm 0.7$). TBW was 9% higher in I group and ECW was increased 6% in the both AN groups compared with HP ($P < 0.01$). Additionally ECW/ICW ratio indicated the higher transfer of water into the extracellular compartment in AN group ($P < 0.01$).

Conclusions BIA is accurate tool to indicate the valuable indicators of detecting malnutrition in AN. Further studies are needed to validate the significance of these parameters for the full identification of the nutrition status of AN patients'.

Keywords Anorexia nervosa; Bioelectrical impedance; Phase angle; TBW; ECW; ICW

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

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EW207

Assessment of night eating syndrome prevalence and comorbidity among patients with psychiatric disorders

I. Makhortova^{1,*}, B. Tsygankov², O. Shiryayev³

¹ Voronezh State Medical University, Psychiatry and Neurology, Voronezh, Russia

² Moscow State Medico-Stomatological University, Psychiatry-Necrology and Psychotherapy, Moscow, Russia

³ Voronezh State Medical University, Psychiatry and Narcology, Voronezh, Russia

* Corresponding author.

Presence of NES increases frequency of comorbidity not only with anxiety and depression but also with other psychiatric disorders. The objective was to evaluate prevalence and comorbidity of NES with other psychiatric disorders in outpatient population. Participants were recruited from outpatients of Voronezh State Psychoneurological Dispensary and LLC «LION-MED». In total, 197 (male and female) psychiatric outpatients participated in the study. Results were controlled by comparison to a population of students of Voronezh State Medical University ($n = 227$, male and female). All participants were screened with Night Eating Questionnaire (NEQ). After assessment all subjects, who gathered more than 20 scores were invited for therapeutic interview with psychiatrist for diagnostic validation according to the criteria.



Results Thirty-five percent of patients were screened positive for NES. After therapeutic assessment only 19,3% were validated with diagnostic criteria. The results were significantly higher compared to control group (8%, $P < 0,05$). Comparison of prevalence of different disorders in NES and non-NES outpatients was conducted (Table 1).

Conclusion Prevalence of NES among psychiatric outpatients is 19,3%. Prevalence of alcohol addiction, panic disorder and mixed anxiety and depressive disorder is higher in NES group. Schizophrenia, generalized anxiety disorder is more prevalent in non-NES group.

Table 1

ICD-10	Diagnosis	NES (n = 38) %	Non-NES (n = 156) ^a %	χ^2 (df = 1)	P
F10.2	Alcohol addiction	34.21	23.08	8.592	0.003
F20	Schizophrenia	10.53	19.23	12.550	0.000
F41.0	Panic disorder	15.79	8.97	5.449	0.020
F41.1	Generalized anxiety disorder	2.63	6.41	8.693	0.003
F41.2	Mixed anxiety and depressive disorder	10.53	5.13	4.827	0.028

^a 3 patients refused to visit interview.

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

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EW208

Trends of hospitalization for anorexia nervosa in USA: A nationwide analysis



Z. Mansuri^{1,*}, M. Rathod¹, P. Bansal², U. Mansuri³, S. Shambhu¹

¹ Drexel University, School of Public Health, Philadelphia, USA

² Mayo Clinic, Cardiology Research Fellow, Arizona, USA

³ Mount Sinai, Icahn School of Medicine Department of Public Health, New York, USA

* Corresponding author.

Objectives Anorexia Nervosa (AN) is an important cause of morbidity and mortality in hospitalized patients. While AN has been extensively studied in the past, the contemporary data for impact of AN on cost of hospitalization are largely lacking.

Methods We queried the Healthcare Cost and Utilization Project's Nationwide Inpatient Sample (HCUP-NIS) dataset between 1998-2011 using the ICD-9 codes for AN. Severity of co-morbid conditions was defined by Deyo modification of Charlson co-morbidity index. Primary outcome was in-hospital mortality and secondary outcome was total charges for hospitalization. Using SAS 9.2, chi-square test, t-test and Cochran-Armitage test were used to test significance.

Results 28,150 patients were analyzed. 93.94% were female and 6.06% were male ($P < 0.0001$). 88.67% were white, 2.93% were black and 8.4% were of other race ($P < 0.0001$). Rate of hospitalization decreased from 1530/million to 1349.5/million from 1998-2011. Overall mortality was 0.78% and mean cost of hospitalization was 25,829.82\$. The in-hospital mortality reduced from 0.95% to 0.44% ($P < 0.0001$) and mean cost of hospitalization increased from 11,956.55\$ to 39,831.51\$. Total yearly spending on AN related admissions increased from \$145.33 million/year to \$420.61 million/year.

Conclusions While mortality has slightly decreased from 1998 to 2011, the cost has significantly increased from \$145.33 million/year to \$420.61 million/year, which leads to an estimated \$275.28 million additional burden to the US health care system. In the era of cost conscious care, preventing AN related hospitalization could save billions of dollars every year. Focused efforts are needed to establish preventive measures for AN related hospitalization.

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

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EW209

Trends of hospitalization for bulimia nervosa in USA: A nationwide analysis



Z. Mansuri^{1,*}, M. Rathod¹, P. Bansal², A. Sutaria¹, S. Shambhu¹

¹ Drexel University, School of Public Health, Philadelphia, USA

² Mayo Clinic, Department of Cardiology, Arizona, USA

* Corresponding author.

Objectives Bulimia Nervosa (BN) is an important cause of morbidity and mortality in hospitalized patients. While BN has been extensively studied in the past, the contemporary data for impact of BN on cost of hospitalization are largely lacking.

Methods We queried the Healthcare Cost and Utilization Project's Nationwide Inpatient Sample (HCUP-NIS) dataset between 1998–2011 using the ICD-9 codes. Severity of co-morbid conditions was defined by Deyo modification of Charlson co-morbidity index. Primary outcome was in-hospital mortality and secondary outcome was total charges for hospitalization. Using SAS 9.2, chi-square test, t-test and Cochran-Armitage test were used to test significance.

Results 19,441 patients were analyzed. 94.13% were female and 5.87% male ($P < 0.0001$). 85.72% were white, 4.55% black and 9.73% of other race ($P < 0.0001$). Rate of hospitalization decreased from 1136.99/million to 802.47/million from 1998–2011. Overall mortality was 0.20% and mean cost of hospitalization was 15,496.82\$. The in-hospital mortality reduced from 0.23% to 0.15% ($P < 0.0001$) and mean cost of hospitalization increased from 8,194.53\$ to 22,547.86\$. Total spending on BN related admissions have increased from \$73.96 million/year to \$139.93 million/year over the last decade.

Conclusions While mortality has slightly decreased from 1998 to 2011, the cost has significantly increased from \$73.96 million/year to \$139.93 million/year, which leads to an estimated \$65.97 million/year additional burden to US health care system. In the era of cost conscious care, preventing BN related Hospitalization could save billions of dollars every year. Focused efforts are needed to establish preventive measures for BN related hospitalization.

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EW210

Current and emerging drugs treatment for night eating syndrome



M. Martellini^{1,*}, M. Barchiesi¹, M.G. Oriani², B. Nardi¹

¹ Polytechnic University of Marche, Clinica di Psichiatria, Ancona, Italy

² Dipartimento di Salute Mentale Ancona ASUR Marche, Dipartimento di Salute Mentale Ancona ASUR Marche, Ancona, Italy

* Corresponding author.

Introduction The night eating syndrome (NES) is a categorized in the diagnostic and statistic manual (DSM-5) as an "Other Specified Feeding or Eating Disorder" and it is characterized by a reduced feeding during the day, evening hyperphagia accompanied by frequent nocturnal awakenings associated with conscious episodes of compulsive ingestion of food and abnormal circadian rhythms of food and other neuroendocrine factors. Frequently it is associated with obesity and depressed mood.

Objectives The purpose of this review is to investigate the state of art concerning the psychopharmacological treatment of NES.

Methods A Medline enquiry of published articles from 2005 to October 2015 was performed using the following keywords: "NES,

pharmacological treatment, SSRI, antidepressants, antipsychotic, sertraline, citalopram, escitalopram, duloxetine, venlafaxine, paroxetine, fluoxetine, fluvoxamine, topiramate". Reviews, single case studies and RCT were also analyzed.

Results Only few studies met the selection criteria. A recent 8-week double-blind placebo controlled study, in 34 patients with NES, has confirmed the efficacy of sertraline. Sertraline was associated with significantly greater improvement than placebo in overall symptomatology.

Conclusions SSRIs should be considered the drug of choice for the treatment of NES not only because of evidence in the literature but also since they display the best pharmacological profiles with fewer adverse events. More evidence of efficacy is shown for some SSRIs such as paroxetine, fluvoxamine and especially sertraline. Topiramate should be reserved for cases resistant to treatment with SSRIs.

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

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EW211

Childhood trauma and cortisol awakening response in eating disorders: A dose-dependent trauma effect



F. Monaco^{1,*}, A.M. Monteleone¹, F. Pellegrino¹, F. De Riso¹, G. Patriciello¹, M. Cimino¹, M. Calvanese¹, U. Volpe¹, P. Monteleone²

¹ University of Naples SUN, Department of Psychiatry, Naples, Italy

² University of Salerno, Department of Medicine and Surgery-Neuroscience Section, Salerno, Italy

* Corresponding author.

Introduction A role for the hypothalamus-pituitary-adrenal (HPA) axis has been suggested in the pathophysiology of anorexia nervosa (AN) and bulimia nervosa (BN), and childhood trauma experiences have been detected frequently in patients with AN and BN. Since trauma exposure in the childhood may persistently affect HPA axis functioning, we explored HPA axis activity in AN and BN patients with and without childhood trauma history.

Objectives and aims We aimed to examine possible associations between childhood traumatic experiences and HPA axis functioning, as assessed by the cortisol awakening response (CAR), in adult patients with AN or BN as compared to adult healthy controls.

Methods Saliva samples were collected by 41 patients with symptomatic AN, 32 with symptomatic BN and 45 healthy controls at waking and after 15, 30 and 60 min. They filled in the Childhood Trauma Questionnaire (CTQ), which assesses five specific types of childhood trauma.

Results As compared to the control group, the no-maltreated AN patient group exhibited an enhanced CAR whereas the no-maltreated BN patient group showed a similar CAR. On the contrary, both AN and BN patients with a positive history of childhood maltreatment exhibited statistically significant blunted CAR as compared to no-maltreated patients. Moreover, in maltreated ED patients the CAR tended to decrease when the number of trauma types increased.

Discussion Present findings confirm a dysregulation of the HPA axis activity in symptomatic patients with AN and BN and suggest a dose-dependent effect of childhood adverse experiences on the CAR of adult ED patients.

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

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EW212

Trauma, impulsiveness and inflammatory dysfunction in eating disorders



M. Díaz Marsá^{1,*}, A. Navalón¹, A. Rodríguez Quiroga², K. McDowell³, J.C. Leza³, M. Soto⁴, C. Prado¹, J.L. Carrasco¹

¹ Hospital Clínico San Carlos, Psychiatry, Madrid, Spain

² Hospital Gregorio Marañón, Psiquiatría, Madrid, Spain

³ Universidad Complutense De Madrid, Farmacología, Madrid, Spain

⁴ Hospital provincial de la Misericordia, Psiquiatría, Toledo, Spain

* Corresponding author.

Introduction Links between impulsiveness and eating disorders (ED) is widely studied. The relationship between stress response and inflammatory mechanisms in ED have also been suggested in several studies.

Objectives To clarify role of impulsivity in ED and to relate it with inflammatory response observed in previous studies.

Methods This study belongs to a larger one in which inflammatory parameters in white blood cells were investigated in 50 female patients with ED. Subjects were selected at the Eating Disorders Unit of a general hospital. The psychopathology of the disorder was evaluated by using different eating disorders assessment tools. A neuropsychological battery test was also applied. In this study, we used Barratt Impulsiveness Scale (BIS-11) to characterize impulsiveness. We also divided sample in subgroups: impulsive ED and non-impulsive ED in order to study differences in clinical variables and inflammatory response between groups.

Results A significant increase in plasma levels of the proinflammatory cytokine IL1b that correlates with scores in BIS-11 (Cognitive impulsiveness) was showed. We also found correlation between psychoneurological test and inflammatory response. A relationship between clinical assessment: trauma questionnaire (TQ), and BIS-11 was also found. Subgroup impulsive ED had significant higher scores in trauma than non impulsive ED.

Conclusions Impulsiveness correlates with greater dysfunction of the inflammatory system. The increases in plasma levels of IL1b are related to impulsive response, that indicates an inflammatory and oxidative-nitrosative status in this particular clinical settings. This study continued the investigation of a new line of inflammatory biomarkers in patients with eating disorders.

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

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EW213

Emotional neglect as the colossus among traumas in patients with eating disorders. A case-control study



D. Piacentino^{1,*}, C. Lorio², M. Biondi², P. Girardi¹, J. Vanderlinden³, A.M. Pignatelli²

¹ Sapienza - University of Rome, NESMOS Neuroscience- Mental Health- and Sensory Organs Department, Rome, Italy

² Sapienza - University of Rome, Department of Neurology and Psychiatry, Rome, Italy

³ Catholic University of Leuven, Mind-Body-Unit- University Psychiatric Center, Leuven, Belgium

* Corresponding author.

Introduction Individuals with eating disorders (EDs) often report a history of early traumatization. Although a great attention has been paid to sexual and physical trauma, less is known about emotional one, especially neglect.

Objectives/aims We aimed to estimate the prevalence of sexual, physical, and emotional trauma-occurring under 18 years of age-in ED patients vs. healthy controls, focusing on emotional abuse and neglect.

Methods We consecutively recruited 57 DSM-V ED outpatients (91.2% females; age range = 18–42 years) at the Psychiatric Outpatient Clinic of our University Hospital and 90 healthy controls (78.9% females; age range = 20–39 years). Among ED patients, 43.9% had restrictive anorexia nervosa (AN), 29.8% binge/purging AN, 26.3% bulimia nervosa. Individuals completed the Eating Disorder Inventory-2 (EDI-2) and the Traumatic Experiences Checklist (TEC). We used Mann-Whitney U test and χ^2 test for comparisons.

Results ED patients scored significantly higher than controls on all EDI-2 subscales (P -values < 0.05). On the TEC, emotional trauma was more frequent than sexual/physical ones in both ED patients and controls. Emotional trauma, and to a lesser extent physical one, were significantly more frequent in ED patients than controls. Distinguishing between emotional abuse and neglect, the latter had a higher prevalence than the former in both groups. Additionally, ED patients reported significantly more neglect, but not emotional abuse, than controls.

Conclusions Our findings show a high prevalence of emotional trauma in EDs, mainly neglect, i.e., a lack of care and attention potentially contributing to EDs. Thus, it is crucial to investigate emotional neglect in ED patients.

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

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EW214

Severity of traumatic events in patients with eating disorders. A case-control study



A.M. Pignatelli^{1,*}, C. Lorio², M. Biondi², P. Girardi³, J. Vanderlinden⁴, D. Piacentino³

¹ Cisternino BR, Italy

² Sapienza - University of Rome, Department of Neurology and Psychiatry, Rome, Italy

³ Sapienza - University of Rome, NESMOS Neuroscience- Mental Health- and Sensory Organs Department, Rome, Italy

⁴ Catholic University of Leuven, Mind-Body-Unit- University Psychiatric Center, Leuven, Belgium

* Corresponding author.

Introduction A high proportion of individuals with eating disorders (EDs) report childhood abuse and neglect. The prevalence of traumatic events in ED patients has been extensively investigated; less is known about their self-perceived-and reported-severity. **Objectives/Aims:** We aimed to assess in ED patients vs. healthy controls the severity, i.e., duration, perpetrator, and subjective impact, of sexual, physical, and emotional traumas suffered from 0 to 18 years, paying particular attention to emotional neglect.

Methods Fifty-seven consecutive DSM-V ED patients (91.2% females; age range: 18–42 years) were recruited at the Psychiatric Outpatient Clinic of our University Hospital. Ninety controls (78.9% females; age range: 20–39 years) were also recruited. Among ED patients, 43.9% had restrictive anorexia nervosa (AN), 29.8% binge/purging AN, 26.3% bulimia nervosa. Individuals completed the Eating Disorder Inventory-2 (EDI-2) and the Traumatic Experiences Checklist (TEC).

Results The severity of all traumatic events, according to the TEC total score, was significantly higher in ED patients than controls ($P < 0.001$). Moreover, ED patients showed significantly higher scores with regard to emotional neglect ($P < 0.001$) and emotional abuse ($P < 0.001$). The same can be said for physical traumas ($P < 0.01$) and physical abuse ($P < 0.01$), although with a lower significance, and for sexual abuse ($P < 0.05$), with an even lower significance. No difference in the severity of sexual harassment was found.

Conclusions All types of traumas, especially neglect, can occur in ED patients and controls, however they are reported as more severe by ED patients.

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

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EW215

The relationship of perfectionism with changes in body dissatisfaction in eating disorders treatment outcome



T. Rodriguez Cano^{1,*}, L. Beato Fernandez¹, B. Mata Saenz¹, L. Rojo Moreno², F.J. Vaz Leal³

¹ Hospital General Ciudad Real, Psychiatry, Ciudad Real, Spain

² Professor of Psychiatry. HUIP la Fe, Catedrático de Psiquiatría, Valencia, Spain

³ University of Extremadura Medical School Head, Mental Health and Eating Disorder Unit, University Hospital Network Badajoz, Professor of Psychiatry, Badajoz, Spain

* Corresponding author.

Introduction Body dissatisfaction is one of the core psychopathological components in Eating Disorders (EDs) and it tends to persist over time regardless treatment interventions. Perfectionism is considered as a mediator and moderator between body dissatisfaction and disordered eating.

Objectives To study the influence of Perfectionism in EDs outcome.

Aims To analyze changes in body dissatisfaction at one year follow-up in patients with eating disorders and the effect of perfectionism over these changes.

Methods Participants were 151 patients with eating disorders. DSM-IVTR diagnoses were as follows: 44 (29.1%) Anorexia Nervosa (AN), 55 (36.4%) Bulimia Nervosa (BN) and 52 (34.4%) Eating Disorders no Otherwise Specified (EDNOS). Perfectionism was assessed with the Edinburg Investigatory Test (EDI-2). The Body Shape Questionnaire (BSQ) was also distributed. One year after the beginning of their treatment, patients were reassessed.

Results Patients with BN showed significantly higher scores on BSQ than those with AN. There was a significant improvement in BSQ after one year of treatment regardless the diagnostic (repeated measures ANOVA: $F = 8.4$, $P < .01$). Perfectionism was a co-variable that influenced in those changes.

Conclusions The results confirm the interaction between perfectionism and body dissatisfaction in the treatment outcome of EDs. It has been described an interplay between Perfectionism, body dissatisfaction and disordered eating attitudes and behaviours, being Perfectionism a moderator factor. The results highlight the need of dealing not only with the core symptoms of EDs, but also with the moderator factors such as Perfectionism to enhance the outcome.

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

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EW216

Perfectionism in eating disorders: Temperament or character? Does perfectionism improve on treatment outcome?



T. Rodriguez Cano^{1,*}, L. Beato Fernandez¹, B. Mata Saenz¹, L. Rojo Moreno², F.J. Vaz Leal³

¹ Hospital General Ciudad Real, Psychiatry, Ciudad Real, Spain

² Universidad de Valencia, HUIP la Fe, Professor of Psychiatry, Valencia, Spain

³ University of Extremadura Medical School Head, Mental Health and Eating Disorder Unit, University Hospital Network Badajoz, Professor of Psychiatry, Badajoz, Spain

* Corresponding author.

Introduction Perfectionism is considered a risk factor and is very close related to Eating Disorders (EDs). It estimates heritability of 29–42%. However, it has also been related to psychosocial factors such as the insecure attachment style.

Objectives To study the relationship of perfectionism with personality dimensions, its likelihood of improvement and its treatment.

Aims To analyze if Perfectionism is associated with dimensions of Temperament or dimensions of Character and therefore more psychosocial.

Methods Participants were 151 female outpatients who consecutively started treatment at the Eating Disorders Unit (Ciudad Real University General Hospital). Personality was assessed by using the Temperament and Character Inventory (TCI). Perfectionism was assessed by using the Edinburg Investigatory Test (EDI-2) subscale (t0). One year later, patients were re-assessed with the EDI-2 (t1).

Results The scores on Perfectionism significantly improved from t0 to t1, (repeated measures ANOVA, $F = 6.6$, $P < 0.01$). At baseline, Perfectionism was related to any of the Temperament dimensions, but the Character variable Purposefulness (SD2) ($\beta = .25$ 95% CI .17, .98), 2.7% of variance). Responsibility (SD1) and Self-Acceptance (SD4) were inversely associated with Perfectionism. At t1, Responsibility still was a protective factor for Perfectionism, regardless the effect of Perfectionism at t0.

Conclusions Perfectionism is also related to psychosocial and developmental factors. People with an internal locus of control tend to take responsibility for their own actions and are resourceful in solving problems. Thus, Self-directedness, mainly Responsibility for their own actions, is a protective factor for Perfectionism in EDs.

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

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EW217

Co-occurrence of gender dysphoria and eating disorders: A systematic review of the literature



A. Calderera¹, P. Brustia¹, E. Gerino¹, L. Dimitrios², L. Rollè^{1,*}

¹ University of Torino, Psychology, Torino, Italy

² Filistos Psychosocial Testing and Consulting, Psychology, Athens, Greece

* Corresponding author.

Introduction According to DSM-5, gender dysphoria (GD) is the “distress that may accompany the incongruence between one’s experienced or expressed gender and one’s assigned gender” (p. 451). Research showed that it may be associated with different social, psychological and psychiatric difficulties. It is clear how body is central in GD. Eating Disorders (ED) are strongly related too with the body, and, although they may co-occur with GD, a systematic review of the studies about this association is not available.

Objectives and aims To carry out a review of the published studies about co-occurrence of GD and ED.

Methods Literature research in 12 databases was performed, and the papers analyzed.

Results Nine papers about case studies and four empirical studies are available. Results of the clinical reports suggest a link between GD and ED may be the strong body uneasiness perceived by these people. The empirical studies support this hypothesis, outlining that usually adolescence, when secondary sexual characteristics develop, is a crucial phase for the onset of ED. Restrictive eating behaviors may function as a way of modifying the body shape and the hormone system. Differences between Female-to-Male and Male-to-Female transsexuals are outlined, as well as persistence of ED symptomatology after sex reassignment surgery.

Conclusions Body becomes an expression of the inner conflicts linked to gender incongruence, shifting the focus of the suffering

from mind to body. In the light of these results, specific indications for the clinical practice with transgender people and for future directions in research are outlined.

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

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EW218

Internet and smartphone application usage in eating disorders: A descriptive study in Singapore



T. Tan*, A. Kuek, S.E. Goh, K.W. Ng, S.M. Tan, A. Gudi, H.Y. Lee, E.L. Lee, K. Victor

Singapore General Hospital, Psychiatry, Singapore, Singapore

* Corresponding author.

Introduction Eating disorders are associated with significant morbidity and mortality. The Internet is a popular medium for individuals with eating disorders to discuss and reinforce their affliction. However, the available literature on Internet usage and eating disorders is scarce, especially in the area of social media and smartphone application (“app”) usage.

Objectives & aims To look at the Internet and smartphone app usage patterns of participants who presented with an eating disorder in Singapore, and whether it corresponded to severity of illness.

Methods Individuals who presented to the Eating Disorders clinic at the Singapore General Hospital from 13th June 2013 to 20th December 2013 completed a self-reported questionnaire on Internet and app usage. They also completed the EDE-Q, EAT-26 and CIA 3.0.

Results Fifty-five participants completed the study. A total of 41.8% had anorexia nervosa, 34.5% had bulimia nervosa, and 9.1% were ED-NOS. 41.8% felt that apps helped to perpetuate their illness, while 32.7% felt that apps were helpful for recovery. Overall, any smartphone application usage was associated with younger age and greater eating disorder psychopathology and psychosocial impairment. While 30.9% had encountered eating disorder-related content on Facebook, only 12.75 visited Facebook groups related to eating disorders. For YouTube, “Cooking and Food” and “Beauty and Fashion” videos were among the top 3 types of videos that participants watched.

Conclusions Internet and smartphone app usage is significant, and they are used to prolong or worsen eating disorder behavior in those with greater severity of illness. It is necessary to include interventions in this aspect as part of treatment.

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

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EW219

Symptoms of eating disorders in at term pregnancy: The influence of body mass index



F. Volpe^{1,*}, L. Giliberti², G. Soldera², G. Tesolat², G. Straface², V. Zanardo²

¹ Padova, Italy

² Policlinico Abano Terme, Medicina Perinatale, Abano Terme, Italy

* Corresponding author.

Introduction Weight gain in pregnancy has been associated with body image dissatisfaction.

Aims This study analyzed symptoms of ED in pregnancy by the Eating Disorder Examination Questionnaire (EDE-Q 16.0; Fairburn & Beglin, 2008) in connection with body mass index (BMI).

Materials and methods The research involved 616 consecutive, at term, Italian-speaking healthy puerperae, who delivered at the

Division of Perinatal Medicine of Policlinico Abano Terme, Italy from January to August 2015. The mean (\pm SD) maternal age was 33.06 (\pm 4.07), 540 (87.5%) followed a Mediterranean diet, 16 (2.5%) were vegetarian and 3 (0.4%) were vegans. At the end of pregnancy, 204 (33.06%) had a normal weight; 295 (47.81%) were overweight and 117 (18.96%) were obese. Before discharge, mothers completed the EDE-Q to measure the Global Score (GS) and the four EDE-Q subscales (Restrain, Eating Concern, Shape Concern, and Weight Concern).

Results EDE-Q Global Score significantly increased with BMI increase. Compared to normal-weight mothers, both overweight (0.94 \pm 1.59 vs 1.80 \pm 2.34; $P < .001$) and obese puerperae (0.94 \pm 1.59 vs 2.35 \pm 2.30; $P < .001$) had significant higher Global Score. Both overweight and obese mothers had also significant higher scores than normal in all subscales.

Conclusions In our study population, symptoms of eating disorders were associated with excessive increase in gestational BMI: EDE-Q scores were elevated in overweight mothers and in obese; in addition, obese puerperae have higher scores than overweight. Routine controls and prevention plans could help women from the beginning of pregnancy to avoid ED symptoms appearance.

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

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EW220

Eating disorders: What has the society to do with it?



B. Wimmer-Puchinger^{1,*}, S. Blahout², K. Waldherr³

¹ Wien, Austria

² Vienna Program for Women's Health, Municipal Department, Public Health Services of the City of Vienna, Vienna, Austria

³ Ferdinand Porsche Distance Learning University of Applied Sciences, Vienna, Austria

* Corresponding author.

The prevention of eating disorders is a main concern of the Vienna Women's Health Programme, which was adopted by the Vienna City Council in 1998. Eating disorders are very serious mental health problems in adolescence. There is evidence that media exposure of the thin ideal body image leads to uncertainty, low self-esteem and dieting. To examine the current state of body (dis-)satisfaction and the risk of eating disorders among Viennese adolescents, we surveyed 1427 participants at the age of 12 to 17, using a self-assessment questionnaire that included the Eating Disorder Inventory (EDI-2), the SCOFF-questionnaire and the Rosenberg self-esteem scale. Results support our hypothesis. The highest concern among adolescents is about their weight and body shape. 76% of the girls surveyed wanted a skinny body, 31% were afraid of gaining weight, and 32% have already been dieting - 13% took appetite suppressants, 5% used vomiting, 3% took laxatives. According to the SCOFF-questionnaire, 30% of the girls were at risk of having eating disorders. Trends were evaluated via regression analysis. In 2012 girls used less dieting and had lower scores in the EDI-2 subscales ‘body dissatisfaction’, ‘drive for thinness’ and ‘bulimia’ than in 2001. Boys had less conspicuous scores than girls in total, but have shown an alarming increase in body dissatisfaction. School prevention programmes are indicated to enhance media literacy and encourage self-esteem among adolescents. To be successful, an interdisciplinary approach has to be established. The City of Vienna has already launched several awareness campaigns to counter unhealthy body ideals.

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

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Education

EW221

Perceived stress and coping strategies among Jordanian nursing students during clinical practice in psychiatric/mental health courses



A. Alzayyat

College of applied medical sciences-mohial, Nursing, abha, Kingdom of Saudi Arabia

Introduction Clinical practice in the psychiatric/mental health nursing (PMHN) field is considered a highly-stressful experience for nursing students.

Aim The purpose of the present study was to identify the degrees of stress, the types of stressors, and coping strategies perceived by undergraduate nursing students during their clinical practice in PMHN courses.

Methods A descriptive, longitudinal design was used. Sixty-five students registered in PMHN clinical courses were recruited from five Jordanian universities using a systematic random-sampling method. Data collection was conducted in the second semester of the 2012–2013 academic year at two points of time: pre-PMHN clinical training and post-PMHN training. The Basic Information Questionnaire, Perceived Stress Scale, and Coping Behavior Inventory were administered. Students' ages ranged from 20 to 25 years.

Results The findings illustrate that the highest reported types of stressors at both data-collection times were taking care of patients, stress related to teachers and nursing staff, and from assignments and workloads. The most utilized coping strategy at both data-collection times was problem solving.

Conclusion The findings of the present study are useful for clinical educators in identifying nursing students' stressors, easing their learning in the clinical setting, and establishing an efficient PMHN course programme.

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

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EW222

Professional stress among psychiatrists—a Delphi study



A. Dhandapani*, S.S. Armugam, S.K. Chaturvedi

National Institute Of Mental Health & Neuro Sciences, Psychiatry, Bangalore, India

* Corresponding author.

Introduction Professional stress is a misfit between a person's skills and demands of the job. It has been found to be common among psychiatrists and affects their personal and professional life. **Objectives** To rank order the factors and manifestations of professional stress among Indian psychiatrists.

Aims To determine the factors and manifestations associated with professional stress among Indian psychiatrists.

Methods A qualitative ranking type Delphi study was conducted at National Institute of Mental Health & Neurosciences, Bangalore. The Delphi team comprised of 43 randomly selected Indian psychiatrists with at least 10 years of clinical experience in psychiatry. Questionnaires were mailed & the replies were analyzed and a consolidated list was sent back to rank order them. Agreeability was assessed & the final list of factors and manifestations was shared with the experts.

Results Forty-eight percent of the experts completed all 3 stages of the study, 53% opined that age & gender were not a factor; however 58% & 44% opined that personality attributes & relationship

status were significant factors contributing to professional stress (Table 1).

Conclusion Professional stress in Indian psychiatrists is largely secondary to increased workload and inadequate support system. System level changes, like increase in manpower and handling stigma regarding psychiatry, is required.

Table 1 Top 3 factors & manifestations associated with professional stress.

Sl no.	Factors	Manifestations
1	Not enough time to complete all tasks satisfactorily	Emotional exhaustion
2	Too much work to do / too many different things to do	Poor communication with the patients
3	Lack of adequate staffing/ inadequate technical / clerical back up	Loss of idealism / zeal

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

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EW223A

A new psychiatric society is born: Spanish Society of Psychiatry Residents (SERP)



C. Llanes Álvarez^{1,*}, A. San Román Uría¹, N. Núñez Morales², I. Sevillano Benito³, P. Hervías Higuera⁴, N. Gómez-Coronado Suárez de Venegas⁵, S. Puerta Rodríguez⁶, J. Valdés Valdazo⁷, V. Prieto Lorenzo⁸, V. Pimenta⁹, M. Pinto da Costa⁹

¹ Complejo asistencial de Zamora, Psiquiatría, Zamora, Spain

² Hospital Universitario de Álava, Psiquiatría, Vitoria, Spain

³ Hospital Clínico Universitario de Valladolid, Psiquiatría, Valladolid, Spain

⁴ Hospital Rodríguez Lafora, Psiquiatría, Madrid, Spain

⁵ Hospital Universitario Virgen del Rocío, Psiquiatría, Sevilla, Spain

⁶ Hospital Universitario 12 de Octubre, Psiquiatría, Madrid, Spain

⁷ Complejo Asistencial Universitario de León, Psiquiatría, León, Spain

⁸ Complejo Asistencial de Zamora, Medicina de Familia y Comunitaria, Zamora, Spain

⁹ Hospital de Magalhães Lemos- EPE, Psiquiatria, Porto, Portugal

* Corresponding author.

Introduction The European Federation of Psychiatric Trainees (EFPT) is an independent Federation of Psychiatric Trainees and represents the consensus of psychiatric trainee's organizations across European countries and advocates for what training should look like, regardless of the country. Spain was one of the last countries to be part of the Association. Finally, and after months of hard work and networking, on September 2015 the Spanish Society of Psychiatry Trainees (SERP), was founded and Spain became a observer member of the EFPT.

Objectives One of the main goals of the SERP, is creating a program of clerkships, in both directions, from other trainees to come to Spain, and for Spanish Trainees to go abroad.

Methods Our idea in this poster is to explain a first look of which Hospitals/Units would be appropriate to make a rotation, and to explain the first steps in order to create a database with information about the nightshifts, possible accommodation and other aspects related to the organization. We want to use this poster to present to Europe our new Association.

Results On September 25 at the National Congress of Psychiatry in Santiago de Compostela, a Group of Spanish trainees founded the SERP, organized the first Board and signed the Founding Amendments.

Conclusions After two previous failed attempts, finally on 25th September 2011; the Spanish Society of Psychiatry Residents (SERP) was founded, an important part of the activity of this company is promoting exchanges between residents of member countries in Spain.

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

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EW224

www.saudemental.pt - Online Mental Health Literacy



B. Lourenco^{1,*}, B. Ferreira², M. Gonçalves¹, M.A. Nobre¹

¹ Centro Hospitalar Psiquiátrico de Lisboa, CP 5, Lisbon, Portugal

² USF, São João Evangelista dos Lóios, Lisboa, Portugal

* Corresponding author.

Introduction Health Literacy promotes the understanding of basic health information and services. Online health information has been searched by 80% of the internet users, according to a 2006 survey (Fox, 2006). www.saudemental.pt is an online mental health platform, set up in 2015 by a multidisciplinary team, composed by family physicians, psychiatrists and psychologists. It establishes a two-way information flow, because the analysis of the users profile and the pattern of use of the website allows future adaptations on the communication strategy.

Objectives and aims Understand the importance of Online Health Literacy in psychiatric diseases. Present www.saudemental.pt and characterize its activity during the first six months of operation.

Methods Review of selected literature. Descriptive statistical analysis of the site's activity during the first six months of operation.

Results There is a known association between level of education and health, and recent studies suggest that health literacy is one of the factors that mediates this relationship (Heide, 2013). www.saudemental.pt is a simple tool, with great potential to reach a wide audience, providing information and support to patients and caregivers. Preliminary results suggest an average of 30 users/day (80% new users), mainly from Portugal (79%), followed by Brazil (5%). The most visited content was related to mental health; anxiety was the most consulted pathology.

Conclusions Psychoeducation is an essential tool in clinical practice. Mental Health services should seek alternative means of information diffusion. Despite being at an early stage of implementation, www.saudemental.pt has proved to be an effective strategy.

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

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EW225

Advanced practice nursing students' use of screening and brief intervention in the clinical setting



A. McNelis^{1,*}, J. Agle², J. Carlson³, R. Schwindt¹, C. Clark¹, K. Kent¹, K. Lay³, R. Gassman², D. Crabb⁴

¹ Indiana University, Nursing, Indianapolis, USA

² Indiana University, Public Health, Bloomington, USA

³ Indiana University, Social Work, Indianapolis, USA

⁴ Indiana University, Medicine, Indianapolis, USA

* Corresponding author.

Introduction More than 30% of US adults are estimated to drink at risky levels or meet criteria for harmful or dependent alcohol

use. Screening, brief intervention and referral to treatment (SBIRT) in primary care settings is recommended and nurses, particularly advanced practice nurses (nurse practitioners), are being called upon to perform SBIRT for alcohol. This study assessed if knowledge, attitudes, and beliefs about SBIRT, evaluated after a three-part, educational training, predicted whether 21 family nurse practitioner (FNP) students screened for alcohol use during subsequent patient encounters in their clinical practice.

Objectives Learners will be able to:

- describe the general purpose and procedures of SBIRT;
- identify three strategies for integrating SBIRT into current practice setting.

Aims To help in development of SBIRT skills, the Substance Abuse and Mental Health Services Administration expanded training grant opportunities in 2013, for education programs to multiple groups of medical professionals. Findings from this study are presented to show the effectiveness of the training for nursing professionals.

Method Immediately following training, students completed a survey and then documented implementation of SBIRT during their clinical practice.

Results Students who reported higher levels of perceived "Competence" in their post-training surveys were more likely to screen patients for alcohol use in their clinical practice settings.

Conclusion Screening for alcohol use and identifying patients at risk for or engaged in hazardous drinking meet important NP practice competencies. Further research is needed to explore training programs that specifically emphasize activities to increase competence, knowledge, and comfort regarding SBIRT.

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

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EW226

The European trainees' perspective on psychiatric postgraduate education: An EFPT survey



A. Giurgiuca¹, T. Mogren^{2,*}, S. Tomori³, L. Berze⁴, A. Munjiza⁵, M. Pinto da Costa⁶, E.F.P.T. TEO-PC Research WG⁷

¹ Carol Davila, University of Medicine and Pharmacy, Bucharest, Romania

² Länsvuxenpsykiatri Falun/Säter, Allmänpsykiatriska kliniken, Säter, Sweden

³ Mother Teresa, University Hospital Center, Tirana, Albania

⁴ Rigas Stradins University, Daugavpils Psychoneurological Hospital, Riga, Latvia

⁵ Institute of Mental Health, psychiatry, Belgrade, Serbia

⁶ Hospital de Magalhães Lemos, University of Porto, Porto, Portugal

⁷ EFPT, EFPT, Brussels, Belgium

* Corresponding author.

Introduction Despite efforts to unify psychiatric education among European member countries, there are still considerable variations between national training programmes. To ensure equivalence of training standards the current tendency of recommended guidelines and reports is steering psychiatric training towards becoming more competency focused.

Objectives The research group of the European Federation of Psychiatric Trainees (EFPT) conducted a multi-national study on postgraduate psychiatry training. The aims are to assess the psychiatric trainees' experiences and opinions on their national training and assessment methods in respect to the Union européenne des médecins spécialistes (UEMS) 2009 competencies framework.

Methods This study surveyed 745 psychiatric trainees from 10 EFPT member countries using a questionnaire designed specifically for assessing this issue.

Results In this sample, the majority are aware of having a competency based training programme but 86.5% are poorly acquainted with the UEMS competencies framework. All key competencies were rated as being important but not all as being relevant in the assessment process. One's level of preparedness and the degree of education one's receives during their training differs from one competency to another. Trainees who aren't satisfied with their national training would be in favour of taking an end of training Pan-European exam which differs from the one's that are satisfied and wouldn't be interested in undergoing this assessment method.

Conclusions This sample isn't fully acquainted with the competency-based concept for postgraduate training. The ones satisfied with their postgraduate psychiatric education seem to be less inclined to take an end of training Pan European exam.

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

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EW227

Developing simulated training in old age psychiatry to recognise and assess medical problems in a psychiatric setting (RAMPPS)



U. Narayana^{1,*}, O.J. Corrado², P. Rowlands³, S. Kaur⁴

¹ Health Education Yorkshire and Humber, Leadership fellow-ST5 Old Age Psychiatry, Hull and East Yorkshire NHS Trust, United Kingdom

² Leeds Teaching Hospitals NHS Trust, Consultant Geriatrician, Leeds, United Kingdom

³ Head of School of Psychiatry, Health Education Yorkshire and Humber, Derbyshire Healthcare Foundation Trust, United Kingdom

⁴ Bradford District Care Trust, Clinical Audit, Bradford, United Kingdom

* Corresponding author.

Introduction Older people with mental ill health are more likely to receive lower quality of health care, inappropriate prescriptions and reduced access to services, leading to increased rates of mortality [1–3]. There is increase focus on supporting people with multiple long-term physical and mental health conditions, particularly by embracing opportunities created by technology [4] (references are not available for this abstract).

Objectives To identify the common medical comorbidities on the Old Age Psychiatry Wards.

Aims To develop simulation training from the medical scenarios.

Method We audited all patients referred to the Liaison Geriatrician from 2008 to October 2015 from the Mount Hospital Leeds, which consists of 4 Old Age Psychiatry wards. Data was collected in October 2015 and included referral date, patients' age and sex, number of referrals, reason for referral and the outcome.

Results We assessed 339 (142 F, 197 M) patients with a mean age of 77 (range: 56–94). The cardiovascular problems constituted the majority (34%) of the referrals, central nervous system (11%), respiratory (8%), gastrointestinal (8%), infection (8%), musculoskeletal (7%), renal (3%), others (19%) and the reasons were unknown in (2%) of the 440 referrals. Some unusual problems were diagnosed including a spontaneous pneumothorax, primary biliary cirrhosis.

Conclusion The audit highlights the essence for more training in recognising and assessing medical problems in psychiatric settings - the simulation programme (RAMPPS) in Old Age Psychiatry. As a result of the service model, we are developing a simulation-training course tailored to the mental and physical health needs of the elderly.

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EW228

Indicators in psychiatric assessments; an evidence-based practice



Y. Rumalean^{1,*}, C. Parfitt²

¹ UK National Health Service & London Metropolitan Police, General Psychiatry and Forensic & Legal Medicine, Goffs Oak- Hertfordshire, United Kingdom

² Global Insurance- UK, Statistics and Engineering, London, United Kingdom

* Corresponding author.

There are subtle signs and symptoms that can function as strong, significant and evidence-based indicators to improve upon diagnosis of mental illness as a primary clinical issue. With the well-being of patients at stake and services experiencing mounting pressure on their time and resources, the accuracy of such a diagnosis is critical. The data used in this study was obtained from the Hampshire Police of individuals arrested under Section 136 of the Mental Health Act 1983 (Amended 2007). Documented observations by the arresting officers were transferred onto a list of signs and symptoms, adapted for clinicians and non-clinicians. Answers to all 23 indicator questions were assigned a binary coding and became the input data. A logistic regression model (LRM), sensitivity and specificity analysis, analysis of maximum likelihood estimates, and confusion matrix, were applied. Three significant evidence-based indicators for primary mental illness diagnosis: "fixed stare/looking (possibly) confused" (perplexed), "calm/seemingly calm", and "poor attention and concentration, not able to follow instructions easily" (distracted). There was suggestion that when all three identified indicators are absent within the same assessment period, primary mental illness should not be diagnosed. A correlation was observed between the presence of one, two, or all three indicators and the increased chance of patients suffering from moderate-to-severe primary mental illness. The indicators would very likely be particularly helpful in cases where signs and symptoms of primary mental illness are less obvious and made more complex by actual underlying problems of drugs/alcohol, difficult personality traits, and/or criminal behaviour.

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

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EW229

Lessons from a Balint group scheme led by psychiatry trainees for year 3 bristol medical students on their medicine/surgery placements



K. Wood^{1,*}, A. Kothari², J. Malone³

¹ Southmead Hospital, North Bristol Trust, Bristol, United Kingdom

² Callington Road Hospital, Avon and Wiltshire Mental Health Partnership, Bristol, United Kingdom

³ Retired consultant psychiatrist, North Bristol Trust, Bristol, United Kingdom

* Corresponding author.

Background The UK General Medical Council highlights the centrality of effective communication, reflective practice and the doctor-patient relationship in medical practice. A decline in empathy has been documented as occurring within clinical and early postgraduate years, potentially affecting diagnostic processes and patient engagement. Access to Balint groups can enhance awareness of the patient beyond the medical model, but remains limited at many UK medical schools. This scheme offered Balint groups to

Bristol medical students in their first clinical year, demonstrating that this method is relevant beyond psychiatry.

Methods Initial focus groups with medical students indicated that many felt unable to discuss distressing aspects of clinical encounters. During 2013–2014, a Balint scheme run by psychiatry trainees was started for 150 students in their psychiatry placements. During 2014–15, the scheme was introduced to all third-year medical students on their medicine/surgery placement. Balint leaders have group supervision with a psychoanalytic psychotherapist. Evaluation of the scheme was based on pre- and post-group questionnaires and leaders' process notes.

Results Sixteen groups led by 12 trainees were run twice over the year to serve 246 medical students. Two example cases are discussed here. Students appreciated the chance to discuss complex encounters with patients in a supportive peer environment, and work through a range of emotionally challenging issues.

Conclusions Novel aspects of this work include the implementation of Balint groups within medicine and surgery placements; the enrolment of psychiatry trainees as leaders with group supervision and leadership training workshops from the UK Balint Society; and the scale of the scheme.

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

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Emergency psychiatry

EW230

Right to decide: Preferences and satisfaction with treatment in women and men patients with agitation and bipolar or schizoaffective disorder



J. Arenaza*, S. Hernandez, M. Gutierrez Fraile, A. Gonzalez-pinto Arrillaga, I. Zorrilla

Hospital Universitario de Alava, Psiquiatria, Vitoria-Gasteiz, Spain

* Corresponding author.

Introduction Current recommendations on agitation management advocate for involving patients in deciding the therapeutic plan. Verbal de-escalation is directed to calming the patient while clinical evaluation is performed, and allows agreeing treatment. However, research on patients preferences and satisfaction is scarce.

Objectives To assess patients preferences and satisfaction related to treatment of agitation.

Methods Prospective observational study among patients that were agitated during hospitalization in 2014. Patients with bipolar disorder, schizoaffective disorder or schizophrenia were offered to choose between inhaled loxapine or usual treatment (intramuscular antipsychotic). Satisfaction with treatment was measured at 7 and 14 days and satisfaction with hospitalization was measured at discharge.

Results A total of 180 patients were agitated during 2014, but the majority of agitations were attended in the emergency room. Eighty patients presented agitation during hospitalization. Sixty of them had bipolar disorder, schizophrenia or schizoaffective disorder, and 90% had comorbidity with substance abuse, alcohol abuse or personality disorder. Forty patients were not able to deem their preferences and were treated with intramuscular antipsychotics. Twelve patients chose inhaled loxapine. Eight refused any treatment and received IM antipsychotics. Satisfaction with treatment was higher in patients receiving loxapine. More women than men received loxapine. Satisfaction with hospitalization was higher in women.

Conclusions It is important to consider patient opinion in order to increase satisfaction with treatment and patient collaboration. Inhaled loxapine is a new therapeutic option that facilitates this approach.

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

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EW231

Delirium symptoms' development during the intensive care unit post-surgery staying is related with reduced intraoperative cerebral oxygen saturation in the elderly subjected to cardiac surgery



I. Bellido^{1,*}, E. Aldana², J.L. Valverde², S. Medina², C. Green², V. Campos³, A. Gomez-Luque⁴

¹ University of Malaga, Pharmacology and Therapeutic, Málaga, Spain

² Xanit International Hospital, Department of Anaesthesiology, Benalmadena, Spain

³ Xanit International Hospital, Department of Neurology, Benalmadena, Spain

⁴ Virgen de la Victoria University Hospital, Department of Anaesthesiology, Malaga, Spain

* Corresponding author.

Goal of study Our aim was to examine whether cerebral frontal cortex O₂ desaturation may be related with the development of delirium symptoms' after cardiac surgery in the elderly during the intensive care unit (ICU) staying.

Materials and methods A prospective, before and after, longitudinal study in II-IV ASA class patients scheduled for cardiac surgery and undergoing intravenous general anesthesia with remifentanyl plus propofol was done. Clinical and surgical parameters, cardiopulmonary function, intraoperative cerebral oxygen saturation (rSO₂) and bispectral index were continuously recorded and corrected throughout the surgery. Severity of delirium was represented as a score of the Intensive Care Delirium Screening Checklist (ICDSC) during the patients' stay in the ICU under the assumption that higher ICDSC score indicated severe delirium.

Results and discussion Patients, $n = 44$, 77.3% male, aged 59.9 ± 1.9 years old, scheduled to coronary (36.4%), aortic valve replacement (18.2%), mitral valve replacement (13.6%), coronary plus valve replacement (13.6%) and others (18.2%) surgery, on pump 98.4% were enrolled. A reduction of the rSO₂ higher than 10% at the end of the surgery compared with basal values was detected in a 46.5% of the patients. Reduction of rSO₂ higher than 10% at the end of the surgery was related with significantly higher values of delirium symptoms' development during the intensive care unit post-surgery staying (rSO₂ higher $\geq 10\%$ 68.8 vs. rSO₂ higher $< 10\%$ 31.3%, $P < 0.05$).

Conclusion Delirium symptoms' development during the intensive care unit post-surgery staying is related with reduced intraoperative cerebral oxygen saturation in the elderly subjected to cardiac surgery.

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

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EW232

Detection and management of agitation in psychiatry: A Delphi expert consensus study



M. Garriga^{1,*}, I. Pacchiarotti², D. Hidalgo², M. Bernardo³, E. Vieta²

¹ Hospital Clínic, Department of Psychiatry- Barcelona Clinic Schizophrenia Unit and Bipolar Disorder Programme, Barcelona, Spain

² Hospital Clínic, Department of Psychiatry- Bipolar Disorder Programme, Barcelona, Spain

³ Hospital Clínic, Department of Psychiatry- Barcelona Clinic Schizophrenia Unit, Barcelona, Spain

* Corresponding author.

Introduction The assessment and management of psychomotor agitation may result in the use of coercive or sedative treatments. In the absence of conclusive evidence, the consensus of experts can guide clinical decisions.

Objectives To seek consensus recommendations on the assessment and management of psychomotor agitation.

Methods An international expert task force in this field developed consensus using the Delphi method. Twenty-seven experts were invited to participate and 91% of them agreed. Initial survey items were gathered from the content of literature search (systematic review). This included open-ended questions inviting participants to add suggestions by e-mail correspondence. After this initial first round, the Delphi study was conducted online using Google Forms. Survey items were rated on a 5-point scale. Items rated by at least 80% of experts as essential or important were included. Items rated as essential or important by 65–79% of experts were included in the next survey for re-rating. Items with consensus below to 65% were rejected and excluded.

Results The initial survey included 52 items. The second web-based survey included 33 items. The briefer third survey consisted of 6 items that needed rerating. Twenty-two of the initial 33 items were endorsed and formed the clinical recommendations on the assessment and management of the psychomotor agitation. The endorsed items were categorized into 5 domains forming the clinical recommendations.

Conclusions The panel expert generated 22 recommendations on the assessment and management of agitation. The Delphi method is a suitable formal iterative process for reaching consensus on relevant and controversial issues.

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EW233

Suicide attempts in emergency department



K. Hajji*, I. Marrag, R. Ben soussia, L. Zarrouk, S. Younes, M. Nasr

Universitary Hospital of Mahdia - Tunisia, Department of Psychiatry, Mahdia, Tunisia

* Corresponding author.

Introduction The suicide attempt is a real challenge for the clinician who works at the emergency department in order to identify and propose an adequate care.

Aims To estimate the prevalence of the suicide attempts, to describe the sociodemographic and clinical characteristics and to identify the predictors of recurrence.

Methods Our cross-sectional study was conducted at the medical emergency department of the university hospital of Mahdia and lasted for 12 months. Data were collected using a questionnaire of 51 items exploring the general and clinical characteristics and providing information of the treatment.

Results Among the 513 consultants, 90 had attempted suicide (17,5%). We found an average age of 26 years old, a sex-ratio (M/F) of 0,3, a secondary education level (53,3%), an unemployment and a single status (38,9% and 75,6%). The presence of psychiatric personal history and/or suicide attempts was found in 31,1% and 33,3% of cases. Suicide attempts were taken place in all cases at home, between 18 and midnight (43,3%), without premeditation (82,2%),

in the presence of triggering factor (95,6%), during the last 3 months of the year (34,4%). In 70,2% of cases, the type of the suicide attempts was a drug intoxication. 67,8% of the suicide attempters regretted and criticized their acts.

Conclusion A good assessment of the suicide risk determines the type of intervention that should be established and allows an adequate care.

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

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EW234

Ensuring patient safety: Physical health monitoring in rapid tranquillisation for aggression and violence of adult acute inpatients



R. Talukdar, M. Ludlam, L. Pout, N.P. Lekka*

Sheffield Health and Social Care Foundation Trust, Acute Inpatient Services, Sheffield, United Kingdom

* Corresponding author.

Introduction Intramuscular (IM) medications used in rapid tranquillisation (RT) to manage violent/aggressive behaviour can cause serious physical side effects including sudden death, therefore comprehensive physical health monitoring is advised.

Objectives To assess whether physical health monitoring of patients who received IM medication for RT was completed as per the Aggression/Violence NICE-guideline based local Policy.

Methods All patients that received IM benzodiazepines or antipsychotics for RT were identified amongst 822 discharges from February 2014 to February 2015. Demographics, diagnoses, non-pharmacological interventions, types/doses of medication, and associated seclusion/restraint episodes were recorded. Notes were examined to determine whether physical health monitoring protocols involving blood pressure, pulse, temperature, oxygen saturation, respiratory rate and level of consciousness were followed.

Results There were a total of 218 episodes where these medications were used, in which only 19 (8.8%) had any physical observations completed; only one case (0.5%) was completed fully as per the protocol. Of the cases that did not have observations taken, in 12 (5.5%) cases observations were attempted but the patient was too agitated/aggressive. A doctor was contacted in only 53 (24.3%) cases and an ECG was completed in 120 (55%) cases, of which only 11 were completed within 24 hours.

Conclusions The results show poor compliance (or at least recording) with the guidance, demonstrating the need for further education of nursing and medical staff on the potential dangers of RT and for better physical health monitoring of patients on RT. To improve patient safety, staff training and well-timed recording of physical observations on electronic tablets will commence.

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

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EW235

Mental health problems in the aftermath of earthquakes in Nepal



N.P. Luitel*, J. Kene, M. Jordans, B. Kohrt, W. Tol

Transcultural Psychosocial Organization TPO Nepal, Research, Kathmandu, Nepal

* Corresponding author.

Introduction Mental health problems may increase in populations affected by humanitarian emergencies, such as the 2015 earthquakes in Nepal.

Objectives We assessed mental health and psychosocial problems (depression, anxiety, post-traumatic stress disorder, alcohol

use disorder, suicidal ideation), and available mental health resources to deal with these problems 4 months after the earthquakes.

Methods The study was conducted in three affected districts: Kathmandu, Gorkha, and Sindhupalchowk. The study used a mixed methods design with both qualitative and quantitative approaches. The outcome measures used in the study were locally validated Hopkins Symptoms Checklists (HSCL), PTSD Checklist-Civilian version (PCL-C), Alcohol Use Disorder Identification Test (AUDIT), and a functioning impairment scale. We used a stratified multi-stage cluster sampling method to select 513 adults (171 from each districts).

Results 32.4% (26.7–38.7; 95% CI) of participants met threshold criteria for depression, 30.8% (24.5–37.9) for anxiety, 5.2 (3.9–6.8) for PTSD, and 20.4% (17.1 – 24.3) for alcohol use disorder. Prevalence of suicidal ideation was 11%. Despite high rates of mental health problems, few participants reported impaired daily functioning.

Conclusion We found elevated prevalence estimates of mental health problems but overall daily functioning was good. The need for trauma-specific treatments for PTSD do not appear to be widespread. However, support services to address anxiety, depression, and substance abuse could benefit large numbers of earthquake-affected communities.

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

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EW236

Survivors of gender-based violence and role of official psychiatry in recovery process

E. Molchanova

American University in Central Asia, Psychology, Bishkek, Kyrgyz Republic

Consequences of events in the Southern region of the Kyrgyz Republic continue to have impact on communities to the present day. One of the most significant is a number of undiagnosed cases of rapes and other types of gender-based violence (GBV), which happened during the events of 2010. Accurate prevalence rates of GBV cases is still unknown. According to official data of Ministry of Internal Affairs, there were only seven cases of rape, however, according to the crisis center reports, there were 325. Even more alarming, witnesses of the Osh events suggest one out of three women in Osh and Jalal-Abad were either raped or suffered from other types of GBV. Those acts included undressing and unveiling, and cutting women's hair to a shamelessly short length. Cultural stereotypes dictate women hide their 'shame', which is why only a small percentage of victims with PTSD symptoms that developed after GBV sought out services from professionals, such as from crisis centers, psychologists and psychiatrists and, of course, police. Author analyzed several cases of women raped during the Osh massacre and suffered from PTSD signs afterwards. The previous painful experience of GBV was uncovered during treatment. The problem is that mental health care specialists are the last stop for applying for help. This paper analyses several ways of solving the problem, including creating a number of normative documents in collaboration with Ministry of Internal Affairs and Ministry of Health of the Kyrgyz Republic.

Disclosure of interest

The author has not supplied his/her declaration of competing interest.

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EW237

Presence of 2,5-dimethoxy-4-bromoamphetamine (DOB) among samples brought for drug checking in Spain



P. Quintana-Mathé^{1,2}, M. Grifell-Guardia^{2,3,4,*}, Á. Palma-Conesa^{3,4}, C. Gil-Lladanosa², I. Fornís-Espinosa², F. Caudevilla-Galligo², L. Gallindo-Guarín^{3,4,5}, M. Farre-Albaladeo^{5,6}, M. Ventura-Vilamala^{2,4}, M. Torrens-Melich^{3,4,5}

¹ Institut Català de la Salut ICS, EAP Raval Sud, Barcelona, Spain

² Associació Benestar i Desenvolupament ABD, Energy Control EC, Barcelona, Spain

³ Parc de Salut Mar, Institut de Neuropsiquiatria i Addiccions INAD, Barcelona, Spain

⁴ Hospital del Mar Medical Research Institute IMIM, Grup de recerca en Addiccions, Barcelona, Spain

⁵ Universitat Autònoma de Barcelona UAB, Bellaterra, Spain

⁶ Hospital Universitari Germans Triás i Pujol, Farmacologia Clínica, Barcelona, Spain

* Corresponding author.

Introduction New Psychoactive Substances (NPS) appear to be increasing in popularity because they mimic the effect of traditional drugs. DOB is a world-wide controlled phenethylamine, with agonist activity in 5HT_{2A} receptors. Its effects are comparable to those of LSD, with dosage range 1.0–3.0 mg and duration 18–30 h.

Objective To assess the presence of DOB in the substances submitted to, and analyzed by, energy control.

Materials and methods All samples presented to Energy Control (EC) from August 2009 to August 2015 were analyzed. EC is a Spanish harm-reduction non governmental organization that offers to users the possibility of analyzing the substances they intend to consume. Samples in which DOB was detected using gas chromatography-mass spectrometry were selected for this study.

Results From a total of 20,062 samples, 13 contained DOB (0.06%), with no clear variations among the years studied. The samples were mostly sold as DOC(8), DOB(2) and LSD(2). Nine out of total 13 samples presented as blotter.

Conclusion Results suggest that availability of DOB in the Spanish drug market is anecdotic. Nonetheless, a number of the samples containing DOB were not sold as such, increasing the possibility of side effects, as users may ignore which substance they are actually using. When a patient presents at an Emergency Department with persistent hallucinogenic symptomatology after ingesting a blotter, psychiatrist should be aware of long-lasting psychedelics such as DOB.

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EW238

Incidence and management of agitation in emergency medical services in Spain – “SOSEGA” Study



R. Rodríguez Calzada^{1,*}, M.A. Suarez Fuentes², P. Roset Arisso², S.G.O.R. Sosega Group Of Researchers³

¹ Gerencia Emergencias Castilla Y Leon, Prehospital Emergency Ume 1 Valladolid, Valladolid, Spain

² Ferrer, Medical Department, Barcelona, Spain

³ Ferrer, Department Of Medical Research, Barcelona, Spain

* Corresponding author.

Introduction Agitation is a frequent and complex emergency. Its early detection and adequate treatment are crucial to ensure

the best outcomes. Pre-hospital management of agitation requires appropriate measures to preserve patients' safety, stabilize the patient and alleviate suffering, and transfer to the hospital psychiatric services, including involuntary admission if needed.

Objectives To describe the management of agitation by the Emergency Medical Services (EMS) in Spain.

Methods Observational retrospective survey on the protocols and procedures used, the number of in-calls received and the resources dedicated to attend emergencies in 2013.

Results Seven out of the seventeen EMS in Spain provided information. All of them registered in a database in-calls and actions taken. Four of them had a specific protocol to attend psychiatric emergencies and agitation in-calls, and five coded the initial diagnostic with ICD-9. Paramedics attending emergencies register the diagnostic in 3/7 EMS. Nursing and Medical staff code the final diagnostic with ICD-9 in all. Emergency Coordination Centres received 4,437,388 in-calls (209/1000 inhabitants); 2.6% classified as psychiatric (6.2/1000 inhab.). Healthcare teams attended 2,028,467 emergencies, 84,933 (4.2%) were psychiatric (4.0/1000 inhab.) and 37,951 (1.9%) were patients with agitation (2.0/1000 inhab.). General practitioners attended 17% of all psychiatric emergencies, while ambulances attended 61%.

Conclusions The incidence of acute agitation accounts for almost half of the total psychiatric emergencies in the pre-hospital setting. Since there are different healthcare providers in charge, specific protocols as well as treatment procedures are needed to provide the most adequate management, in order to ensure the best Psychiatric Emergency Chain.

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EW239

Recognizing high-risk behavioural patterns in emergency psychiatry: From surveillance to technical assistance, insights into an innovative project* from the point of view of potential users

B.S. Voigtlaender^{1,*}, D. Schölzel¹, A. Schönherr², J. Schloßhauer³, T. Barth¹

¹ Klinikum Chemnitz gGmbH, Psychiatry- Behavioural Medicine and Psychosomatics, Chemnitz, Germany

² Klinikum Chemnitz gGmbH, Klinikum Chemnitz gGmbH, Chemnitz, Germany

³ Intenta GmbH, Intenta GmbH, Chemnitz, Germany

* Corresponding author.

Introduction After legal restrictions regarding coerced medication in Saxony, we monitored significant increases in aggressive behaviour and regarding the use of physical restraints at our closed psychiatric ward. Alternative measures for managing dangerous behaviour were discussed.

Objectives There are limitations regarding the use of treatment interventions in emergency psychiatry, e.g. the use of constant observation is limited in its efficiency generally and video surveillance is prohibited by law in high-risk areas (e.g. bathroom).

Aims To find appropriate solutions for patient safety improvement in emergency psychiatry including high-risk areas, prospects of the field of "technical assistance" entered the limelight of interest.

Methods In 2014, a cooperation of Chemnitz University of Technology, Intenta GmbH, Eckstein Design and the affiliated partner Klinikum Chemnitz started a project*, which focuses on the development of a technical assistance system for recognizing high-risk behavioural patterns (e.g. suicide attempt) in risk areas in

emergency psychiatry. The system is based on a smart-sensor technology and waives a recording and storing of sound and vision.

Results In the 1st half of the project technical development and the design of the system were the focus of attention. Special requirements regarding use cases, user acceptance, data protection and ethical concerns were processed by our psychiatric department. Testing and further development of the system in clinical settings are planned.

Conclusions The development of the system must be seen as a big challenge in many regards. Further research is indispensable.

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EW240

Does psyche pain manifest as agitation in the emergency setting?

L. Zun^{1,*}, L. Downey²

¹ Mount Sinai Hospital, Emergency Medicine, Chicago, USA

² Roosevelt University, Health Care Policy, Chicago, USA

* Corresponding author.

Objectives The objective was to determine a patient's level of psyche pain when they present to an emergency department (ED) and whether there was a relationship between this psyche pain and the patient's level of agitation.

Methods This was a prospective study using a convenience sample of 300 patients presenting to an ED with a psychiatric complaint. This study was conducted in an urban, inner-city trauma center with 60,000 ED visits a year. After obtaining consent, a research fellow administered validated tools for assessing agitation, BAM, PANSS-EC, ACES, assessment of psyche pain, MBPPAS and a self-assessment of agitation at admission. SPSS version 22 was used for statistical analysis and the study was IRB approved.

Results A total of 74 patients were enrolled at this time. The most common ED diagnoses were depression, schizophrenia, or bipolar disorder. Majority of patients were African-American (59%), falling in the 25–44-year-old age range (56%). Fifty-two percent male and 48% female. Psyche pain was rated by MBPPAS as marked (18.9%) or moderate (67.6%). The self-reported tool demonstrated 20% none, 16% mild, 21% moderate and 42% marked level of agitation. The agitation rating varied by the tool with self-reported level of agitation having the highest correlation with level of psyche pain ($P < 0.05$).

Conclusions Psychiatric patients frequently present to the emergency department with a high level of psyche pain and high level of self-reported agitation. This correlation may signal the need to address a patients' level of agitation early in evaluation process.

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

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Epidemiology and social psychiatry

EW241

Health related quality of life in adults with ADHD symptoms: A population survey using 15D and AAQoL

L. Alaheino^{1,*}, S. Leppämäki², T. Partonen¹, M. Sainio²

¹ National Institute for Health and Welfare, Mental Health Unit, Helsinki, Finland



² Finnish Institute for Occupational Health, the development of work and work organizations, Helsinki, Finland

* Corresponding author.

Introduction Health related quality of life (HRQoL) can be measured and compared, to give us an understanding of the impact different diseases have on health. The diagnostic tests for attention-deficit/hyperactive disorder (ADHD) in adulthood fail to catch the diversity of ways the condition affects one's life. Disease-specific quality-of-life scales try to reach beyond the typical symptoms of the condition, to find those specific difficulties a person subjectively grades as challenging.

Objectives To assess the levels of general and disease-specific HRQoL in adults with ADHD-like symptoms.

Aims To understand the impact ADHD-like symptoms have on adults' HRQoL.

Methods A random, nationwide sample of 3000 Finnish speaking citizens (aged 18–44 years) was drawn from the national population register. A subsample of 171 people, 57 screener (Adult ADHD Self-Report Scale [ASRS]) positive cases and two age- and sex-matched controls for each case, participated in a telephone interview. General HRQoL was measured with 15D, and disease-specific HRQoL with Adult ADHD Quality-of-Life (AAQoL) scale.

Results The 15D score was 0.866 for the screener positives, 0.943 for the controls, and 0.945 for the Finnish population reference. The difference between the screener positives and controls was significant ($P < 0.001$). The AAQoL sum score was worse for the screener positives than controls (61.9 vs. 82.1, $P < 0.001$), and all the sub-scales were affected accordingly.

Conclusions Adults with ADHD-like symptoms have a lower quality of life, as measured both on the general and on the condition-specific quality of life scales.

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

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EW242

Psychiatric disorders in mass media and social networks: A media impact study



M.Á. Álvarez de mon^{1,*}, R. Sánchez², P. Molero³

¹ Clínica Universidad de Navarra, Psychiatry, Pamplona, Spain

² University Hospital, University of Navarra, Medical Oncology, Pamplona, Spain

³ University Hospital, University of Navarra., Psychiatry, Pamplona, Spain

* Corresponding author.

Introduction Every year, 1 million people commit suicide in the world. Major Depressive Disorder is the first cause of loss of Disability-Adjusted Life Years (DALYs) in developed countries.

Objective To study the references to psychiatric disorders in the media and to measure their media impact compared with other topics such as politics, sports and tabloids.

Methods We focused on the top-six journals in terms number of readers in the USA. Our research strategy included the introduction of several terms of interest (ex: "anxiety") on each journal's Twitter account. The search was restricted to 2014, and yielded a database of 6296 news, which was categorized in four areas: health, politics, sports and tabloids.

Results Six hundred and eighty-one (10.8%) news dealt with psychiatric disorders. The term with the highest impact in mass media was "suicide", present in 1 of every 3 Psychiatric-related news. Anorexia was the psychiatric disorder with the lowest impact (just 1 tweet). We noticed certain peaks-patterns in the number of tweets coincidentally with the suicide of any famous person. Within the total of terms included in our study, suicide ranked the 8th position regarding media impact.

Conclusions Social networks can be a useful tool for the divulgation of mental disorders and their awareness among the general population. Despite psychiatric disorders are very prevalent and cause high morbidity, they have a relatively low media impact. Despite the WHO recommendation of avoiding specific information regarding the suicide of famous people, for preventive reasons, suicide is the psychiatric disorder with the highest media impact.

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

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EW243

The Psychiatry consultation in primary health care setting at an Oporto Area: Sociodemographic and clinical data



A. Dias Amaral^{*}, M.J. Peixoto, A. Cortiñas, S. Fonseca, R. Curreal
Centro Hospitalar de São João, Psychiatry and Mental Health Clinic, Porto, Portugal

* Corresponding author.

Introduction The Psychiatry consultation is a collaborative approach between primary health care services and community mental health teams. Our clinic provides support to three Oporto areas (Bonfim/Paranhos, Campanhã and Maia/Valongo) corresponding to a population of 350,000 inhabitants.

Objectives To analyze and collect Psychiatry consultation data of the first semester of 2015 in Maia/Valongo region. We aim to describe our population's sociodemographic characteristics, the most common referral motive, diagnosis and therapeutics, and orientation.

Methods Psychiatry consultation data of the first semester of 2015 were collected and analyzed using SPSS software (version 20).
Results One hundred and sixty-one patients were evaluated. A total of 26.09% were male and 73.91% were female. The mean age was 51.61 years old. The most frequent referral motives were depressive (47.82%) and anxiety (23.60%) symptoms. The two most common diagnostic groups according to the International Classification of Diseases (version 10) were F30-F39–Mood affective disorders (57.76%) and F40-F48–Neurotic, stress-related and somatoform disorders (18.63%). 22.36% of the patients were referred without medication, but only four were discharged drug-free, corresponding to bereavement situations. 34.16% of our population were previously prescribed two or more psychotropic drugs, increasing to 63.98% after assessment. Only 18.63% met criteria to hospital referral.

Conclusions The Psychiatry consultation selects the most severe patients and allows a faster evaluation of mentally ill patients awaiting hospital consultation, thus preventing unnecessary access to the emergency room. Authors consider that all the patients referred to a hospital consultation should be previously evaluated by a consultant psychiatrist on a primary health care setting.

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

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EW244

Memory abilities and maladaptive schemas among Moroccan students



K. Mammad^{1,*}, F.Z. Azzaoui², A. Ahami¹, S. Boulbaroud³

¹ Faculty of science, department of biology, Kenitra, Morocco

² Faculty of science Ben M'sik, department of biology, Casablanca, Morocco

³ Polydisciplinary faculty, department of biology, Beni Mellal, Morocco

* Corresponding author.

Introduction Schemas are the organized general representations of the experience intended to facilitate information processing. Any dysfunction in these schemas could affect the normal neurocognitive abilities, as memory.

Aim To evaluate the forward and backward memory span abilities among Moroccan students and to study the impact of maladaptive schemas on the memory.

Methods The present study is a cross-sectional study conducted among 212 students, aged 17 to 25 years, randomly selected from the IBN TOFAIL University (Kenitra, Morocco). Two neurocognitive tests are used; the first one is the short version of the Early Maladaptive Schemas Questionnaire to evaluate the activated and deactivated schemas and the sub-test of Wechsler to evaluate the working memory among these subjects.

Results The obtained results of forward memory span showed that 53% of students had a normal memory, 47% had an excellent memory and no one had pathological forward memory. However, 63% of students had a pathologic backward memory span, 28% had normal memory and 9% had an excellent backward memory. Also, significant negative correlations are registered between good forward memory span and activated schema of alienation ($r = -0.17$; $P < 0.05$), self-sacrifice ($r = -0.17$; $P < 0.05$), abandonment ($r = -0.16$; $P < 0.05$). Moreover, significant negative correlations are registered between good backward memory span and activated schema of emotional deprivation ($r = -0.14$; $P < 0.05$).

Conclusion The students' memory appeared in connection with activation of some maladaptive schema. Deeper investigations are needed to understand this relationship and also to study the other possible factors that could affect this important neurocognitive function.

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

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EW245

Unemployment and the rate of new contacts with mental health services in South London

V. Bhavsar^{1,*}, M. Hotopf², J. Boydell¹, S. Hatch², SELCOH Investigators²

¹ Institute of psychiatry, department of psychosis studies, London, United Kingdom

² Institute of psychiatry, department of psychological medicine, London, United Kingdom

* Corresponding author.

Introduction Unemployment is a risk factor for later development of mental health problems, but characterisation of this in real world clinical data is limited. This study aimed to investigate the association between employment status and time-to-first-contact with mental health services using survey data linked to electronic health records (EHR).

Methods SELCOH ($n = 1698$, 2008–2010) was a representative population survey of South East London, with a 71.9% household participation rate. Anonymised survey data for participants was linked with EHR, generating survival data for time-to-first-contact. Cox regression was used to assess associations between unemployment and time to first contact with mental health services.

Results The rate in the unemployed was 22.84 contacts per 1000 person-years, and in those not unemployed, it was 10 contacts per 1000 person-years. The crude (age-adjusted) hazard ratio (HR) for unemployment was 3.09 (95% CI: 1.66–5.75). The HR for contact for unemployment, after adjusting for age, gender, ethnicity and education, was 2.8 (95% CI: 1.44–5.47). On addition of symptoms of common mental disorder, post-traumatic stress, psychosis and suicide attempts, to the model, unemployed participants remained at elevated risk (HR: 2.65, 95% CI: 1.33–5.27). Finally, illicit drugs and alcohol had minimal influence on estimates, giving a fully-adjusted

estimate for the association between unemployment and rate of contact of 2.6 (95% CI: 1.31–5.14).

Conclusions Unemployment was associated with a greater than two-fold increase in risk of accessing mental health care for the first time within the observation time, after adjustment for sociodemographic confounders, psychopathology, and substance use. Explanations for this association could include unobserved confounding, health behaviours associated with unemployment or effects of unemployment on stress processing.

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

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EW246

Which social environment is more important in the persistence of psychotic experiences? Differential impact of neighbourhood and family context in a six-year longitudinal population-based cohort

T. Binbay^{1,*}, U. Kirli², H. Elbi², B. Kayahan², H. Onay³, Ö. Ferda³, M. Drukker⁴, J. van Os⁴, K. Alptekin¹

¹ Dokuz Eylul university, faculty of medicine, department of psychiatry, Izmir, Turkey

² Ege university, faculty of medicine, department of psychiatry, Izmir, Turkey

³ Ege university, faculty of medicine, department of medical genetics, Izmir, Turkey

⁴ Maastricht university medical centre- school of mental health and neuroscience MHeNS, department of psychiatry and neuropsychology, Maastricht, Netherlands

* Corresponding author.

Introduction Social environment may lead to emergence and persistence of psychotic experiences.

Objectives Testing differential impact of social environments on emergence and persistence of subclinical psychotic experiences.

Aims To assess different social environments that predicts emergence and persistence of subclinical psychotic experiences in a 6-year follow-up of a representative general population sample.

Methods A longitudinal prospective cohort study (the TürkSch - The Izmir Mental Health Survey for Gene-Environment in Psychoses) was conducted with a general population sample ($n = 4011$) from Izmir-Turkey, who were 15–64 years of age at baseline. Sociodemographic factors, social environmental exposures (deprivation and social capital of neighbourhoods, and familial dysfunction and relationships), and measures of psychopathology (subclinical psychotic experiences) were assessed across two waves (T₁-2008 and T₂-2014; $n = 2192$) using the Composite International Diagnostic Interview.

Results Measures of wider social environment at T₁ (high social control and social deprivation within neighbourhoods) was associated with emergence (OR = 1.6; 95% CI = 0.6–2.4) and persistence (OR = 1.8; 95% CI = 0.6–2.4) of psychotic experiences at T₂. Also, measures of familial dysfunction and relationships were associated with emergence (OR = 2.1; 95% CI = 1.2–3.3) and persistence (OR = 3.3; 95% CI = 1.4–6.7) at T₂. The associations between wider social environment and psychotic experiences were not significant after adjusting for measures of family dysfunction relationship.

Conclusions The association between wider social environment and psychosis may be partially a result of dysfunctional relationships within the narrow environment including family. Current and past difficult family relationships may be an important contributing factor.

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

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EW247

The evaluation of the effects of daytime sleepiness, anxiety and depression on the quality of life in 112 emergency medical staff



S. Cankaya^{1,*}, M. Topbas¹, N.E. Beyhun¹, G. Can¹, P. Kizilay Cankaya²

¹ Karadeniz Technical University, Public Health, Trabzon, Turkey

² Fatih State Hospital, Psychiatry Clinic, Trabzon, Turkey

* Corresponding author.

Introduction One hundred and twelve emergency medical staff are faced with many physical and mental problems due to the deterioration of their sleep-wake cycle and getting out of their usual work and social life.

Objectives The aim of this study was to examine the effects of anxiety, depression, day time sleepiness on the quality of life in 112 emergency medical staff.

Methods Target population of this cross-sectional study was the 112 emergency medical staff in the province of Rize. We tried to obtain all the universe ($n = 154$), so the sample was not selected. One hundred and four people (67%) participated in the study. In the data form, Epworth sleepiness scale, Beck Anxiety Inventory, Beck Depression Inventory and the SF-36 quality of life questionnaire were applied.

Results The prevalence of pathological sleepiness was 14.4% ($n = 15$), the prevalence of anxiety was 39.8% ($n = 41$), the prevalence depression was 20.2% ($n = 21$), respectively (Table 1).

Conclusion Based on high levels of anxiety and depression that reduces quality of life compared to the general population in 112 emergency services workers, motivational programs, coping strategies, psychological counseling services are required. Also, against the psychosocial risk factors forming anxiety and depression in the working life, organizational measures must be taken.

Table 1 The correlation between depression, anxiety and sleepiness scores with the subscores of the quality of life scale in 112 emergency medical staff.

	Physical functioning	Role limitations due to physical health	Role limitations due to emotional problems	Energy/fatigue	Emotional well being	Social functioning	Pain	General health
Depression								
<i>r</i>	-0.12	-0.32*	-0.39*	-0.47*	-0.44*	-0.32*	-0.31*	-0.44*
<i>p</i>	0.234	0.001	<0.001	<0.001	<0.001	0.001	0.002	<0.001
Anxiety								
<i>r</i>	-0.22*	-0.33*	-0.35*	-0.31*	-0.32*	-0.27*	-0.39*	-0.25*
<i>p</i>	0.027	0.001	<0.001	0.002	0.002	0.007	<0.001	0.014
Sleepiness								
<i>r</i>	-0.24*	-0.22*	-0.12	-0.24*	-0.11	-0.27*	-0.30*	-0.06
<i>p</i>	0.019	0.035	0.268	0.019	0.305	0.008	0.003	0.592

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EW248

Is body weight dissatisfaction associated with depression?



M. Eichholzer*, A. Richard, S. Rohrmann

Epidemiology- biostatistics and prevention institute EBPI- university of Zurich, chronic disease epidemiology, Zurich, Switzerland

* Corresponding author.

Introduction Body image dissatisfaction is a risk factor for depression. Research has focused on female adolescents; yet little is known about sex and age differences.

Objectives/aims The aim of our study was to evaluate the association of body weight dissatisfaction, a component of body image, with depression overall, and for different sex and age-groups independent of body weight.

Methods We analyzed data of 15,975 individuals from the cross-sectional 2012 Swiss Health Survey. Participants were asked about their weight satisfaction. Patient Health Questionnaire (PHQ-9) was used to ascertain depression. Age was stratified in three groups ($\geq 18-29$; $\geq 30-59$; ≥ 60 years). Body mass index (BMI) was self-reported and categorized into normal weight (BMI: 18.5-24.9 kg/m²), overweight (BMI: 25.0-29.9 kg/m²), and obesity (BMI: ≥ 30 kg/m²). The association between weight dissatisfaction and depression was assessed with logistic regression analyses and adjusted for known confounders (including BMI).

Results Weight dissatisfaction was associated with depression in the overall group (OR: 2.04, 95% CI: 1.66-2.50) and in men (1.85, 1.34-2.56) and women (2.25, 1.71-2.96) separately, independent of body weight (multivariable adjusted). Stratification by age groups revealed associations of weight dissatisfaction with depression in young (1.78, 1.16-2.74), middle-aged (2.1, 1.61-2.74) and old individuals (2.34, 1.30-4.23) independent of BMI. A sub-analysis in the overall group revealed statistically significant positive associations of weight dissatisfaction with depression in underweight, normal weight, overweight and obese individuals.

Conclusion Body weight dissatisfaction is associated with depression in men, women, young, middle-aged and old individuals independent of BMI.

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

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EW249

Fraction of suicides attributable to alcohol in Belarus



Y. Razvodovsky

Grodno state medical university, pathological physiology, Grodno, Belarus

Introduction Suicide is one of the main causes of premature mortality in Belarus. There is strong evidence of a crucial role of alcohol in explanation of high suicide rate in this country.

Objectives The aim of the present study was to estimate the suicides mortality attributable to alcohol abuse in Belarus using aggregate- and individual-level data.

Methods The alcohol effect will be expressed in terms of alcohol-attributable fraction (AAF). The results of AAF estimates were compared with the data on BAC (blood alcohol concentration)-positive suicides based on the autopsy reports of the Bureau of Forensic Medicine.

Results The proportion of BAC-positive suicides and AAF estimates are presented in Table 1. BAC-positive suicides were found more frequently in men (60.2%) than in women (30.6). Similarly, the estimates of AAF for males (63.4%) were considerably higher than the estimates for females (35.2%). We also found that the relationship between alcohol consumption and suicides was stronger for male age groups 30-44 and 45-59 years.

Conclusions The outcome of this study provides support for the hypothesis that alcohol plays an important role in Belarusian suicide mortality crisis. The fact that the AAF estimated from aggregate-level data is similar to individual-level estimates suggests that this method produces reliable estimates of alcohol-attributable suicides.

Table 1 The proportion of BAC-positive suicides and AAF for different age groups.

Age	Males		Females	
	AAF	BAC+	AAF	BAC+
0–75+	63.4	60.2	35.2	30.6
15–29	27.8	54.4	20.6	48.8
30–44	67.2	65.4	47.2	41.7
45–59	67.2	65.1	44.1	38.4
60–74	50.6	58.8	20.6	19.6

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

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EW250

Effects of a parenting training program on depression and anxiety symptoms in women in Uganda

I. Familiar^{1,*}, H. Ruisenor-Escudero¹, M. Boivin¹, A. Sikorskii², A. Banik², S. Murray³, N. Nakasujja⁴, R. Opoka⁵, J. Bass³

¹ Michigan state university, psychiatry, East Lansing, USA

² Michigan state university, statistics and probability, East Lansing, USA

³ Johns Hopkins Bloomberg school of public health, mental health, Baltimore, USA

⁴ Makerere university, psychiatry, Kampala, Uganda

⁵ Makerere university, pediatrics, Kampala, Uganda

* Corresponding author.

Introduction Women living in HIV-affected communities in sub-Saharan Africa are at increased risk for anxiety and depression.

Objective We aimed to assess the effect of a year-long parenting program in rural Eastern Uganda on caregiver's depression and anxiety symptoms and assess their functioning.

Methods One hundred and twenty-two caregivers and their HIV-infected preschool children (2–5 years) were randomly assigned to biweekly Mediation Intervention for Sensitizing Caregivers (MISC) training or a health and nutrition curriculum (treatment as usual-TAU). Dyads were assessed at baseline, 6-, 12- and 24-months. Primary outcomes were caregiver's depression and anxiety symptoms (Hopkins Symptom Checklist) and functional impairment. Treatment arms were compared using mixed effects models adjusting for outcome values at baseline, age, sex, and ARV status.

Results Fifty-eight child-caregiver dyads received the intervention and 60 received TAU. Most (75%) caregivers were the biological mothers of children and had a mean age of 37 years. At baseline, 63% of women had clinically relevant symptoms of depression or anxiety. Compared to TAU, caregivers in the treatment arm had a reduction in depressive symptoms at 24-months (HSCL-25 score=0.75 vs. 0.92, $P=0.06$), and functionality significantly increased at 6-months (0.32 vs 0.49; $P=0.02$) and was sustained at 12-months (0.24 vs 0.39; $P=0.04$).

Discussion Findings show that caregiver mental health and functioning was significantly better in those who received the parenting training, compared to those who received TAU.

Conclusions Parenting training interventions can be useful to promote both maternal mental health and child development in low-income countries.

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

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EW251

Association of the activity of monoaminergic brain systems with social adjustment, burnout and adequacy of the view on the negative side of the world

D. Kashpur^{1,*}, S. Tukaiev²

¹ National Taras Shevchenko University of Kyiv, Department of Psychology, Kyiv, Ukraine

² National Taras Shevchenko University of Kyiv, Educational and Scientific Centre "Institute of Biology", Department of Physiology of Brain and Psychophysiology, Kyiv, Ukraine

* Corresponding author.

Perspectives of an individual in life are determined by effective socialization. Nowadays, much attention should be paid to the psychological nature of social adaptation and how effective socialization relates to the literal perception. This study aims to determine the relationship between personal adjustment, temperament traits, emotional burnout and reactions to emotion-laden social stimuli. Forty-one healthy volunteers (36 women and 11 men), students aged 17 to 26 years, participated in this study. We asked them to watch an emotional video. We used the following tests: the Method of Diagnostics of Social-Psychological Adaptation by Rogers & Dymond, Maslach Burnout Inventory (MBI), Cloninger's Temperament and Character Inventory (TCI), and Syndrome of Emotional Burnout by V. Boyko. Twenty-seven participants had a low level of personal adjustment and experienced burnout the most. There was an inverse correlation between social adjustment and harm avoidance, which reflects the activity of the serotonergic brain system. On the contrary, exploratory activity, which depends on the dopaminergic brain system, directly correlated with social adjustment. We found also a direct correlation between the formation of emotional burnout (depersonalization) and the perception of the negative video as pleasant, and inverse correlation of the latter with the level of social maladjustment and reward dependence (which reflects activity of the noradrenergic brain system). Thus, our results suggest that the balance of the activity of serotonin and dopaminergic brain systems may contribute to the development of social adaptation, burnout syndrome, and the adequacy of the negative view of the world.

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

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EW252

The relationship between non-consensual sex and risk of depression in female undergraduate students at universities in Maritime Canada

D. Langille^{1,*}, B. McDougall², A. Steenbeek³, M. Asbridge¹, P. Andreou¹

¹ Dalhousie University, Community Health and Epidemiology, Halifax, Canada

² Dalhousie University, Department of Psychiatry, Halifax, Canada

³ Dalhousie University, School of Nursing, Halifax, Canada

* Corresponding author.

Introduction Sexual victimization and depression are common on university campuses, especially among females, and both are associated with negative health outcomes. Most studies of relationships between non-consensual sex and depression have used broad definitions of victimization and/or have controlled poorly for confounding.



Objectives This study examines whether there is an independent association between non-consensual sex and current risk of depression after controlling for related factors.

Aims To better inform university health services about the psychological sequelae of non-consensual sex.

Methods Cross-sectional data collected online from female students younger than age 30 at eight universities in Maritime Canada were analyzed. Non-consensual sex while at university was measured using one dichotomous item and risk of depression was measured using the Center for Epidemiologic Studies Depression (CES-D) Scale. All analyses were weighted and data were imputed using the Sequential Regression Multivariate Imputation (SRMI) Method. Analyses involved basic descriptive statistics, a series of unadjusted logistic regressions, and an adjusted multiple logistic regression.

Results In total, 36.7% of students were at risk of depression and 6.8% had been victims of non-consensual sex while attending university. After adjusting for covariates and confounders, females who had been victimized were 2.11 times more likely to be at risk of depression than females who had not been victimized ($P < .0001$).

Conclusions This study points to the need for more mental health support for victims of sexual victimization and more efforts to prevent sexual violence. These findings can be used to help inform university mental health services and health promotion activities.

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

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EW253

Type A personality and its association with mortality: Considering different analysis approaches of the Bortner Scale



T. Lohse^{1,*}, D. Faeh², M. Bopp², S. Rohrmann²

¹ Epidemiology, Biostatistics and Prevention Institute EBPI, Zurich, Switzerland

² Epidemiology, Biostatistics and Prevention Institute EBPI, Chronic Disease Epidemiology, Zurich, Switzerland

* Corresponding author.

Introduction Type A behaviour pattern (TABP) is defined as the combination of competitive need for achievement, sense of time urgency, aggressiveness, and hostility. Studies raised evidence for an association between TABP and cardiovascular disease. Recent studies on its association with mortality showed contradicting results and used different methods to measure TABP.

Objectives/aims Investigating the association between TABP and all-cause, CVD, and all-cancer mortality.

Methods We used data of the MONICA and the NRP1A studies that were linked with the Swiss National Cohort (SNC) ($n = 7997$). Essentially, the SNC is an anonymous record linkage of census, migration and mortality data. TABP was measured by the Bortner Scale. To determine the all-cause, CVD, and cancer mortality risk a Cox regression was performed. Following Edwards et al. (1990), we analysed the Bortner Scale in two different ways: all items and its two dimensions (speed and competitiveness) separately.

Results We found a significant association of the Bortner Scale with all-cause mortality in women (adjusted for sociodemographic factors HR 1.02, 95% CI 1.00–1.03, additionally adjusted for lifestyle factors—smoking, alcohol intake, physical activity, BMI category—1.01, 1.00–1.03). The subscale of competitiveness was associated with all-cause and CVD mortality in women. Interestingly, stratifying for lifestyle variables revealed that the association was only present in those having a healthy lifestyle, e.g. non-smoking or non-hazardous alcohol intake.

Conclusions The Bortner Scale and its subscale of competitiveness were associated with mortality in women. In those having

great health awareness, this might offer potential for further reduction of mortality risk.

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

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EW254

Social withdrawal and suicide risk: A descriptive study



A. Malagon^{1,2,*}, D. Córcoles^{1,3}, E. Pérez¹, L. Mollà¹, D. Bergé^{1,2,3}, A. González¹, M. Bellsolà¹, L.M. Martín^{1,2}, A. Bulbena^{1,2}, V. Pérez^{1,2,3}

¹ Institute of Neuropsychiatry and Addictions, Parc de Salut Mar, Barcelona, Spain

² Universitat Autònoma Barcelona, Psychiatry and Forensic Medicine, Barcelona, Spain

³ Centro de Investigación Biomédica En Red de Salud Mental CIBERSAM, Centro de Investigación Biomédica En Red de Salud Mental CIBERSAM, Barcelona, Spain

* Corresponding author.

Introduction Social withdrawal is a major health problem that has been related with higher morbidity and mortality rates. There are few studies about the relationship between suicidal behavior and social isolation.

Aim To describe the existence of suicidal risk in subjects with social isolation.

Method Participants were 187 subjects referred to a Crisis Resolution Home Treatment because of social isolation. The inclusion criteria were: home isolation, avoiding of social situations and relationships, for at least 6 months. Suicide risk was assessed by the item of the Severity of Psychiatric Illness, dividing in four groups (from absence to high suicide risk). Socio-demographic and clinical data were also analysed.

Results Most cases ($n = 132$, 70.5%) had absence of suicide risk. They were predominantly young males in all groups. There were no statistically significant differences in sociodemographic or clinical variables. The mean age at onset of social isolation was lower in the high suicide risk group, having lower socially withdrawn period. This group had also lower rates of child abuse and suicide attempt history. The more frequent diagnosis in all groups was psychotic, affective and anxiety disorders. Those cases with mild and high suicide risk needed more frequently hospitalization.

Conclusions Social isolated people attended by CRHT do not have high frequency of suicide risk. Cases with higher suicide risk are younger and have a shorter period of isolation. The absence of child abuse history or previous suicide attempts contrasts with previous suicidal behavior research. These data can be influenced by the characteristics of functioning of CRHT and the small sample size.

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

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EW255

Diagnosed depression and utilization of healthcare and preventive services in the general adult population in Germany



U. Maske^{1,*}, J. Maren², U. Hapke¹, D. Kleiber², M.A. Busch¹

¹ Robert Koch Institute, Department of Epidemiology and Health Monitoring, Berlin, Germany

² Freie Universität Berlin, Department of Education and Psychology, Division Public Health: Prevention and Psychosocial Health Research, Berlin, Germany

* Corresponding author.

Introduction Depressive disorders have been related to increased health service utilization, but specific information about associations between health professional-diagnosed depression and the utilization of health care and preventive services in the general population is limited.

Objectives To compare the use of health care and preventive services among men and women with and without diagnosed depression in the general population in Germany.

Aims To examine the association of diagnosed depression with the utilization of healthcare and preventive services.

Methods Cross-sectional analysis of data from the representative telephone survey German Health Update (GEDA) 2009 and 2010 ($n = 43,312$ residents in private households 18 years and older). We analyzed associations between self-reported health professional-diagnosed depression (past 12 months) and the use of a range of healthcare services and preventive services covered by statutory health insurances using multivariable regressions adjusted for age, socio-economic status, marital status, employment and number of chronic somatic conditions.

Results Twelve-month diagnosed depression was associated with increased health care service utilization (physician contacts, hospital admissions, rehabilitation) in both sexes. Of the preventive services, diagnosed depression was associated with increased use of general health check-ups, cancer screening and flu vaccination among women, while there was no association with dental check-up and tetanus and pertussis vaccination. Among men, no association of diagnosed depression with any preventive service was found except for cancer screening.

Conclusions Health professional-diagnosed depression is associated with increased health service utilization independent of somatic comorbidity and socio-demographic confounders. This includes some preventive services in women and only one preventive service in men.

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

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EW256

Association between mental health problems of stunted children and common mental disorders of their mothers in Brazil: A case control study

C. Miranda^{1,*}, L. Santos², C.S. Paula³, W. Ribeiro⁴, T. Florencio⁵

¹ Maceio, Alagoas, Brazil

² Universidade Federal de Alagoas, Instituto de Ciencias Basicas da Saude, Maceio, Alagoas, Brazil

³ Universidade Presbiteriana Mackenzie, Programa de Pos Graduação em Distúrbios do Desenvolvimento, Sao Paulo, Brazil

⁴ Kings College London, Institute of Psychiatry, London, United Kingdom

⁵ Universidade Federal de Alagoas, Faculdade de Nutrição, Maceio, Alagoas, Brazil

* Corresponding author.

Introduction In deprived environments, mental health problems for both the mother and her stunted child may be related.

Objective To verify possible association between a child's nutritional and mental health status with common maternal mental disorders (and associated impairment).

Aims To contribute to management of malnutrition and mental health in low-income populations.

Methods Case-control study in which 48 malnourished children (aged 48 to 72 months) were compared with 50 eutrophic children. The child's nutritional status, the children's mental health, the maternal mental health, and the associated disability were evaluated by using the WHO criteria, the "Strengths and Difficulties Questionnaire" (SDQ), the "Self-Report Questionnaire"-20

(SRQ-20), and the "Sheehan Disability Scale" (SDS), respectively. In addition, selected socio-economic aspects were considered.

Results Variables with significant odds ratio (OR) in the univariate analysis were: maternal education (OR: 2.96, 95% CI: 1.30–6.75), number of residents in the household (OR: 0.32, 95% CI: 0.14–0.74), number of children in the household (OR: 0.25, 95% CI: 0.10–0.61), and social class (OR: 2.30, 95% CI: 1.02–5.18). The only SDQ dimension that tended to be associated with malnutrition was conduct problems ($P = 0.08$). The disability associated with probable common maternal mental disorders (CMD) also showed statistically significant association ($P = 0.02$). In the logistic regression, child malnutrition remained associated with child conduct problems and disability associated with probable CMD.

Conclusions Conduct problems in stunted children are positively associated with CMD and related disability. Longitudinal studies are necessary to confirm these hypotheses.

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

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EW257

Should I stay or should I go? Mobility and migration among psychiatric trainees in Europe – EFPT Brain Drain Survey

M. Pinto da Costa^{1,*}, E. Biskup², A. Giurgiucă³, J. Kaaja⁴, Ö. Kilic⁵, T. Mogren⁶, M. Stoyanova⁷, V. Banjac⁸,

S. Tomori⁹, E. European Federation of Psychiatric Trainees¹⁰

¹ Hospital de Magalhães Lemos, University of Porto, Porto, Portugal

² Universitätsspital Basel, Universitätsspital Basel, Basel, Switzerland

³ Carol Davila, University of Medicine and Pharmacy, Bucharest, Romania

⁴ University of Eastern Finland, Hospital District of Eastern Savonia, Savonlinna, Finland

⁵ Beykent University, Beykent University, Istanbul, Turkey

⁶ Länsvuxenpsykiatri Falun/Säter, Allmänpsykiatriska kliniken, Säter, Sweden

⁷ Sv. Naum, University Hospital in Neurology and Psychiatry, Sofia, Bulgaria

⁸ University Clinical Center, Clinic of Psychiatry, Republic of Serpska, Bosnia and Herzegovina

⁹ Mother Teresa, University Hospital Center, Tirana, Albania

¹⁰ EFPT, EFPT, Brussels, Belgium

* Corresponding author.

Introduction Workforce migration of mental health professionals seems to have a significant impact on mental health services, both in the donor and host countries. Nevertheless, information on migration in junior doctors within Europe is very limited. Therefore, the European Federation of Psychiatric Trainees (EFPT) has conducted the Brain Drain Survey.

Objectives To identify, in junior doctors training in psychiatry, the impact of international short-term mobility experiences, towards a future workforce migration across countries, exploring its patterns and reasons.

Methods In this cross-sectional international study, data were collected from 2281 psychiatric trainees in 33 countries. All participants answered to the EFPT Brain Drain Survey reporting their attitudes and experiences on mobility and migration.

Results Only one-third of the trainees had a short-mobility experience in their lifetime, being education the main purpose for these experiences. Interestingly, the main predictors for future migratory tendency were not only the having a income and being dissatisfied with this income, but having a short-mobility experience. In fact, people that had short-mobility experiences were two times more likely to express a migratory tendency. Trainees that went abroad were predominantly satisfied with their experiences,



reporting that these influenced their attitudes towards migration, positively.

Conclusions These findings show that short-term mobility has a positive impact into future long-term migration, increasing its probability.

Keywords Doctors; Training; Mobility; Migration

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

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EW258

Depression course, functional disability, and NEET status in young adults with mental health problems

B. O'Dea¹, R. Lee^{2,*}, P. McGorry³, I. Hickie², J. Scott⁴, R. Purcell⁵, E. Killackey³, A. Yung⁶, D. Hermens², N. Glozier²

¹ University of New South Wales, Black Dog Institute, Randwick, Australia

² University of Sydney, Brain and Mind Centre, Sydney, Australia

³ University of Melbourne, Orygen, Melbourne, Australia

⁴ Newcastle University, Institute of Neuroscience, Newcastle-upon-Tyne, United Kingdom

⁵ Swinburne University of Technology, Centre for Forensic Behavioural Science, Melbourne, Australia

⁶ University of Manchester, Institute of Brain, Behaviour and Mental Health, Manchester, Australia

* Corresponding author.

Introduction Role functioning is key to optimal health and inoculates against life-long inequality. Depression is a leading cause of functional disability. In most cases, improved symptomatology corresponds with improved functioning; however, functioning does not always return to "normal", despite symptom remission. Furthermore, the relationship between symptom remission and the likelihood of being Not in Employment, Education or Training (NEET) is unknown.

Objectives and aim To examine the temporal associations between depression course, functioning, and NEET status in young adults with mental health problems.

Methods A prospective and multisite clinical cohort study of young people aged 15–25 years seeking help from a primary mental health service ($n=448$). Participants completed a clinical interview (incl. QIDS-C16) and self-report battery (incl. WHODAS 2.0, employment, education) at baseline which was repeated at 12-month follow-up whilst continuing treatment as usual.

Results Remitted depression was significantly associated with improved functioning; however, 12 month functioning was still lower than the normative ranges for age-matched peers. Remittance of depression did not change the likelihood of being NEET. Only 10% of those who were NEET had received vocational support during the study.

Conclusion Remittance of depression was associated with improved functioning but it did not reduce the likelihood of being NEET. This may be explained by economic influences or alternatively, a time lag may exist where improvements in functioning do not immediately correspond with reduced NEET rates. Lastly, there may be a scarring effect of depression such that change in NEET status requires an additional intervention to depression treatment.

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

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EW259

Association of family stress with other psychosocial factors in female population 25–64 years in Russia: WHO program MONICA-psychosocial

V. Gafarov, D. Panov*, E. Gromova, I. Gagulin, A. Gafarova
FSBI Institute of Internal and Preventive Medicine, Collaborative laboratory of cardiovascular diseases epidemiology, Novosibirsk, Russia

* Corresponding author.

Aim To explore association of family stress with other psychosocial factors in female population aged of 25–64 years in Russia.

Methods Under the third screening of the WHO "MONICA-psychosocial" program random representative sample of women aged 25–64 years ($n=870$) were surveyed in Novosibirsk. Questionnaire "Awareness and attitude towards the health" was used to estimate levels of family stress. Chi-square (χ^2) was used for assessment of statistical significance.

Results The prevalence of high family stress level in women aged 25–64 years was 20.9%.

High family stress was higher in age groups 25–34 years and 45–54 years: 27.6% and 30.5%, respectively. Among women with family stress, 58.7% had high level of trait's anxiety. Women with stress at family had high rate of major depression (11%). There were tendencies of higher prevalence of hostility and vital exhaustion in those with stress (41.1% and 27.4%, respectively). Among those in female population with stress at family, 60.6% had sleep disturbances. Social support like close contacts and social network tended to be lower in women with family stress: 59.1% and 80.3%, respectively. Rates of serious conflicts in family were more often in younger age groups and reached 48.6%. In women aged 25–34 years, 54.9% have no possibilities to have a rest at home after usual working day ($P<0.001$).

Conclusions The prevalence of high stress in family in female population aged 25–64 years is more than 20% in Russia. High family stress closely associated with anxiety, major depression, high hostility and vital exhaustion, poor sleep and low social support.

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

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EW260

Prenatal depression in women hospitalized for threatened preterm labour: A prospective study in Greece

G. Papazisis^{1,*}, T. Dagklis², I. Tsakiridis², F. Chouliara², A. Mamopoulos², D. Rousso²

¹ Faculty of Medicine, Aristotle University of Thessaloniki, Pharmacology and Clinical Pharmacology, Thessaloniki, Greece

² Faculty of Medicine, Aristotle University of Thessaloniki, 3rd Department of Obstetrics and Gynaecology, Hippokrateion hospital, Thessaloniki, Greece

* Corresponding author.

Introduction Pregnancy complications may require admission in a high-risk pregnancy unit (HRPU). A complicated pregnancy and hospital admission might negatively affect the pregnant woman's mental health.

Objectives To screen for depressive symptoms in pregnant women admitted in a high-risk pregnancy unit due to threatened preterm labour and also to investigate for associated risk factors.



Aims Early identification of prenatal depression will decrease the risk of pregnancy complications and postnatal depression.

Methods A prospective study enrolled pregnant women admitted at ³24 gestational weeks due to threatened preterm labour in a university hospital HRP, between 9/2014 and 11/2015. The Edinburgh Postnatal Depression Scale (EPDS) was used to assess depressive symptoms and a cut-off score ³13 was considered as indicative of depression. Test results were then correlated with the indication for admission, demographic and socio-economic parameters.

Results Overall, 80 of the women admitted in the HRP were eligible for the study and agreed to complete the questionnaire. The mean age was 29.4 ± 6.23 years and the mean gestational week at the admission was 31.6 ± 3.33 weeks. The prevalence of prenatal depression (score ³13) was 25% (20/80). In the multivariable model, depression was significantly correlated with the existence of thoughts for pregnancy termination [*P* = .03 OR = 4.560 95% CI: (1.162–17.892)].

Conclusions One quarter of pregnant women admitted in the HRP with the indication of threatened preterm labour may suffer from clinically significant depression. An unwanted pregnancy was found to be independently associated with prenatal depression whereas no association was found with any obstetric parameters.

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

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EW261

Descriptive epidemiology of depressive and anxiety disorders, cognitive impairment and dementia in a sample of elderly patients in the geriatric unit of a general hospital



A. Pater^{1,*}, Y. Espolio Desbaillet², D. Peris³

¹ Hôpital Neuchâtelois, Gériatrie, Neuchâtel, Switzerland

² Centre Neuchâtelois, Gériatrie, Neuchâtel, Switzerland

³ Centre Neuchâtelois de Psychiatrie, Hôpital de Préfargier, Neuchâtel, Switzerland

* Corresponding author.

Introduction Studies have demonstrated the high prevalence of depressive disorders amongst elderly people and their underestimation and mistreatment.

Objective The aim of this study is to describe epidemiological issues in a sample of elderly hospitalized patients, giving special attention on the prevalence of depressive and anxiety disorders and the detection of potential risk factors.

Material and methods The sample included 168 elderly patients referred for the geriatric unit of a general hospital. Epidemiological and clinical data were collected. Geriatric Depression Scale (GDS), Mini Mental State Examination (MMSE) and Functional Independence Measure (FIMTM) were used. Data were analyzed with XLSTAT program.

Results The 39% of the sample were men and the 61% women, with an age range between 65 and 95 years. Nine percent of patients aged 65–84 had a diagnosis of depressive or anxious-depressive disorder, compared to 13% within the age range 85–95. However, 14% of patients aged 65–85 had a GDS higher than 5 and 19% for the patients aged 85–95, which could confirm the underestimated rate of depression diagnosed in elderly patients. Item “feeling loneliness” was pointed out in 75% and item “feeling bored” in 64% of all GDS higher than 5. Prevalence of dementia was 8% in the whole sample.

Conclusions High prevalence of depressive and anxious disorders amongst the elderly is to be taken in account. Potential risk factors could be loneliness and lack of daily activity. The development of social primary prevention interventions in order to

decrease the prevalence of these pathologies amongst elderly is needed.

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

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EW262

Making sense of economic deprivation as a predictor of suicide and homicide: A nationwide register-study



M. Pompili^{1,*}, M. Vichi²

¹ Rome, Italy

² National Institute of Health, National Centre for Epidemiology, Surveillance and Health Promotion, Rome, Italy

* Corresponding author.

Introduction Classical work on lethal aggression often viewed suicide and homicide as sharing a common source.

Objective The present investigation explores the association between measures of social deprivation on the relative incidence of suicide over homicide in Italian provinces.

Methods Data refer to official government sources on lethal violence rates and measures of social deprivation. The central dependent variable is termed SHR or the suicide rate expressed as a proportion of the sum of the suicide and homicide rates Data were available for the 103 Italian provinces.

Results The SHR had three significant predictors. The greater the percentage of the population with low education, the lesser the tendency towards suicide. The tendency towards suicide was also predicted by rental housing, the greater the percentage of the population living in rental housing the less the tendency towards suicide. The inverse of the unemployment rate also predicted the SHR. Given that the measure follows an inverse function, the greater the unemployment rate the lesser the tendency towards suicide relative to homicide (SHR). We can interpret the results relative to a homicidal tendency in the SHR: the greater the low education percentage of the population, the greater the homicidal tendency, and the greater the rental housing percentage, the greater the homicidal tendency in the SHR.

Conclusion The results are consistent with a stream of previous research that connects deprivation with a relatively high probability for disadvantaged populations to direct aggression outwardly in the form of homicide rather than inwardly in the form of suicide.

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

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EW263

Structure and function of social networks, loneliness, and their association with mental disorders among older men and women in Ireland: A prospective community-based study



Z. Santini^{1,*}, K.L. Fiori^{2,3}, S. Tyrovolas¹, J.M. Haro¹, J. Feeney⁴, A. Koyanagi¹

¹ Parc Sanitari Sant Joan de Deu, Recerca, Barcelona, Spain

² Adelphi University, Garden City, N.Y., USA

³ Gordon F. Derner Institute of Advanced Psychological Studies, NY, USA

⁴ Queen's University Belfast, School of Medicine, Dentistry and Biomedical Sciences, Belfast, United Kingdom

* Corresponding author.

Introduction Interpersonal stressors and social isolation are detrimental for emotional health, but how these factors are related

to loneliness and altogether influence risk for mental disorders is not well understood.

Objectives To examine the mediating role of loneliness in the associations of relationship quality and social networks with depressive symptoms, anxiety, and worry among a sample of Irish men and women in late-life.

Aims To determine the gender-specific risk for mental disorder associated with poor social relationships and loneliness among older adults.

Methods Data came from the Irish Longitudinal Study on Ageing (TILDA). Nationally representative data on 6105 community-dwelling adults aged > 50 years were analyzed. Follow-up data was obtained two years after cohort inception. Multivariable linear regressions and mediation analyses were used to assess the associations. Analyses were stratified by gender.

Results Better spousal relationship quality was protective against depressive symptoms and worry for men. For both genders, support from friends was protective against depressive symptoms, and better relationship quality with children was protective against depressive symptoms and worry. Social network integration was inversely related to depressive symptoms for men. Loneliness significantly mediated most associations (Tables 1–3).

Conclusions High quality spousal relationships and social integration appear to play a more central role for mental health among men than for women. For both genders, poor social relationships increase feelings of loneliness, which in turn worsens mental health. Interventions to improve relationship quality and social networks, with a focus on reducing loneliness, may be beneficial for the prevention of mental disorders among older adults.

Table 1 Loneliness^a as a mediator of the link between relationship quality^b, social networks^c and depressive symptoms^d at 2-year follow-up in older adults.

	Women			Men		
	Coefficient	95%CI	% mediated	Coefficient	95%CI	% mediated
Social support from spouse						
- Total				-0.336	-0.566–0.106	
- Direct	0.021	-0.140–0.181		-0.257	-0.484–0.030	
- Indirect				-0.079	-0.128–0.029	23.5
Social strain from spouse						
- Total	0.102	-0.060–0.265		0.217	0.087–0.377	
- Direct				0.132	-0.026–0.290	
- Indirect				0.085	0.041–0.129	39.1
Social support from children						
- Total	-0.375	-0.575–0.175		-0.135	-0.264–0.007	
- Direct	-0.316	-0.515–0.117		-0.112	-0.239–0.016	
- Indirect	-0.059	-0.103–0.015	15.7	-0.024	-0.053–0.005	17.5
Social strain from children						
- Total	0.186	0.007–0.365		0.074	-0.079–0.228	
- Direct	0.134	-0.046–0.314				
- Indirect	0.052	0.003–0.100	27.8			
Social support from other family members						
- Total	-0.084	-0.192–0.024		-0.029	-0.122–0.063	
- Direct						
- Indirect						
Social strain from other family members						
- Total	0.154	-0.014–0.323		0.066	-0.118–0.250	
- Direct						
- Indirect						
Social support from friends						
- Total	-0.143	-0.271–0.014		-0.113	-0.205–0.021	
- Direct	-0.121	-0.250–0.008		-0.070	-0.162–0.022	
- Indirect	-0.022	-0.048–0.004	15.5	-0.043	-0.068–0.019	38.3
Social strain from friends						
- Total	0.087	-0.103–0.278		0.080	-0.102–0.263	
- Direct						
- Indirect						
Social Network Index						
- Total	-0.089	-0.425–0.248		-0.371	-0.656–0.087	
- Direct				-0.254	-0.541–0.032	
- Indirect				-0.117	-0.195–0.039	31.5

CI confidence interval. Results in bold are statistically significant (p<0.05). All models were adjusted for age, education, place of residence, financial strain, chronic medical conditions, stressful life events, problem drinking, W1 depressive symptoms (CES-D) and W1 loneliness (UCLA). Mediation analysis was only performed when the total effect was significant.
^aThe mediating variable was W2 loneliness (UCLA). The scale for loneliness ranged from 0 to 10 with higher scores indicating greater levels of loneliness. The scale was reversed in models where social support or social networks were the predictors.
^bThe scales for social support and strain ranged from 0 to 10, with higher scores corresponding to higher levels of social support or strain, respectively.
^cThe scale for social networks (SN) ranged from 1 (most isolated) to 4 (most integrated).
^dW2 Depressive symptoms (CES-D). The scale ranged from 0–60, with higher scores indicating more depressive symptoms.

Table 2 Loneliness^a as a mediator of the link between relationship quality^b, social networks^c and anxiety^d at 2-year follow-up in older adults.

	Women			Men		
	Coefficient	95%CI	% mediated	Coefficient	95%CI	% mediated
Social support with spouse						
- Total	0.043	-0.029–0.115		-0.061	-0.151–0.029	
- Direct						
- Indirect						
Social strain with spouse						
- Total	0.005	-0.074–0.085		0.009	-0.064–0.082	
- Direct						
- Indirect						
Social support with children						
- Total	-0.025	-0.108–0.058		-0.064	-0.127–0.002	
- Direct				-0.053	-0.115–0.010	
- Indirect				-0.012	-0.024–0.001	18.2
Social strain with children						
- Total	-0.017	-0.098–0.064		-0.013	-0.087–0.061	
- Direct						
- Indirect						
Social support with other family members						
- Total	0.006	-0.042–0.054		-0.044	-0.090–0.001	
- Direct						
- Indirect						
Social strain with other family members						
- Total	0.047	-0.030–0.124		-0.021	-0.104–0.062	
- Direct						
- Indirect						
Social support with friends						
- Total	0.019	-0.034–0.072		-0.041	-0.088–0.005	
- Direct						
- Indirect						
Social strain with friends						
- Total	-0.030	-0.118–0.058		0.013	-0.076–0.103	
- Direct						
- Indirect						
Social Network Index						
- Total	-0.075	-0.219–0.069		0.013	-0.122–0.148	
- Direct						
- Indirect						

CI confidence interval. Results in bold are statistically significant (p<0.05). All models were adjusted for age, education, place of residence, financial strain, chronic medical conditions, stressful life events, problem drinking, W1 anxiety (HADS-A) and W1 loneliness (UCLA). Mediation analysis was only performed when the total effect was significant.
^aThe mediating variable was W2 loneliness (UCLA). The scale for loneliness ranged from 0 to 10 with higher scores indicating greater levels of loneliness. The scale was reversed in models where social support or social networks were the predictors.
^bThe scales for social support and strain ranged from 0 to 10, with higher scores corresponding to higher levels of social support or strain, respectively.
^cThe scale for social networks (SN) ranged from 1 (most isolated) to 4 (most integrated).
^dW2 Anxiety (HADS-A). The scale ranged from 0–21, with higher scores indicating more symptoms of anxiety.

Table 3 Loneliness^a as a mediator of the link between relationship quality^b, social networks^c and depressive worry^d at 2-year follow-up in older adults.

	Women			Men		
	Coefficient	95%CI	% mediated	Coefficient	95%CI	% mediated
Social support from spouse						
- Total	-0.074	-0.212–0.064		0.058	-0.103–0.219	
- Direct						
- Indirect						
Social strain from spouse						
- Total	0.090	-0.068–0.247		0.203	0.065–0.341	
- Direct				0.103	-0.035–0.242	
- Indirect				0.100	0.045–0.154	49.1
Social support from children						
- Total	-0.039	-0.188–0.110		-0.095	-0.218–0.029	
- Direct						
- Indirect						
Social strain from children						
- Total	0.186	0.009–0.363		0.328	0.185–0.471	
- Direct	0.135	-0.041–0.312		0.209	0.125–0.413	
- Indirect	0.051	-0.002–0.104	27.3	0.059	0.012–0.106	18.0
Social support from other family members						
- Total	0.012	-0.098–0.123		-0.018	-0.102–0.066	
- Direct						
- Indirect						
Social strain from other family members						
- Total	0.066	-0.084–0.217		0.147	-0.003–0.296	
- Direct						
- Indirect						
Social support from friends						
- Total	-0.038	-0.155–0.079		-0.044	-0.139–0.052	
- Direct						
- Indirect						
Social strain from friends						
- Total	0.122	-0.076–0.320		0.164	-0.015–0.344	
- Direct						
- Indirect						
Social Network Index						
- Total	-0.094	-0.428–0.241		0.236	-0.034–0.507	
- Direct						
- Indirect						

CI confidence interval. Results in bold are statistically significant (p<0.05). All models were adjusted for age, education, place of residence, financial strain, chronic medical conditions, stressful life events, problem drinking, W1 worry (PSWQ-A) and W1 loneliness (UCLA). Mediation analysis was only performed when the total effect was significant.
^aThe mediating variable was W2 loneliness (UCLA). The scale for loneliness ranged from 0 to 10 with higher scores indicating greater levels of loneliness. The scale was reversed in models where social support or social networks were the predictors.
^bThe scales for social support and strain ranged from 0 to 10, with higher scores corresponding to higher levels of social support or strain, respectively.
^cThe scale for social networks (SN) ranged from 1 (most isolated) to 4 (most integrated).
^dW2 worry (PSWQ-A). The scale ranged from 8–40, with higher scores indicating more symptoms of worry.

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

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EW264

Suicidal events due to overdose and medical comorbidities in psychiatric disorders of ICD-10 classes F1–F4: A comparative overview of five studies in general hospital admissions

D. Schoepf^{1,*}, R. Heun²

¹ University Hospital of Bonn, Psychiatry, Bonn, Germany

² Royal Derby Hospital, Radbourne Unit, Derby, United Kingdom

* Corresponding author.

Introduction General hospital-based studies may help towards improving the treatment of psychiatric disorders.

Objectives and aims Based on five representative studies in general hospital admissions, we will represent a comparative overview of suicidal events due to overdose and of the most common medical comorbidities in psychiatric disorders of ICD-10 classes F1–F4.

Methods In secondary analysis one-way Anova and Tukey HSD test were used for comparisons of interval variables. Suicidal events and medical comorbidities with prevalences > 10% were compared between studies using the OR and the 95% CI.

Results Individuals with psychiatric disorders of ICD-10 classes F1–F4 were young (44.7–50.0 years), had an extended length of hospital stay at initial hospitalization (3.8–8.1 vs. 2.9–3.4 days), and significantly more likely suffered of suicidal events due to overdose than controls, contributing from 4.1% (OR = 4,1) to 11,6% (OR = 25.2) to general hospital admissions. Additionally, individuals with schizophrenia (SCH) significantly more likely suffered of type-2 diabetes mellitus (OR = 2.3, 95% CI 1.5–3.6) than individuals with major depressive disorder (MDD), anxiety disorder (ANX), and alcohol dependence (AD), but equal likely as individuals with bipolar disorder (BD). Asthma and hypertension contributed significantly more to hospitalizations in the MDD and ANX samples compared to the SCH, BD, and AD samples. In the AD sample, alcoholic liver disease was more prevalent than in all other samples.

Conclusions In psychiatric disorders, the frequency of suicidal events due to overdose in general hospitals is significantly determined by the diagnostic class. Additionally, different medical comorbidities contribute more than other medical comorbidities to general hospital admissions in various psychiatric disorders.

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

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EW265

The projected number and prevalence of dementia in Japan: Results from the Toyama Dementia Survey

M. Sekine^{1,*}, M. Suzuki², H. Kido³, M. Yamada¹, T. Tatsuse¹

¹ University of Toyama, Department of Epidemiology and Health Policy, Toyama, Japan

² University of Toyama, Department of Neuropsychiatry, Toyama, Japan

³ Kido Clinic, Department of Psychiatry, Imizu, Japan

* Corresponding author.

Purposes The increasing number of dementia is of major public health concern. This study aims to calculate the projected number and prevalence of dementia in Japan, using data from the Toyama Dementia Survey.

Methods The Toyama Dementia Survey was conducted 6 times in 1983, 1985, 1990, 1996, 2001, and 2014. In the 2014 survey, the subjects were randomly chosen from residents aged 65 or more in



Toyama prefecture, with a sampling rate of 0.5%. Of those, 1303 men and women agreed to participate (participation rate: 84.8%). An interview with a screening questionnaire was conducted by public health nurses. Psychiatrists and public health nurses further investigated for the suspected cases of dementia and diagnosed whether the cases had dementia. The 1985–2001 surveys were conducted in a similar way, and, therefore, data from the 1985–2014 surveys were used in the analysis.

Results The prevalence of dementia in Toyama prefecture increased from 4.7% in 1985 to 15.7% in 2014. Using the age and sex-specific prevalence of dementia in the 2014 survey, the projected number of dementia is approximately 4.8 million (prevalence rate: 14.1%) in 2015, 6.1 million (16.7%) in 2025, and 7.2 million (19.2%) in 2035. Using the age and sex-specific prevalence of dementia as estimated by linear regression models, the projected number of dementia is approximately 4.7 million (13.9%) in 2015, 7.1 million (19.5%) in 2025, and 9.7 million (25.8%) in 2035.

Conclusions The number of dementia in Japan could double in the next 20 years, which corresponds to 1 in 4 elderly people.

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

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Forensic psychiatry

EW266

Duration of the compulsory psychiatric forensic hospital treatment compared to maximum penalty sentences in the Republic of Croatia

M. Curkovic*, K. Radic, N. Buzina, G. Arbanas, V. Jukic

University Psychitric Hospital Vrapce, Centre for Forensic Psychiatry, Zagreb, Croatia

* Corresponding author.

Introduction Legal system, by the nature of its involvement, has the tendency to create boundaries of forensic psychiatric (in)patient care. In 2014, after the introduction of the new Law of the Protection of Persons with Mental Disorder in the Croatia new boundaries were created within the article: “compulsory hospitalized treatment of insane person cannot be longer that maximum penalty sentence prescribed for that offense”.

Objectives To analyze the duration of hospitalization of forensic psychiatric inpatients at the University Psychiatric Hospital Vrapče’s Centre for Forensic Psychiatry and compare these findings to a prescribed maximum penalty sentence.

Aims To test appropriateness of the new regulative introduced with the new Law.

Methods Available data from all forensic psychiatric inpatients that committed crimes of murder, attempted murder, grave murder, threat, personal injury or domestic violence that were dismissed within 10 years before the introduction of the new Law were analyzed.

Results The analysis included a total of 168 inpatients. The mean durations of hospitalizations for all six categories of crimes did not exceed maximum penalty sentences prescribed by the latest corresponding law, although in some rare individual cases they did. This was present within the categories of crimes of domestic violence (mean duration: 20.6 months with maximum duration: 68 months), and threat (mean duration: 24, maximum duration: 89).

Conclusion Although arguably with the best intentions (“unacceptability of negative discrimination”), legal system created



unnecessary tension as it imposes legal principles over clinical and moral ones. Deeper analysis of possible mediators of the duration of hospitalization are identified and presented.

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

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EW267

Long-stay in high and medium secure forensic psychiatric care – Prevalence, patient characteristics and pathways in England



R. Edworthy*, B. Vollm

University of Nottingham, School of Medicine Division of Psychiatry and Applied Psychology, Nottingham, United Kingdom

* Corresponding author.

Introduction Forensic psychiatric services are costly and highly restrictive for patients. Clinical experience and the limited research available indicate some patients stay for too long in these settings. A proportion of patients may, however, require long-term (potentially life-long) secure forensic psychiatric care but their needs may not be met by existing service provision designed for faster throughput.

Objectives We conducted a national, multi-centre, cross sectional study exploring the prevalence of long-stay and characteristics of long-stayers in high and medium secure forensic psychiatric care in England.

Aims (1) Estimate the prevalence of long-stay in secure settings in England (length of stay over 5 years in medium secure care or 10 years in high secure care); (2) describe the characteristics, needs and care pathways of long-stay patients. Develop recommendations following the exploration of international models for this patient group.

Methods We employed a mixed-methods approach including the analysis of administrative data, case file reviews, patient interviews, consultant questionnaires, interviews with clinicians and commissioners and a Delphi survey.

Results Twenty-five percent ($n=401$) of our sample were experiencing long-stay. This patient group has a heterogeneous set of characteristics and needs relating to their diagnosis, offending history, risk and therapeutic need and have experienced a variety of care pathways through secure care.

Conclusions We found a greater number of long-stay patients than originally estimated with a set of characteristics and needs that are arguably different to that of the general forensic population, therefore calling for a specific care pathway and service provision for this patient group with a greater focus on autonomy and quality of life.

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

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EW268

Legal problems and substance use among HIV-infected patients



C. Parro Torres^{1,*}, D. Hernández Huerta², E. Ochoa Mangado³, A. Madoz Gúrpide³, A.M. Moreno Zamora⁴

¹ Hospital Gregorio Marañón, Psiquiatría, Madrid, Spain

² Hospital Provincial de Toledo, Psiquiatría, Toledo, Spain

³ Hospital Ramón y Cajal, Psiquiatría, Madrid, Spain

⁴ Hospital Ramón y Cajal, Enfermedades Infecciosas, Madrid, Spain

* Corresponding author.

Introduction There are many studies of HIV-infected patients where have found higher prevalence of substance use disorders than in general population. Moreover some factors, like presence of

legal problems, substance abuse and HIV are also frequently related with poorer clinical results.

Objectives/aims The aim of this study is to analyze the relationship between substance consumption and presence of legal problems among HIV-infected patients.

Methods Our study is a cross-sectional case-control survey. Cases were defined as HIV-infected patients who referred presence of legal problems in a sociodemographic questionnaire. Controls were defined as HIV-infected patients who denied presence of legal problems. Both groups were interrogated about illegal substance use (cocaine, heroin, cannabis, stimulants or benzodiazepines) and alcohol problematic use during previous year. Logistic regression was employed as statistical analysis. Results were adjusted for age, gender and race.

Results Our sample was compound by 63 patients: 44 controls and 19 cases. A statistical signification was found between illegal substance use variable and presence of legal problems ($P=0.003$) but not with alcohol problematic use. The condition of illegal substance use during previous year increased the risk to have legal problems 5.353 times. Another important result was found in gender, the condition of male increased the risk to have legal problems 2.32 times than female condition.

Conclusions In our sample, substance use (cocaine, heroin, cannabis, stimulants or benzodiazepines) during previous year was related to have more legal problems. Gender, specifically male condition, also was linked with more risk to have legal problems.

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EW269

When residents are assaulted



N. Nuria^{1,*}, A. San Román², N. Gómez-Coronado³, I. Sevillano⁴, P. Hervias⁵, V. Prieto⁶, C. Llanes⁷, S. Puertas⁸, A. González-Pinto¹

¹ Hospital Universitario de Alava, Psychiatry, Vitoria-Gasteiz, Spain

² Complejo Hospitalario de Zamora, Psychiatry, Zamora, Spain

³ Hospital Universitario Virgen del Rocío, Psychiatry, Sevilla, Spain

⁴ Hospital Clínico de Valladolid, Psychiatry, Valladolid, Spain

⁵ Hospital Dr R. Lafora, Psychiatry, Madrid, Spain

⁶ Complejo Hospitalario de Zamora, General Medicine, Zamora, Spain

⁷ Complejo Asistencial de Zamora, Psychiatry, Zamora, Spain

⁸ Hospital 12 de Octubre, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction and objective Description through a survey of physical aggressions suffered by Spanish Medical Trainees of all specialties.

Methods We developed a survey through an online platform that was distributed to all Spanish trainees of all medical specialties. In that survey, we ask residents if they ever have been physically assaulted, for how many times, the year of residence when it occurred, if they have in their hospital an aggression protocol, and if it included a specific topic for trainees. We also asked them about their feelings after they have been assaulted.

Results We collected 282 answers from the survey. We could observe that 12.9% of respondent trainees had been assaulted at least once. Fifty-one percent of times, it occurs during the first year of residency. Among assaulted residents, 25.5% were psychiatric trainees, and 44.4% were medical trainees, but no psychiatrist. Twenty-three percent were psychiatric trainees, and the 35% of them had been assaulted once. Only 25.2% of the residents knew the aggression protocol of their work center, but the majority (65.5%) did not know it. About how do they feel after being assaulted, most of them responded that they felt anxiety, helplessness, fear and they had even thought of leaving de residency or change it.

Conclusions Aggressions during the trainee period seems to be prevalent (12.9%). Most trainees don't even know if there is a

aggression protocol in their hospitals, we think that a prevention and supporting guideline should be design for improve this prevalent situation.

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

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EW270

Abnormal amygdala functional connectivity during an fMRI expectancy task in pedophilia

I. Ristow^{1,*}, S. Li², L.R. Demenescu², H. Walter³, K. Beier⁴, T. Kruger⁵, B. Schiffer⁶, J. Ponseti⁷, M. Walter²

¹ Magdeburg, Germany

² CANLAB Magdeburg, Department of Psychiatry, Magdeburg, Germany

³ Clinic for Psychiatry and Psychotherapy, Clinic for Psychiatry and Psychotherapy, Berlin, Germany

⁴ Institute for Sexual Medicine and Sexual Science, Institute for Sexual Medicine and Sexual Science, Berlin, Germany

⁵ Research Group Clinical Psychology and Sexual Medicine, Center for Mental Health, Clinic for Psychiatry, Sociopsychiatry and Psychotherapy, Hannover, Germany

⁶ Institute for Forensic Psychiatry of the University Duisburg-Essen, Institute for Forensic Psychiatry of the University Duisburg-Essen, Essen, Germany

⁷ Institute for Sexualmedicine and Forensic Psychiatry and Psychotherapy, Institute for Sexualmedicine and Forensic Psychiatry and Psychotherapy, Kiel, Germany

* Corresponding author.

Introduction Pedophilia is a disorder where sexual preferences of adults are directed towards children. This disorder impacts society with 1–2 out of every 10 children being sexually approached by an adult, often resulting in prolonged negative psychological effects. Prior research reported structural and functional amygdala alterations in pedophilia. As the neurophenomenological model of sexual arousal suggests the importance of the amygdala in the emotional component, we focused on amygdala functional connectivity in pedophilia.

Aims To investigate amygdala functional connectivity (FC) modulated by expectancy and salient stimuli in pedophilic patients.

Methods Thirteen pedophilic patients and 13 matched healthy controls underwent a salience expectancy task in a 7T ultra high fMRI study. Subjects perceived pictures of naked adults and children. Half of the pictures were preceded by an expectancy cue. Participants were instructed to actively expect the picture depending on the cue. We conducted psychophysiological analysis (PPI) to examine amygdala FC changes in two amygdala sub-regions for child/adult stimuli during the expectancy period and the visual stimuli consummation period using as seed regions the basolateral (BLA) and central nucleus of the amygdala (CeA).

Results Healthy controls, relative to patients showed significant stronger left CeA to right post-central gyrus FC during expectancy of adult > child picture. For picture condition (adult > child picture) we found significant stronger left CeA to left dorsolateral prefrontal cortex FC in patients compared to healthy controls.

Conclusion These findings add to the recent literature by indicating that amygdala dysfunctional connectivity is involved in development of deviant sexual behavior.

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EW271

Restrictive measures in psychiatry

M. Rodríguez Merino*, J.J. Arechederra Aranzadi, M.I. López-Ibor Alcocer

Dr. López Ibor Neuropsychiatric Institute, Psychiatry, Madrid, Spain

* Corresponding author.



Introduction Informed consent is guarantor of the three principles that guide the professional activity of physicians concretely, information, comprehension and volunteerism, based on bioethical values of autonomy, non-maleficence, beneficence and justice. Psychopathological alterations undermine the capacity to consent treatment, requiring, sometimes, restrictive measures for risk prevention and treatment, including involuntary admission, intramuscular medication and physical restraint.

Objectives This study aims to analyze the therapeutic measures of restriction, according Spanish legislation, article 763 of Civil Procedure Law, under the condition of a mental disorder.

Method We will proceed to the descriptive statistical analysis of total cohort of hospital admissions in the Dr. Lopez Ibor Neuropsychiatric Institute in the calendar year 2014 and we will review the coercive measures to the treatment of those patients who have decline of the ability to provide informed consent.

Results Of the cohort of income, 10.5% has been involuntary admission, 51% men versus 49% women. Forty-one percent of patients have been diagnosed with schizophrenia, schizotypal and delusional disorder; the other 30% with affective disorders (21% bipolar disorder or manic disorder); and the 12.2% with disorders of adult personality and behaviour. Eighteen percent have needed intra-muscular medication and physical restraint.

Conclusions The proportion of patients with decline of the decisional-making capacity is less than that found in studies in other countries of the European Union. The involuntary commitment is more frequently associated with severe mental disorders and the use of restrictive measures is associated to situations of danger to the patient or others.

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

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EW272

Not just 'callous-unemotional': Psychopathic traits are associated with emotion dysregulation dimensions

P. Velotti^{1,*}, M. D'aguanno², C. Garofalo³, G. Rogier²

¹ University of Genoa, Educational Sciences, Psychology Unit, Genoa, Italy

² University Sapienza, Psychology, Rome, Italy

³ Tilburg University, psychology, Tilburg, Netherlands

* Corresponding author.



Introduction Historically, psychopathic individuals have mainly been described as characterized by pervasive callous-unemotional traits, with dramatic implications for clinical and forensic practices – such as the tendency to deem psychopathic individuals as untreatable. However, recent evidence with community samples have highlighted that psychopathic traits may be in fact related to emotion dysregulation rather than being the mere reflection of an underlying 'unemotionality'. Yet, it is no clear if this association extends to populations with more severe forms of psychopathy (i.e., offenders).

Objectives We wanted to replicate previous evidence of an association between emotion dysregulation and psychopathic traits in a sample of incarcerated offenders.

Aims To investigate the associations among emotion dysregulation dimensions and psychopathic traits, exploring similarities and differences between the Interpersonal-Affective and the Antisocial-Lifestyle facets of psychopathy.

Methods A sample of male offenders incarcerated in Italian jails completed the Self-Report Psychopathy Scale (SRP-4; Paulhus, Neumann, & Hare, 2015) and the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004).

Results In line with the expectations, emotion dysregulation dimensions did predict higher levels of psychopathic traits. Structural Equation Modelling revealed that selected dimensions of emotion dysregulation were associated with different facets of psychopathy.

Conclusions Based on our findings, we argue that psychopathic traits may be associated to a certain extent with emotion dysregulation, and thus a focus on improving emotion regulation skills may hold the promise to dampen the therapeutic pessimism when dealing with psychopathic offenders.

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

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EW273

Lifetime abuse among male inmates in an Italian prison: Psychiatric clinical correlates



N. Verdolini^{1,*}, L. Attademo¹, R. Garinella¹, L. Pauselli¹, M. Piselli², P. Moretti², R. Qartesan³

¹ University of Perugia, School of Specialization in Psychiatry, Department of Medicine, Perugia, Italy

² University of Perugia, Section of Psychiatry, School of Specialization in Psychiatry, Department of Medicine, Perugia, Italy

³ University of Perugia, Director of the School of Specialization in Psychiatry, Section of Psychiatry, Department of Medicine, Perugia, Italy

* Corresponding author.

Aim to evaluate the prevalence of lifetime abuse in inmates of the Spoleto prison (Umbria, Italy) as well as the association with psychiatric disorders, Axis I or II, lifetime drug abuse, self-harm in the inmates and the history of legal problems or lifetime drug abuse in their parents.

Subjects and methods Five hundred and twenty-six convicted males incarcerated in the Spoleto Prison between October 2010 and September 2011 were evaluated by trained interviewers with the SCID-I, the SCID-II, the ASI-X and the DSHI. Chi² tests were performed to examine the relation between the history of lifetime abuse and the different clinical features.

Results Ninety-seven (18.4%) inmates reported a lifetime history of abuse. Among them, 65 (67%) suffered from an Axis I diagnosis and 65 (67%) were given an Axis II diagnosis. Inmates that reported a lifetime history of abuse were more likely to have an Axis II diagnosis ($P = .002$) but not an Axis I diagnosis ($P = 0.086$) or a lifetime drug abuse ($P = 0.060$) than those without abuse. Furthermore, there was a significant relationship between history of abuse and lifetime self-harm in inmates ($P < .001$) and legal problems or lifetime drug abuse in their parents ($P < .001$).

Conclusion Even though a lifetime history of abuse is not so frequently reported in our sample of inmates, the high rates of psychiatric disorders among those abused and the correlation with self-harm should be taken in consideration when needs of inmates are evaluated, mainly in those who require psychiatric treatments.

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

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Genetics & molecular neurobiology

EW274

Oxidative stress – A promising candidate in explaining the neurobiology of autism spectrum disorders



M. Bækgaard Thorsen^{1,2,*}, N. Bilenberg³, E. Benedikz⁴, Å. Fex Svenningsen⁴, P. Munk-Jørgensen¹, T. Sheldrick-Michel²

¹ Psychiatric Hospital and University of Southern Denmark, Psychiatric Research Academy Odense, Odense, Denmark

² Psychiatric Hospital and University of Southern Denmark, Research Unit of Psychiatry Odense, Odense, Denmark

³ Psychiatric Hospital and University of Southern Denmark, Research Unit of Child, and Adolescent Psychiatry Odense, Odense, Denmark

⁴ Institute of Molecular Medicine, University of Southern Denmark, Department of Neurobiology Research, Odense, Denmark

* Corresponding author.

Introduction The diagnoses of autism spectrum disorders (ASDs) are based on a phenotype, characterized by impaired social interaction and communication and by repetitive and restricted interests. However, this might not represent a single clinical entity, but a behavioral manifestation of different neurodevelopmental deficits with a multifactorial etiology. Small studies have shown elevated levels of oxidative stress and lower levels of anti-oxidants in patients with ASD, and correlations with the severity of ASD. Therapies targeting oxidative stress have shown improvements regarding behavior, social interaction and verbal communication in patients with ASD, supporting the oxidative stress theory.

Objectives To evaluate the importance of oxidative stress in the neurobiology of adults with ASD.

Aims There is a need to understand the neurobiology of ASD, therefore this study analyzes the level of oxidative stress in a larger cohort of patients with ASD and compares to controls.

Methods The study includes 350 patients over 18 years of age diagnosed with ICD-10 diagnoses F84.0, F84.1, F84.5 or F84.8 and compared to gender and age matched neurotypical controls. The included probands will have their serum and plasma analyzed for levels of oxidative stress (superoxide dismutase 1 and 2, catalase, glutathioneperoxidase, malonaldehyde, thiobarbituric acid reactive substances and xanthinoxidase).

Results The preliminary results will be presented at the EPA in March 2016 in Madrid.

Conclusion With this study we aim to elucidate some of the neurobiology in ASD. This could lead to new potential targets for treatment and prevention of the disorders.

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

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EW275

Plasma micro-RNA profiles in patients with major depressive disorder (MDD)



V.R. Enatescu^{1,*}, I. Papava¹, I. Enatescu², M. Antonescu³, A. Anghel³, E. Seclaman³, I.O. Sirbu³, R. Romosan¹, C. Marian³

¹ "Victor Babes" University of Medicine and Pharmacy Timisoara, Department of Psychiatry, Timisoara, Romania

² "Victor Babes" University of Medicine and Pharmacy Timisoara, Department of Neonatology and Puericulture, Timisoara, Romania

³ "Victor Babes" University of Medicine and Pharmacy Timisoara, Department of Biochemistry, Timisoara, Romania

* Corresponding author.

Introduction Micro-RNAs (miRs) are involved in processes associated with MDD such as neural plasticity, neurogenesis,

synaptogenesis and stress response. MiRs are detectable in biological fluids; however, no data is available regarding the use of plasma circulating miRs as markers of MDD, only whole blood or serum being reported so far.

Objectives We investigated plasma miR profiles as potential markers for MDD in patients treated with antidepressants.

Aims To detect and characterize differentially expressed miRs in the plasma of MDD patients, before and after treatment with escitalopram.

Methods Blood was collected from patients with MDD before and after 12 weeks of treatment. Plasma profiles of 1008 miRs were measured by real time PCR. The fold change of expression between time points was calculated and a paired *t* test was used for statistical significance. Gene targets and pathways were assessed in miRWalk2.0.

Results From 222 plasma miRs expressed, 40 were significantly different after treatment. Upregulated miRs (23) belonged to 43 pathways, down-regulated miRs (17) belonged to 46 pathways; the top 5 significant pathways identified being pathways in cancer, Wnt signalling, endocytosis, axon guidance and MAPK signalling. Six of these miRs are common to all five pathways: miR-146a-5p, miR-146b-5p, miR-221-3p, miR-24-3p, miR-26a-5p.

Conclusions Our analysis of significant changes in plasma miRs after escitalopram treatment of MDD might open new avenues for the understanding of its mode of action and its side effects. To our knowledge, this is the first study to assess miRs affected by antidepressant treatment in plasma of MDD patients.

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

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EW276

RNA expression profiling in depressed patients suggests retinoid-related orphan receptor alpha as a biomarker for antidepressant response

J. Hennings^{1,*}, M. Uhr², T. Klengel¹, P. Weber¹, B. Pütz¹, C. Touma³, C. Darina¹, M. Ising⁴, F. Holsboer¹, S. Lucae⁴

¹ Max Planck Institute of Psychiatry, Translational Psychiatry, Munich, Germany

² Max Planck Institute of Psychiatry, Core Unit Biobanking and Molecular Biology, Munich, Germany

³ Max Planck Institute of Psychiatry, Department Stress Neurobiology and Neurogenetics, Munich, Germany

⁴ Max Planck Institute of Psychiatry, Clinical Research, Munich, Germany

* Corresponding author.

Gene expression profiling may be a tool to identify markers of antidepressant treatment response and new potential drug targets. In a first step, we selected 12 males, age- and severity-matched pairs of remitters and non-responders, and analyzed expression profiles in peripheral blood at admission and after 2 and 5 weeks of treatment using Illumina expression arrays. We identified 127 transcripts significantly associated with treatment response with a minimal *P*-value of 9.41×10^{-4} (false discovery rate-corrected). Analysis of selected transcripts in an independent replication sample of 142 depressed inpatients confirmed that lower expression of retinoid-related orphan receptor alpha (RORa, $P = 6.23 \times 10^{-4}$), germinal center expressed transcript 2 (GCET2, $P = 2.08 \times 10^{-2}$) and chitinase 3-like protein 2 (CHI3L2, $P = 4.45 \times 10^{-2}$) on admission were associated with beneficial treatment response. In addition, leukocyte-specific protein 1 (LSP1) significantly decreased after 5 weeks of treatment in responders ($P = 2.91 \times 10^{-2}$). Additional genetic, in vivo stress reactivity data and murine hippocampal gene expression findings corroborate our finding of RORa as a transcriptional marker of antidepressant response. In summary, using a genome-wide transcriptomics approach and subsequent



validation studies, we identified several transcripts including the circadian gene transcript RORa that may serve as biomarkers indicating antidepressant treatment response.

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EW277

Markers of neurodegeneration in patients with severe neuropsychiatric disorders

T. Dokukina*, M. Makhrov, P. Korolevich, A. Pinchuk, A. Astashonok, T. Budko

Republican Scientific and Practical Centre for Mental Health, Department of mental and behavioral disorders, Minsk, Belarus

* Corresponding author.

The high frequency of occurrence and serious social consequences of cognitive impairment allow us to consider them as an actual general medical problem.

Objective To describe the quantitative ratios of markers of neurodegeneration (Aβ40, Aβ42, phosphorylated tau protein) in patients with severe neuropsychiatric disorders.

Material and methods The study included 82 patients with different cognitive impairment. Three groups: 35 patients with schizophrenia, 26 patients with epilepsy and 21 patients with autism. The results showed differences in the expression profile of tau protein in patients with early and late onset of schizophrenia. Variations of the quantitative ratio in plasma of amyloid peptide Aβ40 were detected in the second experimental group (epilepsy). Aβ40 concentrations were 13.8–38 pg/mL in the age group 28–39 years. At the same time, this protein was not detected in persons older than 40 years. Amyloid Aβ42 was not detected in any of the cases. Tau (concentration 30 pg/mL) is defined only in 1 patient. Most of the persons with autism noted the presence of two markers simultaneously: tau protein (concentration 27.4 pg/mL) and amyloid Aβ40 (concentration 23–138 pg/mL).

Conclusion It is shown that there is a high variability of the proportion of the amyloid Aβ40 in patients with schizophrenia, epilepsy and autism. Tau protein is detected only in the group of patients with early-onset schizophrenia and in one case in a patient with epilepsy. The results are important for the improvement of diagnostic methods and development of etiopathogenic therapy.

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

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EW278

Alterations of the POMC-promoter-methylation and its derivative alpha-MSH in a rodent model for alcohol dependence

M. Muschler*, M. Rhein, H. Frieling, T. Hillemacher, S. Bleich

Medical School Hannover, Department of Psychiatry, Social Psychiatry and Psychotherapy, Hannover, Germany

* Corresponding author.

Introduction Till this day the molecular mechanisms underlying alcohol dependence are far from being understood in its entirety. Repeatedly the HPA-axis got in the focus of research for alcohol dependence. Many of these works show an association between alcohol dependence and the answer of the HPA-axis on its different levels. POMC and its derivative alpha-MSH as part of the HPA-axis are supposed to mediate alcohol craving. To investigate the role of alpha-MSH for craving we used a rodent model for alcohol dependence.



Methods To prove our hypothesis we used a rodent model with 90 male wistar-rats which were housed individually in single cages. Water, 3 alcohol-solutions (5%, 10% and 20%) and food were offered to the animals ad libitum for one year (4 bottle paradigm), whereas control groups got 4 bottles filled with water. The continuous alcohol consumption of the animals was interrupted by scheduled alcohol-deprivation-phases. During the animal trial a manifest alcohol dependence was induced. The blood and tissues, obtained at the end of the trial, were analysed using direct bisulfite-sequencing (methylation status) and Elisa (alpha-MSH protein levels).

Results and discussion The group of alcohol dependent animals showed an altered methylations status of the POMC-gene-promoter and altered levels of alpha-MSH compared to the control group. These findings are in line with our previous results showing a significant correlation between symptoms of alcohol craving and POMC-promoter methylation. These new data confirm our results from humane materials and clarify the meaning of alpha-MSH for craving in alcohol dependence.

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

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EW279

Characterizing rare mis-sense variations of CACNA1I identified in a Swedish schizophrenia cohort

J. Pan*, A. Allen, L. Huang, D. Daez

Broad Institute of Harvard and MIT, Stanley Center for Psychiatric Research, Cambridge, USA

* Corresponding author.

CACNA1I (hCav3.3) encodes the $\alpha 1$ pore-forming subunit of human voltage-gated T-type calcium channels. Cav3.3 is expressed in a limited subset of neurons including GABAergic neurons of the thalamic reticular nucleus (TRN) where they support oscillatory activity essential for sleep spindle generation. *CACNA1I* is implicated in schizophrenia risk by emerging genetics including genome-wide association studies (PGC, 2014), and exome sequencing of trio samples (Gulsuner et al., 2013). In order to understand the impact of disease-associated sequence variation on the function of Cav3.3, we set out to analyze a complete set of rare mis-sense coding variations in *CACNA1I* in a Swedish cohort, including 15 variations identified in patients, 20 identified in control subjects, and 23 in both. We established a heterologous expression system of isogenic cell lines, each carrying single-copy inducible cDNA variants of hCav3.3, and evaluated their functional impact on channel function by electrophysiology, calcium imaging, and biochemistry. We found at least five coding variations impaired overall channel protein abundance, as well as whole cell current density. In addition, we identified hCav3.3 variants with altered voltage-dependence of channel activation and inactivation. Overall, we found that reduced calcium influx through hCav3.3 is associated with the group of variants identified in patients, compared to those in both patients and controls. Our findings suggest that patient-specific rare variations of *CACNA1I* may influence channel-dependent functions, including rebound bursting in TRN neurons, with potential implications for schizophrenia pathophysiology.

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

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EW280

Polymorphism neuropeptide receptor gene S (NPSR1) and sleep disturbances

V. Gafarov^{1,*}, M. Voevoda², E. Gromova¹, V. Maximov², D. Panov¹, I. Gagulin¹, A. Gafarova¹

¹ FSBI Institute of Internal and Preventive Medicine, Collaborative Laboratory of cardiovascular disease epidemiology, Novosibirsk, Russia

² FSBI Institute of Internal and Preventive Medicine, Laboratory of molecular and genetic study, Novosibirsk, Russia

* Corresponding author.

Objective To study the association gene of candidate NPSR1 rs324981 with sleep disorders in the open population of men 45–64 years of Novosibirsk.

Materials and methods The study of the association candidate gene polymorphisms with sleep disorders was carried out during the examination of a random representative sample of men 45–69 years ($n = 1770$). The response rate was 61%. The median age is 56.5 year. Every 12 a man was selected for genotyping ($n = 147$). To assess the level of sleep was used a questionnaire which was filled with self-test. Statistical analysis was performed using SPSS-11.5.

Results The level of sleep disorders in the male population of 45–64 years was 79.9%. The frequency of homozygous C/C genotype of neuropeptide S (gene *NPSR1* rs324981) was 19.4%, T/T genotype occurs in 27.8%, C/T genotype –52.8%. Men dominated the T allele of –54.2%, and the C allele –45.8% growth trend Fnd dissatisfaction with the quality of their sleep among men. Men T-allele carriers, most evaluated their sleep as “satisfactory” in 69% of cases, ($\chi^2 = 15,713$ df=8, $P < 0.05$).

Conclusion Association found men carrier T-allele of neuropeptide S (gene *NPSR1* rs324981), a sleep disorder.

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

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EW281

Methylomic changes in individuals exposed in utero to diethylstilbestrol

F. Rivollier*, O. Kebir, B. Chaumette, M.O. Krebs

Sainte-Anne Hospital, Service Hospitalo-Universitaire, Paris, France

* Corresponding author.

Background In the Western world, more than 2 million people were exposed in utero to diethylstilbestrol. In exposed individuals and in their descendants, several adverse outcomes have been linked to such exposure, like cancers, genital malformations and, less consistently, psychiatric disorders. Disruption of epigenetic homeostasis was proposed as the molecular substratum of this environmental factor but was not fully proven.

Methods We selected 69 siblings from 30 families. In each family, at least one sibling was exposed in utero to diethylstilbestrol. We analyzed DNA methylation using Human Methylation 450 DNA Analysis BeadChip®. We performed a methylome-wide association analysis searching for specific methylation changes in exposed versus unexposed individuals. Secondary, we compared exposed individuals with and without genital malformation, and with and without psychosis.

Results No differentially methylated regions were identified between exposed and unexposed individuals. Yet, our analyses showed that exposed individuals with genital or psychotic abnormalities have several specific differentially methylated regions compared with exposed individuals without complication. These CpGs were located in genes relevant for cancer (ADAMTS9), genital abnormalities (HOOK2) and psychiatric diseases (ZFP57).

Conclusions In utero exposure to diethylstilbestrol is not associated with changes in methylation profiles. In exposed individuals though, specific traits are associated with methylomic modifications encompassing genomic regions, mostly involved in cancer and neurodevelopment, leading to heterogeneous consequences.

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

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EW282

Borderline personality disorder and childhood maltreatment:**A genome-wide methylation analysis**

L. Stenz^{1,*}, J. Prados², P. Courtet³, P. Prada⁴, R. Nicastro⁴, W. Adouan⁵, S. Guillaume³, E. Olié³, J.M. Aubry⁴, A. Dayer⁶, N. Perroud⁴

¹ Switzerland

² Geneva university, departement of psychiatry, Geneva, Switzerland

³ Centre Hospitalier Régional Universitaire de Montpellier, Department of Emergency Psychiatry, Montpellier, France

⁴ University Hospitals of Geneva, Department of Mental Health and Psychiatry, Geneva, Switzerland

⁵ University of Geneva, Department of Psychiatry, Geneva, Switzerland

⁶ Geneva University, Department of Psychiatry, Geneva, Switzerland

* Corresponding author.

Early life adversity plays a critical role in the emergence of borderline personality disorder (BPD) and this could occur through epigenetic programming. In this perspective, we aimed to determine whether childhood maltreatment could durably modify epigenetic processes by the means of a whole-genome methylation scan of BPD subjects. Using the Illumina Infinium[®] Human Methylation 450 Bead Chip, global methylation status of DNA extracted from peripheral blood leucocytes was correlated to the severity of childhood maltreatment in 96 BPD subjects suffering from a high level of child adversity and 93 subjects suffering from major depressive disorder (MDD) and reporting a low rate of child maltreatment. Several CpGs within or near the following genes (IL17RA, miR124-3, KCNQ2, EFN1, OCA2, MFAP2, RPH3AL, WDR60, CST9L, EP400, A2ML1, NT5DC2, FAM163A and SPSB2) were found to be differently methylated, either in BPD compared with MDD or in relation to the severity of childhood maltreatment. A highly relevant biological result was observed for cg04927004 close to miR124-3 that was significantly associated with BPD and severity of childhood maltreatment. miR124-3 codes for a microRNA (miRNA) targeting several genes previously found to be associated with BPD such as NR3C1. Our results highlight the potentially important role played by miRNAs in the etiology of neuropsychiatric disorders such as BPD and the usefulness of using methylome-wide association studies to uncover such candidate genes. Moreover, they offer new understanding of the impact of maltreatments on biological processes leading to diseases and may ultimately result in the identification of relevant biomarkers.

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

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EW283

Effect of Disrupted-in-Schizophrenia 1 gene on treatment response in patients with a first episode of psychosis

J. Vázquez Bourgon*, R. Ayesa Arriola, P. Suarez Pinilla, R. Roiz Santiañez, D. Tordesillas Gutierrez, V. Ortiz-García de la Foz, B. Crespo-Facorro
University Hospital Marqués de Valdecilla-IDIVAL, CIBERSAM, Psychiatry, Santander, Spain

* Corresponding author.

Introduction There is substantial evidence suggesting that individual variability in antipsychotic treatment response could be genetically determined. Disrupted-in-Schizophrenia 1 (DISC1) gene has been previously associated to the illness and to treatment response in a sample of patients suffering from psychosis. However, there is a lack of studies on the effect of DISC1 on treatment response in samples of first episode psychosis.



Objectives The aim of this study was to explore the relation between variations in DISC1 gene and treatment response to antipsychotics in a sample of drug-naïve patients with a first episode of psychosis.

Methods Two hundred and twenty Caucasian drug-naïve patients experiencing a first episode of non-affective psychosis were genotyped for rs821616 (Ser704Cys), rs6675281 (Leu607Phe) and rs1000731. Early (6 weeks) response to antipsychotic treatment was assessed with the Brief Psychiatric Rating Scale, the Scale for the Assessment of Positive Symptoms, and the Scale for the Assessment of Negative Symptoms. Other clinical and socio-demographic variables were recorded to eliminate potential confounding effects.

Results We found a significant association between rs1000731 and treatment response. Thus, those patients homozygous for the G allele of rs1000731 were more frequently non-responders, measured with SANS, after 6 weeks of treatment, than those carrying the A allele ($X^2 = 4.019$; $P = 0.032$). Moreover, when analysing the clinical improvement longitudinally, we observed that those patients carrying the A allele for the rs1000731 presented a greater improvement in positive symptoms dimension ($F = 8.905$; $P = 0.003$).

Conclusions Our results suggest a minor contribution to antipsychotic drug response of genetic alterations in the DISC1 gene.

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

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Geriatric psychiatry

EW284

Agreement and equation between Mini Mental State Examination (MMSE) and Montreal Cognitive Assessment (MoCA) in an old age psychiatry outpatient clinic population

D. Adamis^{1,*}, L. Helmi², O. Fitzpatrick¹, D. Meagher³, G. McCarthy²

¹ Sligo Mental Health Services, Psychiatry, Sligo, Ireland

² Sligo Mental Health Services, Sligo Medical Academy, NUI Galway, Psychiatry, Sligo, Ireland

³ Medical School, University of Limerick, Psychiatry, Limerick, Ireland

* Corresponding author.

Introduction Both MMSE and MoCA are two widely used cognitive screening test. Comparison of the two tests has been done in specific populations (Parkinson) but not in general elderly psychiatric populations. In research, equating methodologies has been used to compare results among studies that use different scales, which measure the same construct.

Aims To explore their level of agreement within a particular clinical setting.

Objectives (a) To find MoCA and MMSE agreement. (b) To derive a conversion formula between the two scales and test it in a random population of similar setting.

Methods Prospective study of consecutive community dwelling older patients who attend outpatient clinic or day hospital. Both tests were administered from the same researcher the same day in random order.

Results The total sample ($n = 135$) was randomly divided in two. One from where the equating rule derived ($n = 70$) and a second ($n = 65$) in which the derived conversion was tested. Agreement of the two scales (Pearson's r) was 0.86 ($P < 0.001$), and



Lin's Concordance Correlation Coefficient (CCC) was 0.57 (95% CI 0.45–0.66). In the second sample, we convert the MoCA scores to MMSE scores according to equating rule from the first sample and after we examined the agreement between the converted MMSE scores and the originals. The Pearson's r was 0.89 ($n=65$, $P<0.001$) and the CCC 0.88 (95% CI 0.82–0.92).

Conclusions Although the two scales overlap considerably, the agreement is modest. The conversion rule derived showed promising accuracy in this population but need further testing in other populations.

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

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EW285

Burden of care among relatives of people with dementia attending tertiary care in Oman

M. Al Maqbali*, H. A-Sinawi

Sultan Qaboos University Hospital, Behavioral Medicine, Muscat, Sultanate of Oman

* Corresponding author.

Introduction Providing care to people with dementia is a stressful experience and has been associated with high burden of care. Such issue has been under-researched in Arabic/Islamic parts of the world.

Aims and objectives The aim of this study is to determine the degree of burden of care among caregivers of people with dementia attending the Old-Age clinic, Sultan Qaboos University Hospital, Oman.

Methods Fifty patients with dementia and their primary care caregivers were included in the study. The diagnosis of dementia was based on DSM 5 criteria and the severity was rated according to the Global Deterioration Scale for Assessment of Primary Degenerative Dementia and Clinical Dementia Rating. Level of dependency was measured using the Katz Index of Independence in Activities of Daily Living (ADL) and Lawton Instrumental Activities of Daily Living (IADL) Scale. For the caregivers, burden of care was determined by Zarit Burden Interview (ZBI).

Results The majority of caregivers were adult children (90%) who are supported by other relatives. Overall, 70% of caregivers demonstrated high degree of burden as quantified by ZBI. Factors such as patient's age, duration and severity of dementia, level of dependency and female gender of the caregiver were associated with higher burden.

Conclusion Burden is common among dementia caregivers and several factors interplay to influence the perceived stress. As increased burden was evidenced to be associated with higher incidence of mental disorders, screening and early intervention will impact positively on the caregiver as well as the patient.

Keywords Dementia; Caregiver; Burden; Oman

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

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EW286

First psychiatric hospitalization in patients older than 65 years

J. Ballesteros, A. Uría, P. Rico*

Hospital Universitario de Getafe, Psychiatry, Getafe, Spain

* Corresponding author.

Introduction Medical assistance for elderly people with mental health problems increases at the same time that life expectancy does.

Objectives The aim of this work is to describe several demographic and clinical characteristics of elderly patients admitted for the first time to an acute inpatient psychiatry unit.

Methods Observational, descriptive, and retrospective study from June 2013 to May 2015, where it is analysed patients older than 65 years admitted to the acute psychiatric ward of Hospital de Getafe in that period without psychiatric hospitalization in their personal background.

Results Seventeen patients were included of a total of 428 patients admitted in that period (3.97%). Mean age: 70.7 ± 4.7 . A total of 10 male (58.9%). The average stay in the studied group was 18.5 days, slightly lower than general average stay in that period (19.2 days). No psychiatric background was found in 4 patients. The most common diagnoses was depressive episode (5 patients) followed by manic episode (4 patients) and delusional disorder. Every of them but one, were taking at least one antipsychotic drug at discharge.

Conclusions Elderly patients represent a low percentage of the total of patients admitted to an acute inpatient psychiatry unit. Many of them, despite having long-term ambulatory psychiatric follow-up, require a first psychiatric hospitalization after 65 years, as well as other patients begin their treatment in the mental health services in that hospitalization. It is noteworthy that antipsychotic drugs are used very commonly in those patients.

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

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EW287

Comparison of the frailty phenotype and the Tilburg Frailty Indicator regarding the prediction of quality of life in a two-year follow-up

T. Coelho^{1,*}, C. Paúl², L. Fernandes³

¹ School of Allied Health Technologies, Polytechnic Institute of Porto, Department of Occupational Therapy, Vila Nova de Gaia, Portugal

² Institute of Biomedical Sciences Abel Salazar, University of Porto, UNIFAI/CINTESIS, Porto, Portugal

³ Faculty of Medicine, University of Porto, UNIFAI/CINTESIS, Porto, Portugal

* Corresponding author.

Introduction Frail individuals are highly vulnerable to minor stressful events, presenting a higher risk for adverse health outcomes (e.g. falls, disability, hospitalization), which can lead to a decline in quality of life (QoL). In this context, an early screening of elderly frailty is of crucial importance.

Objective To compare how the Frailty Phenotype (FP) and the Tilburg Frailty Indicator (TFI) predict QoL in a two-year follow-up.

Methods A longitudinal study was designed recruiting 110 community-dwelling elderly (≥ 65 years). The presence of frailty was assessed at baseline (FP ≥ 3 and TFI ≥ 6), whereas QoL was measured two years later with two different scales: the WHOQOL-OLD and the EUROHIS-QOL-8. Hierarchical regressions were conducted. **Results** The mean age of the participants at baseline was 77.7 ± 6.9 years, and most were women (75.5%). According to FP, 33.6% of the participants were classified as frail, while the TFI detected frailty in 50% of the elderly. After adjusting for age and gender, the TFI significantly predicted QoL (WHOQOL-OLD: $\beta = -18.9$, $t(106) = -6.97$, $P < 0.001$; EUROHIS-QOL-8: $\beta = -6.1$, $t(106) = -6.71$, $P < 0.001$), whereas the effect of the FP on the outcome measures was non-significant.

Conclusions Frailty at baseline was associated with a lower QoL at follow-up. A multidimensional frailty operationalization (TFI) showed a stronger predictive validity than an exclusively physical one (FP). The option of which frailty measure to use in a clinical setting should take into account its ability to predict specific adverse outcomes, conducting to targeted and effective interventions.

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

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EW288

Physical activity, salivary cortisol and psychological well-being in institutionalized elderly women – A preliminary study



M. Figueiredo-Braga^{1,*}, G. Furtado², M. Uba-Chupel², J.P. Ferreira², A.M. Botelho²

¹ Faculty of Medicine, University of Porto, Clinical Neurosciences and Mental Health, Porto, Portugal

² Faculty of Sport Science and Physical Education, University of Coimbra, Portugal, Centro de Investigação do Desporto e da Actividade Física, Coimbra, Portugal

* Corresponding author.

Introduction Aging is a process of morphologic and physiologic changes that naturally predisposes elderly persons to progressive health decline. Vulnerability to poor resolution of homeostasis after a stressor event may represent the common pathway of elderly cognitive, physical and psychological fragility. Regular physical activity (RPA) has been shown to have positive effects in cognitive performance, stress and mood state.

Aims We aimed to study the relationship between RPA, salivary cortisol, emotional and cognitive state in institutionalized elderly women.

Methods A cross-sectional study was performed in 35 institutionalized women (mean age of 81.5 [7.5] years). Participants were divided in active (ACT, $n=20$) and insufficiently active (IACT, $n=15$) according with the International Physical Activity Questionnaire (IPAQ-sv). The Center for Epidemiological Studies Depression Scale (CES-D), Subjective Happiness Scale (SHS) and Mini-mental State Exam (MMSE) were applied. Salivary levels of Cortisol were analyzed by Elisa. The t -student test was used to compare groups and associations between variables were detected using Pearson's correlation coefficients.

Results Participants from the ACT group presented higher MMSE ($P=.037$) and lower CES-D scores ($P=.028$). Although Cortisol presented similar levels in both groups, a negative correlation was detected between cortisol and the CES-D score. A negative association was also found between the presence of depressive symptoms and MMSE.

Conclusion A higher physical activity was associated with lower cognitive impairment and less depressive symptoms, reinforcing the positive influence of RPA in the elderly. Furthermore, higher subjective well-being is associated with the maintenance of cortisol levels and an adequate stress response.

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

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EW289

Screening for metabolic syndrome in older patients with severe mental illness: Two-years observational study



F. Franza^{1,*}, K. Aquino², L. Calabrese¹, A. Cervone³, N. Fiorentino¹, S. De Guglielmo¹, M. Iandoli¹, A. Soddu¹, B. Solomita¹, V. Fasano¹

¹ Neuropsychiatric Centre Villa dei Pini, Psychiatry, Avellino, Italy

² ASL 4 Friuli Centrale, Mental Health Department, Tarcento UD, Italy

³ ASL Foggia, Mental Health Department, Foggia, Italy

* Corresponding author.

Introduction Patients with serious psychiatric illness (SMI) have a reduced quality of life and life expectancy than the

general population. Metabolic syndrome (MS) is a clinical aspect determining who should be considered to reduce the risk of serious and chronic organic factors, even more significant in the elderly.

Objectives To evaluate metabolic screening of elderly patients with severe mental illness (SMI).

Aims To evaluate the importance of routine screening of metabolic parameters in elderly guests of residential facilities with or without SMI; metabolic screening at baseline and after two of hospitalization.

Methods Elderly inpatients (44 Tot) with Severe Mental Illness (SMI: bipolar disorder: 34%; schizophrenia: 46%; other: 20%) vs elderly inpatients (78 Tot). Data collected at baseline: psychiatric diagnosis; any previous diagnosis of hypertension, diabetes, dyslipidemia; ECG. At baseline and for two years were administered following scale: BPRS; PANSS; Qli; MMSE, ADL.

Results After two years metabolic screening has recorded at least one of the new interactions between the five factors of MS (ATP III) in 50% of patients with: one (34%); two (21%); three (11%); four (3%) new altered parameters. In MS inpatients, 53% of new metabolic alterations were recorded in 53% (MS inpatients) vs 23% without MS after two years.

Conclusions Our results showed a higher frequency of MS in patients with SMI than comparison subjects. Haloperidol was the antipsychotic medication that caused minor impact on the development of metabolic disorders.

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

Further readings

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EW290

Cognitive deterioration and depressive symptoms in elderly people living in the community



M.D.C. García Mahía*, Á. Fernández Quintana, M. Vidal Millares
CHU A Coruña, Psychiatry, A Coruña, Spain

* Corresponding author.

Introduction Depression is a prevalent illness in elderly people. Cognitive deterioration associated to depressive symptoms is frequently considered as Dementia, especially in primary care. The study of the relation between both pathologies is necessary to correct treatment of mental illness in elderly people.

Aims The aim of this study is to investigate whether depressive symptoms are related to certain areas of cognitive decline in elderly people.

Methods The sample included community people older than 65 years ($n=927$), mean age 72.9; 55.1% were women and 44.9% men. Instruments used were Beck Depression Inventory (BDI), Blessed Dementia Scale (BDS), Mini Mental State Examination (MMSE), verbal fluency test, clock drawing task, Wechsler digit substitution test and Wechsler similarity test.

Results Of the sample, 15.2% presented cognitive deterioration in Blessed Dementia Scale, with statistical significance in relation between growing age, female sex and cognitive deterioration ($P<0.005$). Twenty-eight percent of the sample present cognitive decline, finding the same relation between sex, age and cognitive condition. Of the sample, 33.5% presented mild depression, 9.1% moderate depression and 1.4% presented severe depression using BDI. Correlations between depression and cognitive tests were analyzed. In demographic factors, social support was significantly correlated with depression but marital status, occupation and education were not correlated.

Conclusions There is a high prevalence of depressive symptoms and cognitive deterioration in elderly people. High levels of

depressive symptoms are associated with cognitive deterioration, especially in comprehension and judgment, delayed recall, verbal memory and visuospatial coordination in elderly people.

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

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EW291

A description of clinical profile of over 65-years-old patients in acute psychiatric hospitalization unit at Hospital Universitario Central De Asturias (Oviedo, Spain)

I. Abad-Acebedo, L. Gonzalez-Blanco*, E. Torio-Ojea, S. Bestene-Medina, J. Rodriguez-Revuelta
Servicio de Salud del Principado de Asturias, Psiquiatría, Oviedo, Spain

* Corresponding author.

Introduction Older patients with psychiatric conditions often have other disorders that include different levels of cognitive impairment, modifying the presentation of psychiatric symptoms and requiring treatment adaptations [1].

Objective To describe clinical profile of hospitalized patients > 65 years, and its relationship with the presence of cognitive impairment and the length of hospital stay.

Methods Descriptive and comparative study. Sample: 71 inpatients > 65 years (mean \pm SD Age: 72.42 \pm 5.96), admitted to "Hospital Universitario Central de Asturias" (Spain) from August 2014 to June 2015. Age, length of hospitalization, diagnosis, cognitive impairment and treatment data were collected (Table 1).

Results Days of hospital stay (mean \pm SD) = 15.89 \pm 11.53. No variable showed significant relation except number of antipsychotics taken ($r=0.307$, $P=0.009$). Cognitive impairment was significantly more frequent in men than women (45.5/15.8%; $\chi^2=7.46$; $P=0.006$). No other variable showed significant differences.

Conclusions A high percentage of psychiatric inpatients > 65 years present a cognitive impairment (29.6%) which was more frequent in males (45.5%). The length of hospital stay seems to be similar than in the rest of patients and not being affected by any of studied variables. More studies should be carried on to compare those results with similar variables in younger population and to analyze if there are differences between subgroups (65–75 vs > 75) [1].

Table 1 Sociodemographic/clinical features.

		PERCENTAGE(%)
Gender	Female/Male	53.5/46.5
Admission reason	Suicide-risk/ Agitation-psychosis	23.9/38
Main psychiatric diagnosis	Schizophrenia/Schizoaffective dis.	18.3
	Other Psychosis disorders	18.3
	Bipolar disorder	29.6
	Other Affective disorder	19.7
	Personality disorder	1.4
	Cognitive impairment	9.9
	Other	2.8
Cognitive impairment	Present	29.6
Treatment	Antipsychotics(LAI)	74.6(11.3)
	Antidepressants	57.7
	Mood stabilizers	25.4
	Anxiolytics(BZD)	57.7(54.9)

LAI: long-acting injections.

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

Reference

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EW292

Functional and cognitive independence in the elderly

M. Henry^{1,*}, A.A. Henry-Gonzalez², A.N. Gonzalez-Delgado³, E.A.D. Acosta-Diaz³, F.J. Castro-Molina⁴

¹ University of La Laguna, Department of Internal Medicine, Dermatology and Psychiatry, Santa Cruz de Tenerife, Spain

² Gerencia de Atención Primaria, Health Care Department, Santa Cruz de Tenerife, Spain

³ Tenerife Psychiatry and Behavioural Sciences Consulting Facility, Managing, Human Support and Resources, Santa Cruz de Tenerife, Spain

⁴ University of La Laguna & UNED University in Tenerife, UNED, Santa Cruz de Tenerife, Spain

* Corresponding author.

Introduction The problems and costs associated with aging and the aged pose a major challenge to the future. The elderly portion of our population is constantly expanding. No single health issue will demand more attention than aging, challenging our healthcare system.

Objectives and aim This study aims at assessing functional and cognitive independence in a sample of elderly patients in a private care setting.

Methods The sample is composed of 38 elderly patients undergoing treatment in a private healthcare setting, mean age 76.32 (SD: 7.46), 22 females; 16 males. The Functional Independence Measure Scale was applied in order to assess physical and cognitive disability. The scale focuses the level of disability indicating the burden of caring for these patients. The scale contains 18 items (13 motor tasks and 5 cognitive ones) of basic activities of daily living.

Results The symptomatic pattern is marked by main scores in dimensions of a cognitive profile, namely, Problem solving (mean value: 2.64), Cognitive comprehension (2.88), Memory (3.12) followed by motor-gait disability and physical dependence items, as Bathing (3.24), Upper body dressing (3.92), Lower body dressing (4.06), Toileting (4.38), Shower transfer (4.60) and Locomotion (4.68).

Discussion and conclusions Cognitive items are underlined as the most impaired ones. Physical limitation is related to common daily tasks even in indoor activities. Questions remain concerning the independence of cognitive and physical variables. Are cognitive problems the real trigger of body functional disability? Or do they have an independent onset? Future research could answer properly these questions.

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

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EW293

Facial emotion recognition in elderly patients with bipolar disorder: Comparison with healthy controls

M. Herrmann^{1,*}, C. Padovan^{1,2}, I. Rouch³, J.M. Dorey¹

¹ Centre Hospitalier Le Vinatier, Geriatric Psychiatry, Bron, France

² Centre de Recherche en Neurosciences, Inserm U1028, CNRS UMR5292, Bron, France

³ Hospices Civils de Lyon, Hôpital des Charpennes, Centre Mémoire Ressource et Recherche, Villeurbanne, France

* Corresponding author.

Background The ability to recognize facial emotion is considered as an important skill for social interaction. There is evidence of impairments of this ability in psychiatric diseases such as schizophrenia. The fact that this could be the same in bipolar disorder (BD) is controversial. Moreover, no studies address the impact of aging on social cognition in BD.

Objective The main objective of this study was to evaluate facial emotion recognition (FER) in euthymic elderly patients with BD compared to healthy elderly volunteers. The secondary objective was to search for correlations between FER, clinical and neurocognitive features.

Methods Sixteen subjects with BD, in a euthymic state, with a mean age of 73.94 years were included. They were assessed for FER along with 16 healthy elderly volunteers. Neurocognitive abilities were also assessed. A gender facial recognition task was used as control.

Results BD patients had lower FER performance compared to healthy controls, more specifically in fear, disgust and anger recognition. No difference was found for happiness or for the gender task. Additionally, correlations were found between disgust, recognition and certain executive function (EF) abilities.

Limitations The main limitation is the small size of the sample. Also, we were not able to account for an influence of treatments.

Conclusions FER in BD seems to weaken with aging, especially for negative emotions, maybe with an impact of EF decline. Longitudinal studies with larger samples are required to investigate this issue and to explore possible correlations with cognitive decline or psychosocial functioning.

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

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EW294

Connection between cognitive impairment and risk factors that can be prevented



J. Jović^{1,*}, D. Iganjtović-Ristić^{2,3}, I. Ristić⁴, K. Ristović⁵, A. Ilić¹, A. Ćorac¹

¹ School of Medicine, University of Prishtina-Kosovska Mitrovica, Department of Preventive Medicine, Kosovska Mitrovica, Serbia

² Psychiatric clinic, Clinical Center "Kragujevac", Psychiatry, Kragujevac, Serbia

³ School of Medicine, University of Kragujevac, Psychiatry, Kragujevac, Serbia

⁴ School of Medicine, University of Belgrade, Psychiatry, Beograd, Serbia

⁵ The Public Health Institute of Uzice, Public Health, Uzice, Serbia

* Corresponding author.

Introduction Recent research in dementia was focused on determining risk factors that can be prevented. There is strong evidence that these risk factors are: low levels of education, smoking, unregulated high blood pressure, blood sugar levels, blood lipid levels, diabetes.

Objectives Following some of the risk factors for cognitive impairment that can be prevented.

Aim Evaluating the connection between cognitive impairment and education levels, blood glucose, cholesterol (chl) and triglyceride (tgl) levels.

Methods Two hundred and thirty-seven subjects (162 women and 75 men), with an average age of 80.75 ± 6.69 were included in the research. Based on the MMSE score (single cutoff, <24 is abnormal), they were divided to a control group (without cognitive impairment) and experimental group (with cognitive impairment).

We used Accu-Check Active appliance for determining blood levels of tryglicerides, cholesterol and glucose.

Results Subjects in the experimental group were significantly older ($\chi^2 = 2.13, P < 0.01$). Glucose levels were higher in the experimental group but the difference was not statistically significant ($\chi^2 = 0.13, P = 0.56$). Cholesterol and trygliceride levels were significantly higher in subjects with cognitive impairment ($\chi^2 = 3.56, P < 0.05$; $\text{tgl}-\chi^2 = 8.78, P < 0.05$). In the experimental group, there was a statistically significant prevalence of subjects with less than one year of education ($\chi^2 = 13.8, P < 0.01$).

Conclusion Confirming the connections between cognitive impairment and education levels, glucose, cholesterol and trygliceride blood levels can lead towards potential strategies for prevention of those parameters. Even though our research confirmed the results from previous scientific studies, the connection should be tested in future randomized controlled trial.

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

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EW295

Cognitive functions and magnetic resonance imaging findings in patients with late onset major depression



O. Khalaf^{1,*}, A.H. Hashem Hashem², M. Nasr El Din Sadek², A. Ismail Kamel³, M. Al Adrousy Gomaa²

¹ Giza, Egypt

² Faculty of Medicine, Cairo University, Psychiatry, Cairo, Egypt

³ Faculty of Medicine, Cairo University, Radiodiagnosis, Cairo, Egypt

* Corresponding author.

Background As many as three-quarters of patients with major depressive disorder presenting to old age psychiatrists have late-onset depression. Late-onset depression was conceptualized as a neurologic disease and more often associated with cognitive impairment than early-onset depression.

Objectives To compare cognitive functions between early-onset (<60 years) and late-onset (≥ 60 years) depression in geriatric patients to detect white matter hyperintensities via MRI using modified Fazekas score.

Design A cross-sectional, comparative study with a consecutive sample.

Subjects Eighty elderly patients with depression were recruited from the Geriatric Outpatient Clinic-Psychiatry and Addiction Hospital in Al Kasr Al-Ainy, Cairo University. They were divided according to the age of onset of depression into 2 groups: Late onset group (A) and Early onset group (B) depression, they were subjected to the following: SCID-I, HDRS (Hamilton Depression Rating Scale), BCRS (Brief Cognitive Rating Scale), GDS (Global deterioration Scale), ACE-R (Addenbrook's Cognitive Examination-Revised), Trail B Test, Digit symbol coding and Digit span subtest of Wechsler Adult Intelligence Scale, MRI-Brain to assess white matter hyperintensities by using modified Fazekas rating.

Results Group A had worse performance than group B in trail B test, total memory score, verbal fluency test, total language score, visuospatial abilities, the total (ACE-R) and ischemic changes periventricular and in deep white matter were more in group A than in group B.

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

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EW296

Efficacy of memantine for elderly patients in the mild stage of Alzheimer's and vascular dementia in Ukraine



V. Kholin*, N. Bachinskaya, I. Rozhelijuk
D.F. Chebotarev Institute of Gerontology NAMS of Ukraine, Age Physiology and Pathology of Nervous System, Kiev, Ukraine
* Corresponding author.

The aim of our research was to investigate the effectiveness of memantine treatment of Ukrainian patients with Alzheimer's (AD) and vascular dementia (VaD) depending on existing ApoE genotype. **Methods** It was a complex examination of 60 elderly persons (72.40 ± 1.35 years) with mild stage of AD and VD. The effectiveness of response to (20 mg/day) memantine intake was studied during the first 3 months of treatment. Efficacy of short-term treatment was determined by MMSE and the numbers of positive statistically significant changes ADAS-cog subtests. Genetic ApoE polymorphism was investigated too (using the of the PCR technique). Statistical Anova analysis was done.

Results After 3 months of treatment significant changes in the overall score of Adas-cog was observed in both groups with some differences in subscale profiles. For AD patients, statistically positive changes ($P < 0.05$) were found in comprehension of spoken language, naming objects, commands, ideational praxis and delayed recall subtests. For VaD patients, statistically positive changes ($P < 0.05$) were found in comprehension of spoken language, naming objects, word finding difficulty and delayed recall subtests. There was established a significant prevalence of individuals with genotype $\epsilon 4/\epsilon 4$ among patients with AD compared with patients with VD. The main differences, according to the memantine efficacy treatment in carriers ApoE3 and ApoE4 genotypes, were in remembering test instructions subtest.

Conclusions The memantine treatment efficacy in AD and VaD patients in mild stage of dementia was not significantly associated with an existing of Apo-E genotype polymorphism.

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

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EW297

A systematic literature review to ascertain the effectiveness of using bed-exit alarm in the prevention of bed falls in a psycho-geriatric ward



C. Koh
Alexandra Health System, Khoo Teck Puat Hospital, Gericare@North, Singapore, Singapore

Background and objectives Bed exit alarms detect motion and send alarm signals to alert caregivers when a patient is attempting to exit a bed. Its use renders an opportunity for timely staff response to a fall risk situation associated with unplanned/unassisted bed exits. The utility of these devices is often appraised around the concepts of preventing patient falls and related injuries. To acquire further knowledge, a systematic review of literature was carried out to generate practice-based evidence in relation to the use of bed-exit alarms/monitors. This study was conducted: (1) to examine evidence-based articles regarding the use of bed exit alarms in psycho-geriatric settings; and (2) to obtain and apply newly-acquired knowledge towards assessing the effectiveness of such devices in reducing bed fall incidents and injuries among elderly inpatients in a psychiatric hospital in Singapore.

Methods A systematic review of literature was the main method used to generate evidence-based results.

Results Due to lack of random clinical studies, all five studies (conducted in the USA) find evidences offered on the effectiveness of bed exit alarms as inconclusive. Its overall reliability in detecting movements out of bed has not been established. The use of bed exit alarms is useful but it should not compromise staff vigilance in any way.

Conclusion These findings indicate the there was little evidence to show that bed-exit alarms have the capacity to prevent falls totally. Decisions to use bed exit alarms as an assistive tool for fall prevention remain open to the full discretion of any hospital management.

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

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EW298

Understanding adverse health effects of widowhood in old age – A cross-countries mixed methods study



C.B. Kristiansen^{1,*}, P. Munk-Jørgensen², C. Mattisson³, K. Andersen²

¹ Aarhus University hospital, Psychiatric Research Academy – Department of Affective Disorders, Risskov, Denmark

² Odense University Hospital, Psychiatric Department, Odense, Denmark

³ Lund University Hospital, Department of Clinical Sciences, Lund Division of Psychiatry, The Lundby Study, Lund, Sweden

* Corresponding author.

Introduction Widowhood in old age increases mortality and adverse health effects, particularly depression and need for psychiatric care. The causes of this are poorly understood. To study risk factors and mechanisms, theories about what to study are needed. A qualitatively approach to widowhood from the widow/widower's perspective may uncover important knowledge.

Objectives To investigate risk factors of the adverse health effects associated with widowhood in old age from the perspective of the widower/widowers and to test the generalisability of the theories quantitatively.

Methods This is a cross-country mixed methods study combining narrative interviews with Danish widows/widowers and a 50-year follow-up study from Sweden – The Lundby Study. Widows/widowers above 65 years of age referred to in- or out-patient treatment at the Department of Psychiatry at Odense or Aarhus University Hospital are included. Narrative interviews are conducted and analysed according to grounded theory. The qualitatively developed theories will then be tested quantitatively through the Lundby Study by comparing widows/widowers above 65 years with age-matched controls, who are still married.

Results In the Lundby Study, 597 persons above 65 years were identified in the latest follow-up: 176 (29.5%) were widow/widowers, 421 (70.5%) were married/cohabitating. Depending on the theories developed a total of 384 possible variables regarding physical health, mental health and general living circumstances are tested. Further results will be presented.

Conclusions The causes of adverse health effects in widowhood are poorly understood. This study will potentially contribute to unravelling these by identifying possible risk factors.

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

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EW299

Anticholinergic burden in inpatient psychogeriatric population – Do we care?



M. Lee*, A. Warren, B. Zolotarev, J. Henderson, M. George
 West Moreton Mental Health, Older Person, Ipswich, Australia
 * Corresponding author.

Background Although recent studies have found that there is significant association between anticholinergic and cognitive impairment, especially in the elderly population, there seems to be minimal emphasis on anticholinergic burden (ACB) when prescribing medications to the inpatient psychogeriatric population.

Aim To evaluate the prescribing patterns in Older Person Mental Health Inpatient Unit (OPMHU), whether the ACB Score on admission has been reviewed for lowest possible ACB while maintaining therapeutic effects. A protocol will be developed to ensure that ACB is reviewed for future admissions and discharges.

Methodology Fifty patients admitted and discharged from OPMHU are recruited retrospectively from 30th September 2015, excluding outliers and deceased patients. For those who had multiple admissions during that period, only the most recent admission would be included for evaluation. Individual ACB score is calculated on admission and discharge based on pharmacist final medication summary. Their mental health records are also audited for any documented ACB review by the treating team, while making note for any pre-existing cognitive impairment.

Result ACB has not been taken into consideration in all patients by the treating team on admission as well as when prescribing medications on discharge. Hence, it is unsurprising that the ACB score showed an increment of 30% on discharge (3.25) when compared to the admission score (2.5).

Conclusion The study found that although ACB poses significant risks on cognitive impairment, this knowledge has not been employed pragmatically. A protocol should be developed to ensure that ACB is evaluated and managed accordingly.

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

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EW300

Delirium related distress in family: A non-systematic review



S. Martins^{1,*}, L. Fernandes²

¹ Center for Health Technology and Services Research/CINTESIS, Faculty of Medicine of University of Porto, Porto, Portugal

² Center for Health Technology and Services Research/CINTESIS, Faculty of Medicine of University of Porto, Psychiatry Service, CHSJ Porto, Porto, Portugal

* Corresponding author.

Introduction Delirium is a common neuropsychiatric syndrome, particularly in elderly hospitalized patients, and is associated with an increase in morbidity and mortality. Although these negative consequences are well documented, only a few studies describe the experience of delirium from the families' perspective.

Aims To analyze studies regarding the experience and distress caused by delirium in the families/caregivers of adult/elderly hospitalized patients.

Methods A non-systematic review of published articles until October 2015 in the database PubMed was carried out. The keyword "Delirium" was combined with: "experience", "distress", "anxiety" and "family", "carer" and "relatives". Inclusion criteria were: standardized diagnosis of delirium, systematic/prospective assessment of distress level. Clinical cases were excluded.

Results Sixteen studies met the inclusion criteria for analysis. In most of them, family members (mostly younger) showed high levels of distress, even higher than health care professionals and

patients. Several predictors of family distress were found, including poor functional status, psychomotor agitation, delusions, emotional lability, incoherent speech, inattention and disorientation. Higher distress was associated with long-term consequences (e.g. generalized anxiety). In the qualitative research, family members interpreted delirium as a sign of approaching death, result of pain/discomfort or an effect of medication. In addition, distress was associated with rapid and unexpected changes or unable to recognize the loved ones.

Conclusions Delirium in patients was associated with significant distress in family members. These findings underline the importance of providing information and the development of appropriate supportive and psychoeducational interventions in order to help families throughout this process and reduce the associated distress. This work is supported by FCT (SFRH/BPD/103306/2014).

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EW301

Dementia severity among institutionalized elderly: Are there more unmet needs?



A.R. Ferreira^{1,*}, S. Martins², C.C. Dias³, L. Fernandes⁴

¹ PhD Program in Clinical and Health Services Research/PDICSS, Health Information and Decision Sciences Department, Faculty of Medicine of University of Porto, Porto, Portugal

² Center for Health Technology and Services Research/CINTESIS, Faculty of Medicine of University of Porto, Porto, Portugal

³ Health Information and Decision Sciences Department, Center for Health Technology and Services Research/CINTESIS, Faculty of Medicine of University of Porto, Porto, Portugal

⁴ Center for Health Technology and Services Research/CINTESIS, Faculty of Medicine of University of Porto, Psychiatry Service- CHSJ Porto, Porto, Portugal

* Corresponding author.

Introduction The ageing population and the resulting increase in chronic diseases, including dementia, make the evaluation of their emergent needs a crucial step in psychogeriatric care. Unmet needs are found to be important clinical targets that should be followed by active management in order to improve health status and survival. **Objectives** To analyze the relation between unmet needs and cognition, and explore the nature of these needs across dementia severity stages.

Methods A cross-sectional study was conducted in three nursing homes. Residents were excluded if they were terminally ill, unresponsive or presented delirium. All participants were assessed by Mini-Mental State Examination/MMSE (cognition) and Camberwell Assessment of Need for the Elderly/CANE (needs). Additionally, cognitive decline was staged as: absent (MMSE = 30), questionable (26–29), mild (21–25), moderate (11–20) and severe (≤ 10).

Results The study included 175 elderly with a mean age of 80.6 (SD = 10.1) years, of which 58.7% presented cognitive decline. For these, the mean number of unmet needs was greater than for those without (4 vs 3, $P < 0.001$), and they differed significantly in the domains of daytime activities ($P < 0.001$), memory ($P < 0.001$) and psychotic symptoms ($P = 0.005$). A significant negative correlation was found between MMSE and number of unmet needs ($r_s = -0.369$, $P < 0.001$). Considering the severity stages, unmet needs also differed: more needs in early stages in daytime activities (73.3%), and in advanced ones in memory (63.9%) and psychotic symptoms (23%).

Conclusions Greater cognitive decline was related with more unmet needs, which agree with previous studies. The different nature of needs across severity stages also suggests that interventions should be tailored comprising this specificity and complexity, when effective care is planned.

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

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EW302

Burden of informal carers in northwest Ireland: A pilot study of factors that influence burden

G. McCarthy^{1,*}, I. Gresswell², D. Adamis³

¹ Sligo Medical Academy NUI Galway, Psychiatry, Sligo, Ireland

² NUI Galway, Psychiatry, Galway, Ireland

³ Sligo Mental Health Services, Psychiatry, Sligo, Ireland

* Corresponding author.

Introduction Research has shown that approximately 67% of carers experience extreme mental tiredness, a decrease in their quality of life and a deterioration in their physical health since taking on a care-giving role.

Aims and objectives This study aims to identify factors that influence carer burden and in doing so, identify the sub-populations of carers who are most susceptible to burden.

Methods In northwest Ireland, 53 informal carers referred to the Carers Association, Sligo were contacted and met for a face-to-face interview. Measurements used included demographic data, the Neuropsychiatric Inventory, Zarit Burden Interview, Social Network Index and Brown's Locus of Control Scale.

Results Of the 53 carers, 43 were females and 10 males (age range: 32–81 years, mean age of 64.5 years). Of the corresponding 53 patients, 21 were females and 32 males (age range: 17–92 years, mean age of 72.1 years). Multiple linear regression analysis showed that sex of carer, marital status and the patient's behavioural problems were statistically significant independent factors, which influenced carer burden ($p < 0.01$). Female sex and greater patient behavioural problems increased susceptibility to burden and being married increased resilience towards burden.

Conclusions The ability to predict which carers are more susceptible to burden allows physicians to more quickly identify "higher risk" carers, facilitating routine check-ups by physicians and carer support services. Further research should explore why female and unmarried carers are more susceptible to burden and whether it is possible to tailor support services to their individual needs.

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

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EW303

Attachment representations in a population of elderly subjects

M. Moalla^{1,*}, I. Feki¹, A. Ktata², R. Sellami¹, D. Triqui¹, I. Baati¹, I. Abida¹, J. Masmoudi¹

¹ CHU Hédi Chaker S department of psychiatry "A", Sfax, Tunisia

² Manzel Bouzayen Hospital, consultation, Sidi Bouzid, Tunisia

* Corresponding author.

Introduction According to attachment theory, attachment relationships have a lasting impact on the functioning of the individual. If this impact has been much studied in children, few studies have been conducted in the elderly.

Objectives Explore the representations of attachment in a population of elderly subjects.

Methods The sample consists of 90 consultants over the age of 65. Each participant filled out demographic questionnaire, Relationship Scale Questionnaire (RSQ): questionnaire of 13 items, each item rated from 1 to 5, a lower score attests a more secure attachment and Adult Attachment Questionnaire: a categorical scale of 3 statements. Statement 1 corresponds to secure attachment style, 2

to avoidant attachment style and 3 to anxious-ambivalent attachment style.

Results The age of participants ranged from 65 to 95 years with an average of 68.14. The sex ratio M:F was 0.8. The RSQ Score ranged from 16 to 56 with an average of 37.27. Of the participants, 72.2% have secure attachment style, 24.4% have an avoidant attachment style and 3.3% have an anxious-ambivalent attachment style. The study of correlations showed strong correlation between the two scales ($P = 0.00$) and the RSQ score was significantly associated with poor satisfaction of married life ($P = 0.025$), presence of psychological trauma in childhood ($P = 0.016$) and a separation experience ($P = 0.029$).

Conclusion Our study highlights the importance of early childhood experiences that may impact late adult life. These findings are in accordance with attachment theory.

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

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EW304

A proactive geriatric liaison service to assess and manage medical problems on old age psychiatry wards

U. Narayana^{1,*}, O.J. Corrado², S. Kaur³

¹ Health Education Yorkshire and Humber, ST5 Old Age Psychiatry and Leadership fellow, Hull and East Yorkshire NHS Trust, United Kingdom

² Leeds Teaching Hospitals NHS Trust, Consultant Geriatrician, Leeds, United Kingdom

³ Bradford District Care Trust, Audit Officer, Bradford, United Kingdom

* Corresponding author.

Introduction Older people with mental ill health are more likely to receive lower quality of healthcare, inappropriate prescriptions and reduced access to services, leading to increased rates of mortality^{1,2,3}. The NHS mandate 2015 to 2016 emphasises the need to deliver care, which is joined up and seamless for users of services⁴.

Aims and objectives To identify the common medical comorbidities on the Old Age Psychiatry Wards and to assess the management outcomes.

Methods We audited all patients referred to the Liaison Geriatrician from 2008 to October 2015 from the Mount Hospital Leeds, which consists of 4 Old Age Psychiatry Wards. Data was collected in October 2015 and included referral date, patients' age and sex, number of referrals, reason for referral and the outcome.

Results We assessed 339 (142 F, 197 M) patients with a mean age of 77 (range: 56–94). Cardiovascular problems were the biggest group of referrals (in particular oedema, hypotension and rhythm disturbances) (34%) followed by central nervous system problems (11%), respiratory (8%), gastrointestinal (8%) and infection (8%). Some unusual problems were diagnosed including a spontaneous pneumothorax, primary biliary cirrhosis. The most common intervention was advice on treatment or investigation, very few patients needed acute admission and some unnecessary admissions were aborted as a result of the physician's intervention.

Conclusions This audit emphasises the need for a joint coordinated approach between psychiatry and medicine in managing health problems in older people. A dedicated Geriatric Liaison service can improve care, avoid unnecessary acute admissions and is more convenient for patients who would otherwise attend repeated outpatient appointments.

References are not available for this abstract.

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EW305

Depression, physical illness and mortality in a Spanish community-dwelling elderly people



J. Olivera-Pueyo^{1,*}, S. Benabarre-Ciria², T. Lorente-Aznar³, M. Rodríguez-Torrente³, C. Pelegrín-Valero¹, A. Acín-Sampietro³, J. Aguaviva-Bascuñana³, C. Alastrué-Pinilla³, J. Alcubierre-Cura³

¹ Hospital San Jorge, Psychiatry, Huesca, Spain

² Fundación Agustín Serrate, Psychology, Huesca, Spain

³ Atención Primaria, Unidad Docente, Huesca, Spain

* Corresponding author.

Objectives The aim of this study is to investigate the association between depression, physical factors and mortality in elderly people living in the community.

Methods Prospective longitudinal multicenter study for 5 years. Cohort of 293 people aged 65 years and older living in the province of Huesca (Spain). Individual face-to-face interviews and with appropriate caregiver. The following information was collected:

- demographic data;
- psychosocial factors: sex, age, education, marital status, live-in family members, social relationships, life events;
- physical factors: severity of physical illness, comorbidity (Cumulative Illness Rating Scale);
- psychiatric factors: cognitive function (Spanish version of Mini-Mental State Examination), depression (Geriatric Depression Scale), diagnostic criteria according DSM-IV-TR.

Statistical analyses:

- a bivariate analysis;
- a multivariate analysis. Cox regression model (explanatory variables).

Results Two hundred ninety-three participants, simple representative of people aged 65 years old or more in province of Huesca (Spain). Monitored 5 years follow-up study. Sixty-four people died (21.8%), annual mortality rate: 5.3%. Depression: 66 people (22.5%), (32.2% women, 13.3% men). Cognitive impairment: 51 people (17.4%). Bivariate: factors associated ($P < 0.005$) with mortality: functional impairment, living in nursing home, sensorial impairment, polypharmacy, severe physical illness and psychiatric comorbidity: depression (34.8 vs 18.1%), cognitive impairment (49.1 vs 15.8%). Association between some factors and mortality was nullified after multivariate statistical model; the case for depression (Hazard Ratio: 1.1), cognitive impairment (HR: 1.2) or functional impairment (HR: 1.3).

Conclusions Depression and cognitive impairment are associated with mortality in elderly community living people in bivariate analysis, therefore, this association disappears after multivariate analysis. Severity physical illness seems to nullify the effect of other variables, such as depressive symptomatology.

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

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EW306

Delirium as 12-month mortality predictor



K. Paschalidis^{1,*}, P.P. Dalli², P. Argitis³, C. Chatzidai², I.Z. Chaviaras²

¹ Papanikolaou General Hospital, Psychiatric Hospital of Thessaloniki, Thessaloniki, Greece

² General Hospital of Corfu, Psychiatric Department, Corfu – Ionian Islands, Greece

³ University Hospital of Ioannina, Psychiatric Clinic, Ioannina, Greece

* Corresponding author.

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. It is a clinical syndrome with poor prognosis in hospitalized patients over 65 years.

Purpose The purpose of this research is to investigate whether the organic psychosyndrome of the elderly is a mortality predictor. **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 it was diagnosed by the linker portion of the Psychiatric Clinic.

Methodology During the research, it was studied that the medical record of the patient and telephone calls were made for more complete monitoring at intervals of 3, 6 and 12 months. 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.

Results According to the analysis of the data of the study, 50 patients met the criteria of research. Eight percent of patients died during hospitalization, in the first 3 months after diagnosis 28% of the initially hospitalized patients, in 6 months 42%, while in the year, 48% of the initial total patients.

Conclusions The analysis of the survey results shows that about half of the patients die from pathological causes in the first 12 months after the diagnosis of the organic psychosyndrome, which means that the organic psychosyndrome could be considered as a poor prognostic marker for the pathological cases.

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

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EW307

Religiosity and its influence on mental health of late age persons



L. Pishchikova

Moscow, Russia

Christian anthropology considers personality as a unity of spiritual, emotional and corporal manifestation. Spirituality is defined as highest level of development and self-control of mature personality, ignoring which leads to moral dissonance and spiritual conflict. For the believing person, it is indisputable that belief, church sacraments and practices are capable to facilitate not only corporal, but also spiritual diseases. Clinical and expert analysis of 235 late age patients (> 60 years), who underwent forensic psychiatric examination in criminal and civil cases, helped to identify the influence of religiosity on mental health of late age persons. At late age, appeal to spirituality defines further evolutionary development of the person and favorable forms of aging. It is noted that elderly believers have no expressed cognitive and emotional frustration. When developing mental disorders, they resort to church sacraments and prayers. Thus, a patient with visual hallucinosis noted that during a prayer “visions calmed down, left or started listening”. A patient with acoustical hallucinosis (“blasphemous” voices) considered them as manifestation of “dark powers”, fought them by appeal to the icon of the Mother of God. A patient with menacing acoustical hallucinations read Psalmbook, dawned on them a cross sign with “consecrated hand” (venerated to Sacred relics) and “locked” them in room corner. Ignoring spirituality, which is observed in psychiatry, is connected with incompatibility of representations based on science and belief; low level of religiousness among psychiatrists; underestimation of religion role in life of patients; lack of special knowledge of this area.

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

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EW308

Abnormal Stroop-related event related potentials in patients with late onset depression in remission period

M. Pišljari^{1,*}, Z. Pirtošek²¹ Psychiatric Hospital Idrija, Geriatric department, Idrija, Slovenia² University Medical Centre, Department of Neurology, Ljubljana, Slovenia

* Corresponding author.

Introduction Depression in late life follows a relapsing course and it has been related to impaired cognitive control. Information processing speed, memory and executive abilities are most frequently impaired.

Objectives Cognitive changes are difficult to confirm during depressive episode, as signs of both disorders largely overlap. Therefore, it makes more sense to assess cognition after a remission has been reached. Electrophysiology may be particularly convenient as a tool in such studies, as it can separate central cognitive processing from the motor processing.

Aims The study of cognition was focused on executive function and speed of information processing. It was measured with Stroop-related event related potentials (ERPs) and reaction times (RTs) in a modified computer version of the Stroop test which is highly sensitive to frontal functions.

Methods Thirty-four patients with late-onset depression were included after they had reached remission. They were compared to twenty-four age-, gender- and education-matched healthy controls. Each participant completed a single item computer version of the Stroop task using verbal response mode. EEG and RT were simultaneously recorded.

Results Revealed abnormal late positive Stroop-related potentials in the period of about 500–600 ms period corresponding to the latency of the so-called P300b wave.

Conclusion Study supports the view that patients with late onset depression are also cognitively impaired and that this impairment persists in the period of early remission. Using more sensitive ERP measurement of the Stroop task, we demonstrated impaired information processing at an earlier, pre-response related stage.

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

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EW309

Cognitive screening in the acute hospital: Preliminary findings from a cognitive screening program in a university-affiliated, tertiary-referral hospital with 6-month interval outcomes

C. Power^{1,*}, H. Bates², M. Healy², P. Gleeson², E. Greene²¹ St James's Hospital, Memory Clinic- Mercer's Institute for Research in Ageing, Dublin, Ireland² St James's Hospital, Psychiatry of the Elderly, Dublin, Ireland

* Corresponding author.

Introduction Cognitive impairment impacts on patient outcomes [1] but is under-recognised in acute hospitals [2]. Data on rates and degree of impairment among hospital inpatients remain sparse. This information is vital for strategic planning of health services as the European population ages.

Objectives To examine the rates and degree of cognitive impairment among patients aged 65 and older who were admitted to an acute general hospital and to assess its impact on patient outcomes.

Methods All patients aged over 65 who were admitted over a 2-week period were invited to participate. Those who met the inclusion criteria were screened for delirium then underwent a

cognitive screening battery. Normative values for age and level of education were obtained from the TILDA study [3]. Demographic and outcome data were obtained from medical records.

Results One hundred and forty-eight patients underwent cognitive screening. Thirty-nine over 148 (26%) met the DSM-IV criteria for dementia of whom only 16 (41%) had a previously-documented impairment. Thirty over 148 (20%) had evidence of cognitive impairment that did not meet criteria for dementia, only 3 (10%) of whom were previously documented. Seventy-three over 148 (49%) were normal. Six over 148 (4%) were not classifiable. The impact of cognitive status on length of hospital stay, number of readmissions in 6 months and discharge destination was investigated. Impact on length of stay was significant ($P=0.017$) but significance was not achieved against number of readmissions or discharge destination.

Conclusions Cognitive impairment is pervasive and under-recognised in the acute hospital and impacts on length of hospital stay. Longer interval analysis is necessary to investigate further implications.

References 1–3 available upon request.

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

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EW310

Clinical and cognitive outcome, course of late onset depression – A study from geriatric services of a tertiary care center in India

S. Rajur^{1,*}, M. Varghese¹, P.T. Sivakumar¹, K.J. Kumar²¹ National Institute of Mental Health & Neurosciences, Psychiatry, Bangalore, India² National Institute of Mental Health & Neurosciences, Clinical Psychology, Bangalore, India

* Corresponding author.

Introduction Literature on outcome studies of late onset depression (LOD) is inconsistent and long-term follow-up over LOD is lacking from India.

Aims and objective To study the course, outcome in LOD and to compare the cognitive performance between patients with LOD and healthy controls.

Methodology Study design was a naturalistic follow-up study. Two hundred and ten case files of LOD between 2007 and 2012 were reviewed. Physical follow-up was done for fifty patients. Depression was assessed using GDS and MADRS, follow-up data using Longitudinal Interval Follow-up Evaluation (LIFE) and cognitive functions using HMSE, neuropsychological battery for Indian elderly, which was compared with matched healthy controls.

Results Among 210 file reviews, 22.4% cases dropped out after initial visit. Among 79 cases, where follow-up information was available, 3 cases converted into BPAD, 1 had MCI and 1 of them was converted to dementia who was missing. Thirty-three were still symptomatic, 5 patients attained partial remission, 40 attained complete remission. Among 50 where in person evaluation was done, only 28% of patients had regular follow-up and 66% had attained remission from index episode out of which 54% had at least one relapse at follow-up. Subjects in LOD group had significantly inferior performance in Wordlist {IR ($P<0.001$), DR ($P<0.001$)}, Design {Construction ($P=0.013$), IR ($P=0.040$)}, DR ($P=0.014$)}, DigitSpan {Forward ($P=0.014$), Reverse ($P=0.012$)}, CorsiSpan {Forward ($P=0.011$), Reverse ($P=0.039$)}, Verbal fluency total ($P=0.010$) and Total time for Tower of Hanoi ($P=0.009$). However, remitted LOD patients performed better in executive functions and memory.

Conclusion Patients with LOD appear to have poorer outcome with fewer remission rates, longer duration to achieve remission, high probability of relapse and poorer performance in cognitive functions.

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

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EW311

Dementia in acutely-ill medical elderly patients



P. Sá Esteves*, D. Loureiro, E. Albuquerque, F. Vieira, L. Lagarto, S. Neves, J. Cerejeira

Centro Hospitalar e Universitário de Coimbra, Psychiatry, Coimbra, Portugal

* Corresponding author.

Introduction Dementia is one of the leading causes of disability and burden in Western countries. In Portugal, there is a lack of data regarding dementia prevalence in hospitalized elderly patients and factors associated with in-hospital adverse outcomes of these patients.

Objectives Determine dementia prevalence in acutely-ill medical hospitalized elderly patients and its impact in health outcomes.

Methods All male patients (>65 years) admitted to a medical ward (>48 h) between 1.03.2015 to 31.08.2015 were included in the study. Patients were excluded if unable to be assessed due to sensorial deficits, communication problems or severity of the acute medical condition. Baseline evaluation included socio-demographic variables, RASS, NPI, Barthel Index and Confusion Assessment Method.

Results The final sample consisted of 270 male subjects with a mean age of 80.9 years, 116 (43%) having prior dementia. Dementia patients were significantly older (83.5 vs 78.9; $P < 0.001$) and had lower values of Barthel Index (dementia: 34.8 vs non-dementia: 85.8; $P < 0.001$). Mortality rate (9,3%) and length of hospitalization (11.2 days) were similar between groups (12.1 vs 7.1; $P = 0.204$ and 11.9 vs 10.6; $P = 0.218$, respectively). Patients with dementia had higher rates of all neuropsychiatric symptoms except depression, anxiety and mood elation. The level of consciousness (measured by RASS) was impaired in 50% of patients with dementia, which was significantly higher than in non-demented subjects (12.3%; $P < 0.001$). Delirium rates were 29.5% in dementia compared with 7.1% in controls ($P < 0.001$).

Conclusions There is a high prevalence of dementia and an appreciable rate of delirium among these patients.

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

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EW312

Depression and mild cognitive impairment – Comorbidity and/or continuum?



G. Sobreira^{1,*}, M.A. Aleixo¹, C. Moreia², J. Oliveira³

¹ Centro Hospitalar Psiquiátrico de Lisboa, First Psychotic Episode Unit, Lisboa, Portugal

² Centro Hospitalar Psiquiátrico de Lisboa, Schizophrenia and Schizoaffective Disorders Unit, Lisboa, Portugal

³ Centro Hospitalar Psiquiátrico de Lisboa, Neuropsychiatry and Dementia Unit, Lisboa, Portugal

* Corresponding author.

Introduction Depression and mild cognitive impairment are common among the elderly. Half the patients with late-life depression also present some degree of cognitive decline, making the distinction between these conditions difficult.

Objectives To conduct a database review in order to understand the relationship between these entities, and treatment approaches.

Aims To create and implement clinical guidelines at our institution, to evaluate and treat elderly patients presenting with depression and mild cognitive impairment.

Methods A PubMed database search using as keywords “late life depression”, “depression”, “cognitive impairment”, “mild cognitive impairment” and “dementia” between the year 2008 and 2015.

Results Late-life depression and cognitive impairment are frequent among the elderly (10–20%). Depression is also common in the early stages of dementia decreasing as the cognitive decline progresses. The causal relationship between these entities is not well understood and some authors advocate a multifactorial model (genetic risk factors; neuroendocrine changes; vascular risk factors) and the cognitive impairment of said changes is dependent on the individual's cognitive reserve. Regarding treatment of depression in patients with cognitive impairment, most authors advocate a stepped approach with watchful waiting and then, if symptoms persist, the introduction of pharmacotherapy and psychosocial intervention.

Conclusions The relationship between cognitive impairment and depression is still not clear and probably multifactorial. The diagnosis of depressive symptoms in patients with severe cognitive impairment can be difficult and most forms of pharmacological treatment in this population are not beneficial, making it important to carefully evaluate the benefits of introducing new medication.

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

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EW313

Anosognosia in dementia – Relevance for clinical-practice in a memory clinic



S. Verhülsdonk*, B. Höft, T. Supprian, C. Lange-Asschenfeldt

Heinrich Heine University, Department of Psychiatry and Psychotherapy, Düsseldorf, Germany

* Corresponding author.

Introduction Anosognosia is a common symptom in patients with dementia, although data on prevalence vary widely. It is associated with decreased compliance to medical diagnosis and treatment. The rejection of assistance challenges professionals as well as caring relatives.

Objectives Anosognosia increases with progression of disease but is also found in early stages. The underlying mechanisms are not completely understood; past studies described an association with executive dysfunction.

Aims Our study aims to identify the frequency of anosognosia in our memory clinic.

Methods We evaluated disease awareness using the Clinical Insight Rating Scale in 124 patients presenting with diagnosis of Alzheimer's disease in our memory clinic. We correlated the degree of awareness with standardized cognitive, affective, and functional parameters.

Results One hundred and fourteen patients (90.9%) showed decreased awareness, in 51.7% of our sample awareness was seriously impaired or even entirely lacking. In accordance with the literature, anosognosia correlated significantly with the result of the Mini-Mental-Status-Examination as indicator of global cognitive functioning ($r = -0.291$, $P < 0.05$) and with the need for assistance in everyday-life ($r = .364$, $P < 0.05$). We found no correlation with depressive symptoms or age.

Conclusion The phenomenon of anosognosia is frequent in the setting of a memory clinic and has special impact on clinical practice as it is well correlated with executive functioning and global cognition and, thus, is a relevant factor for the initiation of medical care for patients with dementia.

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

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Guidelines/guidance

EW314

Including mental health in emergency response: Lessons learnt from the Ebola virus disease outbreak in West Africa



A. Mohammed^{1,*}, T. Sheikh¹, P. Nguku², A. Olayinka², C. Ohuabunwo², G. Pogensee², J. Eaton³

¹ Federal Neuro-psychiatric hospital, Clinical services, Kaduna, Nigeria

² Nigerian Field Epidemiology and Laboratory Training Program, Resident Advisor, Abuja, Nigeria

³ London School of Hygiene and Tropical Medicine, Lecturer, London, United Kingdom

* Corresponding author.

Ebola virus disease (EVD) outbreaks create widespread panic, fear and anxiety. Psychological disorder and distress has been demonstrated among survivors and contacts of EVD and their relations, potentially having a negative effect on contact tracing. In the recently controlled outbreak in Nigeria, mental health professionals played active roles in case management, contact tracing, operational research and development of an emergency response plan. At-risk countries need to have a proactive intervention strategy that involves mental health professionals in response to disease outbreaks. This ensures comprehensive support for people during outbreaks that address mental health as well as physical needs of the community.

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

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EW315

Effectiveness and cost-effectiveness of a cardiovascular risk prediction algorithm for people with severe mental illness



E. Zomer^{1,*}, D. Osborn^{2,3}, I. Nazareth¹, R. Blackburn², A. Burton², S. Hardoon¹, R.I.G. Holt⁴, M. King², L. Marston¹, S. Morris⁵, R. Omar⁶, I. Petersen¹, K. Walters¹, R.M. Hunter¹

¹ University College London, Department of Primary Care and Population Health, London, United Kingdom

² University College London, Division of Psychiatry, London, United Kingdom

³ National Health Service, Camden and Islington National Health Service Foundation Trust, London, United Kingdom

⁴ University of Southampton, Human Development and Health Academic Unit, Southampton, United Kingdom

⁵ University College London, Department of Applied Health Research, London, United Kingdom

⁶ University College London, Department of Statistical Science, London, United Kingdom

* Corresponding author.

Introduction Cardiovascular risk prediction tools are important for cardiovascular disease (CVD) prevention, however, which algorithms are appropriate for people with severe mental illness (SMI) is unclear.

Objectives/aims To determine the cost-effectiveness using the net monetary benefit (NMB) approach of two bespoke SMI-specific risk algorithms compared to standard risk algorithms for primary CVD prevention in those with SMI, from an NHS perspective.

Methods A microsimulation model was populated with 1000 individuals with SMI from The Health Improvement Network Database, aged 30–74 years without CVD. Four cardiovascular risk algorithms were assessed; (1) general population lipid, (2) general population BMI, (3) SMI-specific lipid and (4) SMI-specific BMI, compared against no algorithm. At baseline, each cardiovascular risk algorithm was applied and those high-risk (> 10%) were assumed to be prescribed statin therapy, others received usual care. Individuals entered the model in a 'healthy' free of CVD health state and with each year could retain their current health state, have cardiovascular events (non-fatal/fatal) or die from other causes according to transition probabilities.

Results The SMI-specific BMI and general population lipid algorithms had the highest NMB of the four algorithms resulting in 12 additional QALYs and a cost saving of approximately £37,000 (US\$ 58,000) per 1000 patients with SMI over 10 years.

Conclusions The general population lipid and SMI-specific BMI algorithms performed equally well. The ease and acceptability of use of a SMI-specific BMI algorithm (blood tests not required) makes it an attractive algorithm to implement in clinical settings.

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

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Intellectual disability

EW316

Intellectual disability among delusional disorder: A case series register



C.M. Carrillo de Albornoz Calahorra*, M. Guerrero Jiménez, A. Porras Segovia, J. Cervilla Ballesteros

Hospital Universitario San Cecilio, Unidad de Salud Mental, Granada, Spain

* Corresponding author.

Introduction The quoted prevalence of intellectual disability (ID) among adults with psychiatric illness varies widely. Some believe that these people are protected from certain intellectual and psychological stress by having ID, and therefore, are less prone to develop psychiatric illness. However, in the past decades, the more prevailing view is that people with ID are more vulnerable to psychosocial stress than people without ID, and therefore, are more likely to develop psychiatric symptomatology. According to various population surveys the probability of suffering a mental disability increase with age. Delusional disorder is as well a disease related to advanced stages of life.

Objectives/aims The aims of the present study is to establish the prevalence of functional intellectual disability among adults who fulfil DSM 5 delusional disorder criteria.

Methods Our data come from a case register study of delusional disorder in Andalucía (Spanish largest region). By accessing digital health data, we selected 1927 cases, which meet criteria DSM 5 for delusional disorder collecting whether in its history intellectual disability was registered by the referent psychiatrist.

Results Of our sample, 2.6% had reflected some kind of intellectual disability in their digital clinical record.

Conclusion These percentage has been found to concur with other epidemiological studies linking mental retardation and psychotic spectrum disease although there are no epidemiological data

published to the best of our knowledge that correlate delusional disorder specifically and intellectual disability.

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

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EW317

The weight of borderline intellectual functioning on the capacity of integration and social adaptation of patients with borderline personality disorder

D. Galletta*, A.I. Califano, N. Vangone, S. De Simone, A.M. Mastrola, V. Suarato

University of Naples Federic II, Neuroscience, Naples, Italy

* Corresponding author.



From the analysis of current scientific literature are still few studies on the relationship between personality disorders and borderline intellectual functioning, since the latter, without its own specificity, has always been considered as a kind of undefined zone between intellectual functioning medium and intellectual disabilities. Several studies have shown the presence of comorbidity of the personality disorders with BIF, emphasizing a higher frequency of Borderline Personality Disorder. BIF is considered a significant risk factor for the development of a broad spectrum of neuropsychiatric disorders, in particular in our observations ongoing since 2003, it assumes an important weight on the global functioning of patients with personality disorder as we have stated in the intervention SOPSI 2012. In detail, this study focuses on the relationship between BPD and BIF, noting the weight the latter on the social adaptability, job placement and creation of bonds of individuals with Borderline Personality Disorder. Patients included in this study were 52 (40 F and 12 M), of which 27 belonging to the first group had a borderline intellectual functioning in comorbidity with BPD and 25 individuals belonging to the second group with BPD without BIF. The results show that 33% of individuals included in the first group did not find a job working compared to 16% of the second group, showing further falls in attention and concentration, therefore, in the ability to anticipate and generalization, impacting strongly on the degree of adaptation to social life, while there are not significant differences in the ability to create emotional ties between the two groups.

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

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EW318

Family burden and quality of life of mothers of children and adolescents with mental retardation or borderline mental capacity

L. Utas Akhan

Bulent Ecevit University, Health College, Zonguldak, Turkey



Introduction Studies have found that the cognitive function levels of intellectually challenged children add a burden to the family and affect quality of life.

Objectives The purpose of this study was to determine the family burden felt by mothers of children, ages 6–16, whose mental capacity evaluation indicates an IQ of 35–79 to explore the mother's quality of life and discover the factors that yield an impact in this context.

Aims The main objective of this study therefore was to ascertain the family burden and quality of life experienced by the parents of children with mentally retarded or borderline mental capacity.

Methods The WISC-R test was used in the research to determine the intellectual capacity of children, 6–16 years of age. The sample comprised 131 children and adolescents between the ages 6–16 with IQs in the interval of 35–79 and their mothers. The parents accompanying their children were assessed using the Family Burden Assessment Scale, the World Health Organization Quality of Life instrument and a sociodemographic questionnaire that was filled out during face-to-face interviews.

Results The quality of life of the mothers was found to be average. At the same time, as the IQ level of the children went up, the less the mothers felt they were under a family burden. It was seen that the mothers experienced the most difficulty in the domains of “perception of inadequacy” and “emotional burden.”

Conclusion Mothers with intellectually disabled children need psychosocial support. Providing all members of the family with counseling services to help them cope with the issues and responsibilities involved in the care of disabled children may make a significant difference in quality of life.

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

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Mental healthcare

EW319

Maternal depression and the role of psychosocial intervention: Perception of community health workers in Pakistan



A. Karbhari^{1,*}, N. Chaudhry², T. Kiran³, H. Fayyaz⁴, A. Karbhari⁵, B. Fatima³, C. Furber⁶, F. Lunat⁷, M. Husain⁸, F. Naeem⁹, N. Husain²

¹ Blackburn, United Kingdom

² University of Manchester, Institute of Brain Behaviour and Mental Health, Manchester, United Kingdom

³ Pakistan Institute of Learning and Living, Research, Karachi, Pakistan

⁴ Pakistan Institute of Learning and Living, Research, Karachi, Pakistan

⁵ Lancashire Care NHS Foundation Trust, Research and Innovation, Preston, United Kingdom

⁶ University of Manchester, School of nursing- midwifery and social work, Manchester, United Kingdom

⁷ Lancashire Care NHS Foundation Trust, Innovation Department, Blackburn, United Kingdom

⁸ Harvey House, Research, Manchester, United Kingdom

⁹ Queens University- Kingston, Department of Psychiatry, Kingston, Canada

* Corresponding author.

Introduction Low-income countries have a critical shortage of health professionals. In countries such as Pakistan, Community Health Workers (CHWs) can play an important role in improving access to healthcare services and hence improve health outcomes.

Aims To explore the efficacy of a training program; Learning Through Play Plus, a combination of Learning Through Play (LTP) and Thinking Healthy Program (THP) on knowledge and attitudes of CHW's regarding child development, maternal depression and cognitive behaviour.

Objectives To use focus groups and the training programmes to increase the knowledge of CHWs method: a qualitative approach was used to explore experiences of CHWs who delivered the intervention. Three-day training was provided to 216 CHWs on LTP and THP. Trained facilitators conducted focus groups before and

after the training to explore their prior knowledge and expectations. A semi-structured topic guide was developed for this. All the focus groups were audio-recorded. The data were analysed using framework analysis principles.

Results Four key themes emerged from the focus groups; the psychosocial context these women live in (poverty, work-overload, interpersonal conflicts, lack of support from family, lack of awareness of depression and scarcity of mental health services) CHWs perception of depression (role of negative thoughts in depression), the impact of maternal depression on children and the impact of training for CHWs (improvement in CHWs knowledge related to children).

Conclusion Training CHWs improves their knowledge about child development and psychological therapies. This can contribute to improving access to maternal healthcare services and improving child development outcomes.

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

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EW320

600 Greek people's attitudes towards family hosts for mentally ill persons



P. Kloni*, D. Angelopoulou, E. Vardari, A. Zotos, A. Psychogiou, M. Theodoratou

Technological Institute of Patras, Social Work, Patras, Greece

* Corresponding author.

Introduction Family hosts for people with mental diseases is a quite new institution in Greece [1,2].

Objectives The study investigated Greek people's attitudes toward mentally ill people and their institutionalisation

Aims The survey investigated Greek society's attitudes and bias concerning Family Host Programs for the mentally ill.

Methods Questionnaires were administered to a sample of six hundred (600) people in the cities of Patras, Pyrgos and Mesologgi, Southern Greece from May the 27th to June the 12th

Results Of the respondents, 47.3% were men while 52.7% were women. Most citizens were not familiar with the term "Host Family" and were not aware of this new institution (62.7%). However, many knew a person that suffered from mental illness environment (35.7%), but they thought that mentally ill people would be rather a "burden" to foster families (32.2%).

Conclusions Although many people knew well a person with mental illness, they were not aware of psychiatric reforms and community based programs. In conclusion, psycho-educational programs contributing to repel bias towards psychiatric patients should be implemented.

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

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EW321

Elderly person's connection of family relations with quality of life and shame in the context primary healthcare



E. Kotrotsiou¹, I. Mparka², C. Xatzoglou³, M. Gouva^{2,*}

¹ Post Graduate Programme Primary Health Care, Nursing Department, Larissa, Greece

² Post Graduate Programme Primary Health Care, Medicine, Larissa, Greece

³ University of Thessaly, Post Graduate Programme Primary Health Care, Medicine, Larissa, Greece

* Corresponding author.

Objectives The elderly persons continue to invest substantially in emotional relationships.

Aim The overall objective of this research study was to investigate the attitudes of elderly persons towards family relations.

Method One hundred and ninety-seven healthy elderly individuals participated to the present study from different region in Greece. The age range was 66–93 years old. The questionnaire included: (a) the Family Environment Scale (Family Environment Scale, Form R-FES), (b) The Experience of Shame Scale (ESS), (c) the Other As Shamer Scale (OAS), (d) Quality of Life (SF-36).

Results Univariate and multivariate analysis was applied for the statistical analysis of the data, which showed that: the elderly persons who are satisfied with their lives in past, they exhibit lower overall price external shame feelings of emptiness (empty – OAS) ($P = .002$), they perceived reaction of others when they make mistakes (Mistakes – OAS) ($P = .000$), conflict (Conflict – [Form R-FES]) ($P = .000$). Elderly persons who are satisfied with their life in this time show higher levels of orientation towards active recreational activity (Active-Recreational Orientation – R-FES) ($P = .000$). Elderly persons who declared that family relation is important for them exhibit lower levels of feeling vacuum (empty – OAS) ($P = .009$), and higher levels of orientation for achievements (Achievement Orientation) (R-FES) ($P = .010$), social role (SF – SF36) ($P = .000$), Mental Health summary Scale (SF_MCS-SF36) ($P = .000$).

Conclusion From the findings of this study, it is apparent how important is the study of the quality of life in old age.

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

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EW322

Patients with anxiety disorders: Pathways of care and their outcomes in Germany – A secondary data analysis



S. Kowitz*, J. Zielasek, W. Gaebel

Heinrich-Heine-University Duesseldorf, Department of Psychiatry and Psychotherapy, Duesseldorf, Germany

* Corresponding author.

Introduction Anxiety disorders are among the most common mental disorders in Germany. Different sectors and disciplines participate in mental healthcare of these patients, but there is a lack of empirical evidence of the treatment outcomes in different settings.

Objectives The study focuses on analyzing the care pathways of patients with anxiety disorders and the effects of such pathways on critical events like sick leave, early retirement and mortality.

Aims The analysis aims at developing recommendations for optimizing treatment with a view to minimize the rate of occurrence of critical events during the care pathway.

Methods Secondary data of three statutory health insurance companies and of the German Pension Funds of the years 2005–2007. The analyses are based on 744,742 persons with at least one diagnosis of an anxiety disorder.

Results The analyses reveal a low rate of changes between primary and specialized care. There was a high number of care pathways ($n = 2.608$). The most common type was care by primary care physicians/somatic specialists only (60.5% of patients), followed by a treatment by a psychiatrist only (9.5%). Patients, who

were only treated by general practitioners/somatic specialists, had significantly lower rates of sick leave and early retirement. This may indicate that cases with more favourable prognoses are found with this care pathway.

Conclusions Analyses of care pathways using secondary data can contribute to identify potential for optimizing mental health care services and provide information about intersectoral interface problems, which should be considered in the quality management of mental healthcare.

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

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EW323

Trajectories of health-related quality of life among family caregivers of individuals with dementia: A home-based caregiver-training program matters



L.M. Kuo

Taipei Medical University, School of Gerontology Health Management- College of Nursing, Taipei, Taiwan

Aim To chart distinct courses of changes in health-related quality of life (HRQoL) among family caregivers of individuals with dementia and how the probability of belonging to each course was affected by participating in a caregiver-training program.

Background No studies have explored whether these family caregivers' HRQoL follows multiple distinct trajectories, nor whether the effect of a given intervention varies across different trajectories.

Design Single-blinded randomized clinical trial.

Method Suitable family caregivers were recruited from June 2009 to March 2012. Of 116 individuals with data available for analysis, 57 were in the intervention group, and 59 were in the control group. A 4- to 6-hour training program with monthly telephone follow-ups to help family caregivers of adults with dementia detect and decrease environmental stimuli for a specific behavior problem. Caregivers' HRQoL was assessed using the Medical Outcomes Study 36-Item Short Form Survey over 18 months following completion of the training program.

Result For all dimensions of HRQoL, two distinct trajectories were identified: a well-functioning trajectory and a poor-functioning trajectory. Caregivers who received the training program had a greater chance of being in the good-functioning HRQoL group than in the poor-functioning HRQoL group. The odds ratios varied by HRQoL dimension from 2.621 for bodily pain to 9.058 for vitality.

Conclusion Participating in a brief training program improved caregivers' HRQoL over 18 months, especially in mental health-related dimensions. Caregiver training should be seriously considered as part of the protocol for managing patients with dementia and their caregivers.

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

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EW324

The effect of the reductions in social interactions due to the economic crisis on the subjective well-being of non-insurance health care seekers in Greece



G. Lyrakos^{1,*}, M. Grigoriadou¹, T. Zacharis², M. Grigoraki¹, D. Menti³, N. Tsioumas³, A. Georgiadis¹, I. Spyropoulos¹, V. Spinaris¹

¹ General Hospital Nikaia "Ag. Panteleimon", Psychiatric, Nikaia, Greece

² Center for Mental Health, Social Department, Piraeus, Greece

³ City Unity College – MSc Health Psychology, Psychology Department, Athens, Greece

* Corresponding author.

Background Social interactions have an important effect on the subjective well-being of individuals. However, in periods of financial crisis these interactions are reduced, affecting thus the mental health of the individuals as well.

Aim To investigate the effect of the reduction in social interactions, as a result of the economic crisis, on the subjective well-being of non-insurance health care seekers in Greece.

Method Two hundred and sixty-six individuals participated in this study, 90 (35.6%) males and 163 (64.4%) females, with a mean age of 47. Analysis of data was conducted with Anova, using the SPSS software.

Results The findings showed that reductions in social interactions, caused by the financial crisis, led to significant reductions in the subjective well-being of individuals as well ($F(1,259) = 13.276$, $P < 0.001$ for social activities and $F(1,258) = 14.531$, $P < 0.001$ for peer socialization). More specifically, individuals whose social interactions were greatly affected by the financial crisis reported significantly lower subjective well-being than individuals who reported a medium effect ($M = -2.952$, $SD = .764$, $P < 0.001$). Furthermore, individuals who reported that the economic crisis had a great effect on their peer socialization reported significantly lower subjective well-being compared to both those who reported a medium ($M = -1.868$, $SD = .658$, $P < 0.015$) or low ($M = -2.77$, $SD = .809$, $P < 0.001$) effect of the crisis.

Conclusion The results of this research showed that the financial crisis reduced the well-being of affected individuals through reductions in their social interactions. Further research is needed to investigate appropriate interventions to reduce the negative impact that the financial crisis has on the well-being of affected individuals.

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

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EW325

Factors affecting restraint practices in psychiatric inpatient units: A sample from a mental health hospital in Turkey



U. Ozer Ceri^{1,*}, U. Uzun¹, B. Sancak¹, V. Ceri², S. Ozen¹

¹ Prof Dr Mazhar Osman Mental Health and Neurological Disorders Research Hospital, Psychiatry, Istanbul, Turkey

² Dumlupinar University-Evliya Celebi Training and Research Hospital, Child and Adolescent Psychiatry, Kutahya, Turkey

* Corresponding author.

Introduction New guidelines aimed to minimize restraint in psychiatry clinics due to ethical reasons.

Objectives Further studies investigating factors affecting the decision of restraint and its potential benefits and harms are needed.

Aims We aimed to determine current rates of restraint in psychiatric clinics and sociodemographic/clinical variables which may be related with restraint practices.

Methods The study was conducted in 64-bed male and 28-bed female psychiatric inpatient units, between March 1–May 31 2015. Sociodemographic and clinical data forms were completed using case files and restraint records.

Results In a total number of 481 inpatients (351 males, 130 females), number of restrained patients was 98 (20.3%) (90 (25.7%) males, 8 (6.2%) females). There was no significant difference in sociodemographic characteristics between restrained and unrestrained patients, but duration of the illness and electroconvulsive

therapy rates were significantly different. Substance abuse (44.4%) was higher in restrained male patients. Also, restraint rates were higher in patients having a diagnosis of substance-related disorder compared to other diagnoses. Restraints occurred most commonly in the first day (48%) of hospitalization.

Conclusions The studies carried out in psychiatric hospitals suggested major differences in the rates and types of restraints among different countries and institutions. In our study, a higher restraint rate is obtained compared to other studies. Consistently with the literature, substance abuse was higher in restrained patients, and restraints occurred most commonly in the first day of hospitalization. Many factors including substance abuse should be considered to reduce restraint rates, which are still quite high in mental health hospitals in Turkey.

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

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EW326

Assessment of functional status in oldest old: The OARS/QAFMI model for care planning



R. Rodrigues*, S. Crespo, C. Silva, I. Mendes
Escola Superior de Enfermagem de Coimbra, UICISA-E, Coimbra, Portugal

* Corresponding author.

Introduction The geriatric assessment should include the physical, cognitive, emotional and social functional status, allowing a concrete understanding of the oldest old realities for a better health planning.

Objectives To assess the functional status in main areas of the elderly's life: social resources, economic resources, mental health, physical health and activities of daily living (ADL).

Aims Provide information to health and social policy makers and improve the quality of care, adapting the training of nurses to this new social and health reality.

Methods The randomized, stratified (age and gender) sample consisted of individuals aged ≥ 75 , randomly selected and representative of Coimbra's (Portugal) elder residents ($n=11,279$; $n=1128$). The instrument for data collection was the Questionário de Avaliação Funcional Multidimensional para Idosos/Older Americans Resources and Services (QAFMI/OARS).

Results In the social resources, there are significant differences between gender ($P < 0.001$), with men presenting better scores than women. In the areas of economic resources, mental health and physical health are revealed significant differences between gender and age groups ($P < 0.001$), with the women and the age group of ≥ 85 presenting the worst results. In ADL, area is also observed significant differences between age groups ($P < 0.001$), with the oldest old individuals presenting the worst results.

Conclusions The results will play an important role in the decisions of the technicians at Health Centres to the planning of older care services and will be disseminate among the responsible entities aiming the improvement of the current policies.

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

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EW327

Mental health and functional status in oldest old: The use of QAFMI/OARS in Chamusca (Santarém – Portugal) Elder Residents



M. Martins^{1,*}, M. Nunes¹, P. Cunha¹, C. Brunido¹, S. Crespo², R. Rodrigues³

¹ UCC Chamusca/Golegã, ACES Lezíria, Santarém, Portugal

² Escola Superior de Enfermagem de Coimbra, UICISA-E, Coimbra, Portugal

³ Escola Superior de Enfermagem de Coimbra, Coimbra, Portugal

* Corresponding author.

Introduction Population aging and changes in the epidemiological pattern and the social and family structure, observed in Portugal, with a particular focus at the local level, determine new needs for which it is urgent to organize appropriate and active responses. The Community Care Unit (UCC Chamusca/Golegã) and the Municipality of Chamusca decided to carry out this project in order to make the diagnosis of the situation in social and health of the elderly population.

Objectives Assess the use/need of health and social services by the elderly, related with their functional status in social resources, economic resources, mental health, physical health and activities of daily living.

Aim Assess the functional status in mental health to implement an individual monitoring plan.

Methods Quantitative methodology using the Questionário de Avaliação Funcional Multidimensional para Idosos/Older Americans Resources and Services (QAFMI/OARS). The sample consisted of individuals aged ≥ 65 , randomly selected and representative of Chamusca's elder residents ($n=2768$; $n=1868$).

Results Results showed that in mental health, there isn't a significant difference classification between genders in the different aged groups. There is only statistically significant difference between age groups, with the group of 85 and over who have worse results.

Conclusions The work developed with QAFMI/OARS lead us to consider this instrument very useful to define functional status of the elders in specific evaluation areas as mental health, becoming right to the planning of older care services.

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

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EW328

The effect of stress management program on mental health of the mothers of the children with attention deficit hyperactivity disorder, Shiraz-Iran



F. Sharif^{1,*}, S. Zarei², A. Alavi Shooshtari³, M. Vossoughi⁴

¹ Shiraz University of Medical Sciences, Psychiatric Nursing, Shiraz, Iran

² Shiraz University of Medical Sciences, Psychiatric Nursing, Shiraz, Iran

³ Shiraz University of Medical Sciences, Psychiatry, Shiraz, Iran

⁴ Shiraz University of Medical Sciences, Biostatistics, Shiraz, Iran

* Corresponding author.

Background Attention deficit hyperactivity disorder is one of the most common psychiatric disorders in children.

Aim and Objective of the study The study aimed to evaluate the effectiveness of stress management program using cognitive behavior approach on mental health of the mothers of the children with attention deficit hyperactivity disorder.

Methods In this interventional study, 90 mothers of the children with attention deficit hyperactivity disorder were randomly allocated into three intervention, placebo, and control groups. The general health questionnaire was used to measure mental health. Besides, stress was assessed through the depression-anxiety-stress scale. The two instruments were completed at baseline, immediately, and one month after the intervention by the mothers.

Afterwards, within group comparisons were made using one-sample repeated measurement Anova. One-way Anova was used for inter-group comparisons. Mothers in the placebo group only participated in meetings to talk and express feelings without receiving any interventions.

Results At the baseline, no significant difference was found among the three groups regarding the means of stress, anxiety, depression, and mental health. However, a significant difference was observed in the mean score of stress immediately after the intervention ($P=0.033$) and the mean score of mental health among the three groups ($P<0.001$). One month after the intervention, the mean difference of mental health score remained significant only in the intervention group ($P<0.001$).

Conclusions The study findings confirmed the effectiveness of stress management program on mental health of the mothers of the children with attention deficit hyperactivity disorder.

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

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EW329

Domiciliary care service in psychiatry – Impact on hospital admissions and follow up in patients with bipolar and schizophrenia disorders



G. Sobreira^{1,*}, F. Gomes¹, I. Capeto Coelho², J. Oliveira³

¹ Centro Hospitalar Psiquiátrico de Lisboa, First Psychotic Episode Unit, Lisboa, Portugal

² Centro Hospitalar Psiquiátrico de Lisboa, Bipolar and Obsessive Compulsive Disorders Unit, Lisbon, Portugal

³ Centro Hospitalar Psiquiátrico de Lisboa, Neuropsychiatry and Dementia Unit, Lisboa, Portugal

* Corresponding author.

Introduction Several community psychiatry projects have been developed in Lisbon; nevertheless, there are patients whose needs are not fulfilled by the existing structures. For this reason, our institution created a domiciliary care unit (PreTrarCa).

Objectives To assess if this program has an impact in admission rates, length of stay and follow-up appointments.

Aims To improve the quality of care provided by PreTrarCA.

Methods All active patients followed by PreTrarCA in 2015 were selected ($n=90$); only those with F20 and F31 (ICD-10) diagnoses, admitted to the program after 2013, and who had information regarding duration of illness were chosen ($n=21$). A control group with similar characteristics (age, gender, ICD-10 diagnosis, disease duration) was paired to our sample. Information concerning social/demographic data, disease duration, hospital admissions and appointments, before and after the patients started the program was retrospectively collected. All data and statistical analyses were performed via SPSS program.

Results Our patients were mostly female ($n=12$); mean age 54.92; 10 and 11 had F-20 and F-31 diagnosis respectively. The test patients had fewer admissions ($P=0.027$). No statistical significance was found concerning number of appointments, missed appointments or length of stay, between the groups before or after the patients had started the program.

Conclusions Results suggest that domiciliary care may reduce costs associated with mental health care due to a decrease in admission rates. Our sample was paired to a similar group, which can account for the similar length of stay in both groups. Further studies should take into account other confounding variables.

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EW330

Partial psychiatric hospitalization and differences in clinical outcome



J. Vázquez Bourgon^{1,*}, F. Hoyuela Zatón¹, E. Gómez-Ruiz¹, E. Cortazar Lopez¹, B. Agüeros Perez¹, J. Cuetara Caso¹, M.J. Gutierrez Ajenjo¹, C. Alvaredo Rodriguez¹, P. Rodríguez-Rodríguez², P. Pelayo Reventún³, B. Crespo-Facorro¹

¹ University Hospital Marqués de Valdecilla-IDIVAL, CIBERSAM, Psychiatry, Santander, Spain

² Centro Hospitalario Benito Menni, Psychiatry, Santander, Spain

³ General University Hospital Alicante, Psychiatry, Alicante, Spain

* Corresponding author.

Introduction Intensive treatment in partial hospitalization unit may represent an efficient alternative to traditional inpatient hospitalization. However, there is evidence suggesting that this clinical resource may not be equally effective for every psychiatric disorder. **Objectives** We aimed to study possible differences in the effectiveness of treatment in a partial hospitalization regime for different psychiatric disorders.

Methods Three hundred and thirty-one patients were admitted to the Valdecilla acute psychiatric day hospital between January 2013 and January 2015. Clinical severity was assessed using BPRS-E and HoNOS scales at admission and discharge. Other relevant clinical and socio-demographic variables were recorded. For statistical comparisons, patients were clustered into 4 wide diagnostic groups (non-affective psychosis; bipolar disorder; depressive disorder; personality disorder).

Results We observed a significant difference in the status of discharge ($\chi^2=12.227$; $P=0.007$). Thus, depressive patients were more frequently discharged because of clinical improvement, while patients with a main diagnosis of personality disorder abandoned the treatment more frequently (23% vs. 4.0%).

When analysing the clinical outcome at discharge, we found that patients with a diagnosis of bipolar disorder showed greater improvement in BPRS ($F=5.305$; $P=0.001$) than those diagnosed of psychosis or depressive disorder. Interestingly, we found no significant differences between diagnoses in hospital re-admission in the following 6 months after being discharged.

Conclusions Our results suggest that acute treatment in partial hospitalization regime may be more effective for bipolar and depressive disorder, and particularly less effective for those patients with a personality disorder.

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

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Mental health policies

EW331

Task-shifting within health care systems – a general review of the literature and implications for mental healthcare



V. Agyapong

University of Alberta, Department of Psychiatry, Fort McMurray, Canada

Background There have been a growing interest in the effectiveness of task-shifting as a strategy for targeting expanding health

care demands in settings with shortages of qualified health personnel.

Aims To explore the reasons for task-shifting and the healthcare settings in which task-shifting are successfully applied as well as the challenges associated with task shifting.

Methods Literature searches were conducted on PubMed and Google Scholar using the search term – ‘Task shifting’ and Task-shifting’.

Results Reasons for task-shifting including: a reduction in the time needed to scale up the health workforce, improving the skill mix of teams, lowering the costs for training and remuneration, supporting the retention of existing cadres by reducing burnout from inefficient care processes and mitigating a health system's dependence on highly skilled individuals for specific services. Clinical settings in which task-shifting models of care have been successfully implemented, include: HIV/AIDS care, epilepsy and tuberculosis care, hypertension and diabetes care and mental healthcare. Finally, challenges which hinder the successful implementation of task-shifting models of care, include professional and institutional resistance, concern about the quality of care provided by lower lever health cadres and lack of regulatory and policy frameworks as well as funding to support task-shifting programmes.

Conclusion The review brings to light important health policy and research priorities which can be explored to identify the feasibility of using task-shifting models of care to address the critical shortage of health personnel in managing emerging communicable and non-communicable diseases, including opportunities for expanding mental health care in conflict and under-resourced regions globally.

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

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EW332

Public mental health policies: A comparison between Argentina, Brazil and Uruguay

R. de Albuquerque Costa^{1,*}, A. Milani de Oliveira Araujo¹, L. Oliveira da Silva²

¹ Universidade Estacio de Sá, Psychology, Nova Iguaçu, Brazil

² Universidade Federal do Rio de Janeiro, Psychiatry, Rio de Janeiro, Brazil

* Corresponding author.

At the expense of historical and social stigma of madness, people with mental disorders suffered over the centuries to acquire a decent treatment. This study aims to get an overview of public policies on mental health among the three neighbouring countries: Argentina, Brazil and Uruguay, proposing a comparison between these three realities. The methodology used was a literature review in the ISI Web of Science and PubMed databases; Articles related to the topic were selected. With the enactment of Law 10,216 of April 2001, Brazil guaranteed rights and protection to patients with mental disorders redirecting the care model, with users referred for outpatient services, Psychosocial Support Centers, Psychiatric Units in General Hospitals and others. In Argentina, Law 26,657 of December 2010 has proposals similar to the Brazilian's law. Living a period of great upheaval to suit the reality of the services with the proposals of the law dealing with limited financial resources. In contrast, Uruguay lives difficult times as the structuring of public policies on mental health, with the Pan American Health Organization required changes by 2020. The current law is the 9581 August 1936 being totally incongruous to the neighboring countries and the guidelines of World Health Organization. This study became important because it highlights the discrepancy between the realities in neighboring countries mentioned above and open new discussions on the topic proposed worldwide.

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EW333

Overview of psychiatry in Poland, 2000–2015

A. Kiejna*, P. Piotrowski, T.M. Gondek
Wroclaw Medical University, Department of Psychiatry, Wroclaw, Poland

* Corresponding author.

At the beginning of the 21st century, psychiatry in Poland was functioning in the model based mostly on the network of large institutions localised outside of the main city centres. Due to Poland's accession to the European Union, it was necessary to change the mental health care system. This need was legally sanctioned when the Law on Protection of Mental Health was passed in 1994. The solutions were included in the National Programme on Mental Health Care (NPOZP). NPOZP comprised the guidelines on the mental health care system shift to community-based health services, including a roadmap for its implementation in 2011–2015. According to the evaluation of the NPOZP, including the information gathered by the Ministry of Health, the programme was implemented to a small extent. The number of large psychiatric institutions and the number of in-patient beds were reduced, the numbers of day wards as well as psychiatric wards in the multi-disciplinary hospitals were increased. The training of the staff for the new system began. A serious challenge for the continuation of the reforms being carried out is the provision of the sufficient number of mental health professionals, particularly in the face of economic migration. A short duration of the proposed NPOZP implementation period did not allow for a full application of the new mental health care solutions, however the awareness that its implementation may be at risk led to a public and media discourse which definitely will have an impact on the improvement of the execution of the programme.

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EW334

Mental health policy implementation assessment: 8 years after inception

P. Mateus*, Á. Carvalho, M. Xavier
Directorate General of Health, National Programme for Mental Health, Lisbon, Portugal

* Corresponding author.

Introduction In 2007, Portugal started the implementation of a new National Mental Health Plan (NMHP). The main objectives of the plan included: assure equal access, promote and protect human rights, reduce the impact of mental health disorders, promote the decentralisation of mental health services, and the integration of mental health in primary care, general hospitals and community networks. In the last years, the fulfilment of these objectives was hindered due to economical factors.

Objectives To assess the degree of implementation of the main priorities included in the 2007–2016 NMHP, considering levels of low, medium and high implementation.

Methods A full assessment of the NMHP was conducted by the National Mental Health Programme, by means of a cross-sectional evaluation, requested by the National Health Regulatory Agency.

Results High degree of implementation: development of new services, continuing care law, workforce training, programme to fight stigma, programmes for vulnerable groups. Medium degree of implementation: reorganisation of emergency services, involvement of users and families, suicide prevention plan and grants

for innovative services. Low degree of implementation: new models for budgeting and management, new continuing care network, workforce recruitment, inpatient services for children and adolescents, collaboration with the primary care, substance use and justice sectors.

Conclusion The scarce degree of autonomy of the implementation team at the Ministry and the economical crisis hindered the fulfilment of key objectives. Dimensions including the mental health financial and management systems and the implementation of a continuing care network must be considered top priorities.

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

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Migration and Mental health of Immigrants

EW335

Gender and immigrant status differences in the treatment of substance use disorders among US Latinos



K. Alvarez^{1,*}, B. Cook², F. Montero Bancalero³, Y. Wang¹, T. Rodriguez¹, N. Noyola¹, A. Villar⁴, A. Qureshi⁴, M. Alegria¹

¹ Massachusetts General Hospital, Disparities Research Unit, Boston, USA

² Cambridge Health Alliance, Health Equity Research Lab, Cambridge, USA

³ Escuela Universitaria de Osuna, Department of Psychology, Sevilla, Spain

⁴ Vall d'hebrón University Hospital, Department of Psychiatry and Forensic Medicine, Barcelona, Spain

* Corresponding author.

US Latinos have higher rates of substance use disorders (SUDs) than Latinas, but Latinas face substantial barriers to treatment and tend to enter care with higher SUD severity. Immigrant Latinas may face greater barriers to care than native-born despite lower overall SUD prevalence. This study aimed to identify how SUD treatment needs of Latinos are addressed depending on patient gender and immigrant status within an urban healthcare system serving a diverse population.

Methods Data from electronic health records of adult Latino/a primary care patients ($n = 29,887$ person-years) were used to identify rates of SUD treatment in primary and specialty care. Treatment characteristics and receipt of adequate care were compared by gender and immigrant status.

Results Tobacco was the most frequently treated substance followed by alcohol and other drugs. Forty-six percent of SUD patients had a comorbid psychiatric condition. Treatment rates ranged from 2.52% (female non-immigrants) to 8.38% (male immigrants). Women had lower treatment rates than men, but male and female immigrants had significantly higher treatment rates than their non-immigrant counterparts. Receipt of minimally adequate outpatient care varied significantly by gender and immigrant status (female non-immigrants 12.5%, immigrants 28.57%; male non-immigrants 13.46%, immigrants 17.09%) in unadjusted and adjusted analyses.

Discussion Results indicate overall low prevalence of SUD treatment in the healthcare system. Low rates of minimally adequate care evidence the challenge of delivering integrated behavioral healthcare for Latinos with SUD. Results also demonstrate gender and immigrant status disparities in an unexpected direction, with immigrant women receiving the highest rates of adequate care.

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

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EW336

Correlates of depression, anxiety and stress among foreign medical students studying general medicine in Romania



A.D. Buzoianu^{1,*}, C.A. Popescu², S. Suciuc³, S.M. Armean¹

¹ UMF Cluj Napoca Iuliu Hatieganu, Pharmacology, Cluj-Napoca, Romania

² UMF Cluj Napoca Iuliu Hatieganu, Social Sciences, Cluj-Napoca, Romania

³ UMF Cluj Napoca Iuliu Hatieganu, Physiology, Cluj-Napoca, Romania

* Corresponding author.

Introduction Several studies suggest that medical students have relatively high levels of emotional disturbance, such as mental distress, anxiety, depression, suicidal thoughts, and burnout. Studying abroad is a growing trend in higher education. Culture shock is a form of psychological distress associated with migration. Given the increased mobility for study registered within the EU, there are studies investigating the processes of acculturation of the students as temporary migrants, with particular attention to the field of medicine. However, in Romania there is virtually no research addressing processes of acculturation of temporary immigrants.

Aims The aim of this study was to examine the correlates of depression, anxiety and stress in foreign medical students studying at University of Medicine "Iuliu Hatieganu" Cluj-Napoca, Romania.

Methods A total of 300 foreign students from English and French Section, completed 5 self-administered questionnaires: Culture Shock Questionnaire, Social Support Questionnaire, STAI, NEO-FFI and a questionnaire about alcohol, smoking and illicit drug use. 150 Romanian students were used as controls. Data on socio-demographic, family characteristics and living arrangement were also obtained.

Results The scores for psychological distress symptoms (stress, anxiety and depression) were significantly higher among foreign medical students. Both individual factors, such as previous problems and personality, and more contextual stress arising from medical school and negative life events, combine to determine whether medical students experience mental health problems.

Conclusions Preventive measures should be taken by medical schools to support foreign medical students, who are at risk for stress, anxiety and depression.

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

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EW337

Traumatic pre-migration experiences: A population-based study of Russian, Somali and Kurdish origin migrants in Finland



A. Castaneda*, L. Junna, S. Rask, P. Koponen, S. Koskinen, J. Suvisaari

National Institute for Health and Welfare, The Department of Welfare, Helsinki, Finland

* Corresponding author.

Introduction Ongoing mass conflicts and the resulting flow of displaced persons have increased interest on pre-migration experiences of migrants, but population-based studies of entire migrant groups are still scarce.

Objective We aim to assess the prevalence of a variety of possibly traumatic pre-migration experiences among Russian, Somali and

Kurdish origin migrants in Finland and to determine which socio-demographic factors are associated with traumatic pre-migration experiences.

Methods We used data from the Finnish Migrant Health and Wellbeing Study (Maamu). The survey sample comprised of Russian, Somali and Kurdish origin migrants, aged 18–64 years ($n = 1000$ per group). The data specified eight different traumatic events common to those exposed to war and conflict. The age-adjusted prevalence of traumatic pre-migration experiences were calculated in the ethnic groups by gender using predicted margins.

Results Seventy-seven percent of Kurdish, 58% of Somali, and 21% of Russian origin migrants had experienced at least one traumatic event in the former host country. One third of the Kurdish men had been subject to torture. Surprisingly, migrating as a refugee or asylum seeker was not found to be associated with traumatic pre-migration experiences.

Conclusion Results indicated an alarmingly high overall trauma exposure among Kurdish and Somali migrants in Finland. This should be taken into account in the planning of mental health services in the new host country.

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

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EW338

Psychiatric evaluation Ezidi Iraqi refugee children who settle in refugee camp in Turkey

V. Çeri^{1,*}, Ü. Özer², S. Nasıroğlu³

¹ Kütahya education and research hospital, Child and Adolescent Psychiatry, Kütahya, Turkey

² Mazhar Osman Training and Research Hospital for Psychiatry, Neurology, Neurosurgery, Psychiatry, Istanbul, Turkey

³ Sakarya university, medical faculty, Child Psychiatry, Sakarya, Turkey

* Corresponding author.

Objective We aimed to review the distribution of diagnoses in children and adolescents evaluated by a child psychiatrist, in refugee camps in Diyarbakır, Cizre and Silopi province of Turkey.

Methods Sociodemographic data, psychiatric complaints and distribution of psychiatric diagnoses of 38 children and adolescents living in refugee camps in Diyarbakır, Cizre and Silopi were evaluated. Psychiatric diagnoses were made according to DSM-5 criteria but some diagnoses as conversion disorder were also mentioned even though they were not included in DSM-5.

Results The sample consisted of 22 female and 16 male children and adolescents. The mean age was 12.1 ± 4.5 and the range was 2–18 years. The mean duration of residency in the camp was 23.2 ± 3.9 days. The most common symptom was sleep problems. The most frequently seen psychiatric disorder was depressive disorder (36.8%) and at least two comorbidities were detected in 50% of children and adolescents. This diagnosis was followed by conversion disorder (28.9%), adjustment disorder (21.8%), acute stress disorder (18.4%), enuresis nocturna (18.4%), post-traumatic stress disorder (10.5%), separation anxiety disorder (10.5%), somatization disorder (7.8%), selective mutism (2.5%) and night terror (2.5%) respectively.

Conclusion The study revealed that in refugee children and adolescents, starting from the early days of the migration period, various psychiatric symptoms and disorders might be seen. Therefore, it is essential to integrate psychosocial support units into the aid and support programs for refugees and quite important to observe and treat children in terms of psychiatric disorders, starting from the early days of the migration period.

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

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EW339

Screening tool for Asylum-Seeker Mental Health (STAMH): A pilot study

D. Hocking^{1,*}, S. Sundram²

¹ Florey Institute of Neuroscience & Mental Health, Mental Health, Parkville, Australia

² Monash Medical Centre, Adult Psychiatry, Melbourne, Australia

* Corresponding author.

Aims and rationale The development of a brief, highly sensitive screening tool (STAMH) easily administered by non-mental health workers to screen for mental disorders in adult asylum-seekers (AS) aims to facilitate timely access to treatment.

Methods An initial version of the STAMH developed from validated scales from a previous study was refined to 10 questions through an iterative piloting process. Adult AS without a known current psychiatric diagnosis was recruited through two Melbourne-based agencies (Asylum Seeker Resource Centre & Monash Health Refugee Health Clinic), which meet AS health and psychosocial needs. All participants were administered the STAMH by non-mental health professionals and subsequently interviewed by the researcher using the MINI 6.0, to determine psychiatric morbidity. Data was analysed through CART and ROC curve analyses, and sensitivity (SN)/specificity (SP) determined the most accurate cut-off score to detect PTSD &/or major depressive disorder (MDD).

Findings Preliminary findings are based on 150 AS from 37 countries. The majority was male (71%) and required an English language interpreter (62%). 36% met criteria for at least one clinical diagnosis: 33% for MDD, 22% for PTSD. However, only 30% of these participants had received mental health treatment in Australia. A cut-off score of ≥ 2 produced .94 (SN) and .65 (SP) for PTSD &/or MDD with a ROC of .80 $P < .0001$ (95% CI = .73–.87).

Relevance to policy, research and/or practice needs The STAMH shows promise in its aim to fill a service gap of detecting mental disorders in AS, through its brevity and sensitivity.

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

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EW340

Clinical features of neurotic disorders in internally displaced persons

V. Korostiy*, H. Kozhyna, K. Melamud, O. Platyniuk

Kharkiv National Medical University, Psychiatry, Narcology and Medical Psychology, Kharkov, Ukraine

* Corresponding author.

Introduction According to the Guiding Principles on Internal Displacement, internally displaced persons are persons who have been forced or obliged to leave their homes, in particular as a result of extreme situations, and who have not crossed a state border. As of May 21, 2015 UNHCR has information about 1,299,800 IDPs.

Aim To study clinical features of neurotic disorders in IDPs.

Methods We have a complex psychopathological and psychodiagnostic research 97 IDPs in volunteer center, located at the central train station in Kharkiv.

Results In total, 75.9% of IDPs observed have violations of adaptation: long-term depressive reaction ($F 43.21$) and predominant disturbance of other emotions ($F 43.23$). 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 IDPs.



Conclusions The majority of people who left the ATO zone have 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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Neuroimaging

EW341

Intra-network and inter-network shared connectivity patterns in patients with remitted late-life depression and amnesic mild cognitive impairment

J. Chen^{1,*}, H. Shu¹, Z. Wang¹, Y. Zhan², D. Liu¹, Y. Liu², Z. Zhang¹

¹ Southeast University, Department of Neurology- Affiliated ZhongDa Hospital, School of Medicine, Nanjing, China

² Chinese Academy of Sciences, Brainnetome Center, Institute of Automation, Beijing, China

* Corresponding author.

Objectives Both remitted late-life depression (rLLD) and amnesic mild cognitive impairment (aMCI) alter brain function in individual regions. They are also disconnection syndromes associated with a high-risk of developing Alzheimer's disease (AD). Resting-state functional connectivity magnetic resonance imaging (rs-fcMRI) was performed to define the shared and distinct aberrant patterns in intra-network and inter-network connectivity between rLLD and aMCI.

Methods We investigated rs-fcMRI in five functionally well-defined brain networks in 55 rLLD, 87 aMCI, and 114 healthy controls (HC).

Results Compared with HC, rLLD showed a reduced degree of functional connectivity in the bilateral inferior temporal cortex and supplemental motor area, and reduced correlations within the sensory-motor network (SMN) and in the default-mode network (DMN) – control network (CON) pair. aMCI showed only focal functional changes in regions of interest pairs, a trend toward increased correlations within the salience network and SMN, and a trend toward reduced correlation in the DMN-CON pair. Furthermore, rLLD exhibited more severely altered functional connectivity compared to aMCI. Interestingly, these altered connectivities were associated with specific multi-domain cognitive and behavioral functions in both rLLD and aMCI. Notably, altered connectivity between right middle temporal cortex and posterior cerebellum was negatively correlated with Mattis Dementia Rating Scale scores in both rLLD and aMCI.

Conclusions These results demonstrate that rLLD and aMCI may share convergent and divergent aberrant intra-network and inter-network connectivity patterns. It further suggests that dysfunction in right specific temporal-cerebellum neural circuit may contribute to the similarities observed rLLD and aMCI conversion to AD.

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

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EW342

Prefrontal cortical thickness related to negative symptoms in antipsychotic-naïve, first-episode psychotic patients

D. Guinart^{1,2}, D. Bergé^{1,2,3,4}, A. Mané^{1,2,3,4}, L. Galindo^{1,2,3,*}, O. Vilarroya^{2,3}, V. Perez-Sola^{1,2,3,4}

¹ INAD, Institut de Neuropsiquiatria i Addiccions, Psychiatry, Barcelona, Spain

² Institut Municipal d'Investigacions Mèdiques IMIM, Psychiatry, Barcelona, Spain

³ Universitat Autònoma de Barcelona UAB, Psychiatry, Barcelona, Spain

⁴ Centro de Investigación Biomédica en Red de Salud Mental CIBERSAM, G21, Psychiatry, Barcelona, Spain

* Corresponding author.

Introduction A significant cortical thinning has been repeatedly observed in adult-onset first-episode schizophrenia patients compared to healthy controls, mostly in medial and inferior prefrontal cortices. However, it is yet unclear whether all these replicated alterations are related to any particular clinical feature.

Objectives This study aimed to investigate differences of cortical thickness in a sample of first-episode, drug-naïve psychotic patients and age- and gender-matched healthy controls and explore clinical correlates of these parameters regarding negative symptoms.

Methods High-resolution T1-weighted images were acquired from 23 antipsychotic-naïve, first-episode psychotic patients and 26 age-matched healthy comparison subjects. Clinical features were measured with the negative subscale of the Positive and Negative Syndrome Scale (PANSS) at baseline and after a 2-month follow-up period.

Results No differences were found regarding age or gender when comparing patients and controls. We found a significant cortical thinning in the left medial orbitofrontal cortex and in the right lateral orbitofrontal cortex in patients compared to healthy age- and gender-matched controls. Regarding clinical performance, no correlation was found at baseline between left medial orbitofrontal nor right lateral orbitofrontal cortical thickness and scores of the negative subscale of the PANSS. However, at the 2-month evaluation clinical performances were significantly associated to the left medial orbitofrontal cortical thickness values.

Conclusions Cortical thickness alterations in prefrontal cortex appear to be present at disease onset and these alterations may relate to clinical outcome. However, our findings must be considered just as exploratory. Larger longitudinal studies may help characterize, replicate and consolidate these findings.

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

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EW343

A functional neuroimaging investigation of brain pathways involved in patients during active mania using Stroop Colour Word Test

R. Gupta^{1,*}, P. Goyal¹, R. Ranjan¹, S. Kumaran², R. Sagar¹

¹ All India Institute of Medical Sciences, Psychiatry, New Delhi, India

² All India Institute of Medical Sciences, Nuclear Magnetic Resonance, New Delhi, India

* Corresponding author.

Introduction Cognitive deficits are characteristic features of mania but their underlying pathways are not well defined.

Aims and objectives The present study was conducted to explore the various brain regions implicated in response inhibition in active mania.



Methods After obtaining ethical clearance from the Institute Review Board, we recruited 30 subjects with active mania and 15 healthy controls using purposive sampling. Computerized version of the Stroop Colour Word Test was used.

Results The two groups were similar on socio-demographic variables. No difference in performance was seen in the two groups on the total number of correct and incorrect responses and reaction times for correct responses on incongruent condition of the Stroop Test. However, subjects in the mania group were quicker in making incorrect responses. During incongruent condition of Stroop test, in the mania group (Fig. 2), only left fusiform gyrus was activated in comparison to the control group (Fig. 1), which had left cingulate gyrus, right frontal lobe, and superior temporal gyrus activation.

Discussion It is evident that mania group performed relatively poorly on response inhibition task since they took lesser time to make incorrect responses. This may be explained by the non-activation of frontal areas, responsible for the executive functioning.

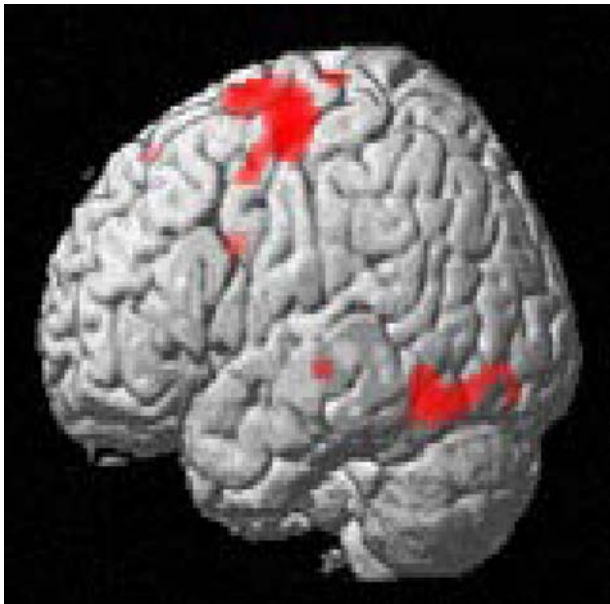


Fig. 1

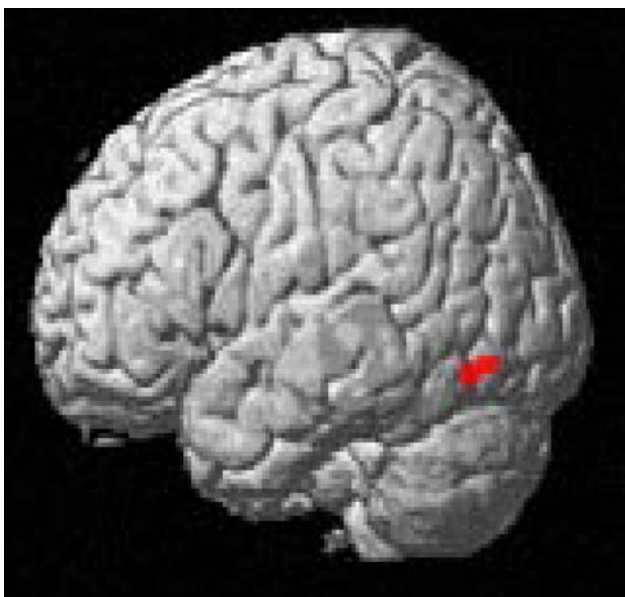


Fig. 2

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

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EW344

Decreased interhemispheric functional coordination underlying the cognitive impairment in late-onset depression



Z. Hou^{1,*}, W. Jiang¹, Y. Yue¹, Y. Yin¹, Y. Zhang¹, Y. Sui², Y. Yuan¹

¹ Affiliated Zhongda Hospital of Southeast University, Medical School of Southeast University, Psychiatry, Nanjing, China

² Affiliated Nanjing Brain Hospital of Nanjing Medical University, Psychiatry, Nanjing, China

* Corresponding author.

Background The intuitive association between cognitive dysfunction in late onset depression (LOD) and the aberrant functional activity in the brain's default-mode network (DMN) has prompted interest in exploring the role of the DMN in LOD. The altered pattern of resting state voxel-mirrored homotopic connectivity (VMHC) in cognitive processes is not yet well understood in LOD.

Methods The study was designed to examine the implicit coupling between the alteration of interhemispheric functional coordination and cognitive impairment in LOD. Thirty-one LOD patients and 37 matched healthy controls (HC) underwent neuropsychological tests and functional magnetic resonance imaging (fMRI) in this study.

Results Compared to HC group, attenuated VMHC in superior frontal gyrus, superior temporal gyrus, posterior cerebellar lobe, postcentral and precentral gyrus was observed in LOD. Neuro-behavioral relevancy approach revealed that the imbalanced interhemispheric functional coordination in bilateral cerebellum was positively correlated with the performance of trail making test in LOD ($r = 0.367$, $P = 0.040$).

Conclusion Altered linkage pattern of intrinsic homotopic connectivity and cognition was firstly investigated in LOD, and it would provide a novel clue to reveal the neural substrates underlying the cognitive dysfunction in LOD.

Keywords Late-onset depression; Voxel-mirrored homotopic connectivity; Functional magnetic resonance imaging; Cognitive function; Cerebellum

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

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EW345

qEEG correlates of induced anxiety in obsessive-compulsive patients – comparison of autobiographic and general anxiety



D. Kamaradova*, J. Prasko, K. Latalova, A. Grambal, J. Taborsky, M. Hajda

University Hospital Olomouc, Psychiatry, Olomouc, Czech Republic

* Corresponding author.

Introduction Obsessive-compulsive disorder (OCD) is characterized by the presence intrusive thoughts (obsessions) that cause anxiety in patients. Patients then perform various types of rituals (compulsions) to suppress symptoms of anxiety. OCD differ from other anxiety disorders. In OCD patients, the anxiety is caused by individual's specific situation. Aim of our study was to compare EEG signal during resting state, autobiographic scenario and general anxiety scenario.

Methods Resting-state eyes-closed EEG data were recorded in twenty OCD patients and fifteen healthy controls that were

involved in the study. Cortical EEG sources were estimated by standardized low-resolution electromagnetic tomography (sLORETA) in seven frequency bands: delta (1.5–6 Hz), theta (6.5–8 Hz), alpha-1 (8.5–10 Hz), alpha-2 (10.5–12 Hz), beta-1 (12.5–18 Hz), beta-2 (18.5–21 Hz) and beta-3 (21.5–30 Hz). Cognitive performance was measured by the Trail-Making Test (version A and B). Emotional states were induced by using two different scenarios. One of them was autobiographical (related to OCD symptoms of the patient) and the other aimed to induce general anxiety.

Results Our results show different activation during exposure autobiographical and generally anxiety scenario in patients with OCD. During the exhibition, generally anxious scenario the activity changed in temporo-parietal areas both in OCD patients and healthy controls. Whereas during the exposition to autobiographical scenario we found activity changes in frontal areas.

Conclusions Our results suggest differences in the activation of brain structures when exposed to specific and non-specific anxiety in OCD patients.

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

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EW346

qEEG correlates of cognitive impairment in obsessive compulsive patients



D. Kamaradova*, J. Prasko, K. Latalova, A. Grambal, J. Taborsky, M. Hajda

University Hospital Olomouc, Psychiatry, Olomouc, Czech Republic

* Corresponding author.

Introduction Similar to patients with schizophrenia or bipolar affective disorder many studies demonstrated presence of cognitive impairment in OCD (obsessive-compulsive disorder) patients. Aim of our study was to identify correlates of cognitive impairment in OCD patients using quantitative EEG.

Methods Resting-state eyes-closed EEG data were recorded in twenty OCD patients and fifteen healthy controls that were involved in the study. Cortical EEG sources were estimated by standardized low-resolution electromagnetic tomography (sLORETA) in seven frequency bands: delta (1.5–6 Hz), theta (6.5–8 Hz), alpha-1 (8.5–10 Hz), alpha-2 (10.5–12 Hz), beta-1 (12.5–18 Hz), beta-2 (18.5–21 Hz) and beta-3 (21.5–30 Hz). Cognitive performance was measured by the Trail-Making Test (version A and B).

Results Frontal delta and theta EEG sources showed significantly higher activity in the whole group of OCD patients ($n=20$) than in control subjects ($n=15$). Subsequent analysis revealed that this excess of low-frequency activity was present only in the subgroup of 11 patients with cognitive impairment (based on the performance in the Trail Making Test-A). The subgroup of patients with normal cognitive functions ($n=9$) did not differ in cortical EEG sources from healthy controls.

Conclusion The present results suggest that frontal low-frequency cortical sources of resting state EEG rhythms can distinguish groups of cognitively impaired and cognitively intact OCD patients. Based on our results, future studies should consider whether the present methodological approach provides clinically useful information for the revelation of cognitive impairment in OCD patients.

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

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EW347

The inattentive and hyperactive brain: Significant links between corpus callosum features and ADHD symptoms in adulthood



E. Luders^{1,*}, F. Kurth¹, D. Das², D. Oyarce², M. Shaw², P. Sachdev³, S. Easteal⁴, K. Anstey², N. Cherbuin²

¹ UCLA School of Medicine, Neurology, Los Angeles, USA

² Australian National University, Centre for Research on Ageing Health and Wellbeing, Canberra, Australia

³ University of New South Wales, School of Psychiatry, Sydney, Australia

⁴ Australian National University, John Curtin School of Medical Research, Canberra, Australia

* Corresponding author.

Introduction Neuroimaging studies of attention-deficit/hyperactivity disorder (ADHD) have revealed structural deviations of the corpus callosum in children and adolescents. However, little is known about the link between callosal morphology and symptoms of inattention or hyperactivity in adulthood, especially later in life.

Objective We aimed to further expand this understudied field by analyzing a large population-based sample of 280 adults (150 males, 130 females) in their late sixties and early seventies.

Methods We applied a well-validated approach capturing the thickness of the corpus callosum with a high regional specificity at 100 equidistant points. In addition to correlating point-wise callosal thickness with ADHD symptom measures within the whole sample, we tested for sex interactions.

Results There were significant sex interactions with respect to measures of inattention and hyperactivity, with follow-up analyses revealing significant negative correlations in males (see Fig. 1 – Top). In contrast, there were positive correlations with respect to hyperactivity only in females (see Fig. 1 – Bottom).

Conclusion A thinner corpus callosum may be associated with fewer fibers or less myelination. Thus, the negative correlations, as observed in males, suggest an impaired inter-hemispheric communication necessary to sustain motor control and attention, which may contribute to symptoms of hyperactivity, impulsivity and/or inattention. The functional relevance and underlying mechanisms of the positive correlations, as detected in females, remain to be resolved.

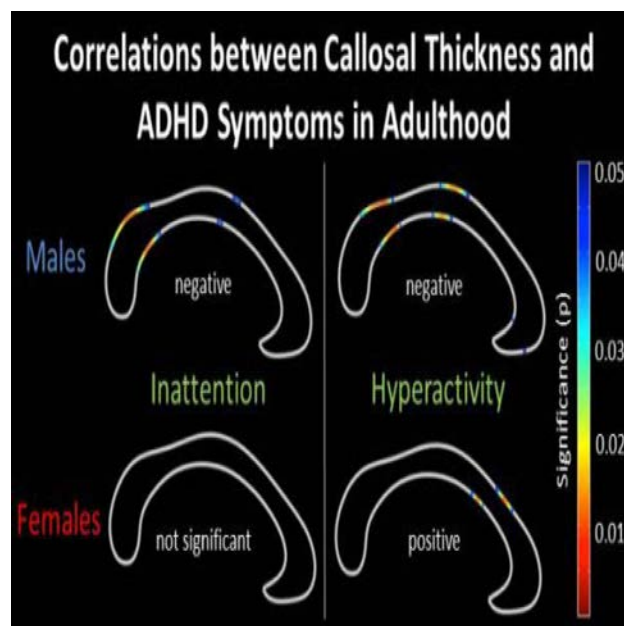


Fig. 1

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

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EW348

Gamma band dysfunction in patients with schizophrenia during a Sternberg Task: A wavelet analysis



D.D. Marasco^{1,*}, G. Di Lorenzo², A. Petito¹, M. Altamura¹, G. Francavilla¹, L. Inverso¹, A. Bellomo¹

¹ *Laboratory of Neurophysiology, Department of Clinical and Experimental Medicine, Section of Psychiatry, University of Foggia, Foggia, Italy*

² *Laboratory of Psychophysiology, Department of Systems Medicine, University of Rome "Tor Vergata", Rome, Italy*

* *Corresponding author.*

Background Increasing body of evidence suggest that patients with schizophrenia (SCZ) present dysfunction of the gamma band oscillations (GBO) during cognitive tasks. The current study aimed to explore the GBO activity in SCZ during a Sternberg task.

Materials and methods Twenty-eight chronic stabilized SCZ and 18 healthy controls (HC), were recruited. Ongoing EEG was recorded during the execution of the Sternberg task. Continuous EEG data were band-pass filtered (1–100 Hz) and corrected for eye blink and muscle artefacts by ICA. For each subject, the event-related-spectral-perturbation (ERSP) and the inter-trial-coherence (ITC) were computed at the Pz channel only for those stimulus-locked segments containing correct responses. GBO wavelet analysis was performed with two different increasing cycle ranges (3 to 5.8 and 12 to 22.6; frequency range: 30–90 Hz), to obtain the best information about temporal and frequency dynamics. Student's t test (with multiple comparisons FDR correction) was used to compare the groups.

Results During the maintenance phase (4000 to 4600 ms after the stimulus onset), SCZ presented a significant increase, respect to HC, in low GBO activity (range: 30–50 Hz;). In the other phases of the Sternberg task (encoding, probe presentation and response periods), no significant difference in GBO was observed between SCZ and HC.

Conclusions These findings are in line with the evidence that GBO dysfunction in SCZ is present during selective phases of the working memory task. Future studies have to clarify the role of GBO dysfunction on the cognitive performance and the clinical utility of selective GBO modulation during cognitive rehabilitation.

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

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EW349

Sweet and bitter taste perception in anorexia nervosa: A functional MRI study



A.M. Monteleone^{1,*}, F. Esposito², A. Prinster³, E. Cantone⁴, A. Canna³, F. Pellegrino¹, M. Nigro¹, R. Amodio¹, U. Volpe¹, F. Di Salle², P. Monteleone²

¹ *Second University of Naples, Department of Psychiatry, Naples, Italy*

² *University of Salerno, Neuroscience Section, Department of Medicine and Surgery, Salerno, Italy*

³ *National Research Council, Biostructure and Bioimaging Institute, Naples, Italy*

⁴ *Federico II University, ENT Department, Naples, Italy*

* *Corresponding author.*

Introduction Taste perception is a complex phenomenon modulated by different factors, such as taste receptors and memory brain circuits. The palatability of the food, that activates the central

reward pathways, also plays an important role in taste perception. It means that taste is able to influence the choice of food and then eating behaviour.

Objectives It is well known that people with anorexia nervosa (AN) have a lower sensitivity to reward stimuli and recent studies suggested that altered function of taste neural circuitry may contribute to restricted eating in AN.

Aims The aim of this study was to evaluate, in patients suffering from AN, the activation of brain areas involved in taste perception and in central reward mechanisms to both pleasant and aversive taste stimuli and to correlate gustatory neurocircuitry activity with eating behaviours, temperament measures and/or sensitivity to reward and to punishment.

Methods Fifteen underweight female AN patients and sixteen normal-weight healthy women underwent a functional MRI to measure brain areas activation to repeated stimuli of a pleasant taste (sucrose solution), alternated with an aversive taste (bitter solution), and water taste.

Results Compared to healthy controls, patients with AN showed a significantly reduced activation of left insula and left dorsolateral prefrontal cortex to sweet stimulus and reduced activation of right parietal cortex to bitter stimulus.

Conclusions These results, if confirmed in future studies, may improve our knowledge about the pathophysiological mechanisms of AN.

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

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EW350

Implication of altered $\alpha 7$ nicotinic receptors and amyloid deposition in the Alzheimer's brain



K. Nakaizumi^{1,*}, T. Terada², E. Yoshikawa³, A. Kakimoto³, I. Takashi³, I. Suzuki³, B. Tomoyasu², K. Suzuki¹, Y. Magata⁴, N. Mori¹, Y. Ouchi²

¹ *Hamamatsu University School of Medicine, Psychiatry, Hamamatsu, Japan*

² *Hamamatsu University School of Medicine, Biofunctional Imaging, Hamamatsu, Japan*

³ *Hamamatsu Photonics K.K.- Hamamatsu- Japan, Central Research Laboratory, Hamamatsu, Japan*

⁴ *Hamamatsu University School of Medicine, Molecular Imaging-Medical Photonics Research Center, Hamamatsu, Japan*

* *Corresponding author.*

Introduction Brain amyloid- β protein (A β) deposition is a key pathology of Alzheimer's disease (AD). Cholinergic degeneration, including reductions in $\alpha 7$ nicotinic acetylcholine receptors ($\alpha 7$ -nAChR), is also known as a pathophysiology of AD. Recent imaging studies have shown cognitively normal subjects with A β depositions, indicating a missing link between A β deposition and cognitive decline.

Objectives To clarify relationships among the A β burden, $\alpha 7$ -nAChR availability, and cognitive declines in AD.

Aims To measure brain A β deposition and $\alpha 7$ -nAChR availability in the same patients with AD using positron emission tomography (PET).

Methods Twenty AD patients and age-matched 20 healthy adults were studied. The $\alpha 7$ -nAChR availability and A β deposition were evaluated using PET with [¹¹C]MeQAA and [¹¹C]PIB, respectively. Levels of specific binding were estimated by a simplified reference tissue method (BP_{ND}) for [¹¹C]MeQAA and a tissue ratio method (SUVr) for using [¹¹C]PIB. The values were compared with clinical measures of various cognitive functions using regions of interest (ROIs)-based and statistical parametric mapping (SPM) analyses.

Results [¹¹C]MeQAA BP_{ND} levels were extensively lower in the cholinergic projection regions of AD. There was a significant

negative correlation between [^{11}C]PIB SUVR and [^{11}C]MeQAA BP_{ND} in the nucleus basalis of Meynert (NBM). The NBM [^{11}C]PIB SUVR was negatively correlated with the [^{11}C]MeQAA BP_{ND} level in the anterior and posterior cingulate cortices, whereas the relation within the same region showed weak correlation. Also we found significant correlation between cognitive decline and [^{11}C]MeQAA BP_{ND} levels in the NBM.

Conclusions A β deposition-linked α 7-nAChR dysfunction may account for cognitive decline in AD.

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

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EW351

Caudate neurochemistry in unmedicated obsessive-compulsive disorder patients: A magnetic resonance spectroscopy study

A. Parmar^{1,*}, P. Sharan¹, S. Khanalwal¹, U. Sharma², N. Jagannathan²

¹ All India Institute of Medical Sciences, Department of Psychiatry, Delhi, India

² All India Institute of Medical Sciences, Department of NMR and MRI facility, Delhi, India

* Corresponding author.

Introduction Caudate nucleus has widely regarded as having a central role in the neurobiology of obsessive-compulsive disorder (OCD). Magnetic resonance spectroscopy (MRS) provides in vivo assessment of brain neurochemistry. Previous studies suggest changes in levels of N-acetyl aspartate (NAA) and Glx levels (Glutamate + Glutamine) in patients with OCD.

Aims and objectives To measure levels of NAA, Choline (tCho), myo-inositol (ml), Glx and total creatine (tCr) in unmedicated OCD patients and compare them with healthy controls.

Methods We included 28 subjects diagnosed as OCD (DSM-IV) with total duration of illness < 5 years who were not on any specific treatment for OCD for last 8 weeks and were free from other axis-I psychiatric disorders. Twenty-six subjects without any axis-I diagnosis were included in group of healthy controls. MRS was done on a 3-Tesla MRI scanner. Absolute measures of neurochemicals were assessed using LC model software.

Results Although there were no significant differences between OCD patients and healthy controls, NAA levels were lower and Glx level were higher in patients with OCD at a trend level. Levels of ml positively correlated with disease severity (on YBOCS scale).

Discussion Our result of decreased NAA and increased Glx in caudate nucleus is in line with the previous studies although failure to reach significance can be explained by the fact that we included relatively non chronic patients as compared to most previous studies.

Conclusions Our findings suggest impaired neuronal density (decreased NAA) and hyperdopaminergic state (increased Glx) in caudate nucleus of patients with OCD.

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

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EW352

3-dimensional evaluation of lateral ventricle volumes of schizophrenia patients and investigation of the subgroups

I. Polat Nazli^{1,*}, M. Atlamaz¹, O. Ozalay², F. Deger³, O. Kitis⁴, A.S. Gonul¹

¹ Ege University School of Medicine, Psychiatry, Izmir, Turkey

² Ege University, Institute of Health Sciences, Izmir, Turkey



³ Ege University, Sociology, Izmir, Turkey

⁴ Ege University School of Medicine, Radiology, Izmir, Turkey

* Corresponding author.

Introduction The thought of greater loss of brain tissue in Deficit Syndrome (DS) i.e. subgroup of schizophrenia with enduring primary negative symptoms defined by Carpenter et al.; this has not been verified by recent studies.

Objective Accumulated researches suggest that enlargement in Lateral Ventricles (LV) is related with current negative symptoms and poor prognosis. However, this has not been validated in DS.

Aims Our aim is to study the association between the enduring negative symptoms and LV changes schizophrenia. We included both deficit and non-deficit patients for comparison with controls.

Methods Forty-five patients (18 DS, 27 non-DS) and 37 healthy controls were recruited, evaluated for positive and negative symptoms, depression and extrapyramidal symptoms. Structural magnetic resonance imaging was performed. LV was assessed by MANCOVA (gender, age total brain volume as confounding factors) in 3-dimensional (3D) shape analyses. Correlations between clinical and imaging data were analyzed by Pearson correlation coefficient; $P > 0.05$ being significant.

Results LV of patients was found to be greater than controls, especially in regions adjacent to parietal and temporal regions but no significant difference between subgroups was detected. Enlargement in right LV by corpus callosum adjacency was found in DS. There was no correlation between negative symptoms and LV volume.

Conclusions The idea of greater amount of LV enlargement in patients with predominant negative symptoms could not be observed in 3D analyses. New pathophysiological theories are needed for the explanation of negative symptoms, loss of functioning and poor prognosis rather than only commenting about tissue decrease/loss.

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

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EW353

Schizophrenia and dementia. Morphological and spectroscopic findings. Baseline data

A. San Román Uría^{1,*}, J.Á. Monforte Porto¹, L. Santirso Abuelbar², J. Chaviano Grajera², M.Á. Martín Pérez², J.A. Alcalá Dueñas³, V.A. Cuéllar Leal⁴

¹ Complejo Asistencial de Zamora, Hospital Provincial de Zamora, Servicio de Psiquiatría, Zamora, Spain

² Complejo Asistencial de Zamora, Hospital Virgen de la Concha, Servicio de Radiodiagnóstico, Zamora, Spain

³ Unidad de Rehabilitación Psiquiátrica, Secretaría de Salud de Nuevo León, Monterrey, Mexico

⁴ Unidad de Rehabilitación Psiquiátrica, Secretaría de Salud de Nuevo León, Universidad de Monterrey, Monterrey, Mexico

* Corresponding author.

Introduction Spectroscopy is a diagnostic method using MRI, to analysis tissue in vivo noninvasively. There are several studies with magnetic resonance spectroscopy (MRS) in patients with psychiatric disorders, especially schizophrenia and Alzheimer's type dementia, in their different developmental stage. Sometimes spectroscopy may allow brain metabolic changes to be observed before the onset of alterations in brain parenchyma. We do not know any documented case of spectroscopy performed on a psychiatry-targeted manner on our hospital. It is a noninvasive technique without added cost to the MRI and is available in our hospital. It seems interesting for us to combine two specialties like radiology and psychiatry in the field of a neuroimaging Project.

Objectives and aims Our goal is try to establish a radiological anatomical correlate to brain molecular levels. It's a transverse and



longitudinal prospective observational study in which subjects will be submitted to various psychiatric assessments by conducting a radiological examination that is the MRI and MRS to determine the regional metabolic pattern in the subjects explored.

Methods Informed consent to all patients, aged more than 18 years, selected according inclusion/exclusion criteria that meet ethical principles. Patients are selected within the public health network of Sacyl Health Care System, Zamora Hospital, Spain.

Expected results and conclusions Schizophrenia increased creatinine, choline and glutamate. NAA decrease in untreated patients and increased the same in patients with treatment Alzheimer: < increased NAA (N-acetyl aspartate) and increased MI (myo-inositol), their relationship has a high negative predictive value, ie if it is negative (the peaks are not increased) is discarded Alzheimer's disease. Early Dx/screening? Treatment?

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

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EW354

Gender differences in neural activation during perceptual uncertainty in patients with major depression



T. Sobanski^{1,*}, H. Sauer², K.J. Bär², G. Wagner²

¹ Thueringen-Kliniken GmbH, Psychiatry, Psychotherapy and Psychosomatic Medicine, Saalfeld, Germany

² Friedrich Schiller University, Psychiatry and Psychotherapy, Jena, Germany

* Corresponding author.

Introduction Although male and female patients with major depression (MDD) differ in psychopathology and other illness characteristics, a potentially confounding effect of gender has not been systematically controlled or investigated in most of the previous neuroimaging studies.

Objectives We investigated activation patterns during processing of ambiguous stimuli in MDD by functional MRI.

Aims We aimed at examining potential activation differences between male and female patients.

Methods A matching task was employed in which two stimuli with varying degrees of perceptual uncertainty had to be compared with respect to their sameness. Eighteen patients meeting DSM-IV criteria of MDD and eighteen healthy control subjects participated in this study.

Results Whereas on the level of behavioral performance no significant group differences could be detected we found distinct disorder- and gender-related differences in the brain activation. Patients activated significantly stronger in superior parietal, prefrontal and cingulate regions. Gender specific analyses revealed that the hyperactivity in the patient group was mainly attributable to hyperactivity in the male patients who activated significantly stronger than the female patients in an extensive fronto-temporo- limbic network, which partly overlapped with the network we found when comparing patients and healthy controls.

Discussion Our results indicate that male patients seem to be reliant on a significantly stronger metabolism in task-relevant regions to maintain an equal level of performance.

Conclusion The present results provide evidence for gender-related differences in the functional organization of the brain in patients with MDD. Gender differences should be taken into consideration when investigating the neural correlates of MDD.

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

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EW355

Searching for meaning in meaningless gestures, pathologic activity in amygdala, hippocampus and temporal pole during planning of gestures in schizophrenia



K. Stegmayer^{1,*}, B. Stephan^{2,3}, V. Tim^{2,3}, F. Andrea¹, W. Roland⁴, M. Rene⁵, S. Werner¹, W. Sebastian¹

¹ Psychiatric University Hospital Bern, Department of Psychiatry, Bern, Switzerland

² Neurology and Neurorehabilitation Center, Kantonsspital Luzern, Luzern, Switzerland

³ Department of Clinical Research, University Hospital, Inselspital, Bern, Switzerland

⁴ Institute of Neuroradiology, Inselspital, Bern, Switzerland

⁵ Department of Neurology, University Hospital, Inselspital, Bern, Switzerland

* Corresponding author.

Introduction Schizophrenia is characterized by poor social interaction contributing to poor functional outcome. Particularly nonverbal communication is disturbed. Neural correlates of impaired gesturing are currently unclear. We thus tested functional correlates of gesturing in schizophrenia patients and healthy controls.

Methods We tested 22 patients and 25 controls with an event-related fMRI (instructed delay) paradigm to dissociate brain activation during planning and execution of meaningful (e.g. use scissors) and meaningless novel gestures. Preprocessing included realignment, coregistration, normalization and spatial smoothing. We used a two stage mixed effects model for statistical analysis. Conditions were contrasted against a linguistic control within and between groups. We correlated psychopathological characteristics with beta estimates of brain areas with between group effects.

Results During planning and execution of both gesture subtypes both groups activated brain areas of the ventral and dorsal stream. However patients' activity was less prominent and more left lateralized. During planning patients showed additional activity in bilateral temporal poles, amygdala and hippocampus associated with the level of delusions. Furthermore patients had increased dorsomedial prefrontal cortex and precuneus activity when planning meaningless gestures.

Conclusion During the planning of meaningless gestures we detected aberrant activation of limbic structures in patients typically implicated in delusion formation, which also correlated with current severity of delusions. Moreover, planning of meaningless gestures relied on areas relevant for strategic control and attention. These results argue for a pathologic search for meaning in neutral gestures and increased control effort during planning of meaningless gestures in schizophrenia.

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

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Obsessive-compulsive disorder

EW356

Behavioral phenotypes in patients with obsessive-compulsive disorder comorbid with schizophrenia



L. Dehelean^{1,*}, A.M. Draghici², R.S. Romosan¹, I. Papava¹

¹ "Victor Babes" University of Medicine and Pharmacy, Neuroscience/Psychiatry, Timisoara, Romania

² Timisoara Psychiatric Clinic, Psychiatry, Timisoara, Romania

* Corresponding author.

Introduction The co-occurrence between obsessive-compulsive and schizophrenic symptoms may reflect comorbidity between two different disorders, a schizo-obsessive form of schizophrenia, or a single schizo-obsessive disorder.

Objectives The purpose of the study is to identify if patients with obsessive-compulsive disorder comorbid with schizophrenia (OCD-SCZ) have different behavioral phenotypes compared with patients with obsessive-compulsive disorder (OCD).

Methods The study was carried out on patients diagnosed with OCD with or without comorbidity with schizophrenia. The following data was analyzed: socio-demographic parameters, family psychiatric history, and behavioral phenotypes such as nicotine, alcohol and illicit drug abuse, hetero-aggressivity, and suicidal attempts.

Results The OCD-SCZ sample included 30 patients, and the OCD sample 31 patients. In the OCD-SCZ sample, the mean age was 39.83 (SD = 13.6) years, and there were 13 (43.3%) men and 17 (56.7%) women. In the OCD sample, the mean age was 44.29 (SD = 13.55) years and there were 11 (35.5%) males and 20 (64.5%) females. The OCD-SCZ sample had significantly higher rates of suicidal attempts ($U = 356$, $Z = -2.83$, $P = 0.005$) and episodes of hetero-aggressivity ($U = 355.5$, $Z = -2.37$, $P = 0.01$) than the OCD sample. Moreover, the patients with OCD-SCZ presented significantly more recorded violence, substance abuse and personality disorders in their family of origin ($U = 275$, $Z = -3.19$, $P = 0.001$). We found no statistically significant differences between the two samples regarding nicotine, alcohol or illicit drug abuse.

Conclusions The patients with OCD associated with schizophrenia presented significantly more suicidal attempts, episodes of hetero-aggressivity, and have more recorded violence, substance abuse and personality disorders in their family history.

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

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EW357

Neuroimaging correlates of insight in obsessive compulsive disorder: A fMRI study



A. Gadad*, D.Y.C.J. Reddy, D.G. Venkatasubramanian, D.J. C.N.
National Institute of Mental Health & Neurosciences, Psychiatry,
Bangalore, India

* Corresponding author.

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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EW358

Atomoxetine for hoarding disorder: A preclinical and clinical investigation



G. Grassi*, L. Micheli, L. Di Cesare Mannelli, E. Compagno,
C. Ghelardini, S. Pallanti

University of Florence, NEUROFARBA, Florence, Italy

* Corresponding author.

Aim Despite some studies suggested that childhood attention-deficit hyperactivity disorder (ADHD) and inattention symptoms may be related to hoarding, only a small case series study investigated the effectiveness of ADHD medications in hoarding disorder. The aim of the present study was to evaluate the preclinical and clinical effectiveness of atomoxetine, a noradrenaline reuptake inhibitor approved for childhood and adulthood ADHD, in an animal model of compulsive-like behaviors (marble burying test) and in patients with a primary diagnosis of hoarding disorder.

Methods We performed a preclinical investigation assessing the effects of atomoxetine on the marble burying behavior test in mice. The number of marbles buried in vehicle and atomoxetine treated groups was measured. Subsequently, we conducted a clinical investigation on five patients fulfilling the DSM-5 criteria for hoarding disorder. These patients were treated with atomoxetine 40–100 mg for 12 weeks. Full response was defined as a more of 35% decrease in UCLA Hoarding Severity Scale (UHSS) and partial response was defined as a more of 25% decrease in UHSS scale.

Results Atomoxetine significantly reduced the number of buried marbles in a dose dependent manner in comparison to control mice, without affecting the locomotor activity. Three out of five atomoxetine-treated patients were classified as full responders and two patients as partial responders after 12 weeks of treatment.

Conclusions These preclinical and clinical data suggest that atomoxetine may be considered as a potentially effective compound for hoarding disorder and therefore should be considered for future controlled trials in hoarding disorder.

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

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EW359

Differential effects of coping strategies on autogenous and reactive obsessions



M.S. Lee^{1,*}, S.M. Kwon²

¹ Seoul National University Hospital, Department of Psychiatry,
Seoul, Korea

² Seoul National University, Department of Psychology, Seoul, Korea

* Corresponding author.

Introduction Obsessive thoughts can be categorized into two subtypes, autogenous obsessions and reactive obsessions. Although it has been investigated that each subtype associates with different maladaptive coping strategies, no studies have yet empirically compared the effectiveness of adaptive coping strategies on autogenous and reactive obsessions.

Objectives It is hypothesized that acceptance, which is a core therapeutic principle of acceptance-based cognitive therapy (ACT), is more effective on autogenous obsessions, whereas response

suppression as a principle of exposure and response prevention (ERP) has a stronger effect on reactive obsessions.

Aims To compare the effectiveness of two coping strategies (acceptance and response suppression) on autogenous and reactive obsessions.

Methods A total of 164 undergraduate students completed questionnaires for obsessional thoughts and coping strategies. According to the most distressing thought, sixty subjects ($n=30$ with autogenous obsession, $n=30$ with reactive obsession) were randomly assigned to two groups differing in treatment conditions. Individual psychoeducation and practice were performed for four different groups (2 obsessional subtypes \times 2 coping strategies).

Results Repeated measure ANOVA demonstrated that the autogenous obsessional group showed greater distress reduction after acceptance treatment than response suppression treatment, although its effect was not statistically significant. However, the reactive obsessional group did not show the interaction effect between distress reduction and the two coping strategies.

Conclusions The results suggest that coping strategies have differential effects on distress reduction of obsessional subtypes. Different therapeutic approaches may need to be offered to individuals with autogenous and reactive obsessions.

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

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EW360

Adjuvant treatment of resistant obsessive-compulsive disorder with memantine: A case report



D. Mota^{1,2,*}, A. Oliveira^{1,2}, J. Silva¹, M. Fernandes¹, J. Ribeiro¹, V. Martins¹, F. Duarte¹, M. Marques^{1,2}, A.T. Pereira^{1,2}, J. Andrade^{1,2}, A.F. Macedo^{1,2}

¹ Centro Hospitalar e Universitario de Coimbra, CRI de Psiquiatria e Saúde Mental, Coimbra, Portugal

² Faculty of Medicine, University of Coimbra, Department of Medical Psychology, Coimbra, Portugal

* Corresponding author.

Introduction OCD could be a very disabling condition, implying severe impairment of social and occupational functioning and decreased quality of life. OCD is treated with a combination of psychopharmacological treatments and cognitive-behavioural therapy. Clomipramine was the first anti-obsessive drug, and was followed by selective serotonin re-uptake inhibitors (SSRIs), both modulating serotonergic transmission. Low dose atypical antipsychotic are sometimes used to potentiate serotonergic agents. Growing evidence based on animal models and on neuroimaging shows that glutamatergic transmission could play an important role in the aetiology of OCD. Therefore, glutamate modulators such as N-methyl-D-aspartate (NMDA) receptor antagonists became the focus of the search of novel treatments for OCD. One of this drugs, memantine, already approved for Alzheimer disease treatment, was used off-label the first time ten years ago in resistant case of OCD with positive results. Besides some further successful case reports, there are a single-blind case control study and a couple of randomized, double-blind, placebo-controlled trials showing improvement of OCD symptoms with memantine adjuvant pharmacotherapy.

Objectives and aims To describe a case report of off-label treatment of a severe resistant case of OCD with memantine, after 15 weeks of treatment.

Methods Literature review and case description. Before beginning treatment with memantine, the patient made a psychological assessment (baseline) with a battery of tests (MINI Plus, Y-BOCS, QPP-15, WDO, ECPAD, OP2, OAS2, MPS-H&F, MPS-F, HEXACO-PI-R, MOCI, BDI-II). This battery will be repeated after 15 weeks of treatment, to evaluate symptom improvement.

Results and conclusions To be announced after 15 weeks of treatment course.

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

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EW361

Increased levels of oxytocin in adult OCD patients



F. Mucci*, D. Marazziti, S. Baroni, A. Piccinni, G. Massimetti, L. Dell'osso

Università di Pisa, Dipartimento di Medicina Clinica e Sperimentale, Pisa, Italy

* Corresponding author.

Introduction The current model of the pathophysiology of obsessive-compulsive (OCD) is mainly centered on the serotonin (5-HT) system. However, other pharmacological targets have been identified, in particular the dopamine and glutamate systems, and also the neuropeptide oxytocin (OT), both per se and given its interactions with the 5-HT system.

Objectives Given the paucity of information, the present study aimed at evaluating plasma OT levels in a group on untreated OCD patients.

Aims The study aimed at evaluating plasma OT levels in a group of 44 OCD outpatients, as compared with a similar group of healthy control subjects. On the same time, the relationships between OT and clinical features and romantic attachment characteristics were examined as well.

Methods Diagnosis was assessed according to DSM-IV-TR criteria, while the OCD severity was measured by means of the Y-BOCS rating scale. All patients were drug-free and not depressed. The romantic attachment was assessed by means of the Italian version of the "Experiences in Close Relationships" questionnaire. Plasma OT levels were evaluated by means of a standard RIA kit.

Results The main findings of our study showed that OT levels were increased in OCD patients, as compared with healthy subjects, and negatively related to symptom severity. Positive relationships were detected between OT levels and the fearful-avoidant and dismissing styles of romantic attachments, but only in male OCD patients.

Conclusions Taken together, these findings suggest that OT may play a role in OCD pathophysiology and also in romantic attachment of patients with gender specificity.

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

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EW362

Anger is associated with aggressive, contamination, and sexual obsessions in severe OCD outpatients



D. Piacentino^{1,*}, M. Pasquini², L. Tarsitani², I. Berardelli², V. Roselli², A. Maraone², M. Biondi²

¹ Sapienza, University of Rome, NESMOS Neuroscience, Mental Health, and Sensory Organs Department, Rome, Italy

² Sapienza, University of Rome, Department of Neurology and Psychiatry, Rome, Italy

* Corresponding author.

Introduction Despite the potential theoretical and clinical relevance of psychopathological dimensions in Obsessive-Compulsive Disorder (OCD), few studies to date have investigated their possible association with obsession subtypes.

Objectives/Aims We aimed to examine whether, in OCD patients, anger and other psychopathological dimensions are associated with specific obsession subtypes.

Methods We consecutively recruited 57 first-visit DSM-V OCD patients (females = 66.7%; age range = 18–63 years) at the Psychiatric Outpatient Clinic of our University Hospital. These patients were affected by severe OCD, as shown by a median (1st quartile–3rd quartile) Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) score of 27.0 (23.0–32.5). We used the point-biserial coefficient (r_{pbi}) to measure the correlation between psychopathological dimensions, as assessed with the Scale for the Rapid Assessment of Psychopathology (SVARAD), and obsession subtypes, as evaluated with the Y-BOCS.

Results We found significant correlations (P -values < 0.05) between: anger/aggressiveness dimension and aggressive, contamination, and sexual obsessions; apprehension/fear dimension and contamination, religious, and somatic obsessions; sadness/demoralization dimension and contamination and somatic obsessions; obsessiveness/iterativity dimension and all obsession subtypes; impulsivity dimension and aggressive and sexual obsessions; somatic concern/somatization dimension and contamination and somatic obsessions. We also found, by using the Mann-Whitney U -test, that OCD patients with comorbid Obsessive-Compulsive Personality Disorder—but not Schizotypal or Histrionic ones—showed higher levels (P < 0.05) of obsessiveness/iterativity and anger/aggressiveness than OCD patients without the personality disorder.

Conclusions Anger and other psychopathological dimensions seem to be linked with specific obsession subtypes in OCD patients, suggesting an association between these dimensions and OCD.

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

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EW363

Does cognitive flexibility moderate the relationship between disgust sensitivity and contamination fear?

E. Powell

Ferndown, United Kingdom

High disgust sensitivity and poor cognitive flexibility have been independently identified as contributing factors in the aetiology of obsessive-compulsive disorder. This study looks at the relationship between contamination fear and disgust sensitivity in a non-clinical population. In particular, at whether two moderating factors, cognitive flexibility and emotional reappraisal, have a buffering influence. One hundred participants from an undergraduate population completed a battery of questionnaires which rated their disgust and level of contamination fear. They also completed a set-shifting task to assess cognitive flexibility and an emotion regulation questionnaire. The mean age of the sample was 21.4 years with 62% of the sample population being female. SPSS 16 was used to correlate the main variables using Pearson's correlation and moderated regression, using MODPROBE, was used for analysis. Results confirmed previous findings that high disgust sensitivity is significantly associated with contamination fear (P < 0.01). In addition to this, both cognitive flexibility and emotional reappraisal reduced the influence that disgust has on an individual's contamination fear. Cognitive flexibility and emotion reappraisal were not found to be significantly correlated to each other (P = 0.511), which suggest that these variables moderate the relationship between disgust and contamination fear independently of each other. Individuals with poor cognitive flexibility and/or poor emotional reappraisal were found to have high levels of contamination fear, which suggests that these two variables may attenuate the relationship between disgust and contamination fear. Future implications of these findings have been discussed although further research is needed to confirm these conclusions in a clinical population.



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EW364

The comorbidity of cluster C personality disorders in obsessive compulsive disorder as a marker of anxiety and depression severity

A. Pozza^{1,*}, S. Domenichetti², G.P. Mazzoni³, D. Dèttore⁴

¹ University of Florence, Department of Experimental and Clinica Medicine, Florence, Italy

² Florence Healthcare Services, Department of Mental Health, Florence, Italy

³ "Studi Cognitivi" Cognitive Psychotherapy and Research Center, Postgraduate Program on Cognitive Psychotherapy, Florence, Italy

⁴ University of Florence, Department of Health Sciences, Florence, Italy

* Corresponding author.

Introduction Comorbid Cluster C Personality Disorders (PDs) are the most prevalent PDs in Obsessive-Compulsive Disorder (OCD). Investigating clinical correlates associated to OCD with Cluster C PDs may allow identifying tailored treatment strategies.

Objectives The current study examined whether OCD with comorbid cluster C PDs is associated to more severe OCD symptoms, anxiety and depression relative to OCD with comorbid cluster B PDs or OCD alone.

Methods Two hundred thirty-nine patients with OCD were included (mean age = 35.64, SD = 11.08, 51% females). Seventeen percent had a comorbid Cluster C PD, 8% had a comorbid Cluster B PD, and 75% had OCD alone. The Structured Clinical Interview for Axis II Disorders, Yale-Brown Obsessive Compulsive Scale, Beck Anxiety Inventory, Beck Depression Inventory-II were administered.

Results Patients with comorbid Cluster C PDs reported more severe depression and anxiety than those with comorbid Cluster B PDs (F = 10.48, P < 0.001) or with OCD alone (F = 9.10, P < 0.001). Patients with comorbid Cluster C PDs had more severe OCD symptoms than those with OCD alone but not than those with comorbid Cluster B PDs (F = 3.12, P < 0.05).

Conclusions OCD with Cluster C PDs could be a subtype with more severe anxiety and depression. These findings could be explained with the fact that Cluster C PDs are characterized by behaviours, which can be seen as maladaptive attempts to cope with anxiety and depression. Tailored treatment strategies for OCD with comorbid Cluster C PDs are discussed to target co-occurring anxiety and depression.

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

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EW365

Group cognitive behavioural therapy for outpatients with obsessive-compulsive disorder in a psychiatric service in Italy

A. Pozza^{1,*}, S. Domenichetti², A. Tanini², E. Ruggieri², D. Dèttore³

¹ University of Florence, Department of Experimental and Clinical Medicine, Florence, Italy

² Healthcare Services of Florence, Department of Mental Health, Florence, Italy

³ University of Florence, Department of Health Sciences, Florence, Italy

* Corresponding author.



Introduction Group Cognitive Behavioural Therapy (GCBT) is a cost-effective modality of treatment alternative to individual Cognitive Behavioural Therapy (CBT). Despite several well-controlled trials demonstrated the efficacy of GCBT for Obsessive Compulsive Disorder (OCD), few studies evaluated the effectiveness of GCBT on outpatients attending routine psychiatric services, and in Italy this topic appears understudied.

Objectives The current study evaluated the effectiveness of a GCBT protocol on OCD symptoms and comorbid depression and anxiety in a group of outpatients attending a psychiatric service in Italy.

Method Twenty outpatients with a diagnosis of OCD were included in the study and received 20 sessions of GCBT, consisting of psychoeducation on anxiety and OCD, relaxation training, in vivo/imaginal exposure and response prevention, cognitive restructuring for obsessive beliefs, cognitive defusion, and assertiveness training. The Yale-Brown Obsessive Compulsive Scale (Y-BOCS), Beck Depression Inventory (BDI-II), Beck Anxiety Inventory (BAI) were administered at pre- and post-treatment.

Results Two outpatients had a comorbid bipolar disorder, eight had a concurrent personality disorder. Ten outpatients were on concurrent antidepressants, five on antipsychotics. Three outpatients prematurely dropped out from treatment. Among completers, GCBT produced significant changes on OCD symptoms, anxiety and depression from pre- to post-treatment. The GCBT protocol was feasible and the outpatients reported high satisfaction judgements.

Conclusions Future studies should investigate clinical predictors of best response after GCBT and assess maintenance of symptom changes at long-term follow-up.

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

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EW366

Cognitive behavioral therapy in pharmacoresistant obsessive-compulsive disorder



J. Vyskocilova¹, J. Prasko^{2,*}

¹ Charles University Prague, Faculty of Humanities, Prague, Czech Republic

² University Hospital Olomouc, Faculty of Medicine and Dentistry, University Palacky Olomouc, Department of Psychiatry, Olomouc, Czech Republic

* Corresponding author.

Background The aim of the study was to determine whether patients with OCD resistant to drugs may improve using intensive, systematic CBT lasting six weeks and whether it is possible to predict the therapeutic effect using demographic, clinical and psychological characteristics at baseline.

Method There were 66 patients included in the study. Fifty-seven patients completed the program. The diagnosis was confirmed by a structured interview MINI. Patient were rated before the treatment using Y-BOCS (objective and subjective form), CGI (objective and subjective form), BAI, BDI, DES (Dissociative Experiences Scale), SDQ 20 (Somatoform Dissociation Questionnaire), and SDS (Sheehan Disability Scale), and at the end of the treatment using subjective Y-BOCS, objective and subjective CGI, BAI, and BDI. Patients were treated with antidepressants and daily intensive group cognitive behavioral therapy for the period of six weeks.

Results During the 6-week intensive cognitive behavioral therapy program in combination with pharmacotherapy, there was a significant improvement in patients suffering from OCD formerly

resistant to pharmacotherapy. There were statistically significant decreases in the scales assessing the severity of OCD symptoms, anxiety, and depressive feelings. The lower treatment effect was achieved specifically in patients who:

- showed fewer OCD themes in symptomatology;
- showed a higher level of somatoform dissociation;
- with poor insight;
- with a higher level of overall severity of the disorder in the beginning.

The remission of the disorder was achieved more probably in patients with:

- good insight;
- the lower level of initial anxiety;
- without comorbidity with the depressive disorder.

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

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EW367

Investigation of affective temperaments and chronobiology in patients with obsessive-compulsive disorder



A. Sakalli Kani^{1,*}, C. Aksoy Poyraz², B.C. Poyraz², M.R. Bayar²

¹ Sivas Numune State Hospital, Psychiatry, Sivas, Turkey

² Istanbul University, Medical School of Cerrahpasa, Psychiatry, Istanbul, Turkey

* Corresponding author.

Introduction Comorbid mood disorders affect negatively the prognosis of obsessive-compulsive disorder (OCD). Affective temperaments are assumed to be subsyndromal symptoms and precursors of mood disorders but its effects on OCD outcome remain unclear. There is a body of evidence, which supports the association between circadian rhythm disturbances and mood disorders in literature. In contrast, there is limited data concerning the effects of chronobiological preference among the patients with OCD and OCD comorbid mood disorders.

Objective The aim of this study is to assess the clinical effects of affective temperaments and chronotype differences in patients with OCD.

Methods The research was performed in patients with OCD which have been under treatment at least for 12 weeks ($n = 76$) and healthy controls ($n = 55$). Yale Brown Obsession Compulsion Scale, TEMPS-A, Morningness and Eveningness Questionnaire, Hamilton Anxiety Rating Scale and Hamilton Depression Rating Scale were used in the study.

Results There were higher scores in depressive, cyclothymic, irritable and anxious temperaments in patients with OCD compared to the healthy group. There were significant differences between patients with remission and not remission in depressive, cyclothymic, irritable and anxious temperaments. Compared to healthy group eveningness chronotype was more frequent in patients; however the difference was not statistically significant. The OCD patients did not differ from comorbid anxiety, depression and remission levels according to the chronotype.

Conclusion Understanding the effects of affective temperaments and chronotype differences on the outcome of patients with OCD, may provide developing new treatment approaches in especially treatment resistant OCD patients.

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

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EW368

The mediating role of metacognition in the relation between intolerance of uncertainty and obsessive-compulsive disorder



S.Y. Sohn^{1,*}, I. Sohn¹, S.Y. Lee², S. Kim¹

¹ Yonsei University College of Medicine, Department of Psychiatry and Institute of Behavioral Science in Medicine, Seoul, Republic of Korea

² Dankook University College of Medicine, Cheil General Hospital & Women's healthcare center, Psychiatry, Seoul, Republic of Korea

* Corresponding author.

Introduction Obsessive-compulsive disorder (OCD) is a severe and incapacitating psychiatric disorder that is characterized by recurrent intrusive thoughts (obsession). Maladaptive metacognition have been found to be associated with anxiety and various psychopathology. Also, intolerance of uncertainty is considered to be related with anxiety and ambivalence. These characteristics are considered to be key characteristics of OCD.

Objectives This study conceptualized metacognition as a mediator in the relation between intolerance of uncertainty and obsessive-compulsive symptom.

Aims This study was aimed to find prerequisites for development of OCD.

Methods The recruitment includes 150 OCD subjects and 50 healthy controls. Subjects were investigated with the metacognition questionnaire (MCQ) and intolerance of uncertainty questionnaire (IOU) as self-report measures. Participants with OCD completed the Obsessive-Compulsive Inventory-Revised (OCI-R). The OCI-R taps six OCD symptom dimensions: checking, hoarding, neutralizing, obsessing, ordering and washing.

Results OCD subjects showed significantly higher metacognition score and significantly higher intolerance of uncertainty score than control group. In OCD group, the results indicated that metacognition partially mediated the relationship between intolerance of uncertainty and obsessing.

Conclusions Our findings suggest that metacognition may explain the mechanism by which intolerance of uncertainty exerts its effect on obsession.

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

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Oncology and psychiatry

EW369

Psychiatric comorbidities in patients with brain tumors after radiotherapy – An intermediate report



M. Bran^{1,*}, M. Ladea², D. Stanculescu³, T. Purnichi³

¹ Coltea Clinical Hospital, Bucharest, Romania

² University of Medicine and Pharmacy "Carol Davila", Psychiatry, Bucharest, Romania

³ Clinical Hospital of Psychiatry "Prof. Dr. Al Obregia", Psychiatry, Bucharest, Romania

* Corresponding author.

Introduction Primary or secondary CNS tumors are among the most difficult to manage forms of cancer. Treatment of these tumors remains a challenge in oncology and the success rates for treatment of brain tumors are much lower than in extracerebral localizations. Because most chemotherapeutic agents do not cross the

blood-brain barrier effectively and surgery is sometimes only palliative, radiotherapy remains the main method of treatment of these lesions. Both localized and generalized brain radiotherapy have numerous psychiatric complications.

Objectives The objective of the study was to assess the psychiatric comorbidities in patients with brain tumors receiving radiotherapy.

Aims This is an intermediate report of a larger study that assesses comorbidities in patients with brain tumors after radiotherapy.

Methods Twenty-five patients with different localization brain tumors were included in this observational study before receiving radiotherapy. All patients were assessed using Hospital Anxiety and Depression Scale (HADS) for anxiety and depressive symptoms, Montreal Cognitive Assessment (MOCA) for cognitive impairment and Quality of Life Enjoyment and Satisfaction Questionnaire–Short Form (Q-LES-Q-SF) at inclusion and after 3 months from finishing the radiotherapy sessions.

Results Twenty-two patients completed the study. Nine patients received antidepressant treatment (sertraline, tianeptine) during the study for depressive symptoms or anxiety. Patients receiving antidepressants showed better scores on HADS, MOCA and Q-LES-Q-SF scales.

Conclusions Antidepressant use in patients receiving radiotherapy for brain tumors could be neuroprotective and could improve quality of life.

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

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EW370

Defence mechanisms and coping skills in oncology patients



C. Bredicean^{1,*}, C. Giurgi-Onu¹, I. Papava¹, R. Romosan¹, A. Jurma¹, M. Cristanovici², M. Hurmuz³, A. Popescu³

¹ "Victor Babes" University of Medicine and Pharmacy, Neuroscience, Timisoara, Romania

² South London and Maudsley NHS Foundation Trust, Mental Health Learning Disabilities–Bethlem Royal Hospital Psychiatric, Mental Health Learning Disabilities, London, United Kingdom

³ "Eduard Pamfil" Psychiatric Clinic Timisoara, Psychiatry, Timisoara, Romania

* Corresponding author.

Introduction Oncology-related illnesses have become quite frequent in our lives. Lately, medical progress in the field of oncology has led to an increase in the survival rates of people diagnosed with cancer. The minimisation of disturbances in the lives of these people is done by each on their own, by using defence mechanisms and coping skills.

Objectives To identify the coping and defence mechanisms of subjects diagnosed with cancer compared with non-clinical subjects.

Aims To increase quality of life of subjects diagnosed with cancer through psychotherapy interventions.

Method Nineteen subjects diagnosed with cancer who were receiving chemotherapy were recruited to the study. For comparison, a control group of non-clinical participants were also recruited. Participants were included into the study according to particular inclusion/exclusion criteria. The evaluation was conducted during 2014 and consisted of the analysis of the following parameters: socio-demographic data, clinical data, defence mechanisms (DSQ-60) and coping mechanisms (COPE scale).

Results The group of subjects diagnosed with cancer demonstrated the presence of defence mechanisms of the following type: passive aggressiveness, projection and coping mechanisms that were characterised by an emphasis on social support. The control group had defence mechanisms of the following types: repression, denial and coping mechanisms that focused on emotions.

Conclusions There are differences in defence and coping mechanisms between subjects with cancer compared to the non-clinical group. It may be that defence and coping mechanisms can be optimized through psychotherapy interventions to increase quality of life.

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

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EW371

The risk of sleep disorders in Korean cancer patients



H. Lee^{1,2,*}, S.T. Oh¹, D.W. Kim³, W.J. Choi^{1,2,3}

¹ NHIS Ilsan Hospital, Department of Psychiatry, Goyang, Republic of Korea

² Yonsei University College of Medicine, Department of Psychiatry and Institute of Behavioral Science, Seoul, Republic of Korea

³ NHIS Ilsan Hospital, Department of Policy Research Affairs, Goyang, Republic of Korea

* Corresponding author.

Purpose Sleep disturbance in cancer patients is common. The aim of this study is to investigate the risk of sleep disorders in cancer patients compared to patients with other diseases using the national registry data.

Method Using data from the Korean National Health Insurance Research Database between 2002 and 2013, the cancer group was composed of patients with an initial diagnosis of cancer in 2004 ($n = 3358$). The remaining people were considered as comparison group ($n = 493,577$) after excluding patients with any cancer or psychiatric disorder from 2002 to 2003 and from 2005 to 2013. Each sampled subject was tracked until 2013. Cox proportional hazard regressions were used to calculate the overall rate for sleep disorder development after adjusting for age, gender, and socio-economical confounders.

Results Cancer patients were associated with an increased risk of sleep disorder in both sexes (male hazard ratio [HR]: 1.319; 95% confidence interval [CI]: 1.232–1.413; female HR: 1.289; 95% CI: 1.198–1.386) after adjusting for potential confounders. Both results were statistically significant ($P < 0.001$). In terms of age, the effect size of the HR was largest among elder adults, aged ≥ 70 years (male HR: 1.748; female HR: 1.820). The HR tended to increase consistently.

Conclusion Initial diagnosis of cancer was significantly associated with sleep disorder development after adjusting for potential confounders. This result suggests that thorough screening and intervention for sleep disorders are required for the newly diagnosed cancer patients to improve their quality of life.

Keywords Cancer patients; Sleep disorder; Hazard ratio; National registry data

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

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EW372

The relationship between depression and family support in breast cancer patients



J.A. Su

Chang Gung Memorial Hospital, Chiayi, Department of Psychiatry, Chiayi, Taiwan

Background Breast cancer is the most frequent cancer in women and depression is one of the common psychiatric diagnoses in survivors. Herein, we tried to explore the point prevalence of major

depressive disorder among breast cancer patients and find out the relation of family support with depression.

Methods Data of the study are from breast cancer clinic of a general hospital in central Taiwan. The patients who were diagnosed as breast cancer were recruited. We used the Family APGAR scale to assess the family support and the diagnosis of major depressive disorder was evaluated by MINI.

Results We found that the point prevalence of major depressive disorder of breast cancer patients was 8.3% and was related to pain severity, cancer duration, radiotherapy, hormone therapy and family support. Family support was a protective factor of major depressive disorder in breast cancer.

Conclusion Healthy professionals should notify the related factors of depression as well as the importance of family support when treating women with breast cancer.

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

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EW373

Interdisciplinary rehabilitation of a patient with right brain injury and recurrent depression



N. Varako^{1,2,*}, O. Dobrushina², Y. Zinchenko³, S. Martynov², M. Kovyazina³

¹ Lomonosov Moscow State University, Psychological, Москва, Russia

² International Institute of Psychosomatic Health, "Prosvet"

Neurorehabilitation Center, Moscow, Russia

³ Lomonosov Moscow State University, Psychological, Moscow, Russia

* Corresponding author.

Introduction Rehabilitation of concurrent psychiatric disorder and brain injury is a major challenge. E. underwent neurosurgery for right fronto-parietal astrocytoma. Before illness he was managing automatization of big companies, but was fired after the operation. E. fell into severe depression and anxiety with catastrophization of his illness, suicidal ideation. He resisted multiple prescriptions for SSRI, admitting a sect pretending to "treat" oncology by "psychological" methods. Half a year after operation he attended our center.

Objectives and aim To help E. return to paid employment.

Methods E. was evaluated by neurologists, psychiatrist, neuropsychologists. Current depressive episode appeared to be the second one with underlying schizoid and perfectionist characteristics. He had moderate text comprehension difficulties, confabulations, slight executive dysfunction. Neuropsychologist educated patient on his difficulties and developed compensatory strategies – an alternative to catastrophisation. After psychoeducational session E. agreed to receive fluvoxamine. However, he deformed the received information due to brain injury, so psychotherapy had only minor effects. Infra-low frequency neurofeedback at T4P4 and T4Fp2 sites was started to promote restoration of right brain functions. E. gradually did better, and 3 months later was able to complete CBT course along with relaxation training.

Results Improvements in emotional status along with ability to cope with cognitive difficulties allowed E. to return to a job similar to the previous. Six months after the start of treatment medications are tapered off, E. has no signs of depression and only slight anxiety.

Conclusions Interdisciplinary holistic rehabilitation may be effective in concurrent psychiatric disorder and brain injury.

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

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Pain and treatment options

EW374

The fibromyalgia patients would present higher levels of magnification that controls pain: A pilot study



K. Cabas-Hoyos^{1,*}, J.L. Muñoz-Salgado², I. Cadavid-Perez¹, L. De Hoyos¹, G. Gonzalez-Gamero¹, L. Luna-Martinez¹, I. Perez-Solano¹, L. Quintero-Soto¹, F. Roman³

¹ Grupo CAVIDA, Facultad de Psicología, Universidad Pontificia Bolivariana, sede Montería, Cra 6 # 97 A 99, Montería, Colombia

² CENEM, Centro de Neurociencias Montería, Neuropsiquiatría, Montería, Colombia

³ Universidad Maimónides, Doctorado en Psicología con orientación en Neurociencia Cognitiva, Buenos Aires, Argentina

* Corresponding author.

Catastrophism is a variable of great importance in the study of pain. Catastrophism refers to a negative and exaggerated compared to the experience of pain, both real and anticipated mental perception (Sullivan, Bishop and Pivick, 1995; Sullivan et al., 2001). The current study to compare the levels of catastrophism in patients with and without fibromyalgia. This study is cross-cutting and comparative. Twenty participants (M: 47.20; SD: 12.11) distributed as the following way:

- group 1: patients with fibromyalgia previously diagnosed through the American College of Rheumatology criteria ($n = 10$);
- group 2: Clinical depression, defined according to the DSM-5 ($n = 5$);
- group 3: healthy patients ($n = 5$) paired by age with the group of Fibromyalgia.

The PCS, a self-administered, was used to measure Catastrophism. Responses were summed to yield three different subscales: Rumination, Magnification and Helplessness. This instrument is validated in both experimental and clinical population (Van Damme, Crombez, Bijttebier, Gouber and Van Houdenhove, 2002; Edwards et al., 2006). A comparison among the three groups was established using one-way factor ANOVA. The results point out that patients with fibromyalgia have higher levels of magnification controls with depression and healthy group ($P < 0.05$). In contrast, although the average level of Catastrophism total presented a greater tendency in fibromyalgia patients no statistically significant differences were found. This is discussed in relation to the literature, a higher level of magnification to explain pain and maintaining the chronicity of the disease. It is important to consider the component catastrophism to have a multidimensional view of pain.

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EW375

Women that present fibromyalgia have higher levels in all scales of catastrophism



K. Cabas-Hoyos
Universidad Pontificia Bolivariana, Grupo CAVIDA, Montería, Colombia

Fibromyalgia patients value their pain as modern high and they perceive it more as a threat than as a challenge (Ayan, 2011). There is a relative consensus related to catastrophic thoughts that seems to play an important role in the maintenance of chronic pain (Esteve, Ramírez and López, 2001). The objective of the present study was to explore the level of catastrophism in women with and without fibromyalgia. Adult women ($n = 39$) with an average

of 47 years old (TD: 12.14) and more than 12 years schooling, paired with healthy controls ($n = 39$) with similar characteristics. Patients with fibromyalgia were previously diagnosed according to ACR (American College of Rheumatology). This was a cross-sectional study, comparative and quantitative cut. An ANOVA was used to compare both groups. The level of catastrophism was measured through the Pain Catastrophizing Scale (Sullivan, Bishop and Pivick, 1995). Scale composed of 13 questions and three subscales: rumination, magnification and hopelessness. This instrument has been tested in both clinical and non-clinical populations (Osman et al., 2000; Sullivan et al., 1995). Rumination, magnification and hopelessness were trend significantly higher in the women group with Fibromyalgia. [Rumination: $F(1.36) = 6.22$; $P = 0.00$]; [Magnification: $F(1.36) = 17.66$; $P = 0.00$]; [Hopelessness: $F(1.36) = 6.53$; $P = 0.00$]. These results allowed that the total catastrophism level was higher in the women group with Fibromyalgia and that the statistical significance level was reached [$F(1.36) = 9.89$; $P = 0.00$]. This type of studies will allow to study the pain as a multidimensional entity comprised of physical, cognitive and affective aspects.

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EW376

Chronic non-malignant pain (CNMP) and substance use disorders



L. Herrera Duran^{1,*}, I. Falgas², B. Cook³, N. Noyola¹, M. Toro¹, M. Alegria¹

¹ Massachusetts General Hospital, Disparities Research Unit, Boston, USA

² Vall d'hebrón University Hospital/Universitat Autònoma de Barcelona, Department of Psychiatry and Forensic Medicine, Barcelona, Spain

³ Cambridge Health Alliance and Harvard Medical School, Health Equity Research Lab, Boston, USA

* Corresponding author.

Introduction Chronic non-malignant pain (CNMP) is defined as pain lasting a minimum of three months. In general, chronic pain affects 20% adult worldwide population. Moreover, pain is more common in patients with depression, anxiety, and substance-use disorders and with low socioeconomic status. We aimed to better understand the influence of pain on substance use and treatment use patterns of individuals who experienced clinically recognized pain and have substance use disorder.

Methods Patients with pain disturbances were identified in Electronic Health Records (EHR) through ICD-9 code 338*, medical written diagnoses, or diagnoses of fibromyalgia. A patient was considered to have a substance use disorder if he received treatment for illicit drug or alcohol abuse or dependence. We combined 2010–2012 (EHR) data from primary care and specialty mental health setting in a Boston healthcare system ($n = 131,966$ person-years) and a specialty mental health care setting in Madrid, Spain ($n = 43,309$ person-years).

Results We identified that 35.3% of individuals with clinically recognized pain also report substance use disorder, compared to only 10.6% of individuals without clinically recognized pain ($P < 0.01$). Those with co-morbid pain and substance use disorder were significantly more likely than their specialty care counterparts without co-morbid pain and substance disorders to be seen in the emergency room (56.5% vs. 36.6%, respectively, $P < 0.01$).

Conclusion The findings suggest that CNMP is associated with an increase risk of substance abuse disorder.

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EW377

Exploring the factorial structure of the revised Fibromyalgia Impact Questionnaire (FIQR) in a Portuguese sample of fibromyalgia patients



A.M. Pinto^{1,2,3,*}, C. Costa², A.T. Pereira³, M. Marques^{3,4}, J.A. Pereira da Silva², A. Macedo^{3,4}

¹ Faculty of Psychology and Educational Sciences of the University of Coimbra, Cognitive and Behavioural Center for Research and Intervention, Coimbra, Portugal

² Faculty of Medicine of the University of Coimbra and Coimbra Hospital and University Centre, Rheumatology University Clinic, Coimbra, Portugal

³ Faculty of Medicine of the University of Coimbra, Psychological Medicine Department, Coimbra, Portugal

⁴ Coimbra Hospital and University Centre, Department of Psychiatry, Coimbra, Portugal

* Corresponding author.

Introduction The Revised-Fibromyalgia Impact Questionnaire (FIQR), composed by 21 items, is one of the most used tools to measure the impact of fibromyalgia both in clinical and research settings. Although it has demonstrated good psychometric properties (Bennet et al., 2009; Costa et al., 2015), little is known about its factorial structure.

Objective/Aims To explore FIQR's factorial structure and examine its association with several psychological constructs.

Methods Hundred and three women with fibromyalgia (mean age 47.32 ± 10.63) filled in the Portuguese validated versions of the FIQR, Perceived Stress Scale, Perseverative Thinking Questionnaire, Beck Depression Inventory-II and Profile of Mood States. A principal components analysis with varimax rotation was carried out. The number of factors to extract was based on Cattell's scree plot and eigenvalues' magnitude. The associations between FIQR dimensions and psychological constructs were examined via Pearson correlations and multiple linear regressions.

Results Three factors were extracted [F1/Function=Items 1–9, $\alpha = 0.92$; F2/Symptoms=Items 12, 16–21, $\alpha = 0.83$; F3/Impact=Items 10, 11, 13–15, $\alpha = 0.83$] explaining 58.57% of the variance. FIQR symptoms were the best and, nearly in all analyses, the only significant predictor.

Conclusions The factorial structure of the Portuguese version of FIQR partially overlaps with the proposed theoretical domains (Bennet et al., 2009). Similarly to Luciano et al.'s study (2013), factorial analysis also evidenced the multidimensionality of some items. Fibromyalgia symptoms seem to play the most deleterious effect, being associated with poor mental health indicators. Future studies are needed to confirm the factorial structure found, due to sample size, items subjectivity and study's exploratory nature.

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

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EW378

Unraveling pathways to depression in fibromyalgia, the role of perseverative negative thinking and negative affect



A.M. Pinto^{1,2,3,*}, C. Costa², A.T. Pereira³, M. Marques^{3,4}, J.A. Pereira da Silva², A. Macedo^{3,4}

¹ Faculty of Psychology and Educational Sciences of the University of Coimbra, Cognitive and Behavioural Center for Research and Intervention, Coimbra, Portugal

² Faculty of Medicine of the University of Coimbra and Coimbra Hospital and University Centre, Rheumatology University Clinic, Coimbra, Portugal

³ Faculty of Medicine of the University of Coimbra, Psychological Medicine Department, Coimbra, Portugal

⁴ Coimbra Hospital and University Centre, Department of Psychiatry, Coimbra, Portugal

* Corresponding author.

Introduction Several studies have demonstrated a strong link between fibromyalgia, negative affect (NA) and depression. However, it remains unclear why some fibromyalgia patients get depressed while others do not and, primarily, which mechanisms account for this difference. We hypothesize that, besides clinical features, the engagement in dysfunctional strategies like perseverative negative thinking (PNT) followed by an amplification of NA levels may increase the risk of fibromyalgia patients experiencing depressive symptoms.

Objective/Aims To explore the serial mediator effect of PNT and NA on the relationship between fibromyalgia symptoms and depressive symptoms.

Methods Hundred and three women with fibromyalgia (mean age 47.32 ± 10.63) completed the Portuguese version of the Revised-Fibromyalgia Impact Questionnaire, Perseverative Thinking Questionnaire, Profile of Mood States and Beck Depression Inventory-II. The association between the variables was investigated via Pearson correlations and serial multiple mediation.

Results The estimated model was significant [$F(3.86) = 57.318$, $P < .001$] explaining 66.66% of depressive symptoms variance. The total effect of fibromyalgia symptoms on depressive symptoms was of .4998 ($SE = 0.0795$, $P < 0.001$; $CI > 0.3417$ and < 0.6578), with a significant direct effect of 0.1911 ($SE = 0.0653$; $CI > 0.0614$ and < 0.3209). The total indirect effects were of 0.3086 ($SE = 0.0619$; $CI > 0.2033$ < 0.4458). Three significant specific indirect effects were found.

Conclusion The effect of fibromyalgia symptoms on depressive symptoms is partially operated through cognitive interference/unproductiveness, which in turn influences NA levels. Such findings highlight the crucial role of these constructs in the relationship between fibromyalgia symptoms and depressive symptoms and the urge to address them when treating individuals reporting greater fibromyalgia symptoms.

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

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EW379

A cross-sectional analysis of the relationships of FAM components and their effects on quality of life in Chinese patients with chronic musculoskeletal pain



W. Wong^{1,*}, H. Lim², P. Chen³, S. Wong⁴, Y. Chow⁴, J. Lam⁵, R. Fielding⁶

¹ Hong Kong Institute of Education, Dept of Special Education & Counseling, Hong Kong, China

² United Christian Hospital, Dept of Anesthesiology & Operating Services, Hong Kong, China

³ Alice Ho Miu Ling Nethersole Hospital, Dept of Anesthesiology & Operating Services, Hong Kong, China

⁴ Queen Mary Hospital, Dept of Anesthesiology & Operating Services, Hong Kong, China

⁵ Hong Kong Institute of Education, Dept of Psychological Studies, Hong Kong, China

⁶ University of Hong Kong, School of Public Health, Hong Kong, China

* Corresponding author.

Introduction A body of evidence has accrued supporting the Fear-Avoidance Model (FAM) of chronic pain which postulated the mediating role of pain-related fear in the relationships between pain catastrophizing and pain anxiety in affecting pain-related outcomes. Yet, relatively little data points to the extent to which the FAM be extended to understand chronic pain in Chinese population and its impact on quality of life (QoL).

Objective This study explored the relationships between FAM components and their effects on QoL in a Chinese sample.

Methods A total of 401 Chinese patients with chronic musculoskeletal pain completed measures of three core FAM components (pain catastrophizing, pain-related fear, and pain anxiety) and QoL. Cross-sectional structural equation modeling (SEM) assessed the goodness of fit of the FAM for two QoL outcomes, Physical (Model 1) and Mental (Model 2). In both models, pain catastrophizing was hypothesized to underpin pain-related fear, thereby influencing pain anxiety and subsequently QoL outcomes.

Results Results of SEM evidenced adequate data-model fit (CFI³0.90) for the two models tested (Model 1: CFI = 0.93; Model 2: CFI = 0.94). Specifically, pain catastrophizing significantly predicted pain-related fear (Model 1: stdb = 0.90; Model 2: stdb = 0.91), which in turn significantly predicted pain anxiety (Model 1: stdb = 0.92; Model 2: stdb = 0.929) and QoL outcomes in a negative direction (Model 1: stdb = -0.391; Model 2: stdb = -0.651) (all *P* < 0.001) (Table 1, Fig. 1).

Conclusion Our data substantiated the existing FAM literature and offered evidence for the cross-cultural validity of the FAM in the Chinese population with chronic pain.

Table 1 Results of SEM testing the FAM for two QoL outcomes.

Model	S-B χ^2	df	P value	CFI	NNFI	RMSEA	90% CI	SRMR
Model 1: QoL-Physical	147.70	33	<0.001	0.93	0.90	0.10	0.09, 0.12	0.05
Model 2: QoL-Mental	141.50	33	<0.001	0.94	0.91	0.10	0.08, 0.18	0.05

Note: The FAM hypothesized that pain catastrophizing is the predictor of pain-related fear, which influenced pain anxiety and subsequently pain adjustment outcomes. QoL-Physical was indexed the SF-12 physical component score; QoL-Mental was indexed by the SF-12 mental component score. S-B χ^2 = Satorra & Bentler scaled chi-square statistics; df = degrees of freedom; CFI = comparative fit index; NNFI = non-normed fit index; RMSEA = root mean square error of approximation; CI = confidence interval; SRMR = standardized root mean square residual.

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

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EW380

The role of coping flexibility in chronic pain adjustment: Preliminary analysis



W. Wong^{1,*}, Y. Chow², S. Wong², P. Chen³, H. Lim⁴, L. McCracken⁵, R. Fielding⁶

¹ Hong Kong Institute of Education, Dept of Special Education & Counseling, Hong Kong, China

² Queen Mary Hospital, Dept of Anesthesiology & Operating Services, Hong Kong, China

³ Alice Ho Miu Ling Hospital, Dept of Anesthesiology & Operating Services, Hong Kong, China

⁴ United Christian Hospital, Dept of Anesthesiology & Operating Services, Hong Kong, China

⁵ King's College London, Health Psychology Section, London, United Kingdom

⁶ University of Hong Kong, School of Public Health, Hong Kong, China

* Corresponding author.

Introduction While a body of research has evidenced the role of pain coping in chronic pain adjustment, the role of coping flexibility in chronic pain adjustment has received little research attention. Coping flexibility can be conceptualized with two dimensions, cognitive and behavioral. The cognitive dimension of coping flexibility (or coping appraisal flexibility) refers to one's appraisal of pain experience when changing coping strategies whereas the behavioral dimension of coping flexibility denotes the variety of coping responses individuals use in dealing with stressful demands.

Objective The aim of this paper is to present preliminary findings on the role of coping flexibility in chronic pain adjustment by assessing 3 competing models of pain coping flexibility (see Figs. 1–3).

Methods Patients with chronic pain (*n* = 300) completed a battery of questionnaire assessing pain disability, discriminative facility, need for closure, pain coping behavior, coping flexibility, and pain catastrophizing. The 3 hypothesized models were tested using structural equation modeling (SEM). In all models tested, need for closure and discriminative facility were fitted as the dispositional cognitive and motivational factors respectively underlying the coping mechanism, whereas pain catastrophizing and pain intensity were included as covariates.

Results Results of SEM showed that the hierarchical model obtained the best data-model fit (CFI = 0.96) whereas the other two models did not attain an accept fit (CFI ranging from 0.70–0.72).

Conclusion Our results lend tentative support for the hierarchical model of pain coping flexibility that coping variability mediated the effects of coping appraisal flexibility on disability.

Figure 1

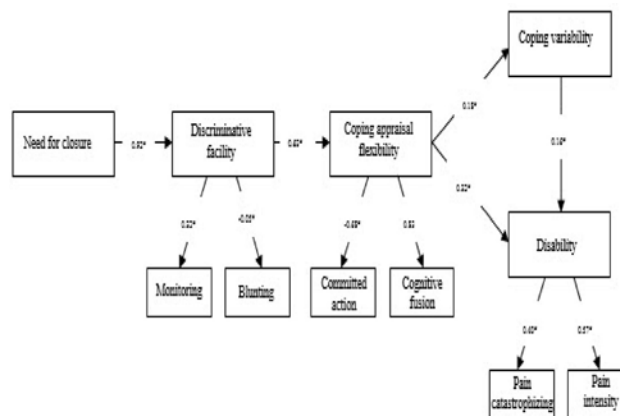
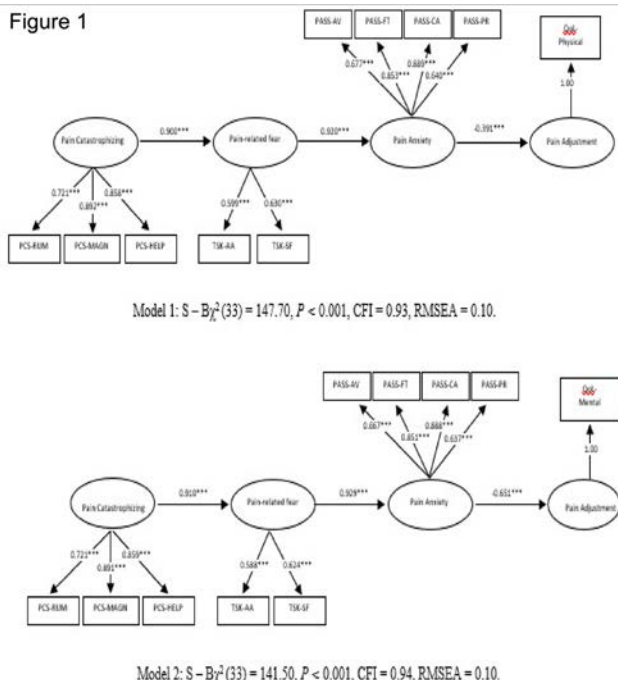


Fig. 1

Fig. 1 The hierarchical model (S-B χ^2 = 40.61, df = 24, CFI = 0.959, NNFI = 0.94, EMSEA = 0.06, 90% CI = 0.02, 0.09).

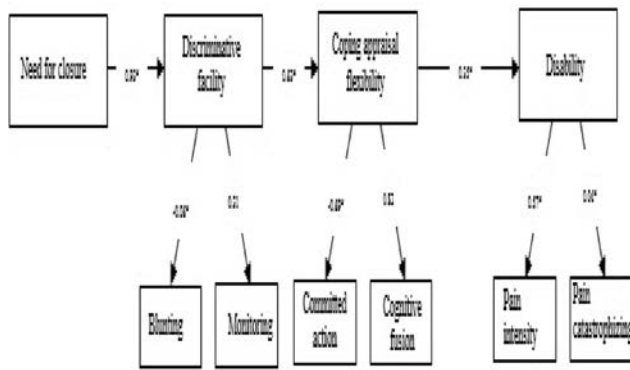


Fig. 2 The coping appraisal flexibility model (S-B $\chi^2 = 121.62$, $df = 19$, CFI = 0.723, NNFI = 0.59, RMSEA = 0.17, 90% CI = 0.14, 0.19).

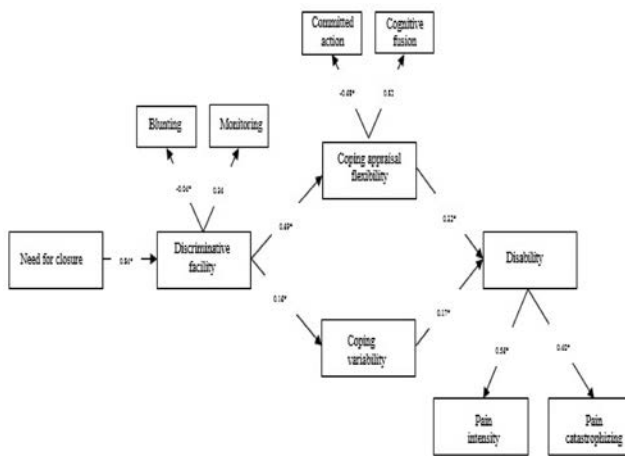


Fig. 3 The parallel model (S-B $\chi^2 = 147.51$, $df = 25$, CFI = 0.695, NNFI = 0.56, EMSEA = 0.56, 90% CI = 0.13, 0.18).

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

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EW381

The relationship between pain coping variability and committed action in chronic pain adjustment



W. Wong^{1,*}, P. Chen², Y. Chow³, H. Lim⁴, S. Wong³, L. McCracken⁵, R. Fielding⁶

¹ Hong Kong Institute of Education, Dept of Special Education & Counseling, Hong Kong, China

² Alice Ho Miu Ling Hospital, Dept of Anesthesiology & Operating Services, Hong Kong, China

³ Queen Mary Hospital, Dept of Anesthesiology & Operating Services, Hong Kong, China

⁴ United Christian Hospital, Dept of Anesthesiology & Operating Services, Hong Kong, China

⁵ King's College London, Health Psychology Section, London, United Kingdom

⁶ University of Hong Kong, School of Public Health, Hong Kong, China

* Corresponding author.

Introduction Research evidenced the association of pain coping strategies with short-term and long-term adjustments to chronic pain. Yet, previous studies mainly assessed the frequency of coping strategies when pain occurs whilst no data is available on one's flexibility/rigidity in using different pain coping strategies, i.e., pain coping variability, in dealing with different situations.

Objectives This study aimed to examine the multivariate association between pain coping variability and committed action in predicting concurrent pain-related disability. Specifically, we examined the independent effects of pain coping variability and committed action in predicting concurrent pain-related disability in a sample of Chinese patients with chronic pain.

Methods Chronic pain patients ($n = 287$) completed a test battery assessing pain intensity/disability, pain coping strategies and variability, committed action, and pain catastrophizing. Multiple regression modeling compared the association of individual pain coping strategies and pain coping variability with disability (Models 1–2), and examined the independent effects of committed action and pain coping variability on disability (Model 3).

Results Of the 8 coping strategies assessed, only guarding (std $\beta = 0.17$) was emerged as significant independent predictor of disability (Model 1). Pain coping variability (std $\beta = -0.10$) was associated with disability after controlling for guarding and other covariates (Model 2) and was emerged as independent predictor of disability (Model 3: std $\beta = -0.11$) (all $P < 0.05$) (Tables 1 and 2).

Conclusions Our data offers preliminary support for the multivariate association between pain coping variability and committed action in predicting concurrent pain-related disability, which supplements the existing pain coping data that are largely based on assessing frequency of coping.

Table 1 Multiple regression models predicting concurrent pain-related disability with pain coping strategies and pain coping variability.

Predictors	Model 1		Model 2	
	Std β	95% CI	Std β	95% CI
Income	-0.01	-0.53, 0.42	-0.05	-0.55, 0.37
Pain duration	-0.07	-0.47, 0.05	-0.05	-0.41, 0.10
Pain intensity	0.43***	0.43, 0.67	0.44***	0.45, 0.68
Pain catastrophizing	0.24***	0.25, 0.56	0.26***	0.28, 0.58
Guarding	0.17**	0.84, 3.33	0.19***	1.15, 3.43
Asking for assistance	-0.01	-1.16, 0.95	---	---
Relaxation	0.06	-0.63, 2.25	---	---
Task persistence	0.07	-0.35, 2.34	---	---
Exercise / Stretching	-0.05	-1.70, 0.65	---	---
Self-statement	-0.09	-2.43, 0.18	---	---
Seeking social support	-0.02	-1.68, 1.05	---	---
Pain coping variability	---	---	-0.10*	-0.07, 2.53

Notes: Pain disability was indexed by the CPG Disability Score with scores ranging from 0 to 100 and higher scores indicating greater level of disability. Pain catastrophizing was indexed by the Pain Catastrophizing Scale; Committed action was indexed by the 8-item Committed Action Questionnaire; Pain coping variability was indexed by the Chronic Pain Coping Inventory using an alternative scoring method. Std β = standardized beta coefficient; CI = confidence interval. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Table 2 Multiple regression models predicting concurrent pain-related disability with committed action and pain coping variability.

Predictors	Model 3	
	Std β	95% CI
Income	-0.01	-0.52, 0.41
Pain duration	-0.04	-0.39, 0.12
Pain intensity	0.45***	0.46, 0.70
Pain catastrophizing	0.22***	0.19, 0.53
Guarding	0.17**	0.89, 3.21
Committed action	-0.09	-0.50, 0.02
Pain coping variability	-0.11*	-0.28, 2.79

Notes: Pain disability was indexed by the CPG Disability Score with scores ranging from 0 to 100 and higher scores indicating greater level of disability. Pain catastrophizing was indexed by the Pain Catastrophizing Scale; Committed action was indexed by the 8-item Committed Action Questionnaire; Pain coping variability was indexed by the Chronic Pain Coping Inventory using an alternative scoring method. Std β = standardized beta coefficient; CI = confidence interval. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

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

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Personality and personality disorders

EW382

The Big Five Inventory (BFI): Reliability and validity of its Arabic translation in non clinical sample

B. Alansari

Kuwait University, Faculty of Social Sciences, Psychology, Kaifan, Kuwait



Introduction One of the most researched theories of personality is the Five Factor Model, frequently evaluated through the Big Five Inventory 44-item BFI. Although there is an Arabic version, its psychometrical properties in Kuwaiti population are yet unknown. **Objectives** The objective of this study was to evaluate the psychometric properties of the BFI and its factorial structure in an Arabic non-clinical sample.

Methods The participants were 685 first year undergraduate Kuwaitis: 305 males mean age = 22.77 ± 4.57 and 380 females; mean age = 19.61 ± 2.59). The Arabic version of BFI (John and Srivastava, 1999) was administered to participants. The internal consistency reliability, factor structure, and convergent validity of the BFI with PFQ-C (Barbaranelli, Caprara, Robasca, and Pastorelli, 2003) were assessed.

Results Internal consistency was satisfactory for the Neuroticism, Extraversion, and Openness to Experience, Agreeableness, and Conscientiousness subscales respectively (Cronbach's alpha = 0.83, 0.82, 0.79, 0.82, 0.90) for males and (Cronbach's alpha = 0.74, 0.83, 0.85, 0.81, 0.92) for females. The results revealed significant gender differences where the males obtained a higher score than females on extraversion and conscientiousness, while females obtained a higher score than males on neuroticism. Principal component analyses (PCA) showed that a five-component solution explains 42.27% of the total variance for males and 41.47% for females. The convergent correlations in sample between the BFI and PFQ-C (mean $r = 54$) for validity coefficients.

Conclusion These findings suggest that the BFI is a brief measure of the Big Five personality traits and it provides satisfactory reliable and valid data.

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

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EW383

Intergenerational transmission of psychopathy and mediation via psychosocial risk factors

K. Auty

Institute of Criminology, Faculty of Law, Cambridge, United Kingdom



Introduction Intergenerational continuities in criminal behaviour have been well documented, but the familial nature of psychopathic personality is less well understood.

Objectives To establish if there is an association between the psychopathic traits of a community sample of males and their offspring and whether psychosocial risk factors mediate.

Methods Participants of the Cambridge Study in Delinquent Development ($n = 478$ dyads) were assessed for psychopathy using the PCL: SV. Multilevel regression models were used to investigate intergenerational continuity and mediation models examined indirect effects.

Results The fathers' psychopathy was transmitted to both sons and daughters. The transmission of Factor 1 scores was mediated via the father's employment problems. For males, the Factor 2 scores were mediated via the fathers' drug use, accommodation and employment problems, for females, Factor 2 scores were mediated via the father's employment problems.

Conclusions Understanding of the specific role of certain psychosocial risk factors may be useful in developing preventative measures.

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

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EW384

Relationship between happiness and personality variables

G. Baqer

Kuwait University, Department of Psychology, Kaifan, Kuwait



Introduction The focus of interest in this study is to investigate the relationship between happiness and optimism, satisfaction with life, hope, depression, and anxiety. Many efficient instruments have been used in this study, however there is no study until this date that has used the Oxford Happiness Questionnaire (OHQ) within Arabic countries and Kuwaiti samples specifically.

Objectives The aim of the study is to investigate the correlations between happiness and optimism, satisfaction with life, hope, depression and anxiety.

Methods The sample consisted of 510 students from Kuwait University, 270 females and 240 males, with a mean age of 22.8 (SD = 4.1). The OHQ 0.90 alpha was administered to participants, in addition to the Arabic version of Life Orientation Test-Revised (LOT-R) 0.70, The Satisfaction with Life Scale (SWLS) 0.78, The Hope Scale (AHS) 0.60, Beck Depression Inventory (BDI-II) 0.87 and Beck Anxiety Inventory (BAI) 0.95. Correlations were used in this study.

Results The results revealed that all the correlations between OHQ and other scales were significant. Positive correlations have been found with LOT-R $r = 0.50$, SWLS $r = 0.44$, and AHS $r = 0.39$, while there were negative correlations with BDI-II $r = -0.38$ and BAI $r = -0.17$.

Conclusion It was concluded that happiness correlates positively with other personality variables: optimism, satisfaction with life

and hope, while it correlates negatively with Depression and Anxiety.

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

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EW385

Detection of the relationship between clinical features consist of psychopathy levels and MTHFR mutation among subjects with antisocial personality disorder



C. Basoglu^{1,*}, G. Ozgur Meral², A. Ates³, A. Algul³, T. Muftuoglu⁴, R. Tutuncu³, H. Balibey², O. Ipcioglu⁴

¹ Gata Haydarpara Training Hospital, Psychiatry Service, Istanbul, Turkey

² Turkey

³ Psychiatry Service, Turkey

⁴ Biochemistry Service, Turkey

* Corresponding author.

Objective The aim of this study is to explore the presence of MTHFR mutation and its correlation with psychometric tests among subjects with antisocial personality disorder.

Methods One hundred and eight male subjects meeting DSM-IV-TR diagnostic criteria for ASPD who admitted to outpatient unit of Department of Psychiatry at GATA Haydarpara Training Hospital were included in the study. The patients and control subjects were assessed by Hare Psychopathy Checklist-Revised, Barratt Impulsiveness Scale (BIS-11), Resilience Scale for adults and Temperament and Character Inventory. Real time PCR method is used in order to identify MTHFR mutation among subjects.

Results In this study; all of the groups showed more “non-planning, lack of control impulsiveness” than other kinds. Also groups weren’t resilient in “perception of future”, “structured style” and “social competence” subgroups, groups with heterozygous and homozygous mutations were and group without mutation wasn’t resilient in “perception of self” subgroup, group with heterozygous mutation + without mutation were and group with homozygous mutation was not resilient in “family cohesion” and “social resources” subgroups. We found high novelty seeking, harm avoidance, cooperativeness, self-directedness points and low reward dependence, self-transcendence points. On the other hand, it’s identified that the impulsiveness among subjects with ASPD was non-planning type.

Conclusion In our study; there was not a significant correlation identified between the MTHFR enzyme mutation and ASPD. We thought that limitation of our study sample and not to measure MTHFR enzyme activity may play role to get these results. Additional work is needed to examine in large groups and with MTHFR enzyme activity measure.

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

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EW386

Family skills training in dialectical behaviour therapy: The experience of the significant others



S. Ekdahl^{1,*}, E. Idvall¹, K.I. Perseus²

¹ Malmö University, Faculty of Health & Society, The Department of Care Science, Malmö, Sweden

² Red Cross University College, Department of psychiatric nursing, Stockholm, Sweden

* Corresponding author.

Introduction Borderline personality disorder (BPD) is a severe psychiatric health problem with reputation of being difficult to deal with and to treat. Significant others (SOs) of patients with BPD show higher levels of psychological distress compared with the general population. Strengthening the coping strategies of SOs plays an important role in the recovery of the patient. Support and education for SOs is important, both for SOs themselves and for the patients recovery.

Objectives Research around support and education for SOs is of great importance not only for SOs and patients, but also for psychiatric staff, in order to offer help and support, for the whole family.

Aim The aim was to describe significant others’ experiences of dialectical behaviour therapy-family skills training (DBT-FST), their life situation before and after DBT-FST, and measurement of their levels of anxiety and depressive symptoms.

Methods The study had a descriptive mixed method design. Data were collected with free text questionnaires ($n = 44$), group interviews ($n = 53$) and the HAD scale ($n = 52$) and analysed by qualitative content analysis and descriptive and inferential statistics.

Results The results show that life before DBT-FST was a struggle. DBT-FST gave hope for the future and provided strategies, helpful in daily life. For the subgroup without symptoms of anxiety and depression before DBT-FST, anxiety increased significantly. For the subgroup with symptoms of anxiety and depression the symptoms decreased significantly. This indicates, despite increased anxiety for one group, that DBT-FST is a beneficial intervention and most beneficial for those with the highest anxiety and depressive symptoms.

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EW387

The purpose of this research was standardizing the questionnaire of personality disorder Cluster A



N. Farrokhi Namini

Islamic Azad University Roudehen Branch, Psychology, Tehran, Iran

Introduction As more or less stable personality traits of the person, temperament, intellect and body that 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 A total of 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. Shahram Vaziri 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.

Keywords Personality disorder; Cluster A; Paranoid; Schizoid; Schizotypal

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

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EW388

Mutual influence between mood disorders and personality disorders

R. Khemakhem*, W. Homri, D. Karoui, M. Mezghani, L. Mouelhi, N. Bram, I. Ben Romdhane, R. Labbane
Razo Hospital, Psychiatry C, Mannouba, Tunisia
* Corresponding author.

Introduction Several studies have explored the vulnerability to mood disorders that constitute some personality traits.

Aims To study the potential relationship between mood disorders and personality disorders.

Objective We hypothesized that personality disorders can be related to severe mood disorders.

Methods This was a retrospective study including the period from January 2000 till September 2015 and related to patients in whom the diagnosis of mood disorder and personality one were retained according to the criteria of the DSM-IV TR while the sociodemographic and clinical were collected by a pre-established railing.

Results We included 28 patients (15 ♂, 13 ♀). The average age was 38 years. Eighteen (64.3%) patients (7 ♂, 11 ♀) are unemployed. Fifteen patients (10 ♂, 5 ♀) were schooled until secondary level. Seventeen patients (60.7%) were married. The bipolar I disorder (BD I) was most frequently founded (50%), followed by the major depressive disorder in 25% ($n=7$) then by the bipolar II disorder in 21.4% ($n=6$). A case of dysthymia was also noted. Half of the personality disorders were the borderline type, followed by the histrionic type in 28.6% ($n=8$) then by the antisocial in 17.9% ($n=5$) and finally one patient presented a paranoid personality. The antisocial personality was significantly associated with the BD I ($P=0.011$) and half of the patients with a pathological personality, presented a depressive symptomatology.

Conclusion The personality disruption is a factor of severity of the thymic disorders. Consequences on the management of patients and their response to treatments remain available.

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

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EW389

Emotional agility – a new language and paradigm for psychiatry

R. Kurz
Cubiks, IPT, Guildford, United Kingdom

Introduction Emotional Agility constitutes an alternative to the DSM-5 personality trait model.

Objective The presentation outlines how Emotional Agility is conceptualised and measured through self-report and multi-rater questionnaires.

Aims The paper highlights the development of a short Emotional Agility trait questionnaire and a corresponding behavioural measure with 18 items.

Method Data ($n=929$) from a substantial personality questionnaire with 161 questions was utilised to create a 54 question 'short form' that measures the Big 5 personality factor plus Need for Achievement through 18 facet scales of 3 items each. Data on the same subjects from a 50-item criterion measure was reduced to 18 items that are structurally aligned to the 18-predictor facets.

Results Predictor reliabilities averaged 0.752 at Factor as well as Facet level. The unit weight sum of the 54 questions achieved an uncorrected validity of 0.28 ($n=929$) against external ratings of effectiveness. Joint factor analysis showed good discrimination between the six factors. A 'positive manifold' of Emotional Agility scales emerged as expected which could be conceptualised as the opposite of the MMPI2 'Demoralisation Factor'.

Conclusion The Emotional Agility approach could ground mental health assessments firmly in positive approaches that use

every-day terminology. It seems preferable to vague scales claiming to measure obscure 'clinical' constructs through hugely overlapping items that are often not fit for purpose.

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

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EW390

The relationships among psychopathy, empathy, and aggression

J. Lee^{1,*}, H.J. Lee²

¹ Seoul National University Hospital, Neuropsychiatry, Seoul, Korea

² Seoul National University, Psychology, Seoul, Korea

* Corresponding author.

Introduction The lack of empathy is often described as one of the core characteristics of psychopaths. However, prior studies on cognitive empathy in psychopaths have led to mixed conclusions, with some indicating that psychopaths have no impairments in cognitive empathy.

Objectives This study set out to resolve this inconsistency by distinguishing the two factors that constitute the construct of psychopathy: Factor 1 (e.g., emotional callousness, lack of guilt) and Factor 2 (e.g., irresponsible lifestyle, poor behavioral controls).

Aims The main aim of this study was to examine the differential relationship between these two factors and relevant variables including empathy, aggression, satisfaction with life.

Methods Self-report questionnaires and two online experiments (facial affect recognition task, emotional scenario task) were administered to 306 undergraduate students to collect data about psychopathy, cognitive/affective empathy, aggression, satisfaction with life.

Results Correlation analysis revealed that both Factor 1 and Factor 2 had negative correlations with self-reported measures of cognitive/affective empathy, and only Factor 1 emerged as a significant predictor of both kinds of empathy. Aggression also showed a stronger positive correlation with Factor 1 than with Factor 2, regardless of subtypes (instrumental, reactive, relational, overt aggression). On the other hand, satisfaction with life was more negatively correlated with Factor 2 than Factor 1, and regression analysis revealed that only Factor 2 was a significant predictor.

Conclusions This study showed Factor 1 is more important than Factor 2 in explaining both empathy and aggression in psychopath, while satisfaction with life is better explained by Factor 2 than by Factor 1.

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

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EW391

Borderline personality disorder and working memory: A systematic review

S. Marini^{1,*}, C. Ranalli², C. Di Gregorio², E. Cinosi¹, M. Corbo¹, M. Lupi¹, M. Carlucci¹, V. Mancini¹, R. Santacroce¹, F. Vellante¹, T. Acciavatti¹, M. Di Giannantonio¹

¹ University G. d'Annunzio, Neurosciences and Imaging, Chieti, Italy

² Hospital G. Mazzini, Mental Health, Psychiatric Service of Diagnosis and Treatment, Teramo, Italy

* Corresponding author.

Purpose of the study The purpose of this study was to investigate cognitive functioning in Borderline Personality Disorder subjects, with particular reference to the Working Memory functioning. The Working Memory seems to be related to core features of the disorder. The final aim was to better understand the disorder and to implement a cognitive training to improve the deficits.

Methods A literature search was conducted in April 2015. Pubmed and Scopus databases were used to find studies to include

in the systematic review. The keywords used for the literature search were: “borderline personality disorder”, “borderline personality”, “working memory”, “executive functioning”. In each search, the keywords were used together with the logical operator “and”. **Summary** Three studies were included in this systematic review (Table 1). In each study, the working memory was investigated using N-back test. In two of those studies significantly differences were found between patients and healthy group in N-back task. In the third study, which used more tests to investigate working memory domain, no differences were found between the two groups. **Conclusions** Borderline personality disorder patients performed significantly worse on the N-back test compared to healthy controls and the impairment increased with increasing working memory load. In the third study the working memory domain was investigated using four different tests and single scores were not included therefore it was impossible to compare N-back data.

Table 1

AUTHORS	PARTICIPANTS	NEUROPSYCHOLOGICAL TESTS	MAIN RESULTS
Haaland et al. 2009	35 borderline personality disorder patients, 35 healthy control subjects	Attention (Digit Symbol Coding-WAIS III; CPT). Working Memory (Digit Span-WAIS III; PASAT; LNS;N-back). Executive functions (Stroop Color Word Test;ToL4; COWA; WCST; TMT; IGT). Verbal LTM (HVL T). Visual LTM (ROCF; Kimura Recurring Recognition Figures Test). General Cognitive ability (Picture arrangement; Block Design; Picture Completion; Vocabulary; Similarities. All from WAIS III)	BPD have a selective deficits in executive functioning and possibly attention as compared to healthy controls. In the other neuropsychological domains no differences were found between the two groups.
Lazzaretti et al. 2012	15 borderline personality disorder patients, 15 healthy control subjects	N-back, CPT	Borderline personality disorder patients performed significantly worse on the N-back test compared to healthy controls. The N-back deficit was more pronounced and significant in the 3-back condition.
Hagenhoff et al. 2013	28 borderline personality disorder patients, 28 healthy control subjects	Elementary cognitive processes (SRT; SDT; CRT). WM (N-back). Response inhibition (GO/NO-GO TASK). WM and response inhibition (CPT-AX)	Borderline personality disorder patients showed a lower accuracy in N-back task than HC and the impairment increased with increasing WM load. WM deficit not affect response inhibition processes. BPD patients were faster than HC in nearly all task.

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

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EW392

Self-Concealment Scale: Validation of two Portuguese versions

M. Costa, A.T. Pereira, M.J. Soares, J. Azevedo*, A. Macedo
Faculty of Medicine, University of Coimbra, Psychological Medicine, Coimbra, Portugal

* Corresponding author.

Introduction Self-Concealment Scale (SCS) is composed of ten items to measure self-concealment, defined as a tendency to conceal from others personal information that one perceives as distressing or negative (Larson and Chastain, 1990).

Objective To investigate the psychometric properties of the SCS-10 Portuguese version and of an adapted version containing two additional items specifically focused on self-concealment related to health problems (physical and psychological)–SCS-12.

Methods The Portuguese version of the SCS-12 and other validated questionnaires designed to evaluate self-reported health, perfectionism and optimism-pessimism were administered to a convenience sample of 555 adults from the community (60.5% females; mean age = 43.49 ± 10.565).

Results The SCS-10 and SCS-12 Cronbach's alphas were $\alpha < 0.80$. In both versions, all the items contribute to the internal consistency. The factor analysis, following the Kaiser and the Cattel's Scree Plot criteria, revealed that SCS-10 is unidimensional and that SCS-12 reliably and validly evaluates two dimensions: F1 Keeping secrets (Explained variance = 48.60%; $\alpha = 0.816$), F2 Personal concealment including health problems (9.65%; $\alpha = 0.797$). The pattern of correlations of the SCS dimensional and total scores was as follow: negative low correlations with physical health (@-0.20), negative moderate correlations with psychological health (@-.30), moderate correlations with self-oriented perfectionism, social-prescribed perfectionism, pessimism (@0.25) and optimism (@-0.20).

Conclusions The Portuguese versions of SCS have good reliability and validity (construct and convergent-divergent). The factorial structure partially overlaps with the original. SCS could be useful for research proposes, namely in an ongoing project on the role of the mentioned personality traits on illness and health behavior.

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

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EW393

Perseverative negative thinking prospectively mediates the relationship between perfectionism and psychological distress

P. Casimiro¹, A.M. Pinto^{2,3}, A.T. Pereira^{2,*}, V. Quaresma¹, M.J. Soares², A.P. Amaral⁴, B. Maia⁵, M. Marques², V. Nogueira², C. Roque², N. Madeira², M. Bajouco², S. Morais², A. Macedo²

¹ University of Coimbra, Faculty of Medicine, Coimbra, Portugal

² Faculty of Medicine, University of Coimbra, Psychological Medicine, Coimbra, Portugal

³ Faculty of Psychology and Educational Sciences, University of Coimbra, CINEICC, Coimbra, Portugal

⁴ Institute Polytechnic of Coimbra, Coimbra Health School, ESTESC, Coimbra, Portugal

⁵ The Catholic University of Portugal, Braga Regional Centre, Faculty of Philosophy and Social Sciences, Coimbra, Portugal

* Corresponding author.

Introduction We have recently found that Perfectionism and Perseverative Negative are both correlates of psychological distress/PD and that PNT mediates the relationship between perfectionism and PD (Macedo et al., 2015).

Objectives To investigate if perfectionism and PNT are prospectively associated to PD and if PNT is a longitudinal mediator between perfectionism and PD, controlling for perceived stress and gender.

Methods A total of 227 university students (80.1% girls) filled in the Portuguese validated versions of Perseverative Thinking Questionnaire (PTQ), Multidimensional Perfectionism Cognitions Inventory (MPCI), Profile of Mood States and Perceived Stress Scale, with an additional item to evaluate perceived social support/PSS at T0 and after approximately one year (T1) (Mean months = 12.77 ± 1.137). Only variables significantly correlated with the outcomes (Tension/Anxiety at T1 and Depression at T1) were entered in the conditional process analysis. The moderating role of perceived support on the link between Concern over Mistakes (MPCI) and psychological distress and between PTQ total score and psychological distress (anxiety and depression separately) was examined via conditional process analyses.

Results The estimated models were significant ($F = 4.257$, $P = .002$; $F = 6.476$, $P < .001$) explaining 15.9% of tension-anxiety and 25.5% of depression variance. A significant conditional indirect effect of PTQ total score on psychological distress at average and higher levels of perceived support was found, in both models (anxiety and depression). On the contrary, the two models showed a



non-significant conditional direct effect of Concern over Mistakes on psychological distress only at any level of perceived support.

Conclusion PNT prospectively mediates the relationship between negative perfectionism and PD.

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

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EW394

Effects of different types of instruction on the Scores of PID-5 profile



K. Riegel^{1,*}, M. Preiss², P. Harsa¹

¹ Charles University in Prague - 1st Faculty of Medicine, Department of Psychiatry, Prague, Czech Republic

² National Institute of Mental Health, Department of Clinical Psychology, Klecany, Czech Republic

* Corresponding author.

Introduction Section III of 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes a hybrid model of personality pathology, in which dimensional personality traits (PTs) are used to derive one of six categorical Personality Disorder (PD) diagnoses. The Personality Inventory for DSM-5 (PID-5) has been developed to assess PTs within this new system.

Objectives PT is a tendency to feel, perceive, behave, and think in relatively consistent ways across time and situations. PD diagnosis is generally stated if a pattern of maladaptive PTs persists at least 5 years. Nevertheless, the PID-5 instruction does not cover duration of symptoms.

Aims We have explored the effect of two different types of instructions, in which duration of symptoms is or is not explicitly mentioned, on the PID-5 scores. Moreover, we have asked whether the scores differ in psychiatric patients and healthy individuals.

Methods Differences between original and modified instructions of the Czech PID-5 version have been evaluated in a group of 62 psychiatric patients and 38 healthy controls; each respondent has been administered both instruction types in random sequence. ANOVA mixed design has been used to test the relation between groups and different sequence of administration.

Results We have found no consistent differences in PID-5 scores using the different types of instruction described above.

Conclusions In our sample, PID-5 seems to reflect strong beliefs of a subject regardless of symptoms' duration and could be reliably used with both types of instruction. The PID-5 represents an appropriate instrument for the assessment of maladaptive PTs.

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

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EW395

Perfectionism, cognitive emotion regulation and perceived distress/coping



C. Juliana, M.J. Soares*, A.T. Pereira, A. Macedo

Faculty of Medicine, University of Coimbra, Department of Psychological Medicine, Coimbra, Portugal

* Corresponding author.

Introduction Perfectionism and cognitive emotion regulation (CER) mechanisms have been associated with perceived stress/coping, negative affect (NA) and mental problems. Comparatively, the correlates of Positive Affect (PA) have been less studied.

Aim To compare Perfectionism, CER and Perceived distress/coping by groups with different levels of NA/PA.

Methods A total of 344 medical students (68.4% girls) completed the Hewitt & Flett and the Frost Multidimensional Perfectionism Scales (H&F-MPS/F-MPS), the Profile of Mood States, the Perceived Stress Scale, and the Cognitive Emotion Regulation Questionnaire.

Results The subjects with high NA, when compared to those with low NA, showed significant higher levels of Evaluative Concerns (EC), Positive Striving (PStr), of H&F-MPS/F-MPS total and dimensions scores (excluding Organization) of Rumination, Blaming others, Self-blaming, Catastrophizing and Perceived distress (all $P < 0.01$). They also revealed lower levels of Positive reevaluation and planning; Positive refocusing, Putting into perspective and Perceived coping (all $P < 0.01$). The subjects with high and medium levels of PA, when compared to the subjects with low PA, showed significant lower levels of Perceived distress, EC, Socially-Prescribed Perfectionism, Doubts about action, Concerns over Mistakes, (all $P < 0.01$), Self-Oriented Perfectionism, PStr ($P < 0.01$, $P < 0.05$, respectively) and higher levels of Perceived coping, Positive reevaluation and planning, Positive refocusing, Putting into perspective (all $P < 0.01$) and Acceptance ($P < 0.01$, $P < 0.05$, respectively).

Conclusions NA is associated with perfectionism, high maladaptive and low adaptive CER, and also with high Perceived distress/low coping, which might increase the subject's vulnerability to psychopathology. Low perfectionism, high adaptive CER and perceived coping are associated with PA and might be protective factors.

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Post-traumatic stress disorder

EW396

The psychological impact of trauma in plastic surgery



N. Bansal

Lancashire, United Kingdom

Introduction Post-traumatic stress disorder (PTSD) is triggered by an extremely threatening or catastrophic event. Untreated PTSD can lead to depression, panic disorder, phobias and substance abuse. Early intervention and referral to a clinical psychologist has a role in preventing chronic problems subsequently. Trauma patients in our plastic surgery department are not routinely screened however due to the nature and severity of their injuries, they are at considerable risk of developing PTSD and/or depression.

Aim To identify and treat trauma patients at risk of PTSD and depression in plastic surgery.

Methods We used a validated 10-point questionnaire, the post-traumatic adjustment scale (PAS), to assess risk of depression and PTSD in plastic surgery trauma patients. Patients scoring total > 16 were at risk of PTSD and scores > 4 (PAS sum of scores from questions 1 + 2 + 4 + 7 + 8) were at risk of depression.

Results Twenty-one cases collected from inpatients on the plastic surgery ward. Nature of injuries included crush, stabbing/knife lacerations, dog bites and road traffic accidents. Of these, 19% were at risk of PTSD and 19% at risk of depression. The study was repeated in plastics trauma clinic where patients first present. A further 20 cases were collected and of these, 40% were at risk of depression and 5% at risk of PTSD.

Conclusion In both samples, 1/3 patients were at risk of depression. Numbers at risk of PTSD were greater in the sample collected from plastics inpatient ward. Based on this, we propose trauma

patients in plastic surgery should be routinely screened and considered for further psychological intervention.

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

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EW397

Negative emotions and threat perception in narratives from battered women



M. Crespo*, V. Fernández-Lansac, M. Gómez-Gutiérrez, C. Soberón

Complutense University–Psychology School, Clinical Psychology, Madrid, Spain

* Corresponding author.

Introduction Trauma narratives contain a lot of emotion words, in comparison with narratives about other autobiographical memories. Negative emotion's words, as well as words about death (as an indicator of threat perception), have been associated to a worse adjustment after trauma. However, the different kind of negative emotions reported have been rarely explored. Also, in violence victims, the use of words about abuse might indicate threat perception.

Objectives Analyzing the use of negative words and threat perception (death and abuse words) in trauma narratives from 50 battered women, compared with stressful narratives from 50 non-traumatized women, and positive narratives. The relationship between narratives aspects and symptomatology is explored.

Aims Exploring differences in emotions and threat perception related to psychological functioning after trauma.

Methods Battered women were asked to remember the worst violence episode, whereas non-traumatized women narrated their most stressful experience. Both groups remembered also a neutral and a positive episode. LIWC software was used to calculate the percentage of different words used.

Results Anger was the most used negative emotion. Anger and sadness words were more reported in stressful and trauma narratives than in positive ones. There were differences between groups in the use of death and abuse words. Anger and abuse words were associated to anxiety and depression, but not PTSD symptoms. Death words were related to a better functioning.

Conclusions This study evidences the need to explore the role of different negative emotions in the posttraumatic adaptation. Also contextual aspects involved on threat perception must be considered.

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EW398

Gender differences in medical and psychiatric comorbidities in patients with posttraumatic stress disorder



L. Fortuna^{1,*}, Z. Ramos², I. Falgas-Bague³, L. Cellerino³, M. Alegria²

¹ Boston Medical Center, Psychiatry/Child and Adolescent Psychiatry Child and Adolescent Psychiatry, Boston, USA

² Massachusetts General Hospital, Disparities Research Unit, Boston, USA

³ Vall d'Hebron University Hospital, Department of Psychiatry and Forensic Medicine, Barcelona, Spain

* Corresponding author.

Introduction PTSD is associated with medical and psychiatric comorbidities. Less is known regarding differences in PTSD comorbidities and service use by gender.

Objectives To examine variations in comorbidities for PTSD by gender and implications for quality of care.

Aims We identify the prevalence of PTSD, medical and psychiatric comorbidities diagnosed by gender within outpatient, inpatient and emergency services.

Methods We conducted a retrospective analysis using existing medical records from all outpatient, inpatient and emergency department (ED) encounters in 2010–2012 in a safety net health care system in the US. We identified the rates of PTSD diagnosis by gender, co-occurring diagnoses in ED and inpatient care, and rate of different comorbid diagnoses following initial PTSD diagnosis.

Results Women in the sample had twice the likelihood of having a diagnosis of PTSD as compared to men (1.9% vs. 3.6%, $P > 0.001$), the most common comorbid diagnoses for ED visits were substance use disorder (SUD), depression, anxiety and pain. Men were more likely to have pain as a diagnosis in the ED as compared to women ($P > 0.001$). In inpatient services, men with PTSD were more likely to be diagnosed with a SUD (35% vs. 26%, $P > 0.001$) and women more likely diagnosed with comorbid depression (32% vs. 43%, $P > 0.001$). Men were more likely to have combined medical and substance use disorders and women more likely to have combined medical and psychiatric disorders.

Conclusions Given the different patterns of comorbidity by gender, services should focus on tailoring services early to contend with these differences.

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EW399

Prevalence of post-traumatic stress disorder and symptoms associated with children's bereavement that died in the blast gas Sarakhs–Mashhad



A. Golmohammadi Hafshejani^{1,*}, M. Kalantari², H.A. Mehrabi³

¹ University of Isfahan, Clinical Psychology, Isfahafan, Iran

² University of Isfahan, Department of Psychology, Isfahan, Iran

³ Assistant Professor University of Isfahan, Department Psychology, Isfahan, Iran

* Corresponding author.

Introduction Every day on the world, so many lost their dears because of events and became grieving. In this regard, Iran country is encountered to so many natural events (especially earthquake and flood) or manmade events (like war and driving events).

Objectives The present study examined the prevalence of post traumatic stress disorder and symptoms associated with impaired quality of life in survivors of the gas explosion victims' wives ferns was conducted in Mashhad.

Methods Accordingly, in the form of a descriptive and correlation study of all surviving personnel of the gas transmission pipeline project Fern-Mashhad who were present on 8.9.2010 at work, including contractors, engineers, professionals and workers ($n = 55$) the research sample, the modes were selected.

Results Accident victims of deceased victims of Post-Traumatic Stress Disorder Inventory Scale (M-PTSD), a questionnaire for quality of life (QOL) questionnaire and the researcher-made questionnaire. Statistical analysis showed that the 14/3% of survivors with posttraumatic stress disorder.

Conclusions The relationship between quality of life and post traumatic stress disorder in survivors of the victims showed that elevated post traumatic stress disorder symptoms, quality of life, in all aspects of the victims of physical, psychological, and social environment was significantly reduced. The Managing Director of Chaharmahal and Bakhtiari Province Gas Company to support the program, and also respectful of all employees participated in the survey and thank the gas company and I appreciate.

Keywords Post-traumatic stress disorder; Quality of life; Gas pipeline explosion Fern-Mashhad

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

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EW400

Russian–Georgian war crimes and its outcomes



M. Jishkariani

The International Psycho, Rehabilitation Centre for Victims of torture “Empathy”, Treatment and Rehabilitation Department, Tbilisi, Georgia

Introduction Georgia is the Country located in Caucasian Region with two occupied territories: Abkhazia and South Ossetia. Since 1993 as a result of military actions 500,000 civilians became victims of ethnic cleansing. In October 13, 2015 the Prosecutor of the International Criminal Court, requests judges for authorization to open an investigation into the Situation in Georgia that clearly shows importance of the problem addressed by this study.

Objectives of the study includes Observation of outcomes of traumatic stress among three categories of victims: IDPs, population living in the military conflict zone and civilians living in the so called “Buffer Zone”. Aim of the study was to provide comparative analysis between trauma affected different groups.

Methods The clinical and paraclinical methods using the semi-structured clinical interview, psychological test battery and paraclinical diagnostic tests were used, analysis were provided by using the SPSS.

Results Based on observation in 2014–2015 $n = 150$ victims of war crimes were observed. Also additional stressors for all target groups were identified. Differences and similarities of psychological and somatic after effects of trauma revealed.

Conclusions We can conclude that prolonged stress situation with unsecured environment and daily life under unexpected circumstances caused prolongation of PTSD alongside of behavioral changes and with damages in social adaptation. On the other hand completed trauma with leaving of native living areas and significant changes in social life in most of cases caused emotional disturbances with prolonged chronic depression and persistent fillings of grief.

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

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EW401

Association of pro-inflammatory cytokines with PTSD severity in patients treated with omega-3 supplementation – a pilot study



D. Kalinić^{1,*}, N. Mimica¹, A. Jeroncic², M. Lalovac³, I. Delaš⁴

¹ University of Zagreb School of Medicine, Department of Psychiatry and Psychological Medicine, Zagreb, Croatia

² University of Split School of Medicine, Department of Research in Biomedicine and Health, Split, Croatia

³ Clinical Hospital Merkur, Department of Internal Medicine, Zagreb, Croatia

⁴ University of Zagreb School of Medicine, Department of Chemistry and Biochemistry, Zagreb, Croatia

* Corresponding author.

Introduction Association of pro-inflammatory cytokines with severity of various psychiatric disorders is shown. Evidence suggests omega-3 fatty acids reduce psychiatric symptoms due to anti-inflammatory properties.

Objectives To evaluate if serum levels of pro-inflammatory cytokines correlate with the intensity of PTSD symptoms, and the observed change in symptoms' severity induced by omega-3 supplementation.

Methods We included 26 Croatian Homeland war veterans (aged 39–60) with chronic PTSD and no major comorbidity, who were on stable therapeutic sertraline dose at least three months before recruitment. Levels of pro-inflammatory cytokines (TNF- α , IL-6, and IL-1 β) were determined by the enzyme-linked immunosorbent assay method. Intensity of PTSD symptomatology was assessed by Clinician-Administered PTSD Scale (CAPS), Hamilton Anxiety Scale (HAM-A) and 17-item Hamilton Depression Scale (17-HAM-D). During 12 weeks, participants took omega-3 capsules (600 mg/day) while continuing sertraline therapy.

Results Most participants presented with moderate PTSD evaluated by CAPS. At baseline, cytokine levels were not associated with the severity of PTSD symptoms, as measured by all three scales ($P \geq 0.209$). After 12 weeks of omega-3 supplementation the severity of PTSD symptoms significantly decreased, on average by 8 to 13% on the psychometric scales per person ($P < 0.001$ for all). However, no association was found between the change in cytokine levels and the change in scores, induced by omega-3, on the assessed scales ($P \geq 0.730$).

Summary Cytokine levels are not associated with PTSD severity or with improvement in PTSD symptomatology. At the same time, sertraline therapy supplemented with omega-3 seemed to reduce the severity of PTSD symptoms.

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

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EW402

The “building block” effect of prior trauma for psychological outcome in victims of a natural disaster



B. Kraemer^{1,*}, S. Schumacher², B. Winkel², C. Imboden¹, L. Wittmann³

¹ Psychiatric Services Solothurn, Department of Psychiatry, Solothurn, Switzerland

² University Hospital, Department of Psychiatry, Zurich, Switzerland

³ International Psychoanalytic University, Psychoanalysis, Berlin, Germany

* Corresponding author.

Background With increasing numbers of previous traumatic experiences, a rising risk of psychiatric morbidity and in particular post-traumatic stress disorder following an acute trauma has been reported. This dose-effect relationship was called the building block effect. Most results are derived from studies on riot and prosecution victims. We investigated victims of a natural disaster with respect to the building block effect due to prior traumatization.

Methods We assessed tourists who had been affected by the Indian Ocean Tsunami 2004 using the Post-traumatic Diagnostic Scale, the Hospital Anxiety and Depression Scale, and the Post-traumatic Growth Inventory. Outcome variables were related to the numbers or prior civil trauma according to the trauma history scale of the PDS.

Results We found a building block effect for the development of anxiety ($P = 0.018$) and by trend with PTSD symptoms ($P = 0.06$), but not with depressive symptoms ($P = 0.436$). Prior traumatization and the actual Tsunami exposure significantly explained variance of personal posttraumatic growth ($P = 0.013$). Prior interpersonal traumata emerged as a strong risk factor for the development of posttraumatic psychiatric morbidity.

Conclusions We suggest that an increasing number of trauma is closely associated with anxiety but not with depressive disorders in the aftermath of natural disasters. For clinical practice, it is

necessary to ask victims of natural disasters about prior traumatization, in particular about prior interpersonal trauma.

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

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EW403

Glucocorticoid-based therapeutic options for PTSD



S. Ouanes

Valais Hospital, Department of Psychiatry and Psychotherapy, Sion, Switzerland

Introduction PTSD has been associated with HPA axis alterations, mainly consisting of reduced cortisol levels, elevated CRH and enhanced glucocorticoid receptor responsiveness. These findings led to the emergence of glucocorticoid-based therapeutic options for PTSD.

Objective To outline the different glucocorticoid-based interventions for PTSD either for prophylactic or for curative treatment.

Methods A systematic review was performed. The Medline database was searched using the following keywords: 'PTSD', 'treatment', 'Glucocorticoids', 'hydrocortisone'.

Results Glucocorticoid-based therapeutic for PTSD comprise preventive and curative interventions. Preventive interventions mainly consist of administering one single bolus of hydrocortisone shortly following the exposure to a traumatic event. Evidence comes from six published trials, all positive. Curative interventions include: prescribing hydrocortisone over short periods of time to treat PTSD symptoms, using Glucocorticoids to augment psychotherapy (in particular exposure therapy) for PTSD and using Mifepristone, a glucocorticoid receptor antagonist. Moreover, novel glucocorticoid receptor modulators are currently being developed and tested on animal models as a potential curative treatment for PTSD.

Conclusions Use of hydrocortisone in preventing PTSD might be tempting, as is the use of hydrocortisone or Glucocorticoid receptors antagonists/modulators in treating PTSD. Yet, it should be emphasized that these interventions are not mainstream yet. They rather reflect a revolutionary new direction.

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

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EW404

Risk factors for post-traumatic stress disorder – an epidemiological study



B. Pejuskovic^{1,*}, D. Lecic-Tosevski²

¹ Institute of Mental Health, Department for education, Belgrade, Serbia

² Institute of Mental Health, Director, Belgrade, Serbia

* Corresponding author.

Introduction Exposure to a traumatic event is necessary but not sufficient condition for development of posttraumatic stress disorder (PTSD). This is evident from the fact that many people who experience traumatic stressors do not develop this disorder. PTSD is a multicausal phenomenon and a final end point of the combination of a number of potential causes.

Objectives To examine the different factors as potential risk factors for developing PTSD in general adult population.

Methods The sample consisted of 640 subjects, randomly chosen in five regions of the country. The assessment has been carried out by MINI-5, Life Stressor Checklist-Revised, Brief Symptom Inventory, and Manchester Short Assessment of Quality of Life scale.

Results Older age, low education and lower monthly income can predict current PTSD, as well as decreased quality of life, psychiatric comorbidity and higher personal distress.

Conclusions The risk and resilience factors contribute to the development/protection of developing PTSD, which is important for prevention and treatment of this disorder.

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EW405

Importance of C-PTSD symptoms and suicide attempt



M. Pinheiro^{1,*}, D. Mendes², T. Mendes³, J. Pais², T. Cabral², J.C. Rocha³

¹ Souto, S.M. Feira, Portugal

² CHTS, DPSM, Penafiel, Portugal

³ CESPU, Psicologia, Paredes, Portugal

* Corresponding author.

Introduction Traumatizing experiences have been shown to be important in suicide ideation and attempt. A prolonged and continuous exposure to stressing interpersonal events can have more complex consequences. Therefore, the concept of Complex Post-Traumatic Stress Disorder (C-PTSD) has been emerging.

Objectives Our goal is to relate the symptoms of C-PTSD with suicide attempt and to evaluate the differences between C-PTSD and PTSD on those patients. Moreover, we compared our findings with a control population without prior suicide attempts.

Methods Fifty patients that had been hospitalised in the Psychiatry ward following a suicide attempt were evaluated one week after the event with the ICD-11 Trauma Questionnaire (PTSD and C-PTSD). The same evaluation was performed on a control population without known suicide attempts.

Results There is a statistically significant relationship ($P < 0.001$) between the symptoms of C-PTSD and PTSD and suicide attempt, which effect is higher for C-PTSD. These symptoms are almost absent in the control group.

Conclusion C-PTSD seems to be a more relevant risk factor for suicidal attempts. This aspect is important to define preventive and treatment programs and for suicidal attempts follow-up. The importance of traumatic events and of traumatic stress symptoms as moderator factors should be considered in future research.

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

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EW406

The effect of psychoeducation on anger management and problem solving skills of the patients with post-traumatic stress disorder



M. Senyurt^{1,*}, M. Demiralp², N. Ozmenler¹, C. Acikel³

¹ Gulhane Military Medical Academy, Mental Health and Illness, Ankara, Turkey

² Gulhane Military Medical Academy, School of Nursing, Ankara, Turkey

³ Gulhane Military Medical Academy, Biostatistics, Ankara, Turkey

* Corresponding author.

This study was conducted as pre-test and post-test experimental design with the control group in order to identify the effect of psychoeducation on anger management and problem solving skills of the patients with post-traumatic stress disorder. This study was carried out in Gülhane Military Medical Academy, the department

of Military Psychology and Battle Psychiatry between May 2012 and May 2013. The study sample included 22 control and 22 intervention group patients with PTSD who admitted to participate in the study and who were asked to receive the drug treatment by staying in the clinic. Psychoeducation was only performed on the intervention group. In the collection of research data, “Sociodemographical Information Form”, “Trait-Trait Anger Expression Inventory”, “Problem Solving Inventory” and “The Impact of Event Scale” were used. Data were assessed by Repeated Measures Variance Analysis via SPSS (15.0). Problem solving skills of the patients who had high-school and up to the level of high-school education were identified to be more insufficient than the ones having undergraduate and graduate educations. Before receiving psychoeducation, it was identified that the levels of trait anger of the patients were high, and that they perceived themselves as mild insufficient individuals in problem solving skills. It was identified that trait anger increased the anger control and problem-solving skills while it decreased inward and outward anger levels in the intervention group of psychoeducation. As a consequence, it has been recommended that the continuity of psychoeducations the psychiatry nurses applied have been provide in psychiatry clinic.

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EW407

Post-traumatic stress disorder: Women – Ecuador

V. Valdez*, J. Veloz, D. Rueda, C. Santana
Universidad Catolica de Guayaquil, Ecuador
 * Corresponding author.



Objectives To determine the incidence of traumatic events in Ecuadorian women exposed to domestic violence and other complex social situations and their relationship with PTSD.

Methods We applied a transversal descriptive study accomplished by the INEC (National Institute of Statistics and Census). The INEC recruited Ecuadorian women from 15 years old and more, the surveys were focused on this population. In total, 18,800 rural and urban housings were selected all over the country, 24 provinces. Date of the survey: November 16–December 15 of 2011. A, D and G were taken as references for guidelines following the criteria diagnosis of DSM V (Diagnostic and Statistical Manual of Mental Disorders) to determine a Traumatic Event.

Results The average age of the sample was 28 years old. The standard deviation was 21, ages: 15–25 years old: 14.265 (21.6%), 25–35 years old: 9.324 (14.1%), 35–45 years old: 8.132 (12.3%), 45–55 years old: 6.283 (9.5%), 55–65 years old: 4.302 (6.5%), > 65 years old: 23.745 (35.9%). Prevalence of the traumatic event (DSM-V) 4.6%. Women experienced any kind of violence 60.6%: 61.4% urban, 58.8% rural. Types of abuse: psychological: 53.9%, physical: 38.0; sexual, patrimonial: 35.3%. Domestic violence 76.0% y other types of violence 24.0%.

Conclusion Domestic violence rate is high, also, in this study, we determined that women face an important index of violence during their daily activities. Psychological abuse is the highest abuse, higher in the urban areas. These results based on acute traumatic events may predispose women to develop PTSD. The prevalence of traumatic events must be an alert to the Mental Health Organizations, not only in Ecuador but also in Latin American.

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

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Prevention of mental disorders

EW408

Psychotic experiences, alcohol–cannabis abuse, stressful events and familial risk is associated with onset of clinical psychosis: Evidence from a 6-year longitudinal population-based cohort



U. Kirli^{1,*}, T. Binbay², H. Elbi¹, B. Kayahan¹, J. van Os³, H. Onay⁴, F. Ozkınay⁴, D.K. Gokcelli¹, K. Alptekin²

¹ Ege University School of Medicine, Department of Psychiatry, Izmir, Turkey

² Dokuz Eylul University School of Medicine, Department of Psychiatry, Izmir, Turkey

³ Maastricht University Medical Centre School of Mental Health and Neuroscience, Department of Psychiatry and Neuropsychology, Maastricht, Netherlands

⁴ Ege University School of Medicine, Department of Medical Genetics, Izmir, Turkey

* Corresponding author.

Introduction Both clinical and subclinical psychosis is probably a consequence of underlying genetic and environmental interactions.

Objectives Defining differential impact of environmental/familial risk factors and psychotic experiences across the onset of clinical psychosis.

Aims To assess mental health outcomes in a 6-year follow-up of a representative general population sample with a special focus on extended psychosis phenotype.

Methods Addresses were contacted in multistage clustered area probability sampling frame covering 9 districts and 302 neighbourhoods (n : 4011) at baseline (T_1) and 6 years after (n : 2142) (T_2). Psychotic experiences were screened with Composite International Diagnostic Interview and probable cases were re-interviewed with SCID-I. Relations were tested using logistic regression models.

Results Of subclinical psychotic symptoms at baseline, 6.4% transitioned to clinical psychosis; 44.4% persisted, 90.2% transitioned to any DSM disorder. Of newly onset clinical psychosis at T_2 , 62.8% had subclinical psychotic expressions at baseline. The risk of developing clinical psychosis was greater in those with baseline subclinical psychotic experiences, alcohol–cannabis abuse, stressful-forensic event history and family history of mental disorders. Most of risk factors associated with psychosis proneness at T_1 were also associated with clinical psychotic outcome at T_2 (Table 1).

Conclusions Psychotic experiences takes attention for the risk to develop psychosis due to underlying genetic and environmental interactions; also may be an important risk factor to develop any mental disorder.

Table 1 Associations between independent variables and newly onset clinical psychosis at T_2 .

	OR	%95 CI	p	OR*	%95 CI	p
No subclinical psychotic expression at T_1	ref			ref		
Low impact PS at T_1	12.3	(4.3–34.8)	<.001	11.2	(3.7–34.0)	<.001
High impact PS at T_1	34.3	(11.5–101.8)	<.001	32.5	(9.9–106.4)	<.001
No mental disorder in 1st degree relative	ref			ref		
Plausible psychosis in 1st degree relative	10.0	(3.2–30.6)	<.001	12.0	(3.8–37.7)	<.001
No alcohol abuse at T_1 or T_2	ref			ref		
Alcohol abuse T_1 (-), T_2 (+)	3.3	(1.4–7.7)	<.01	4.8	(1.8–12.6)	<.01
No cannabis use at T_2	ref			ref		
Cannabis use ≥ 3 times per week	39.5	(3.4–452.6)	<.01	37.7	(2.9–493.6)	<.01
Number of stressful life events	$\beta = 7.82$	(0.01–0.02)	<.001	$\beta^* = 7.75$	(0.01–0.02)	<.001

* Adjusted for age, sex, education level and health insurance status.

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EW409

Perceived stigma in patients affected by psychosis: Is there an impact on relapse?



L. Sideli¹, F. Seminerio^{2,*}, M.V. Barone¹, A. Mulè¹, C. La Cascia¹, C. Sartorio¹, R. D'Agostino¹, L. Ferraro², G. Tripoli³, A. Francomano¹, M. Inguglia⁴, G. Vassallo⁴, C. Majorana⁴, D. La Barbera¹

¹ Università degli Studi di Palermo, Biomedicina Sperimentale e Neuroscienze Cliniche BioNeC, Palermo, Italy

² Università degli Studi di Palermo, Dipartimento Biomedico di Medicina Interna e Specialistica DIBIMIS, Palermo, Italy

³ King's College of London, Psychology and Neuroscience, London, United Kingdom

⁴ Azienda Sanitaria Provinciale 6, Salute mentale e dipendenze patologiche, Palermo, Italy

* Corresponding author.

Introduction The World Health Organization (WHO) considers stigma of mental illness as a crucial problem (WHO, 2001). Stigma contributes to the onset (Morgan et al., 2010) and the outcome of people affected by schizophrenia (Himan, 2015).

Objectives To evaluate the perception of patients affected by psychotic disorders of being stigmatized by the community.

Aims To compare the perception of stigma among subgroups of patients at different stage of their disorder.

Methods Thirty-five patients affected by a first-episode of psychosis (FEP) and 96 patients affected by chronic psychosis were recruited. The Devaluation of Consumers Scale (DCS) and the Devaluation of Consumer Families Scale (DCFS) were administered to assess the perceived public stigma (Struening et al., 2001). The Positive And Negative Schizophrenic Symptoms Scale (PANSS) (Kay et al., 1987) and the Global Assessment of Functioning (GAF) (Goldman et al., 1992) were administered to assess psychotic symptoms and global level of functioning.

Results Patients affected by chronic psychosis perceived higher devaluation against mental disorders than patients with a recent onset of psychosis (Mann–Whitney's $U = 910.500$, $P = 0.017$). DCS and DCFS correlated with increased voluntary admissions ($Rho = 0.355$, $P = 0.002$; $Rho = 0.257$, $P = 0.029$) and DCS with increased compulsory admissions ($Rho = 0.349$, $P = 0.003$). Only among chronic patients, DCS factor 2 was related to global level of functioning ($Rho = 0.217$, $P = 0.041$).

Conclusions Patients affected by chronic psychotic disorders perceived a more pessimistic attitude of the community towards their participation in social and community life and this is related to increased admissions and disability.

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

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EW410

Early detection and treatment of mental illness in the workplace – an intervention study



H. Sørensen^{1,*}, J. Valentin¹, M.K. Bording¹, J.I. Larsen², A. Larsen², Ø. Omeland³

¹ Aalborg University Hospital, Unit for Psychiatric Research, Aalborg, Denmark

² Aalborg University Hospital, Psychiatric Hospital, Aalborg, Denmark

³ Aalborg University Hospital, Occupational Medicine, Aalborg, Denmark

* Corresponding author.

Introduction Conditions of depression and anxiety among employees' leads to increased absenteeism and decreased social and professional function.

Objectives To test a collaborative model for contributing to mental health at work at the lowest interference and highest possible availability among Danish workers.

Aims To investigate the effect of early detection and treatment in order to interrupt and improve conditions of clinical and sub-clinical levels of mental illness.

Methods Self-reporting questionnaires were used for identification of clinical and sub-clinical cases of mental illness and for follow-up. Four questionnaires were distributed to all employees in six medium-large companies in Denmark ($n = 1292$) during a period of 16 months. Employees meeting the screening criteria were assessed diagnostically. Outpatient psychiatric treatment was offered to employees diagnosed with mental illness and preventive CBT-session to those assessed with sub-clinical conditions. Follow-up questionnaires were filled out after 6 and 12 months. Data were analysed using repeated measure mixed effects linear regression.

Results Of the 587 (55%) employees that returned the questionnaires, 58 were referred to either outpatient psychiatric treatment ($n = 38$) or preventive treatment ($n = 20$). Levels of psychopathology decreased significantly in both treated groups. Comparing with the pre-treatment period, a significant positive difference in change in psychopathology was detected for employees in psychiatric treatment. Measured up to healthy controls, the self-perceived level of stress also decreased significantly among employees in psychiatric treatment.

Conclusions An integrated collaborative model for early detection and treatment was beneficial in order to interrupt and improve the course of mental health problems among Danish employees.

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

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Promotion of mental health

EW411

Health-seeking attitudes and existing support services for psychiatric trainees

E. Conde^{1,*}, A. Lomax², T. Santos³, T. Pattyn⁴,
C. Skjødt⁵, E.R.G. HELP Project⁶

¹ Centro Hospitalar Baixo-Vouga, Departamento Psiquiatria e Saúde Mental, Aveiro, Portugal

² University Hospital Lewisham, South London and Maudsley NHS Foundation Trust, Liaison Service, London, United Kingdom

³ Centro Hospitalar Baixo-Vouga, Departamento de Psiquiatria e Saúde Mental, Aveiro, Portugal

⁴ University of Antwerp, Antwerp, Belgium

⁵ Psykiatrisk Center Nordsjælland, Copenhagen, Denmark

⁶ Switzerland

* Corresponding author.

Introduction Concern for medical doctors' health has been widely recognized over the past ten years. EFPT is aware of the heterogeneity of support set up for doctors in distress, recognizing the need for further cross-Europe research.

Aims The EFPT "HELP Project" was designed to investigate psychiatry trainees' perceptions of and attitudes towards health seeking at a Europe-wide scale. Furthermore, it aims to determine what services are available in Europe specifically to support physicians' health.

Methods Multinational, cross-sectional survey conducted in 14 European countries between 2013 and 2014. Data collection was accomplished by an anonymous online or hard copy questionnaire. Completion implied consent to participate. Data was analysed using SPSS v20.0.

Results Of the respondent trainees, 57.7% were from developed economies; 46.2% under 30 years; 26.9% males. Ninety-eight per cent said they would have surgery in the public sector, versus 42.3% who agree to get treatment there for an eating disorder, depression (28.8%) or addiction (17.3%). Trainees from developing economies were significantly less confident in using public sector help for mental health difficulties. When asked for advice regarding the same problems in their fellow trainees, they said they would recommend public sector help. Specific services for doctors exist in the UK, Spain, The Netherlands and Switzerland, but most trainees said there were no services locally.

Conclusion The EFPT believes specialised physician health services are needed to ensure doctors seek help when necessary, while avoiding feeling stigmatised or punished in doing so. The authors plan to create a 'survival guide' for European trainees in distress, with collated information about local services for doctors.

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

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EW412

The temporal evolution of life satisfaction in institutionalized elderly: A longitudinal study

H. Espírito-Santo, S. Guadalupe, L. Lemos*, S. Simões, F. Daniel
Miguel Torga Institute, Psychology, Coimbra, Portugal

* Corresponding author.

Introduction Research shows that variables, such as depression, less functionality and health, less contact with family and others, may have a negative impact on life satisfaction.

Objectives To verify which variables correlate with satisfaction with life (SWL) and analyse which of them predict the evolution of SWL.



Aims To examine correlates and predictors of SWL in institutionalized elderly.

Methods This study involved a subsidiary longitudinal analysis of cross-sectional data gathered at Phase I (2010–2012; $n=493$ elderly) and after 36 months at Phase II (2013–2014; $n=85$) of Aging Trajectories Project from Miguel Torga University College.

Results At Phase I, higher scores in SWL scale correlated with having visits ($r=0.17$; $P<0.01$), specially from family ($r=0.20$; $P<0.01$), less depressive ($r=-0.42$; $P<0.001$) and anxiety symptoms ($r=-0.25$; $P<0.001$), less loneliness feelings ($r=-0.37$; $P<0.001$), less functionality ($r=0.15$; $P<0.01$), and better general physical health ($r=0.25$; $P<0.001$). Age, sex, civil status, cognitive, and executive status did not correlate with SWL. SWL, depressive and anxiety symptoms, and loneliness feelings were stable through time, between assessment stages ($P<0.01$). The worsening of depression and loneliness through time predicted the negative evolution of SWL (respectively, $\beta=1.16$; $P<0.01$; $\beta=-0.69$; $P<0.05$).

Conclusions These findings highlight the relevance of early detecting depressed mood and loneliness feelings in institutionalized elderly, and the importance of the treatment and the development of preventive interventions for this vulnerable population.

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

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EW413

Attitudes toward psychiatry and psychiatric patients in medical students: Can real-world experiences reduce stigma?

M. Pascucci^{1,*}, E. Stella¹, M. La Montagna¹, A. De Angelis²,
P. Parente³, V. Di Nunzio¹, A. Ventriglio¹, A. Bellomo¹, L. Janiri²,
G. Pozzi²

¹ University of Foggia, Institute of Psychiatry, Foggia, Italy

² Catholic University of the Sacred Heart, Department of Psychiatry, Rome, Italy

³ Catholic University of the Sacred Heart, Institute of Hygiene & Public Health, Rome, Italy

* Corresponding author.

Introduction Stigma towards psychiatry and mental illness significantly worsens the quality of life of psychiatric patients. Negative prejudices in medical students make it difficult for future doctors to send patients to mental health services and promote an increased risk of premature death.

Aims Our aim is to assess stigma towards mental illness and psychiatry in medical students, and to study the influence of real-world experiences, such as having visited a psychiatric ward, having personally met a psychiatric patient or having friends and/or family members who suffer from a mental illness.

Methods One hundred and thirteen Italian medical students completed the following tests:

- Attitudes Towards Psychiatry (ATP-30);
- Community Attitudes Towards Mental Ill (CAMI);
- Perceived Discrimination Devaluation Scale (PDD);
- Baron-Cohen's Empathy Quotient (EQ).

Results Having visited a psychiatric ward correlates with a better attitude towards psychiatry ($P=0.008$), rather than towards the mentally ill. Having personally known someone with mental disorders correlates with less stigmatizing scores in CAMI: total score ($P=0.002$), authoritarianism ($P<0.001$), benevolence ($P=0.047$) and social restriction ($P=0.001$). Similar results emerged in those who have close relationships with a psychiatric patient. There is no statistical significance as to empathy.

Conclusions The students who have visited a psychiatric ward have a less stigmatizing vision of psychiatry, while having



personally known psychiatric patients favors a less stigmatizing attitude towards them. Those who have not had this experience, have a more hostile and intolerant vision of mental illness, and consider psychiatric patients as inferior subjects that require coercive attitudes and that would be better to avoid because socially dangerous.

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

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EW414

Differences in attitudes towards mental illness and psychiatry among medical students, before and after the academic course of psychiatry



M. Pascucci^{1,*}, M. La Montagna¹, E. Stella¹, A. De Angelis², P. Parente³, V. Di Nunzio¹, A. Ventriglio¹, L. Janiri², G. Pozzi², A. Bellomo¹

¹ University of Foggia, Institute of Psychiatry, Foggia, Italy

² Catholic University of the Sacred Heart, Department of Psychiatry, Rome, Italy

³ Catholic University of the Sacred Heart, Institute of Hygiene and Public Health, Rome, Italy

* Corresponding author.

Background Stigma towards mental illness and psychiatry have a major impact on psychiatric patients' quality of life; in particular, prejudicial beliefs make it more difficult for future doctors to send patients to mental health services, leading to a delay of necessary care.

Aims Our aim is to evaluate the stigma towards mental illness and psychiatry, in a sample of Italian medical students. We studied the differences between the first-year students who have not attended the academic course in psychiatry, compared to the senior students who have attended the psychiatric lectures.

Methods We tested 113 medical students, using the following questionnaires:

- Attitudes Towards Psychiatry (ATP 30);
- Community Attitudes Towards Mental Ill (CAMI);
- Perceived Discrimination Devaluation Scale (PDD), to assess the discrimination towards mental illness perceived in society;
- Baron-Cohen's Empathy Quotient (EQ), to measure empathy.

Results Among the 113 students, 46 have already attended the academic course of psychiatry and CAMI scores were less stigmatizing as total score ($P=0.014$) and in authoritarianism subscale ($P=0.049$), social restriction ($P=0.022$) and ideology of mental health in the community ($P=0.017$). However, there were no statistically significant differences in empathy, perceived discrimination in the society and stigmatization of psychiatry.

Conclusions The 67 students who have not attended the academic course of psychiatry are more stigmatizing, considering psychiatric patients as inferior people that require coercive attitudes, socially dangerous and that should be treated faraway from the community. Studying psychiatry is therefore useful to reduce, in the future doctors, these prejudices toward mentally ill patients.

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EW415

Physical exercise and students' mental health



M. Theodoratou^{1,*}, I. Dritsas¹, M. Saltou¹, V. Dimas¹, A. Spyropoulos¹, E. Nikolopoulou², V. Bekos³, P. Kloni¹, A. Psychogiou¹, O. Valsami¹

¹ Technological Institute of Western Greece, Social Work, Patras, Greece

² Technological Institute of Western Greece, School of Administration and Economy, Patras, Greece

³ Karamandaneion Hospitak, Pediatrics, Patras, Greece

* Corresponding author.

Introduction Studies have shown that sport participation is connected with a more positive self-image and higher self-esteem in adolescents (Bowkers, 2006, Kirkcaldy et al., 2002), whereas sedentary behavior is associated with negative mental health characteristics (Primack et al., 2009).

Purpose The aim of this study was to investigate whether physical activity influences adolescents and young people's emotions, self-esteem and generally mental health.

Material Questionnaires were redacted by the research team investigating participants' habits, emotions and health benefits concerning physical activities.

Method Questionnaires were administered to 150 adolescents, aged 18–20 years old in Technological Educational Institutes, colleges and fitness centers in Patras, Southern Greece during 2015's spring.

Results Eighty-seven percent of the respondents worked out in fitness centers or in natural environment. Most of them answered that exercise contributed to revitalization and euphoria feelings (63%), stress relief (78%), better self-image, and better health (49%). According to 63% of the adolescents, exercise improved their school performance and 61% of them felt that exercise affected positively mental health.

Conclusions Present study's results underline physical activities' benefits in students' mental health, self-esteem, feelings and school performance being in line with other studies' results [Biddle et al. (2011), Ekeland et al. (2005), Brown et al. (2013)]. Restrictions refer mainly to small size sample.

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

Further reading

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EW416

Effects of implicit affect on emotional coping and school adjustment: A short-term longitudinal study with a school-based universal prevention program for enhancing emotional abilities



K. Uchida^{1,*}, T. Yokoshima², K. Yamasaki¹

¹ Naruto University of Education, Department of Human Development, Naruto, Japan

² Naruto University of Education, Center for the Science of Prevention Education, Naruto, Japan

* Corresponding author.

In recent years, affect and emotions are hot research topics in the domains of psychology and brain science. Moreover, an increasing number of studies have started to investigate the effects of implicit affect on health and adjustment. The purpose of this study was to examine the effects of implicit affect on explicit emotional coping with others' emotions and school adjustment in children.

Methods Participants were 5th- and 6th-grade children in two public elementary schools in Japan. The final samples were fifty-six children (25 boys and 31 girls). Participants completed a battery of three questionnaires just before (T1) and after (T2) an

school-based universal prevention program for enhancing emotional coping abilities with others' emotions, which was implemented in eight classes during one month. The questionnaires were utilized for assessing implicit positive and negative affect (IPA and INA), explicit emotional coping abilities to identify, understand, and regulate others' emotions, and the adaptive status of children at school.

Results Hierarchical regression analyses showed that higher IPA at T1 was associated with higher explicit emotional coping and motivation for learning at T2. Also, higher INA at T1 was related to better peer relationship at T2. Moreover, higher IPA and INA at T1 were concerned with higher scores of classroom climate and approval at T2.

Conclusion This study suggested that higher IPA leads to higher explicit emotional coping with others' emotions. Also, it suggested that higher implicit affectivity (i.e., both higher IPA and INA) causes more adaptive status of children at school.

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

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Psychoneuroimmunology

EW417

Oxidative DNA damage is associated with antidepressant use, not depression or anxiety disorders

C. Black^{1,*}, M. Bot¹, P. Scheffer², B. Penninx¹

¹ VU University Medical Center, Psychiatry/GGZ inGeest, Amsterdam, Netherlands

² VU University Medical Center, Clinical Chemistry, Amsterdam, Netherlands

* Corresponding author.

Introduction Oxidative stress has been implicated in the pathophysiology of depression and anxiety disorders and may be influenced by antidepressant use.

Objectives This study investigated the association of oxidative stress, measured by plasma levels of F2-isoprostanes and 8-hydroxy-2'-deoxyguanosine (8-OHdG), reflecting oxidative lipid and DNA damage respectively, with major depressive disorder (MDD), generalized anxiety disorder, social phobia, panic disorder, agoraphobia and antidepressant use in a large cohort.

Methods Data was derived from the Netherlands Study of Depression and Anxiety including patients with current ($n = 1641$) or remitted ($n = 610$) MDD and/or anxiety disorder(s) (of which $n = 709$ antidepressant users) and 633 controls. Diagnoses were established with the Composite Interview Diagnostic Instrument. Plasma 8-OHdG and F2-isoprostanes were measured using UHPLC-MS/MS. ANCOVA was performed adjusting for sampling, sociodemographic, health and lifestyle variables.

Results F2-isoprostanes did not differ between controls and patients, or by antidepressant use. Patients (current or remitted) using antidepressants had lower 8-OHdG (adjusted mean 38.3 pmol/L) compared to patients (current or remitted) without antidepressants (44.7 pmol/L) and controls (44.9 pmol/L, $P < 0.001$; Cohen's d 0.26). Findings for 8-OHdG were similar over all disorders and all antidepressant types (SSRIs, TCAs, SNRIs; $P < 0.001$).

Conclusion Contrary to previous findings this large-scale study did not find increased oxidative stress measured by F2-isoprostanes or 8-OHdG in MDD or anxiety disorders. 8-OHdG levels were lower in antidepressant users, which suggests antidepressants may have antioxidant properties.



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EW418

Antioxidant uric acid is lower in current major depression and anxiety disorders

C. Black^{1,*}, M. Bot¹, P. Scheffer², B. Penninx¹

¹ VU University Medical Center, Psychiatry/GGZ inGeest, Amsterdam, Netherlands

² VU University Medical Center, Clinical Chemistry, Amsterdam, Netherlands

* Corresponding author.

Introduction It has been hypothesized that lowered antioxidant capacity, which leads to increased oxidative stress, may be involved in the pathophysiology of major depressive disorder (MDD) and anxiety disorders and might be altered by antidepressant treatment.

Objectives This study investigated the association of plasma uric acid, the greatest contributor to blood antioxidant capacity, with MDD, generalized anxiety disorder, social phobia, panic disorder, agoraphobia and antidepressants in a large cohort.

Methods Data was derived from the Netherlands Study of Depression and Anxiety including patients with current ($n = 1648$) or remitted ($n = 609$) MDD and/or anxiety disorder(s) (of which $n = 710$ antidepressant users) and 618 controls. Diagnoses were established with the Composite Interview Diagnostic Instrument. Symptom severity was ascertained in all participants with the Inventory of Depressive Symptoms and the Beck Anxiety Inventory. ANCOVA and regression analyses were adjusted for sociodemographic, health and lifestyle variables.

Results Plasma uric acid was lower in those with current MDD and/or anxiety disorder(s) (adjusted mean 270 $\mu\text{mol/L}$) compared to those with remitted disorders (280 $\mu\text{mol/L}$, $P < 0.001$) or to controls (281 $\mu\text{mol/L}$, $P < 0.001$; Cohen's d 0.14). Within patients antidepressants were not associated with uric acid levels. Increasing symptom severity was associated with lower uric acid levels for both depression ($\beta = -0.05$, $P = 0.001$) and anxiety symptoms ($\beta = -0.05$, $P = 0.004$).

Conclusion This large scale study finds that the antioxidant uric acid is lower in current, but not remitted, MDD or anxiety disorders and in persons with higher symptom severity, suggesting disturbances in redox homeostasis play a role in the pathophysiology of depression and anxiety disorders.

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

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EW419

Interleukin-receptor antagonist (IL1-RA) with respect to schizophrenia psychopathology

D. Frydecka^{1,*}, B. Misiak², P. Sedlaczek³, E. Pawlak-Adamska⁴

¹ Wrocław Medical University, Department of Psychiatry, Wrocław, Poland

² Wrocław Medical University, Department of Genetics, Wrocław, Poland

³ Wrocław Medical University, Department and Clinic of Gynaecology and Obstetrics, Wrocław, Poland

⁴ Institute of Immunology and Experimental Therapy, Polish Academy of Science, Department of Experimental Therapy, Wrocław, Poland

* Corresponding author.



Introduction The influence of the immune deregulation on the risk and psychopathology of schizophrenia is increasingly recognized in the literature.

Aim To assess the association between serum IL-1RA on schizophrenia psychopathology.

Methods We recruited 88 schizophrenia patients (38 males and 49 females, mean age 38.12 ± 12.67 years) and 88 healthy adult control subjects (68 males, 20 females, mean age 40.63 ± 7.99 years). Lifetime psychopathology was evaluated using Operational Criteria for Psychotic Illness (OPCRIT) checklist, while current psychopathology was assessed using Positive and Negative Syndrome Scale (PANSS). Serum samples were stored in aliquots at -80°C . Serum levels of IL1-RA were measured using Immunoassay (ELISA).

Results There were statistically significant differences between schizophrenia patients and healthy controls (median \pm interquartile range: 350.81 ± 227.04 and 888.74 ± 762.63 , respectively [pg/ml]) (*U* Mann–Whitney test, $Z = -7.99$, $P < 0.0001$). There were no differences in serum IL1-RA levels between male and female among patients with schizophrenia (*U* Mann–Whitney test, $Z = -0.22$, $P = 0.82$) nor among healthy control subjects (*U* Mann–Whitney test, $Z = -0.17$, $P = 0.86$). Among schizophrenia patients, there was a trend-level association between IL-1RA serum level with negative symptoms (Spearman correlation coefficient, $r = -0.23$, $P = 0.056$), positive symptoms (Spearman correlation coefficient $r = -0.22$, $P = 0.066$), and on a statistically significant level with general symptoms (Spearman correlation coefficient $r = -0.28$, $P = 0.018$).

Conclusion Serum IL1-RA level is higher in schizophrenia patients in comparison to healthy controls and it is associated with schizophrenia psychopathology.

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EW420

The prevalence of voltage-gated potassium channel (VGKC) and glutamic acid decarboxylase (GAD) autoantibodies in psychotic disorders: A systematic review and meta-analysis

R. Grain^{1,*}, J. Lally², A. Lemince³, B. Stubbs⁴, F. Gaughran⁵

¹ London, United Kingdom

² Institute of Psychiatry, Psychology and Neuroscience IOPPN, Psychosis Studies, London, United Kingdom

³ South London and Maudsley NHS Trust, South London and Maudsley NHS Trust, London, United Kingdom

⁴ South London and Maudsley NHS Trust, Physiotherapy, London, United Kingdom

⁵ Institute of Psychiatry, Psychology and Neuroscience, Psychosis Studies, London, United Kingdom

* Corresponding author.

Introduction Antibodies to the voltage-gated potassium channel (VGKC) complex and glutamic acid decarboxylase (GAD) have been reported in some cases of psychosis. We conducted the first systematic review on VGKC and GAD, and meta-analysis on GAD, to investigate their prevalence in people with psychosis.

Objectives The objective was to examine the available evidence to determine the prevalence of serum VGKC and GAD antibody positivity in psychosis.

Aims To search the available literature for data indicating the prevalence of these antibodies in psychosis. If data were sufficient, we anticipated conducting a meta-analysis.

Methods Two authors searched major electronic databases for studies reporting the prevalence of VGKC and GAD65 antibody seropositivity in psychotic disorders. We then conducted a random effects analysis with Comprehensive Meta-Analysis software (CMA, Version 3).

Results Only three studies presenting prevalence rates of VGKC sero-positivity in psychosis could be identified, with an overall prevalence of 0.5% (1/196) with 0% in healthy controls (0/50). Meta-analysis established the pooled prevalence of GAD65 autoantibodies was 8.67% (95% CI 3.9–17.80%, $I^2 = 75\%$, 8 studies) in psychotic disorders. People with psychosis were more likely to have GAD65 antibodies than controls (OR 3.14 95% CI 1.55–6.37%, $P = 0.001$, 7 studies, $I^2 = 0\%$).

Conclusions Rates of VGKC antibody positivity appear to be low in psychosis, although there is a lack of published evidence. The prevalence of GAD65 antibodies is higher but available studies did not control for the presence of T1 diabetes, a condition in which GAD65 antibodies are also found.

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EW421

Adverse childhood experiences and later in life depression as risk factors for cancer incidence and mortality. A nationally representative, prospective longitudinal study

M.V. Hansen

Aarhus, Denmark

Introduction Adverse childhood experiences (ACEs) have shown to influence the risk of various chronic diseases alone, and in combination with depression later in life. To date, only little research has examined the relationship, and findings have been inconsistent.

Objective To conduct a nationwide prospective study on ACEs and the risk of cancer.

Aims – Examine the relationship between ACE and a range of cancer types;

- to test for a linear dose-response relationship;
- to investigate differences in the effects of the specific ACE on the risk of cancer;
- to determine if there are any sex differences as well as windows of vulnerability;
- to examine if later in life occurrence of depression influence the risk of cancer in combination with ACE.

Methods A prospective population-based study including approximately 1.1 mio individuals was conducted using linked Danish registries that hold data on objective measures of ACEs and cancer incidences. Survival analyses were used to estimate relative risk of cancer among those with ACE and depression, compared to those without, while adjusting for relevant confounders.

Results This study will provide results on the relative risk of cancer after exposure to ACE compared to those without, as well as information on the combination of ACE and depression, sex differences, effect of timing and dose-response analyses.

Conclusion This preliminary study will help to further advance our understanding on how ACEs influence the risk of serious chronic diseases later in life, and the findings may contribute to understanding the etiology of cancer.

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

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EW422

Inflammatory markers in depressed pregnant womenS. Hergüner^{1,*}, H. Toy², E. Türen², H. Dülger³¹ Necmettin Erbakan University, Meram Faculty of Medicine, Department of Child and Adolescent Psychiatry, Konya, Turkey² Necmettin Erbakan University Meram Faculty of Medicine, Department of Gynecology, Konya, Turkey³ Necmettin Erbakan University, Meram Faculty of Medicine, Department of Biochemistry, Konya, Turkey

* Corresponding author.

Objectives In the literature, there are limited number of studies investigating the relation between depression and inflammatory markers, including cytokines TNF alfa, and IL-6. In this study, we aimed to examine the association between TNF alfa, and IL-6 levels and depression, and anxiety levels in pregnant women.

Methods The study group consisted of 145 pregnant women who were their first and singleton pregnancies during their 28–36 weeks of gestation without any chronic physical conditions. They fulfilled Edinburgh Postpartum Depression Scale (EPDS) and State Trait Anxiety Inventory (STAI). Their blood was taken after they completed the questionnaires and levels of TNF alfa, and IL-6 were examined.

Results The mean age of the participants were 23.2 ± 4.5 years and mean gestation week was 32.9 ± 2.7 . According to the EPDS score, we divided the group into 2, as probable depressive (≥ 12) and non-depressive (< 12). There were no difference between the two groups in terms of age, education, and gestational age. Women with depression had significantly higher TNF alfa, and IL-6 levels than non-depressive group.

Conclusion Our findings support that depression in pregnant women may be related with inflammatory process.

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

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EW423

Immunomodulatory role of paliperidone in the poly(I:C) model of schizophreniaK. MacDowell^{1,2,*}, E. Munarriz-Cueva^{2,3},D. Martín-Hernández^{1,2}, A. Sayd^{1,2}, B. García-Bueno^{1,2}, J. Meana^{2,3}¹ University Complutense of Madrid-School of Medicine, Pharmacology, Madrid, Spain² Centro de Investigación Biomédica en Red en el Área de Salud Mental, CIBERSAM, Madrid, Spain³ University of Basque Country UPV/EHU, Bizkaia, Department of Pharmacology, Bilbao, Spain

* Corresponding author.

Introduction Alterations on the innate inflammatory response may underlie the pathophysiology of psychiatric diseases, but the mechanisms implicated remain elusive. Current antipsychotics modulate pro/anti-inflammatory pathways, but the specific mechanisms involved remain elusive. One attractive possibility is the regulation of the intracellular signalling pathways of the innate immune receptors Toll-like 3 (TLR3), which triggers antiviral and inflammatory responses.

Aims To elucidate the regulatory role of paliperidone on maternal immune activation (MIA) induced alterations on TLR3 pathway and on the two emerging endogenous antiinflammatory/antioxidant mechanisms NRF2/antioxidant enzymes pathway and the cytokine milieu regulating M1/M2 polarization in microglia.

Methods Pregnant mice were treated with the synthetic Toll-like Receptor 3 (TLR3) agonist Poly(I:C) in gestational day 9 and chronically treated with paliperidone (0,05 mg/kg i.p.) in adult offspring.

Animals were sacrificed one day after treatment and behavioral test. Inflammation oxidative stress-related mediators were analysed at mRNA and protein level in prefrontal cortex samples. In addition, behavioral test t-maze was conducted.

Results Paliperidone prevented TLR3 pathway activation and the subsequent MIA-induced neuroinflammatory response. Also, paliperidone induced an increment in the activity and protein expression of nuclear NRF2, as well as increased mRNA levels of the antioxidant enzymes HO1, SOD and catalase in the MIA model. Otherwise, paliperidone increases the antiinflammatory cytokines levels TGF β and IL-10 in favour of a M2 microglia profile and increased the levels of the M2 cellular markers Arg1 and FOLR2.

Conclusions The modulation of neuroinflammation and enhancement of endogenous antioxidant/anti-inflammatory pathways by current and new antipsychotics could represent an interesting therapeutic strategy for the future.

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

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EW424

Psychosis among HIV-infected patients – a serious and complex associationM. Marinho^{1,*}, J. Marques^{2,3}, M. Bragança^{1,3}¹ São João Hospital Centre, Clinic of Psychiatry and Mental Health, Porto, Portugal² Local Healthcare Unit of Matosinhos, Clinic of Psychiatry, Porto, Portugal³ Faculty of Medicine of Porto University, Department of Clinical Neurosciences and Mental Health, Porto, Portugal

* Corresponding author.

Introduction Psychosis represents an uncommon but serious complication in the course of HIV infection, and always requires a careful differential diagnosis.

Objectives To provide an overview of psychosis in HIV-infected patients.

Methods Literature review based on PubMed/MEDLINE, using the keywords “HIV” and “psychosis”.

Results Psychosis in HIV-positive individuals can be divided into psychotic disorders predating HIV infection and new-onset psychotic disorders in HIV-seropositive patients. The pathophysiology of psychosis in this population is complex and a multifactorial etiology is likely in most instances. The authors will analyze them and describe the differences of psychopathological pattern in first-episode psychosis between HIV-positive and HIV-negative patients. Antipsychotic agents are the treatments of choice regardless of the underlying diagnosis. However, they should always be used at the lowest possible dose for the shortest possible duration. Increased sensitivity to extrapyramidal reactions, high risk for dyslipidemia and hyperglycemia, potential interactions between HAART and some antipsychotic agents are also important considerations. Importantly, psychosis may be a harbinger of dementia. Cross-sectional studies have also suggested that psychosis may adversely impact the morbidity and mortality associated with HIV-infection.

Conclusions Psychosis disorders may arise before or at any time during the course of HIV infection. A solid understanding of the complex relationship between psychosis and HIV allows for better evaluation and more effective treatment for psychotic individuals at risk for or infected with HIV. Thus, both HIV care programs and psychiatric care clinics should be made familiar with this important subject.

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

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EW425

Neuroleptic effect in aggressive mice after the transplantation of immune cells treated in vitro with chlorpromazine



E. Markova^{1,*}, M. Knyazheva¹, T. Shushpanova²

¹ State Research Institute of Fundamental and Clinical Immunology, Neuroimmunology Laboratory, Novosibirsk, Russia

² Mental Health Research Institute, Clinical neuroimmunology and neurobiology, Tomsk, Russia

* Corresponding author.

Introduction Existence of integration, mutual relations of nervous and immune systems, which cellular elements are characterized by expressed phenotype and functional similarity, means the possibility of immune cells participation in the regulation of higher nervous activity.

Objectives Previously, we demonstrated the possibility of targeted regulation of animal's behavior by the transplantation of immune cells with definite functional characteristics. Based on the our previous research results in the present study, we investigated the modulating effect of the immune cells, treated in vitro with chlorpromazine on the nervous and immune systems functional activity in aggressive mice.

Methods (CBA × C57Bl/6) F1 aggressive mice, exposed to 10-days chronic social stress, were undergoing the transplantation of immune cells in vitro treated with chlorpromazine. Animal's behavioral parameters, cytokines synthesis in the brain and immune cells before and after transplantation were estimated.

Results It was shown that aggression is associated with the increased production of spleen T-helper 1 cell-derived cytokines IL-2 and IFN γ , as well as decreased TNF α production by the spleen mononuclear phagocyte cells. These alterations were more pronounced following mitogen stimulation. Spleen cells, obtaining from aggressive mice, were treated in vitro with chlorpromazine and then injected intravenously into syngeneic aggressive recipients. The cell's transplantation led to the reduction of the recipient's motor activity in the "open field" and Porsolt swimming tests and normalized cytokines synthesis in the brain and immune cells.

Conclusion Research results demonstrated the neuroleptic effect in aggressive mice, obtained by the transplantation of immune cells treated in vitro with chlorpromazine.

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EW426

Impact of anti-inflammatory drugs on the risk of anxiety disorders after critical illness



C.R. Medici^{1,2,*}, S.D. Østergaard^{3,4}, H.T. Sørensen¹, C.F. Christiansen¹

¹ Aarhus University Hospital, Department of Clinical Epidemiology, Aarhus, Denmark

² Aarhus University Hospital, Psychiatric Research Academy, Department of Affective Disorders, Aarhus, Denmark

³ Aarhus University Hospital, Department of Clinical Medicine, Aarhus, Denmark

⁴ Aarhus University Hospital, Research Department P, Aarhus, Denmark

* Corresponding author.

Introduction Critical illness increases the risk of mental illness, including anxiety disorders. As critically ill patients exhibit high levels of inflammation and inflammation plays a role in mental illness, critical and mental illnesses may be linked by systemic inflammation.

Objective To investigate whether anti-inflammatory drugs reduce the risk of subsequent anxiety disorders among intensive care patients requiring mechanical ventilation.

Aims To assess the risk of anxiety disorders after intensive care requiring mechanical ventilation according to pre-admission use of non-steroidal anti-inflammatory drugs (NSAID), glucocorticoids, statins or combination. To compare risk in users with non-users.

Methods This nationwide, registry-based, cohort study includes all patients receiving mechanical ventilation in Danish intensive care units during 2005–2013. Preadmission use of NSAIDs, glucocorticoids, statins or combinations will be identified from filled prescriptions. Risk of anxiety disorders in users and non-users of these anti-inflammatory drugs will be estimated using the cumulative incidence method, accounting for death as a competing risk. After propensity-score matching, risk in users and non-users will be compared using hazard ratios from a Cox regression.

Results N/A. The estimated number of patients is 100,000. Expected preadmission use is 14% for statins, 15% for NSAIDs, and 10% for glucocorticoids. The study will have 95% power to detect a 10% decrease in risk between users and non-users.

Conclusions N/A. The study potentially will contribute knowledge about the pathogenesis of anxiety disorders and a mechanism linking critical illness and mental illnesses. If anti-inflammatory drugs reduce risk of anxiety disorders, this may guide trials.

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

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Psychopathology

EW427

Family functioning and individual psychopathology in a non-clinical general population



D. Adamis^{1,*}, I. Petmeza², G. McCarthy³, A. Tsampanli⁴

¹ Sligo Mental Health Services, Psychiatry, Sligo, Ireland

² National and Kapodistrian University of Athens, Early Childhood Education, Athens, Greece

³ Sligo Mental Health Services, Sligo Medical Academy, NUI Galway, Psychiatry, Sligo, Ireland

⁴ University of the Aegean, Clinical Psychology, Rhodes, Greece

* Corresponding author.

Introduction A family "constructs" an identity of its own derived from their assumptions about relationships and the social environment they live in. This identity transcends the individual while at the same time encourages individual differentiation. Family functioning is influenced from different factors like social context, qualitative characteristics, and from individual's medical or psychiatric condition.

Aims and objectives To examine the effects of sociodemographic factors and individual psychopathology on the function of family in a non-clinical sample.

Methods Cross-sectional study of participants and their families. The follow data collected:

- demographics (age, gender, occupation, education);
- description of the family (number of members, single parents family, adoption);
- history of mental or physical illnesses;
- Family Assessment Device (FAD);
- Symptom Checklist-90 (SCL-90).

Results The sample constituted of 151 families, (453 individuals), in 48 families, 2 family members participated, in 56 families, 3 members participated, in 46 families 4 members participated and

1 family had 5 members participating. One hundred ninety-four (42.8%) were children and 259 (57.2%) were parents. The mean age of the children was 23.62 (SD: 6.35) and 68 (35%) were males. Mean age of the parents was 51.4 (SD: 8.2) and 117 (45.2%) were males. SCL-90 identified 183 participants as caseness. Multilevel analysis showed that individual psychopathology (caseness) was the only statistical significant factor for family dysfunctioning.

Conclusion There is strong association between family dysfunction and psychopathology of a member. Dysfunctional families need further psychiatric evaluation of the members. Cause-effect cannot be concluded from this cross-sectional study.

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EW428

Subthreshold depression as a predictor of emergence and persistence of psychotic experiences: A six-year longitudinal population-based cohort

H. Elbi^{1,*}, T. Binbay², U. Kırılı¹, B. Kayahan¹, H. Onay³, F. Özkinay³, K. Alptekin²

¹ Ege University Faculty of Medicine, Department of Psychiatry, Izmir, Turkey

² Dokuz Eylül University Faculty of Medicine, Department of Psychiatry, Izmir, Turkey

³ Ege University Faculty of Medicine, Department of Medical Genetics, Izmir, Turkey

* Corresponding author.

Introduction Subthreshold depression is prevalent in general population and is associated with poorer quality of life, higher health care use and increased risk of mental disorders mainly depression.

Objectives Testing predictive impact of subthreshold depression on emergence and persistence of subclinical psychotic experiences. **Aims** To assess association between subthreshold depression and persistence of subclinical psychotic experiences in a 6-year follow-up of a representative general population sample.

Methods A longitudinal prospective cohort study (the TürkSch The Izmir Mental Health Survey for Gene-Environment in Psychoses) was conducted with a general population sample ($n = 4011$) from Izmir, Turkey, who were 15–64 years of age at baseline. Sociodemographic factors, subthreshold depression (based on responses to systematic screening questions of the relevant questions with having less than five symptoms or having symptoms less than two weeks or having non-interfering impairment due to symptoms), and measures of psychopathology (subclinical psychotic experiences) were assessed across two waves (T₁-2008 and T₂-2014; $n = 2192$) using the Composite International Diagnostic Interview.

Results Prevalence estimates of subthreshold depression at T₁ and persisted psychotic experiences were 4.2% and 8.3%, respectively. Subthreshold depression at T₁ was associated with persistence (OR = 1.6; 95% CI = 0.6–2.9) of psychotic experiences at T₂.

Conclusions Psychosis may be a poor outcome of subthreshold extended phenotypes in the general population with early expression of sets of symptoms blending from depressive, anxious and psychotic states. Assessing the early dynamics of symptoms that affect each other over time may facilitate the understanding of the dynamic circuit of early psychopathology.

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EW429

Thought overactivation as a marker of bipolar disorder

M. Ferrari^{1,*}, P. Ossola¹, V. Lucarini¹, V. Accardi¹, C. De Panfilis¹, M. Tonna², C. Marchesi¹

¹ University of Parma, Department of Neuroscience, Parma, Italy

² Local Health Agency, Mental Health Department, Parma, Italy

* Corresponding author.

Introduction Recent studies have underlined the importance of considering the form of thoughts, beyond their content, in order to achieve a better phenomenological comprehension of mental states in mood disorders. The subjective experience of thought overactivation is an important feature of mood disorders that could help in identifying, among patients with a depressive episode, those who belong to the bipolar spectrum.

Objectives Patients with a diagnosis of bipolar disorder (BD) were compared with matched healthy controls (HC) on a scale that evaluates thought overactivation.

Aims Validate the Italian version of a scale for thought overactivation (i.e. STOQ) in a sample of bipolar patients.

Methods Thirty euthymic BD and 30 HC completed the Subjective Thought Overactivation Questionnaire (STOQ), the Ruminative Responses Scale (RRS), the Beck Depression Inventory-II (BDI-II) and global functioning (VGF).

Results The 9-items version of the STOQ has been back translated and its internal consistency in this sample was satisfactory ($\alpha = .91$). Both the brooding subscore of RRS (b-RRS) ($r = .706$; $P < .001$) and STOQ ($r = .664$; $P < .001$) correlate significantly with depressive symptoms whereas only the first correlate with VGF ($r = -.801$; $P < .001$). The two groups did not differ in the b-RRS (HC = 8.41 vs BD = 9.72; $P = .21$), whereas BD were significantly higher in the STOQ total score (HC = 6.62 vs. BD = 14.9; $P = .007$).

Conclusion Our results, although limited by the small sample size, confirm the validity of the STOQ and suggest that this scale could grasp a feature characteristic of BD, independently from their tendency to ruminate. The latter seems to impact more on global functioning.

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EW430

Psychometric evaluation of a 33-item subset of MOODS-SR for distinguishing bipolar disorder

M. Ioannou^{1,*}, M. Dellepiane¹, A. Benvenuti², K. Feloukatzis¹, N. Skondra¹, S. Steingrimsson³

¹ University of Gothenburg, Institute of Medicine, Psykiatri Affektiva, Gothenburg, Sweden

² University of Pisa, Section of Psychiatry, Department of Clinical and Experimental Medicine, Pisa, Italy

³ University of Gothenburg, Centre of Ethics, Law and Mental Health CELAM, Gothenburg, Sweden

* Corresponding author.

Introduction The MOODS-SR is a self-report instrument consisting of 161 dichotomous items. It is designed to assess lifetime presence of mood spectrum psychopathology. Recently, it has been proposed that a subset of 33 items can be used to distinguishing bipolar disorder.

Aim To evaluate psychometric properties of a 33-item subset and to propose a clinically relevant cut-off for screening for bipolar disorder.

Methods Patients with mood disorders were recruited from outpatient services at Sahlgrenska University Hospital. Patients and a convenience sample of healthy controls were offered to fill in the



MOODS-SR. A post-hoc analysis was conducted for the 33-items subset of the MOODS-SR.

Results The subset showed high internal consistency (Cronbach $\alpha = 0.95$). The mean scores of patients with bipolar disorder (22.7 ± 6.4) were significantly higher than those of the unipolar (11.3 ± 4.9) and control group (7.0 ± 7.0 , $P < 0.005$). A significant correlation was found between YMRS ($r = 0.50$, $P < 0.005$) and the 33-item subset, but not with MADRS ($r = -0.22$, $P = 0.223$).

Conclusion The 33-item subset of MOODS-SR showed promising psychometric properties, including good known-group validity. It discriminated bipolar patients from unipolar patients and healthy subjects. The clinical usefulness of these findings needs further investigation.

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EW431

The frequency, type and impact of appearance comparisons on body dissatisfaction and disordered eating behaviours in women's daily lives

K. Drutschinin¹, M. Fuller-Tyszkiewicz², T. De Paoli¹, V. Lewis³, I. Krug^{4,*}

¹ University of Melbourne, Psychological Sciences, Melbourne, Australia

² Deakin University, Psychology, Melbourne, Australia

³ Canberra University, Psychology, Canberra, Australia

⁴ University of Melbourne, Psychology, Melbourne, Australia

* Corresponding author.

Objective To examine the impact of appearance comparison behaviours, trait body dissatisfaction and eating pathology on women's state body dissatisfaction and engagement in disordered eating behaviours in daily life.

Method Using ecological sampling method (ESM), 116 women residing in Australia, completed a baseline questionnaire containing the trait-based measures, before being signalled by an iPhone app six times daily, for seven days, to self-report on their recent appearance comparison behaviours, current state body dissatisfaction and recent disordered eating behaviours.

Results Multi-level modelling revealed that upward comparisons (comparisons against more attractive individuals) elicited increases in state body dissatisfaction ($\beta = 0.89$, $P < .001$) and disordered eating behaviours ($\beta = 0.29$, $P = .002$). Contrastingly, downward comparisons (comparisons against less attractive individuals) elicited decreases in state body dissatisfaction ($\beta = -0.31$, $P = .048$) and, unexpectedly, increases in disordered eating behaviours ($\beta = 0.46$, $P < .01$). The frequency of appearance comparison engagement, regardless of whether it was upward or downward comparisons, was also predictive of increased disordered eating behaviours ($\beta = 0.12$, $P < .001$). In addition, eating pathology and trait body dissatisfaction were directly associated with higher state body dissatisfaction, and increased in disordered eating behaviours (all $P < .001$).

Conclusion These findings highlight the general negative impact that appearance comparisons have on fluctuating states of body dissatisfaction and eating pathology, as well as illustrating how trait characteristics partially account for this volatility. These findings provide further information that may be used to inform eating disorder prevention and intervention efforts.

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

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EW432

Portuguese version of the Disgust Propensity and Sensitivity Scale-Revised: Preliminary data

J. Ferreira^{1,2}, S. Soares^{1,3}, P. Bem-Haja^{1,2}, L. Alho^{1,2}, M. Rocha¹, N. Madeira^{4,5,*}, C. Silva^{1,2}

¹ Center for Health Technology and Services Research CINTESIS-UA, Department of Education, University of Aveiro, Aveiro, Portugal

² Institute for Biomedical Imaging and Life Sciences IBILI, Psychology, Coimbra, Portugal

³ Karolinska Institutet, Department of Clinical Neuroscience, Division of Psychology, Solna, Sweden

⁴ Coimbra Hospital and University Centre, Psychiatry, Coimbra, Portugal

⁵ Faculty of Medicine, University of Coimbra, Psychological Medicine, Coimbra, Portugal

* Corresponding author.

Introduction Disgust propensity (DP) and disgust sensitivity (DS) contribute to individual differences in the experience of disgust. Studies have shown that DP and DS are predictive of some anxiety (e.g., spider phobia and blood-injection-injury phobia) and obsessive-compulsive and related disorders.

Aim The aim of this study was to develop and validate a Portuguese version of the Disgust Propensity and Sensitivity Scale-Revised (DPSS-R; van Overveld et al., 2006) for use in Portuguese-speaking populations.

Method Two hundred and six participants (162 females), with ages between 18 and 47 ($M = 25.92$; $SD = 8.75$), filled in the DPSS-R, which was first translated and adapted into Portuguese language by individuals highly proficient in English and then back-translated by a bilingual with no prior knowledge of the scale. Finally, the DPSS-R was subjected to a think-aloud procedure.

Results The results showed good internal consistency (Cronbach's $\alpha = .833$) for a DPSS-R. The two subscales displayed an adequate internal consistency ($DP_{Cronbach's\ \alpha} = .776$; $DS_{Cronbach's\ \alpha} = .790$). Test-retest analysis documented good intraclass correlation coefficient for the two subscales ($ICC_{Propensity} = .889$; $ICC_{Sensitivity} = .900$). We also confirmed the bifactorial structure using a confirmatory factor analysis, since we obtained appropriate values in all goodness of fit indices ($\chi^2/df = 1.906$; $CFI = .94$; $PCFI = .736$; $GFI = .93$; $PGFI = .607$; $RMSEA = .067$).

Conclusion DPSS-R obtained good psychometric properties and may therefore be proposed as a valid instrument to assess DS and DP in the Portuguese population. This instrument may provide an important contribute to study the development and maintenance of psychopathology associated with disgust.

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

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EW433

Mood instability and clinical outcomes in mental health disorders: A natural language processing (NLP) study

R. Patel^{1,*}, T. Lloyd¹, R. Jackson², M. Ball², H. Shetty³, M. Broadbent³, J.R. Geddes⁴, R. Stewart², P. McGuire¹, M. Taylor¹

¹ Institute of Psychiatry, Psychology and Neuroscience, Department of Psychosis Studies, London, United Kingdom

² Institute of Psychiatry, Psychology and Neuroscience, Department of Psychological Medicine, London, United Kingdom

³ South London and Maudsley NHS Foundation Trust, Biomedical Research Centre Nucleus, London, United Kingdom

⁴ University of Oxford, Department of Psychiatry, Oxford, United Kingdom

* Corresponding author.

Introduction Mood instability is an important problem but has received relatively little research attention. Natural language processing (NLP) is a novel method, which can be used to automatically extract clinical data from electronic health records (EHRs).

Aims To extract mood instability data from EHRs and investigate its impact on people with mental health disorders.

Methods Data on mood instability were extracted using NLP from 27,704 adults receiving care from the South London and Maudsley NHS Foundation Trust (SLaM) for affective, personality or psychotic disorders. These data were used to investigate the association of mood instability with different mental disorders and with hospitalisation and treatment outcomes.

Results Mood instability was documented in 12.1% of people included in the study. It was most frequently documented in people with bipolar disorder (22.6%), but was also common in personality disorder (17.8%) and schizophrenia (15.5%). It was associated with a greater number of days spent in hospital (B coefficient 18.5, 95% CI 12.1–24.8), greater frequency of hospitalisation (incidence rate ratio 1.95, 1.75–2.17), and an increased likelihood of prescription of antipsychotics (2.03, 1.75–2.35).

Conclusions Using NLP, it was possible to identify mood instability in a large number of people, which would otherwise not have been possible by manually reading clinical records. Mood instability occurs in a wide range of mental disorders. It is generally associated with poor clinical outcomes. These findings suggest that clinicians should screen for mood instability across all common mental health disorders. The data also highlight the utility of NLP for clinical research.

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

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EW434

Automatic attentional processing of faces with disease cues



S. Soares^{1,2}, A.C. Magalhães³, A.F. Oliveira³, B. Silva³, J. Dias³, M.J. Godinho³, S. Xavier^{4,*}, J. Ferreira^{3,5}

¹ Center for Health Technology and Services Research, University of Aveiro CINTESIS-UA, Department of Education, Aveiro, Portugal

² Karolinska Institutet, Department of Clinical Neuroscience, Division for Psychology, Sweden, Sweden

³ University of Aveiro, Department of Education, Aveiro, Portugal

⁴ University of Coimbra, Psychological Medicine, Coimbra, Portugal

⁵ Faculty of Medicine, University of Coimbra, Institute for Biomedical Imaging and Life Sciences IBILI, Coimbra, Portugal

* Corresponding author.

Introduction Stimuli that are relevant to our survival, especially those that signal the presence of a threat in the environment (e.g., threatening faces), automatically attract our attention.

Objective The same may be true for faces displaying subtle disease cues as they may signal danger of potential contamination and, hence, disease-avoidance behaviour, which was the focus of the present research.

Aim The present study investigated, for the first time to our knowledge, whether faces with disease cues (DF), compared to control stimuli (faces without such cues) (CF), interfered with the participants' performance in a letter discrimination task.

Method Eighty-six (44 women) university students volunteered to participate in a letter discrimination task where 240 DF and 240 CF were presented.

Results The results confirmed our hypothesis by showing that for DF, compared to CF, participants took longer to discriminate

the target letters. Moreover, the results from a further rating task showed that DF, compared to CF, were rated as significantly more disgusting and associated with disease, thus confirming our experimental manipulation and suggesting that disgust may be driving automatic attention to DF.

Conclusions Our findings provide important insights on the possible influence of exogenous attention to disease cues in social avoidance behaviour, which may have relevant implications in clinical disorders with disgust at its core.

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

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EW435

Sensory processing disorders, duration of current episode, and severity of side effects in major affective and anxiety disorders



G. Serafini^{1,*}, B. Engel-Yeger², G.H. Vazquez³, M. Pompili⁴, M. Amore¹

¹ S. Martino Hospital, University of Genoa, Neuroscience DINOGMI, Genoa, Italy

² Faculty of Social Welfare and Health Sciences, University of Haifa, Occupational Therapy, Haifa, Israel

³ Palermo University, Neuroscience, Buenos Aires, Argentina

⁴ Sant'Andrea Hospital, Sapienza University of Rome, Neuroscience, Rome, Italy

* Corresponding author.

Introduction Longer duration of untreated illness, longer duration of current episode, and severity of medication side effects may negatively influence the psychosocial functioning in major affective and anxiety disorders. Studies also suggested the involvement of sensory perception in emotional and psychopathological processes.

Objective The objective of this study is to investigate the nature of the association between duration of untreated illness, duration of current episode, and severity of medication side effects.

Aims The study is aimed to examine the relationship between sensory processing disorders (SPD), duration of untreated illness, duration of current illness episode, and the severity of side effects related to psychoactive medications.

Methods The sample included 178 participants with an age ranging from 17 to 85 years (mean = 53.84 ± 15.55); psychiatric diagnoses were as follows: unipolar major depressive disorder (MDD) (50%), bipolar disorder (BD) (33.7%), and anxiety disorders (16.3%). Subjects completed a socio-demographic questionnaire, the Udvalg for Kliniske Undersøgelser (UKU), and Adolescent/Adult Sensory Profile (AASP) questionnaire.

Results Longer duration of current episode correlated with greater registration of sensory input and lower avoidance from sensory input among unipolar patients, lower registration of sensory input, and higher tendency for sensory sensitivity/sensation avoidance among bipolar participants. In addition? longer duration of current episode correlated with lower sensory sensitivity/avoidance among anxiety participants, respectively. Mean UKU total scores were associated with lower sensory sensitivity among bipolar individuals as well.

Conclusions SPD expressed in either hypo-/hypersensitivity may be used to clinically characterize subjects with major affective and anxiety disorders.

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

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EW436

Dysfunctional meta-cognitive beliefs across psychopathology: A meta-analytic review



X. Sun*, S.H.W. So, C. Zhu, P.W.L. Leung

The Chinese University of Hong Kong, Department of Psychology, Hong Kong, China

* Corresponding author.

Introduction It is assumed that dysfunctional meta-cognitive beliefs about one's thoughts increase problematic appraisals and coping behaviors, which further contribute to the development of mental disorders (Wells and Matthews, 1994; Wells, 2000). Although this research interest originated around generalized anxiety disorder (GAD), recent studies have begun to examine similar meta-cognitive processes in other disorders. The majority of studies using Meta-cognitions Questionnaire (MCQ; Cartwright-Hatton & Wells, 1997) and its variants to assess meta-cognitive beliefs.

Objectives We conducted a meta-analysis to integrate empirical findings on group differences in meta-cognitive beliefs between healthy individuals and patients with various psychiatric disorders.

Methods We followed the PRISMA guideline (Liberati et al., 2009). A systematic literature search was conducted. We included studies that involved a diagnosed psychiatric group and healthy controls (aged 18 or above), reported group comparisons of metacognition, and were published during the period of 1990–27 August 2015. Effect sizes were computed.

Results A final set of 43 studies was included. Large combined effect sizes were found on each subdomain of the MCQ, indicating increased levels of dysfunctional meta-cognitive beliefs in patients. Subgroup analyses were carried out based on psychiatric diagnosis (i.e. psychosis, $n = 10$; GAD, $n = 7$; obsessive-compulsive disorder, OCD, $n = 15$; anorexia nervosa, $n = 5$). All patient groups were more dysfunctional on each subtype of meta-cognitive beliefs than controls. Effect size of U/D was particularly large for GAD, and that of CSC was particularly large for OCD.

Conclusions Dysfunctional meta-cognitive beliefs are evident across several psychiatric disorders, with specific types of beliefs being more marked in certain diagnoses.

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

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EW437

Catatonia in acute psychiatric patients

R. Takacs^{1,*}, M. Asztalos², G. Gazdag¹¹ Szent Istvan and Szent Laszlo Hospitals, Centre for Psychiatry and Addiction Medicine, Budapest, Hungary² Semmelweis University, School of Doctoral Studies, Budapest, Hungary

* Corresponding author.

Introduction Over the past years, catatonia received increasing attention. The concept of catatonia has been decoupled from schizophrenia and broadened.

Aim The aim of our prospective study was to determine the prevalence of catatonia in patients admitted to an acute psychiatric ward.

Material and methods We examined all patients acutely admitted to the Centre for Psychiatry and Addiction Medicine (CPAM) of Szent István and Szent László Hospitals, from 01/04/2015 to 31/07/2015. We used Bush Francis Catatonia Screening Instrument (BFCIS) for the assessment of catatonic signs. In case of presence of 2 or more symptoms on BFCIS, the severity of catatonia was rated with Bush Francis Catatonia Rating Scale (BFCRS). After detailed

clinical examination, we used Structured Clinical Interview for DSM-IV, Mini Mental State Examination and Clock Drawing Test in setting up a diagnose.

Results In the study period, altogether 338 patients were admitted to CPAM. Catatonia could be diagnosed in 8.55% of them, according to BFCRS and in case of 5.02% the diagnosis of catatonia could be set up according to DSM-5 diagnostic criteria. Female patients were present in 58.62%. The mean age was 57.62 years. Schizophrenia spectrum disorder was diagnose in 41.3%, dementia in 27.5%, affective disorder in 6.89%, alcohol, drug withdrawal syndrome, Down syndrome and mental retardation in 3.44% each, other organic disease in 10.34% of all catatonia cases.

Conclusion Catatonia can be present in a variety of psychiatric conditions. Its specific therapy gives a special importance to the recognition of this syndrome.

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

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Psychopharmacology and pharmacoeconomics

EW438

Hematological safety of olanzapine

A. Alageel^{1,*}, E. Gaffas²¹ Imam University, Psychiatry Dep., Riyadh, Kingdom of Saudi Arabia² Alamal Complex for Mental Health, Psychiatry Department, Riyadh, Kingdom of Saudi Arabia

* Corresponding author.

Introduction Olanzapine is an atypical antipsychotic medication, previously expected to be safe in terms of hematological side effects and an alternative choice to clozapine in patients who develop hematotoxicities. However, since olanzapine was introduced to the market, a lot of cases reports have been published revealing it could cause hematotoxicity. Some of them indicate that olanzapine induces agranulocytosis. Because of that, it raises the concerns about hematological safety of olanzapine.

Objective To date, no review discusses this topic specifically, so we conducted a systemic review to explore and address this issue.

Methods We searched Pubmed, Google Scholar, Ovid and Medline databases for articles between 1998 and 2015 that include keywords olanzapine, leukopenia, neutropenia, and agranulocytosis.

Results A total of 38 publications were identified. The case reports included patients aged 16 to 83 years. Doses ranged from 2.5 to 30 mg. After starting treatment, onset of hematotoxicity varied from the first day to 2–3 years, but most commonly within the first month. Also, olanzapine could induce leukopenia in patients who have never developed drug-related leukopenia.

Conclusion Among antipsychotic medications, olanzapine is the third leading cause of neutropenia and the second leading cause of atypical antipsychotic medication. Because of the small body of literature regarding the hematotoxic side effects of olanzapine, we encourage further research to understand the mechanism by which olanzapine causes granulocytopenia. The identification of risk factors could facilitate the development of new surveillance guidelines in patients taking olanzapine. We recommend that the guidelines of using and monitoring olanzapine need to be reconsidered.

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EW439

Utilization of psychotropic drugs in Europe: Why is Portugal such a particular case?



T. Alves-dos-Reis^{1,2,*}, M.A. Matias³

¹ Hospital do Espírito Santo de Évora, Psiquiatria e Saúde Mental, Évora, Portugal

² NOVA Medical School Faculdade Ciências Médicas, Mental Health, Lisbon, Portugal

³ Nova School of Business and Economics, Universidade Nova de Lisboa, Business and Economics, Lisbon, Portugal

* Corresponding author.

Introduction Psychotropic drugs are among the most utilized medications in Europe.

Objectives To perform an international comparison of the utilization trends of antidepressants, anxiolytics, hypnotics and sedatives (AHS).

Methods We used data from the Organization for Economic Cooperation and Development (OECD). We used the World Health Organization's Defined Daily Dosage (DDD) per 1000 inhabitants per day (DHD) methodology. We performed a general comparison between 14 European countries and a more detailed comparative analysis between Portugal, Italy, Spain and Germany. These countries were selected according to the following criteria: similar 12-month prevalence of mental health disorders, similar results for negative mental health (SF-36 questionnaire) and similar standardized death rates for suicide.

Results Portugal had the highest overall utilization of antidepressants and AHS in 2011, amounting to 110.7 DHD, and the highest increase in utilization of AHS (1.8%) from 2003 and 2011. Concerning antidepressants, Portugal had the third highest utilization of these drugs in 2011 (78.3 DHD). Regarding the more detailed comparative analysis, utilization of AHS was still significantly higher in Portugal. Considering antidepressants, Portugal experienced an increasing utilization, which grew by approximately 11.4% from 2003 and 2008. From 2009 onward the utilization increased but at a slower pace.

Conclusion The very high utilization of these drugs, especially of AHS, is a worrying fact since this might indicate an inadequate treatment choice for anxiety and depressive disorders. Further research is needed to better understand the relationship of these findings with regulations concerning utilization of psychotropic drugs and compliance with best medical practices between distinct European countries.

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

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EW440

Blonanserin augmentation in patients with schizophrenia – who is benefited from blonanserin augmentation?: An open-label, prospective, multicenter study



Y.S. Woo^{1,*}, J.E. Park², D.H. Kim³, I.K. Sohn², T.Y. Hwang⁴, Y.M. Park⁵, D.I. Jon⁶, J.H. Jeong⁷, B.H. Yoon⁸, W.M. Bahk¹

¹ Yeouido St. Mary's Hospital, psychiatry, Seoul, Republic of Korea

² Keyo Hospital, Keyo Medical Foundation, psychiatry, Uiwang, Republic of Korea

³ Chuncheon Sacred Heart Hospital, psychiatry, Chuncheon, Republic of Korea

⁴ Yong-in Mental Hospital, psychiatry, Yong-in, Republic of Korea

⁵ Ilsan Paik Hospital, psychiatry, Goyang, Republic of Korea

⁶ Sacred Heart Hospital, psychiatry, Anyang, Republic of Korea

⁷ St. Vincent's Hospital, psychiatry, Suwon, Republic of Korea

⁸ Naju National Hospital, psychiatry, Naju, Republic of Korea

* Corresponding author.

Introduction Evidences for antipsychotics augmentation for schizophrenic patients with suboptimal efficacy have been lacking although it has been widespread therapeutic strategy in clinical practice.

Objectives The purpose of this study was to investigate the efficacy and tolerability of blonanserin augmentation with an atypical antipsychotics (AAPs) in schizophrenic patients.

Methods A total of 100 patients with schizophrenia partially or completely unresponsive to treatment with an AAP recruited in this 12-week, open-label, non-comparative, multicenter study. Blonanserin was added to existing AAPs which were maintained during the study period. Efficacy was primarily evaluated using Positive and Negative Syndrome Scale (PANSS) at baseline, week 2, 4, 8, and 12. Predictors for PANSS response ($\geq 20\%$ reduction) was investigated.

Results The PANSS total score was significantly decreased at 12 weeks after blonanserin augmentation (-21.0 ± 18.1 , $F = 105.849$, $P < 0.001$). Response rate on PANSS at week 12 was 51.0%. Premature discontinuation was occurred in 17 patients (17.0%) and 4 patients among them discontinued the study due to adverse events. Nine patients experienced significant weight gain during the study. Response to blonanserin augmentation was associated with severe (PANSS > 85) baseline symptom (OR = 10.298, $P = 0.007$) and higher dose (> 600 mg/day of chlorpromazine equivalent dose) of existing AAPs (OR = 4.594, $P = 0.014$).

Conclusions Blonanserin augmentation improved psychiatric symptoms of schizophrenic patients in cases of partial or non-responsive to an AAP treatment with favorable tolerability. Patients with severe symptom despite treatment with higher dose of AAP were benefited from this augmentation. These results suggested that blonanserin augmentation could be an effective strategy for specific patients with schizophrenia.

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

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EW441

Nicotinic acetylcholine receptor antagonists for treatment-resistant depression: A meta-analysis



W.M. Bahk^{1,*}, Y.S. Woo¹, H.J. Seo¹, B.H. Yoon², D.I. Jon³, Y.J. Kwon⁴, K.H. Lee⁵, K.J. Min⁶, S.Y. Lee⁷, H.R. Wang¹

¹ Yeouido St. Mary's Hospital, psychiatry, Seoul, Republic of Korea

² Naju National Hospital, psychiatry, Seoul, Republic of Korea

³ Sacred Hospital-Hallym University, Psychiatry, Anyang, Republic of Korea

⁴ Soonchunghang University, psychiatry, Cheonan, Republic of Korea

⁵ Dongguk University, psychiatry, Gyeongju, Republic of Korea

⁶ Chung-Ang University, psychiatry, Seoul, Republic of Korea

⁷ Wonkwang University, psychiatry, Iksan, Republic of Korea

* Corresponding author.

Objective Emerging preclinical and clinical evidence suggests a potential role of nicotinic acetylcholine receptors in the pathophysiology of depression. Several clinical trials have investigated the efficacy of nicotinic acetylcholine receptor antagonists in treatment-resistant depression. We performed this meta-analysis to investigate whether nicotinic acetylcholine receptor antagonists significantly improve symptoms in patients with major depressive disorder who have an inadequate response to standard antidepressant therapy.

Methods A comprehensive literature search identified 6 randomized controlled trials. These 6 trials, which included 2067 participants, were pooled for this meta-analysis using a random-effects model.

Results Nicotinic acetylcholine receptor antagonists failed to show superior efficacy compared to placebo in terms of the mean change in the Montgomery-Asberg Depression Rating Scale (MADRS) score [mean difference = -0.12 (95% CI = -0.96 to 0.71); response rate (risk ratio [RR]) = 0.92 (95% CI = 0.83 to 1.02)]; and remission rate [RR] = 1.01 (95% CI = 0.83 to 1.23)].

Conclusion This meta-analysis failed to confirm preliminary positive evidence for the efficacy of nicotinic acetylcholine receptor antagonists in treatment-resistant depression. Further studies investigating the efficacy of various alternative treatment strategies for treatment-resistant depression will help clinicians to better understand and choose better treatment options for these populations.

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

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EW442

Efficacy and safety of generic escitalopram (Lexacure) in patients with major depressive disorder: A 6-week, multi-center, randomized, rater-blinded, escitalopram-comparative, non-inferiority study

J.H. Jeong¹, W.M. Bahk^{2,*}, Y.S. Woo², K.U. Lee³, M.D. Kim⁴, W. Kim⁵, J.C. Yang⁶, K.H. Lee⁷, S.Y. Lee⁸

¹ St. Vincent's Hospital, psychiatry, Suwon, Republic of Korea

² Yeouido St. Mary's Hospital, psychiatry, Seoul, Republic of Korea

³ Uijeongbu St. Mary's Hospital, psychiatry, Uijeongbu, Republic of Korea

⁴ College of Medicine, Jeju National University, psychiatry, Jeju, Republic of Korea

⁵ Seoul Paik Hospital, psychiatry, Seoul, Republic of Korea

⁶ Chonbuk National University Medical School, psychiatry, Jeonju, Republic of Korea

⁷ College of Medicine, Dongguk University, psychiatry, Seoul, Republic of Korea

⁸ Wonkwang University School of Medicine, psychiatry, Iksan, Republic of Korea

* Corresponding author.

Objectives The primary aim of this non-inferiority study was to investigate the clinical effectiveness and safety of generic escitalopram (Lexacure) versus branded escitalopram (Lexapro) for patients with major depressive disorder (MDD).

Methods The present study included 158 patients who were randomized (1:1) to receive a flexible dose of generic escitalopram ($n=78$) or branded escitalopram ($n=80$) over a 6-week single-blind treatment period. The clinical benefits in the two groups were evaluated using the Montgomery-Asberg Depression Rating Scale (MADRS), the 17-item Hamilton Depression Rating Scale (HDRS), the Clinical Global Impressions-Severity Scale (CGI-S), and the Clinical Global Impressions-Improvement Scale (CGI-I) at baseline, week 1, week 2, week 4, and week 6. The frequency of adverse events (AEs) was also assessed to determine safety at each follow-up visit.

Results At week 6, 28 patients (57.1%) in the generic escitalopram group and 35 patients (67.3%) in the branded escitalopram group had responded to treatment ($P=0.126$), and the remission rates (MADRS score: ≤ 10) were 42.9% ($n=21$) in generic escitalopram group and 53.8% ($n=28$) in the branded escitalopram group ($P=0.135$). The most frequently reported AEs were nausea (17.9%) in the generic escitalopram group and nausea (20.0%) in the branded escitalopram group.

Conclusions The present non-inferiority study demonstrated that generic escitalopram is a safe and effective initial treatment for patients with MDD and may also be considered as an additional therapeutic option for this population.

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

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EW443

Characteristics and treatment patterns of children and adolescents with attention-deficit/hyperactivity disorder in real-world practice settings

A. Joseph¹, K. Davis², M. Fridman³, P. Gustafsson^{4,*}, J. Quintero⁵, V. Sikirica⁶, T. Banaschewski⁷

¹ Shire, Global HEOR and Epidemiology, Zug, Switzerland

² RTI Health Solutions, Health Economics, Research Triangle Park, USA

³ AMF Consulting Inc., Health Economics, Los Angeles, USA

⁴ Linköping University, Department of Clinical and Experimental Medicine and Department of Child and Adolescent Psychiatry, Linköping, Sweden

⁵ Hosp. University Infanta Leonor, Psychiatry Department, Madrid, Spain

⁶ Shire, Global HEOR and Epidemiology, Wayne, USA

⁷ Central Institute of Mental Health, Department of Child and Adolescent Psychiatry and Psychotherapy, Mannheim, Germany

* Corresponding author.

Objective To document patient characteristics and treatment patterns in a real-world population diagnosed with attention-deficit/hyperactivity disorder (ADHD).

Methods This was a retrospective chart review of children/adolescents (6–17 years) diagnosed with ADHD in the UK, Germany and Netherlands who initiated stimulant monotherapy (SM), non-stimulant (atomoxetine) monotherapy (NSM) or polypharmacy (SM/NSM \pm SM/NSM or other psychotropics) on/after 1-1-2012. To facilitate descriptive comparisons, cohort quotas were imposed: $\sim 50\%$ SM; $\sim 25\%$ NSM; $\sim 25\%$ polypharmacy. Index date was first SM, NSM or polypharmacy treatment on/after 1-1-2012. Patients were required to have ≥ 6 months' pre-index (baseline) history and ≥ 12 months' post-index follow-up. Analyses were descriptive.

Results In total, 497 patients were included (mean [SD] age: 10.8 [2.9] years; 77% male); 65% (SM), 63% (NSM) and 83% (polypharmacy) had at least marked baseline ADHD severity based on Clinical Global Impressions scale ($P < 0.05$ SM/NSM vs polypharmacy). Ninety percent (SM), 75% (NSM) and 73% (polypharmacy) were pharmacotherapy naive at index (all $P < 0.10$); 61% (SM), 65% (NSM) and 72% (polypharmacy) received previous behavioural therapy. In SM patients, methylphenidate was predominant (most frequent brands: Concerta® [29%], Medikinet® [28%]); in polypharmacy patients, methylphenidate plus atomoxetine (22%) or other psychotropic (19%) was most common. Index therapy switch was common, particularly in polypharmacy patients (25%) ($P < 0.05$ vs SM [14%] and NSM [13%]). Switches were precipitated by poor response in 75% of cases overall.

Conclusions Polypharmacy patients generally presented a more complicated history (including higher ADHD severity) and treatment pathway versus monotherapy patients. Index therapy switches were commonplace and more frequent in polypharmacy patients, often due to poor response.

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

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EW444

Sexual side effects in patients treated with desvenlafaxine: An observational study in daily practice



B. Navarro^{1,*}, L. Perez¹, L. Erkoreka¹, A. Arroita², I. Perez³

¹ Red de Salud Mental de Bizkaia, CSM Barakaldo, Bilbao, Spain

² Re de Salud Mental de Bizkaia, CSM Barakaldo, Bilbao, Spain

³ Hospital Universitario Cruces, psiquiatría, Barakaldo, Spain

* Corresponding author.

Introduction Sexual function is important for patients' well-being but it is a common side effect of SSRI and SNRI, included desvenlafaxine.

Objectives and aims Evaluate incidence and characteristics of sexual dysfunction caused by desvenlafaxine in the clinical practice.

Methods One hundred and thirty-three patients with recently introduced desvenlafaxine treatment are recruited from Barakaldo and Uribe-Kosta Mental Health Centres in Biscay, Spain. UKU scale is administered to measure sexual side effects. Statistical analysis is performed using SPSS v.22.

Results Sexual dysfunction is observed in 5 patients (3.7%) at 50 and 100 mg/d (2 and 3 patients, respectively) desvenlafaxine doses. Two patients (1.5%) have experienced more than one sexual side effect. Regarding gender differences, the most frequent sexual dysfunctions are diminished sexual desire (5.5%) and erectile dysfunction (5.5%) in men and orgasmic dysfunction (1.2%) in women (*P*-values are 0.034; 0.034 and 0.408, respectively). Discontinuation is decided in 60% of patients.

Conclusions Desvenlafaxine has a well-tolerated sexual side effect profile in general population. There are some gender-related differences both in presentation and perception, as it has been described with other drugs, and this should be taken into account by prescribers.

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

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EW445

The novel antipsychotic cariprazine (RGH-188): State-of-the-art in the treatment of psychiatric disorders



L. Orsolini^{1,2,3,4,*}, A. Valchera^{4,5}, D. De Berardis^{4,6,7}, R. Vecchiotti^{1,2,4}, F. Iasevoli⁸

¹ Villa San Giuseppe Hospital, Hermanas Hospitalarias, Department of Psychiatry, Ascoli Piceno, Italy

² Maastricht University, Department of Psychiatry and Neuropsychology, Maastricht, Italy

³ University of Hertfordshire, Department of Pharmacy, School of Life and Medical Sciences, Hatfield, United Kingdom

⁴ Polyedra, Polyedra Research, Teramo, Italy

⁵ Villa San Giuseppe Hospital, Heramanas Hospitalarias, Department of Psychiatry, Ascoli Piceno, Italy

⁶ Hospital "G. Mazzini", ASL 4, NHS, Department of Mental Health, Psychiatric Service of Diagnosis and Treatment, Teramo, Italy

⁷ University of "G. D'Annunzio", Department of Neuroscience, Imaging and Clinical Science, Chieti, Italy

⁸ Laboratory of Molecular Psychiatry and Psychopharmacotherapeutics, Section of Psychiatry, Department of Neuroscience, University School of Medicine "Federico II", Naples, Italy

* Corresponding author.

Introduction Cariprazine (RGH-188) is a novel antipsychotic drug that exerts partial agonism of dopamine D₂/D₃ receptors with preferential binding to D₃ receptor, antagonism of 5HT_{2B} receptors and partial agonism of 5HT_{1A}. Currently, cariprazine is in late-stage clinical development (phase III clinical trials) in patients with schizophrenia (S) and in patients with bipolar disorder (BD), as

well as an adjunctive treatment in patients with Major Depressive Disorder (MDD) and drug-resistant MDD.

Objectives Cariprazine has completed phase III trials for the acute treatment of schizophrenia and bipolar mania, phase II trials for the bipolar depression and MDD whilst it is undergoing phase III trials as an adjunct to antidepressants.

Aims The present review aims at proving a comprehensive summary of the current evidence on the safety, tolerability and efficacy of cariprazine in the treatment of schizophrenia, BD (manic/mixed/depressive episode) and MDD.

Methods A systematic search was conducted on PubMed/Medline/Scopus and the database on Clinical Trials from inception until April 2015 by typing a set of specified keywords.

Results Available evidence seems to support cariprazine efficacy in the treatment of cognitive and negative symptoms of schizophrenia. Preliminary findings suggest its antimanic activity whilst it is still under investigation its efficacy in the treatment of bipolar depression and MDD. Furthermore, the available data seems not to allow judgements about its antipsychotic potential in comparison with currently prescribed antipsychotics.

Conclusions Further studies should be carried out to better investigate its pharmacodynamic and clinical potential, particularly as alternative to current antipsychotic drugs.

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

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EW446

Use of inhaled loxapine in acute psychiatric agitation



S. Ovejero^{1,*}, M. Iza¹, S. Vallejo¹, C. Vera¹, A. Sedano¹, R. Álvarez², L. Mata¹, S. Sánchez-Alonso¹

¹ Hospital Universitario Fundación Jiménez Díaz, Psychiatry, Madrid, Spain

² Hospital Universitario Rey Juan Carlos, Psychiatry, Móstoles, Spain

* Corresponding author.

Objectives The aim of this work is to study the efficacy of loxapine inhalation powder on agitated patients in a psychiatric inpatient unit.

Methods Nineteen patients sample, with an average age of 39.4 years old, diagnosed with schizophrenia, bipolar disorder or schizoaffective disorder. Patients inhaled loxapine 10 mg, using the staccato system, when they suffered a psychomotor agitation. The clinical efficacy was measured as a change from baseline in the Positive and Negative Syndrome Scale-Excited Component (PANSS-EC) and in the Young Mania Rating Scale (YMRS) one hour after the administration of loxapine.

Results A mean of 9.8 points reduction (22.6 at baseline and 12.7 one hour after the administration) was found on the PANSS-EC (*t*-test, *P* < .001) and 68.4% of the patients were considered responders as they obtained a reduction of at least 40% of the basal score. On 10 of the total of the agitated patients showed an improvement of the psychomotor excitement, and this allowed the clinicians to remove the physical restraint; on 6 of the agitated patients the physical restraint could be avoided during the whole treatment; and 3 of the patients experienced a reduction of the excitement. The reduction on PANSS-EC on the latest group was not statistically significant (*t*-test, *P* = .121).

Conclusions Inhaled loxapine was a non-invasive, rapid and effective alternative treatment for acute agitation in a psychiatric inpatient unit. It resulted more effective on mild and moderate cases; not been significantly effective on the severe cases of agitation.

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

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EW447

Which antidepressants are associated with increased risk of developing mania? A retrospective electronic case register cohort study



R. Patel^{1,*}, P. Reiss¹, H. Shetty², M. Broadbent², R. Stewart³, P. McGuire¹, M. Taylor¹

¹ Institute of Psychiatry, Psychology and Neuroscience, Department of Psychosis Studies, London, United Kingdom

² South London and Maudsley NHS Foundation Trust, Biomedical Research Centre Nucleus, London, United Kingdom

³ Institute of Psychiatry, Psychology and Neuroscience, Department of Psychological Medicine, London, United Kingdom

* Corresponding author.

Introduction The symptoms of bipolar disorder are sometimes misrecognised for unipolar depression and inappropriately treated with antidepressants. This may be associated with increased risk of developing mania. However, the extent to which this depends on what type of antidepressant is prescribed remains unclear.

Aims To investigate the association between different classes of antidepressants and subsequent onset of mania/bipolar disorder in a real-world clinical setting.

Methods Data on prior antidepressant therapy were extracted from 21,012 adults with unipolar depression receiving care from the South London and Maudsley NHS Foundation Trust (SLaM). Multivariable Cox regression analysis (with age and gender as covariates) was used to investigate the association of antidepressant therapy with risk of developing mania/bipolar disorder.

Results In total, 91,110 person-years of follow-up data were analysed (mean follow-up: 4.3 years). The overall incidence rate of mania/bipolar disorder was 10.9 per 1000 person-years. The peak incidence of mania/bipolar disorder was seen in patients aged between 26 and 35 years (12.3 per 1000 person-years). The most frequently prescribed antidepressants were SSRIs (35.5%), mirtazapine (9.4%), venlafaxine (5.6%) and TCAs (4.7%). Prior antidepressant treatment was associated with an increased incidence of mania/bipolar disorder ranging from 13.1 to 19.1 per 1000 person-years. Multivariable analysis indicated a significant association with SSRIs (hazard ratio 1.34, 95% CI 1.18–1.52) and venlafaxine (1.35, 1.07–1.70).

Conclusions In people with unipolar depression, antidepressant treatment is associated with an increased risk of subsequent mania/bipolar disorder. These findings highlight the importance of considering risk factors for mania when treating people with depression.

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

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EW448

Characterization of agomelatine-induced liver injury, incidence and risk factors: A pooled analysis of 7605 treated patients



G. Perlemuter^{1,*}, P. Cacoub², D. Valla³, D. Guyader⁴, B. Saba⁵, C. Batailler⁵, K. Moore⁶

¹ Antoine-Béclère Hospital, Assistance publique–Hôpitaux de Paris, Hepato-gastroenterology, Clamart, France

² Groupe hospitalier Pitié-Salpêtrière, Internal medicine and clinical immunology, Paris, France

³ Hôpital Beaujon, Hepatology, Clichy, France

⁴ CHU de Rennes, Liver disease unit and National reference center for rare iron overload diseases of genetic origin, Rennes, France

⁵ Institut de Recherches Internationales Servier, Neuropsychiatrie, Suresnes, France

⁶ Royal Free Campus, University College London, UCL Institute of Liver and Digestive Health, London, United Kingdom

* Corresponding author.

Introduction/objective The hepatic safety of agomelatine was assessed in 49 phase II and III studies. The aim was to analyze the characteristics of patients who developed an increase in transaminases whilst taking agomelatine.

Method A retrospective pooled analysis of changes in serum transaminase in 7605 patients treated with agomelatine (25 mg or 50 mg/day) from 49 completed studies was undertaken. A significant increase in serum transaminase was defined as >3-fold the upper limit of normal (>3 ULN). Final causality was determined in a case-by-case review by five academic experts.

Results Transaminase increased to >3 ULN in 1.3% and 2.5% of patients treated with 25 mg and 50 mg of agomelatine respectively, compared to 0.5% for placebo. The onset of increased transaminases occurred at <12 weeks in 64% of patients. The median time to recovery (to ≤2 ULN) was 14 days following treatment withdrawal. Liver function tests recovered in 36.1% patients despite the continuation of agomelatine, suggesting the presence of a liver adaptive mechanism. Patients with elevated transaminases at baseline, secondary to obesity and fatty liver disease (NAFLD), had an equally increased risk of developing further elevations of transaminases with agomelatine and placebo. This reflects the widespread fluctuations of serum transaminases in patients with NAFLD.

Conclusions The overall incidence of abnormal transaminases was low and dose dependent. No specific population was identified regarding potential risk factors. Withdrawal of agomelatine led to rapid recovery, and some patients exhibited an adaptive phenomenon. The liver profile of agomelatine seems safe when serum transaminases are monitored.

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

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EW449

Hospital admissions and direct costs: A comparative study between paliperidone palmitate and oral antipsychotics



A. Soler Iborte^{1,*}, S. Galiano Rus², J.A. Ruíz Sánchez³

¹ Servicio Andaluz de Salud, UGC Jaén Norte, Unidad de Salud Mental Comunitaria de Linares, Linares, Jaén, Spain

² Servicio Andaluz de Salud, UGC Jaén Norte, Hospital San Juan de la Cruz, Úbeda, Jaén, Spain

³ Servicio Andaluz de Salud, UGC Jaén Norte, Unidad de Salud Mental Comunitaria Úbeda, Úbeda, Jaén, Spain

* Corresponding author.

Introduction The total costs of schizophrenia increased to 2576 million Euros in 2013 in Spain, or 2.7% of the annual cost of health services. The hospitalizations, along with other intermediate resources, such as Day Hospital, etc., significantly contribute to the increase of economic burden. In Spain, the average hospital stay of schizophrenic patients is 18.24 days, totalling to an average cost of 6,753 Euros/patient (370.23 Euros/patient/day).

Material and methods The sample selected included patients from both sexes, aged between 18 and 65 years old, with diagnostic criteria of schizophrenia (according to DSM-IV and ICD-10), admitted in the Mental Health Hospital Unit (MHHU), Úbeda between 2012 and 2013, with registered visits of at least 2 outpatient visits or 1 hospitalization related to the schizophrenia diagnosis ($n = 48$).

Results After the start of treatment with the injectable antipsychotic drug of prolonged duration, the number of patients that required hospitalization for any psychiatric motive went from 24 patients (49.7%) to 11 patients (22.4%; $P < 0.001$). The patients who started treatment with PAP during hospitalization had an average

stay of 15.7 days, as compared to 18.24 days of average hospital stay due to schizophrenia in Spain. The direct costs of hospitalization stays due to psychiatric reasons decreased from 162,071.88 Euros to 74,282.95 Euros ($P < 0.001$).

Conclusions This observational study shows us that the treatment with PAP reduced the average length of the hospital stay, and resulted in a decreased percentage of re-admissions as compared to oral treatments for schizophrenia. These data led to savings of more than 50% of the direct costs of hospitalization.

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

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EW450

Hyperuricemia in children and adolescents with autism spectrum disorders treated with risperidone: The risk factors for metabolic adverse effect

C. Sukasem*, N. Vanwong

Faculty of Medicine Ramathibodi hospital, Pathology, Bangkok, Thailand

* Corresponding author.

Introduction The prevalence of hyperuricemia in ASDs pediatric patients including the association of serum uric acid and metabolic adverse effect in ASDs pediatric patients treated with risperidone have never been examined.

Objective To determine the prevalence of hyperuricemia in ASD pediatric patients treated with risperidone and the relationships between serum uric acid level and risk factor components of metabolic syndrome.

Methods This cross-sectional study recruited 127 Thai ASDs children and adolescents, which age 3–20 years and had received risperidone for more than 4 weeks. The condition of hyperuricemia was defined as a high level of uric acid in the blood > 5.5 mg/dL.

Results Hyperuricemia was observed in 73 of 127 (57.48%) subjects. Serum uric acid level were statistically significant positively associated with age, risperidone dose, duration of treatment, BMI, waist circumference, triglycerides (TG), TG/HDL cholesterol ratio, insulin, homeostatic model assessment index (HOMA-IR), leptin, and high-sensitivity CRP (hs-CRP). Furthermore, serum uric acid was statistically significant negatively associated with HDL cholesterol and adiponectin level. In multiple regression, only age, BMI, TG/HDL-C, and adiponectin level remained significant associated with serum uric acid level ($P < 0.0001$).

Conclusions High level of serum uric acid related with adolescence. Serum uric acid level correlated with most of the risk factors of metabolic syndrome, except blood glucose and LDL-C levels. The information might encourage the clinicians for aware to the possible consequences of hyperuricemia, in order to verify possible complications of early metabolic syndrome in ASDs pediatric treated with risperidone.

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

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EW451

Development and validation of liquid chromatography/tandem mass spectrometry analysis for therapeutic drug monitoring of risperidone and 9-hydroxyrisperidone in pediatric patients with autism spectrum disorders



C. Sukasem*, S. Prommas

Faculty of medicine Ramathibodi hospital, pathology, Bangkok, Thailand

* Corresponding author.

Objectives The sensitive, accurate and specific LC-MS/MS method, which a small-volume injection has been developed and validated for simultaneous quantification of RIS and 9-OH-RIS plasma concentrations in ASD pediatric patients.

Methods Plasma samples were extracted by using the protein precipitation extraction technique and were separated on an Agilent, USA C18 column (4.6 cm \times 50 mm; 1.8 μ m particle size). Detection was by MS-MS with an analytical run time of 6 minutes.

Results The recoveries were in the range of 95.01–112.62% for RIS and 90.27–114.00% for 9-OH-RIS. The method was applied in the therapeutic drug monitoring (TDM) of ASD pediatric patients treated with oral RIS. This study was to investigate the relationship between RIS dosages with RIS plasma levels including to investigate the correlations between RIS plasma levels and serum prolactin levels in ASD pediatric patients. Risperidone doses were significantly positively related with the concentration of RIS, 9-OH-RIS and active moiety. Moreover, the result indicates that the higher concentrations of RIS and its metabolite have a tendency to produce prolactin elevations than the lower RIS concentrations.

Conclusion The determination of RIS and its metabolites in individual patient could be clinically useful for prediction and monitoring of treatment response to RIS. Therefore, we recommend the determination of RIS and its metabolites as part of an ongoing study in which routinely monitored for compliance and to adjust the RIS dose to achieve the optimum clinical outcome as well as to aware of the adverse drug reaction.

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

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EW452

9-hydroxyrisperidone induced hyperprolactinemia in Thai children and adolescents with autism spectrum disorder

C. Sukasem*, M. Chamnanphon

Faculty of medicine Ramathibodi hospital, pathology, Bangkok, Thailand

* Corresponding author.

Introduction Although our previous study has revealed association between prolactin level and risperidone dosage, data on plasma drug concentration of risperidone therapy was lacking.

Objectives Therefore, the aim of this study was to investigate the association between plasma drug concentrations of risperidone and serum prolactin level in Thai children and adolescent with autism spectrum disorders (ASD).

Methods The subjects were 103 children and adolescent with ASD (90 males and 13 females). Blood sample were collected 12 hours after the last drug administration. Serum prolactin levels, plasma risperidone and 9-hydroxyrisperidone level were measured. The clinical data of patients collected from medical records—age, weight, height, body mass index, dose of risperidone, and duration of treatment—were recorded.

Results Serum prolactin level was significantly positively correlated with plasma 9-hydroxyrisperidone levels ($r_s = 0.355$, $P < 0.001$). The median of 9-hydroxyrisperidone level in group of hyperprolactinemia (7.59 ng/mL IQR; 4.86–15.55) significantly higher than non-hyperprolactinemia (5.18 ng/mL; IQR 2.10–8.99) after risperidone treatment ($P = 0.006$).

Conclusion The results of this study showed that serum prolactin levels, especially autism with hyperprolactinemia during risperidone treatment, were significantly correlated with level of the



9-hydroxyrisperidone. These results propose that hyperprolactinemia may develop during risperidone treatment.

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

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EW453

Efficacy and safety of long-term cabergoline treatment of antipsychotic-induced hyperprolactinemia (naturalistic study)



O. Yunilaynen^{1,*}, E. Starostina², L. Dzeranova¹, P. Baranov³, I. Dedov⁴

¹ National research center for endocrinology, neuroendocrinology, Moscow, Russia

² Moscow regional clinical & research institute MONIKI, endocrinology, Moscow, Russia

³ Russian medical academy of post-graduate training, psychiatry, Moscow, Russia

⁴ National research center for endocrinology, diabetes center, Moscow, Russia

* Corresponding author.

Introduction Antipsychotic-induced hyperprolactinemia (AIH) is associated with disturbing clinical symptoms, such as sexual dysfunctions, menstrual disorders and galactorrhea. Long-term studies of dopamine agonists in AIH are scarce.

Objectives To assess efficacy and safety of cabergoline use in psychiatric patients with AIH, including impact on sexual function and quality of life (QoL).

Methods It was an open-labeled non-randomized naturalistic prospective comparison of cabergoline vs no treatment in 84 chronic psychiatric patients (F/M=77/7) with AIH. Cabergoline treatment was started in 44 patients, the control group included 40 patients who rejected the treatment with cabergoline. For assessment of QoL, sexual dysfunction and other hyperprolactinemia symptoms, UKU side effects rating scale (UKU) and SF-36 were used.

Results The main and control groups were comparable on all main clinical and psychiatric characteristics. The effective cabergoline dose was 0,25-3 (median-0,5) mg weekly; total cabergoline exposure-534 patient-weeks. Normal prolactin levels were achieved after 4-44 (median-14) weeks in 95% of patients. At 3 months after cabergoline discontinuation, prolactin remained normal in 71%, and AIH recurred in 29% of patients. Prolactin normalization was associated with significant reduction of menstrual disorders, galactorrhea, improvement of UKU scores on sexual desire, orgasmic dysfunction, total UKU score and SF-36 scores on subscales of social functioning ($P=0,006$), role-emotional ($P=0,042$), and mental health ($P=0,049$). The rate of psychosis exacerbation in control group was higher than in the treatment group (37,5% vs 0%; $P<0,001$).

Conclusions Cabergoline is effective and safe in majority of AIH patients. Long-term cabergoline treatment is not associated with psychosis exacerbation. Beyond reversal of typical AIH symptoms, treatment with cabergolin improves sexual function and QoL.

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

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Psychosurgery and stimulation methods (ECT, TMS, VNS, DBS)

EW454

Electroconvulsive therapy in elderly - a preliminary study



C. Agostinho*, M. Duarte, R. Alves, I. Cunha, A.M. Batista
Centro hospitalar psiquiátrico de Lisboa, Lisboa, Portugal

* Corresponding author.

Introduction Studies with electroconvulsive therapy (ECT) in elderly focus mainly on the assessment of possible side effects on the cognitive functioning; there are few studies that evaluate the effectiveness.

Objective Evaluate the effectiveness of this treatment in the population over 65 years.

Aims Perform a preliminary study to evaluate the response to ECT of ≥ 65 years patients with depression.

Methods We carry out a descriptive study based on patients treated in the last 10 years in the ECT Unit of Centro Hospitalar Psiquiátrico de Lisboa.

Results Our initial sample consisted of 457 patients. We select patients aged ≥ 65 years with depression, and with complete data, including electroconvulsive parameters, and initial and final Hamilton Rating Scale for Depression (HRSD) scores ($n=59$). Of this, 81.36% ($n=48$) had unipolar depression, and 18.64% ($n=11$) had bipolar depression. In the first group, the mean variation between the initial and final scores in HRSD was 13.88 points, and 27.10% ($n=13$) of the patients ended the treatment in the normal range of HRSD score. In the second group, the mean variation was 12.82, and 63.60% ($n=7$) ended the treatment in the normal range of HRSD. Considering the initial and final HRSD scores, it appears that unipolar depression group presents higher values (severe depression) ($P<0.05$). When we compare the mean variation between the initial and final HRSD scores, we didn't observe a statistically significant difference between the two groups. There was a clinical improvement in both.

Conclusions The acute treatment with ECT appears to improve depressive symptoms in bipolar and unipolar depression, when considering an elderly population.

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

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EW455

Knowledge and attitude toward repetitive transcranial magnetic stimulation (rTMS) among psychiatrists in Saudi Arabia



A. Alhadi^{1,2,*}, A. AlShiban³, M. Alomar³, O. Aljadoa³,
A. AlSayegh³, M. Jameel³

¹ King Saud university, department of psychiatry, Riyadh, Kingdom of Saudi Arabia

² King Saud university, SABIC psychological health research & applications chair SPHRAC, Riyadh, Kingdom of Saudi Arabia

³ King Saud university, college of medicine, Riyadh, Kingdom of Saudi Arabia

* Corresponding author.

Introduction Repetitive transcranial magnetic stimulation (rTMS) is a new treatment, used for different psychotic disorders mainly depression.

Objectives Assessing knowledge and attitude toward rTMS among psychiatrists in Saudi Arabia, and determining factors affecting that.

Aims To ensure that psychiatrists have sufficient knowledge regarding rTMS. A good knowledge will most likely have a positive impact on their attitude.

Methods Cross-sectional study was conducted through an online survey. The study population is all psychiatrists in Saudi Arabia. A new valid and reliable questionnaire was developed.

Results Sample of 96 psychiatrists enrolled in the study, 81% were males. Participant's mean age was 37 years. Half of participants were consultants. The sample mainly consists of general psychiatrists (65%). The study showed that 80% of psychiatrists have an efficient knowledge about rTMS. Consultants have higher knowledge than residents do. Abroad training has no association with the level of knowledge or attitude. Seventy-nine percent of psychiatrists have a positive attitude toward rTMS. Only 53% of psychiatrists agreed to receive (rTMS) in case they were in a psychotic depressive condition. Minority (7%) of psychiatrists would not refer their patients for rTMS.

Conclusion Most of psychiatrists have a good knowledge and a positive attitude toward rTMS. Those who have high level of training and experience show higher level of knowledge. Articles are found to be a better source for updating knowledge. Having an rTMS treated person in the family or relatives will positively affect the psychiatrist's attitude.

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

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EW456

Changes in symptom severity and biochemical markers of brain injury in patients with treatment-resistant schizophrenia

N. Petrova^{1,*}, M. Dorofeikova¹, V. Dorofeykov², M. Ivanov³, D. Zubov³

¹ Saint Petersburg State university, medical faculty, Saint-Petersburg, Russia

² D.O. Ott research institute of obstetrics - gynecology and reproductive technology, laboratory of biochemistry, Saint-Petersburg, Russia

³ Saint-Petersburg V.M. Bekhterev psychoneurological research institute, department of biological therapy, Saint-Petersburg, Russia

* Corresponding author.

One of the major problems of the methodology of translational research is to find biomarkers that serve as indicators of treatment response.

The aim was to study the dynamics of biochemical markers in the process of combined antipsychotics and electroconvulsive therapy. **Material and methods** Present study was conducted in 34 patients with treatment-resistant schizophrenia (31.6 ± 9.4 years old) that underwent combined ECT (10 ECTs on average) and pharmacological treatment. The assessment included PANSS and determination of NSE and S100B protein concentrations using automated immunochemical analyzer "Elecsys 2010". Blood samples were obtained before the beginning of ECT, 24 hours after the third and sixth ECTs.

Results Average reduction of PANSS score was 29,1%, >20% for 85% of patients. There were no significant differences in NSE and S100B concentrations at different stages of treatment. This result is consistent with data on the safety of ECT from the point of view of the integrity of cells. There were found statistically significant differences between S100B concentration in women and men (60 ± 18 and 43 ± 23 ng/L, respectively, $P = 0.029$) and a trend of increase in S100 levels with the increase of disease duration ($r = 0.372$, $P = 0.062$). Serum S100B concentrations at baseline negatively correlated with positive and negative symptoms severity and with PANSS composite score. No correlation between treatment efficiency and biochemical markers' levels was found.



Conclusion Combined antipsychotic and electroconvulsive therapy was effective for treatment-resistant schizophrenic patients and did not induce nerve cells damage. Initial symptom severity was correlated with S100B levels.

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

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EW457

ECT-treatment in Western Norway; first data from the Regional register of neurostimulation treatment

U. Kessler^{1,*}, H. Schoeyen²

¹ Haukeland university hospital, clinic for psychosomatic medicine, Bergen, Norway

² Stavanger university hospital, department of psychiatry, Stavangerno, Norway

* Corresponding author.

Introduction Electroconvulsive therapy (ECT) is one of the most polarizing treatments in medicine. Although the treatment effect is well documented in clinical studies, there is a lack of data regarding patients treated in an ordinary clinical setting. In 2013, we established a regional register of neurostimulation treatment in Western Norway.

Objectives To describe the use of ECT at the Haukeland university hospital in Bergen.

Methods Patients treated with ECT between June 2013 and June 2015 were included in the register.

Results One hundred and forty-seven patients received ECT during the 2 years period. The mean age was 58.4 years (22–91 years), 67% were female. Half of the patients (49.7%) had been treated with ECT previously. Indication for treatment was depression in 137 patients (93.2%), of which 29 (19.7%) were moderately, and 69 patients (46.9%) severely depressed, and additional 37 patients (25.2%) presented with severe depression with psychotic features. All but two patients were treated with right unilateral electrode placement, with a mean of 9.7 (3–22) treatments.

The mean MADRS before treatment was 34.2 (4–56) and after treatment 11.9 (0–39). One hundred and ten patients (74.8%) responded to treatment; of which 89 (60.5%) remitted (response defined as a 50% or greater decrease from MADRS baseline score, remission defined as MADRS ≤ 12). Twenty patients (13%) continued with continuation or maintenance ECT after the index series.

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

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EW458

Repetitive transcranial magnetic stimulation (rTMS) for the management of treatment-resistant depression in schizophrenia

S. Mosolov*, N. Maslenikov, E. Tsukarzi

Moscow research institute of psychiatry, therapy of mental disorders, Moscow, Russia

* Corresponding author.

Introduction Depression is the most common co-occurring syndrome in schizophrenia, which affects up to 60% of patients. Depression aggravates negative symptoms and cognitive deficit and can deteriorate social functioning, quality of life and outcome of the disease. Insufficient clinical response to adequate pharmacotherapy determines rising interest to brain stimulation techniques such as rTMS.



Objectives The primary goal was to evaluate safety and efficacy of rTMS in treatment-resistant schizophrenia patients with dominant depressive and negative symptoms in open non-controlled trial.

Aims and patients Thirty-one schizophrenia (ICD-10) patients with evident depression (CDSS ≥ 6) and negative symptoms and with stable low rate positive symptoms on combined adequate pharmacotherapy (antipsychotic + antidepressant), which have not been changed for at least 6 weeks, were included to the study.

Methods All patients received 15-Hz rTMS on the left dorsolateral prefrontal cortex (100% intensity, 1800 pulses per session, 5 sessions per week, 15 sessions per course) with 8-shaped coil of Neuro-MS/D stimulator (Neurosoft). The primary efficacy measure was 50% CDSS score reduction after the 3rd week of treatment. The secondary measures were weekly reduction rates for CDSS and for PANSS negative syndrome scale.

Results Twenty (64,5%) patients respond to rTMS. Final mean CDSS score reduction was 55,2% ($P=0,000004$), and mean PANSS negative scale score reduction was 21,3% ($P=0,000012$). Two patients (6,5%) were excluded due to persistent headaches, no serious adverse events were observed.

Conclusions rTMS is safe and effective strategy for the management of treatment-resistant depression in schizophrenia and can alleviate negative symptoms. Further sham-controlled studies are needed.

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

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EW459

Long-term electrical stimulation of bed nucleus of stria terminalis for obsessive-compulsive disorder

S. Raymaekers^{1,*}, V. Kristof¹, C. Bervoets², L. Gabriëls³, L. Luyten⁴, K. Demyttenaere¹, B. Nuttin¹

¹ Catholic university of Leuven, neurosciences, Leuven, Belgium

² University psychiatric centre of KU Leuven, psychiatry, Leuven, Belgium

³ University psychiatric centre of KU Leuven, psychiatry, Leuven, Belgium

⁴ Catholic university of Leuven, centre for psychology of learning and experimental psychopathology, Leuven, Belgium

* Corresponding author.

Introduction We previously reported that deep brain stimulation (DBS) in the anterior limb of the internal capsule/bed nucleus of the stria terminalis (IC/BST) is effective in reducing symptoms in severe treatment-resistant obsessive-compulsive disorder patients.

Objective To examine the long-term evolution of obsessive compulsive disorder (OCD) symptoms in 24 patients treated with chronic electrical stimulation in IC/BST.

Aims We aimed to examine the evolution of the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) and to determine if a number of predictors assessed before surgery are significantly related to this evolution.

Methods We used a linear mixed model to investigate the evolution of the Y-BOCS in 24 patients. Data was collected in a naturalistic manner. Seven hundred measurements, taken during a total of 1836 follow-up months, are included in this analysis.

Results Our analysis showed a long-term, sustained effect of electrical stimulation in the IC/BST. After a fast initial decline of OCD symptoms, these symptoms stay relatively stable. In addition, results show a strong ON/OFF effect of stimulation (e.g., due to battery depletion). Beside the ON/OFF effect of stimulation, the surgery itself has no additional effect on OCD symptoms. The Beck Depression Inventory (BDI) at baseline was the only predictor significantly related to the evolution of the Y-BOCS. A higher BDI at baseline seemed to be related to a smaller decrease of the Y-BOCS over time.

Conclusion Electrical stimulation in the IC/BST has a fast and sustained effect on OCD symptoms.

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

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EW460

Superficial neurostimulation application, alpha rhythm and clinical effects

P. Rico^{1,*}, P. Aranguren²

¹ Universidad Alcala de Henares, medical specialties, Madrid, Spain

² Universidad complutense, psychology, Madrid, Spain

* Corresponding author.

Introduction The alpha rhythm (EEG) in prefrontal regions has been related with the emotional equilibrium, predisposition for a positive mood (Urry et al., 2004) and the activation of the approximation system (Davidson and Irwin, 1999). Superficial neurostimulation application (SNSA) provokes an increase of such rhythm in prefrontal and temporal areas (Bardasano et al., 2010).

Aims To demonstrate that the increase of alpha synchronization is a common factor in the satisfactory evolution of patients with different pathologies.

Methods Thirty patients with different symptoms (hostility, anxiety, bruxism and obsessive symptoms) received 20 weekly sessions of 45 minutes long using the SNSA.

Materials -SNSA topology system: it is a machine for superficial stimulation that uses electricity through superficial electrodes which are placed on feet and hands and an electrode over the 7th cervical vertebra;

-digital encephalogram;

-Faraday cage.

Results The alpha rhythm was incremented in 85% of the cases in anterior regions of the brain, related with the improvement of scale's punctuation.

Conclusion The alpha rhythm has been showed to be presented in all individuals that improved their symptoms after the application of SNSA (Fig. 1).

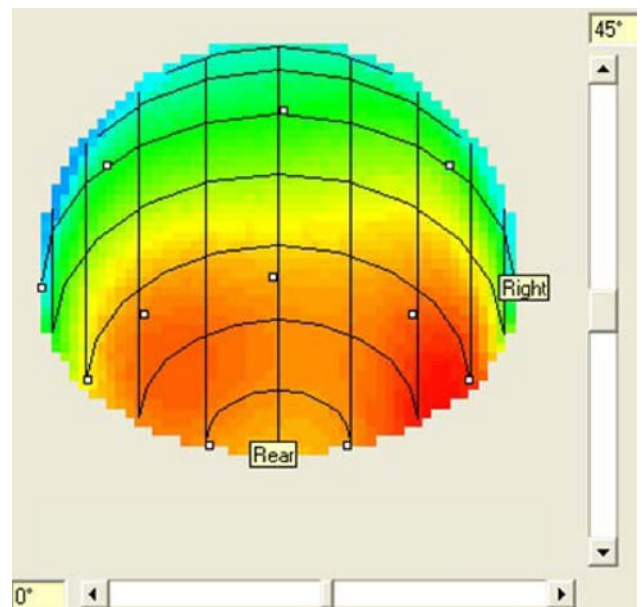


Fig. 1 Distribution of cranial α calotte activity post-SNSA. 20th session. Distribution of cranial α calotte activity pre-SNSA. 1st session.

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

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Psychotherapy

EW461

Digging out insights and behavioral correlates of false and true femininity in borderline personality disorder patients attending four-step integrative model group psychotherapy



M. Abdelhameed*, R. Mahfouz, A. Kamal, M. Taha
Minia university, psychiatry and neurology, Minia, Egypt

* Corresponding author.

Introduction The four-step integrative model of psychotherapy is concerned with individual's needs, wants, rights and decisions in that order. It may carry a promise for deep and changing vision for patients with borderline personality disorder (BPD).

Objectives The study of the illuminating and changing effect of dealing with BPD patients in view of their needs, wants, rights and decisions.

Aims To evaluate the effect of group work through the hierarchy of the four-step integrative model with BPD patients and to help them explore false and true elements of their femininity.

Methods Forty-three female patients (age range: 19-37) diagnosed according to DSM-IV diagnostic criteria for BPD were enrolled in a dynamic psychotherapy group. Their progress was evaluated using Borderline evaluation of severity over time (BEST) and they wrote down detailed comments about their experience quarterly.

Results Results of regular attendants for 2 years were included (35 = 81.4%). The results of BEST showed a significant reduction of BPD severity at the end of 1 and 2 years. During psychotherapy sessions and within their quarterly comments, patients expressed their change in terms of moving from a state of cunning, manipulation, aggression, arrogance, envy and rejection (as stemming from their false femininity) into wisdom, confrontation, patience, pride, healthy competition and containment respectively (as stemming from their true femininity).

Conclusions Patients with BPD may gain a better insight and genuine change as they realize what is false and what is true about their femininity in the context of attending four-step integrative model group psychotherapy.

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

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EW462

What makes for good outcomes in solution-focused brief therapy? A follow-up study



B. Cortes^{1,*}, A. Ballesteros², J. Collantes³, M.L. Aguilar⁴

¹ Dr. Cortes Clinic, psychiatry and psychotherapy, Salamanca, Spain

² Estella health centre, psychiatry, Estella, Spain

³ Private practice, psychology, Madrid, Spain

⁴ Hospital of Salamanca, psychiatry, Salamanca, Spain

* Corresponding author.

Introduction Solution-focused brief therapy (SFBT) is a strength-based and a social constructivist approach that assumes that

individuals have the ability to develop creative solutions that enhance their lives to develop a new self, modify worldviews, and implement behaviour changes.

Objectives To develop a quantitative research to determine which clinical variables and process variables are measured using the technique of judges and determine its statistical association with the outcome at termination of therapy and follow-up, using the videos of SFBT psychotherapy sessions, and a follow-up call.

Aims To identify variables associated with outcome at termination and follow-up and to evaluate the success applying SFBT.

Methods Sample was composed by 74 cases.

Criteria of inclusion A telephone number available to make the follow follow-up call and at least 6 months since termination (6 months to 39 months, mean 15.6 months). Three questionnaire were used, The First-Session Rating Questionnaire, The Last-Session Rating Questionnaire and The Follow-up Questionnaire.

Results Goals were reached 88% of the cases, patients said that complaint was totally resolved were 17% and 26% when the dropouts were excluded, and that complaint was partially resolved were 76% and 65% when the dropouts were excluded. According to the judges, the successful at termination was the 86%, and the successful at follow-up was 67% according to the Follow-Up Questionnaire. No variables were statistically associated to the successful at termination or the follow-up.

Conclusions SFBT reaches the "minimum efficacy permitted" according to the general consensus of experts. Clinical of process variables was not associated to success.

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

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EW463

Cognitive analytic therapy: A bibliometric review



E. Gimeno^{1,*}, C. Chiclana²

¹ University CEU San Pablo, department of psychology, Valladolid, Spain

² University CEU San Pablo, department of psychology, Madrid, Spain

* Corresponding author.

Introduction Cognitive Analytic Therapy (CAT) has emerged as an integrative new approach with promising results in the treatment of personality-disordered patients, particularly in borderline personality disorder. Although this approach has already demonstrated its effectiveness in adults, increasingly studies try to validate it in young population, which has meant a turning point in research.

Aim and objectives The goal of this study is to know the whole production about CAT in a double way:

–articles that describes the main theoretical concepts underlying CAT theory;

–articles with evidence supporting its effectiveness in different mental disorders.

Methods A bibliometric review of 397 scientific articles extracted from research databases including Dialnet, EBSCO, PUBMED, Unika and Scholar Google was conducted.

Results The results indicate an exponential growth in published studies on CAT, from first publications in the late 1960s, particularly strong in the last two decades and reaching its peak in 2008. Total research includes 247 literature reviews, 109 clinical studies, 47 case studies, 17 letters and comments from authors, 4 studies on diagnostic tests and 1 meta-analysis. Most research has focused on borderline personality disorder or other personality disorders (35% and 12% respectively) and eating disorders (11%). Studies have been conducted with adults (49%) the same as children and adolescents (46%) whereas only the 4% has been developed for elderly population.

Conclusions Cognitive analytic therapy represents a well-documented psychotherapy with a proven efficacy in a wide range of clinical contexts.

Keywords “Cognitive analytic”; “Cognitive analytic therapy”

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

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EW464

EMDR trainings for Bosnia-Herzegovina mental health workers resulted with child training in Sarajevo for 75 EMDR psychotherapists aftermath the 1992–1995 war

M. Hasanovic^{1,*}, J. Morris-Smith², S. Morgan², S. Oakley², Š. Šabanović³

¹ Tuzla, Bosnia and Herzegovina

² Humanitarian Assistance Programmes, UK & Ireland, Hove, United Kingdom

³ EMDR Europe, EMDR Association of Bosnia-Herzegovina, Sarajevo, Bosnia and Herzegovina

* Corresponding author.

Objectives Bosnia-Herzegovina affected by war 1992–1995, children survived severe war traumatization together with adult war victims. The Humanitarian Assistance Programmes UK & Ireland (HAP) work in partnership with mental health professionals in Bosnia-Herzegovina (BH) from 2009, providing knowledge and expertise in the treatment of trauma, and specifically in the use of EMDR (eye movement desensitisation and reprocessing).

Aim In this way, we aim to build a body of qualified and experienced professionals who can help children and adolescents, not only for adults.

Method Authors described educational process for healing childhood trauma with EMDR considering the history of idea and its realization through training levels.

Results Joanne Morris-Smith was invited by the EMDR Association of Bosnia & Herzegovina to provide Child Training in Sarajevo for 75 participants drawn from the 3 cohorts who HAP UK & Ireland has already fully EMDR trained. Many of our trainees work with both children and adolescents as well as adults so they were delighted to get this specialist training. Trainees were instructed to learn about the ways of modifying the standard protocol for children according to their developmental age, and other teaching points. The possibility of using narrative presentation of the traumatic event while applying tactile stimulation was an important discovery.

Conclusion EMDR for children and adolescents training of Bosnia-Herzegovina mental health workers to effectively use EMDR with traumatized children and adolescents, with enthusiastic help of EMDR trainer Joanne Morris-Smith from HAP UK & Ireland resulted with increased psychotherapy capacities of EMDR therapists in postwar BH.

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

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EW465

Effect of an acceptance and commitment group therapy in the treatment of panic disorder and agoraphobia. A preliminary study

L. Leon-quismondo^{1,*}, F. Lopez-rios², E. Rodriguez-pedraza¹, A. Fernandez-liria¹, G. Lahera³



¹ “Principe de Asturias” university hospital, Psychiatry, Alcala de Henares, Spain

² University of Almeria, psychology, Almeria, Spain

³ University of Alcala, Irycis- Cibersam, psychiatry, Alcala de Henares, Spain

* Corresponding author.

Introduction Acceptance and commitment therapy for the treatment of panic disorder and agoraphobia has been a big boost in last years, and there are preliminary studies about its efficacy. However, most studies have used individual interventions.

Objectives Evaluate the effect of an acceptance and commitment group therapy in patients with panic disorder and agoraphobia.

Methods The sample consisted of 24 patients, aged between 18 and 55 years old, who were referred to groups by psychologists and psychiatrists of Mental Health Center. The intervention in each group consisted of 12 treatment sessions of 1 h 30 m duration, weekly. One pretest and posttest evaluation was conducted. The variables studied were: severity of panic disorder (Panic Disorder Severity Scale [PDSS]), fear of physical sensations (Body Sensations Questionnaire [BSQ]), frequency of catastrophic thoughts (Agoraphobic Cognitions Questionnaire [ACQ]) and level of experiential avoidance (Acceptance and Action Questionnaire-II [AAQ-II]).

Results The mean scores for all variables studied decreased in the post-evaluation. Means in post-evaluation were significantly lower (*t* Student, *a*=0.10) in three of the four variables studied: severity of the condition (*P*=0.001), frequency of catastrophic thoughts (*P*=0.038) and level experiential avoidance (*P*=0.073). In other words, patients had fewer panic attacks after treatment, and those who had were less intense, they had less catastrophic thoughts about consequences of anxiety, and they were better to accept their feelings and thoughts.

Conclusions Although it is necessary to continue the study with a larger sample, these preliminary results support the use of ACT in group format in the treatment of panic disorder and agoraphobia.

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

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EW466

Shifting focus approach: An alternative to classical CBT therapy for relapse prevention among opioid detoxified patients

A. Rady^{1,*}, T. Moukookheya¹, E. Shawky²

¹ Alexandria university school of medicine, psychiatry, Alexandria, Egypt

² Mamoura psychiatric hospital, psychiatry, Alexandria, Egypt

* Corresponding author.

Aim Most current psychotherapeutic approaches are self-focused in terms of focusing attention on how one thinks, feels, behaves or maintains, in one way or another, a pathological chain reactions. The aim of current is to challenge such focus by shifting the focus of attention to serving others rather than analyzing one's self.

Method Sixty patients were recruited after heroin detoxification, all have been subject to psycho-education about addictive behavior, craving process and risks of relapse. Half of them (group A; *n*=30) were subject to weekly basis classical CBT group sessions while the other half (group B; *n*=30) were subject to shifting focus approach where they were encouraged to serve on voluntary nonprofit basis at Alexandria university hospitals with weekly group support sessions to share experiences and encourage action. Patients in both arms were followed for 3 months and evaluated in terms of abstinence rate and quality of life.

Results Both groups were balanced in terms of age, marital status, age of onset of abuse, number of previous detoxification, criminal



record and score of the Quality of Life Scale QLS at base line before psychotherapy. After 3 months, no difference as regards abstinence rate between both arms ($X^2 = 1.763$; $P = 0.288$), also no difference between both groups as regards change in QLS score after 3 months ($t = 0.039$; $P = 0.969$).

Conclusion Shifting focus approach shows no difference in terms of abstinence or quality of life improvement compared to classical CBT in non inferiority study.

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

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EW467

Student's strategies to cope with stressful situations



M. Theodoratou*, M. Ntavarinou, E. Stratoudaki-chondrou, M.P. Xiga, I. Nikolopoulou, P. Kloni, A. Psychogiou
Technological institute of Western Greece, social work, Patras, Greece
 * Corresponding author.

Introduction It is well known that students have several stressful situations to cope with and their coping strategies are of a wide range (Brougham et al., 2009, Zi et al., 2011, Pierceall and Cane, 2009).

Objective The purpose of the study was to investigate how students coped with various stressful situations they faced.

Aims One hundred participants, 60 men and 40 women, studying at TEI of Patras, Greece, were randomly selected and asked to describe their stressful situations and the ways they dealt with them.

Method The questionnaire used was based on "Échelle Toulousaine de Coping" (Tap et al., 1993) adjusted by Theodoratou et al. (2006).

Results Forty-five percent of the students could not control their feelings, while facing a difficult situation and might feel panic, but the majority of the students (63%) did not use medication to cope with a difficult situation. When facing a problem, the 45% of the students did not amuse themselves and 35% of the participants avoided communication with other people when they faced a problem. Moreover, 29% of the students chose to pray to face a difficult situation. Finally, 58% of the participants estimated that a counseling center in TEI of Western Greece would be necessary.

Conclusions In conclusion, many students were overwhelmed by a negative emotion and most of them chose social withdrawal. Thus, they might feel helpless and suggested that a counseling center in their College and university might help them to overcome difficulties during their studies.

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

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Quality management

EW468

Canadian psychiatry utilization trends



G. Radu^{1,*}, N. Harris², J. Hessen³, K. Fowler⁴, S. Pickett⁵, K. Wenhui Ren⁵, G.E. Harris³

¹ Memorial university, department of psychiatry/Saint-Clare's Mercy hospital, Saint-John's, Canada

² Eastern health, psychology, St. John's, Canada

³ Memorial university, faculty of education and department of psychology, St. John's, Canada

⁴ Memorial university, psychology, St. John's, Canada

⁵ Memorial university, faculty of education, St. John's, Canada

* Corresponding author.

Introduction The number of psychiatrists continues to grow in Canada. Patient psychiatry utilization statistics, including reasons for termination of such services, are important factors that have the potential to impact future Canadian and international psychiatry service policies and practices. In addition, understanding the reasons for psychiatry service termination is necessary to improve service quality and effectiveness.

Aims This study focused on utilization trends, perceived effectiveness of psychiatry services, and reasons for termination of psychiatry services in Canada.

Method Prevalence of psychiatry service use, perceived effectiveness, and reasons for termination of such services were investigated in a Canadian sample ($n = 25,113$). Prevalence rates were investigated by geography, sex, and age. Data were self-reported and collected through a national Canadian phone survey focused on mental and physical health.

Results Results highlight that a small percentage of participants reported utilizing psychiatry services. The majority of participants using such services perceived them as useful. Across geographical regions, reasons for discontinuing services were most often related to completing treatment, feeling better, or not seeing the treatment as helpful.

Conclusions This study explored psychiatry utilization trends, perceived psychiatry effectiveness, and reasons for patient termination of such services. Results are explored through a geographical region breakdown, sex differences, and age stratification. Implications for policy, practice, and training are discussed from a Canadian and international perspective.

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

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Rehabilitation and psychoeducation

EW469

How we can enhance treatment adherence? Perspective of patients and clinicians



A. Cardoso^{1,*}, P. Aguiar², M. Byrne³, M. Xavier⁴

¹ Faculty of medical sciences, mental health, Lisbon, Portugal

² National school of public health, public health, Lisbon, Portugal

³ University of Wollongong, psychology, Wollongong, Australia

⁴ Nova medical school, mental health, Lisbon, Portugal

* Corresponding author.

Introduction Non-adherence to antipsychotic medication is commonly found in mental health disorders (MHD), thus forming a major obstacle to long-term maintenance treatment and contributing to high relapse rates and also can influence the attitudes and beliefs of mental health professionals (MHP).

Objectives –assess the beliefs of MHP;

–assess perception of illness in patients with MHD.

Aims Contribute to treatment adherence of patients with MHD, through developing adequate strategies to their needs.

Methods In this cross-sectional study, we use a convenience sample of patients with MHD attending in the mental health departments of three general hospitals in Lisbon great area. Data is being collected through individual interviews. We have applied clinical and socio-demographic questionnaire and additional measures to assess symptom severity, treatment adherence and attitudes towards medication. For MHP, we used a optimism

scale (ETOS), Difficulty Implementing Adherence Strategies (DIAS); Medication Alliance Beliefs Questionnaire (MABQ).

Results Two convenience samples were composed by 150 patients with MHD (mean age: 39.7; SD \pm 9.8) and 65 MHP (mean age: 37.0; sd 8.3) working in a variety of settings is being collected. From the perspective of patients, the most important reason for adherence is to accept the illness (54.7%, $n=82$). 50.8% ($n=33$) of MHP believes that if patients are unmotivated for treatment, adherence strategies are unlikely to be effective. 43.1 ($n=28$) of MHP agrees that if patients do not accept their illness, any adherence strategies that result.

Conclusion With this study, we expect to gain further knowledge on the factors related patients and MHP that might influence compliance and, therefore, contribute to the development of effective strategies to promote treatment adherence in MHD.

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

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EW470

A neuropsychological group rehabilitation program with institutionalized elderly



L. Lemos*, H. Espírito-Santo, S. Simões, F. Silva, J. Galhardo, M. Oliveira, M. Costa, S. Martins, F. Daniel
Miguel Torga institute, psychology, Coimbra, Portugal

* Corresponding author.

Introduction Elderly institutionalization involves an emotional adaptation and the research shows that the risk of depression increases.

Objectives Evaluate the impact of a neuropsychological group rehabilitation program (NGRP) on depressive symptomatology of institutionalized elderly.

Aims NGRP influences the decrease of depressive symptoms.

Methods Elderly were assessed pre- and post-intervention with the Geriatric Depression Scale (GDS) and divided into a Rehabilitated Group (RG), a Waiting List Group (WLG), and a Neutral Task Group (NTG).

Results In this randomized study, before rehabilitation, 60 elderly people (RG; 80.31 \pm 8.98 years of age; 74.2% women) had a mean GDS score of 13.33 (SD=9.21). Five elderly included in the NTG (80.13 \pm 10.84 years; 75.0% women) had a mean GDS score of 10.60 (SD=4.72). Finally, 29 elderly in the WLG (81.32 \pm 6.68 years; 69.0% women) had a mean GDS score of 14.93 (SD=6.02). The groups were not different in GDS baseline scores ($F=0.74$; $P=0.478$). ANCOVA has shown significant differences ($P<0.05$) in GDS scores between the three groups after 10 weeks. Sidak adjustment for multiple comparisons revealed that elderly in the WLG got worse scores in GDS, comparing with elderly in RG ($P<0.01$), and with elderly in NTG ($P<0.05$).

Conclusions Elderly that are not involved in a task get worse in depressive symptomatology. Being involved in a structured group task means lower depressive symptoms and being in a NGRP means even greater results.

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

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EW471

Cognitive training using a web-based tailor-made program for first-episode psychosis patients: An exploratory trial



B. Moura^{1,*}, T. Mendes¹, F. Antunes¹, R. Barandas¹, M. Croca¹, P. Frade¹, L. Linhares¹, J. Vian¹, P. Levy¹, M.L. Figueira²

¹ Santa Maria hospital, psychiatry department, Lisboa, Portugal

² Faculty of medicine- university of Lisbon, department of psychiatry, Lisbon, Portugal

* Corresponding author.

Introduction Cognitive deficits are a core feature of the first psychotic episode patients and could be an obstacle to functional ability. Cognitive stimulation could be a promising method to surpass neuropsychological deficits.

Objectives –to implement an online training protocol to stable first psychotic episode outpatients;

–to assess adherence to the intervention;

–to measure neurocognitive, psychopathological and functional outcomes pre- and post-training.

Aims To investigate the feasibility of an online-based resource for cognitive stimulation (COGWEB®) and explore possible benefits in different domains.

Methods Fifteen patients were enrolled from the Early Psychosis Intervention Program (PROFIP) at the Department of Psychiatry of Santa Maria Hospital, Lisbon. The training consisted on 30-40-minute online sessions performed every weekday during 6 months at home. Assessments were performed at baseline and after program completion and included: psychopathological scores; personal and social functioning scores; Clinical Global Impression and a neuropsychological battery.

Results Every participant had some kind of impairment on baseline. Mean training time was 36 h. Six patients left the program before completion (half of them because they got employed). The program showed overall good feasibility and safety with no reported significant psychiatric occurrences or hospitalizations. Results regarding final neuropsychological, psychopathological and functioning showed a tendency for stability or improvement on an individual case analysis.

Conclusions Our results show that cognitive training using an online-based stimulation software is a feasible intervention for first-episode psychosis patients with possible benefits for this population. However, results should be analyzed very carefully because of different participant trajectories and of study limitations.

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

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EW472

Effectiveness and factors predicting success of therapeutic patient education in obese patients candidates for bariatric surgery



D. Piacentino^{1,*}, E. Proserpi², G. Guidi², R. Asprino², A. Pinto², L. Gnassi², A. Lenzi²

¹ Sapienza - university of Rome, NESMOS neuroscience- mental health- and sensory organs department, Rome, Italy

² Sapienza - university of Rome, C.A.S.C.O.–center of high specialization for the cure of obesity EASO collaborating centres for obesity management COMS- experimental medicine department- food science and human nutrition research unit, Rome, Italy

* Corresponding author.

Introduction Obesity is an increasingly common chronic disease. Its biopsychosocial basis provides the rationale of multidisciplinary interventions, such as Therapeutic Patient Education (TPE, WHO 1998), which is effective for lifestyle change and awareness improvement, thus reducing the disease's prevalence and its health care-related financial burden. However, patients' socio-demographic and psychopathological factors may influence TPE's effectiveness.

Objectives/Aims We aimed to assess the effectiveness of an 8-week TPE program in obese patients candidates for bariatric surgery and identify factors predicting its success.

Methods We enrolled 159 patients with a BMI > 35 Kg/m² and obesity-related comorbidities (females = 71.3%; age range = 18–35 years) at the C.A.S.C.O. (EASO COMs) of our University Hospital. They filled out the Binge Eating Scale (BES), the Symptom Checklist-90-R (SCL-90-R), and the Short Form-36 Health Survey (SF-36). We used Tukey's multiple comparison test to assess Quality of Life (QoL) improvement after TPE and multivariate logistic regression to estimate the size of the association between TPE and the aforementioned factors.

Results The SF-36 showed a significant improvement ($P < 0.05$) of physical and mental QoL post-TPE, especially in obese patients without binge eating disorder. The same applied to BES and SCL-90-R scores. The factors predicting TPE success were a short duration of obesity, a limited number of past diets, and low levels of anxiety/depression pre-TPE.

Conclusions In obese patients candidates for bariatric surgery, TPE is useful to improve physical and mental QoL, eating behavior, and psychological status. Several factors are predictive of TPE success, allowing a personalization of the intervention to render it more effective.

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

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Research methodology

EW473

Psychometric evaluation of the Greek version of Mc Master Family Assessment Device (FAD)

D. Adamis^{1,*}, I. Petmeza², G. McCarthy³, A. Tsamprali⁴

¹ Sligo mental health services, psychiatry, Sligo, Ireland

² National and Kapodistrian university of Athens, early childhood education, Athens, Greece

³ Sligo mental health services- NUI Galway, psychiatry, Sligo, Ireland

⁴ University of the Aegean, primary education, Rhodes, Greece

* Corresponding author.

Introduction The Family Assessment Device (FAD) is a self-report questionnaire, developed to assess the six dimensions of the McMaster Model of family functioning. It has been translated to the Greek language but never validated.

Aims and objectives To evaluate the psychometric properties of the Greek version of FAD in a non-clinical sample.

Methods In a sample of Greek families, FAD was administered together with the already validated Family Adaptability and Cohesion Evaluation Scale (FACES-III). In a subsample of 96 participants, the scales were administered again after 1 month.

Results A sample of 453 participants (194 children and 259 parents) had completed both questionnaires (151 families). Mean age of children was 23.62 (SD: 6.35), 68 (35%) were males. Mean age of parents was 51.4 (SD: 8.2), 117 (45.2%) males. All subscales of FAD had significant correlation (concurrent validity) with FACES-III ($n = 453$, $P < 0.001$). Test-retest reliability range from 0.58 to 0.82 ($n = 96$, $P < 0.001$). Internal consistency (Cronbach's alpha) range from 0.47 to 0.94. A model with the 6 factors had a good statistical fit but not all the items were loading in the same components as from the theory assumed.

Conclusions The Greek FAD has good psychometric properties, although its factor structure might differ from the original version.



Further evaluation of the Greek version of FAD in other settings and in different samples especially clinical remains a task for future research.

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

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EW474

Adaptation and validation of the Korean Version of the Bipolar Depression Rating Scale (K-BDRS)

W.M. Bahk^{1,*}, M.D. Kim², Y.E. Jung², Y.S. Woo¹, J. Lee³, K.J. Min⁴, S.K. Chung⁵, Y.J. Kwon⁶, D.I. Jon⁷, K.H. Lee⁸, H.C. Kim⁹, B.H. Yoon¹⁰

¹ Yeouido St. Mary's Hospital, psychiatry, Seoul, Republic of Korea

² College of Medicine- Jeju National University, psychiatry, Jeju, Republic of Korea

³ Catholic University of Daegu School of Medicine, psychiatry, Daegu, Republic of Korea

⁴ College of Medicine- Chung-Ang University, psychiatry, Seoul, Republic of Korea

⁵ Chonbuk National University Medical School, psychiatry, Chonbuk, Republic of Korea

⁶ College of Medicine- Soonchunhuang University, psychiatry, Cheonan, Republic of Korea

⁷ Sacred Heart Hospital- Hallym University, psychiatry, Anyang, Republic of Korea

⁸ College of Medicine- Dongguk University, psychiatry, Gyeongju, Republic of Korea

⁹ Kosin University-College of Medicine, psychiatry, Busan, Republic of Korea

¹⁰ Naju National Hospital, psychiatry, Naju, Republic of Korea

* Corresponding author.

Objectives The Bipolar Depression Rating Scale (BDRS) is a scale for assessment of the clinical characteristics of bipolar depression. The primary aims of this study were to describe the development of the Korean version of the BDRS (K-BDRS) and to establish more firmly its psychometric properties in terms of reliability and validity.

Methods The study included 141 patients (62 male and 79 female) who had been diagnosed with bipolar disorder, were currently experiencing symptoms of depression, and were interviewed using the K-BDRS. Other measures included the Montgomery and Asberg Depression Scale (MADRS), the 17-item Hamilton Depression Scale (HAMD), and the Young Mania Rating Scale (YMRS). Additionally, the internal consistency, concurrent validity, inter-rater reliability, and test-retest reliability of the K-BDRS were evaluated.

Results The Cronbach's α -coefficient for the K-BDRS was 0.866, the K-BDRS exhibited strong correlations with the HAMD ($r = 0.788$) and MADRS ($r = 0.877$), and the mixed symptoms score of the K-BDRS was significantly correlated with the YMRS ($r = 0.611$). An exploratory factor analysis revealed three factors that corresponded to psychological depressive symptoms, somatic depressive symptoms, and mixed symptoms.

Conclusions The present findings suggest that the K-BDRS has good psychometric properties and is a valid and reliable tool for assessing depressive symptoms in patients with bipolar disorder.

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

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EW475

A six-year longitudinal population-based cohort for the extended psychosis phenotype: An epidemiological study of the gene-environment interactions (TürkSch)



K. Alptekin^{1,*}, T. Binbay¹, U. Kırılı², H. Elbi², B. Kayahan², H. Onay³, F. Özkinay³, J. van Os⁴

¹ Dokuz Eylül university faculty of medicine, department of psychiatry, Izmir, Turkey

² Ege university faculty of medicine, department of psychiatry, Izmir, Turkey

³ Ege university faculty of medicine, department of medical genetics, Izmir, Turkey

⁴ Maastricht university medical centre- school of mental health and neuroscience MHeNS, department of psychiatry and neuropsychology, Maastricht, Netherlands

* Corresponding author.

Introduction Both genetic and environmental factors play a role in the extended psychosis phenotype which covers psychotic experiences, symptoms and disorders.

Objectives The respective contributions of genetic and environmental factors over time remain largely unknown.

Aims To describe the objectives and design of a multistage study.

Methods The TürkSch (Izmir mental health survey for gene-environment interaction in psychoses) is a prospective-longitudinal study consisted of several data collection stages to screen extended psychosis phenotype in a general population sample, and to assess individual, familial, genetic and neighbourhood level variables.

Results The study aimed to assess the prevalence of psychotic experiences and symptoms in Izmir-Turkey (stage I, cross-sectional; n : 4011), the socioeconomic deprivation and the social capital of neighbourhoods in a separate sample (stage II, cross-sectional; n : 5124) in 2008. A nested case-control study (stage III) recruited individuals with psychotic outcomes and healthy controls from stage I, and included blood sampling for gene-environment interaction and clinical reappraisal as well. After 6 years, follow-up study (stage IV) was set to assess the mental health outcomes with a focus on extended psychosis phenotype, environmental exposures of the eligible sample (n : 2192) from the stage I, and to collect blood samples for further genetic analysis. On both stages, Composite International Diagnostic Interview was used by clinically trained interviewers, and was able to provide broad assessment of psychotic experiences, experience-related disabilities, help-seeking and health care utilization.

Conclusions The TürkSch has a unique study design and yields data of high quality in the Turkish population, with a specific focus on psychosis.

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

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EW476

Google trends-enabled digital pharmacovigilance: Monitoring interest towards antidepressants and their usage patterns in Italy



N. Bragazzi^{1,*}, A. Siri²

¹ University of Genoa, school of public health- department of health sciences DISSAL, Genoa, Italy

² University of Genoa, UNESCO CHAIR "Anthropology of Health-Biosphere and Healing system", Genoa, Italy

* Corresponding author.

Introduction The Internet is playing a major role in nowadays life and more often psychiatric patients are using it as a valuable source of information. Furthermore, the new media can be exploited for providing them with personalized psycho-educational interventions and counseling. On the other hand, a misuse of the new technologies can lead to cyber-addiction behaviors and to others psychopathologies.

Objectives and aims In this contribution, we want to explore the Internet pattern of searching online for antidepressants in the Italian population. The prescriptions and usage of these drugs have been increasing in the last years, and therefore constitute an important economic burden for the National Health System (NHS).

Methods We analyzed the hit-search volumes with Google Trends, an online tracking system of Internet hit-search volumes, and the wavelet power spectrum analysis (WPSA), a mathematical technique that decomposes a time series into time versus frequency space. The hit-search volume data were compared with the data provided by the Italian National Drug Agency. Pearson correlation was used and P -values less than 0.05 were considered to be statistically significant.

Results We found a seasonality and cyclical pattern in searching online for antidepressants, as confirmed by the WPSA. Moreover, the pattern was increasing throughout the years, reflecting the usage pattern as recorded and monitored by the Italian Drug Agency. Pearson correlation yielded a value of 0.98 with a P -value of $1.42 \cdot 10^{-5}$.

Conclusion Digital pharmacovigilance can be employed as a complementary approach together with the classical traditional methodology.

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EW477

Agreement between clinical judgments and subjective perceptions of clinical change



M. Müller*, V. Stefan, W. Godehard, S. Prinz, S. Egger
University hospital for psychiatry Zurich, ZIP- Rheinau, Zurich, Switzerland

* Corresponding author.

Introduction Research into the relationship between the subjective perception of clinical change and the objective evidence of the same is very limited. Less is known about the relationship between clinical judgments by mental health experts and the patient's perception of symptom change, in particular across different diagnostic groups.

Aims and objectives This study aims to determine the level of concordance between the HONOS as a tool for clinical outcome monitoring and the self-reported change in psychopathology in a total sample of psychiatric patients as well as stratified by their primary diagnosis at admission.

Methods A consecutive sample of patients admitted to a Swiss psychiatric hospital for either alcohol use disorders, schizophrenic psychoses, mood disorders, anxiety and somatoform disorders, or personality disorders, was assessed using the Brief Symptom Inventory (BSI) at admission and at discharge. The HoNOS were rated by the responsible clinicians. Complete data of admission and discharge were available from approximately 600 cases. Reliable change index (RCI) will be calculated to determine a clinically meaningful change based on the HoNOS scores. Concordance of RCI and change in BSI scores will be explored and compared between different diagnostic groups.

Results and conclusions According to our preliminary results from this ongoing evaluation program, we hope to provide a step towards a deeper understanding of the interrelationship between clinical

judgments and the course of subjectively experienced mental health problems.

Keywords Health of the Nation Outcome Scales; Reliable Change Index; Brief Symptom Inventory; Outcome monitoring; Subjective perception

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

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EW478

Properties of a coding system for traumatic memories



V. Fernández-Lansac*, C. Soberón, M. Crespo, M. Gómez-Gutiérrez

Complutense university-psychology school, clinical psychology, Madrid, Spain

* Corresponding author.

Introduction Narrative studies have focused on the language used by the individuals to describe stressful or traumatic experiences. Hence, linguistic procedures have been applied aiming to obtain information about autobiographical memories and trauma processing. However, there is a general lack of agreement about how to measure narrative aspects. Software programs for this purpose are limited, since they don't capture the language context, and systems based on judge's rates are not free of subjective biases.

Objectives This study presents a coding system developed to analyze several language categories related to traumatic memories and psychological processes. Structural aspects (e.g., coherence) and content dimensions of traumatic narratives (e.g., emotional or cognitive processes) are measured. Each narrative aspect is coded by raters using both dichotomous (presence/absence) and numerical values (Likert scale).

Aims To propose a structured coding system for traumatic narratives that considers the language context and maximizes consensus among different raters.

Methods Traumatic narratives from 50 traumatized women and stressful narratives from 50 non-traumatized women have been evaluated according to the system developed. Three blind raters coded each narrative.

Results Inter-rater reliability data are provided for the different narrative categories. The agreement between raters is discussed for both structural and content language domains.

Conclusions The analysis of the inter-rater reliability allows exploring subjective biases in assessing different structural and content language dimensions. This study advances in the development of a procedure to analyze autobiographical narratives in a valid and reliable way, with a special focus on traumatic and other unpleasant memories.

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

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EW479

Pool-data of clinical cases of inhaled loxapine (Adasuve)



E. Gil Luna*, J. Morato Parcerisa, P. Roset Arisso, A. Boldeanu Ferrer, Medical Department, Barcelona, Spain

* Corresponding author.

Introduction Agitation is a psychiatric emergency that requires immediate assistance. Inhaled loxapine is a new option for achieving rapid tranquillisation avoiding coercive measures and over-sedation, which fits with patient's preferences and increases their satisfaction with treatment.

Objective Review the experience of use of inhaled loxapine in clinical practice.

Methods We included data from all reports of case series with 10 or more patients published by European prescribers.

Results Ten posters were included that reported data on 116 patients, mostly diagnosed with psychotic or bipolar diseases. Among the 60 patients that were evaluated using PANSS-EC, baseline agitation intensity was above 20 in 45 of them (75%) and between 15 and 32 in 15 (25%). Regarding patients evaluated with the CGI-S scale, 17 patients had a score between 6 and 7 points and 4 had scores between 4 and 5. All patients were able to properly inhale the drug. In some patients agitation receded as early as 2 minutes, and almost all of them were controlled within 10 minutes. Only 6 patients required the 2nd dose of loxapine within 24 hours. When patients were asked for, they showed a preference for inhaled administration instead of intramuscular one, manifested high levels of satisfaction with inhaled treatment, and in one report inhaled loxapine was stated to contribute to avoid mechanical restraint. Inhaled loxapine was well tolerated and no over-sedation was reported or any EPS, just a case of mild orthostatic hypotension.

Conclusion This pool-data review of inhaled loxapine in real world clinical practice shows that it is an effective treatment, with a very rapid response, easy to administer and well tolerated, with a good acceptance from patients.

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

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EW480

Validation of the self-compassion scale in a community sample of Portuguese pregnant women



E. Bento¹, S. Xavier¹, J. Azevedo¹, M. Marques^{1,2}, V. Freitas¹, M.J. Soares¹, M.J. Martins^{1,3,*}, A. Xavier⁴, P. Castilho³, S. Morais¹, A. Macedo^{1,2}, A.T. Pereira¹

¹ University of Coimbra, department of psychological medicine, Coimbra, Portugal

² Coimbra hospital and university centre, psychiatry, Coimbra, Portugal

³ Faculty of psychology and educational sciences, CINEICC, Coimbra, Portugal

⁴ University of Coimbra, faculty of psychology and educational sciences, Coimbra, Portugal

* Corresponding author.

Introduction In recent years, researchers and clinicians have shown an increasing interest in self-compassion. Indeed, several studies have suggested that self-compassion is a positive factor for mental and physical health. The Self-Compassion Scale (SCS; Neff, 2003) has been widely used to assess six dimensions of self-compassion (self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identification) among diverse populations. Recently, it has also been used in perinatal samples but its psychometric properties in pregnant women is still unexplored.

Objective This study aims was to investigate the reliability and the validity of the SCS using Confirmatory Factor Analysis in a sample of Portuguese pregnant women.

Methods Participants were 417 pregnant women with a mean age of 33 years old (SD=4.74) in their second trimester of pregnancy (M=17.26, SD=4.78, weeks of gestation). Participants completed the Portuguese version of the SCS while waiting for the routine prenatal consultation in Maternity Hospital, Portugal.

Results A was tested and results showed that the six-factor model had a good fit to the data (TLI=0.93, CFI=0.94, RMSEA=0.06). The total SCS presented a good internal reliability ($\alpha=0.91$) and their subscales showed Cronbach's alphas ranging between adequate ($\alpha=0.77$) and good ($\alpha=0.87$).

Conclusions Overall, these findings suggest that the Portuguese version of the SCS is a valid and reliable measure to assess

self-compassion among pregnant women. Thus, SCS could be useful in diverse settings in the perinatal period.

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EW481

Regret Anticipation Failures Scale (RAFS): Validation of the Portuguese version



J. Borges¹, A.T. Pereira², D. Borges¹, A.S. Cabral³, M.J. Martins^{4,5,*}, E. Bento², A. Macedo²

¹ University of Coimbra, faculty of medicine, Coimbra, Portugal

² University of Coimbra, psychological medicine, Coimbra, Portugal

³ Coimbra hospital and university centre, Coimbra, Portugal

⁴ University of Coimbra, department of psychological medicine, Coimbra, Portugal

⁵ Faculty of psychology and educational sciences -university of Coimbra, CINEICC, Coimbra, Portugal

* Corresponding author.

Introduction Failures in regret anticipation undermine regret avoidance, increasing regret frequency and ultimately the risk of regret-related problems. The Regret Anticipation Failures Scale (RAFS; Schmidt and Linden, 2011) was developed to evaluate interindividual differences in regret anticipation.

Objective To investigate the psychometric properties of the RAFS Portuguese version.

Methods A community sample composed of 108 university students and 79 employees (78.1% females; mean age = 33.16 ± 13.175; range: 17–62) answered the Portuguese preliminary version of the RAFS. To study the temporal stability, 31 participants (83.9% females; mean age = 26.54 ± 18.761) answered the RAFS again after approximately 6 weeks.

Results The RAFS Cronbach alpha was “very good” ($\alpha = 0.81$). All the items presented significant correlations with the total (excluding the item; >0.20); only item 2 (Even when I’m stressed, I can foresee the regrets that certain behaviors could evoke in me) had the effect of lowering the internal consistency if deleted. The test-retest correlation coefficient was high, positive and significant (0.61 ; $P < 0.001$); there was not significant difference between test and re-test scores [14.26 ± 5.170 vs. 13.06 ± 4.761 , $t(30) = 1.532$, $P = 0.136$]. Following Kaiser and Cattell Scree Plot criteria, only one factor was extracted, meaning that the scale is unidimensional.

Conclusions The Portuguese version of RAFS has good reliability and construct validity. It could be very useful both in clinical and research contexts, namely in an ongoing project on the relationship between regret, personality and psychological distress.

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

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EW482

Validation of the Depression, Anxiety and Stress Scale–DASS-21 in a community sample of Portuguese pregnant women



S. Xavier^{1,*}, E. Bento¹, J. Azevedo¹, M. Marques¹, M.J. Soares¹, V. Freitas¹, D. Mota², A. Macedo¹, A.T. Pereira¹

¹ Faculty of medicine - university of Coimbra, psychological medicine, Coimbra, Portugal

² Coimbra hospital and university centre- Portugal, psychiatry, Coimbra, Portugal

* Corresponding author.

Introduction The Depressive Anxiety and Stress Scale (DASS-21; Antony et al., 1998) had been widely used to measure psychological

distress among clinical and non-clinical populations, including in Portugal (Pais-Ribeiro et al., 2004). Although DASS-21 has been considered useful to evaluate psychological distress in the perinatal period, studies reporting on its psychometrics are scarce (Brunton et al., 2015).

Objective To investigate the psychometric properties of the DASS-21 in a Portuguese sample of pregnant women.

Methods Four hundred and twenty-seven pregnant women (mean age: 32.56 ± 4.785 years) in their second trimester of pregnancy (17.34 ± 4.790 weeks of gestation) completed the Portuguese versions of DASS-21 and of Postpartum Depression Screening Scale (PDSS-24; Pereira et al., 2013).

Results The DASS-21 Cronbach’s alpha was “very good” ($\alpha = 0.92$). Following the Kaiser and the Cattell Scree Plot criteria, two factorial structures were explored. Three factors structure (explained variance/EV = 57.18%): F1-stress (included 8 items; $\alpha = 0.89$); F2-Anxiety (7 items; $\alpha = 0.79$); F3-Depression (6 items; $\alpha = 0.82$). In the two factors structure (EV = 50.96), the Stress and Anxiety items load in the same factor (F1: 15 items; $\alpha = 0.91$) and the F2 is composed of the Depression items (F2: 6 items; $\alpha = 0.82$). Pearson correlations between DASS-21 total and dimensional scores and the PDSS-24 scores were all significant, positive and moderate to high (@.50).

Conclusions The Portuguese version of DASS-21 has good reliability, construct and concurrent validity when used with pregnant women. Its factorial structure significantly overlaps with the original, with only one item loading in another factor. DASS-21 could be very useful in diverse settings in the perinatal period.

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EW483

Portuguese validation of the Version of the Regret Scale



D. Borges¹, A.T. Pereira^{2,*}, J. Borges¹, A.S. Cabral³, S. Xavier², A. Macedo²

¹ University of Coimbra, faculty of medicine, Coimbra, Portugal

² Faculty of medicine - university of Coimbra, psychological medicine, Coimbra, Portugal

³ Coimbra hospital and university centre, Coimbra hospital and university centre, Coimbra, Portugal

* Corresponding author.

Introduction Regret is defined as an aversive negative emotion associated to specific cognitive contents, felt when we consider that our current situation could be better, if we had taken a different decision (Zeelenberg and Pieters 1997). Regret Scale/RS corresponds to the regret-trait dimension of Regret and Maximization Scale developed by Schwartz et al. (2002).

Objective To investigate the psychometric properties of the RS Portuguese version.

Methods A community sample composed of 108 university students and 79 employees (78.1% females; mean age = 33.16 ± 13.175; range: 17–62) answered the Portuguese preliminary versions of the RS and Bedtime Counterfactual Processing Questionnaire (BCPQ) and also the Profile of Mood States to evaluate Negative Affect/NA. To study the temporal stability, 31 participants (83.9% females; mean age = 26.54 ± 18.761) answered the RAFS again after 6 weeks.

Results The EA Cronbach alpha was “very good” ($\alpha = 0.72$). All the items contributed to the internal consistency. The test-retest correlation coefficient was high, positive and significant (0.72 ; $P < 0.001$). Following Kaiser and Cattell Scree Plot criteria, only one factor was extracted, meaning that the scale is unidimensional. Pearson correlations of EA and BCPQ2 and NA were significant and high ($r @ .50$).

Conclusions The Portuguese version of RS 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 regret, personality and psychological distress.

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

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EW484

Bedtime Counterfactual Processing Questionnaire (BCPQ): Validation of the Portuguese version



J. Borges¹, D. Borges¹, A.T. Pereira^{2,*}, A.S. Cabral³, J. Azevedo², A. Macedo²

¹ University of Coimbra, faculty of medicine, Coimbra, Portugal

² Faculty of medicine - university of Coimbra, psychological medicine, Coimbra, Portugal

³ Coimbra hospital and university centre, Coimbra, Portugal

* Corresponding author.

Introduction Counterfactual thinking is a set of mental representations of alternatives to the past actions. When it focuses on personal decisions, the emotion that results is regret, which has important implications for psychological distress (Borges et al., 2015). The Bedtime Counterfactual Processing Questionnaire (BCPQ; Schmidt and Linden, 2009) was developed to assess the frequency of regret-related counterfactual thoughts during the pre-sleep period.

Objective To investigate the psychometric properties of the BCPQ (extended version) Portuguese version.

Methods A community sample composed of 108 university students and 79 employees (78.1% females; mean age = 33.16 ± 13.175; range: 17-62) answered the Portuguese preliminary versions of the BCPQ and Regret Scale (Schwartz et al., 2002). To study the temporal stability, 31 participants (83.9% females; mean age = 26.54 ± 18.761) answered the BCPQ again after 6 weeks.

Results The BCPQ2 Cronbach alpha was “very good” ($\alpha = 0.81$). All the items contributed to the internal consistency. The test-retest correlation coefficient was high, positive and significant (0.78; $P = 0.05$); there was not significant difference between test and re-test scores [29.87 ± 5.309 vs. 30.13 ± 5.353 , $t(30) = -0.204$, $P = 0.840$]. Following the Kaiser and the Cattell’s Scree Plot criteria, two meaningful factors were extracted which explained variance (EV) was of 65.06%: F1 Regret (EV 43.17%; $\alpha = 0.88$), F2 low pride (21.88%; $\alpha = 0.88$). Pearson correlations of EA total score with BCPQ2 and F1 were significant and moderate ($r @ .50$) and with F2 was non-significant.

Conclusions Although the Portuguese version of the extended version of BCPQ has good reliability and validity, the low pride-related dimension seems to be relatively independent of regret.

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

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Schizophrenia

EW485

Frequency of subtypes of irritable bowel syndrome in positive and negative subtypes of schizophrenia



S. Ahmed^{1,*}, G. Rasool²

¹ Quetta, Pakistan

² Bolan medical college and complex hospital, psychiatry, Quetta, Pakistan

* Corresponding author.

Objective The aim of the study was to determine the frequency of subtypes of irritable bowel syndrome in positive and negative subtypes of schizophrenia.

Methods Sixty-two drug naïve hospitalized patients between 18 and 65 years (mean age: 33.6) with first episode of schizophrenia based on DSM IV-TR and 69 control subjects matched for age and sex completed this study. A semi-structured clinical interview was used to assess both groups. Clinical data were obtained and basic lab investigations and ultrasonography of abdomen were done in all subjects to exclude any related abdominal pathology. Axis-I disorders of DSM IV-TR were excluded in control subjects. Positive and Negative Syndrome Scale (PANSS) and Rome III Urdu language version scale (cross-validation obtained) for irritable bowel syndrome (IBS) were administered to assess the severity of positive and negative symptoms of schizophrenia and subtypes of irritable bowel syndrome, IBS constipation (IBS-C), IBS Diarrhoea (IBS-D) and IBS Mix (IBS-M) in case and control groups respectively.

Results Forty-seven patients (75.8%) and 15 patients (24.2%) had positive and negative schizophrenia respectively. Patients with positive and negative schizophrenia had higher rate of IBS-C 6.5% ($n = 4$), IBS-D 8.1% ($n = 5$), IBS-M 12.9% ($n = 8$), non-IBS 72.6% ($n = 45$) versus healthy subjects IBS-C 1.4% ($n = 1$), IBS-D 2.9% ($n = 2$), IBS-M 2.9% ($n = 2$), and non-IBS 92.8% ($n = 64$), OR = 4.8; 95% CI.

Conclusion Irritable bowel syndrome is more frequent in patients with schizophrenia than in general population. This functional gastrointestinal disorder associated with psychotic symptoms requires attention and management while managing patients with subtypes of schizophrenia.

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

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EW486

Cognitive dysfunctions in first episode psychosis



K. Alptekin^{1,*}, E. Aydinli², A. Ayer², B. Yalinçetin³, H. Ulaş⁴, T. Binbay⁴, B. Akdede⁴

¹ Dokuz Eylul university, Izmir, Turkey

² Manisa psychiatric hospital, psychiatry, Manisa, Turkey

³ Dokuz Eylul university, neuroscience, Izmir, Turkey

⁴ Dokuz Eylul university, psychiatry, Izmir, Turkey

* Corresponding author.

Cognitive dysfunctions are one of the main domains of symptom clusters in schizophrenia that are strongly related to poor prognosis and psychosocial impairment. We conducted a study to investigate the level of cognitive functions in patients with first episode psychosis (FEP) and effect of psychosocial factors related to psychosis and cognitive dysfunctions in this population. We included 60 FEP patients and 60 healthy control subjects. Cognitive functions of the study population were evaluated by using neuropsychological test battery including Stroop, Rey Verbal Learning and Memory, Digit Span, Trail Making, Digit Symbols, Controlled Word Association etc. Psychosocial risk factors were assessed using Childhood Trauma Questionnaire, Social Environment Measurement Tool, Life Events Scale, Tobacco Alcohol Use Scale and Substance/Marijuana Use Scale. Cognitive functions were significantly impaired in FEP patients compared to normal controls. Patients had poor performance in verbal memory, attention, processing speed, working memory and executive functions that is similar to the previous literature findings. Stressful life events in the last year and familial liability of schizophrenia and psychosis in 1st degree relatives were strong predictors to develop psychosis in patients with FEP. Both factors also seemed to be related to cognitive dysfunctions. In this study, patients with stressful life events in the last year

were likely to have memory and executive dysfunctions. It has been shown that psychosocial risk factors had played an important role in developing psychosis. However, these factors also may negatively affect cognitive functions that may make the patient predispose to develop psychosis in FEP patients.

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EW487

Pharmacokinetics, safety, and tolerability of four 28-day cycle intramuscular injections for risperidone-ISM 75 mg in patients with schizophrenia: A phase-2 randomized study (PRISMA-2)

L. Anta*, J. Llaudó, I. Ayani, B. Gorostidi, M. Monreal, J. Martínez-González, L. Ochoa, I. Gutierrez Rovi S.A., Medical Dpt, Madrid, Spain

* Corresponding author.

Introduction Risperidone-ISM is a new long acting intramuscular formulation of risperidone, for monthly administration without oral supplementation.

Objective To characterize the pharmacokinetic of risperidone over multiple intramuscular injections in patients with schizophrenia.

Method A multicenter, open label, two-arm, parallel design clinical trial was performed. Each patient received 4 intramuscular injections of 75 mg of risperidone-ISM in either, gluteal or deltoid muscle at 28-day intervals.

Results A total of 70 patients were randomized, 67 received at least one dose of study medication. Preliminary data show that mean C_{max} of the active moiety was achieved 24–48 hours (T_{max}) after each administration and ranged over four consecutive doses from 39.6–53.2 ng/mL and 54.1–61 ng/mL, when given in gluteal or deltoid, respectively. All subjects achieved therapeutic levels (>7.5 ng/mL for the active moiety) between 2–8 hours after drug administration. The mean concentrations were maintained above therapeutic levels throughout the 4-week dosing period. No significance changes across the study were observed, either on Positive and Negative Syndrome Scale or Extrapyramidal Symptoms Scale. Overall, 63 subjects (94%) experienced at least 1 Treatment Emergent Adverse Event (TEAE) during the study. One serious TEAE (dystonia) was related to study treatment. One death not related to study medication was informed. The most frequently reported TEAEs were hyperprolactinaemia (57.7%) and injection site pain (32.8%).

Conclusions Risperidone-ISM achieved therapeutic levels from the first hours after drug administration and provided a sustained release throughout the 4-weeks dosing period over multiple intramuscular injections independently of the injection site. Risperidone-ISM was found to be safe and well tolerated.

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EW488

The association between childhood trauma and empathy in patients with stable schizophrenia

A. Arous*, R. Trabelsi, J. Mrizak, A. Aissa, H. Ben Ammar, Z. El Hechmi

Razi hospital, department psychiatry F, Tunis, Tunisia

* Corresponding author.



Introduction Empathy, which refers to the ability to understand and share the thoughts and feelings of others, has emerged as an important topic in the field of social neuroscience. It is one of the most understudied dimensions of social cognition in schizophrenia (SCZ).

Objectives To investigate the relationship between cognitive and affective empathy and CT in SCZ.

Methods Fifty-eight outpatients with stable SCZ completed the Childhood Trauma Questionnaire retrospectively assessing five types of childhood trauma (emotional, physical and sexual abuse, and emotional and physical neglect). They also completed the Questionnaire of Cognitive and Affective Empathy (QCAE) comprising five subscales intended to assess cognitive and affective components of empathy.

Results Patients with a history of sexual abuse better emotion contagion scores ($P=0.048$) which means that develop more easily self-oriented emotional state matching the affective states of others. Patients with a history of emotional neglect or/and in denial of CT had higher scores in perspective taking score ($P=0.017$). Perspective taking assesses the extent to which respondents can take another's perspective or see things from another's point-of-view.

Conclusions Investigating psychosocial mechanisms, specifically the role of CT, underlying the development of empathic capacities is important since empathy can represent a treatment-target.

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EW489

How do social cognition dimensions relate to DSM-5 dimensions of psychosis?

A. Arous*, J. Mrizak, R. Trabelsi, A. Aissa, H. Ben Ammar, Z. El Hechmi

Razi hospital, department psychiatry F, Tunis, Tunisia

* Corresponding author.

Introduction Existing research shows that individuals with schizophrenia (SCZ) show substantial deficits in social cognitive domains, including facial emotion recognition (FER), empathy, and Theory of Mind (ToM). Their exact relationship with the different dimensions included in the “Clinician- Rated Dimensions of Psychosis Symptom Severity” of the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) remains unexplored.

Objectives To investigate the relationship between different social cognition dimensions and the dimensions of psychosis included in the DSM-5.

Methods Fifty-eight outpatients with stable SCZ completed the Intention-Inferencing Task (IIT), a non-verbal ToM task and the Questionnaire of Cognitive and Affective Empathy (QCAE). They also completed a newly developed and validated FER task constructed from photographs of the face of a famous Tunisian actress and evaluating the ability to correctly identify Ekman's six basic facial emotions. The clinician-rated dimensions of psychosis symptom severity was used to evaluate 8 dimensions of psychosis.

Results The patients presenting higher cognitive empathy capacities had less present abnormal psychomotor behaviour scores ($P=0.05$). Higher levels of affective empathy were correlated to lower present delusions score ($P=0.037$). Better scores in the IIT were correlated to less present negative scores ($P=0.013$) and less impaired cognition scores ($P=0.009$). FER task score didn't correlated with any clinical dimension.

Conclusions Our results suggest the existence of specific relationships between social cognition dimensions and psychosis dimensions. Further studies are needed to confirm these relationships.



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EW490

Evaluation of reproductive hormones relations with response to treatment in male patients with first episode psychosis



A. Ates^{1,*}, I. Oner¹, C. Basoglu¹, A. Algul², R. Tutuncu², H. Balibey², O. Ipcioglu³

¹ GATA Haydarpaşa training hospital, Istanbul, Turkey

² Istanbul, Turkey

³ Biochemistry service, Istanbul, Turkey

* Corresponding author.

Objectives Data regarding schizophrenia treatment has been increasing whereas the information about predictors of treatment response is limited. In this study, our aim is to investigate the serum levels of reproductive hormones as a biological predictor in terms. **Methods** Thirty-three hospitalized male patients in GATA Haydarpaşa Training Hospital with the diagnosis of first episode psychosis were included into the study. The study was prospective and naturalistic in design. The clinical course was recorded by means of Positive and Negative Symptom Scale (PANSS) in pretreatment period, 2nd and 6th weeks of the study. Prolactin, FSH, LH, estrogen, testosterone and oxytocin serum levels were also measured at the same dates.

Results Treatment response was assessed as unresponsive when PANSS total scores were lower than 25%, partial response when PANSS total scores were between 25%–40% changes, and response when PANSS total scores were higher than 40%. Patients were grouped according to those cut-off points. There was a significant positive correlation between oxytocin, FSH serum levels and positive symptoms ($\rho = 0.437$, $P = 0.011$; $r = 0.385$, $P = 0.027$). There was also significant negative correlation between testosterone serum levels and negative and total psychopathology scores ($r = -0.352$, $P = 0.044$; $r = -0.429$, $P = 0.013$). It was seen that pretreatment testosterone levels had a significant biological marker on predicting remission when the serum levels were lower than 460,91 ng/dL.

Conclusions This study shows that hypothalamo-hypophysial-gonadal axis hormones and reproductive hormones, especially testosterone, may be an important biological marker of treatment response prediction in first episode psychosis.

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

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EW491

The validity of observer-based scales in the measure of drug-induced motor symptoms in a spanish sample of patients with severe mental disorders



A. Aznarte^{1,*}, Y. Crespo², S. Iglesias-Parro³, M.F. Soriano-Peña⁴, A. Ibáñez Molina³

¹ Servicio Andaluz de Salud, Psiquiatría, Linares, Spain

² Universidad de Jaén, PhD Biology, Jaén, Spain

³ Universidad de Jaén, Psychology, Jaén, Spain

⁴ Servicio Andaluz de Salud, Mental Health, Linares, Spain

* Corresponding author.

Background Antipsychotic drugs are effective in schizophrenic disorders, but they are also used to treat other psychiatric conditions. Typical antipsychotics cause important extrapyramidal symptoms (EPS), which frequently result in non-compliance with antipsychotic medication. It has been stated that the second-generation antipsychotics (atypical) provoke EPS side effects less

frequently than typical antipsychotics. However, there is some controversy around this statement, especially because of inefficient measures of EPS. Clinical assess of EPS normally relies upon observer-based ratings, but their reliability and validity has not been consistently established.

Objective In the present work, we have explored the convergent and discriminant validity of the Abnormal Involuntary Movement Scale (AIMS) and the Simpson-Angus Scale (SEE), in a Spanish sample of patients with severe mental disorders. Patients could be under typical or atypical antipsychotics, antidepressants, benzodiazepines, or a combination of these.

Method Sixty-one patients with severe mental disorders from the Mental Health Day Hospital of St. Agustín (Linares, Spain) participated in the study. Inclusion criteria were DSM-V diagnosis of schizophrenia or schizophrenic disorder, bipolar, or borderline personality disorders, and age between 18–61. In order to explore the discrimination capacity of each rating scale, Receiver Operator Characteristic (ROC) analyses were conducted.

Results ROC curves indicated a suitable construct validity of the scales in the measurement of drug-induced motor symptoms. However, the scales were not sensitive to the number of years under treatment.

Conclusions In line with previous research, our results question the use of rating scales as the only measure in the evaluation of EPS symptoms.

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

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EW492

Metacognitive training vs psycho-educational group, results from a clinical trial in patients with psychosis of recent onset



M.L. Barrigon^{1,*}, S.M.S.G.²

¹ Fundación Jiménez Díaz, Psychiatry Department, Madrid, Spain

² Spain

* Corresponding author.

Aim To assess the efficacy of Metacognitive Training (MCT) in symptoms and metacognitive variables in people with a recent onset of psychosis.

Method A multicenter, randomized and controlled clinical trial was performed. One hundred and twenty-six patients were randomized to MCT or a psycho-educational intervention. Patients with a recent onset of psychosis were recruited from 9 centers of Spain. The treatment consisted in 8 weekly sessions in both groups. Patients were assessed at baseline, post-treatment, and 6 months of follow-up. Symptoms were assessed by the PANSS. Metacognition was assessed by a battery of questionnaires of cognitive biases and social cognition: BCIS, IPSAQ, TCI, Hinting task and Emotional Recognition Test.

Results PANSS positive symptoms significant declined between baseline and post-treatment in psycho-educational ($P = 0.04$) and MCT group ($P = 0.01$), while general PANSS and total PANSS were significant between baseline and post-treatment in the MCT group only ($P = 0.008$; $P = 0.005$). Across time, the MCT group was superior to psycho-educational on the BCIS total and self-certainty subscale ($P = 0.042$). Regarding irrational beliefs, the intolerance to frustration subscale declined more strongly in the MCT in relation to psycho-educational group ($P = 0.016$). ToM, Personalizing Bias and JTC improved more strongly in the MCT group compared to psycho-educational group ($P < 0.001$ – 0.032). Most results remained significant at the follow-up.

Conclusions MCT could be an effective psychological intervention for people with a recent onset of psychosis in order to improve symptoms, insight, tolerance to frustration and personalizing bias.

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

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EW493

Medication and aggressiveness in real-world schizophrenia. Results from the FACE-SZ dataset



G. Fond¹, M. Favez¹, L. Boyer², L. Pierre-Michel³, A. Pelissolo¹, F. Berna^{4,*}

¹ Schizophrenia expert, center Fondation fondamentale, Creteil, France

² Pôle psychiatrie universitaire - CHU Sainte-Marguerite, pôle psychiatrie universitaire, Marseille, France

³ Schizophrenia expert, center Fondation fondamentale, Clermont-Ferrand, France

⁴ Hôpitaux universitaires de Strasbourg- Inserm U1114- FMST- Fondation FondaMental, psychiatry, Strasbourg cedex, France

* Corresponding author.

Introduction The primary objective of this study was to determine if second generation antipsychotic (SGA) administration was associated with lower aggressiveness scores compared to first generation (FGA) in schizophrenia (SZ). The secondary objective was to determine if antidepressants, mood stabilizers and benzodiazepines administration were respectively associated with lower aggressiveness scores compared to patients who were not administered these medications.

Methods Three hundred and thirty-one patients with schizophrenia ($n=255$) or schizoaffective disorder ($n=76$) (mean age = 32.5 years, 75.5% male gender) were systematically included in the network of FondaMental Expert Center for Schizophrenia and assessed with the Structured Clinical Interview for DSM-IV Axis I Disorders and validated scales for psychotic symptomatology, insight and compliance. Aggressiveness was measured by the Buss-Perry Aggression Questionnaire (BPAQ) score. Ongoing psychotropic treatment was recorded.

Results Patients who received SGA had lower BPAQ scores than patients who did not ($P=0.01$). On the contrary, patients who received benzodiazepines had higher BPAQ scores than patients who did not ($P=0.04$). These results were found independently of socio-demographical variables, psychotic symptomatology, insight, compliance into treatment, daily-administered antipsychotic dose, the way of antipsychotic administration (oral vs long acting), current alcohol disorder and daily cannabis consumption.

Conclusion The results of the present study are in favor of the choice of SGA in SZ patients with aggressiveness, but these results need further investigation in longitudinal studies. Given the potent side effects of benzodiazepines (especially dependency and cognitive impairment) and the results of the present study, their long-term prescription is not recommended in patients with schizophrenia and aggressive behavior.

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

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EW494

Emotional recognition during the course of schizophrenia



D. Bošnjak^{1,*}, P. Makarić², M. Rojnić Kuzman³

¹ University psychiatric hospital Vrapce, The Addictions Department, Zagreb, Croatia

² University psychiatric hospital Vrapce, The Department for Diagnostics and Intensive Care, Zagreb, Croatia

³ Zagreb university hospital centre, department of psychiatry, Zagreb, Croatia

* Corresponding author.

Introduction Adequate emotion identification ability facilitates forming emotional relationships and effective communication. Patients suffering from schizophrenia have deficits in emotional recognition (ER), which leads to impaired social and occupational functioning.

Objectives To compare the differences in ER between the healthy control group (HC) and two patient groups at different phases of illness: first episode psychosis (FEP) and chronic, multi-episode schizophrenia (MEP).

Aims To investigate the pattern of emotional recognition deficit during the course of schizophrenia.

Methods We compared three groups of participants: MEP, FEP and HC, each containing 50 participants, based on their emotional recognition abilities using the Penn Emotion Recognition Task and The I FEEL Pictures. Patients were diagnosed using Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria for schizophrenia (schizophreniform disorder) with their psychopathology rated with the Positive and Negative Syndrome Scale (PANSS) scale. Besides ER tasks, patients were administered self-evaluation scales for the assessment of quality of life, depression, suicidality, impulsivity, aggression, and relationship with their parents.

Results Our findings showed deficits in emotional recognition ability of both patient groups in comparison with HC, especially in the identification of negative emotions: sadness, fear and anger. There was no statistically significant difference between groups in the identification of happiness. First episode patients showed better results than the MEP group.

Conclusions Although the FEP group was more successful than the ME group, our results showed that the emotional recognition impairment exists at a significant level even at the beginning of the illness.

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

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EW495

Medication adherence and cannabis use among schizophrenic patients



S. Bouri^{1,*}, H. Zemzema², K. El Ayoubi², M.A. Berraho³, A. Abdellaoui⁴, S. Achour⁵, I. Rammouz²

¹ Faculty of science- Dhar El Mahraz, laboratory physiology - pharmacology & environmental health, Fez, Morocco

² Faculty of medicine, clinical neurosciences laboratory, Fez, Morocco

³ Faculty of medicine, epidemiology public health, Fez, Morocco

⁴ Faculty of science, physiology- pharmacology-environmental health, Fez, Morocco

⁵ University hospital Hassan II, toxicology unit, Fez, Morocco

* Corresponding author.

Introduction Substance use is usually associated with poorer psychiatric medication adherence among schizophrenic patients. Previous findings remain unclear about the relationship between cannabis use and poor medication adherence. Identifying predictor factors of medication adherence among these patients is very important because it's associated with relapse and re-hospitalization.

Objective Determining whether cannabis use is a risk factor for compliance to medication in a population of schizophrenic patients. **Method** Schizophrenic inpatients were assessed by Medication Adherence Rating Scale (MARS). Socio-demographic, clinical data, and urine drug screens were collected just after their admission.

Results A sample of 403 inpatients with schizophrenia diagnosed with Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) criteria (mean age = 33, 35 ± 9, 16), predominantly man (90%), paranoid (62%) and 89% of them received classical antipsychotics. A total of ($n=25$; 6, 2%) inpatients were adherent, among this group, 19 patients (76%) were tested negative for

cannabis use, and the rest of them ($n=6$; 24%) were tested positive. These results show a high significant correlation between cannabis use and medication adherence ($P=0.009$). Besides, medication adherence is strongly associated with a high socioeconomic status ($P=0.005$).

Conclusion Cannabis use has a major effect on the non-adherence to medication treatment for schizophrenia. These results could be more effective if it addresses issues of cannabis use with patients throughout the early years of treatment.

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

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EW496

Virtual reality insights into schizophrenic patients' way to interpret an Avatar's help



E. Brunet-Gouet^{1,*}, A. Oker², Z. Berrada-Baby², M. Courgeon³, M. Urbach⁴, N. Bazin⁴, J.C. Martin⁵, M.A. Amorim⁶, P. Roux¹, C. Passerieux¹

¹ Centre hospitalier de Versailles, université Versailles-Saint-Quentin, Psychiatrie/HANDIRESP, Le Chesnay, France

² Centre hospitalier de Versailles, Psychiatrie/HANDIRESP, Le Chesnay, France

³ Université Paris-Sud, université Bretagne-Sud, LIMSI UPR3251-LabSTICC- UMR6285, Orsay, France

⁴ Centre hospitalier de Versailles, Psychiatrie, Le Chesnay, France

⁵ Université Paris Sud, LIMSI UPR3251, Orsay, France

⁶ Université Paris Sud, CIAMS, Orsay, France

* Corresponding author.

With regards to the neurocognitive deficits and cognitive bias of schizophrenic disorders, it may be hypothesized that these patients suffer a deficit in recognizing helping intentions in others. To investigate help recognition, new technologies allowing to control an interaction with virtual affective agents were used with an adaptation of a previously described card-guessing paradigm (project COMPARSE ANR-11-EMCO-0007). We investigated whether the same game proposed successively by two virtual agents asking either empathetic (i.e. on the subject's feelings) or non-empathetic (i.e. on technical aspects of the game) questions to the participant would elicit different interpretations on their intentions. Dependent variables consisted of monetary allocation to the virtual agent, of questionnaires assessing the agent's help, interest, attention, etc. A group of 20 individuals with schizophrenia and one of 20 healthy controls, matched on gender, with comparable age, estimated verbal-IQ and educational level were recruited. The healthy subjects' ratings of the virtual agent's behavior demonstrated that they interpreted empathetic questioning as helping and rewarded it positively with an increased monetary allocation. Schizophrenic patients had a qualitatively reduced perception of the differences between the two agents. Only the rating concerning the "interest/attention" of the agent toward them exhibited medium effect size when contrasting conditions. Hypothetically, schizophrenic patients take into account the fact they are the object of another's attention, but may fail to infer the intentional meaning and to provide an increased monetary allocation.

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

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EW497

Clinical experience with aripiprazole long-acting injection



M.P. Calvo Rivera^{1,*}, B. Girela Serrano², A. Porras Segovia¹, L. Gutiérrez Rojas¹

¹ San Cecilio university hospital, psychiatry service, Granada, Spain

² Santa Ana hospital, psychiatry service, Motril-Granada, Spain

* Corresponding author.

Introduction Aripiprazole long-acting injection is the latest long-acting injectable (LAI) antipsychotic medication released in the market which requires a monthly injection.

Objectives The aim of our study is to present our experience in the use of Aripiprazole long-acting injection as maintenance therapy in patients with schizophrenia and other psychotic disorders.

Methodology Our sample consists of 20 patients who started treatment with long acting aripiprazole during the last 6 months of its release. Validated scales for collecting information on sociodemographic, clinical evaluation (CGI scale), quality of life (health questionnaire SF-36) and function (Sheehan Disability Inventory and social relationship scale SBS) were used.

Results The health condition of the patients was generally good and 68% reported feeling better than during the last year. Social functioning was adequate (level 1 or 2) in about 70% of the patients. Social, employment and family's disability was mild in 57% of cases, the average stress' perception was 23% and the average social support perception was 72%. Regarding the clinical evaluation, in comparison to the initiation of the treatment 18% of the patients were slightly better, 45% moderately better and 36% much better.

Conclusion A remarkable clinical improvement was observed, maintaining good health, with an acceptable level of functionality. This study shows that the incorporation of long-acting Aripiprazole to the treatment of our sample has been a significant improvement in overall functioning of the patient.

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

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EW498

Assessing theory of mind in schizophrenia during a collaborative game



M. Champagne-Lavau^{1,*}, A. Michelas¹, C. Faget², C. Portes¹, M. Klein¹, L. Boyer³, C. Lançon²

¹ Aix-Marseille université, CNRS- LPL- UMR 7309, Aix-en-Provence, France

² La Conception university hospital, department of psychiatry, Marseille, France

³ Aix-Marseille université, EA 3279- public health- chronic diseases and quality of life research unit, Marseille, France

* Corresponding author.

Introduction While Theory of mind (ToM) impairments have been well established in schizophrenia (SZ), very few studies have investigated these impairments during social interactions. However, in daily life the attribution of mental states to others (ToM) is most often implicit and spontaneous whereas classical ToM tasks rely on explicit, deliberate and cognitively-demanding reasoning.

Objective The aim of the present study was to fully characterize ToM ability in schizophrenia by investigating this ability during a collaborative game.

Methods Ten individuals with schizophrenia (SZ) and ten healthy control (HC) participants were recruited. Patients' severity of symptoms was measured using the PANSS. All participants were asked to play a collaborative game with an experimenter. During this game, the aim of the participant was to transfer a given route from his/her map to his/her interlocutor. The prosodic focus marking was used as a linguistic marker of ToM. Participants were also submitted to a classical ToM task requiring explicit attribution of mental states and to a neuropsychological evaluation.

Results The results showed that, by contrast to HC participants, SZ patients did not produce prosodic focus marking revealing difficulties to attribute knowledge to their interlocutor during the collaborative game. SZ patients were impaired on both explicit and implicit ToM assessment. No correlation was found between the

ToM abilities and the symptoms or the neuropsychological evaluation.

Conclusions Thus, the interactive task we used appears to be an original option for studying ToM ability in schizophrenia since it is close to what happens in real-life interactions.

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

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EW499

A multicentric study on cognitive functions in a large sample of patients with schizophrenia and their unaffected first-degree relatives



M. Chieffi^{1,*}, A. Mucci¹, A. Rossi², P. Rocca³, A. Bertolino⁴, S. Galderisi¹, M. Maj¹

¹ University of Naples SUN, psychiatry, Naples, Italy

² University of L'Aquila, department of biotechnological and applied clinical sciences - section of psychiatry, L'Aquila, Italy

³ University of Turin, department of neuroscience - section of psychiatry, Turin, Italy

⁴ University of Bari, department of neurological and psychiatric sciences, Bari, Italy

* Corresponding author.

Introduction Neurocognition may represent an indicator of genetic risk and poor outcome in schizophrenia patients (SCZ) predicting real life functioning.

Objectives As cognitive performance of unaffected first-degree relatives (UR) is intermediate between SCZ and healthy controls (HC), neurocognitive impairment may represent a marker of vulnerability to schizophrenia.

Aims To investigate social and neurocognition in all subjects and their impact on functional capacity of patients as markers of vulnerability.

Methods Sample: 922 SCZ, 379 UR and 780 HC. Assessment: MATRICS Consensus Cognitive Battery (neurocognition), Facial Emotion Identification Test and Awareness of Social Inference Test (social cognition) and Specific Level of Functioning Scale (social functioning). Analyses: Structural Equation Model (SEM) analyses to model the impact of all variables on functional outcome.

Results SCZ scored worse in all domains than UR and HC. UR had significant impairments in all cognitive domains with respect to HC. Cognitive functioning had direct and indirect impacts on functional outcome mainly through social cognition and functional capacity. Social cognition had a direct impact on outcome, independent of neurocognition.

Conclusion SCZ and UR display similar patterns of social and neurocognition deficits. Our results confirm a strong impact of neurocognition on functional outcome. Social cognition has become an interesting object of study and its conceptualization as trait variable and the existence of a continuum between SCZ and UR are hypotheses for further research.

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

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EW500

Validation of the remission criteria in a Chinese population with chronic schizophrenia



Y.H. Chou

Taipei Veterans general hospital, psychiatry, Taipei, Taiwan

Background A consensus definition of symptomatic remission in schizophrenia was recently established based on a fixed threshold for symptom severity and a time component. The objective of this study was to determine the clinical relevance of this definition in a Chinese population and find the predictors of symptomatic remission, functional outcome and cognition.

Methods Seventy-five schizophrenic patients were recruited within a period of 2 years. All patients need to prospectively be followed up in an outpatient clinic for at least 6 months. During this period, it was not allowed to adjust their medications. Three different definitions of symptomatic remission included the Remission in Schizophrenia Working Group (RSWG), clinical global impression (CGI) and brief psychiatric rating scale (BPRS) was evaluated. In addition, the function and cognition was assessed as the measured outcomes. The prediction model of outcomes measurement was used for statistic analysis.

Results The cumulative percentage of achieving remission criteria among three different definitions of symptomatic remission was 52% in RSWG criteria, 63% in CGI and 65% in BPRS, respectively. In comparison of remitted and non-remitted groups, there were significant differences in sex, education, function and cognition in terms of RSWG definition but not in CGI and BPRS. Female gender and education were two factors for predicting symptomatic remission and function, whereas body mass index and education were two factors for prediction of better cognition.

Conclusions Our study indicates that the definition of RSWG was more clinical relevant compared with CGI and BPRS in Chinese schizophrenia.

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

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EW501

Association between implicit motor learning and neurological soft signs in schizophrenia



A. Chrobak^{1,*}, K. Siuda-Krzywicka², G. Siwek¹, A. Tereszko¹, M. Siwek³, D. Dudek³

¹ Jagiellonian university medical college, faculty of medicine, Cracow, Poland

² École des neurosciences à Paris, Paris, France

³ Jagiellonian university medical college, department of affective disorders, Cracow, Poland

* Corresponding author.

Introduction Schizophrenia (SZ) patients present subtle motor deficits known as Neurological Soft Signs (NSS). Those deficits encompass impairments of motor coordination, sequencing of complex motor acts and sensory integration. It has been shown that SZ patients present also deficits of higher motor functions as implicit motor learning. Growing number of studies indicate that both NSS and implicit motor learning deficits are associated with impairments of common cortico-cerebellar pathways, however relationship between these two deficits has not been evaluated yet.

Objectives To assess NSS and implicit motor learning in SZ patients.

Aims To evaluate associations between NSS and implicit motor learning scores in SZ patients.

Methods Twenty schizophrenia patients and 20 healthy controls were examined. Patients were under olanzapine, clozapine or quetiapine treatment. NSS were assessed with Neurological Evaluation Scale (NES). Implicit motor learning were assessed with a use of Serial Reaction Time Task.

Results SZ patients presented statistically higher NSS scores than healthy controls ($P < 0.001$) and presented no signs of implicit motor learning. There was statistically significant negative correlation between implicit motor learning score and total score of

neurological soft signs ($r = -0.44$), sequence of motor acts subscore ($r = -0.54$) and sensory integration subscore ($r = -0.47$) in SZ patients group ($P < 0.05$).

Conclusions There is association between implicit motor learning deficits and neurological soft signs in SZ patients.

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

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EW502

First-generation versus second-generation antipsychotic drugs for depression in schizophrenia



M. Corbo*, T. Acciavatti, S. Marini, E. Cinosi, L. Di Tizio, L. Di Caprio, D. Viceconte, L. Matteo, D.I. Giuseppe, G. Martinotti, M. Di Giannantonio

University "G.D. Annunzio" Chieti, Neuroscienze- Imaging e Scienze Cliniche, Chieti, Italy

* Corresponding author.

Introduction A certain degree of depressive symptoms is common in schizophrenic patients. The assessment and treatment of depressive symptoms in schizophrenia is clinically challenging.

Objectives We conducted a cross-sectional study to investigate the depressive dimension of schizophrenic patients.

Aims The aim was to evaluate the effect of pharmacotherapy on depressive symptomatology.

Methods Thirty-four outpatients (18–65 years old) with stable schizophrenia in monotherapy with FGAs or SGAs. We evaluated: depressive symptoms with Calgary Depression Scale for Schizophrenia; positive and negative symptoms (with Positive and Negative Symptom Scale); neurocognition (with Matrics Cognitive Consensus Battery); social cognition (with Facial Emotional Identification Test); social functioning (with Personal and Social Performance Scale and with UCSD Performance-based Skills Assessment). Collected data underwent statistical analyses.

Results A SGAs therapy was associated with: lower depressive symptoms (mean SGAs group = 4.0; mean FGAs group = 7.86, $P < 0.05$); lower mean positive symptoms (mean SGAs group = 12.65; mean FGAs group = 17.43, $P < 0.05$); lower negative symptoms (mean SGAs group = 21.35; mean FGAs group = 29.07, $P < 0.05$); lower scores on the PANSS-total (mean SGAs group = 71.05; mean FGAs group = 91.86, $P < 0.01$). After correction for multiple variables, the SGAs group still had significantly lower values towards the FGAs group ($P < 0.05$).

Conclusions Our study support the notion that switch from a FGA to a SGA could be a relatively simple first-step for the treatment of this condition. Atypical antipsychotics might exercise antidepressant effects with different potential mechanism including: remission of a FGA-induced depression and action on of 5-hydroxytryptamine, dopamine [other than postsynaptic D2], and $\alpha 1$ -noradrenergic receptor sites.

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

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EW503

Clinical and functioning outcomes of second-generation long-acting antipsychotics in a sample of schizophrenia patients during a follow-up period of 6 months



V. Corigliano^{1,*}, I. Mancinelli¹, A. De Carolis², S.M. Tamorri¹, S. Di Pietro¹, F. Pazzelli¹, I. Ciccaglione¹, P. Girardi¹, A. Comparelli¹

¹ Sant'Andrea hospital, NESMOS department neurosciences- mental health and sense organs unit of psychiatry- Sant'Andrea hospital-school of medicine and psychology- Sapienza university, Roma, Italy

² Sant'Andrea hospital, NESMOS department neurosciences- mental health and sense organs unit of psychological medicine- Sant'Andrea hospital- school of medicine and psychology- Sapienza university, Roma, Italy

* Corresponding author.

Introduction Second-generation long-acting injectable antipsychotics (LAI) constitute a valuable alternative for the treatment of schizophrenia and combine advantages of both long-acting injectable drugs and atypical antipsychotics. Realistic, naturalistic studies are necessary to evaluate the impact of LAIs on specific cluster of symptoms.

Objectives To collect clinical and functioning outcomes in outpatients with schizophrenia treated with LAIs during a follow-up period of 6 months.

Aims To determine the impact on symptoms and functioning of second-generation LAIs.

Methods It is a 6-month naturalistic, observational, prospective, non-interventional study of patients diagnosed with DSM-V schizophrenia disorder. Clinical data were assessed by the Positive and Negative Syndrome Scale (PANSS) and the Global Assessment of Functioning (GAF). For statistical analysis, we used the Wall-work's five-factor model of the PANSS.

Results A total of 50 schizophrenia patients (70% male; mean age: 36.2 ± 10.4) referred to the Depot Clinic at Sant'Andrea Hospital in Rome was included. Eight patients received treatment with risperidone LAI (RLAI), 20 with paliperidone-palmitate LAI (PLAI), 10 with olanzapine-pamoate LAI (OLAI) and 12 with aripiprazole LAI (ALAI). LAIs were overall associated with improved functioning and positive symptoms; OLAI, ALAI e PLAI correlated with improved negative symptoms, RLAI, OLAI e PLAI with improved disorganised/concrete symptoms, OLAI e PLAI with improved excited symptoms; ALAI improved depressive symptoms.

Conclusion Over the 6-month period, LAIs were associated with improved functioning and illness severity in schizophrenia patients with different symptoms profile. Treatment with PLAI and OLAI showed the major clinical advantages, whereas only ALAI correlated with improved depressive symptoms.

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

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EW504

Reduction of negative social attributions towards people with mental illness through a combination of treatments



C. Vaquero^{1,*}, M. Cebollero¹, M.Á. Escudero¹, J. Saiz^{1,2}

¹ Grupo 5, psychosocial rehabilitation, Aranjuez, Spain

² Universidad Complutense de Madrid, Facultad de Psicología, Madrid, Spain

* Corresponding author.

Introduction Stigma towards people with mental illness can have very negative consequences for the persons that experience it. So, it becomes strongly necessary to combat this problem.

Objectives/Aims Evaluate the effectiveness of multiple interventions to reduce stigma against mental illness in a group of high school students.

Methods Quasi-experimental study. Seventy-six students between 16 to 19 years old from 3 schools of southern Madrid State participated. No significant differences in age and gender between groups were found. The quasi-control group was obtained from 3 different classrooms (1 in each school). This group did not go through any treatment. The experimental group

had 2 treatments. Treatment “A” consisted in 1 psychoeducation session. Treatment “B” was 1 visit (real or virtual) to the Thyssen-Bornemisza museum. Persons exercising as museum guides had been diagnosed with mental illness. They already were participants in the PCEA program of the CRPS Latina. The instrument to assess stigma was the AQ-27, validated in Spanish.

Results We found significant reductions of stigma in all dimensions explored: Anger (A vs BC; $P < 0.001$), Threat (A vs BC; $P < 0.001$), Fear (A vs BC; $P < 0.001$), Coercion (A vs BC; $P < 0.001$) Segregation (A vs BC; $P < 0.001$) and Avoidance (A vs BC; $P < 0.001$).

Conclusions The combination of treatments for intervention on stigma in samples of school students seems to be a very effective option to reduce stigma.

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

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EW505

Avolition in schizophrenia: associations with trait and state anhedonia

S. De Simone*, A. Mucci, P. Bucci, E. Merlotti, M. Chieffi, G. Piegari, T. Campana, S. Patriarca, M. Rocco, D. Palumbo, S. Galderisi

University of Naples SUN, department of psychiatry, Naples, Italy
* Corresponding author.

Introduction Current research suggested that avolition in patients with schizophrenia (SCZ) is not due to a deficit of hedonic experience, but to a poor ability to translate pleasurable experiences into motivational states. In line with this hypothesis, several evidences showed a preserved hedonic experience, even in the presence of severe trait anhedonia and avolition in SCZ.

Objectives To test the hypothesis that memory dysfunction, generally found in SCZ, could lead to inaccurate representations of emotional experiences and interfere with translation of pleasurable experience in motivation.

Aims The present study was aimed to investigate the relationships between state and trait anhedonia, avolition and cognitive functioning in 35 SCZ.

Methods In SCZ and matched healthy controls (HC) the Temporal experience of Pleasure (TEPS) and Chapman's scales were used to assess trait anhedonia. The MID task was used to assess in-the-moment hedonic experience. Avolition was measured by the Schedule for the Deficit Syndrome. MATRICS Consensus Cognitive Battery was used to assess cognition.

Results SCZ did not differ from HC on TEPS or on MID task performance but reported higher scores for trait social anhedonia. Trait social anhedonia was associated with memory dysfunction and showed a correlation with avolition.

Conclusions Our results confirm the disjunction between state and trait anhedonia and demonstrate a relationship of the latter with memory impairment and avolition, suggesting that inaccurate representations of emotional experiences might impede their translation in motivation to act.

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

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EW506

Relation between EEG source functional connectivity and the negative symptom severity in schizophrenia: a preliminary report from a multicentre study



G. Di Lorenzo^{1,*}, A. Mucci², A. Daverio¹, F. Ferrentino¹, A. Vignapiano², D. Marasco³, C. Niolu¹, M. Altamura³, S. Galderisi²

¹ University of Rome “Tor Vergata”, department of systems medicine, Rome, Italy

² University of Naples SUN, department of psychiatry, Naples, Italy

³ University of Foggia, department of clinical and experimental medicine, Foggia, Italy

* Corresponding author.

Introduction Neural dysconnectivity is hypothesized to be a key element in pathophysiology of schizophrenia. However, the relation of disordered connectivity with the different clinical characteristics of the syndrome is not fully elucidated.

Objectives The current research investigated the relations between resting-state EEG Source Functional Connectivity (EEG-SFC) and the two main clusters of negative symptoms derived from the Brief Negative Symptom Scale, the Expressive Deficit (ED) and the Avolition (AV), in subjects with schizophrenia (SCZ) enrolled to the multicentre study of the Italian Network for Research on Psychoses.

Methods Out of 97 chronic, stabilized SCZ included, we selected subjects according the lower and the upper quartile of the ED and AV value distribution: 25 were in upper and 24 in the lower quartile of ED (respectively, HIGH-ED and LOW-ED); 27 were in upper and 24 in the lower quartile of AV (respectively, HIGH-AV and LOW-AV). Fifty-five healthy controls (HC) were included, comparable to SCZ for gender, age and educational level. EEG-SFC analysis was based on the lagged phase synchronization (LPS) computed by eLORETA from 5 minutes resting-state EEG recordings in eyes closed condition. LPS indices were determined for each spectrum band and between all 28 regions of interest (ROI) pairs. Group differences were significant for corrected P -value < 0.05 .

Results SCZ had higher theta band LPS than HC. Respect to LOW-ED, HIGH-ED showed significant increased alpha LPS in fronto-cingulate, para-hippocampal and insular inter-hemispheric ROI pairs. No significant difference emerged between HIGH-AV and LOW-AV.

Conclusions Subgrouping SCZ according to negative symptom severity reveals heterogeneous patterns of resting-state LPS connectivity.

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

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EW507

Low erythrocyte glutathione peroxidase activity in schizophrenic patients is mediated by gender, the number of episodes, disease duration and drug treatment

V. Djordjevic^{1,*}, M. Knezevic²

¹ Clinical center Nis, Daily hospital, Nis, Serbia

² Faculty of medical sciences, institute for psychiatry, Kragujevac, Serbia

* Corresponding author.

Introduction Inconsistent data showed that erythrocyte glutathione peroxidase (GPx) activity in schizophrenics is altered.

Aim The aim of this study was to evaluate whether some of the demographic, clinical and therapeutic factors had any significant impact on erythrocyte GPx activity in patients with schizophrenia.

Methods This study included 68 schizophrenic patients and 59 healthy individuals. GPx activity was tested related to patient age, gender, heredity, the onset of the disease, the duration of the disease, the number of episodes, PANSS scores and drug treatment. GPx activity was determined in erythrocyte hemolysates by Ransel commercially available test.



Results Erythrocyte GPx activity was significantly lower in patients with schizophrenia than in controls. Male patients had significantly lower GPx activity in comparison with those in female ones. Heredity negative patients showed significantly lower enzyme activity compared to control values. Significantly lower GPx activity was obtained independently of the onset of the disease. The patient group having more than one psychotic episode also showed significantly lower GPx activity compared to the control group. The disease duration of more than 1 year caused a significant decrease in enzyme activity. There was a significant difference in GPx activity between patients with different PANSS scores. In patients treated with second generation antipsychotics and in those treated with both first and second generation antipsychotics, GPx activity was significantly lower than in controls.

Conclusion This study shows that the low erythrocyte GPx activity in schizophrenics depends on patient gender, the number of episodes, disease duration and drug treatment.

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

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EW508

Exploration of the link between clinical judgments and subjective perceptions of clinical change in patients treated for schizophrenia



S. Egger*, S. Vetter, S. Prinz, G. Weniger, M. Müller

University hospital for psychiatry, ZIP- Rheinau, Zurich, Switzerland

* Corresponding author.

Introduction Subjective perceptions of clinical change in patients with schizophrenia are often not congruent to the objective evidence of the same, especially since a lack of insight is part of the symptomatology. However, the exploration of the relationship between clinical judgments from mental health experts and the patients' perception of symptom change is fairly understudied.

Aims and objectives This study aimed to investigate the performance of the Positive and Negative Syndrome Scale (PANSS) as a tool for clinical outcome monitoring in schizophrenia in concordance with the change of self-reported psychopathology assessed with the Frankfurt Complaint Questionnaire (FCQ) in patients with a schizophrenia.

Methods A consecutive sample of patients admitted to a Swiss psychiatric hospital for schizophrenia was assessed with the FCQ at admission and discharge. The PANSS was rated by the responsible clinicians at admission and discharge. Complete data of admission and discharge were available from approximately 60 cases. Reliable change index (RCI) was calculated to determine a clinically meaningful change based on the PANSS scores. Logistic regression models were conducted to explore the link between RCI levels and the change of self-reported perceptions of psychopathology.

Results and conclusions Our study found no relationship between the change of PANSS and FCQ from admission to discharge in a sample of patients treated for schizophrenia. Therefore, our findings provide evidence for a large discrepancy between the observed clinical severity and the subjective perception of symptoms in individuals with schizophrenia.

Keywords Positive and Negative Syndrome Scale; Frankfurt Complaint Questionnaire; Schizophrenia; Outcome monitoring; Subjective perception

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

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EW509

Ethnic difference in medication adherence and compounding factors in treatment of early stages of psychotic disorders



T. Elanjithara^{1,*}, T. Winton-Brown²

¹ Durham, United Kingdom

² Kings College London, Psychosis Studies, London, United Kingdom

* Corresponding author.

Introduction Studies shown ethnic difference in illness-awareness, medication acceptance, difference in types and doses of medication prescribed in certain ethnic groups in treatment of psychosis.

Objectives To study antipsychotic adherence patterns in ethnic groups and to study factors influencing.

Aims To analyse any difference in the adherence patterns between ethnic groups and identify factors mediating any effects.

Methods One hundred and twenty-seven consecutive patients presenting to early-intervention service in South-London included in naturalistic study. Sample binarised into Caucasian (white British, other white background, $n=36$, 28%) and combined Black and Minority Ethnic (BME, $n=91$, 72%) groups. Medication adherence studied using self and carer reports, looking for percentage of times taking medications, any gaps in treatment (at least 1 month). Range of demographic and clinical parameters collected including use of substances and medications side-effects.

Results Patients with treatment gap (at least 1 month) had similar demographic and clinical characteristics with the rest, except the former were more likely to have reported extra-pyramidal (EPSE) (Pearson $\chi^2=5.6$, $df=1$, $P=0.02$), and to be BME rather than Caucasian (BME $n=57$, 64%, Caucasian $n=16$, 44%, Pearson $\chi^2=4.5$, $df=1$, $P=0.05$). These variables were further entered in stepped multivariate regression, only the effect of EPSE remained significant, with odds ratio 8, $P=0.05$. There was no difference in Chlorpromazine equivalent dose between ethnic groups (Caucasian mean-dose 156 mg, BME 138 mg, $t=1.2$, $P=0.2$). Also there was no significant difference in types of antipsychotics prescribed ($\chi^2=4$, $P=0.1$, $df=2$) between the ethnic groups.

Conclusions Ethnic difference in antipsychotic adherence may also be influenced by sensitivity to certain side effects.

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

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EW510

Anti-DNA antibodies in the blood of patients with schizophrenia possess DNA-hydrolyzing activity



E. Ermakov^{1,*}, L. Smirnova¹, L. Sinyanskii², D. Dobrygina²,

A. Semke³, G. Nevinsky⁴, V. Buneva⁴, S. Ivanova¹

¹ Mental health research institute, laboratory of molecular genetics and biochemistry, Tomsk, Russia

² Siberian state medical universitu, department of neurology and neurosurgery, Tomsk, Russia

³ Mental health research institute, department endogenous disorders, Tomsk, Russia

⁴ Institute of chemical biology and fundamental medicine, laboratory repair enzymes, Novosibirsk, Russia

* Corresponding author.

Introduction Autoantibodies (Abs) to different neuronal receptors and DNA were detected in the blood of patients with

schizophrenia. Abs hydrolyzing DNA were detected in pool of polyclonal autoantibodies in autoimmune and infectious diseases, such catalytic Abs were named abzymes.

Objectives To investigate the level of anti-DNA antibodies and DNA-hydrolyzing activity of IgG from the serum of patients with schizophrenia depending on leading clinical symptoms.

Aims – To measure the concentration of anti-DNA Abs in serum of patients with leading positive and negative symptoms;
– to determine DNA-hydrolyzing activity of IgG.

Methods In our study, 51 patients were included. The levels of antiDNA Abs were determined using ELISA. DNA-hydrolyzing activity was detected as the level(%) of supercoiled pBluescript DNA transition in circular and linear forms. Statistical analysis was performed in “Statistica 9.0”.

Results Anti-DNA Abs of patients with schizophrenia not only bind DNA, but quite efficiently hydrolyze the substrate. IgG of patient with schizophrenia were shown to possess DNA hydrolyzing activity. It should be noted that DNAase activity of IgG in patients with schizophrenia with a negative symptoms was significantly higher, than in patients with positive symptoms (Table 1).

Conclusions The data show a correlation with the level of DNase activity and leading symptoms of patients with schizophrenia.

Table 1 Concentration of anti-DNA Abs and relative hydrolysis of DNA in different groups of patients with schizophrenia.

Groups of patients	Concentration of anti-DNA Abs U/mL (M ± SD)		Relative hydrolysis of DNA(%)
	Anti-ssDNA	Anti-dsDNA	
Healthy donors (n = 24)	7.4 ± 2.7	6.9 ± 0.9	9,1 ± 6,5
Total group of patients with schizophrenia (n = 51)	6.9 ± 3.7	7.4 ± 3.7	55.4 ± 32.6*
Positive symptoms (n = 25)	7.2 ± 4.1	5.3 ± 3.05	43.3 ± 33.1
Negative symptoms (n = 26)	5.4 ± 2.4*	7.9 ± 4.5	73.3 ± 23.8**

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

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EW511

Clinical and functional outcomes of patients with severe schizophrenia undergoing comprehensive treatment: A 6-year follow-up

J.J. Fernandez-Miranda*, S. Diaz-Fernandez
SESPA, AGCSM-V, Gijon, Spain

* Corresponding author.

Introduction To increase treatment compliance and consequently to reach clinical and rehabilitation goals in people with schizophrenia is a main challenge in their treatment.

Objectives and aims To know the retention in treatment (and reasons for discharge) of people with severe schizophrenia enrolled in a specific, intensive, comprehensive and community programme for them; and also to know treatment (clinical and functional) outcomes.

Methods A 6-year prospective, observational study of patients with severe schizophrenia (ICD 10: F 20; CGI-S ≥ 5) undergoing specific severe mental illness programme (n = 200). Assessment

included the Clinical Global Impression-Severity scale (CGI-S), the Camberwell Assessment of Needs (CAN) and the WHO Disability Assessment Schedule (WHO-DAS). Time in treatment and reasons of discharge were measured. Laboratory tests, weight and medications were reported. Hospital admissions were measured.

Results CGI at baseline was 5.86 ± 0.7. After 6 years 48% of patients continued under treatment (CGI = 4.31 ± 0.8; P < 0.01); 31% were medical discharged (CGI = 3.62 ± 1.6; P < 0.001); DAS decreased in the four areas (P < 0.01) and also CAN (P < 0.01); 7% had moved to other places; 8% were voluntary discharges. Eight patients dead; three of them committed suicide. Forty-five percent of all of them were treated with atypical long-acting antipsychotics, with good tolerability. There were significantly less hospital admissions than during the previous 6 years (P < 0.001).

Conclusions Retention of severe mentally ill patients with schizophrenia in a specific and intensive care programme was really high; and seemed to help getting in remarkable clinical and functional improvement. Long-acting medication also seemed to be useful on improving treatment adherence, mainly due to their good tolerability.

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

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EW512

Depressive symptoms in a sample of patients diagnosed with schizophrenia



A. Fernandez-Quintana*, M.D.C. García-Mahía

Clinical university hospital of La Coruña, psychiatry, La Coruña, Spain

* Corresponding author.

Introduction Previous studies highlight the difficulty of correctly diagnosing depressive symptoms in schizophrenic patients, as well as the impact on clinical progression among patients who present with both syndromes, worsening treatment adherence and overall prognosis.

Aims To determine the prevalence of depressive symptoms in patients diagnosed with schizophrenia. To analyze the relationship of depressive symptoms with other demographic and clinical variables.

Material and methods Eighty-four patients diagnosed with schizophrenia according to ICD-10 criteria and treated in an Outpatient Mental Health Clinic were recruited for this study. Symptom severity was assessed using The Positive and Negative Syndrome Scale (PANSS; Kay et al., 1987); classifying patients as positive, negative or mixed schizophrenia subtypes. Data from clinical and sociodemographic variables was obtained from clinical records.

Results The mean age was 43.2 years (SD: 10.2). Depression is objectively detected in 10.3% of the sample, and presented as subjective depression in 29.5%. The prevalence of depressive symptoms is higher among women, unmarried patients, lower social classes and patients who met criteria for predominantly positive Schizophrenia subtype. Higher prevalence of depressive symptoms was found in patients with a shorter course of disease.

Conclusions Depressive symptoms present with a high prevalence among patients diagnosed with schizophrenia, especially during the early years of the disease. Given the severe impact of depression on both the evolution and prognosis of patients with severe mental illness, screening and early treatment must be carried out.

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

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EW513

Problems in long-term treatment with atypical antipsychotics: hyperprolactinemia

C. Franch^{1,*}, G. Medina², M.D. Ortega³, M.E. Calzada¹, V. Molina²

¹ Complejo Asistencial Universitario de León, Psiquiatría, León, Spain

² Hospital Clínico Universitario de Valladolid, Psiquiatría, Valladolid, Spain

³ Centro de Salud Mental Cartagena, Psiquiatría, Murcia, Spain

* Corresponding author.

Introduction Schizophrenia and other psychotic disorders are associated with high rates of morbidity and mortality, caused by the use of specific treatments as well as health factors directly related to those processes. One of the high-frequency side effects in patients treated with classic and atypical antipsychotics is hyperprolactinemia. It causes alterations in neuroendocrine sphere (amenorrhea, galactorrhea, gynecomastia...), and other mid- and long-term effects (osteoporosis, cardiovascular risk increase and increased risk of developing cancers - specifically in breasts and endometrium).

Objectives Check hyperprolactinemia induction by maintained treatment with atypical antipsychotics.

Methodology A naturalistic prospective study was conducted following 75 patients on maintenance treatment with a single atypical antipsychotic during 24 months. Anthropometric and laboratory data were collected, along with the presence of different endocrine-metabolic during the 2-year study alterations.

Results Changes in prolactin levels were found in a large number of patients, with statistically significant differences between 0 (basal) and 24 months (Basal [M=26.27; SD=21], 2 years [M=38.08, SD=34.65]; $t=-2.758$; $P=0.013$), with hyperprolactinemia increasing from 46.6% of patients at baseline to 65.5% at 2 years, mainly with paliperidone and risperidone long acting injection (statistically significant increase in both cases) (Fig. 1).

Conclusions Paliperidone and risperidone long acting injectable induce increased prolactin levels in patients in long-term antipsychotic treatment.

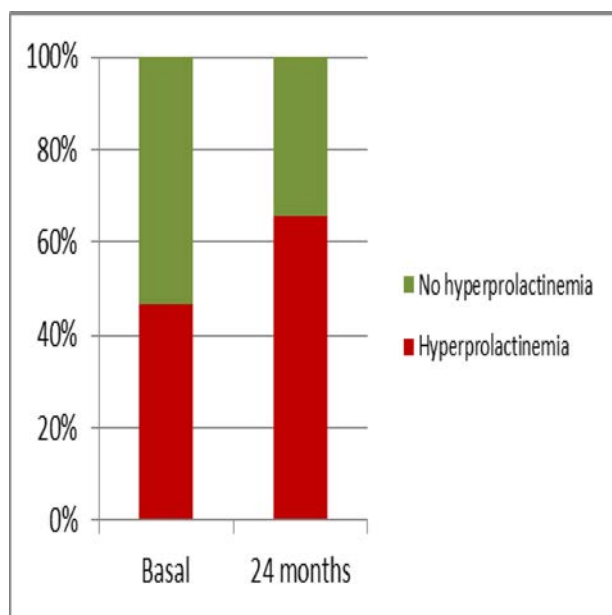


Fig. 1 Prolactin variation at 24 months.

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EW514

Cortical and subcortical morphology deficits in cerebral gray matter in patients with schizophrenia and not affected siblings

F. Pastoriza^{1,*}, L. Galindo², A. Mané³, D. Bergé³, N. Pujol³, M. Picado⁴, A. Bulbena², O. Vilarroya², V. Pérez⁵

¹ IMIM - Universitat Autònoma de Barcelona, USM l'Hospitalet Nord-ICS, Barcelona, Spain

² Institut de Neuropsiquiatria i Addiccions - Parc de Salut Mar- IMIM- Universitat Autònoma de Barcelona, Psychiatry, Barcelona, Spain

³ Institut de Neuropsiquiatria i Addiccions- Parc de Salut Mar- IMIM, Psychiatry, Barcelona, Spain

⁴ IMIM, Neuroimaging, Barcelona, Spain

⁵ Institut de Neuropsiquiatria i Addiccions- Parc de Salut Mar- IMIM- Universitat Autònoma de Barcelona, Psychiatry- CIBERSAM G21, Barcelona, Spain

* Corresponding author.

Objective Explore the basis of cortical morphometry in patients with schizophrenia and non-affected siblings by Magnetic Resonance Structural analyzing cortical thickness.

Methods Twenty-nine patients with schizophrenia treated with atypical antipsychotics and clinically stable in the last 6 months were recruited. Twenty-three not affected siblings of patients with schizophrenia and 37 healthy volunteers were recruited. Magnetic Resonance Structural was performed. FreeSurfer the brain imaging software package for analysis of Cortical Thickness is used. In the analysis of group differences in cortical thickness (CT) with the general linear model (GLM), the P -value was established in 0003 following the Bonferroni correction to control for multiple comparisons (seven regions of interest a priori in each hemisphere).

Results Significant differences in cortical thickness between patients and healthy controls. Differences between groups were calculated by general linear model (GLM) with age and sex as covariables (Table 1).

Conclusions In applying the correction for multiple comparisons, differences in bilateral-lateral orbitofrontal, medial orbitofrontal-right and left temporal transverse frontal cortex are significant. Our study replicates previous findings and provides further evidence of abnormalities in the cerebral cortex, particularly in the frontal and temporal regions, being characteristic of schizophrenia.

Table 1 Significant differences in cortical thickness in healthy controls, not affected siblings and patients with schizophrenia.

		Controls n=37	Siblings n=23	Patients n=29	F	P	
Frontal	L caudalmiddlefrontal	2.41	2.36	2.27	4,65	<0.05*	P<C=S
	L lateralorbitofrontal	2.66	2.57	2.5	8,5	<0.001***	P<C=S
	R lateralorbitofrontal	2.59	2.45	1.96	9,28	<0.001***	P<S<C
	L medialorbitofrontal	2.44	2.41	2.3	5,72	<0.01**	P<S<C
	R medialorbitofrontal	2.57	2.51	2.36	14,32	<0.001***	P<S<C
	L rostralmiddlefrontal	2.2	2.21	2.17	5,39	<0.01**	P<C=S
	R rostralmiddlefrontal	2.33	2.27	2.2	4,19	<0.05*	P<C=S
	L superiorfrontal	2.62	2.58	2.46	5,56	<0.01**	P<C=S
	R superiorfrontal	2.65	2.6	2.54	3,1	0.051	P<C=S
	Temporal	L superiortemporal	2.78	2.71	2.65	4,01	<0.05*
R superiortemporal		2.83	2.78	2.67	4,59	<0.05*	P<C=S
L transversetemporal		2.43	2.24	2.19	7,68	<0.001***	P<S<C
R transversetemporal		2.4	2.36	2.2	5,82	<0.01**	P<C=S
R middletemporal		2.89	2.83	2.76	4,35	<0.05*	P<C=S

P: patients; S: siblings; C: controls.

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

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EW515

Differential peripheral biomarkers in severe mental illness



L. Garcia-alvarez^{1,*}, M.P. Garcia-portilla^{1,2,3},
L. Gonzalez-blanco^{2,3}, L. De La Fuente Tomas², C. Iglesias^{2,4},
P. Saiz Martinez^{1,2,3}, J. Bobes^{1,2,3}

¹ Centro de Investigación Biomédica en Red de Salud Mental, CIBERSAM G05, Oviedo, Spain

² Universidad de Oviedo, Área de Psiquiatría, Oviedo, Spain

³ Servicio de Salud del Principado de Asturias, SESPA, Oviedo, Spain

⁴ Servicio de Salud del Principado de Asturias, SESPA, Langreo, Spain

* Corresponding author.

Introduction Patients with schizophrenia and bipolar disorder have higher rates of medical comorbidities and mortality than general population [1,2].

Aims To find severe mental illness biomarkers. Here, we present the peripheral biological parameters of patients with schizophrenia (SCH), bipolar disorder (BD) and healthy subjects (HS).

Methods Cross-sectional, naturalistic study. Inclusion criteria: DSM-IV diagnosis of schizophrenia or bipolar disorder; age > 17 years; and written informed consent given.

Results One hundred and twenty-three SCH, 102 BD and 80 HS. Laboratory tests: red cells, haemoglobin, leukocyte, platelets, glucose, urea, creatinine, uric acid, cholesterol, HDL-cholesterol, LDL-cholesterol, triglycerides, GPT, AP, CA, P, FE, insulin, HbA1c and TSH. Age and gender were used as covariates. There were differences in: HDL-cholesterol ($P < 0.0001$), triglycerides ($P < 0.0001$), insulin ($P < 0.0001$), AP ($P = 0.006$) and TSH ($P = 0.013$). The differences were between SCH and HS (HDL-cholesterol, triglycerides, insulin, AP and TSH), and, between BD and HS (HDL-cholesterol, triglycerides, insulin and TSH), but not between SCH and BD.

Conclusion There are differences in peripheral biological parameters between patients with SCH or BD and HS. Biological biomarkers may play a role in severe mental disorders pathogenesis [1,2].

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

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EW516

Paliperidone palmitate log-acting injection in patients with psychotic active clinic: start, change or increase of dose



A.L. Gonzalez Galdamez*, M.D. Piqueras Acevedo, M.R. Raposo Hernández, I. Martínez Pérez, P. Manzur Rojas, A. Gil Sánchez, A. Belmar Simo, A. Busaileh Salas, F. González Jiménez, R. Sánchez Marín, S. Gómez Bravo, C.J. García Briñol, A. Rodríguez Hernandez

Santa Lucia Hospital, Psychiatry, Cartagena-Murcia, Spain

* Corresponding author.

The aim is to describe the experience of treatment with Paliperidone Palmitate long acting injection (PP) in patients with psychotic active clinic, whether diagnoses with schizophrenia or in patients with the first episode psychosis, as well as to reflect the improvement in the control of the symptoms that the patients can improve increasing the dose.

Methods We have done a descriptive study of 34 patients hospitalized in psychiatry between January and July 2015 for psychotic active clinic who started treatment with PP or the previous dose was increased.

Results 91.2% of patients admitted for acute exacerbation of their usual pathology and 8.8% for a first episode psychosis. In the CGI scale, all the patients admitted scored as severe or markedly ill; going mostly mildly ill at discharge. For 55.9% of patients, the treatment was changed to PP, 29.4% of the dose was increased PP and 14.7% antipsychotic treatment was started with PP. Among patients change treatment, the main reason was non-adherence (47.4%). 70.6% of our patients were discharged with PP as only antipsychotic and 29.4% which was discharged with another antipsychotic, the most frequent association was of PP with Quetiapine (80%).

Conclusions PP is a highly effective medicament in the treatment of the schizophrenia that improves the adherence to the treatment, so in our experience and we consider it a medicament to be considered in the early stages of the disease. According to our experience and there are patients who can benefit from better control of symptoms adjusting the dose individually.

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EW517

Inflammatory and metabolic biomarkers of psychopathological dimensions of schizophrenia



L. Gonzalez-Blanco^{1,2,*}, M.P. García-Portilla^{1,2,3},
L. Garcia-Alvarez^{2,3}, C. Iglesias^{2,4}, P. Saiz^{1,2,3}, A. Coto⁵,
J. Bobes^{1,2,3}

¹ Servicio de Salud del Principado de Asturias, Psiquiatría, Oviedo, Spain

² Universidad de Oviedo, Área de Psiquiatría, Oviedo, Spain

³ Centro de Investigación Biomédica en Red de Salud Mental, CIBERSAM, Oviedo, Spain

⁴ Servicio de Salud del Principado de Asturias, Psiquiatría, Langreo, Spain

⁵ Universidad de Oviedo, Morfología y Biología Celular, Oviedo, Spain

* Corresponding author.

Introduction The concept of schizophrenia as a systemic disease includes, not only psychosis, but an increase in somatic comorbidity and cardiovascular risk [1]. Furthermore, it is known the implication of inflammation in the pathogenesis of schizophrenia [2].

Objectives To determinate potential inflammatory/metabolic biomarkers of schizophrenia's dimensions.

Methods Sample: 36 outpatients with schizophrenia for less than 11 years, under stable maintenance treatment (mean age [32.25], males [63.9%]) and their 36 matched controls (age [32.53 ± 6.63]; males [72.2%]).

Evaluation PANSS, Clinical Assessment Interview for Negative Symptoms(CAINS), Calgary Scale(CDS), CGI, Personal and Social Performance Scale(PSP). Biomarkers: C-reactive protein (CRP), homocysteine, glucose, insulin, HOMA-IR (insulin resistance), cholesterol, HDL, LDL, triglycerides.

Results Biomarkers differences between groups are shown in Table 1. Table 2 shows the correlations found after controlling for Body Mass Index [patients(28.61 ± 5.69);controls(24.64 ± 3.80); p=0.001] and Smoking [patients(52.8%-yes);controls(5.6%-yes);p=0.000].

Conclusions 1. CRP, a potential inflammatory biomarker in schizophrenia, is related to depression severity. Homocysteine, representing an oxidative stress, is related to positive, negative, cognitive and depressive symptoms severity, and worse functioning. 2. Patients with schizophrenia have lower HDL-related to negative and cognitive symptoms severity and worse functioning—and insulin resistance – related to worse cognition –.

Table 1

	Patients(Mean±SD)	Controls(Mean±SD)	t
CRP(mg/dl)	0.42±0.73	0.11±0.09	2.50*
Homocysteine(mg/dl)	12.97±3.35	12.05±3.78	0.98
Glucose(mg/dl)	85.2±11.34	80.88±9.76	1.80
Insulin(mg/dl)	17.85±14.73	7.91±3.33	3.93**
HOMA-IR	1.91±1.30	0.99±0.42	3.88**
Cholesterol(mg/dl)	185.89±34.65	178.09±22.99	1.12
HDL(mg/dl)	46.19±13.55	62.14±15.10	-4.68**
LDL(mg/dl)	113.81±29.40	103.97±27.11	1.46
TG(mg/dl)	134.08±67.63	79.11±30.39	4.44**

*p<0.05,**p<0.01

Table 2

	CRP	Homocysteine	Insulin/HOMA-IR	Chol/LDL/TG	HDL
PANSS-Positive		0.59**			
PANSS-Negative		0.46*			-0.51**
PANSS-General		0.58**			
PANSS-Total		0.60**			-0.35*
CAINS		0.49*			-0.49**
CDS	0.55**	0.41*			
CGI-Cognition		0.47*	0.42*/0.42*		-0.40*
CGI-Global		0.49*			-0.46**
PSP		-0.51**			0.49**

*p<0.05,**p<0.01

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

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EW518

Clinical and functional response to paliperidone palmitate in early schizophrenia—A retrospective observational study in newly diagnosed patients treated over a 12-month period

L. Hargarter^{1,*}, P. Bergmans², P. Cherubin³, A. Schreiner¹

¹ Janssen Cilag Germany, Medical Affairs EMEA, Neuss, Germany

² Janssen Cilag Netherlands, Biostatistics, Tilburg, Netherlands

³ Janssen Cilag France, Medical Affairs EMEA, Issy-Lès-Moulineaux, France

* Corresponding author.

Introduction Data on clinical outcomes with long-acting antipsychotic treatment in young, newly diagnosed patients with schizophrenia is sparse.

Objectives To explore hospitalization, drug utilization and clinical outcomes from medical records of newly diagnosed schizophrenia patients during first 12 months of treatment with once-monthly paliperidone palmitate (PP).

Methods International, multicenter, retrospective, observational study. Outcomes presented: baseline (BL) characteristics and demographics, clinically relevant improvements in disease severity (ie $\geq 20\%$ decrease in PANSS or BPRS total score or CGI-S Change ≥ -2 or CGI-C ≥ 3 , with no score showing worsening) and clinically relevant functional improvement (i.e. change in PSP total score $\geq +7$ points or change in GAF total score $\geq +20$ points, with no score showing worsening) from BL to last-observation-carried-forward endpoint (LOCF-EP) within 12-month documentation period, mean mode PP dose and adverse drug reactions.

Results Eighty-four patients analyzed: 69% male, mean age at initiation of PP was 24.1 (SD2.7) years, mean BL weight was 78.7 (SD16.0) kg and 80.0 (SD14.7) kg at LOCF-EP, with a mean change of 1.2 (SD3.9) kg; mean time from first psychotic episode to initiation of PP was 5.5 (SD3.3) months. At LOCF-EP 86.6% achieved a clinically relevant improvement (71/84, Kaplan-Meier median time from initiation of PP: 52.4 days). 63.4% achieved a clinically relevant functional improvement (52/84, Kaplan-Meier median time from initiation of PP: 53.1 days). PP mean mode maintenance dose was 96.4 (SD19.8) mg. ADRs reported in $\geq 5\%$ of patients were weight increase 9.1% and hyperprolactinemia 5.7%.

Conclusions Treatment with once-monthly PP was well tolerated and associated with clinically relevant improvements in disease severity and functioning in young, newly diagnosed schizophrenia patients.

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

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EW519

Early schizophrenia patients treated with once-monthly paliperidone palmitate over a 12-month period - a retrospective observational study

L. Hargarter^{1,*}, P. Bergmans², P. Cherubin³, A. Schreiner¹

¹ Janssen Cilag Germany, Medical Affairs EMEA, Neuss, Germany

² Janssen Cilag Netherlands, Biostatistics, Tilburg, Netherlands

³ Janssen Cilag France, Medical Affairs EMEA, Issy-Lès-Moulineaux, France

* Corresponding author.

Introduction Little is known about patient characteristics and rehospitalization in newly diagnosed patients with schizophrenia treated with long-acting antipsychotics.

Objectives To retrospectively explore hospitalizations, drug utilization and clinical outcomes from medical records of young, newly diagnosed schizophrenia patients during the first 12 months of treatment with once-monthly paliperidone palmitate (PP).

Methods International, multicenter, retrospective, observational study. Outcomes presented are patient characteristics, reason for PP initiation and hospitalization data.

Results Eighty-four patients were analyzed: mean age (years) at first psychotic episode was 23.8 (SD2.6), 23.9 (SD2.6) at first antipsychotic treatment and 24.1 (SD2.7, range 19-29) at PP initiation. Time between first antipsychotic treatment and PP initiation was 4.8 (SD: 3.4, range: 0-12) months. At PP initiation, 42.9% of patients were in hospital, primarily for the management of the first episode/relapse (97.2%). Reason for PP initiation was: LAT favored over oral treatment for relapse prevention (56%), partial/non adherence with previous oral medication (20.0%), convenience (15.5%) or limited access to health care systems (2.4%). Mean time (days) between admission and initiation of PP, and between initiation of PP and discharge from hospital was 28.8 (SD23.0) and 23.2 (SD24.5), respectively. 96.4% of patients were not hospitalized during the 12-month PP treatment period. 3/84 patients (3.6%) had a single hospitalization of 15.7 (SD: 8.1) days for management of episode/relapse.



Conclusions In this young, newly diagnosed schizophrenia population, the number of hospitalizations following PP initiation was low. Main reason to initiate PP was clinicians favoring LAT over oral antipsychotic treatment for relapse prevention or due to partial/non adherence with previous oral treatment.

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

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EW520

Real-world paliperidone palmitate data from acute units: The SHADOW study



E. Parellada^{1,*}, M. Bioque¹, B. Herrera², M. García-Dorado²

¹ Hospital Clínic de Barcelona, Unitat d'Esquizofrènia Clínic, Barcelona, Spain

² Janssen-Cilag S.A., Medical Department, Spain

* Corresponding author.

Introduction There is an increasing interest in understanding how antipsychotic treatments work in a real-world-setting. This is especially important with long-acting-antipsychotics, where explanatory trials may not always represent the real-world-population. Observational studies and pragmatic-clinical trials could provide additional information about new therapies, which could inform decision-making processes.

Objectives To assess the effectiveness of Paliperidone-Palmitate(PP) in an acute setting within real-world-conditions. Functionality, satisfaction with treatment and pattern of use were also evaluated.

Methods An observational, prospective 6-week follow-up study was performed in acute units including adult patients with acute exacerbation of schizophrenia that started treatment with PP. Data were collected from initiation of PP until week-6 (or patient's discharge if earlier). Clinical-Global Inventory-Severity (CGI-S) was used to assess effectiveness as well as changes in illness severity. Other outcomes included total score on the Personal and Social Performance scale (PSP), patient-satisfaction with medication (MSQ) and tolerability. Student's-*t* tests were used to assess changes from baseline in CGI-S and PSP.

Results Two hundred and eighty patients were included in the analysis (mean age: 40.5 ± 12.2 [SD] years). A significant decrease in mean (SD) CGI-S score between baseline (4.7 [0.9]) and endpoint (3.3 [0.9]) ($P < 0.0001$) was observed. (Note that 21% of patients were discharged on PP-monotherapy). Patient-functioning also significantly improved from baseline to endpoint ($P < 0.0001$). Seventy-four percent of patients were satisfied (measured by MSQ) at the end of follow-up. Anticholinergic-treatment was less frequent for PP discharged on monotherapy vs. not monotherapy (12.5% vs 21.2% respectively). Overall, PP was well-tolerated. Twenty-five AEs were reported in 20 patients (incidence 7.1%). No serious AEs occurred.

Conclusions These results support the effectiveness and tolerability of PP in an acute setting under daily-clinical-practice with good acceptance by patients.

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

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EW521

Reducing cardiovascular risk in non-selected outpatients with schizophrenia: A 2.5-year programme conducted in a real-life setting



P. Hjorth^{1,*}, P.M. Jørgensen², A. Kynde³

¹ Aarhus university hospital, mental health center- psychiatric hospital, Randers, Denmark

² Odense university hospital, department of psychiatry, Odense, Denmark

³ Aarhus university hospital- Risskov, department of organic mental disorder and emergency Ward, Aarhus, Denmark

* Corresponding author.

Introduction Patients with schizophrenia have increased somatic morbidity and increased mortality. Knowledge of how to integrate prevention and care of somatic illnesses into the treatment of psychiatric patients is required.

Objectives Forty-seven patients diagnosed with schizophrenia participated in the programme (mean age: 33.3 years, SD: 11.9).

Aims To investigate whether a 2.5-year interventional programme to improve physical health is effective.

Method The intervention consisted of health promotion activities focusing on the patients' health, not their diseases. The patients' physical health parameters were intensely monitored and each patient received individual guidance on healthy food and on how to live a physically active life.

Results Extensive problems with obesity, especially among the women, were observed, and low level of physical activity among the patients was demonstrated. The included patients were in a high risk of developing cardio vascular diseases and diabetes type 2. The main outcomes were reduction in waist circumferences and in consumption of soft drinks and an increase in coffee drinking. Furthermore, an increase in time spent on moderate and light physical activities was observed. The patients showed great interest in the programme, and it was unproblematic getting the patients to participate in the entire programme. Moreover, they willingly followed the health guidance and achieved a healthier life.

Conclusions The intervention seems relevant and manageable in an outpatient setting. The results are promising in the ongoing process of improving physical health among patients with schizophrenia. We recommend implementation of the programme in daily practice.

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

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EW522

A mirror image study of the utility of long acting aripiprazole



R. Hodgson*, C. Aladakatti, N. Kataria, T. Saravanappa, D. Brittainy

Lyme Brook Centre, Psychiatry, Stoke-on-Trent, United Kingdom

* Corresponding author.

Aims and background Ablify Maintena (AM) is a long acting injection of aripiprazole that received marketing authorisation in the UK in January 2014. It is costly compared to first generation antipsychotics (FGAs) LAIs and there are no robust trials comparing AM with FGAs. We examined the effectiveness and use of AM in a mental health trust.

Methods We identified all patients prescribed AM in North Staffordshire (population: 470,000) since launch and examined records for demography, diagnosis, bed and medication use. We examined the effectiveness of AM using a mirror image design.

Results Thirty patients received AM in a time frame allowing a 1-year follow-up. Sixty-nine percent were male and the mean age was 39 years. Over half were detained under the 1983 Mental Health Act and 30% were inpatients on a psychiatric intensive care unit when AM was started. Twenty-eight patients had a psychotic diagnosis. There was a significant reduction in bed occupancy (63 v 6 days, $P = 0.0001$) and admissions (1.6 v 0.5, $P = 0.0001$). The median dose was 400 mg. Lack of effectiveness/poor adherence with prior treatments were the main reason for starting AM in 84%. Eighty-six

percent of patients clinically improved on AM. Blood parameters were in the normal range.

Discussion Within the limitations of the methodology, our results show a reduction in psychiatric bed use in the year following AM initiation on an intention to treat basis. The reduction in bed use equates to a minimum annual saving of £14,250 per patient. AM at the median study dose costs £2645 per year.

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

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EW523

Coping strategies and quality of life in schizophrenia outpatients treated by Psychopharmacs - cross-sectional study



M. Holubova^{1,2,*}, J. Prasko¹, R. Hruby³, D. Kamaradova¹, M. Ociskova¹, K. Latalova¹, A. Grambal¹

¹ Faculty of medicine and dentistry- Palacky university Olomouc- university hospital Olomouc, department of psychiatry, Olomouc, Czech Republic

² Regional hospital Liberec, department of psychiatry, Liberec, Czech Republic

³ Psychiatric outpatient department, Martin, Slovakia

* Corresponding author.

Introduction The modern psychiatric view of schizophrenia spectrum disorders and their treatment has led to an increasing focus on coping strategies and quality of life of these patients.

Objectives Understanding the relationship between quality of life and coping strategies can help in finding those coping strategies that enhance the quality of life. It is important to study the inner experience and striving of patients because of connection with well-being and treatment adherence.

Aims : In the present study, the authors examined the relationship between demographic data, the severity of symptoms, coping strategies, and quality of life in psychotic outpatients.

Methods Psychiatric outpatients who met ICD-10 criteria for a psychotic disorder (schizophrenia, schizoaffective disorder, or delusional disorder) were recruited in the study. Questionnaires measuring the coping strategies (SVF-78), the quality of life (Q-LES-Q), and symptoms severity (objective and subjective clinical global impression–objCGI; subjCGI) were assessed. Data were analysed using one-way ANOVA, Mann-Whitney U-test, Pearson and Spearman correlation coefficients, and multiple regression analysis.

Results One hundred and nine psychotic outpatients were included in the study. The QoL was significantly related to the Positive and Negative coping strategies. The severity of disorder highly negatively correlated with the QoL score. Stepwise regression analysis showed that symptoms severity (subjCGI), Positive coping strategies (especially Positive Self-instruction), Difference between the objCGI and subjCGI and Negative coping strategies explain totally 53.8% of variance of the QoL (Tables 1–3).

Conclusions Our study suggests the importance of utilizing the Positive coping strategies in improving the quality of life in patients with psychotic disorders.

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

Table 1 Description of the sample, demographic and clinical data.

VARIABLE	MEAN AND STANDARD DEVIATION
Age	41.96 ± 10.23
Gender (M: F)	41:62
Age of the disease onset	26.12 ± 8.97
Lifetime duration of treatment	15.38 ± 9.52
Minimum	1
Maximum	45
Number of hospitalizations	4.12 ± 3.97
Psychiatric heredity	
Same disorder	15 (14.6 %)
Other disorder	39 (37.9 %)
Without	47 (45.6 %)
Education:	
elementary	9 (8.7 %)
vocational training	25 (24.3 %)
secondary school	52 (50.5 %)
university	16 (15.5 %)
Marital status:	
single	61 (59.2 %)
married	24 (23.3 %)
divorced	15 (14.6 %)
widowed	1 (2.9 %)
Employment Yes/No	33/70
Retirement	87
Full invalidity	60
Partial invalidity	20
Old-age	7
From parent family	66
From incomplete family	31
Brother/sister Yes/No	90/13
Birth order	
First-born	44
Second-born	36
Third-born	10
Using psychiatric medication Yes/No	101/2
Regular use	94
Regularly, more than prescribed amount	2
Irregularly use	6
ObjCGI severity	-4.14 ± 2.75
SubjCGI severity	2.75 ± 1.39

Table 2 Description of using coping strategies and quality of life in schizophrenic outpatients.

COPING STRATEGIES	T-score mean	QUALITY OF LIFE	Points
Underestimation	47.77 ± 12.87	Physical health (max 65p)	41.81 ± 9.74
Guilt denial	54.35 ± 12.2	Feelings (max 70p)	46.33 ± 10.63
Diversion	50.88 ± 9.88	Work (max 65p)	27.82 ± 18.13
Compensatory satisfaction	55.57 ± 10.2	Household (max 50p)	34.99 ± 9.04
Situation control	44.95 ± 11.08	School / study (max 50p)	13.47 ± 8.77
Reaction control	47.76 ± 10.8	Leisure (max 30p)	20.15 ± 5.42
Positive self-instruction	41.37 ± 11.95	Social activities (max 55p)	35.69 ± 9.22
Need for social support	50.98 ± 11.02	General (max 80p)	51.49 ± 12.08
Active avoidance	55.76 ± 8.9	SUMA O-LES-Q (max 465p)	271.5 ± 12.47
Escape tendency	61.82 ± 9.42	Q-LES-Q in percent	58.42 ± 12.47 %
Perseveration	49.9 ± 12.5		
Resignation	60.44 ± 10.95		
Self-accusation	53.29 ± 12.61		
Using negative coping	59.04 ± 11.24		
Using positive coping	49.5 ± 11.8		

Abbreviations: Average use of coping 40–60 T-score, more than 60 overusing, less than 40 reduced using of coping strategy

Average use of coping 40–60 T-score, more than 60 overusing, less than 40 reduced use of coping strategy.

Table 3 Correlations between quality of life and coping strategies.

Coping / Domain	Total Q-LES-Q	Physical health	Feelings	Work	Household	School	Leisure	Soc. activities	General
Underestimation	0.466***	0.338**	0.477***	0.269**	0.322***	0.098	0.332**	0.328**	0.473***
Guilt denial	0.246*	0.256**	0.348***	0.145	0.085	-0.093	0.182	0.136	0.292**
Distraction	0.486***	0.417***	0.444***	0.297**	0.360***	0.134	0.285**	0.291**	0.444***
Compensatory satisfaction	0.283**	0.305**	0.310**	0.147	0.181	0.004	0.251*	0.184	0.250**
Situation control	0.284**	0.180	0.272**	0.141	0.322**	0.030	0.226*	0.260**	0.218*
Reaction control	0.477***	0.366***	0.473***	0.247*	0.359***	0.153	0.299**	0.354***	0.434***
Positive self-instruction	0.639***	0.505***	0.667***	0.356***	0.503***	0.148	0.419***	0.430***	0.563***
Need for social support	0.019	0.056	0.001	-0.050	0.097	-0.188	0.026	0.153	0.051
Active avoidance	-0.034	0.027	0.013	-0.051	0.008	-0.220*	0.020	0.025	-0.002
Escape tendency	-0.274**	-0.133	-0.275**	-0.236*	-0.172	-0.228*	-0.146	-0.148	-0.158
Perseveration	-0.397***	-0.305**	-0.454***	-0.183	-0.194	-0.150	-0.369***	-0.266**	-0.415***
Resignation	-0.518***	-0.467***	-0.613***	-0.244*	-0.377***	-0.133	-0.353***	-0.319**	-0.453***
Self-accusation	-0.319**	-0.283**	-0.397***	-0.262**	-0.140	-0.028	-0.201**	-0.069	-0.322**
Negative coping	-0.468***	-0.364***	-0.543***	-0.267**	-0.275**	-0.153	-0.344***	-0.264**	-0.434***
Positive coping	0.588***	0.481***	0.615***	0.323**	0.438***	0.085	0.417***	0.407**	0.547***

Abbreviations: * p<0.05; ** p<0.01; *** p<0.001

*P<0.05; **P<0.01; ***P<0.001.

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EW524

Self-stigma and quality of life in Psychopharmacs treated outpatients with schizophrenia and related disorders - A cross-sectional study

M. Holubova^{1,2,*}, J. Prasko¹, K. Latalova¹, M. Ociskova¹, A. Grambal¹, D. Kamaradova¹, K. Vrbova¹, R. Hruby³

¹ Faculty of medicine and dentistry- Palacky university Olomouc-university hospital Olomouc, department of psychiatry, Olomouc, Czech Republic

² Regional hospital Liberec, department of psychiatry, Liberec, Czech Republic

³ Psychiatric outpatient department, Martin, Slovakia

* Corresponding author.

Introduction Self-stigma is a maladaptive psychosocial phenomenon that can disturb self-image and quality of life in psychiatric outpatients and may lead to dysphoria, social isolation and reduced adherence to treatment.

Objectives Self-stigma and QoL could be reflected as important factors for patients, who suffer from schizophrenia spectrum disorders, their caregivers and mental health specialists. Focus on reducing the self-stigma in supportive and educational therapy could be an important factor in promoting a higher QoL.

Aims Current research moved attention to the relationship between demographic data, the severity of symptoms, self-stigma and quality of life in schizophrenic outpatients compared to the QoL in healthy controls.

Methods Patients who met ICD-10 criteria for schizophrenia spectrum disorder were recruited in the study. The Quality of Life Satisfaction and Enjoyment questionnaire (Q-LES-Q), Internalized Stigma of Mental Illness (ISMI) and severity of the disorder measured by objective and subjective Clinical Global Impression severity scales (CGI) were assessed.

Results One hundred and nine psychotic patients and 91 healthy controls participated in the study. Compared to the control group,

there was a lower QoL and a higher score of self-stigma in psychotic patients. We found the correlation between the self-stigma, duration of disorder and QoL. The level of self-stigma correlated positively with total symptom severity score and negatively with the QoL. Stepwise regression analysis revealed that the objective severity and self-stigma score were significantly associated with the quality of life (Tables 1 and 2, Fig. 1).

Conclusions Our study suggests a negative impact of self-stigma level on the quality of life in patients suffering from schizophrenia spectrum disorders.

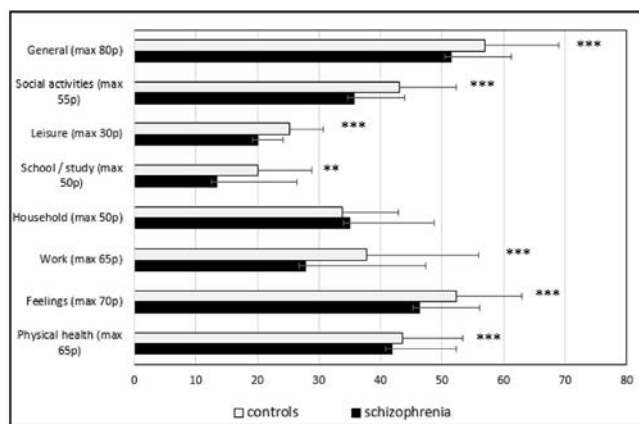
Table 1 Description of the sample, demographic and clinical data.

VARIABLE	PATIENTS (n=103)	CONTROLS (n=91)	STATISTICS
Age	41.96 ± 10.231	36.23 ± 13.40	Mann Whitney test; MW U= 3519; p<0.0005
Gender (M: F)	41:62	36:55	Fisher exact test; ns.
Age of disease onset	26.12 ± 8.974		
Lifetime duration of treatment	15.38 ± 9.519		
Number of hospitalizations	4.13 ± 3.968		
Psychiatric heredity			
Same disorder	15 (14.6%)		
Other disorder	39 (37.9%)		
Without	47 (45.6%)		
Education:			
elementary	9 (8.7%)	1 (0.9%)	Pearson chi-square; ns.
vocational training	25 (24.3%)	3 (2.8%)	
secondary school	52 (50.5%)	38 (34.9%)	
university	16 (15.5%)	9 (8.3%)	
not completed	1	40	
Marital Status:			
single	61 (59.0%)	28 (25.7%)	Pearson chi-square; ns.
married	24 (23.1%)	21 (19.3%)	
divorced	15 (14.3%)	1 (0.9%)	
widowed	1 (0.9%)	1 (0.9%)	
not completed	3 (2.7%)	40	
Employment Yes/No	33/70		
objCGI severity	4.14 ± 0.971		
subCGI severity	2.75 ± 1.392		
objCGI-subCGI severity	1.67 ± 1.56		
Q-LES-Q			
Physical health (max 65p)	41.81 ± 9.74	43.53 ± 10.43	unpaired t-test: t=4.098 df=180; p<0.0001
Feelings (max 70p)	46.33 ± 10.63	52.36 ± 9.70	
Work (max 65p)	27.82 ± 18.13	37.78 ± 19.47	unpaired t-test: t=4.107 df=192; p<0.0001
Household (max 50p)	34.99 ± 9.04	38.84 ± 13.72	Mann Whitney test; MW U= 3377; p<0.0001
School / study (max 50p)	13.47 ± 8.77	20.05 ± 12.97	unpaired t-test: t=0.6997 df=192; ns.
Leisure (max 30p)	20.15 ± 5.42	25.22 ± 4.05	
Social activities (max 55p)	35.69 ± 9.22	43.02 ± 8.24	unpaired t-test: t=7.290 df=191; p<0.0001
General (max 80p)	51.49 ± 12.08	56.88 ± 9.69	unpaired t-test: t=5.808 df=192; p<0.0001
SUM Q-LES-Q (max 465p)	271.5 ± 58.03	312.68 ± 46.11	unpaired t-test: t=3.400 df=192; p<0.001
SUM Q-LES-Q in percent	58.42 ± 12.47 %	67.24 ± 9.91 %	
ISMI			
Alienation	13.31 ± 3.89		
Stereotype agreement	14.01 ± 3.42		
Perceived discrimination	11.01 ± 3.30		
Social withdrawal	13.03 ± 3.77		
Stigma resistance	12.63 ± 2.34		
Overall score	63.98 ± 13.74		

Table 2 Relation between Q-les-Q domains and facets of ISMI.

Domain	Overall score of ISMI	Alienation	Stereotype agreement	Perceived discrimination	Social withdrawal	Stigma resistance
Physical health	-0.496***	-0.397***	-0.509***	-0.372***	-0.454***	-0.349***
Feelings	-0.633***	-0.535***	-0.588***	-0.469***	-0.561***	-0.413***
Work	-0.261**	-0.202*	-0.246*	-0.141	-0.258**	-0.106
Household	-0.355***	-0.278**	-0.350***	-0.294**	-0.311***	-0.268**
School / study	-0.099	-0.069	-0.073	-0.078	-0.103	-0.100
Leisure	-0.457***	-0.430***	-0.411***	-0.347***	-0.410***	-0.293**
Social activities	-0.507***	-0.391***	-0.438***	-0.390***	-0.555***	-0.235*
General	-0.550***	-0.487***	-0.487***	-0.444***	-0.504***	-0.316***
SUMA Q-LES-Q	-0.581***	-0.477***	-0.540***	-0.429***	-0.548***	-0.355***

*P<0.05; **P<0.01; ***P<0.001.



Notes: Statistically significant relation was marked by *. Abbreviations: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Fig. 1 Q-les-Q domains in the controls and the patients. Statistically significant relation was marked by *. * $P < 0.05$; ** $P < 0.01$; *** $P < 0.001$.

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EW525

Cognitive function in early psychosis patients from a low-income country

M.O. Husain^{1,*}, I.B. Chaudhry², T. Kiran², R. Thomasson³, N. Mehmood⁴, N. Husain²

¹ Manchester mental health and social care Trust, general adult psychiatry, Manchester, United Kingdom

² University of Manchester, psychiatry, Manchester, United Kingdom

³ Penine acute care NHS Trust, psychiatry, Manchester, United Kingdom

⁴ Pakistan institute of learning and living, research and development, Karachi, Pakistan

* Corresponding author.

Background Cognitive impairments are well established findings in schizophrenia and are associated with significant impairment of social functioning. Episodic memory, working memory and executive function test scores are typically 1 standard deviation below healthy controls. There are reports suggesting the presence of neurocognitive deficits prior to illness onset, opening the possibility of using cognitive profiles as disease markers. Interest in exploring cognitive functioning in early stages schizophrenia has continued to grow, as earlier treatments could possibly lead to improved outcomes.

Methods This is a cross-sectional assessment of cognitive profiles in patients with early psychosis. A total of 51 patients suffering from psychosis in the age group of 18–65 years were recruited and matched with 51 healthy controls. A wide range of neurocognitive domains were assessed using standardised neuropsychological tests.

Results There was evidence of statistically significant impairments in cognitive functioning across a broad range of cognitive domains in early-psychosis patients, as compared to healthy controls. More pronounced deficits were seen in executive function tests.

Conclusions To our knowledge, this is the first study to report cognitive deficits across a range of domains in patients with first episode psychosis from a low-income country. This study found deficits across multiple domains, including language, memory, attention, executive function, and visuospatial function in patients with early psychosis. Evidence of neuropsychological deficits in

the early course of the disease may highlight crucial therapeutic windows for both pharmacological treatments and cognitive rehabilitation. This may improve functional outcomes in this patient group in the longer term.

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

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EW526

Short-term compliance in first-episode psychosis

N. Iriarte Yoller^{1,*}, J. Vicente García¹, F. Rico Villademoros²

¹ Hospital universitario de Burgos, psiquiatría, Burgos, Spain

² Instituto de neurociencias, universidad de Granada, Granada, Spain

* Corresponding author.

Introduction Non-compliance is a significant problem in patients with first-episode psychosis (FEP), representing a challenge for mental health professionals due to the heterogeneous course and functional outcomes.

Objectives The aim was to describe the short-term compliance in FEP and analyze the demographics, clinical features, and management issues potentially associated with non-compliance.

Methods This observational and retrospective study included all consecutive FEP admitted to our psychiatry unit from January to June 2015, belonging to our catchment area. To be categorized as compliant, patients had to attend month-1 and month-3 follow-up visits. Characteristics of compliant and non-compliant were compared using a bivariate analysis.

Results We included 18 patients whose characteristics are shown in the table. Overall, 8 (44.4%) were non-compliant. Patients who were non-compliant had a significantly shorter length of stay (10.3 [6.3] vs. 18.5 [8.9] days). Most patients (66.7%) had cannabis abuse, being slightly more frequent among non-compliant (75% vs. 60%, $P = NS$); in addition, the diagnosis of substance-induced psychotic disorder was also more common among non-compliant (50% vs 20%, $P = NS$). There were 2 patients who were readmitted, both in the non-compliant group (Table 1).

Conclusions Short-term non-compliance is high among patients with FEP. Despite the limitations of our study, our results suggest that, beside other factors (e.g. substance abuse), non-compliance could be associated with management-related factors.

Table 1

Characteristic	Compliant (n=10)	Non-compliant (n=8)	p-value
Age, mean (SD)	30.7 (12.7)	26.8 (14.8)	0.539
Sex (male), n (%)	7 (70)	6 (75)	0.814
Involuntary admission, n (%)	0 (0)	0 (0)	-
Drug abuse (cannabis), n (%)	6 (60)	6 (75)	0.421
Admission length (days), mean (SD)	18.5 (8.9)	10.3 (6.3)	0.036
Diagnosis at discharge, n (%)			0.258
- Brief psychotic disorder	1 (10)	0 (0)	
- Substance-induced psychotic disorder	2 (20)	4 (50)	
- Schizophreniform disorder	3 (30)	1 (12.5)	
- Schizophrenia	2 (20)	0 (0)	
- Bipolar disorder	1 (10)	0 (0)	
- Psychotic disorder NOS	1 (10)	3 (37.5)	
Treatment at discharge, n (%)			0.575
- Aripiprazole vo	2 (20)	2 (25)	
- Olanzapine vo	4 (40)	2 (25)	
- Paliperidone vo	1 (10)	0 (0)	
- Risperidone vo	0 (0)	2 (25)	
- Depot	2 (20)	1 (12.5)	
- Politherapy (oral)	1 (10)	1 (12.5)	
Referral, n (%)			0.178
- Community treatment	6 (60)	7 (87.5)	
- Day Hospital	3 (30)	0 (0)	
- Short stay psychiatric unit	1 (10)	0 (0)	
- Voluntary discharge	0 (0)	1 (12.5)	
Readmission, n (%)	0 (0)	2 (25)	0.094

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EW527

Quality of care for medical comorbidities among patients with and without schizophrenia



M. Jørgensen^{1,*}, J. Mainz¹, S. Paaske Johnsen²

¹ Aalborg university hospital, psychiatry, Aalborg, Denmark

² Aarhus university hospital, department of clinical epidemiology, Aarhus N, Denmark

* Corresponding author.

Introduction The association between schizophrenia and quality of care for medical comorbidities in universal health care systems remains unclear.

Objectives To elucidate whether equal access also implies equivalent and sufficient care.

Aims To compare the quality of care for heart failure, diabetes and chronic obstructive pulmonary disease (COPD) among patients with and without schizophrenia in Denmark.

Methods In a nationwide population-based cohort study, we used Danish national registries to estimate the risk of receiving guideline recommended disease-specific processes of care between 2004 and 2013.

Results Compared to patients without schizophrenia, patients with schizophrenia had lower chance of receiving high overall quality of care ($\geq 80\%$ of recommended processes of care) for heart failure (Relative risk [RR] 0.67, 95% CI: 0.48–0.92), diabetes (RR 0.84, 95% CI: 0.79–0.89) and COPD (RR 0.82, 95% CI: 0.72–0.93) as well as lower chance of receiving individual disease-specific processes of care including treatment with beta-blockers (RR 0.87, 95% CI: 0.79–0.96) in heart failure care and measurement for albuminuria (RR 0.96, 95% CI: 0.93–0.99), eye examination at least every second year (RR 0.97, 95% CI: 0.94–0.99) and feet examination (RR 0.96, 95% CI: 0.93–0.99) in diabetes care. Diabetic patients with schizophrenia also had lower chance of receiving antihypertensive (RR 0.84, 95% CI: 0.73–0.96) and ACE/ATII inhibitors (RR 0.72, 95% CI: 0.55–0.94). In COPD care, patients with schizophrenia had lower chance of receiving LAMA/LABA medication (RR 0.92, 95% CI: 0.87–0.98), however, higher chance of treatment with non-invasive inhalation (RR 1.85, 95% CI: 1.61–2.12).

Conclusions Quality of care for three medical comorbidities was suboptimal for patients with schizophrenia.

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

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EW528

Efficacy and tolerability of switching to long-acting injectable (LAI) aripiprazole in outpatients with schizophrenia



B. Fernández-Abascal Puente, M. Juncal Ruiz*,

R. Landera Rodríguez

Hospital Universitario Marqués de Valdecilla, Psychiatry, Santander, Spain

* Corresponding author.

Introduction Switching antipsychotics is a therapeutic alternative for managing side-effects, or efficacy and compliance issues.

Aim To evaluate the efficacy and tolerability of switching to LAI-aripiprazole in patients who had insufficient response or were intolerant to the previous antipsychotic, or required a more convenient treatment regimen.

Methods This was a prospective, observational, 6-months study carried out in 45 outpatients with schizophrenia who were clinically stabilized but a switching to another antipsychotic was clinically indicated. Patients who required hospitalization, treatment discontinuation or adding another antipsychotic (including supplementation with oral-aripiprazole) were considered treatment failures. Switching was considered successful if the side-effect/symptom/adherence/convenience improved or, if applicable, disappeared.

Results Patients aged 38 years, 51% women, and previous antipsychotics comprised: LAI-paliperidone (42%), oral-aripiprazole (22%), oral-olanzapine (11%), oral-risperidone (7%), LAI-risperidone (4%) and others (14%). The efficacy results of the switching are presented in the table. Of the 45 patients, 7 (15%) were considered treatment failures: 3 patients were hospitalized due to recurrence of psychotic symptoms, 2 discontinued LAI-aripiprazole, and 2 required supplementation with oral-aripiprazole (Table 1).

Conclusions Our results suggest that switching to LAI-aripiprazole is an efficacious strategy for managing some antipsychotic-induced side-effects, persistence of negative symptoms and/or lack of treatment adherence.

Table 1

Reason for switching	Baseline, n(%)	Outcome (month 6), n(%)		
		Resolution	Improvement	Overall success
Hyperprolactinemia	10(21%)	8(80%)	2(20%)	10(100%)
Persistent negative symptoms	10(21%)	NA	8(80%)	8(80%)
Metabolic syndrome	9(20%)	1(11%)	7(80%)	8(91%)
Sexual dysfunction	5(12%)	1(20%)	4(80%)	5(100%)
Extrapyramidal symptoms	4(9%)	0(0%)	2(50%)	2(50%)
Lack of adherence	4(9%)	NA	3(67%)	3(67%)
Convenient regimen	3(8%)	NA	2(75%)	2(75%)

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EW529

Visual memory deficits and symptoms in schizophrenia



D. Kontis^{1,2,*}, E. Theochari^{1,2}, V. Grigoriou¹, K. Goulas¹, M. Kafritsa¹, D. Vassos¹, A. Andreopoulou¹, S. Vassilouli¹, D. Giannakopoulou¹, E. Tsaltas²

¹ Psychiatric Hospital of Attica, Unit for the Study of Cognition in Psychosis, Athens, Greece

² Athens University Medical School, 1st Department of Psychiatry, Athens, Greece

* Corresponding author.

Introduction Cognitive deficits have been associated with negative, but not positive, symptoms in schizophrenia.

Aim The investigation of the relationship of visual memory performance with schizophrenia symptoms.

Patients and methods Forty individuals with schizophrenia who were referred to our Unit were assessed using the Benton Visual Retention Test (BVRT) (visual memory), the Positive and

Negative Syndrome Scale (PANSS) (symptoms) and the Global Assessment of Functioning Scale (GAF) (functioning). The dose of antipsychotic medications was calculated in chlorpromazine equivalents (ChlorpromEqs). Antipsychotic polypharmacy versus monotherapy receipt and the total duration of pharmacotherapy were also recorded. Multiple linear regression models were employed to investigate the relationship of BVRT total errors with PANSS total and subscales' scores, controlling for antipsychotic dose, receipt of antipsychotic polypharmacy and duration of pharmacotherapy.

Results The mean age of participants (32 males, 8 females) was 43.07 years (standard deviation [SD]=12), mean duration of pharmacotherapy = 15.94 years (SD=9.65), mean GAF score = 55.16 (SD=9.76) and the mean antipsychotic dose = 937.26 (SD=630.39) ChlorpromEqs. Twenty-four individuals were receiving polypharmacy and 16 monotherapy. The PANSS total score was positively associated with the number of total errors in BVRT ($B=0.152$, 95% CI=0.048, 0.256, $t=3.06$, $P=0.006$). This association was driven by the relationship of visual memory errors with PANSS negative ($B=0.310$, 95% CI=0.053, 0.568, $t=2.53$, $P=0.021$) and general psychopathology ($B=0.237$, 95% CI=0.1, 0.374, $t=3.63$, $P=0.02$) scores. The relationship of visual memory performance with positive symptoms was not significant.

Conclusions Visual memory deficits are associated with negative and general psychopathology symptoms in schizophrenia.

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

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EW530

COMT polymorphisms and Mini-Mental State Examination performance in schizophrenia



D. Kontis^{1,2,*}, E. Theochari^{1,2}, V. Grigoriou¹, K. Goulas¹, M. Kafritsa¹, D. Vassos¹, A. Andreopoulou¹, S. Vassiloulis¹, D. Giannakopoulou¹, A. Prokopiou¹, V. Avgikou¹, M. Kouloumpi¹, E. Tsaltas²

¹ Psychiatric Hospital of Attica, Unit for the Study of Cognition in Psychosis, Athens, Greece

² Athens University Medical School, 1st Department of Psychiatry, Athens, Greece

* Corresponding author.

Introduction Individuals with schizophrenia have cognitive deficits which have been associated with genetic polymorphisms such as those of the gene coding for the catechol-O-methyltransferase enzyme (COMT-[rs4680]).

Aim To examine the relationship of schizophrenia diagnosis and COMT-[rs4680] polymorphisms with the performance on the Mini-Mental State examination (MMSE).

Patients and methods Ninety-two individuals with schizophrenia and 29 healthy controls were tested on the MMSE. COMT polymorphisms were characterized using the Restriction Fragment Length Polymorphisms method from DNA isolated from peripheral blood sample lymphocytes. Hierarchical linear regression analysis was used to examine the COMT polymorphisms X diagnosis interaction and the effects on MMSE scores, controlling for age and education.

Results Individuals with schizophrenia versus healthy controls had a mean age of 43.69 (standard deviation [SD]=9.71) versus 43.79 (SD=7.80) years and mean education of 10.92 (SD=3.42) versus 12.82 (2.91) years. The two groups significantly differed in education (Mann-Whitney $z=2.55$, $P=0.011$). We found no evidence that COMT polymorphisms moderated any effect of diagnosis on MMSE or that they are associated with MMSE performance. Individuals with schizophrenia had lower MMSE scores than controls (mean difference = 1.676; 95% Confidence Interval = 0.499, 2.85; $t=2.822$, $df=115$; $P=0.006$).

Conclusion Schizophrenia patients have lower MMSE scores controlling for the effect of age and education. COMT polymorphisms are not associated with MMSE scores.

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EW531

Is clinical global impression associated with intelligence in schizophrenia?



D. Kontis^{1,2,*}, E. Theochari^{1,2}, A. Andreopoulou¹, V. Grigoriou¹, K. Goulas¹, M. Kafritsa¹, S. Vasiloulis¹, D. Giannakopoulou¹, D. Vassos¹, A. Melachrinou¹, A. Tsihlikis¹, E. Tsaltas²

¹ Psychiatric hospital of Attica, unit for the study of cognition in psychosis, Athens, Greece

² Athens University Medical School, 1st Department of Psychiatry, Athens, Greece

* Corresponding author.

Introduction The findings of studies examining the association of cognition with symptoms or functioning in schizophrenia are contradictory.

Aim To investigate the clinical and functional correlates of general intelligence in schizophrenia.

Method Forty-nine stabilized individuals with schizophrenia were recruited in a cross-sectional study. Intelligence was assessed using the Wechsler Adult Intelligence Scale III (WAIS). Clinical symptoms were measured with the Positive and Negative Syndrome Scale (PANSS) and the Clinical Global Impression Scale (CGI). Functioning was assessed with the Global Assessment of Functioning Scale (GAF) and the Strauss-Carpenter Scale (SCS). Separate linear regression analyses were conducted using WAIS full scale as the dependent variable and the following predictors: PANSS total or PANSS positive or PANSS negative scores or CGI or GAF or SCS scores. Significant predictors were entered in one final overall model. Age and gender were entered as covariates in all analyses.

Results ANOVA models for PANSS total, positive and negative psychopathology scores and SCS scores were not significant. However, negative symptoms were inversely associated with intelligence ($B=-0.61$, 95% CI=-1.012, -0.209, $t=-3.06$, $df=45$, $P=0.004$). CGI scores inversely correlated with WAIS total scores ($B=-6.078$, 95% CI=-9.029, -3.128, $t=-4.151$, $df=44$, $P<0.001$). GAF was positively associated with intelligence ($B=0.336$, 95% CI=0.084, 0.589, $t=2.679$, $df=45$, $P=0.01$). In the final (overall) model, only CGI remained significant. One unit increase in CGI (e.g. mildly versus moderately ill) was associated with 5.2 units decrease in full IQ scores ($B=-5.168$, 95% CI=-9.257, -1.078, $t=-2.550$, $df=0.002$, $P=0.015$).

Conclusions Clinical global impression of stabilized individuals with schizophrenia predicts their level of general intelligence.

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

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EW532

Serum hormone levels and cognitive functioning in male schizophrenia patients



K. Krysta*, A. Bratek, A. Koźmin-Burzyńska, I. Krupka-Matuszczyk

Medical university of Silesia, department of psychiatry and psychotherapy, Katowice, Poland

* Corresponding author.

Background Hormones deregulation is a common feature in schizophrenia. Among the hormones that gained increased interest

are sex hormones, thyroid hormones and prolactin. However, the question whether there is an impact of the hormonal disturbances on cognitive functioning of schizophrenia patients is rarely addressed.

Objective To assess the relationship between serum levels of hormones and cognitive abilities in male schizophrenic patients.

Subjects and methods In the index group, there were 15 schizophrenia male patients, mean age 36. The control group was formed by 15 healthy volunteers, mean age 36. In the two groups, serum hormones levels were measured and neuropsychological tests were performed. Analysed hormones included thyroid-stimulating hormone (TSH), luteinizing hormone (LH), follicle-stimulating hormone (FSH), estradiol, testosterone, progesterone and prolactin. Cognitive abilities were measured with the following tests: Trail Making Test (TMT) Part A and B, Semantic Category Fluency (SCF), Initial Letter Fluency (ILF) and Stroop Task Part 1 and 2.

Results The levels of FSH, LH and testosterone were lower in the index group than in the control group (3.01 mIU/mL vs 5.90 mIU/mL; 3.83 mIU/mL vs 5.28 mIU/mL; 2.76 ng/mL vs 4.69 ng/mL; accordingly) while the level of prolactin was higher in the index group (620 uIU/mL vs 118 uIU/mL). Patients performed worse than controls in all neuropsychological tests. The differences in scores of TMT Part B, ILF and Stroop Task Part 2 were found to be statistically significant.

Conclusions There was no significant relationship between serum level of analysed hormones and performance on cognitive tasks.

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

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EW533

Reaction time, processing speed and sustained attention in patients with schizophrenia: Impact on functioning



A. Orozco¹, M. Vicens¹, A. Ruiz¹, A. Brañas¹, G. Lahera^{2,*}

¹ Príncipe de Asturias university hospital, psychiatry, Alcalá-Madrid, Spain

² University of Alcalá- IRyCIS- CIBERSAM, medicine and medical specialties, Madrid, Spain

* Corresponding author.

Introduction Some studies have related processing speed with functionality. A more discriminative analysis of different components of this neuropsychological construct is needed.

Objectives/Aims To measure the performance of a group of patients with schizophrenia in reaction time, processing velocity and sustained attention. To compare the impact on functioning of these three measures.

Methods Ninety-eight outpatients between 18 and 65 years diagnosed with schizophrenia, based on the DSM-V, with a 3-month period of clinical stability, were recruited. Sociodemographic and clinical data were collected: PANSS scale, Akathisia Simpson-Angus Brief Scale, State-Trait Anxiety Inventory (STAI) and Global Functioning Scale (GAF). The following variables were measured: reaction time (SUPERLAB PRO), processing speed (TMT-A, subtest of symbol coding BACS, verbal fluency) and sustained attention (Continuous Performance Test).

Results Functionality of patients was correlated to Elective Reaction Time (the subject must react to different types of stimuli and to choose between several possible answers) [$P = -0.205$; $P = 0.047$], but NOT with Simple Reaction Time [$P = 0.109$; $P = 0.293$]. Functionality was significantly correlated to Symbols Coding ($P = 0.328$; $P = 0.001$), and a trend was observed regarding semantic fluency ($P = 0.190$; $P = 0.06$) and the TMT-A ($P = -0.179$; $P = 0.08$). In CPT, Correct Detection was correlated with GAF score ($P = 0.380$; $P = 0.000$) but not omission errors. The model of lineal regression shows a differential impact of every measure in global functioning.

Conclusions Reaction time, processing speed and sustained attention are different variables and each of them have impact on functioning in schizophrenia.

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

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EW534

Monotherapy treatment with cariprazine for the treatment of predominant negative symptoms of patients with schizophrenia: A double-blind, active comparator-controlled trial



G. Németh^{1,*}, M. Debelle¹, I. Laszlovszky¹, E. Szalai¹, B. Szatmári¹, J. Harsányi¹, Á. Barabássy¹, S. Durgam², I. Bitter³, S. Galderisi⁴

¹ Gedeon Richter Plc, medical division, Budapest, Hungary

² Forest research institute, clinical development, Jersey City, USA

³ Semmelweis university, department of psychiatry and psychotherapy, Budapest, Hungary

⁴ University of Naples SAN, psychiatry, Naples, Italy

* Corresponding author.

Objective To examine the effect of cariprazine, a dopamine D₃/D₂ receptor partial agonist with preferential binding to D₃ receptors, on predominant negative symptoms of schizophrenia.

Methods Subjects with schizophrenia and PANSS factor score for negative symptoms (PANSS-FSNS) ≥ 24 and no pseudospecific factors (e.g. 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 6 months.

Results Four hundred and sixty-one patients were randomized 1:1 to double-blind risperidone ($n = 231$) or cariprazine ($n = 230$) treatment. Change from Baseline (CbB) at week 26 in the primary parameter, PANSS-FSNS, was larger in the cariprazine group than in the risperidone group (LSMD = -1.47 ; 95% CI: $[-2.39, -0.53]$; $P = 0.002$) significant from week 14 onwards. CbB at week 26 in the functional parameter, Personal and Social Performance (PSP) total score, showed similarly greater improvement with cariprazine than risperidone (LSMD = 4.63 ; 95% CI: $[2.71, 6.56]$; $P < 0.001$) significant from week 10 onward. Statistically significant differences in favor of cariprazine at week 26 were shown in the PSP areas of self-care, socially useful activities and personal and social relationships. Most patients tolerated the study treatment well, as reflected by low discontinuation rates due to adverse events (AEs). Adverse event profiles of cariprazine and risperidone were similar. The most common AEs during study treatment were insomnia (10.0%), and headache (10.4%), both in the risperidone group.

Conclusion 26-week cariprazine treatment, given as antipsychotic monotherapy, was significantly more effective on negative symptoms and on functioning than risperidone in patients with predominant negative symptoms of schizophrenia.

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

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EW535

Identification of subtypes of Chinese schizophrenia patients before discharge: A cluster analysis



S. Liu*, Z. Li

Peking Union Medical College, School of Nursing, Beijing, China

* Corresponding author.

Introduction People with schizophrenia is a highly heterogeneous group. Identifying subtypes of people with schizophrenia before discharge may help develop targeted discharge plans.

Objectives To explore possible subtypes among people with schizophrenia before discharge by their self-management ability, self-efficacy and cognitive function status.

Aims To identify possible subtypes among people with schizophrenia before discharge.

Methods Totally, 150 Chinese people with schizophrenia before discharged from a tertiary psychiatric hospital in Beijing were assessed by Self-management Instrument for People with Schizophrenia and Repeatable Battery for the Assessment of Neuropsychological Status (RBANS). Cluster analysis using SPSS 20.0 package was performed to categorize subjects based on their scores.

Results Four different types of subjects were revealed. Type I low cognition with no participation ($n = 25$), patients' self-management ability, self-efficacy and cognitive function were very poor; type II medium cognition with blind confidence ($n = 42$), patients' self-efficacy was good, while self-management ability was poor and cognitive function is medium; type III high cognition with high level skill ($n = 46$), patients' cognitive function, self-management ability and self-efficacy were good; type IV low cognition with medium level skill ($n = 37$), patients' cognition was very poor, while self-management ability and self-efficacy were medium. These four types of subjects had significant differences in long-term use of antipsychotics and primary caregivers' education level ($P < 0.05$).

Conclusions The finding of different subtypes of people with schizophrenia presenting in this sample may help health professionals give effective screening and targeted discharge measures which can further promote patients' recovery and reduce readmission rates.

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EW536

Perceived and anticipated stigma in patients with schizophrenia according with the length of illness



B. Reneses¹, L. Gallego¹, C. López-Micó^{2,*},
A. Fernández del Moral¹, R. Rodríguez¹, I. Argudo¹,
C. Carrascosa¹, S. Ochoa³

¹ Hospital Clínico San Carlos, Psiquiatría, Madrid, Spain

² Hospital Clínico San Carlos, Madrid, Spain

³ Hospital Sant Joan de Déu, Psiquiatría, Barcelona, Spain

* Corresponding author.

Introduction Perceived and anticipated stigma are relevant issues in patients with schizophrenia. Stigma has negative consequences both in quality of life and in the course of illness.

Objectives To analyze differences in perceived and anticipated discrimination in two groups of patients with schizophrenia: one with a recent diagnosis of illness and another with a long course of disease.

Methods A cross-sectional study was carried out in a sample of 100 patients with diagnosis of schizophrenia, 18 or more years old, clinically stabilized, without axis I DSM-IV comorbidity. Patients received treatment in the outpatient services of a catchment area in Madrid. Perceived and anticipated discrimination was evaluated through the DISC-12 (Discrimination and Stigma scale). Other study variables were: socio-demographic status, length of disease, symptoms of depression (Calgary Scale) and functionality degree measured by Global Assessment of Function (GAF). Two sub-groups of patients were compared: one with a length of illness below 5 years and a second one with a length of illness over 5 years.

Results Patients with a length of illness longer than 5 years showed elevated degree of perceived and anticipated discrimination compared with patients with less than 5 years of illness course. In the same way, patients with a recent diagnosis of illness showed increased scores in the measure of face the stigma.

Conclusions Preventive strategies to avoid the stigma in schizophrenia should consider some differences in patients in relationship with the length of evolution of illness in order to be more accurate. Early intervention programs about stigma are necessary.

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EW537

Perceived and anticipated stigma in schizophrenia in relationship with depressive symptoms and functionality degree



C. López-Micó*, B. Reneses, L. Gallego, G. Maria Sagrario,
R. Fernandez, Á. Huidobro, L. Reyes, P. Gómez
Hospital Clínico San Carlos, Psiquiatría, Madrid, Spain

* Corresponding author.

Introduction Perceived and anticipated stigma is relevant issues in patients with schizophrenia. Stigma has negative consequences both in quality of life and in the course of illness.

Objectives To analyze the degree of perceived and anticipated stigma and discrimination in patients with schizophrenia and their relationship with clinical and socio-demographic variables.

Methods A cross-sectional study was carried out in a sample of 100 patients with diagnosis of schizophrenia, 18 or more years old, clinically stabilized, without axis I DSM-IV comorbidity. Patients received treatment in the outpatient services of a catchment area in Madrid. Perceived and anticipated discrimination was evaluated through the DISC-12 (Discrimination and Stigma scale). Other study variables were: socio-demographic characteristics, symptoms of depression (Calgary Scale) and functionality degree measured by Global Assessment of Function (GAF).

Results The presence of symptoms of depression evaluated by the Calgary Scale and low degree of functionality measured by GAF are associated with greater feelings of discrimination and stigma, especially in the sub-scales of experienced and anticipated discrimination of the DISC 12. Anticipated stigma is higher in men than in women while the rest sub scales of the DISC-12 do not correlate with gender or other sociodemographic variables.

Conclusions Preventive strategies to avoid the stigma in schizophrenia should consider some characteristics associated with disease, especially the degree of functionality and presence of depressive symptoms.

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EW538

First-episode psychosis: What does it mean?



S. Marques*, F. Godinho, A.L. Melo, D. Barrocas
Hospital do Espírito Santo de Évora, Department of Psychiatry and
Mental Health, Évora, Portugal

* Corresponding author.

Introduction First-Episode Psychosis (FEP) is a variable condition, characterized by the emergence of new psychotic features for a period of at least 1 week. The majority of existing studies about FEP only address schizophrenia spectrum psychosis (SSP), which may limit the capacity to fully characterize this entity.

Objectives/Aims Report the clinical and socio-demographic characteristics of patients with FEP in real-world setting, and compare the differences among SSP and affective FEP.

Methods Retrospective analysis of clinical files of patients admitted to our hospital unit with FEP diagnosis from January/2012 to April/2015. Clinician-rated dimensions of psychosis symptom severity scales (DSM-5) were applied.

Results Annual incidence of FEP was 11,3/100,000. From a total of 755 patients, 57 (7,5%) corresponded to FEP; 38 (66,7%) were diagnosed with SSP, 11 (19,3%) affective psychosis, 3 (5,2%) toxic psychosis and 5 (8,8%) organic psychosis. Most were female (61,4%), with a mean age of 49 years. The majority were unemployed (66,7%), lived with family (57,9%), and presented with moderate-severe delusions (80,1%), but without hallucinations (57,8%), disorganized speech (59,6%) or negative symptoms (85,9%). Affective FEP patients were older (61 vs 45 years), presented with less severe psychotic symptoms (7,2 vs 8,3 points), but with higher hospital admission (26,1 vs 21,1 days).

Conclusions Regardless the growing interest concerning FEP, its conceptualization and characterization remains controversial. Our results differ from pre-existing literature data, especially concerning gender and age. By including all the possible etiologies of FEP, we aimed to obtain a more realistic characterization of this entity in a real-world setting.

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

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EW539

Neutrophin signalling in first-episode psychosis: relationship with treatment response 1 year after the illness onset



M. Martinez-cengotitabengoa^{1,*}, K. Macdowell², S. Alberich³, M. Parellada⁴, P. Saiz⁵, R. Rodriguez⁶, E. Berrocoso⁷, M. Bernardo⁸, A. Gonzalez-pinto⁹, J.C. Leza²

¹ CIBERSAM-University Hospital of Alava- National Distance Education University UNED, Psychiatry, Vitoria, Spain

² CIBERSAM- Universidad Complutense de Madrid, Pharmacology, Madrid, Spain

³ CIBERSAM- University Hospital of Alava, Psychiatry, Vitoria, Spain

⁴ CIBERSAM- Hospital General Universitario Gregorio Marañón- Universidad Complutense de Madrid, Psychiatry, Madrid, Spain

⁵ CIBERSAM- Universidad de Oviedo, Psychiatry, Oviedo, Spain

⁶ CIBERSAM- Instituto de Investigacion 12 de Octubre, Psychiatry, Madrid, Spain

⁷ CIBERSAM- Universidad de Cadiz, Pharmacology, Cadiz, Spain

⁸ CIBERSAM- Hospital Clinic y Universidad de Barcelona, Psychiatry, Barcelona, Spain

⁹ CIBERSAM- University Hospital of Alava- University of the Basque Country EHU-UPV, Psychiatry- Neurosciences, Vitoria, Spain

* Corresponding author.

Introduction Pro/antiinflammatory imbalance has been found in first-episode psychotic (FEP) patients, even 12 months later. Current research is every time more focused in the need to find biomarkers to understand the underlying pathophysiological mechanisms of this severe illness.

Objectives To assess peripheral levels of neurotrophins and their receptors and their correlation with inflammation, clinical symptomatology and response to antipsychotic treatment, over the time.

Methodology Ninety-four FEP patients and 80 matched healthy controls were included. Blood samples were taken at baseline to measure BDNF and NGF and their receptor levels (TrkB-full, TrkB-truncated and TrkA) and pro/antiinflammatory parameters (NFκB, COX-2, iNOS, PPARgamma, 15d-PG12). Patients were followed-up during 12 months.

Results BDNF TrkB-full receptor and NFG TrkA receptor levels increased during the follow-up whereas BDNF TrkB-truncated form receptor decreased. After adjusting for confounding vari-

ables, baseline levels of proinflammatory variables were significantly related to TrkB-full/TrkB-truncated ratio (FL/T), suggesting that a higher proinflammatory status is related to a higher FL/T ratio expression. Furthermore, baseline FL/T ratio could have a predictor role of patient's functionality 1 year after the illness onset, depending on whether patient is treated or not with antipsychotic drugs.

Conclusion Inflammatory processes, neurotrophic pathways and functional status of FEP patients seem to be related which is of great translational relevance. Specific, the expression of the 2 isoforms of BDNF receptor should be taken into account before starting an antipsychotic drug treatment.

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EW540

Antipsychotic Medication Adherence Scale (AMAS): Development and preliminary psychometric properties



M.J. Martins^{1,2,*}, A.T. Pereira², C.B. Carvalho^{1,3}, P. Castilho⁴, A.C. Lopes⁵, A. Oliveira², C. Roque², D. Mota², F. Tróia⁵, M. Bajouco², N. Madeira², O. Matos⁵, P. Santos⁵, R. Leite⁵, S. Morais², T. Santos⁵, T. Santos⁵, V. Nogueira², V. Santos², A. Macedo²

¹ University of Coimbra, CINEICC, faculty of psychology and educational sciences, Coimbra, Portugal

² University of Coimbra, department of psychological medicine, Coimbra, Portugal

³ University of Azores, education department, Azores, Portugal

⁴ University of Coimbra, faculty of psychology and educational sciences, Coimbra, Portugal

⁵ Baixo Vouga hospital centre, department of psychiatry and mental health, Aveiro, Portugal

* Corresponding author.

Introduction Although being highly consensual that antipsychotic adherence is an important outcome predictor in psychosis, existing reviews have found mean rates of adherence around 40–60%. Several aspects, such as patient-related, medication-related, environmental-related variables have been described as important predictors.

Aims This study aim is to develop, administer and present preliminary psychometric properties of a new scale for antipsychotic medication adherence that includes different types of predictors (clinical, psychosocial, and practical among others).

Methods The “AMAS” was developed by a multidisciplinary team and was based on recent research on factors influencing antipsychotic adherence. The scale evolved from multiple drafts and experts were contacted in order to improve the final version. Over 50 patients with a diagnosis of a psychotic-spectrum disorder taking antipsychotic medication will be assessed with the “AMAS” and the Medication Adherence Rating Scale. Additionally, each patient's psychiatrist will fill in a form with demographic and clinical variables (such as type of symptoms, previous adherence problems, current adherence, insight and other relevant variables).

Results This is an ongoing study and the sample is still being collected (scheduled finish date: February/2016). Our statistical analysis' plan includes: reliability analysis (Chronbach's alpha, alpha if item deleted, inter item correlations and covariances and item-total correlations); validity (convergent validity); factorial analysis.

Conclusions It is hypothesized that the “AMAS” will be a practical, reliable and valid unidimensional instrument with clinical utility assessing adherence to antipsychotics. The “AMAS” can be also useful in assessing intervention targets (e.g. psychotherapeutic, psychoeducational) to enhance adherence.

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

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EW541

Quality of Life Assessment in schizophrenia - development of a short version of the QLIS

M. Franz^{1,*}, T. Senin², T. Meyer²

¹ Vitos Klinik Kurhessen, Vitos Klinik Kurhessen, Bad Emstal, Germany

² Institute of epidemiology- social medicine and health services research, Integrative rehabilitation research unit, Hannover, Germany

* Corresponding author.



The QLIS (Quality of Life in Schizophrenia) is a disease-specific questionnaire with high content validity and sound psychometric properties. It comprises 54 items related to 12 subscales. However, its use in surveys or clinical studies is limited due to its length. Our aim was to develop and validate a short form of the QLIS.

Four steps were taken to develop the short form (QLIS-SF) using samples from the Clinical Analysis of the Treatment of Schizophrenia study. 1. A model with second order scales was developed using exploratory factor analysis. 2. The resulting model was tested in an independent sample using confirmative factor analysis (CFA). 3. Based on this model, items were selected on grounds of distributional properties, content reviews, and item loadings. 4. The resulting short form was validated independently through CFA.

Results Three second order scales were constructed: illness-related quality of life, social life, and global subjective well-being. CFA of the new theoretical model resulted in a CFI of 0.67 and absolute fit indices of CMIN/df=2.55, RMSEA=0.08, SRMR=0.09. We selected 13 items that showed good statistical properties and good fit of content to subscale. Fit of the underlying theoretical model with the 13 items was satisfactory (CFI=0.95, CMIN/df=2.23, RMSEA=0.06, SRMR=0.04). Composite reliability scores for the three subscales were above 0.70.

The QLIS-SF showed adequate model fit and reliability. It offers a novel, well-founded opportunity to assess quality of life in persons with schizophrenia in situations in which the application of the long version is not considered possible.

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EW542

The relationship between childhood trauma and theory of mind in schizophrenia

J. Mrizak*, R. Trabelsi, A. Arous, A. Aissa, H. Ben Ammar, Z. El Hechmi

Razi Hospital, Psychiatry F, Mannouba, Tunisia

* Corresponding author.



Introduction A history of childhood trauma is reportedly more prevalent in people suffering from psychosis than in the general population. Previous studies linked childhood trauma (CT) to neurocognitive impairments in schizophrenia (SCZ), but rarely to theory of mind (TOM) deficits.

Objectives To investigate the relationship between TOM deficits and CT in SCZ.

Methods Fifty-eight outpatients with stable SCZ completed the Childhood Trauma Questionnaire retrospectively assessing five types of childhood trauma (emotional, physical and sexual abuse, and emotional and physical neglect). They also completed an intention-inferencing task, in which the ability to infer a character's intentions from information in a short story is assessed.

Results Our results suggest a relationship between specific kinds of CT and TOM deficits. A history of childhood physical neglect was significantly correlated to a worse performance in the intention-inferencing task ($P=0,001$). Patients with higher scores of CT denial also had less correct answers ($P=0,035$) and more false answers ($P=0,013$).

Conclusions Our results need replication but underline the necessity of investigating psychosocial mechanisms underlying the development of social cognition deficits, including deficits in TOM.

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

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EW543

Prevalence and predictors of the metabolic syndrome in patients on the long term atypical antipsychotic treatment

I. Popovic^{1,*}, S. Đukic - Dejanovic², V. Popovic³, S. Vladijevic⁴

¹ Specialized Psychiatric Hospital "Gornja Toponica", Admission Ward, Gornja Toponica- Niš, Serbia

² Faculty of Medical Sciences- Kragujevac, Psychiatry, Kragujevac, Serbia

³ Specialized Psychiatric Hospital "Gornja Toponica", Addiction Ward, Gornja Toponica- Niš, Serbia

⁴ Specialized Psychiatric Hospital "Gornja Toponica", Forensic Ward, Gornja Toponica- Niš, Serbia

* Corresponding author.



Objective We performed a case-control clinical study, which included 285 long term hospitalized schizophrenic patients, both gender, treated with monotherapy clozapine, olanzapine or risperidone for at least 6 months. Patients with diagnosed metabolic syndrome according to International Diabetes Federation (IDF) criteria were classified as cases, while the "controls" were patients treated with the same antipsychotic drug without the metabolic syndrome presence. The aim of this research was to determine the correlation of the studied variables as a potentially risk factors for the metabolic syndrome presence.

Materials and methods The following variables were collected: basic physical parameters (height, weight, waist circumference, blood pressure), clinical status (BPRS scale and PANSS scale for schizophrenia), laboratory data (fasting glucose level, serum lipid levels, C-reactive protein, microalbuminuria), and medical-record data.

Results General prevalence of metabolic syndrome was 31,2%, in patients treated with clozapine 41,3%, olanzapine 34,4% and risperidone 19%, statistically significant clozapine vs. risperidone ($P<0.05$). Predictors of the metabolic syndrome computed by multivariate logistic regression: - patients treated with olanzapine: case-history data about diabetes mellitus in close family member (OR 14.134, 95% CI 2.724–73.348, $P=0.002$); hyperlipidemia in close family member- (OR 53.134, 95% CI 2.768–1019.916, $P=0.008$; BMI [kg/m²] - (OR 1.328, 95% CI 1.105–1.597, $P=0.002$); C-reactive protein over the cutoff point of 5 mg/L (OR 4.555, 95% CI 1.057–19.627, $P=0.042$), and mankind (OR 4.653, 95% CI 1.008–21.479, $P=0.049$); patients treated with clozapine: diabetes mellitus in close family member (OR 14.127, 95% CI 2.407–82892, $P=0.003$); patients treated with risperidone - there were no significant predictors.

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

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EW544

Effectiveness of Brief Individual Cognitive Behavioral Therapy for auditory hallucinations in a sample of Egyptian patients with schizophrenia

D. Nagui Rizk^{1,*}, H. Salama¹, T. Molokhiya¹, L. Kassem²¹ Alexandria university, neuropsychiatry department, Alexandria, Egypt² National Institute of Health, Department of health and human services, Maryland, USA

* Corresponding author.

E-mail address: dalianagui82@hotmail.com (D. Nagui Rizk)

Background Auditory hallucination is one of the most common symptoms in schizophrenia. The frequency of the auditory hallucinations and ensuing distress make the individual believe that these voices are not able to be controlled and to be coped with.

Aim Testing the effectiveness of brief cognitive behavioral therapy for psychosis (CBTp) for auditory hallucinations, using it in modifying the beliefs about the voices and improving symptom severity and overall functioning.

Methods Forty participants with schizophrenia were randomized into intervention and control groups. Intervention group were 20 patients who received 8 individual sessions of CBTp plus Treatment As Usual (TAU) over 8 weeks and the control group were the other 20 patients who received TAU only. The Positive and Negative Syndrome Scale (PANSS), the Arabic version of Beliefs About Voices Questionnaire (BAVQ) and the General Assessment of Functioning scale (GAF) were assessed at baseline and at the end of the study.

Results Intervention group showed a statistically significant increase in GAF ($P=0.012$), a statistically significant reduction regarding the Positive ($P<0.001$), Negative ($P=0.008$), General ($P<0.0001$) and total ($P\leq 0.0001$) sub-scales of PANSS. Regarding BAVQ, Intervention group showed a statistically significant reduction in Malevolence ($P=0.008$), Engagement ($P=0.001$); and showed a statistically significant increase in Resistance ($P=0.049$) compared to control.

Conclusions Brief cognitive behavioral therapy for auditory hallucinations can improve severity of schizophrenia, increase the level of functioning and improve the beliefs about the voices.

Keywords Schizophrenia; Auditory hallucinations; Brief cognitive behavioral therapy

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

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EW545

The effect of a 16-week walking program on biomarkers, physical fitness, health related quality of life and self-perceptions of adults with schizophrenia

E. Oliveira^{1,*}, M. Uba-Chupel², D. Sousa³, C. Rocha⁴, A. Teixeira², P. Ferreira²¹ Sisters Hospitallers of the Sacred Heart of Jesus, Occupational Therapy - Casa Saúde Rainha Santa Isabel, Coimbra, Portugal² Faculty of Sport Sciences and Physical Education- University of Coimbra, Research Unit for Sport and Physical Activity, Coimbra, Portugal³ Sisters Hospitallers of the Sacred Heart of Jesus, Nurse - Casa Saúde Rainha Santa Isabel, Coimbra, Portugal⁴ Polytechnic Institute of Coimbra- ESTESC - Coimbra Health School, Department Complementary Sciences- INESCC, Coimbra, Portugal

* Corresponding author.

Introduction People with schizophrenia exhibit low levels of physical activity, which have impact on physical and mental health

as well as overall quality of life (QOL). Mental and physical benefits of exercise are known, although the mechanisms through which physical exercise improves schizophrenia symptoms are not fully understood.

Objectives To assess the effect of a 16-week exercise program (EP) on the expression of BDNF and S100B biomarkers, physical fitness, health related quality of life and self-perceptions of adults with schizophrenia.

Methods Thirty-five patients with schizophrenia (PwSZ) were divided in three groups Institutionalized Patients ($n=11$); Psychosocial Rehabilitation ($n=13$); and Control Group ($n=11$). The EP consisted of one-hour walking session three times a week during 16 weeks. All participants were assessed before and after EP using the six minutes walking test, a psychological tests battery including MOS Short Form 36, Rosenberg Self-Esteem Scale, Physical Self-Perception Profile, Satisfaction with Life Scale as well as the BDNF and S100B measurements using serum analysis.

Results No significant statistical differences were found both for BDNF and S100B levels as a result of exercise. Additionally, no significant statistical differences were found for Physical Self-concept and Global Self-esteem changes as a result of the walking program (WP). However, PwSZ showed significant statistical differences on the satisfaction with life ($P<0.05$) and on the perceived health related QOL ($P<0.05$) in all groups participating in the EP.

Conclusion In spite of the limited impact of the WP in PwSZ, this group may obtain positive outcomes of the exercise participation based on a more positive attitude towards life.

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

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EW546

Social cognition across stages and forms of schizophrenia

O. Papsuev*, M. Minyaycheva, L. Movina, I. Gurovich
Moscow Research Institute of Psychiatry, Outpatient Psychiatry and Organization of Psychiatric Care, Moscow, Russia

* Corresponding author.

Introduction Social cognition is considered as a main predictor of functional outcomes and a candidate for endophenotype of schizophrenia. We hypothesize that social cognition capacities follow the course of schizophrenia as a prodromal disorder.

Objective To investigate social cognition across different groups of patients with schizophrenia and schizophrenia spectrum disorders.

Aims To evaluate social cognitive impairments in patients with first episode psychoses (FEP), chronic schizophrenia (CS) and schizophrenia-spectrum disorders (SSD).

Methods In a cross-sectional study, 71 patients with FEP, CS and SSD were assessed with a battery of clinical and social cognitive tests. Three key social cognitive domains were assessed: emotion perception, Theory of Mind and attributional style.

Results Patients with schizoaffective disorder and schizotypal disorder showed better scores in Hinting task (mean ranks: 47.0 and 39.9 respectively) than patients with less favourable forms of schizophrenia (mean ranks: 24.7 and 30.2 respectively) ($P=0.003$). Patients with FEP showed better results in Hinting task (18.1 ± 2.4) versus CS patients (17.4 ± 2.0) ($P<0.05$). No differences in emotion perception (Ekman-60 task) among FEP and CS patients were detected. Patients with schizoaffective disorder showed better scores in emotional processing comparing to all forms of schizophrenia patients (mean ranks 49.1 vs. 30.1, 34.5, 28.0, $P<0.05$). No significant differences in attributional style were registered.

Conclusions Emotion perception and Theory of Mind domains show different level of impairment across FEP and CS patients and across forms of schizophrenia. Further longitudinal studies



to establish how social cognition domains mirror the course and severity of schizophrenia and SSD are needed.

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

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EW547

Monosodium glutamate (MSG) threshold of taste perception in deficit and nondeficit schizophrenia

J. Pelka-Wysiecka^{1,*}, M. Wronski¹, P. Bienkowski², J. Samochowiec¹

¹ Pomeranian Medical University, Psychiatry, Szczecin, Poland

² Institute of Psychiatry and Neurology, Pharmacology, Warsaw, Poland

* Corresponding author.

Introduction Deficit schizophrenia (DS) with persistent, primary negative symptoms has a confirmed neuroanatomical background, similarly to structures involved in the process of taste. DS may be regarded as a subtype of schizophrenia caused by neurodevelopmental disorders, with probable link to specific genetic traits which are responsible for the formation of synapses and neuroplasticity. The process eventually leads to symptoms of the illness and physiologic disorders affecting the perception of taste.

Objective The study of threshold of taste perception (TTP) was part of the search for the helpful marker to identify DS patients.

Aims Taste evaluation was supposed to determine differences in TTP-MSG between DS and NDS.

Methods Eighty-two patients with DS and 72 patients with NDS (nondeficit schizophrenia), somatically healthy and without acute psychotic symptoms were subjected to TTP-MSG: seven triplets (water, water, 0,0001%-1% MSG) were applied. Demographic and psychometric data were analyzed.

Results An analysis of TTP-MSG did not disclose differences between DS and NDS. Most patients in both groups correctly detected the taste starting from 0,1% MSG. No differences in other collected data were found between DS and NDS.

Conclusions Physiologic studies of TTP-MSG should not be the base for differentiation between DS and NDS groups of patients. This work was supported by grant MNiSW no N N402 456738.

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EW548

Tolerability and safety of long-acting injectable aripiprazole

A. Porras Segovia^{1,*}, P. Calvo Rivera¹, B. Girela Serrano², L. Gutierrez Rojas¹

¹ University Hospital San Cecilio, Mental Health Services, Granada, Spain

² Santa Ana Hospital, Mental Health Services, Motril, Spain

* Corresponding author.

Introduction Long-acting injectable aripiprazole is the most recently introduced depot treatment in schizophrenia.

Objectives The objective of this study is to determine the tolerability and safety of this new treatment.

Aims The aim is to provide useful information regarding the use of this new drug.

Methods Our sample consists on 20 patients treated with a monthly dose of long-acting aripiprazole. They were previously stabilized on oral aripiprazole before the first injection. The data on tolerability and safety were obtained by face-to-face interviews, using the Hogan Drug Attitude Inventory, the Patient Satisfaction with Medication Questionnaire and the UKU Side Effects Scale.



Results Our sample consists of 20 patients, with a 50/50 gender distribution and a mean age of 39 years. The average score in the satisfaction scale Hogan was positive (an average of 7.25). In the Patient Satisfaction With Medication Questionnaire, 85% said they were satisfied with the new treatment, compared with 15% who showed some degree of dissatisfaction with the change. Overall, 90% of patients showed a preference for the current treatment compared to the previous. The patients showed good tolerance to medication, with a low score in the UKU scale (total score = 13.5). Side effects did not interfere with daily activity of the patient.

Conclusions Long acting injectable aripiprazole proved to be a safe treatment, with a good degree of acceptance among patients. These advantages makes of this new drug a useful addition to our kit tool.

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EW549

Comparative study of the side-effect profile between clozapine and non-clozapine patients

S. Ramos Perdigues^{1,*}, A. Mane Santacana², P. Salgado Serrano², E. Jove Badia³, X. Valiente Torrelles³, L. Ortiz Sanz³, F. Dinamarca³, J.R. Fortuny Olive³, V. Perez Sola²

¹ Hospital Can Misses, Psychiatry, Ibiza, Spain

² Hospital Del Mar, Psychiatry, Barcelona, Spain

³ Centre Dr. Emili Mira, Psychiatry, Santa Coloma De Gramanet, Spain

* Corresponding author.

Introduction For resistant schizophrenia, the only approved treatment is clozapine. However, clozapine is underused, mainly due to its wide range of side-effects. Secondary effects differ amongst antipsychotics (Leucht et al., 2009). Despite that there is no good evidence that combined antipsychotics offer any advantage over the use of a single antipsychotic, combination increases the frequency of adverse events (Maudsley guidelines).

Objectives To compare the side-effect profile between clozapine and non-clozapine patients.

Aims To provide evidence that clozapine patients do not show a worse side-effects profile.

Methods We cross-sectionally analysed all patients from a Spanish long-term mental care facility ($n=139$). Schizophrenic/schizoaffective patients were selected ($n=118$) and their treatment was assessed, 31 patients used clozapine. We paired clozapine and non-clozapine patients by sex and age and assessed antipsychotic side effects and possible confounder variables.

Results Our sample was 27 clozapine patients and 29 non-clozapine patients. 67,9% were male with a mean age of 51.3 (SD 9.6) years. For continuous variables: age, BMI, waist/hip, cholesterol, TG, glucose, prolactin, heart-rate, blood pressure, sleeping hours, the only statistical differences found were lower heart-rate ($P=0.001$) in clozapine group and higher salivation subscale of SAS ($P=0.002$) in clozapine group. For discrete variables: monotherapy, obesity, overweight, metabolic syndrome or possible confounders as propranolol, laxative, diet, antiglycemic or insulin, fibrates or statins, antihypertensive or anticholinergic, no statistical differences were found.

Conclusions We did not find differences in cardiometabolic parameters, which are the main barrier to prescribing clozapine, probably due to the concomitant use of other drugs in both groups.

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EW 550

Time to relapse monotherapy and acquisition in a sample of schizophrenic patients over 3 years of follow-up



P. González Rivera^{1,*}, A.J. Benito Ruiz¹, J. Prados Gomez¹, A. Hidalgo Borreguero², M. Soto Laguna¹, K. Preckler Peña³, S. Bolaño Mendoza⁴, F.J. González Díaz⁵, V. González Rivera⁶, M. Fernando-Torija Daza¹

¹ Hospital Provincial de la Misericordia, Psiquiatría, Toledo, Spain

² USMIJ, Psiquiatría, Toledo, Spain

³ Hospital Virgen del Prado, Psiquiatría, Talavera, Spain

⁴ Hospital 12 de Octubre, Psiquiatría, Madrid, Spain

⁵ Hospital Virgen de la Salud, Psiquiatría, Toledo, Spain

⁶ Hospital Sant Joan de Deu, Psiquiatría, Lleida, Spain

* Corresponding author.

Introduction Poor adherence to treatment is one of the main problems in health care to psychiatric patients. The second-generation antipsychotics, and the subsequent emergence of the depot forms (long acting formulations) have facilitated this aspect, increasing the time to clinical relapse in patients with schizophrenia.

Goals Determine the time to relapse in a clinical sample of patients diagnosed with schizophrenia treated with paliperidone palmitate over 3 years. Other objectives include the possible reduction in hospital admissions, as well as the possible reduction of psychiatric emergency visits, concomitant medication (benzodiazepines and Biperiden) and the possible increase in drug monotherapy.

Methodology This is a study with a sample of 101 patients with schizophrenia who had started treatment with PP (consecutive sampling). Quantified variables in the 12 months prior to the change of PP treatment with variables at 6, 12, 24 and 36 months after initiation of treatment with PP were compared.

Results and conclusions At the end of the tracking, 72.22% (73 patients) remained clinically stable, with adequate adherence to treatment and there have been no clinical relapses. It has obtained a statistically significant reduction in the use of concomitant medication, emergency room visits and the average duration of revenues, with no clinical relapse should occur in patients of the sample in the second and third year.

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EW551

Effects of nicotine abstinence on clinical symptoms. Study at 3 and 6-months follow-up of outpatients with schizophrenia



P.A. Sáiz Martínez^{1,*}, S. Al-Halabí², S. Fernández-Artamendi³, L. García-Álvarez², E. Díaz-Mesa², E. Martínez-Santamaría⁴, G. Florez⁵, M. Arrojo⁶, M.P. García-Portilla¹, J. Bobes¹

¹ Universidad de Oviedo, Área de Psiquiatría - CIBERSAM, Oviedo, Spain

² Centro de Investigación Biomédica en Red de Salud Mental-CIBERSAM., Área de Psiquiatría - Universidad de Oviedo, Oviedo, Spain

³ Universidad de Oviedo, Facultad de Psicología, Oviedo, Spain

⁴ Centro Asistencial "AS Burgas", Unidad de Conductas Adictivas - Hospital Santa María Nai, Orense, Spain

⁵ Hospital Santa María Nai, Unidad de Conductas Adictivas, Orense, Spain

⁶ Complejo Hospitalario Universitario de Santiago, Psiquiatría, Santiago de Compostela, Spain

* Corresponding author.

Introduction Tobacco use has been associated with more excitement and agitation symptoms, greater severity of global psychopathology as measured by the Clinical General Impression (CGI) Scale, and psychotic symptoms in patients with schizophrenia.

Aim To assess the effects of nicotine abstinence versus nicotine maintenance on the clinical symptoms of a sample of outpatients smokers diagnosed with schizophrenia.

Methods Sample: 81 outpatients with schizophrenia [72.8% males; mean age (SD)=43.35 (8.82)] currently smoking tobacco [no. of cigarettes (SD)=27.96 (12.29)]. Design: non-randomized, open-label, 6-month follow-up and multi-center study conducted at 3 sites in Spain (Oviedo, Santiago de Compostela and Orense). Instruments: Positive and Negative Syndrome Scale (PANSS), Clinical Global Impression for Schizophrenia (CGI-SCH), Hamilton Depression Rating Scale (HDRS). Anthropometric measures: Body mass index (BMI) and waist circumference. Vital signs: heart rate. Procedure: Patients were assigned to 2 conditions:

- control group = patients continuing their tobacco use;
- experimental group = patients participated in varenicline or nicotine patches treatment for smoking cessation.

Patients were evaluated at baseline (all patients smoking) and after 3 and 6 months.

Results No significant differences ($P>.05$) were found between groups at baseline evaluation. Likewise, there were no significant differences between smokers and non-smokers after treatment (3 and 6 months follow-up) in their clinical symptomatology (according to PANSS, HDRS and CGI-SCH), anthropometric measures and heart rate.

Conclusions No significant differences were found in the clinical symptoms after a period of nicotine abstinence. Therefore, clinicians should motivate and help their patients to quit smoking (CIBERSAM - FIS PI11/01891).

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EW552

Functional outcome in psychosis is better determined by negative symptoms than cognitive impairment



A.M. Sánchez-Torres^{1,2,3,*}, M.R. Elosúa², R. Lorente-Omeñaca^{1,2,3}, L. Moreno-Izco^{1,3}, V. Peralta^{1,3}, M.J. Cuesta^{1,3}

¹ Complejo Hospitalario de Navarra, Department of Psychiatry, Pamplona, Spain

² Universidad Nacional de Educación a Distancia UNED, Department of Basic Psychology I, Madrid, Spain

³ IdiSNA, Navarra Institute for Health Research, Pamplona, Spain

* Corresponding author.

Introduction Cognitive impairment is considered the best predictor of functional outcome in psychosis. However, the nature of this relationship still remains to be determined.

Objective To ascertain the relationship of negative symptoms and cognitive impairment with functional outcome in psychosis.

Methods Ninety patients with a DSM-IV psychotic disorder diagnosis and 65 healthy controls were included in the study. We assessed the predominant negative symptoms over the course of illness with the Comprehensive Assessment of Symptoms and History (CASH). Functional outcome was assessed with the Specific Levels of Functioning (SLOF). Cognition was assessed with a set of neuropsychological tests, which were normalised to z-scores (regarding controls' performance). Then, a Global Cognition Index (GCI) was obtained as a mean of the cognitive domains assessed: processing speed, attention, verbal and visual memory, executive functions, working memory and social cognition. We divided the sample in four groups, considering the presence/absence of negative symptoms (cut-off point of 2 in the CASH), and the

presence/absence of cognitive impairment (considering a GCI z-score of -1 as cut-off point). We performed a MANOVA to compare the 4 groups' functional outcome scores.

Results Fig. 1 shows the significant differences between groups regarding functional outcome.

Conclusions The combination of negative symptoms and cognitive impairment has deleterious effects over functionality, but negative symptoms alone are related to functional outcome, independently of cognitive impairment.

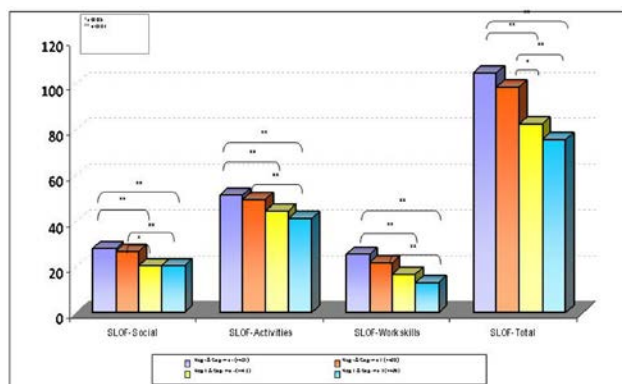


Fig. 1

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EW553

Electroconvulsive therapy in schizophrenia – where do we stand?

J. Silva^{1,*}, J. Mota², P. Azevedo³

¹ Custoias, Portugal

² Hospital de Magalhães Lemos, ECT Unit- C Service, Oporto, Portugal

³ Hospital de Magalhães Lemos, C Service, Oporto, Portugal

* Corresponding author.

Introduction Electroconvulsive therapy is currently used in the management of severe depression, long-term mania and catatonia. Regarding schizophrenia-related psychosis ECT is also an option, but the indication is restrictive to severe cases, drug intolerance or resistant ones. Lack of evidence of cost-effectiveness compared to clozapine, and side effects of ECT techniques before 2003, influenced NICE guidance to not recommend ECT in schizophrenia, but modern ECT machines and procedures are subsequent to 2003. ECT is often performed when clozapine fails to respond in monotherapy or if there is intolerance to antipsychotic side effects. ECT in combination with clozapine seems to have significant results allowing the patients to achieve rapid control of psychotic symptoms with fewer side effects, comparing with antipsychotics-association strategies.

Objectives To summarize the latest literature about this field and to present recent data from the Electroconvulsive therapy Unit, in Hospital de Magalhães Lemos, Portugal.

Aim To explore and critically review the controversies of electroconvulsive therapy in the management of drug-resistant schizophrenia.

Methods Retrospective data of an Electroconvulsive Therapy Unit during 2006–2015 was reviewed.

Results 198 ECT treatments in schizophrenic patients were performed in our unit, during 2006–2007, in a total of 647 ECT (30,6%). In 2014–2015, 945 schizophrenic patients received ECT treatment, in a total of 2149 performed ECT (43,9%).

Conclusions Although guidelines are crucial for the uniform practice of medicine, sometimes is important to be critical about

them. The use of ECT in schizophrenia is safe and effective and further research is needed to continue to support this treatment.

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EW554

Symptoms of schizophrenia and suicidal behaviour

M. Sisek-Šprem*, M. Herceg, V. Jukić

University Psychiatric Hospital Vrapče, Integral Ward, Zagreb, Croatia

* Corresponding author.

Introduction Risk prediction for suicide in schizophrenia is known to be complex. Illness-related risk factors are important predictors, with number of prior suicide attempts, depressive symptoms, active hallucinations and delusions.

Aims To analyze the impact of clinical features of schizophrenia on suicidal behaviour and analyze relationship between violence and suicidality.

Methods We compared a group of 28 suicidal, 32 hetero-aggressive and 60 non-aggressive male patients with schizophrenia. The severity of the psychopathology was assessed using PANSS, hetero-aggressiveness using OAS and suicidality using C-SSRS and InterSePT scales.

Results Suicidality is in positive correlation with the presence of depression ($r=0.485$, $P<0.001$) and imperative hallucinations ($r=0.391$, $P<0.001$) but in negative correlation with total PANSS score ($r=-0.297$, $P<0.001$), impulsiveness ($r=-0.237$, $P<0.001$) and hetero-aggressive behaviour ($r=-0.551$, $P<0.001$). Previous attempt was found in 53% suicidal patients ($P=0.047$). Heteroaggressiveness is in positive correlation with total PANSS ($r=0.43$, $P<0.001$) and impulsive behaviour ($r=0.57$, $P<0.001$). This study supports the contention that high impulsivity in schizophrenia patients is significant in the etiology of violent but not suicidal behaviour.

Conclusion In the order to diminish the level of suicide among patients with schizophrenia we must be aware of the importance of depressive symptoms, imperative hallucinations and previous attempts. This study supports the contention that high impulsivity in schizophrenia patients is significant in the etiology of violence but not suicidal behaviour.

Keywords Schizophrenia; Suicidality; Clinical features

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

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EW555

Second-generation antipsychotics and the metabolic syndrome in drug-naïve adolescents

C. Sjo*, N. Bilenberg

Research Unit for Child- and Adolescent Psychiatry Odense-Psychiatric Hospital and University of Southern Denmark, Psychiatric Hospital and University of Southern Denmark, Odense, Denmark

* Corresponding author.

Introduction Poor physical health and shorter life expectancy often follows from mental illness. If the disorder starts in childhood/adolescence, the risk of this outcome is even higher. Second generation antipsychotics (SGAs) are suspected to increase cardiovascular risk factors through the development of the metabolic syndrome.

Objective We investigated all the aspects of the metabolic syndrome in drug-naïve youth, over a period of 12 months of treatment with SGAs.

Aims This study examines drug-naïve youth in their first year of treatment with SGAs, and the possible development of markers of the metabolic syndrome, in a naturalistic setting. We also look at aspects of the patient's disease and environment that may predict which patients are the most at risk for these metabolic derangements.

Methods Thirty-five drug-naïve adolescents were recruited after their contact with the Psychosis Team at Department of Child and Adolescent Psychiatry in Odense, Denmark. Measurements were taken at different times over the course of their first year of treatment. The markers included, among others: body mass index, waist circumference, blood pressure, fasting blood glucose, as well as high density, low density and total cholesterol. Factors of the patients' lifestyle and development were recorded as well.

Results The results will be presented at the EPA March 2016 in Madrid.

Conclusions This is, to our knowledge, the first study to include all of the aforementioned aspects in drug-naïve adolescents over a 12-month period. Because of this, it may provide us with a unique insight into how, and in which patients, these metabolic changes develop.

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

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EW556

Depression in the active phase of paranoid schizophrenia in relation to age of onset and sex



M. Skokou*, P. Gourzis

University Hospital of Patras, Psychiatry, Patras, Greece

* Corresponding author.

Introduction Depression is often observed in schizophrenia, in all phases of the disorder. Age of illness onset and sex have been found to correlate with depressive symptomatology in many but not all studies.

Aims In the present work the relation between depressive symptoms and age of onset and sex was investigated, in a sample of patients with paranoid schizophrenia.

Methods Eighty-eight (88) patients with paranoid schizophrenia according to DSM-IV-TR criteria were examined, 21 of which became ill at ≥ 35 years of age (late onset), whereas 60 had age of onset < 30 years (young onset). During the active phase the Calgary Depression Scale for Schizophrenia (CDSS) was applied. Comparisons were performed by using the two-tailed Wilcoxon rank-sum and Chi-squared tests.

Results The percentage of patients with depression (CDSS > 6) in the whole sample was 27.2%. There was a trend for higher scores in early awakening in late onset patients ($P=0.060$). In men, there was a trend for heavier depression in late onset patients, and higher scores in early awakening ($P=0.082$, 0.019 , respectively). In young onset patients, there was a trend for heavier symptomatology in women compared with men, and heavier pathological guilt ($P=0.073$, 0.007 , respectively), whereas in late onset patients, there was a trend for heavier self depreciation in men ($P=0.072$).

Conclusions Although the frequency of depression does not seem to be influenced by age of onset or sex, more subtle differences are found in the severity of certain depressive symptoms, in relation to these factors, possibly warranting further investigation.

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

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EW557

Is there a cumulative effect of social disadvantage on risk of psychosis?



S.A. Stilo^{1,*}, C. Gayer-Anderson², S. Beards², K. Hubbard², A. Onyejiaka², F. Bourque², V. Mondelli³, P. Dazzan⁴, C. Pariante³, M. Di Forti⁵, R. Murray⁴, C. Morgan²

¹ Institute of Psychiatry–Psychology and Neuroscience–King's College London, Psychosis Studies and Health Services and Population Research, London, United Kingdom

² Institute of Psychiatry–Psychology and Neuroscience–King's College London, Health Services and Population Research, London, United Kingdom

³ Institute of Psychiatry–Psychology and Neuroscience–King's College London, Psychological Medicine, London, United Kingdom

⁴ Institute of Psychiatry–Psychology and Neuroscience–King's College London, Psychosis Studies, London, United Kingdom

⁵ Institute of Psychiatry–Psychology and Neuroscience–King's College London, Social Genetic and Developmental Psychiatry, London, United Kingdom

* Corresponding author.

A growing body of evidence suggests that experiences of social disadvantage are associated with an increased risk of psychosis. However, only a few studies have specifically looked at cumulative effects and long-term associations. We compared the prevalence of specific markers of social disadvantage at, and prior to, first contact with psychiatric services in patients suffering their first episode of psychosis and in a control sample and explored long-term associations, cumulative effects, and directions of associations. We collected information from 332 patients and from 301 controls recruited from the local population in South-East London. Three indicators of social disadvantage in childhood and six indicators of social disadvantage in adulthood were analysed. Compared with controls, cases were approximately two times more likely to have had a parent die before the age of 17 (OR 1.95, 95% CI 0.9–3.8) and approximately three times more likely to have experienced a long-term separation from one or both parents before the age of 17 (OR 3.04, 95% CI 2.1–4.3). Cases were also more likely than controls to report two or more markers of adult social disadvantage, not only at first contact with psychiatric services (OR 9.5, 95% CI 5.4–16.7), but also at onset (OR 8.5, 95% CI 4.8–15), one year pre-onset (OR 4.5, 95% CI 2.8–7), and five years pre-onset (OR 2.9, 95% CI 1.8–4.6). Greater numbers of indicators present and long-term exposure were associated with progressively greater odds of psychosis. There is some evidence that social disadvantage tends to cluster and accumulate.

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

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EW558

Glycine transporter inhibitor sarcosine changes neuronal and glial parameters in the left dorsolateral prefrontal cortex and glutamatergic parameters in the left hippocampus in stable schizophrenia



D. Strzelecki^{1,*}, M. Podgórski², O. Kałużyńska¹, M. Kotlicka-Antczak¹, O. Gawlik-Kotelnicka¹, A. Gmitrowicz³, L. Stefańczyk², P. Grzelak²

¹ Central Clinical Hospital, Department of Affective and Psychotic Disorders–Medical University of Łódź, Łódź, Poland

² University Hospital No.1, Department of Radiology–Diagnostic Imaging–Medical University of Łódź, Łódź, Poland

³ Central Clinical Hospital, Department of Adolescent Psychiatry–Medical University of Łódź, Łódź, Poland

* Corresponding author.

Introduction Sarcosine - glycine transporter inhibitor - increases glycine concentration around NMDA (N-methyl-D-aspartate) receptors. Function of the glutamatergic system in the prefrontal cortex and hippocampus is impaired in schizophrenia, which may lead to negative and cognitive symptomatology.

Aims We evaluated the influence of sarcosine therapy on the concentration of metabolites (NAA, N-acetylaspartate; Glx, complex of glutamate, glutamine and γ -aminobutyric acid (GABA); ml, myo-inositol; Cr, creatine; Cho, choline) in the left dorso-lateral prefrontal cortex (DLPFC) and left hippocampus in patients with stable schizophrenia.

Methods Fifty patients with schizophrenia, treated with constant antipsychotics doses, in stable clinical condition were randomly assigned (25 patients in each group) to administration of sarcosine (2 g) or placebo for six months. $^1\text{H-NMR}$ spectroscopy (1.5 T) in both localisations and clinical evaluation (PANSS) was performed before and after sarcosine addition.

Results Initially we noted no differences in metabolite concentrations between groups. In the left DLPFC, NAA/Cho, ml/Cr and ml/Cho ratios were significantly higher in the sarcosine than the placebo group after six months. In the sarcosine group, NAA/Cr, NAA/Cho, ml/Cr, ml/Cho ratios also increased compared to baseline values. In the placebo group, only the NAA/Cr ratio increased. In the left hippocampus Glx/Cr and Glx/Cho decreased in sarcosine group at the end of our study.

Conclusions The addition of sarcosine to antipsychotic therapy for six months caused increase of neurons viability (NAA) and neurogical activity (ml) markers in the left DLPFC and decrease of hyperglutamatergic overstimulation parameters in the left hippocampus with simultaneous improvement of clinical parameters including negative symptoms.

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

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EW559

Selected metabolites of kynurenine pathway and response to antipsychotic treatment in schizophrenia

K. Szymona^{1,*}, H. Karakuła-Juchnowicz², M. Flis³, T. Kocki⁴, A. Urbanska⁵, R. Kloc⁴, Z. Szymona⁶, W. Rosa⁷, E.M. Urbańska⁴

¹ Medical University of Lublin, Mental Health Outpatient Clinic-Children's University Hospital, Lublin, Poland

² Medical University of Lublin, Department of Clinical Neuropsychiatry Department of Psychiatry- Psychotherapy and Early Intervention, Lublin, Poland

³ Medical University of Lublin, Department of Psychiatry- Psychotherapy and Early Intervention, Lublin, Poland

⁴ Medical University of Lublin, Laboratory of Cellular and Molecular Pharmacology- Department of Experimental and Clinical Pharmacology, Lublin, Poland

⁵ Medical University of Lublin, Department of Psychiatry and Psychiatry Rehabilitation, Lublin, Poland

⁶ PZ Cormay SA, Orphee Group, Lomianki, Poland

⁷ Lublin University of Technology, Faculty of Fundamentals of Technology- Department of Applied Mathematics, Lublin, Poland

* Corresponding author.

Introduction Deficit of glutamatergic transmission and aberrant function of kynurenine pathway, with disturbed synthesis of glutamate receptors antagonist, kynurenic acid (KYNA) and neurotoxic metabolite of kynurenine, 3-hydroxykynurenine (3-OH-KYN) have been implicated in the pathogenesis of schizophrenia.

Objectives Demonstrated by others higher level of KYNA in the brain may cause relative deficiency of glutamate-mediate transmission with resulting behavioural and cognitive changes.

Aims Search for predictors of satisfactory response to antipsychotic treatment based on the analysis of KYNA and 3-OH-KYN serum levels.

Methods Fifty-three patients with chronic schizophrenia and 46 healthy individuals were enrolled in the study. Quantitative analyses of KYNA and 3-OH-KYN were performed using high-pressure liquid chromatography (HPLC) and electrochemical detection, respectively. Clinical assessments (PANSS, SANS, SAPS) and blood analyses were conducted at 3 time-points: during the active phase of disease, after 4 weeks of modified pharmacotherapy, and after reaching remission.

Results In schizophrenia group, lower levels of KYNA ($P=0.002$) and non-altered levels of 3-OH-KYN ($p=0.195$), as compared to control, were detected during active phase of disease. Despite clinical improvement, no significant changes in the level of studied metabolites were observed later on. The initial level of 3-OH-KYN correlated negatively ($r=-0.368$; Spearman's rank) with clinical improvement (negative symptoms) ($P<0.05$).

Conclusions 1. The peripheral dysregulation of kynurenine pathway metabolites in chronic schizophrenia manifests as relative increase in the ratio between neurotoxic 3-OH-KYN and neuroprotective KYNA. 2. The higher serum level of 3-OH-KYN during relapse of schizophrenia seems to predict poor response to antipsychotic treatment.

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

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EW560

Obsessive-compulsive symptoms interact with disorganization in influencing social functioning in schizophrenia



M. Tonna*, R. Ottoni, F. Paglia, P. Ossola, C. De Panfilis, C. Marchesi

University of Parma, Neuroscience, Parma, Italy

* Corresponding author.

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 symptoms (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 Structured Clinical Interview for DSM-IV Disorders, the Positive and Negative Syndrome Scale, the Yale-Brown Obsessive-Compulsive Scale and the Social and Occupational Functioning Assessment. The sample was divided into two groups according to the severity of OCS (absent/mild and moderate/high OCS group).

Results In both groups, the effect of OCS on functioning was not mediated by their effect on positive, negative or disorganization symptoms. Conversely, 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 high levels of disorganization.

Conclusion Data suggest that in patients with schizophrenia, functioning at least in part depends on the interaction between disorganization and OCS. Particularly, since mild OCS contribute to lesser functional decline in patients with low disorganized psychosis, they may favor the constitution of a subtype of schizophrenia with a better functioning. In keeping with the historical concept of "pseudoneurotic schizophrenia", we speculate that

obsessive dimension might have a pathoplastic influence, balancing the effect of low disorganization symptoms.

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

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EW561

Analysis of the attitudes towards the medication in ambulatory patients with diagnosis of schizophrenia



E. Torío*, L. González Blanco, I. Abad Acebedo, S. Bestene Medina, J. Rodríguez Revuleta

Hospital Universitario Central de Asturias, Psiquiatría, Oviedo, Spain

* Corresponding author.

Introduction The scale autoapplied Drug Attitude Inventory (DAI) [1] is an instrument to evaluate the subjective response to the neuroleptics in patients diagnosed of schizophrenia. We have used the brief version [2].

Objectives To study the possible relation between DAI and sociodemographic factors [3] as well as medical treatment [4] (references 3 and 4 are not available for this abstract).

Methods A descriptive and comparative study. Sample of 30 patients with ambulatory follow-up from Oviedo. Sociodemographic data and drug prescription were collected.

Results Comparative analysis: DAI and sociodemographic, drug prescription (Table 1). Correlation between DAI/age/I number of antipsychotics (Table 2). The comparative analysis only shows positive significant correlation between DAI and antidepressant treatment.

Conclusions There is no correlation of DAI depending on the age and the number of antipsychotics. The antidepressant treatment in schizophrenic patients could be a predictor variable of better punctuation in DAI.

Table 1

	DAI mean ± SD	Statistics
Sex: man/woman	16.21 ± 2.07/16.54 ± 0.93	$t = 0.505^a$
Age: <45/≥45	16.77 ± 1.56/16.10 ± 1.83	$t = -0.961^a$
Polytherapy	16.38 ± 1.83	$t = 0.408^a$
Antipsychotic: typical/atypical	14.50 ± 0.70/16.46 ± 1.71	$t = -1.593^a$
Depot + oral	16.12 ± 1.96	$t = -0.699^a$
Antipsychotic depot	16.25 ± 1.88	$t = -0.368^a$
BZD	16.46 ± 1.59	$t = 0.416^a$
Antidepressants yes/antidepressants no	17.37 ± 1.06/15.95 ± 1.78	$t = 2.105^b$
Anticovulsants/anticholinergics	16.37 ± 1.40/15.83 ± 2.13	$t = 0.078^a / t = -0.787^a$

SD = Standard deviation.

^a $P \geq 0.05$, not significant.

^b $P < 0.05$, significant.

Table 2

	DAI (Correlation Pearson)	DAI (significant)
Age	-0.05	0.797 ^a
No. of antipsychotics	-0.07	0.700 ^a

^a $P \geq 0.05$, not significant.

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

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EW562

Affective psychopathology and recognition of facial expressions in schizophrenia and in affective disorders



S. Trifu^{1,*}, L. Radoi²

¹ UMF Carol Davila, Psychiatry, Bucharest, Romania

² University of Bucharest, Psychology, Bucharest, Romania

* Corresponding author.

Introduction We noticed some differences between the patients diagnosed with schizophrenia, those diagnosed with affective disorders and the normal persons, as regards the empathy level, the recognition degree of facial expressions, depression level of positive/negative affectivity.

Objectives The exploration of its affectivity and pathology, as well as the changes emerging in the forming of interpersonal relationships with others in schizophrenia and in affective disorders, and the comparison of these changes with the values recorded within the group of normal persons.

Aims Highlighting some differences as regards aspects of affective life and forming of interpersonal relationships in patients diagnosed with schizophrenia/affective disorder.

Methods The instruments used: Beck's Depression Inventory (BDI), Toronto Empathy Questionnaire (TEQ), The Positive and Negative Affect Schedule (PANAS) and a test of identification of facial expressions.

Results Empathy level in close relation to type of psychiatric disorder ($F = 26.84, P < 0.001$). Depression level in relation with type of psychic disorder ($P < 0.001$). There is a relation between the positive affectivity and the psychiatric diagnosis of schizophrenia, affective disorder or the absence of the diagnosis ($F = 9.15, P < 0.001$). The level of negative affectivity is in relation with the psychiatric diagnosis ($F = 4.83, P = 0.011$). Capacity of recognition of facial expression in relation with psychiatric diagnosis ($P < 0.001$).

Conclusions The conclusions of the research highlight the changes emerging at the level of affectivity in pathology, as well as the effects these changes have over the patient's contact with his/her own emotions and with the emotions of those around.

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

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EW563

Evolution of schizophrenia under treatment with atypical versus conventional antipsychotic



S. Trifu^{1,*}, A. Badea²

¹ UMF Carol Davila, Psychiatry, Bucharest, Romania

² University of Bucharest, Psychology, Bucharest, Romania

* Corresponding author.

Introduction Over the time, schizophrenia experienced various phases of the treatment methods, at the beginning dealing with simple tranquilizers, more disagreeable methods following, some of them even controversial. Finally, medical progresses

revolutionized the life of ill persons, creating antipsychotics, the element around which their entire evolution orbits.

Objectives Establishment of an eventual change in the evolution of patients, in the 1st or 2nd phase, on the three underscores of PANSS, according to their treatment; establishing the election treatment medication.

Aims Using PANSS hetero-assessment scale we had as purpose the category evaluation of phenomena related to schizophrenia under two treatment methods.

Methods The 40 patients were divided in two groups with distinct treatments; performance of an initial clinical interview, followed by a second interview at an interval of 2 weeks, having as purpose to notice an eventual change in the evolution of patients, according to the type of treatment used. Half of them were following a treatment with conventional antipsychotic, and the other part an atypical antipsychotic treatment.

Results There are no significant evolutionary differences between scores on the positive scale and on the general scale, as regards the interval of two weeks during which PANSS scale was repeated. As regards the results of the negative scale, it is highlighted the evolution of schizophrenia on the negative scale, in relation with the atypical antipsychotic treatment underlying its efficiency.

Conclusions We have noticed that the only change of evolution occurred on the negative scale of symptoms.

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

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EW564

Long term cognitive training associated with psychotropic medication – an improvement in schizophrenic life

S. Trifu^{1,*}, A.I. Trifu²

¹ UMF Carol Davila, Psychiatry, Bucharest, Romania

² Institute for Military Medicine, Education, Bucharest, Romania

* Corresponding author.

Introduction Schizophrenia is a condition of chronically evolving cognitive invalidation. The average debut for the paranoid form is the third decade of life, affecting the social and family evolution through deficiencies in the mnemonic prosexic area and that of thinking.

Objectives Association of psychotropic medication with long-term cognitive training; distance (home) training and monitoring (visual via Internet); development of dual treatment procedure and medical protocol.

Aims Impact of long-term cognitive training on young schizophrenic patients to improve their quality of life.

Methods Twenty schizophrenic patients (aged 25 to 30) with a family member were committed to the Psychiatric Hospital for 10 days, were taught to utilize a set of computerized cognitive tests from the second day of treatment. The cognitive training aimed at developing: attention (focus on concentration, stability, selectivity and distributive action), memory (retention and evoking) and thinking (superior cognition, organizing, sequencing, planning, operational control) After being released, the patients continued their training practice (at home) under the supervision of family member.

Results Cognitive markers analyzed were maintained and improved, the adapting and social functioning, the family cohesion finely increased. The direct and indirect costs of hospitalization per patient decreased, the inpatient care period was kept to a minimum (10 days), the further follow up being done outpatient, therefore we managed to obtain a better supervision of the patient in time.

Conclusions For young schizophrenic patients, in their first psychotic episodes, the association between psychotropic medication

and cognitive computerized training, reduces the post process defect.

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

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EW565

Role of rs6313 and rs1799978 variants as pharmacogenomic biomarkers in Greek, Italian and Croatian schizophrenia patients



E.E. Tsermpini^{1,*}, K. Assimakopoulos², M. Skokou², P. Gourtzi², G. Iconomou², G. Patrinos¹

¹ University of Patras, Department of Pharmacy, Patras, Greece

² University of Patras, Department of Medicine, Patras, Greece

* Corresponding author.

Introduction Schizophrenia (SZ) is a serious mental disorder that significantly affects patients' quality of life (QoL). Its etiology is still unknown; however, both environmental and genetic factors play important role. Atypical antipsychotics, fight mainly against its psychotic symptoms but can also cause various side effects.

Objectives/aims The study was based on a literature review and a meta-analysis which revealed pharmacogenomic biomarkers for the individualization of treatment with atypical antipsychotics. Main aim was to investigate emerging polymorphisms, in Caucasian healthy individuals and schizophrenics.

Materials & methods Four hundred and eighty-five schizophrenic patients and 393 matched controls of healthy donors were studied. Patients were of Greek, Italian, Croatian and Slovenian origin. The group of patients was divided into two subgroups; TRS (treatment resistant schizophrenia) and responders in atypical antipsychotics. Genotyping was performed by Sanger sequencing and PCR/BpEI-based method.

Results rs6313 and rs1799978 were indicated as potential biomarkers of patients' response on antipsychotics. Experimental results suggest non-correlation of polymorphisms with patients' response to these drugs in Greek, Italian, Croatian and Slovenian populations.

Conclusions SZ's etiology is highly complex, however, pharmacogenomic studies can lead to the identification of genetic loci important for disease pathobiology and management as well as patient stratification. Herein, no correlation was evident regarding rs6313 and rs1799978 and drug response in the Caucasian populations studied. Next, sample number will be extended and a more wide cross-population assessment will occur. Knowledge acquired and technology improvement, will lead to a better understanding of the underlying mechanisms, and will subsequently contribute to the improvement of patients' QoL.

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

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EW566

Odors hedonic judgment in patients with schizophrenia. Influence of negative symptoms and β -endorphin levels



M. Urban-Kowalczyk

Medical University of Lodz, Department of Psychotic and Affective Disorders, Lodz, Poland

Introduction The relationship between olfactory and emotional processing is an area of increasing interest in schizophrenia research.

Objectives Olfactory identification deficits are well described in schizophrenia while the results for pleasantness ratings remain unclear.

Aims Evaluation of odor identification and hedonic judgment related to severity of negative symptoms and β -endorphin concentration.

Methods Fifty outpatients with schizophrenia were included in the study: 25 with negative symptoms (PN) and 25 without predominant negative symptoms (P). They were compared with 23 healthy individuals. In all study groups University of Pennsylvania Smell Identification Test (UPSIT) and odor hedonic evaluation were performed. Clinical symptoms severity was evaluated using PANSS. Plasma concentrations of β -endorphin were assayed in all participants.

Results PN made more odor identification errors than controls ($P=0.000$) and P sample ($P=0.001$). Hedonic judgments of unpleasant odors were significantly more pleasant in PN sample than in P ($P=0.03$) and controls ($P=0.041$). PN had significantly higher concentration of β -endorphin than P sample ($P=0.014$) and controls ($P=0.009$). No relationship between β -endorphin concentration and odors identification and odor hedonic judgment was found in both patient samples and controls.

Conclusions Increased level of β -endorphin is related to predominance of negative symptoms but probably it is not involved in olfactory identification performance and hedonic judgment in schizophrenia. Patients with predominant negative symptoms revealed different pattern of pleasantness rating – they experience unpleasant odors as more pleasant. Alterations in smell identification and hedonic judgment could be differentially expressed in some subtypes of schizophrenia.

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

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EW567

Assessment of suicide risk in schizophrenia with addictive comorbidity

D. Vasile*, O. Vasiliu, D.G. Vasiliu, F. Vasile
Central University and Emergency Military Hospital “Dr. Carol Davila”, Psychiatry, Bucharest, Romania
* Corresponding author.

Introduction Comorbid drug use disorders are associated with greater risk for relapse in schizophrenia and lower adherence to treatment. A comprehensive evaluation of patients with dual diagnosis should address the problem of suicide risk, which is a reputed complication of both psychotic disorders and drug use disorders.

Objectives Depression and suicide risk assessment in subjects diagnosed with schizophrenia and drug related disorders.

Aims To establish a protocol for early intervention in cases with depressive features that associate suicide risk.

Methods All the patients ($n=37$, female $n=15$, male $n=12$) with both schizophrenia and a drug related disorder, consecutively admitted in our department during a 6-month period, were evaluated using Calgary Depression Scale for Schizophrenia (CDSS), Positive and Negative Syndrome Scale (PANSS), Inventory of Drug Taking Situations (IDTS), Clinical Global Impression–Severity (CGI-S). Subjects were evaluated at admission, discharge and after 3 months.

Results A percentage of 21.6 of all patients registered CDSS score at baseline above the cut-off score for a major depressive episode of 6, while 10.8% had CDSS score of 6 and 8.1% had a CDSS score of 5. IDTS had greater scores in all these 15 patients with high CDSS values, comparative to the other, <4 CDSS score patients. Psychological counseling and treatment adjustments were made accordingly, and after 3 months CDSS scores declined in all the subjects ($P<0.01$).

Conclusions Using a specific method for depression and suicide risk in patients with schizophrenia and drug related disorder is very useful for establishing a specific treatment approach and monitoring plan.

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

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EW568

Insight, self-stigma and depressive symptoms among patients with schizophrenia

D. Vidovic^{1,*}, P. Brecic², I. Jolic³, V. Jukic³
¹ University Psychiatric Hospital Vrapce, Department for Psychophysiology, Zagreb, Croatia

² University Psychiatric Hospital Vrapce, Department for Treatment and Rehabilitation, Zagreb, Croatia

³ University Psychiatric Hospital Vrapce, Department for Forensic Psychiatry, Zagreb, Croatia

* Corresponding author.

Depressive symptoms are rather prevalent among patients with schizophrenia and various factors can influence them. Insight and self-stigma shows complex and contradictory relationship, both are among most important features of schizophrenia with strong impact on depressive symptoms. We wanted to test hypothesis that preserved insight is related to depressive symptoms only when self-stigma is also high. Our cross-sectional research comprised 149 patients with diagnosis of schizophrenia, both gender, age span 25–45 years. Rating scales used were Calgary Depression Scale (CDS), Scale to assess Unawareness of Mental Disorder (SUMD) and Internalized Stigma in Mental Illness (ISMI) which are specifically designed for patients with schizophrenia. Majority of patients were male (72%), single or separated (85%). Relation between selfstigma and depressive symptoms was statistically significant ($b=0.12$, 95% CI=[0.06, 0.19], $\beta=0.32$, $t(135)=3.89$, $P<0.001$) such as relation between selfstigma and insight ($b=-0.01$, 95% CI=[-0.02,-0.001], $\beta=-0.17$, $t(135)=-2.20$, $P=0.029$). Post-hoc analysis showed that among patients with extremely high selfstigma (more than 90 centile), higher insight was related to more depressive symptoms ($b=-0.22$, 95% CI=[-0.42,-0.02], $\beta=-0.34$, $t=-2.23$, $P=0.028$). These results are important for tailoring specific antistigma programs for patients with high level of insight in order to prevent deleterious impact of depressive symptoms on course of schizophrenia.

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

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EW569

Neurophysiological correlates of negative symptom domains in patients with schizophrenia

A. Vignapiano^{1,*}, V. Montefusco¹, G.M. Plescia¹, G. Di Lorenzo², C. Niolu², M. Altamura³, D. Marasco³, G.M. Giordano¹, A. Mucci¹, S. Galderisi¹

¹ University of Naples SUN, Psychiatry, Naples, Italy

² University of Rome “Tor Vergata”, Department of Systems Medicine, Rome, Italy

³ University of Foggia, Department of Clinical and Experimental Medicine- Psychiatry Unit, Foggia, Italy

* Corresponding author.

Introduction Negative symptoms have long been recognized as a central feature of schizophrenia, which limit recovery, having a strong negative impact on real-life functioning. External validators



of the negative symptoms domains might help refining hypotheses on their pathophysiological basis.

Aims The objective of this study was to evaluate, in the context of the multicenter study of the Italian Network for Research on Psychoses, the relationships between auditory event-related potentials (ERPs) components and negative symptom domains in patients with schizophrenia (SCZ).

Methods We examined ERPs recorded during an auditory odd-ball task in 115 chronic stabilized SCZ (78% on second-generation antipsychotics) and 62 matched healthy controls (HC). Negative symptoms were assessed using the Brief Negative Symptom Scale. **Results** Our main findings included significant N100 and P3b amplitude reductions in SCZ compared to HC. P3b amplitude did not correlate with any negative symptom domain, while N100 amplitude correlated with both anhedonia and avolition domains.

Conclusions Avolition and anhedonia, often clustering in the same factor, are related to abnormalities of early components of the ERPs correlated with perceptual and automatic attention processes. None of the negative symptom domains is associated with abnormalities of the later stages indexed by P3 amplitude.

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

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EW570

Self-Stigma and adherence to medication in patients with psychotic disorders – cross-sectional study



K. Vrbova*, D. Kamaradova, K. Latalova, M. Ociskova, J. Prasko, B. Mainerova, A. Cinculova, R. Kubinek, A. Tichackova
Faculty of Medicine and Dentistry- Palacky University Olomouc and University Hos, Department of Psychiatry, Olomouc, Czech Republic
* Corresponding author.

Introduction Adherence to treatment of mental disorders is one of the key factors influencing its success and, secondarily, the patients' quality of life and social adaptation.

Aims The cross-sectional study of 90 outpatients diagnosed with psychotic disorders aimed at determining if there was a relationship between discontinuation of medication in the past, current adherence to treatment and self-stigma.

Methods The assessment was made with the objective and subjective Clinical Global Impression – Severity scale, Drug Attitude Inventory, Internalized Stigma of Mental Illness (ISMI) scale and demographic data.

Results The questionnaires were filled out by 79 patients, of whom 5 handed in incomplete questionnaires. Complete sets of data were obtained from 74 patients. The data analysis showed that the levels of self-stigma as assessed by the total ISMI scores was not statistically significantly correlated with most of the demographic factors (age, age of illness onset, gender, education, marital status, employment, duration of the illness, number of hospitalizations and antipsychotic dosage). However, there was a significant negative correlation with current adherence to treatment.

Conclusions Adherence to treatment is one of the most important prerequisites for successful therapy. Adherence may be enhanced through better motivation and education of patients on the necessity of adhering to treatment recommendations and the consequences of non-adherent behavior. Important factors in adherence also seem to be patients' stigmatization and self-stigma. Adherence may be increased by promising self-stigma-reducing strategies performed by systematic psychoeducation of patients or as a part of psychotherapeutic counseling.

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

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EW571

Healthcare resource use of paliperidone palmitate 3-month injection vs. paliperidone palmitate 1-month injection: An analysis of phase III clinical trial hospital data



K. Woodruff^{1,*}, C. Chirila², Q. Zheng², K. Van Impe³, I. Nuamah⁴

¹ Janssen Research & Development - LLC, Global Market Access, Titusville, USA

² RTI-Health Solutions, Biostatistics, Research Triangle Park, USA

³ Janssen-Cilag, Market Access, North Brabant, Netherlands

⁴ Janssen Research & Development - LLC, Biostatistics, Titusville, USA

* Corresponding author.

Introduction PSY-3011 was a randomized, multicenter, double-blind, non-inferiority study of paliperidone palmitate 3-month injection (PP3M) vs. paliperidone palmitate 1-month injection (PP1M). Adults with schizophrenia were stabilized on PP1M in an open-label (OL) 17-week transition phase. Qualifying subjects at the end of the OL phase were then randomized to PP3M or PP1M in the 48-week double-blind (DB) phase. Healthcare resource utilization (HCRU) between PP3M and PP1M was compared using the HCRU questionnaire during the double-blind (DB) phase.

Methods HCRU was measured at the start of the OL and DB phases, and every 12 weeks during DB until end of study/early withdrawal. Information included hospitalizations, ER visits, day or night clinic stays, outpatient treatment, daily living conditions, and occupational status. Logistic regressions modeled the probability of hospitalization vs. no hospitalization for psychiatric and social reasons, as well as hospitalizations for psychiatric reasons only, during the DB phase. The models controlled for OL baseline hospitalizations, OL phase hospitalizations, and time in study.

Results The analysis set included 483 subjects randomized to PP3M and 512 subjects to PP1M during the DB phase. The odds of hospitalization for psychiatric/social reasons during 1 year for PP1M subjects were 1.16 times the odds of hospitalization for PP3M subjects (95% CI: 0.70, 1.93, $P=0.56$). For psychiatric reasons only, the odds of hospitalization during 1 year for PP1M subjects were 1.63 times the odds of hospitalization for PP3M subjects (95% CI: 0.88, 3.02, $P=0.12$).

Conclusions PP3M and PP1M demonstrated similar trends in hospitalizations throughout the course of the study.

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

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EW572

The effects of fluvoxamine on cognition in patients with schizophrenia



S.M. Zamir*, S.A. Haji Seyed Javadi, Z. Farzaneh Khanshir
Qazvin university of medical sciences, Psychiatry, Qazvin, Iran

* Corresponding author.

Introduction Schizophrenia is a severe disease which affects different aspects of behavior, including cognitive functions. The most important fields of cognitive disorders in schizophrenia are working memory, vigilance/attention, learning by oral and visual memory, argument and resolving, analysis rate and social knowledge.

Aims This study was designed to assess the effects of fluvoxamine on cognitive functions of schizophrenic patients.

Method Thirty-six patients with schizophrenia, all male, were treated with 100mg fluvoxamine and a second generation antipsychotic for 4 weeks and before and after treatment, their cognitive functions were assessed by Wechsler-3 memory scale

(WMS-revised) and negative symptoms by scale for the assessment of negative symptoms (SANS).

Results In our study, the average patients' scores increased in Wechsler-3 memory scale (WMS-revised) before and after receiving fluvoxamine ($P < 0.001$). This study couldn't show a statistically significant difference between the patients' scores in negative symptoms (SANS test) before and after the treatment course ($P = 0.59$) There was a negative statistically significant correlation found between WMS score before and after the intervention and the level of education, living area and cigarette smoking. Increasing scores in the test was statistically correlated with lower education, cigarette smoking and living in rural area.

Conclusion Augmented treatment with fluvoxamine, probably has effects on some parts of cognitive abilities of male schizophrenic patients which are assessable by Wechsler-3 memory scale. Therefore further studies on evaluation of fluvoxamine effects in other fields of cognitive abilities like concentration and attention in schizophrenic patients are still required.

Keywords Fluvoxamine; Schizophrenia; Cognition; Wechsler-3 memory scale

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

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Sexual Disorders

EW573

Questionnaire on sexual attitude and function 2009: A novel clinical and epidemiological computer based tool

K. Pirkalani^{1,*}, Z. Talaeerad²

¹ Mehr Medical Group, Internal Medicine, Tehran, Iran

² Mehr Medical Group, Gynecology, Tehran, Iran

* Corresponding author.

Objective To study sexual problems of our patients and standardizing it for patients with or without religious and cultural restrains we developed a questionnaire with 240 phrases that were extracted from a pool of 1400 sentences addressing sexual problems. Sixty-four scales under four headings (sexual general characteristics, deviations, dysfunctions and psychodynamic syndromes) (16 items each) were evaluated based on criteria of DSM-V and ICD 10. Five validity scales (honesty, desirability, debasement, guilt feeling and overall validity) were also used for better assessment.

Methods A total of 1300 patients in the four variants of the test were evaluated during a time span of 7 years. The questions were presented to examinees at 8th grade and higher in a calm environment and the results were evaluated by a computer software specifically developed for this purpose.

Results The last version of the test was completed by 734 patients with excellent compliance. It was of nice politeness and comprehensiveness. For almost all scales the sensitivity and specificity were around 85 and 92% respectively.

Conclusion We conclude that QSAF 2009 is an excellent tool both in clinics (diagnosis and follow up) and epidemiology with high sensitivity and specificity. It has also application in cross-cultural studies, medico – legal issues and medical documentation. It prevents face-to-face interviews, breaks patients' resistance and is less time consuming than scheduled interviews.

Keywords Sexual assessment; Deviation; Dysfunction

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

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EW574

Sexual function in diabetic women and non-diabetic women

Z. Sepehrmanesh

Kashan University of Medical Sciences, Kashan, Iran

Objective Diabetes is a serious disease, which has short term and long-term complications. Sexual dysfunction is a chronic problem in diabetic patients, which is ignored in many patients. Although the majority of studies about sexual problems had done in men, these studies had done less in women. This study evaluates and compares sexual function in diabetic's women and non-diabetic women.

Material and method In this study, fifty married diabetic females and fifty married non-diabetic females has been selected randomly. Demographic questionnaire and FSFI questionnaire (female sexual function index) for evaluation sexual function were used in two groups. Also another questionnaire about complications of diabetes, duration of diabetes, HbA1c, method of treatment and BP in group of diabetic women were used. Data were analyzed by *t*-test and Chi² tests.

Results Prevalence of sexual problems in two groups of women was 98%. Frequency of sexual problems in two group's women was not significant difference in overall. Two group's women had significant difference in sexual satisfaction ($P = 0.02$). Diabetic women had less satisfaction than non-diabetic women. In diabetic women; there was significant relation between HbA1c and desire and arousal items ($P = 0.01$, $P = 0.008$). There was not significance relation between sexual function of diabetic women and diabetic complications, age, educational level, job.

Conclusion The majority of women had sexual problems. In diabetic women sexual satisfaction was significance less than non-diabetic women. In diabetic women, duration of diabetes and HbA1c had significance relation with sexual problems. So that attention to sexual function in diabetic women and education about sexual function is necessary.

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

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EW575

Parental Attachment in subjects with female-to-male gender dysphoria

S. Turan*, T. Öcek Baş, A. Baş, Ö.F. Demirel, M. Emül

Istanbul University - Cerrahpasa Medical Faculty, Psychiatry, Istanbul, Turkey

* Corresponding author.

Introduction Attachment has been defined as a deep and enduring emotional bond that connects one person to another across time and space. Subjects with gender dysphoria (GD) are sometimes accompanied by psychiatric problems because they face potential parent and peer rejection.

Objectives The present study aims to investigate the parental attachment in subjects with female-to-male (FtM) GD.

Methods Sixty-six subjects with FtM GD (DSM-5 criteria) and 67 female controls were assessed using: short version of the Inventory of Parent and Peer Attachment (IPPA).

Results Main findings highlighted that female controls were significantly more attached to their parents than subjects with FtM GD. The scores of specific dimensions of attachment such as trust, communication and alienation were significantly higher in control females than subjects with FtM GD.

Conclusions The results of this study indicate that subjects with FtM GD have significantly poor parental attachment compared to female controls, measured by IPPA. These findings may suggest that psychological basis underlying the development of psychiatric disorders, which was seen in subjects with FtM GD.



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EW576

Negative attitudes in sex during pregnancy

K. Vakilian^{1,*}, M. Kheyri², A. Majidi³

¹ Arak University of Medical Sciences, Nursing Midwifery Collage, Arak, Afghanistan

² Arak University of Medical Sciences, Nursing Midwifery, Arak, Afghanistan

³ Isfahan University of Sciences, Counseling, Isfahan, Afghanistan

* Corresponding author.

Introduction Pregnancy experience with profound physical and psychological changes associated in the life of every woman. The fears, concerns and wrong attitudes of pregnant women about sex during pregnancy can have a negative impact on the sexual relations between couples and their sexual performance.

Objectives It seems cognitive behavior counselling can help to couples achieve sexual satisfaction during pregnancy.

Aims This study was done to determine the effectiveness of cognitive-behavioral training (CBT) on negative sexual attitudes in pregnant women.

Methods This study was a randomized Educational trial was done in five clinics were randomly selected between centers. After out of 200 pregnant women who had obtaining written informed consent filled sexual attitudes pregnancy questionnaire (SAP-Q) only 22 women were selected who had the lowest score attitude. 22 women were randomly allocated for CBT and control group. After the training sessions, the sexual attitude post-test questionnaire, completed by the intervention and control groups. After that results were compared in past and three months later. Results by using descriptive and analytic statistics and SPSS software 20 were analyzed.

Findings The mean sexual attitude of the intervention group was (113.3 + 11.16) and control group was (76.90 + 19.07), which reflects the significant differences between the two groups ($P < 0.001$). But after three months of follow-up there was no significant difference in the intervention group. So results showed that the attitude was maintained positive during 3 months ($P > 0.5$).

Conclusion According to the results, CBT has been effective on the reducing negative sexual attitudes in pregnant women.

Keywords Cognitive-behavioral training; Pregnancy; Sexual dysfunction; Women

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

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Sexual Medicine and Mental Health

EW577

Evaluate sexual function of male patients treated with methadone maintenance therapy (MMT) compared with that of buprenorphine maintenance therapy (BMT) in Kerman City, Iran, 2015

A. Mehdizadeh Zare Anari^{1,*}, Z. Hasani Poor HosseinAbadi²

¹ Kerman university of medical sciences, Kerman, Iran

² Islamic azad university, psychology, Kerman, Iran

* Corresponding author.



This study aimed to evaluate sexual function of male patients treated with methadone maintenance therapy (MMT) compared with that of buprenorphine maintenance therapy (BMT) in Kerman city, Iran, 2015. The research approach was a causal comparison with statistical population consisted of all married male patients who intake MMT or BMT in Kerman Substance Abuse Treatment Center (418 people) during first quarter of 2015 that 200 which of them were selected according to Morgan table (for each group, $n = 100$). The International Index of Erectile Function (IIEF) questionnaire was employed to collect the data. Data Analysis was achieved using SPSS 20 software. The results showed that mean sexual function in male patients who treated with BMT is greater than MMT ($P = 0.004$). Mean erectile function ($P = 0.029$), orgasm ($P = 0.001$) and sexual desire ($P = 0.001$) in the patients who treated with BMT exceeded than MMT. However, satisfaction of intercourse ($P = 0.727$) and overall sexual satisfaction (0.743) in the patients who treated with MMT were not significantly different with BMT. According to the research achievements, methadone is caused more affection on sexual function decrease and erectile dysfunction compared with buprenorphine so that BMT should be used as much as possible to drug addicts rather than MMT.

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

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EW578

Internalized homophobia, social pain, severity of depressive symptoms and quality of sexual life among homosexual young adults

A. Wiszniewicz^{1,*}, E. Wojtyna²

¹ Hospice Cordis, Hospice Cordis, Katowice, Poland

² University of Silesia, Institute of Psychology, Katowice, Poland

* Corresponding author.

Background Being a homosexual may be burdened by several psychological problems. This is due to the minority stress that results from feeling excluded and it is characteristic of social minorities. Negative beliefs about their psychosexual orientation and sense of exclusion may be the cause of both depressive disorders and internalized homophobia. These factors can affect the quality of sexual life.

Aim The aim of the study is to analyze the relationship between internalized homophobia, social pain and the severity of depressive symptoms and quality of sexual life.

Methods The study included 103 young adults remaining in permanent homosexual relationships. The study was cross-sectional. The study used Beck Depression Inventory, Social Pain Thermometer, Internalized Homophobia Scale and Quality of Sexual Life Questionnaire.

Results It observed the significant correlations between the level of internalized homophobia and a sense of social pain and the severity of depressive symptoms. Both internalized homophobia, and severe social pain and depressive symptoms proved to be significant predictors of reduced quality of sexual life of homosexuals.

Conclusions During the treatment of depressive symptoms and discomfort associated with the sexual life of homosexuals, it is important to take into account the phenomenon of internalized homophobia.

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

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Sleep Disorders & Stress

EW579

Sleep quality in epileptic children

M. Abouzed^{1,*}, S. Kinawy²¹ Al-azhar Faculty of Medicine, Psychiatry, Cairo, Egypt² Aswan University, Pulmonology Department, Aswan, Egypt

* Corresponding author.

Sleep problems frequently coexist in epileptic patient. The effect of them on each the other has been extensively evaluated. Little review exists on the reciprocal interaction of sleep problems and epilepsy in the children.

Aim of study To evaluate prevalence, pattern and risk factors of sleep problems in epileptic children.

Method Eighty-two epileptic children and 40 healthy controlled children were evaluated using children's sleep habits questionnaire – Arabic form and night polysomnography (2 consecutive nights).

Result Prevalence of sleep problem in epileptic children was 45% and 17% of normal control children with significant difference in sleep latency, total sleep time and number of awaking per night with significant prevalence with partial epilepsy, poly therapy and poor controlled epilepsy.

Conclusion Sleep problems are common in epileptic children with close relation to partial epilepsy, number of anti epileptic and poor controlled epilepsy. This is important to deal with it in order to better control of sleep problems in such patient.

Keywords Child psychiatry; Sleep disorders; Epilepsy

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

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EW580

Correlates of sleep difficulties in young adults: A gender comparison

A.P. Amaral^{1,*}, M.J. Soares², A.T. Pereira², S. Bos², M. Marques², J. Valente², A. Macedo²¹ Institute Polytechnic of Coimbra and University of Coimbra,

Coimbra Health School and Department of Psychological Medicine, Coimbra, Portugal

² University of Coimbra- Faculty of Medicine, Department of Psychological Medicine, Coimbra, Portugal

* Corresponding author.

Introduction Sleep disturbance is one of the most common health complaints among late adolescents and young adults. Women report more sleep-related complaints than men (Krishnan and Collop, 2006) and more anxiety or depressive symptoms (Voderholzer et al., 2003). Higher levels of repetitive negative thinking appear to be causally involved in the initiation/maintenance of emotional problems (Ehring and Watkins, 2008).

Aims To analyze the sleep difficulties differences by gender and its associations with stress, cognitive emotion regulation, perseverative thinking and negative affect.

Methods Five hundred and forty-nine students (80.1% females) from two Universities filled in the PSS-10 (Cohen et al., 1983; Amaral et al., 2014), CERQ (Garnefski et al., 2001; Castro et al., 2013), PTQ (Ehring et al., 2011; Chaves et al., 2013) and POMS-58 (McNair et al., 1971; Azevedo et al., 1991; Amaral et al., 2013). Three questions were used to access difficulties of initiating sleep (DIS), maintaining sleep (DMS) and early morning waking (EMA).

Results Females reported more sleep difficulties (excluding DIS), stress, perseverative thinking than males. Males reported higher levels in self-blame and blaming-others dimensions. In female sample we found significant correlations between all sleep difficulties and stress, perseverative thinking, emotional regulation (rumination, self-blame, catastrophizing) and negative affect. In male

sample only the difficulties of initiating sleep are correlated with stress, perseverative thinking, self-blame and negative affect.

Conclusions There are no gender differences in frequency and most of correlates of DIS. DMS and EMA were higher in females and were related to perseverative thinking and emotional regulation mechanisms in this sample.

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

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EW581

Epworth Sleepiness Scale results in medical students. A preliminary study

M. Henry^{1,*}, A.A. Perez-Morell², L. Hueriga-Garcia², A.A. Henry-Gonzalez³¹ University of La Laguna, Department of Internal Medicine-Dermatology and Psychiatry, Santa Cruz De Tenerife, Spain² University of La Laguna Medical School, Health Sciences Campus, Santa Cruz De Tenerife, Spain³ Gerencia de Atención Primaria, Health Care Department of the Canary Islands, Santa Cruz De Tenerife, Spain

* Corresponding author.

Introduction Sleep disorders, especially insomnia and excessive daytime sleepiness, are common complaints. They are associated with an increased prevalence of various somatic diseases and/or psychiatric disorders as well as psychosocial problems. Previous general population studies have estimated that the prevalence of sleep disorders ranges between 15 and 42%.

Objectives and aim Studying sleepiness in younger medical students, that is, in the carrier initial or lower grades.

Methods The Epworth Sleepiness Scale was administered to a 135 (mean age 19.90 y.o.) (76% female/33% male) voluntary agreeing sample of first cycle medical students in Tenerife during 2014–2015. EES measures daytime sleepiness. The Statistical Package for Social Science was applied.

Results and discussion 1. Age is about the same than that of a Brazilian medical students sample (20.16). 2. Just over 50% (68 out of 135) had daytime sleepiness, higher than the Brazilian's and much higher than that observed in an Australian medical students sample. Curiously, 29 percent of our students with diurnal sleepiness had reported a good quality sleep in the previous month. 3. This figure (>50%) is really higher than the recorded proportion in adult general population. 4. No intersex differences were noticed ($P > 0.05$).

Conclusions Our study points out that complaints about sleepiness are very common in younger medical students. The question remains whether adjustment, personality traits, high tasks and curricula burdens associated with fatigue may have a causal link with sleepiness in a very demanding carrier. Moreover, we should highlight that sleepiness, as a subjective variable, could be confounded with fatigue.

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

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EW582

Sleep disorders among adolescents in Nigeria: The development of an assessment instrument (Sleep Disorders in Nigeria Questionnaire [SDINQ])

D. Igbokwe^{1,*}, B.A. Ola², A. Odeunmi³, M.A. Gesinde¹, A. Alao¹, J. Agbu⁴, R.J.E. Ndom⁵, S.O. Adeusi¹, O.A. Adekeye¹, B.C.E. Agoha¹¹ Covenant University, Psychology, Ota, Nigeria

² Lagos State University College of Medicine, Department of Behavioural Medicine- Faculty of Clinical Sciences, Lagos, Nigeria

³ Nigerian Defense Academy, Department of Psychology, Kaduna, Nigeria

⁴ National Open University of Nigeria, School of Health Sciences, Lagos, Nigeria

⁵ University of Ilorin, Behavioural Sciences, Ilorin, Nigeria

* Corresponding author.

Introduction Nigerian adolescents report various sleep disorders metaphorically based on the local/native description of such disorders. Hence, it is sometimes difficult for clinicians without a good grasp of the nuance in their description to understand their presentation.

Aim To develop a culturally relevant (Nigerian) instrument for assessing sleep disorders.

Methods One thousand two hundred and twenty-seven Nigerian Secondary School adolescents (634 males and 593 females) between 12–19 years with mean age of 15.20 (SD=1.5) were administered a 44 item instrument developed following the DSM (V), American Association of Sleep Medicine's International Classification of Sleep Disorders (ICSD, 2005) criteria, and case reports of sleep disorders. The data was subjected to a Principal Component Analysis using Varimax rotation.

Result Ten factors instead of the original eleven factors suggested by the authors emerged in the analysis and on closer examination and in juxtaposition with cultural nuances, it was found the ten factors were in line with what is generally reported by adolescents. Sleep walking disorders and sleep related movement disorders loaded in one factor labelled sleep movement disorders, while items representing non restorative sleep experiences, sleep talking, sleep paralysis, sleep apnea, circadian rhythm sleep disorder, narcolepsy, insomnia, sleep terror disorder and nightmare disorder loaded on their individual factors. The SDINQ showed a Cronbach Alpha of .916 and a good correlation with subscales of the School Sleep Habits Survey (SSHS).

Conclusions The SDINQ has been found to be a valid and reliable instrument for assessing the presence of sleep disorders among adolescents in Nigeria.

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

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EW583

Prevalence of restless legs syndrome in professional cyclists

M. Kwiatkowski^{1,*}, U. Cwalina², P. Kosiński³, K. Simonienko¹, P. Wierzbinski⁴, N. Wygnał¹, N. Waszkiewicz¹

¹ Medical University of Białystok, Department of Psychiatry, Białystok, Poland

² Medical University of Białystok, Department of Statistics and Medical Informatics, Białystok, Poland

³ Medical University of Lodz, DynamoLab, Lodz, Poland

⁴ Medsolver Psychiatric Clinic, Medsolver in Lodz, Lodz, Poland

* Corresponding author.

Introduction Restless legs syndrome (RLS) is a sleep disorder affecting a significant part of general population. Clinically RLS is characterized by abnormal sensations of irresistible urge to move legs, becoming worse at night, and frequently causing insomnia. Consequences of RLS include daytime dysfunction, depressed mood, anxiety and decreased quality of life.

Objectives Determine prevalence of RLS in professional cyclists.

Aims The aim of this study was to examine the prevalence of RLS in professional cyclists. According to our knowledge this is the first research of RLS in professional cyclists.

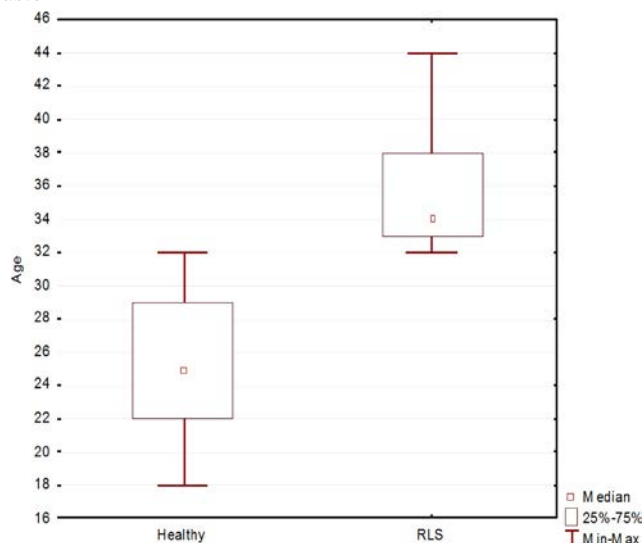
Methods A total of 43 professional cyclists were asked to complete 4-item questionnaire based on IRLSSG Diagnostic Criteria for RLS. Data from questionnaire was compared to anthropometric

measurements, epidemiologic data, age of starting trainings and total years of professional performance.

Results The results indicated that prevalence of RLS in professional cyclists is 14% and is higher than expected in this age group. We found statistically significant relationship between RLS and age ($P < 0,001$) and years of experience as a professional cyclist ($P < 0,001$). Results revealed no significant differences between genders (Table 1).

Conclusions RLS seems to be a common problem in professional cyclists. It can affect sport performance. Future efforts to estimate the influence of RLS on professional sport performance should be considered.

Table 1



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

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EW584

Self-criticism and self-compassion role in the occurrence of insomnia on college students

I. Teixeira, S. Simões, M. Marques, H. Espírito-Santo, L. Lemos*
Miguel Torga Institute, Psychology, Coimbra, Portugal

* Corresponding author.

Introduction To our knowledge there are no research about the influence of self-criticism and self-compassion in the occurrence of insomnia.

Objectives To study the association between self-criticism, self-compassion and insomnia on university students; to explore differences in these associations on two moments of student's lives—examination and no examination period.

Aims We anticipate that the stress and pressure of the examination period have an impact on student's sleep and there are, also, differences by age and gender.

Method Self-Criticism and Self-Reassurance Scale, Self-Compassion Scale, Pre-Activation Sleep Scale, Insomnia Assessment Scale and Anxiety and Depression and Stress Scales were answered by 160 college students (M=26.45, SD=7.98; range=19–54 years) during an examination period and by 108 college students during a no examination period (M=26.34; SD=0.43; range=19–54 years).

Results In both periods (examination and no examination period) older students (30–54 years) tended to be more self-compassionate and tolerant, such as less self-critical and punitive. During the

examination period, younger students (19–29 years) showed higher levels of self-criticism, cognitive, and somatic activation before falling asleep. There was also a higher proportion of younger students in the insomniac and insomnia symptomatic groups. Moreover, significant correlations were found between cognitive and somatic activation and depression, anxiety, and stress in both moments.

Conclusions In the examination period, the youngest students are more critical and less compassionate, what might lead to greater cognitive and somatic activation before sleep and, consequently, to insomnia symptoms and insomnia itself.

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

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EW585

Self-compassion and insomnia at pregnancy



M. Marques^{1,2}, A.T. Pereira¹, V. Freitas¹, E. Bento¹, J. Azevedo¹, S. Xavier¹, M.J. Soares¹, M.J. Martins^{1,*}, A. Macedo^{1,2}

¹ University of Coimbra, Department of Psychological Medicine, Coimbra, Portugal

² Coimbra Hospital and University Centre, Department of Psychiatry, Coimbra, Portugal

* Corresponding author.

Introduction Mindfulness based programs during pregnancy (some including self-compassion components) increase self-compassion, mindfulness and maternal self-efficacy, and reduce anxiety, stress and psychological distress in pregnant women. According to our knowledge, there are no studies about the association between self-compassion and sleep outcomes in pregnancy.

Objective To explore differences in self-compassion, between three sleep groups, in a sample of Portuguese pregnant women.

Methods Four hundred and nineteen pregnant women (mean age: 32.51 ± 4.759 ; weeks of gestation: 17.32 ± 4.803) completed the Self-Compassion Scale (SCS, Bento et al., 2015), presenting six dimensions (self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identification) and the Insomnia Assessment Scale (Marques et al., 2015). Three sleep groups were formed: good sleepers (no insomnia symptoms; no associated daily impairment); insomnia symptoms groups (one/more insomnia symptoms; no associated daily impairment); insomniacs (one/more insomnia symptoms; daily associated impairment).

Results There were significant differences in the total SCS, self-judgment, isolation and over-identification scores, between sleep groups [respectively, $F(2,396) = 7,926, P \leq 0,001$; $F(2,409) = 19,155, P \leq 0,001$; $F(2,410) = 13,016, P \leq 0,001$; $F(2,412) = 11,258, P \leq 0,001$]. Self-judgment, isolation and over-identification scores of good sleepers and insomnia symptoms group were higher than of insomniacs. Total SCS score of good sleepers was higher than of insomniacs and the same score of symptoms of insomnia group was also higher than of insomniacs.

Conclusions Results seem to show the importance of developing self-compassion to improve sleep in pregnancy or reduce the impact of insomnia symptoms (common at pregnancy).

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

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EW586

Sleep disorders, depression and anxiety among medicine university students in Sfax



M. Moalla^{1,*}, M. Maalej¹, C. Nada¹, R. Sellami², J. Ben Thabet¹, L. Zouari¹, M. Maalej¹

¹ CHU Hédi Chaker S Department of Psychiatry “C”, Sfax, Tunisia

² CHU Hédi Chaker S Department of Psychiatry “A”, Sfax, Tunisia
* Corresponding author.

Introduction Sleep symptoms, depression and anxiety often coexist and tertiary students are a population group that are increasingly recognised to be at risk. However the rates of these conditions in the tunisian population are poorly understood.

Aim The aim of this study was to evaluate sleep quality among medicine students during exam periods and identify correlations with anxiety and depression.

Methods This is a descriptive and analytical cross-sectional study. It involved students of medicine University of Sfax during the period of exams. Each student filled out demographic questionnaire, the Pittsburgh Sleep Quality Index (PSQI) to assess the quality of sleep and Hospital Anxiety and Depression scale (HAD) to screen for anxiety and depressive disorders.

Results The average age was 22.27 years. The sex ratio M/F was 0.66. The students were single in 96.7% of cases. The average score of PSQI was 6.67 ± 3.23 . According to the PSQI, 53.3% of students had poor sleep quality. The anxiety score ranged from 0 to 7 with an average of 8.37. The depression score ranged from 0 to 16 with an average of 7.47. Anxiety and depressive symptoms were present in 26.7% of students. The PSQI score was significantly correlated with anxiety ($p < 0.01$) and depression scores ($P = 0.019$).

Conclusion Anxiety and depressive symptoms are common among students during exam periods. They are associated with poor quality sleep. The establishment of a helpline for students during exam time, with psychologists and psychiatrists, would help them better manage this difficult period.

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

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EW587

Validation of the insomnia assessment scale – adapted in a community sample of portuguese pregnant women



M. Marques^{1,2}, A.T. Pereira^{1,*}, J. Azevedo¹, S. Xavier¹, E. Bento¹, M.J. Soares¹, V. Freitas¹, A. Macedo^{1,2}

¹ Faculty of Medicine - University of Coimbra, Psychological Medicine, Coimbra, Portugal

² Coimbra Hospital and University Centre, Psychiatry, Coimbra, Portugal

* Corresponding author.

Introduction Pregnancy is characterized by important changes in sleep and some of them (as insomnia) predict negative outcomes, like depression, through all the perinatal period. There are few Portuguese adapted and validated instruments assessing insomnia in pregnancy.

Objective To validate the Insomnia Assessment Scale in a sample of Portuguese pregnant women.

Methods 419 pregnant women (mean age: 32.51 ± 4.759 ; weeks of gestation: 17.32 ± 4.803) answered the Insomnia Assessment Scale (IAS), constructed according to the DSM-V and the ICD-3 criteria and presenting fourteen items: three evaluating insomnia symptoms (1 to 3); one assessing if sleep difficulties were present although there were adequate conditions to sleep (item 4); one assessing if sleep difficulties occurred three times/week (item 5); one evaluating if sleep was not restorative (item 6); three assessing daily impairment associated to insomnia symptoms (7 to 9); two assessing the use of prescribed and/or homemade medication (10 and 11); three excluding that sleep difficulties were not due to another sleep disorder, substance use, a physical condition or a mental disorder) (12 to 14).

Results The IAS Kuder-Richardson alpha was very good ($\alpha = 0.85$) and none of the items increased the alpha if removed. A principal

component analysis revealed a three factors solution, explaining a variance/EV of 63,74%: F1/Insomnia symptoms (items 1 to 6) (EV 36.02%; $\alpha=0.81$); F2/Daily impairment associated to insomnia symptoms (items 7 to 9) (EV 18.67%; $\alpha=0.79$); F3/Differential diagnosis (items 12 to 14) (EV 8.38%; $\alpha=0.81$).

Conclusions The IAS adapted for Portuguese pregnant women presented good reliability and validity.

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

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EW588

Mindfulness and insomnia at pregnancy



M. Marques^{1,2}, A.T. Pereira¹, E. Bento¹, S. Xavier¹, J. Azevedo^{1,*}, M.J. Soares¹, V. Freitas¹, A. Macedo^{1,2}

¹ Faculty of Medicine - University of Coimbra, Psychological Medicine, Coimbra, Portugal

² Coimbra Hospital and University Centre, Psychiatry, Coimbra, Portugal

* Corresponding author.

Introduction The impact of mindfulness in improving insomnia symptoms is documented in different samples (e.g. anxiety disorders; insomnia samples) and mindfulness based programs for pregnancy refer the association between mindfulness development and the reduction of insomnia symptoms/improvement of sleep.

Objective To explore differences in the Facets Mindfulness Questionnaire-10 (FMQ-10; Azevedo et al. 2015), between sleep groups, in Portuguese pregnant women.

Methods Four hundred and nineteen pregnant women (mean age: 32.51 ± 4.759 ; weeks of gestation: 17.32 ± 4.803) answered the Facets Mindfulness Questionnaire-10 and the Insomnia Assessment Scale (IAS, Marques et al., 2015). Three sleep groups were created considering all the IAS items: good sleepers (no insomnia symptoms; no associated daily impairment); insomnia symptoms groups (one/more insomnia symptoms; no associated daily impairment; exclusion of other conditions/disorders explaining the symptoms); insomniacs (one/more insomnia symptoms; one/more daily associated impairment; exclusion of other conditions/disorders explaining the symptoms).

Results There were significant differences in the total FMQ-10 score, the F1/Nonjudging of inner experience and the F2/acting with awareness, between sleep groups [respectively, $F(2,402)=6,933$; $P=0.001$; $F(2,406)=10.243$; $P=0.001$; $F(2,406)=37.431$; $P=0.002$]. Tukey tests indicated that the mean total FMQ-10 and F1/Nonjudging of inner experience scores of good sleepers and insomnia symptoms group were significantly higher than of the insomniacs. The mean value of F2/acting with awareness in the good sleepers was significantly higher than of the insomniacs.

Conclusions It seems important to develop mindfulness to improve sleep in pregnancy or reduce the impact of insomnia symptoms (common at pregnancy).

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

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EW589

Perceived causes for changes in sleep pattern in postpartum women



S. Santos¹, A.T. Pereira^{1,*}, M.J. Soares¹, E. Bento¹, M. Marques^{1,2}, A. Macedo^{1,2}

¹ Faculty of Medicine - University of Coimbra, Psychological Medicine, Coimbra, Portugal

² Coimbra Hospital and University Centre, Psychiatry, Coimbra, Portugal

* Corresponding author.

Aim To investigate the causes that postpartum women most mention for changes in sleep pattern and its associations with obstetric and sleep variables and depressive symptoms.

Methods At three months postpartum 192 women fill in a booklet containing obstetric and sleep variables and the Postpartum Depression Screening Scale (PDSS; Pereira et al., 2010). If they experienced changes in their sleep pattern, they were asked about the perceived cause(s) (multiple choice). Chi-squared and Student *t* tests were applied as appropriate.

Results A total of 64.6% women referred to some cause(s); the most mentioned were feeding/baby care and older children care (32.3%) and worries (baby and life problems related) (29.5%). Women who mentioned feeding/baby and older children care as a cause did not significantly differ in relation to type of delivery, feeding method proportions and in PDSS mean scores. Women who identified worries as a cause vs. women who did not – presented significant differences in proportions of vaginal (20.0%) vs. assisted delivery (52.2%) (OR 4.444), caesarean-section (22.2%) vs. assisted delivery (52.6%) (OR 3.827), in breast-feeding (36.0%) vs. bottle-feeding (12.9%) (OR .263) and in “having trouble sleeping even when the baby is asleep” (28.0% vs. 2.9%) (OR 12.833) (all $P<.05$). PDSS mean scores were also significantly higher in women who mentioned worries as a cause (50.20 ± 20.622 vs. 58.640 ± 15.766 , $P<0.05$).

Conclusion It is important to distinguish the causes for changes in sleep pattern in postpartum women. Worries as a perceived cause have a higher impact and clinical significance than causes related to baby care demands.

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

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EW590

Children and sleep disturbance: A case for psychiatric intervention?



P. Seibert

Saint Alphonsus Regional Medical Center, Research Institute, Boise, USA

From birth through adolescence changes occur in children's sleep architecture, schedule, and duration including several key interactions in the concomitance of sleep/wake domains and child development. Research investigating the suspected affiliation between inefficient sleep and mental dysfunction in children has been largely enigmatic. We constructed a 111-item questionnaire relative to sleep disturbance in all ages and a 12-item questionnaire specific to pediatrics to use in conjunction with nocturnal polysomnography (PSG), and medical chart reviews of children under the age of 17 referred to our institution for evaluation of SDs. We analyzed these data to create a characterization specific to children/youth ($n=57$; age 1–16 mean 9.28; 36 male, 21, female). Examples of findings reveal a characterization distinctive from the general demographic of adults who are referred for sleep studies. For example, 55.6% presented with disabilities ranging from neurological to neuromuscular; 73.3% reported learning disabilities; 66.7% possessed a range of behavioral control challenges; half used prescribed medications for psychiatric issues (despite a paucity of psychiatric evaluation). Another example, is that post-PSG, 69.6% of this sample were diagnosed with abnormal sleep architecture which was statistically related to medication use. These data revealed a pattern of children being more likely to be referred for a professional sleep study in the presence of significant medical symptomatology. Although we found some similarities when comparing this children/youth group to adults, we also found striking differences that were opposite when comparing the age groups.

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

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Suicidology and suicide prevention

EW591

Impact of dialectical behavior therapy on incidence of suicidal attempts and non-suicidal self injury among a sample of Egyptian borderline personality disorder patients

A. Abdelkarim^{1,*}, D. Nagui Rizk¹, M. Esmail², H. Helal²¹ Alexandria Faculty of Medicine, Neuropsychiatry, Alexandria, Egypt² Alexandria Faculty of Arts, Psychology, Alexandria, Egypt

* Corresponding author.

Introduction Dialectical behavior therapy (DBT) is a comprehensive psycho-social treatment developed by Marsha Linehan and originally designed for persons meeting criteria for borderline personality disorder (BPD). DBT is considered as a standard evidence based treatment for suicidal BPD patients in most international guidelines. Although its effectiveness has been proved in multiple studies across different patient populations but almost all the research was conducted in North American or European countries. The current study was the first trial to apply DBT in Egypt with a different language and culture than where the treatment was originally developed.

Objectives Assessment of incidence of suicidal attempts and non-suicidal self-injury (NSSI) among a sample of Egyptian BPD patients enrolled in an outpatient DBT program.

Aim The aim of the current study was to estimate impact of comprehensive DBT on suicidal attempts and NSSI when applied to Egyptian BPD patients.

Methods Twenty-five BPD patients, 4 males and 21 females, were included in a comprehensive outpatient DBT program for one year and incidence of suicidal attempts and NSSI were calculated.

Results Five patients only attempted suicide again with an incidence of 20% and a mean of one attempt/patient. Seven patients attempted NSSI with an incidence of 28%, an overall 22 incidents and a mean of 3 incidents/patient.

Conclusion Although this was the first time to apply DBT in an Egyptian population, DBT proved to be an effective psychotherapeutic intervention for suicidal BPD patients across regardless of different language or culture.

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

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EW592

Factors related to suicidal behavior in Korean patients with bipolar disorder: The effect of mixed features on suicidality

H.J. Seo¹, H.R. Wang¹, Y.S. Woo¹, H.C. Kim², W.M. Bahk^{1,*}, B.W. Nam³, E. Lim⁴, K.J. Min⁵¹ Yeouido St. Mary's Hospital, Psychiatry, Seoul, Republic of Korea² Kosin University-College of Medicine, psychiatry, Busan, Republic of Korea³ School of Medicine- Konkuk University-Chungju Hospital, psychiatry, Chungju, Republic of Korea⁴ Shinsegye hospital, psychiatry, Gimje, Republic of Korea⁵ College of Medicine- Chung-Ang University, psychiatry, Seoul, Republic of Korea

* Corresponding author.

Introduction The aim of the present study was to investigate various risk factors of suicidal behaviors, including the mixed features specifier, in Korean patients with bipolar disorder.

Methods We retrospectively reviewed medical charts from 2005 to 2014. A total of 334 patients diagnosed with bipolar disorder using the DSM-IV TR were enrolled. Subjects were categorized into two groups according to their history of suicidal behavior and the demographic and clinical characteristics of the groups were compared, including the mixed features specifier. We re-evaluated the index episode using DSM-5 criteria and classified subjects into an index episode with mixed features group and an index episode without mixed features group. Logistic regression was performed to evaluate significant risk factors associated with suicidal behavior.

Results Suicidal behavior had an independent relationship with mixed features at the index episode using DSM-5 criteria (OR = 3.39; 95% CI: 1.57–7.34) and number of previous depressive episodes (OR = 1.62; 95% CI: 1.34–1.95) in Korean bipolar patients. The mixed feature specifier was the strongest risk factor for suicidal behavior in the present study. Limitations: this was a retrospective study and structured psychiatric interviews were not conducted.

Conclusions This study may help clinicians understand potential risk factors and manage bipolar disorders with suicidal behaviors. Clinicians should carefully monitor patients with bipolar disorder who exhibit numerous depressive episodes or mixed features for suicidal behavior.

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

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EW593

Survivors of suicide: A research on the consequences of a loss for suicide

S. Bellini^{*}, F. Ricci, M. Migliorati, G. Giordano, D. Erbuto, M. Milelli, M. Pompili

Sant'Andrea Hospital, Department of Neurosciences, Mental Health and Sensory Organ, Suicide Prevention Centre, Sapienza University of Rome, Rome, Italy

* Corresponding author.

Introduction Suicide loss requires more time to grieve than other losses and it is often associated with suicidal thoughts and suicide attempts in the survivors.

Objectives Survivors are often neglected and there is no real understanding of the both psychological and psychopathological consequences of losing a dear one by suicide.

Aims To assess the relationship between hopelessness, depression, suicide risk, complicated grief, intrusive memories and avoidance in a sample of suicide survivors. To define the permanence of particular variables associated with a specific type of loss, defined "complicated grief", even after many years from the loss.

Methods We recruited 35 survivors of suicide, searching for help to the Suicide Prevention Centre of Sant'Andrea Hospital in Rome. Subjects were administered BDI II, BHS, ICG, BRFL, IES, SHS, SWLS and an informative schedule.

Results A total of 62.8% of the survivors shows a higher scores on Complicated Grief referred more intrusiveness of thoughts and memories ($\rho = 0.6$; $P < 0.01$) and the attempt to prevent the thoughts and emotions related to the event ($\rho = 0.42$; $P < 0.05$), more depressive symptoms ($\rho = 0.53$; $P < 0.01$) and increased hopelessness ($\rho = 0.54$; $P < 0.01$), a lower feeling of happiness ($\rho = -0.60$; $P < 0.01$) and satisfaction with their life ($\rho = -0.57$; $P < 0.01$) than survivors that reported a lower scores in the complicated grief.

Conclusions The permanence of the symptoms of complicated grief suggests that in the case of suicide is harder to achieve a degree of acceptance and emotional balance, which usually happens within six months from the loss.

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

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EW594

Evaluation of dissociative experience and suicide risk in a clinical sample with early traumatic life events



D. Erbuto¹, F. Ricci², M. Innamorati¹, M. Migliorati¹, S. Bellini^{1,*}, G. Giordano¹, M. Pompili¹

¹ Sant'Andrea Hospital, Department of Neurosciences, Mental Health and Sensory Organs, Sapienza University of Rome, Rome, Italy

² Sapienza University of Rome, Department of Dynamic and Clinical Psychology, Sapienza University of Rome, Rome, Italy

* Corresponding author.

Introduction Dissociative experiences are related with a higher suicide risk in subjects with specific early traumatic life events.

Objectives To evaluate the relation between trauma, hopelessness, dissociative experiences and suicide risk in hospitalized patients.

Aim To evaluate the predictive value of early traumatic experiences on the onset of dissociative experiences and suicide risk.

Methods The sample consisted of 342 subjects consecutive psychiatric inpatients, 163 males (47,5%) and 179 females (52,5%) with an average age was 40.28 years \pm 13.25. Hopelessness levels, dissociation, trauma and suicide risk have been evaluated. We assessed the following variables: hopelessness BHS, suicide risk (MINI, C module), dissociation (DES), child abuse (CTQ).

Results Patients with early traumatic experiences reported higher scores on dissociative experiences and suicide risk, especially in female patients ($M=2.06$; $DS=1.21$), $P=0.005$ ($t: 1.927$), who referred sexual abuse. Statistically significant correlation between hopelessness and suicide risk ($0.427 < 0.01$), physical abuse and dissociative experiences ($0.431 < 0.01$) were found.

Conclusions Suicidal behavior and traumatic life-events are common among psychiatric patients.

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EW595

Outpatient treatment engagement after suicidal attempt: A multicentre prospective study



B. Boniface^{1,*}, E. Castaigne², E. Balaguer³, T. Ghanem⁴, A. Bouhhal⁵, E.B. Ivascu⁵, A. Youssouf Abdou¹, P. Hardy²

¹ Dispositif Territorial de Recherche et de Formation Paris-Sud, Psychiatrie, Le Kremlin-Bicêtre, France

² Hôpital de Bicetre, Psychiatrie, Le Kremlin Bicêtre, France

³ Établissement Public de Santé Erasme, Psychiatrie, Antony, France

⁴ Groupe Hospitalier Nord Essonne, Psychiatrie, Orsay, France

⁵ Établissement Public de Santé, Psychiatrie, Etampes, France

* Corresponding author.

Introduction Most suicide attempters are referred to community health professionals (CHP) after discharge from emergency department (ED). Thereafter, outpatient treatment engagement (OTE) is often poor. Strengthening it seems likely to reduce the risk of repeat suicidal behaviour.

Objectives To identify the predictive factors of OTE.

Methods Multicentre prospective study in true life conducted in adult patients (≥ 18) in 4 EDs of the Southern Paris region. Patients were referred to CHP. OTE was assessed by telephone calls at 1 and 3 months. OTE at 1 month was defined as having booked 1 appointment; OTE at 3 months as having attended 2 appointments and booked another one.

Results One hundred and fifty-five patients were assessed at 1 month and 144 at 3 months. OTE at 1 and 3 months was observed in 58% and 51% respectively. A multivariate analysis showed factors significantly predictive of OTE at 1 month: a psychiatric follow-up before the suicide attempt (SA), ≥ 2 psychiatric interviews during

the stay at ED, appointment with CHP booked before discharge from the ED; and at 3 months: college or university education, absence of alcohol intake during the SA, psychiatric follow-up before the SA, appointment with CHP booked before discharge from the ED.

Conclusions This multicentre prospective study highlights the benefit of booking outpatient appointment before discharge from ED; of allowing patient to benefit from at least two psychiatric interviews; of being particularly cautious with patients who took alcohol concomitantly to their SA, patients with low level of academic achievement and patients without psychiatric follow-up.

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

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EW596

Psychiatric follow up after a suicide attempt



D. de la Vega Sánchez^{1,*}, M. Reina Domínguez², S. Fernández León²

¹ Hospital Virgen Macarena, Psiquiatría, Sevilla, Spain

² Hospital Juan Ramón Jiménez, Psiquiatría, Huelva, Spain

* Corresponding author.

Introduction Suicide is a global public health problem. More than 800,000 people die due to suicide every year according to the WHOM. In Spain, about 9 people die due to suicide every day, and the rates increase every year. The presence of previous suicide attempts is one of the strongest risk factors for suicide consumption. Nevertheless, patients sometimes do not receive a correct assistance after a suicide attempt.

Objective To study the follow-up of patients, without previous psychiatric history, who commit a first suicide attempt in the area of Huelva (Spain).

Method Retrospective review of the electronic clinical histories of patients attended in the Emergency service of Juan Ramón Jiménez Hospital after a first suicide attempt during the first six months of 2015.

Results From January to June of 2015 we collected a total of 159 patients who committed a first suicide attempt in our area. A total of 69.18% were women and 30.82 were men. In both sex the mean age was 39 years. Out of the 159 attended after a first suicide attempt, only 54% were referred to the Psychiatry service to be followed up. Out of those referred, only 62% actually attended and only half of them really staying treatment.

Conclusions An adequate psychiatric follow up after a suicide attempt is needed to reduce the risk of more suicide attempts or consumption. A minority (30.8%) of the patients attended in our area after a first suicide attempt received an adequate attention.

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

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EW597

Suicide and body mass index



E.M. Barranco¹, D. de la Vega^{2,*}, Á. Arcenegui¹, A. Rico³, M. Blanco³, R. Martín³, J.A. Guija⁴, L. Giner⁵

¹ Distrito Aljarafe, Atención Primaria, Sevilla, Spain

² Hospital Virgen Macarena, Psiquiatría, Sevilla, Spain

³ Instituto de Medicina Legal de Sevilla, Servicio de Patología, Sevilla, Spain

⁴ Instituto de Medicina Legal de Sevilla, Servicio de Psiquiatría, Sevilla, Spain

⁵ Universidad de Sevilla, Psiquiatría, Sevilla, Spain

* Corresponding author.

Introduction It has been suggested that there is a relationship between BMI and suicide. Thus, BMI of subjects who commit suicide would be lower than the BMI of other unnatural deaths (Flaig 2013).

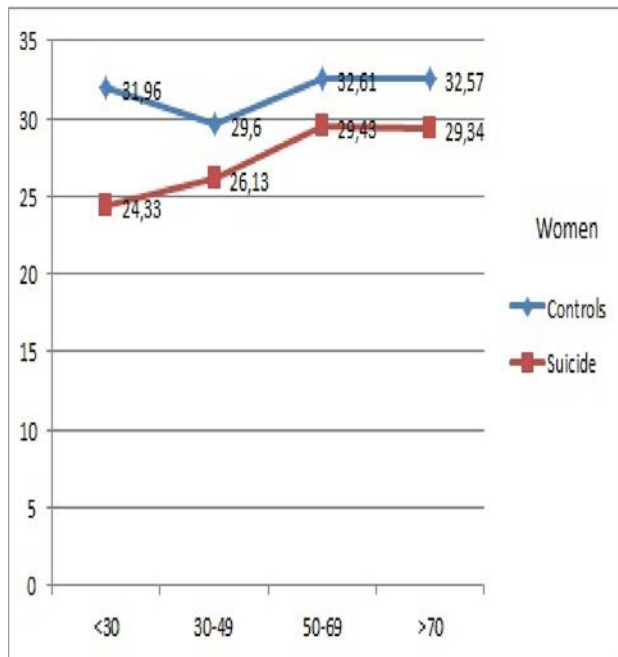
Objectives Explore the possible relationship between BMI and suicide.

Material and methods A total of 1197 suicides and 473 unnatural deaths (not by suicide) were collected systematically for 60 months at the Institute of Legal Medicine of Seville. Age, sex, weight, height and cause of death were recorded. Statistical analysis was performed using SPSS v19.0.

Results (Table 1)

Discussion In our study we found that suicide (of all age groups and both sexes) have a lower BMI than controls. However, the relationship between these two variables is complex and not all studies support it. Moreover, the relationships between depression, suicide and overweight point in different directions. More and more studies indicate the existence of a relationship between depression and overweight, suggesting that perhaps the “epidemic” of depression and overweight that we see in Western societies has some connection. In addition, depression is a risk factor for suicide well established. Our results indicate that suicide group tends to have lower BMI (less weight in relation to its size) than the controls.

Table 1



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

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EW598

Prevalence of mental disorders in 1519 suicides: A meta-analysis

D. de la Vega Sánchez^{1,*}, E. Guillén², M.J. Gordillo³, L. Giner⁴
¹ Sevilla, Spain

² Hospital Juan Ramón Jiménez, Psicología, Huelva, Spain

³ Hospital Juan Ramón Jiménez, Psiquiatría, Huelva, Spain

⁴ Universidad de Sevilla, Psiquiatría, Sevilla, Spain

* Corresponding author.

Introduction Psychological autopsy studies have constantly indicated a clear relation between mental disorders and suicide. This relation has been found in studies across the world, although the percentage of cases with at least one mental disorder diagnosed may vary between studies and specially, between countries and geographical regions.

Methods Review of psychological autopsy studies of suicide completers which contained information on diagnostic distribution. Only studies carried out in Europe and North America were included.

Results A total of 14 studies, including 1519 suicides, were analyzed (Table 1).

Conclusions Suicide risk is a multifactor phenomenon, however, it is strongly related to mental disorders. Mental health strategies should be directed to target clinical groups at high risk of suicide.

Table 1

Study	Suicides with diagnose	Prevalence of mental disorder (%)	OR
Schneider/2005	146	89.57	17.9816
Waern/2002	82	96.47	122.0238
Almansi/2009	134	69.07	6.432
Appleby/1999	76	90.48	26.2647
Hawton/2002	38	90.47	123.5
Boardman/1999	151	71.23	3.1074
Foster/1999	101	86.32	21.0417
Thoresen/2006	31	72.09	9.1852
Preville/2005	40	42.10	6.1818
Lesage/1994	66	88	12.3095
Overholser/2011	125	84.46	8.1258
Shafii/1988	20	95.23	18.1818
Shaffer/1996	59	59	4.8404
Brent/1999	115	82.15	14.2313

	Estimation	Signif.	95% confidence interval	
			Lower	Upper
M-H combined OR	9.4603	0.000000	8.0168	11.1638
SE(lnOR)	0.0845			
Homogeneity Chi-squared	88.6904	0.000000		

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

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EW599

Gender differences in suicide in Serbia within the period 2006–2015

G. Dedic
 New Belgrade, Serbia



Introduction The complex multifactorial etiology of the suicide suggests the need to consider gender differences when developing effective strategies for suicide prevention. The aim of this study was to examine the suicide rates and/or trends obtained for population as a whole, including gender differences in cases of committed suicide and to consider socio-demographic factors associated with it in Serbia within the period 2006–2015.

Methods Data were obtained from the Republic Institute for Statistics of Serbia. Statistical analysis was done by using the crude specific suicide rate.

Results Within the period 2006–2015, the suicide rate decreased from 19.15 per 100,000 persons (2006) to 15.9 per 100,000 persons (2014). In this period, males committed suicide 2.56 to 3.20 times on average more often than females. The suicide was most often

committed by the married males and females with completed high school, pensioners. The suicide rate has been increasing with the age of the suicide committers and it is the highest in subjects of both genders aged over 75 years. The most common suicide method in males and in females is hanging and strangling. The second most common method in males is by firearm and in females poisoning.

Conclusions Suicide Prevention Programme in Serbia should be primarily oriented toward the male population because they were more exposed to stress in the period of social transition in recent years. But the problem is that males are still less ready to ask psychiatrists for help when having some problems with mental health.

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

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EW600

The spatial pattern of suicides in Russia: Does alcohol matter?

Y. Razvodovsky^{1,*}, S. Kandrychyn²

¹ Grodno State Medical University, Pathological Physiology, Grodno, Belarus

² Minsk regional clinical hospital, Cardiology, Minsk, Belarus

* Corresponding author.

Introduction Russia retains one of the highest suicides rate in the world, despite a gradual decline over the past decade. Epidemiological evidence suggests that suicide mortality vary noticeably between the regions in Russia with the regular spatial pattern in suicides distribution.

Objectives The aim of this study was to consider the role of alcohol as a factor responsible for the spatial pattern of suicides mortality in Russia.

Methods The cross-sectional time series analysis of suicides and fatal alcohol poisonings (as a proxy for alcohol consumption) rates in 73 regions of European Russia over the period 1980–2013 was performed. This analysis was followed by a more detail examination of the mortality distribution across the north-south axis by using latitudinal approach.

Results The stable south-north gradient in suicides and alcohol poisonings mortality rates is manifested on the European territory of Russia. The analysis indicates that the regional variations of suicides and alcohol poisonings mortality rates have a similar spatial regularity, which means that the regions with a high suicides rate also have a high alcohol poisonings mortality rates. The results also suggest the long-term similarity and continuity in the suicides and alcohol poisonings mortality geographical pattern.

Conclusions The findings on spatial relationship between suicides and alcohol poisonings mortality rates seem to support the hypothesis that considers regional pattern of alcohol-related problems as a factor responsible for the spatial pattern of suicides mortality in Russia.

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

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EW601

Suicide mortality in Spain and its relationship with economic indicators in a region with high suicide rates

P. Fernández Navarro^{1,2,*}, T. López-Cuadrado³, M.L. Barrigón⁴, J. López-Castroman⁵, M. Sanchez-Alonso⁴, M. Arrojo⁶, E. Baca-García^{4,7}, R. Fernández-Cuenca^{2,3}

¹ National Center for Epidemiology- Carlos III Institute of Health, Cancer and Environmental Epidemiology Unit, Madrid, Spain

² Consortium for Biomedical Research in Epidemiology and Public Health CIBER en Epidemiología y Salud Pública – CIBERESP, Madrid, Spain



³ National Center for Epidemiology, Carlos III Institute of Health, Area of epidemiological analysis and health situation, Madrid, Spain

⁴ IIS-Jimenez Diaz Foundation, Autonoma University, CIBERSAM, Department of Psychiatry, Madrid, Spain

⁵ CHRU Montpellier and INSERM U1061, Department of Emergency Psychiatry and Post-Acute Care, Montpellier, France

⁶ Dirección General de Asistencia Sanitaria, Servicio Gallego de Salud, Servicio de Salud Mental y Asistencia a Drogodependencias, Santiago de Compostela, Spain

⁷ New York State Psychiatric Institute, Department of Psychiatry, New York, USA

* Corresponding author.

Introduction Spatial patterns of mortality could help us to focus research to achieve prevention. On the other hand, recent research has shown an association between unemployment and suicide, but the mediating factors in this relationship are still unknown.

Objectives We investigated the provincial spatial patterns of suicide mortality in Spain, and the effect of unemployment and economic recession on suicide mortality rates in the Spanish region of Galicia that has high suicide rates.

Method To describe regional suicide mortality in Spain and to assess its association with recession and unemployment in Galicia, we calculated age-standardized suicide rates in men and women throughout 1975–2012 by region and performed a time-trend Generalized Additive Model using mortality data provided by National Statistics Institute and employment data collected from Statistics Institute of Galicia.

Results In Spain, during the study period, there were 105,134 suicides with an age-adjusted rate of 10.2 and 3.02 per 100,000 population in men and women, respectively. There is a high variability in mortality rates across Spanish provinces. Madrid had the lower rates and Asturias and Galicia the higher ones. In Galicia, suicide rates were 13.7 in men and 4.3 in women per 100,000 and we found that economic recession and unemployment interacted with regards to suicide rates ($P=9.80E-4$) and after stratifying by sex, the effect was confirmed only among men ($P=8.70E-3$).

Conclusions In Spain, suicide mortality varies greatly by region and in Galicia that is one of Spanish regions with higher suicide rates, unemployment was related with suicide during economic recession periods.

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

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EW602

Suicidal ideation during pregnancy in British Pakistani women

A. Sharif^{1,*}, M. Husain², N. Gire³, B. Tomenson⁴, N. Chaudhry⁵, M. Husain⁶

¹ Royal Shrewsbury Hospital, Foundation Year Doctor FY1 UK, Shrewsbury, United Kingdom

² South London & Maudsley N H S Trust, Psychiatry, London, United Kingdom

³ The University of Central Lancashire, School of Health, Preston, United Kingdom

⁴ The University of Manchester, Institute of Population Health, Manchester, United Kingdom

⁵ The University of Manchester, Institute of Brain Behaviour and Mental Health, Manchester, United Kingdom

⁶ Harvey House Social Enterprise, Psychiatry, Lancaster, United Kingdom

* Corresponding author.

Introduction Suicide is a major public health problem and one of the common causes of maternal mortality. Rates of suicide and self-harm are higher in British South Asian women compared to the majority white population. Suicidal Ideation (SI) is a significant risk factor associated with self-harm and suicide.



Objective To explore the prevalence and risk factors of SI in British Pakistani women.

Aim To identify risk factors associated with SI, in order to inform future preventive strategies.

Method This is a secondary analysis of a larger study which looked at depression during pregnancy and infant outcomes. Participants who consented (women aged 18 or over, in their third pregnancy trimester) were initially assessed for maternal depression using the Edinburgh Post-Natal Depression Scale (EPDS), with one of the questions on the EPDS being on SI. Participants who met the study criteria, were further assessed regarding socio-demographic factors, perceived social support, social adversity and isolation.

Results The rate of SI in this group of women was 8.1%, with baseline interview results suggesting that women with SI being significantly more likely to be aged 20 or less, have experience of severe life events and being less likely to have social support.

Conclusion This area of research is key to understanding SI in British Pakistani women, to better develop culturally sensitive interventions for use within this group.

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

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EW603

Possible delayed effect of unemployment on suicide

C. Iglesias García^{1,2,*}, P.A. Saiz^{2,3}, M. Bousoño⁴, P. Buron², F. Sanchez Lasheras⁵, P. Corcoran⁶, P. Garcia Portilla^{2,3}, J. Bobes^{2,3}

¹ Servicio de Salud del Principado de Asturias, Mental health, Langreo, Spain

² University of Oviedo, CIBERSAM. INEUROPA, Psychiatry, Oviedo, Spain

³ Servicio de Salud del Principado de Asturias, Mental health, Oviedo, Spain

⁴ University of Oviedo, Psychiatry, Oviedo, Spain

⁵ University of Oviedo, 5Department of Construction and Manufacturing Engineering, Oviedo, Spain

⁶ National Suicide Foundation, NSF, Cork, Ireland

* Corresponding author.

Introduction In the last few years, Spain has suffered from a severe economic downturn which resulted in high unemployment rates. Association between unemployment and suicide is controversial.

Objectives To know the association between unemployment and suicide and to investigate if there could be a lag between increased of unemployment and increased of suicide.

Methods The authors collected the official data about completed suicides and unemployment from the database of the National Statistics Institute (INE) and the National Employment Institute of Spain. We assessed annual variations in unemployment figures and correlated these figures with the annual change in the number of suicides. Pearson correlation coefficient between unemployment and suicide was calculated both, for the same year and after 1–6 years.

Results The correlation of annual changes of unemployed and suicides varies depending on the latency period that applies to annual changes in suicide for comparison with index unemployment change, with a peak correlation in the fourth and fifth year and a clear decline in the correlation in the sixth year (Table 1).

Conclusion The results suggest that unemployment might be associated with suicide but mainly after 4–5 years.

Table 1 Pearson correlation coefficients between index unemployment change and suicidality change after 1–6 years (latency) for the total men and women.

Latency years	men	women	total
0	0,564	0,221	0,383
1	0,403	0,199	0,252
2	0,337	0,318	0,311
3	0,494	0,488	0,542
4	0,748	0,633	0,722
5	0,768	0,624	0,549
6	0,309	0,138	0,282

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

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EW604

Characteristics of individuals who use alcohol at the time of attempting suicide



D.U. Jung*, S.J. Kim, J.S. Lim, B.G. Kong, J.W. Kang, J.J. Moon, D.W. Jeon, Y.S. Kim, E.C. Kang

Inje University Busan Paik Hospital, Psychiatry, Busan, Republic of Korea

* Corresponding author.

Objective The aim of this study was to analyze the clinical characteristics of individuals who used alcohol at the time of attempting suicide.

Methods We divided 143 individuals who attempted suicide by consuming drugs into two groups on the basis of their blood alcohol concentration level: drinker group ($n = 79$) and non-drinker group ($n = 64$). We compared epidemiological characteristics and suicidal behavior between the groups by using the Suicidal Intent Scale (SIS) and the Risk Rescue Rating Scale (RRRS). In addition, we administered the Glasgow Coma Scale (GCS) and the Acute Physiology and Chronic Health Evaluation–II (APACHE–II) to evaluate the medical lethality of the individuals who attempted suicide. We used Student's t -test, Pearson's correlation analysis, and multiple linear regression to analyze the data.

Results The drinker group scored lower on the SIS's planning subscale than the non-drinker group did ($P = 0.022$). The drinker group's blood alcohol concentration levels were negatively correlated with the rescue potential of their suicidal attempt ($P = 0.031$) and the APACHE-II score ($P = 0.003$). Higher blood alcohol concentration levels predicted poorer medical outcomes measured by the APACHE-II ($P = 0.004$).

Conclusion Our findings support the notion that alcohol use increases suicidal impulsivity, decreases rescue potential, and worsens medical outcomes. Therefore, suicide prevention programs need to include education and counselling about the risks associated with alcohol use.

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

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EW605

Ethnic Immigrant suicide in a Canadian psychiatric service: A case series from 1966–1997

N. Husain^{1,*}, B. Martin², M. Husain³, V. Duddu⁴, I. Sakinofsky⁵, M. Beiser⁶

¹ University of Manchester, Psychiatry, Manchester, United Kingdom

² Centre for Addiction & Mental Health CAMH, Centre for Addiction & Mental Health CAMH, Toronto, United Kingdom

³ Harvey House Social Enterprise, Harvey House Social Enterprise, Manchester, United Kingdom

⁴ The Lancashire Care NHS Trust, The Lancashire Care NHS Trust, Manchester, United Kingdom

⁵ University of Toronto, psychiatry, Toronto, Canada

⁶ Ryerson University, Psychology, Toronto, Canada

* Corresponding author.

Introduction Suicide is a major public-health problem in Canada. Data from 'Statistics Canada' suggests that there was a 10% increase in suicide rate between the years 1997 and 1999. Studies have found substantial differences in suicide rates (and patterns) amongst ethnic immigrants compared to Canadian-born individuals.

Aim The aim of the study was to investigate whether ethnic-immigrant patients differed from Canadian-born patients in their social, demographic, psychiatric and historical associations.

Methods All registered patients ($n=276$) known to have completed suicide from 1966–1997 constituted the study sample. Data were extracted from the written case audits, autopsy and toxicology reports, and medical records.

Results Of the 276 known cases of suicide, 11 were Afro-Caribbean, 24 were Eastern European, 14 were Asian and 215 were Canadian-born patients. The ethnic-immigrant groups were broadly comparable to the Canadian-born group in terms of the social, demographic, psychiatric and background historical factors (except that the latter had a higher prevalence of alcohol and substance misuse). There were no significant differences between different ethnic immigrant groups themselves.

Conclusions The most salient implication of the findings are that social, psychiatric and historical associations of mentally ill patients who complete suicide are common across different ethnic immigrant groups, and as such a universal approach to mental health promotion, early identification and treatment would be similarly applicable to patients belonging to all groups.

Keywords Suicide; Ethnicity; Immigrants; Canada

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

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EW606

Empathy in adolescent suicidal behaviors: Perspectives from the adolescents, their parents and their healthcare professionals

J. Lachal^{1,*}, M. Orri², A. Revah-Levy³, M.R. Moro¹

¹ Hôpital Cochin- Maison de Solenn, Université Paris Descartes, Sorbonne Paris Cité, Paris, France

² Inserm, U1178, Paris, France

³ Centre de soins psychothérapeutiques de transition pour adolescents, Argenteuil, Université Paris Diderot, Sorbonne Paris Cité, U1153 CRESS, Paris, France

* Corresponding author.

Introduction Suicide is the second leading cause of death among 15–25years, and the rate of suicide attempts is 10–20 times higher than that of completed suicides. Past research improved the knowledge on risk and protective factors, and resulted in large-scale campaigns of prevention and reduction of deaths by suicide.



However, their effect seems to decline, and the prevalence rates of suicidal attempts have stopped decreasing (either becoming stable or increasing again).

Method Qualitative synthesis on adolescents' suicidal behaviors, from the perspectives of 900 participants (adolescents presenting suicidal behaviors, their parents, and their healthcare professionals), including 44 studies (1990–2014, having good quality according to CASP evaluation) systematically found on five databases (Medline, PsycINFO, EMBASE, CINAHL, SSCI).

Results The suicidal experience is organized around three superordinate themes: the individual experience (the individual burden and suffering related to suicide attempts); the relational experience (the importance of relationships with others at all stages of the process of suicidal behavior); and the social and cultural experience (how cultural groups and society accept/reject youths in distress and their families, and how this affects the suicidal process and its management).

Conclusions The violence of the message of a suicidal act and the fears associated with death lead to incomprehension and interfere with the capacity for empathy of both family and professionals. How can we treat someone when our capacity of empathy is dumbfounded? Exploring the concept of intersubjectivity, we found a possible viable answer. Especially, the need of a "third place" in the suicidal patient care is discussed.

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

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EW607

Association between immigration status and inpatient psychiatric admission after attempted suicide: Results from a hospital-based observational study

G. Martinez-Ales^{1,2,*}, E. Jimenez¹, E. Roman¹, P. Sanchez-Castro¹, A. Suarez³, B. Rodriguez-Vega¹, C. De Dios¹, M.F. Bravo¹

¹ Hospital Universitario La Paz, Psychiatry, Madrid, Spain

² UAM-ASISA Chair, Universidad Autonoma de Madrid, Madrid, Spain

³ School of Medicine, Universidad Autonoma de Madrid, Madrid, Spain

* Corresponding author.

Introduction Acute suicidality or a condition after attempted suicide frequently leads patients to both voluntary or involuntary inpatient admission. Emergency room psychiatrists decide whether such patients can be treated on an outpatient basis.

Objectives To identify if immigration status is associated with the decision whether a patient needs a hospital admission.

Aims To detect social determinants of hospital-based health resource uses.

Methods A cross-sectional study including data from 323 patients treated in a general hospital's emergency room after a suicidal attempt during year 2014.

Results Seventy-six patients were admitted to the hospital (23.5%). Hospitalization frequencies for immigrant and non-immigrant individuals were 6.3% and 26.5% ($P=0.002$). No significant association was found between psychiatric admission and history of a diagnosed psychiatric disorder, previous suicidal attempts, previous emergency room care use, family support or current drug use. A subgroup of patients ($n=37$; 9%) answered Beck's suicidal intent scale (SIS), a measure of risk in suicidal attempters. Mean SIS was found to be higher among hospitalized than discharged patients (8.5 vs. 16.5; $P=0.01$). No significant difference was found in mean SIS between immigrant and non-immigrant patients (9.3 vs. 9.1; $P=0.3$).

Conclusions These preliminary results call for consideration. The highly significant lower rate of psychiatric admission among



immigrant patients, without significant differences in mean SIS score in regard to non-immigrants, needs further study.

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

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EW608

Suicide and socio-demographic characteristics as a risk factor in Belgrade, Serbia



G. Nikolic Balkoski*, D. Tiosavljevic

Clinic for psychiatry CCS, Day hospital, Belgrade, Serbia

* Corresponding author.

Objectives suicide and self-inflicted injuries are the leading causes of injury-related deaths worldwide. The aim of this work is to investigate sociodemographic characteristics as a risk factor for suicide. The investigation covers the period from 1997 to 2011 on the territory of the capital of Serbia, the city of Belgrade methods. The data was taken from the index books of suicides committed in the city of Belgrade, held at the Institute of Informatics and Statistics. Statistical analysis was done using the crude specific rate. The variability of the rate was estimated by computing a confidence interval.

Results The average suicide rate in the observed period is 9.88. The suicide rate shows a regular decline until 2005, and from that time on mild growth (the highest in 2000, the lowest in 2004). The results of our study point out the following sociodemographic profile as a risk factor for suicide: male with uncompleted elementary school who lives in a suburban community, aged 66 and over; suicides are usually realized in the area of residence during the day, in late spring, and hanging is the most frequent method of suicide.

Conclusion Preventive public health measures should be implemented focusing on typical socio-demographic profile. Prospective studies should include more variables in order to identify more risk factors for suicide and suicidal behavior. To achieve this, a serious national strategy for recording suicide and suicide prevention would have to be developed.

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

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EW609

Talking suicide on Twitter: Linguistic style and language processes of suicide-related posts



B. O'Dea^{1,*}, M. Larsen¹, P. Batterham², A. Callear², H. Christensen¹

¹ University of New South Wales, Black Dog Institute, Sydney, Australia

² The Australian National University, National Institute for Mental Health Research, Canberra, Australia

* Corresponding author.

Introduction Suicide is a leading cause of death worldwide and is largely preventable. The social media site Twitter is used by individuals to express suicidal intentions. It is not yet feasible to contact each Twitter user to confirm risk. Instead, it may be possible to validate risk by linguistic analysis. Psychological linguistic theory suggests that language is a reliable way of measuring people's internal thoughts and emotions; however, the linguistics of suicidality on Twitter is yet to be fully explored.

Objectives & aim The aim of this study is to characterise the linguistic styles of suicide-related posts on Twitter for the purposes of predicting suicide risk.

Methods The Linguistic Inquiry and Word Count (LIWC) program was used to compare the linguistic features of suicide-related

tweets previously coded for suicide risk by humans with a set of matched controls. Logistic regression was then used for predictive modelling.

Results The suicide-related tweets had significantly different linguistic profiles to the control tweets. The "strongly concerning" suicide tweets were found to have fewer words than all other tweets and not surprisingly, references to 'death' were significantly higher in this group. A number of other results were found. The final model which distinguished "strongly concerning" suicide risk from the controls was found to have 97.7% sensitivity and 99.8% specificity.

Conclusions This study confirms that the linguistic features of suicide-related Twitter posts are different from general Twitter posts and that these linguistic profiles may be used to predict suicide risk in Twitter users.

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

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EW610

The suicide crisis assessment nurse (SCAN) service in Donegal; an activity profile



M. Osman^{1,*}, S. Toye², E. Duffy², C. Haley²

¹ Co. Donegal, Ireland

² Letterkenny General Hospital, Department of Psychiatry, Letterkenny, Ireland

* Corresponding author.

Introduction We previously reported on a series of sudden and unexpected deaths in Donegal patients (EPA 2015). We are now presenting some initial data on a Suicide Crisis intervention service established in February 2015 as part of the response to the increasing service user suicides in Co. Donegal, Ireland. The Donegal Suicide Crisis Assessment Nurse (SCAN) is a nurse led service which works closely with General Practitioners (GP's), mainstream mental health services, and non-statutory service providers.

Objectives/aims Our audit presents the activity of SCAN service in Donegal over the February–August 2015 period.

Method We extracted the demographic data pertaining to the referrals from the SCAN data-base using R software for statistical analysis.

Results There were ($n = 65$) referrals during the five-month study period (41.5% men and 51% women). There were ($n = 60$) 90.9% referrals for suicidal ideations, ($n = 6$) 9.1% for engagement in deliberate self-harm and ($n = 9$) 13.6% following suicidal attempts. Alcohol misuse was a significant issue in ($n = 16$) 24.2% referrals. The mean age was 36.0 years ($SD = 16.0$ years); 40.7 years ($SD = 16.8$ years) for males, and 32.7 years ($SD = 14.8$ years) for females. The male-female age difference was significant ($P = 0.0461$). The majority of patients ($n = 24$) were seen the following day. There were ($n = 16$) who were seen the same day of referral. Only ($n = 5$) were seen two days after their referral, with ($n = 4$) patients seen the third day or more.

Conclusion The SCAN service in Donegal is growing month-by-month. Males referred tend to be significantly older than females, otherwise, no demographic difference was apparent.

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

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EW611

Suicidal plan and dissociation



M. Preve^{1,*}, M. Mula², A. Degrade¹, N.E. Suardi¹, M. Godio¹, R.A. Colombo¹, R. Traber¹

¹ Sociopsychiatric Organization, Psychiatric Clinic, Mendrisio, Switzerland

² *Epilepsy Group, Atkinson Morley Regional Neuroscience Centre, St. George's University Hospitals NHS Foundation Trust, London, United Kingdom*

* *Corresponding author.*

Introduction The social and economic impact of mood disorders and suicide is extremely high. In depression, suicide is included among the cognitive disturbances, together with guilt, paranoid and obsessive-compulsive symptoms, depersonalization/derealization and agitation [1,2]. The aim of this report is to study a sample of depressed patients with bipolar disorder or major depressive disorder, to evaluate the level of impulsivity and dissociation in a context of a suicidal plan.

Method Twenty inpatients with suicidal plan were assessed with: the SCID-P for Axis I diagnosis, SCI-DER, DSS, HRSD, HAS, YMRS, GSR. We conducted a systematic literature review (PubMed, Embase, PsychInfo) using the key terms "depression", "suicide", "suicidal plan", "depersonalization", "derealization" AND "dissociation".

Results An independent sample T-Test analysis suggested that the patient with high suicidal plan present significant higher score at SCI-DER TOT ($P=0.015$), DSS TOT ($P=0.037$), BIS-11 motor perseveration factor ($P=0.023$) and inversely significant HAS TOT ($P=.029$).

Discussion and conclusion It's suggestive that when are lost the boundaries of the self, the clarity of suicidal's purpose reduces the levels of anxiety and suicide appears the only way to achieve the liberation of the suffering of depression. 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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EW612

Spousal abuse in married women with suicidal attempt in Shiraz, Iran

A. Sahraian*, S. Bahreini, A. Mani

Research Center for Psychiatry and Behavioral Sciences, Shiraz University of Medical Sciences, Shiraz, Iran

* *Corresponding author.*

Introduction Epidemiological studies revealed that 21 to 34 percent of women around the world have been victim of physical assault by their spouse and spouse abuse have been more prevalent in developing countries.

Objectives The most common form of violence against women is spousal abuse which is a dangerous factor and leads to serious psychological damages while it is one of the most important causes of suicide in married women.

Aims The study of factors related to spousal abuse in the population where they attempt to suicide is important for recognizing it and preventing spousal abuse, consequently, preventing suicide.

Methods The study was conducted cross-sectional on 360 married women who attempted suicide and referred to Shoshtari Hospital in Shiraz. Instruments for data collection comprised of about spousal abuse questionnaire and demographic cases questionnaire which were filled through interview.

Results A total of 43.9% of domestic violence prevalence, 61.7% of economic violence, 45.3% of psychological violence, 38.1% of social violence, 38.1% physical violence, 35.9% of sexual violence was reported. There was a relation between spousal abuse and some factors such as: age difference between spouses, wife and husband's education, husband's substance abuse, husband's medical illness, wife's psychiatry disorder, spouses' obligatory marriage, polygamy and husband's job.



Conclusions Considering relatively high prevalence of spousal abuse in people who attempted suicide and the relation between some demographic factors with violence, besides regarding spousal abuse as one causes of suicide, the women's screening, particularly those who attempt suicide in regard to spousal abuse and its related factors seems necessary.

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

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EW613

Patient assessment following substance overdose: Can we predict memory of the psychiatric interview?

J. Salles^{1,*}, E. Very¹, J. Pariente², L. Schmitt¹

¹ *CHU Toulouse, psychiatry, Toulouse, France*

² *CHU Toulouse, neurology, Toulouse, France*

* *Corresponding author.*



Suicide is a major public health issue, and a critical step in its prevention is a psychiatric assessment of individuals following suicide attempts (NICE 2008). In cases where patients attempt suicide through substance overdose, the central nervous system and consciousness are altered in significant ways. This is problematic, given that patients must have recovered sufficient cognitive capacity if a psychiatric assessment is to yield a meaningful and suitable care plan that the patient will recall and follow (Lukens 2006). Currently, there is no validated tool to assess whether sufficient cognitive recovery has occurred in such patients to ensure their memory of the assessment. Therefore, our goal was to identify indicators that predict preserved memory of undergoing a psychiatric assessment. We carried out a prospective study with 41 patients recruited from an emergency department. We collected data on cognitive tests (including WAIS coding test), memory self-assessment, plasma benzodiazepine levels, age, gender, and educational level at the time of psychiatric assessment. We then assessed patients' memory for undergoing a psychiatric interview 24 hours post-assessment, using an episodic memory score. Whereas memory self-assessment did not predict the episodic memory score, age, plasma benzodiazepine level, and cognitive test scores significantly influenced it, predicting 70% of memory score variation. Among these factors, the WAIS coding test predicted 57% of the memory score variation. To improve clinical practice, it may be useful to assess visual scanning, processing speed, and attentional function prior to psychiatric interview to ensure later patient recall.

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

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EW614

Suicidal ideation and organic diseases in acute female psychiatric patients

P. Solano^{1,*}, M. Ustulin¹, R. Vecchio¹, A. Rreshketa¹,

E. Pizzorno², G. Serafini¹, M. Amore¹

¹ *Clinica Psichiatrica, Psychiatry, Genoa, Italy*

² *Legal Medicine, Health Sciences and Legal Medicine, Genova, Italy*

* *Corresponding author.*



Introduction Physical illness has been recognized as a major risk factor for suicidal behaviours, especially among females. A higher number of physical comorbidities has been associated with higher suicide- risk, thus having a greater burden among the elderly.

Objectives investigate this evidence to be able to estimate the load of physical illness on suicidality among psychiatric females of different age.

Aims Evaluate the association between suicidal ideation, age, depression and physical comorbidities in a sample of acute females psychiatric in-patients.

Methods 81 psychiatric female in-patients were evaluated during their first day of hospitalization through MADRS, SSI and the presence of organic comorbidity has been collected together with demographic data. All the evaluations were carried out at the Psychiatric Clinic, University of Genova, Italy.

Results Mean age 48 (age-range value: 74, high variability). Pearson's Chi-squared test showed: significant association between SSI and MADRS ($P=0,027$; $\alpha=0,05$); no association between SSI and age ($P=0,194$; $\alpha=0,05$); no association between SSI and presence medical illness ($P=0,132$; $\alpha=0,05$); no association between SSI and number of medical illness ($P=0,186$; $\alpha=0,05$).

Conclusions Our results show that the levels of suicidal ideation in psychiatric females are independent from age, presence and number of physical comorbidities. Suicidal ideation appears to be associated only with levels of depression. Our results challenge evidence from a large number of current studies and, if confirmed by further research, would lead to reconsider major suicide risk factors. Further research to investigate these associations on larger samples is needed.

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

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EW615

Information modeling of suicidal behavior in adolescents from Far East of Russia and Northern China



E. Solodkaia^{1,*}, I. Loginov¹, S. Savin², H. Jian³

¹ Far Eastern State Medical University, Psychiatry and Narcology, Khabarovsk, Russia

² Computer Center of FEB RAS, Laboratory of medical information, Khabarovsk, Russia

³ Harbin Medical University, Psychiatry and narcology, Harbin, China

* Corresponding author.

Objectives Creating information model of suicidal behavior in adolescents from Russia and Northern China. Computer information model of society based on the description of game-theoretic approach to complex conflict systems.

Methods Information modeling, ethnographic method.

Results A questionnaire was conducted through the process of reverse translation for correct interpretation of specific terms. In the Chinese group, 25% had a tendency to suicidal behavior, 34.2% thought about the possibility of suicide. First among the factors shaping suicidal behavior – social and economic (difficulty entering the study and employment, low social security), followed by interpersonal factors (break with a partner), psychopathological family history, depression, high anxiety, alcoholism and drug use, factors social immaturity (responsibility, independence), loneliness. The Russian group 20% had a tendency to suicidal behavior, 24.6% of them thought about the possibility of suicide. The main cause of suicidal behavior in adolescents Russian – interpersonal factor (failed love, personally-family conflict), then the conflicts associated with antisocial behavior, and only then - the socio-economic factors (material and living difficulties, conflicts related to education and career, drug addiction, substance abuse, anxiety disorders and depression).

Conclusions The method of information modeling allows to investigate the causes of conflict between the individual teenager using game-theoretic methods and the most effective in treating suicidal behavior in teenagers aggressive information environment (kiberbullies), thereby reducing the level of suicidality in adolescents. Suicidal behavior among Chinese adolescents occurs because of fear of the future, and in Russian – the past. A need for more high-quality comprehensive prevention of suicidal behavior.

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

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EW616

Development and psychometric testing of the triggers of suicidal ideation inventory for assessing older outpatients in primary care settings



Y.F. Tsai^{1,*}, S.H. Lee², Y.W. Wang¹, Y.J. Chen³

¹ Chang Gung University, School of Nursing, Taoyuan, Taiwan

² Chang Gung Memorial Hospital at Linkou, Department of Psychiatry, Tao-Yuan, Taiwan

³ Chang Gung Memorial Hospital at Linkou, Department of Internal Medicine, Tao-Yuan, Taiwan

* Corresponding author.

Introduction Older adults with depression resist accepting depression screening and seeking treatment due to stigmatization of mental disorders and little knowledge about depression. This study was undertaken to develop and determine the psychometrics of an instrument for assessing triggers of suicidal ideation among older outpatients.

Method Participants were recruited from older outpatients of two hospitals in northern Taiwan. An initial 32-item Triggers of Suicidal Ideation Inventory (TSII) was developed, and its items were validated by experts in two runs of Delphi technique survey. After this TSII was pre-tested in 200 elderly outpatients, 12 items were retained. The 12-item TSII was examined by criterion validity, construct validity, internal consistency reliability, and test-retest reliability.

Results TSII scores were significantly and positively correlated with the Beck Scale for Suicide Ideation ($r=0.45$, $P<0.01$), and UCLA Loneliness scores ($r=0.55$, $P<0.01$), indicating satisfied criterion validity. Participants with depressive tendency tended to have higher TSII scores than participants with no depressive tendency ($t=8.62$, $P<0.01$), indicating good construct validity. Cronbach's α and the intraclass correlation coefficient for the TSII were 0.70 and 0.99 respectively, indicating acceptable internal consistency reliability and excellent test-retest reliability. Receiver operating characteristic analysis revealed that the area under the curve was 0.83, indicating excellent ability to detect triggers of suicidal ideation. With a cutoff point of 2, the sensitivity and specificity were 0.86 and 0.67, respectively.

Conclusions The TSII can be completed in 5 minutes and is perceived as easy to complete. Moreover, the inventory yielded highly acceptable parameters of validity and reliability.

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

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EW617

Suicidal ideation among former prisoners of war's wives – a longitudinal dyadic study



G. Zerach^{1,*}, Y. Levi-Belz², M. Michelson³, Z. Solomon⁴

¹ Ariel University, Behavioral Sciences, Ariel, Israel

² Ruppin Academic Center, Behavioral Sciences, Emek-Hefer, Israel

³ Ariel University, Psychology, Ariel, Israel

⁴ Tel-Aviv University, Social Work, Tel-Aviv, Israel

* Corresponding author.

Introduction The long-term associations between posttraumatic stress disorder (PTSD) and suicidal ideation (SI) among ex-prisoners of war (ex-POWs) has recently been exemplified. Several studies have revealed the toll of war captivity on secondary traumatization'

(ST) of ex-POWs' wives. However, a question remains regarding the possible SI among ex-POWs' wives.

Objectives Understanding of SI phenomena among wives of severely traumatized ex-POWs in a longitudinal dyadic designed study.

Aims Assessment of SI among ex-POWs' wives and the longitudinal associations with their husbands' PTSD. We also aim to assess the moderating role of the couple's dyadic adjustment in these associations.

Method A sample of 233 Israeli couples (142 ex-POWs couples and a comparison group of 91 veteran couples) completed self-report measures at two time points: T1 30 (2003–4) and T2 37 (2010) years after the 'Yom Kipur' 1973 war.

Results Surprisingly, no significant differences were found between ex-POWs wives and veterans' wives, with and without husbands' PTSD, in SI at T1 and T2. Only among ex-POW couples, an increase in the husband's level of PTSD and SI was related to a more moderate increase in their wives' SI between T1 and T2. Interestingly, the more a wife reported positive dyadic adjustment, the more moderate the increase in her SI between T1 to T2, regardless of the study group.

Conclusions Suicidal ideation among ex-POWs' wives is closely related to their husbands' PTSD and is moderated by their perception of marital adjustment.

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

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TeleMental Health

EW618

Online destigmatization of schizophrenia: A Romanian experience

M. Ladea^{1,*}, M. Bran^{2,*}, S. Marcel Claudiu³

¹ University of Medicine and Pharmacy "Carol Davila", Psychiatry, Bucharest, Romania

² Coltea Clinical Hospital, Psychiatry, Bucharest, Romania

³ CMI Marcel Sarpe, Psychiatry, Focsani, Romania

* Corresponding author.

Introduction Mental illness stigma existed long before psychiatry, although sometimes the institution of psychiatry has not helped enough in reducing either stereotyping or discriminatory practices. Stigma of mental illness involves problems with knowledge, attitudes, and behavior and has important negative consequences for patients and their families. As new technologies become more reliable and accessible, mental health specialists are developing new and innovative methods through which they may provide services. Internet has an important role in the delivery of information because of its ability to reach a large number of people in a cost-effective manner.

Objectives In order to reduce stigma an online platform with relevant information about schizophrenia was developed. Simultaneously a social media campaign to increase awareness was launched.

Methods A multidisciplinary team of psychiatrists, web-developers, IT specialists and designers developed the platform www.schizophrenia.ro. The platform is intended to be simple and with a great visual impact and it gathers general information about schizophrenia. The social media campaign used emotional messages like "Diagnosis is not the end of the road" or "I'm a person not a diagnosis" combined with high impact images.



Results From 1st January to end of September 2015 the platform had about 22,500 users and about 70,500 page views. The social media campaign had a reach of approximately 9700 people in just 2 months.

Conclusions The World Wide Web is increasingly recognized as a powerful tool for prevention and intervention programs and could also play an important role in destigmatization campaigns.

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

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EW619

Therapist-guided internet-based cognitive-behavioural therapy for adult obsessive-compulsive disorder: A meta-analysis

A. Pozza^{1,*}, G. Andersson², D. Dèttore³

¹ University of Florence, Department of Experimental and Clinical Medicine, Florence, Italy

² Linköping University, Department of Behavioural Sciences and Learning, Linköping, Sweden

³ University of Florence, Department of Health Sciences, Florence, Italy

* Corresponding author.

Introduction Cognitive-behavioural therapy (CBT) is the first-line psychological treatment for obsessive-compulsive disorder (OCD). However, most individuals suffering from OCD do not receive CBT. An innovative approach to improve access to evidence-based care is the use of the Internet to deliver effective treatments. Therapist-guided Internet-based cognitive-behavioural therapy (iCBT) involves the administration of structured online lessons that provide the same information and skills typically taught in clinician-administered CBT, often with email support from a therapist. Accumulating evidence on iCBT for OCD has been produced, but a meta-analysis has not been conducted.

Objectives Through meta-analytic methods, the present study summarized evidence on iCBT for OCD.

Aims Efficacy on OCD symptoms and comorbid depression versus control conditions at post-treatment and follow-up was evaluated.

Methods A PRISMA meta-analysis was performed on randomized controlled trials. Treatments were classified as iCBT if they included CBT components for OCD (eg, exposure and response prevention) delivered through the Internet with or without email/phone support from a therapist.

Results Four trials were included ($n = 238$), which were classified at low bias risk. At post-treatment iCBT outperformed control conditions with a high effect size on OCD symptoms ($d = 0.85$, $P < .05$) and a medium on comorbid depression ($d = 0.52$, $P < .05$). Treatment effects were stable at 4-month follow-up with a high effect size on OCD ($d = 1.45$, $P < .05$), but not on comorbid depression ($d = 0.33$, $P < .05$).

Conclusions iCBT seems a promising treatment modality for OCD. Further trials should assess long-term outcomes and effects on quality of life.

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

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EW620

Psychological factors of excessive TV viewing in senior pupils

A. Vasylychenko^{1,*}, S. Tukaiev², G. Abbasova³, L. Derevinskaya⁴

¹ National Taras Shevchenko University of Kyiv, Educational and Scientific Centre "Institute of Biology", Kiev, Ukraine



² National Taras Shevchenko University of Kyiv, Educational and Scientific Centre “Institute of Biology”- Department of Physiology of Brain and Psychophysiology, Kiev, Ukraine

³ High School 6, Student Government, Chernihiv, Ukraine

⁴ High School 6, Department of Biology, Chernihiv, Ukraine

* Corresponding author.

Media influence on a person qualifies in the context of negative evaluations of a person's dependence, especially children, on the media. The aim of this study was to reveal the influence of TV news on psycho-emotional state of youth audience, and the extent to which psychological traits determine their propensity for television watching. Forty-two healthy volunteers aged 14–17 years, the senior pupils of one of high schools in Chernihiv, Ukraine, participated in this study. Participants recorded the time they spend watching TV news and commercials during the month. We used Temperament and Character Inventory by Cloninger, Cloninger Tridimensional Personality Questionnaire, Technique of Diagnostics of Ability to Predict by Regush, School Anxiety Test by Philips, Beck Depression Inventory, Technique of Diagnostics of a Potential of Communicative Impulsiveness by Losenkov, the Method of Diagnostics of the Level of Empathic Abilities by Boyko, Maddi Hardiness Survey, and the Emotional Intelligence Self-Evaluation by Hall. We found that excessive TV viewing has been linked to the development of depression among the participants. There was an inverse correlation between the cognitive-affective and somatic symptoms of depression and the reward dependence, mediated by the noradrenergic brain system. The main independent determinants influencing excessive TV viewing were low levels of the reward dependence and the novelty seeking (which reflects the activity of dopaminergic brain system). We argue that the propensity for watching TV and depression development can be predicted by psychological traits, related to the activity of monoaminergic brain systems.

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

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Treatment Practice

EW621

Working alliance and its relationship with treatment outcome



A. Cardoso^{1,*}, P. Aguiar², M. Byrne³, M. Xavier¹

¹ Nova Medical School, Mental Health, Lisbon, Portugal

² Escola Nacional de Saúde Pública, Public Health, Lisbon, Portugal

³ University of Wollongong, Clinical Psychology, Wollongong, Australia

* Corresponding author.

Introduction The therapeutic alliance might be the most important part of beginning clinical relationship and may have an important impact in treatment adherence. In fact, many studies indicate that the therapeutic alliance is the best predictor of treatment outcome.

Objectives To assess clinical skills and attitudes in mental health professionals (MHP).

Aims This study explore the impact of clinical skills and socio-demographic factors related MHP may have on treatment adherence of patients with mental health disorders (MHD).

Methods In this cross sectional study, we use a convenience sample of MHP working in the mental health departments of

three general hospitals in Lisbon great area. Data is being collected through individual interviews. We used a optimism scale (ETOS), Medication Alliance Beliefs Questionnaire (MABQ), and socio-demographic and clinical questionnaire.

Results A convenience sample composed of sixty-five mental health clinician working in a variety of settings is being collected. We don't found statistically significant differences between the therapeutic optimism and the socio-demographic and clinical characteristics of MHP. The average values of optimism found in MHP with additional training in skills training it was higher (t test = 1,64). The results demonstrate that the most of clinicians ($n = 42$; agree 64,6%; strongly agree, $n = 19$; 29,2%) believe that have the capacity to positively influence outcomes for people with mental disorders.

Conclusion This topic, along with a detailed examination of the relationship between therapeutic alliance and treatment adherence, will be the subject of future research projects.

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

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EW622

Antipsychotic prescribing patterns in outpatients with severe mental illness



P. Kizilay Cankaya^{1,*}, A. Tiryaki²

¹ Fatih State Hospital, Psychiatry, Trabzon, Turkey

² Karadeniz Technical University, Psychiatry, Trabzon, Turkey

* Corresponding author.

Introduction Prescribing more than one antipsychotic at the same time is becoming common in the treatment of patients with severe mental illness (SMI), although most guidelines recommend monotherapy.

Objectives The aim of this study was to examine the prevalence of antipsychotic polypharmacy and to compare the practices of polypharmacy and monotherapy in terms of the rationale and compatibility of the treatment.

Methods This study included 235 patients with SMI between 18 and 65 years of age who were followed at KTU Psychiatry Department Schizophrenia-Bipolar Disorder outpatient clinic between January 2007 and December 2014. The sociodemographic and clinical data were evaluated by a chart review form which was prepared by the researcher and designed according to American Psychiatric Association treatment algorithm and National Associated Mental Health Program Directors polypharmacy classification.

Results 138 patients (58.7%) were diagnosed with schizophrenia, 75 patients (31.9%) were diagnosed with bipolar disorder and 22 patients (9.4%) were diagnosed with schizoaffective disorder. 62 patients (26.4%) were receiving antipsychotic polypharmacy. Combinations of two second-generation antipsychotics were most common. Anticholinergic drug use was significantly more common in patients on antipsychotic polypharmacy. Reported adverse events were more common in patients on polypharmacy but did not reach the level of statistical significance. Patients on antipsychotic polypharmacy were more likely to be diagnosed with schizophrenia. Polypharmacy patients were also more likely to receive clozapine and amisulpride whereas monotherapy patients were more likely to receive olanzapine.

Conclusion Our results confirm previous reports that indicate patients with SMI are most likely to receive antipsychotic polypharmacy.

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

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EW623

Antipsychotic monotherapy versus combination in schizophrenia: Are there differences in cognition?

A. Ruiz¹, A. Brañas¹, M. Vicens¹, A. Orozco¹, G. Lahera^{2,*}

¹ Príncipe de Asturias University Hospital, Psychiatry, Alcalá- Madrid, Spain

² University of Alcalá- IRyCIS- CIBERSAM, Medicine and Medical Specialties, Madrid, Spain

* Corresponding author.

Introduction Influential protocols in the treatment of schizophrenia recommend the use of antipsychotics in monotherapy, although combination is common in clinical practice.

Objectives/aims To compare cognitive performance of patients with schizophrenia treated by antipsychotic monotherapy or polytherapy; secondly, to analyze clinical and sociodemographic differences.

Methods Ninety-eight outpatients between 18 and 65 years, diagnosed with schizophrenia, based on the DSM-V were recruited. Seventy were in monotherapy and 28 in antipsychotic combination. Patients with comorbidity, moderate to severe motor impregnation, abuse-substance dependence or serious somatic illness were excluded. Both groups were compared in sociodemographic, clinical and cognitive measures: PANSS scale, short Akathisia Scale Simpson-Angus Scale, State-Trait Anxiety Inventory (STAI), face emotion recognition (FEIT) and global Functioning (GAF), speed processing - through the Trail Making Test, parte A, subtest of symbol coding of the Brief Assessment of Cognition in Schizophrenia (BACS) and Verbal fluency (animals)- and sustained attention (SA)-through the Continuous Performance Test (CPT).

Results Both groups showed similar age, gender, number of hospitalizations, score in STAI-Trait, STAI-State, ANGUS, GAF, TMT-A, verbal fluency and face emotion recognition. Patients in polytherapy had more years of evolution ($P 0.047$), higher score in positive PANSS ($P 0.007$), negative PANSS ($P 0.008$), general PANSS ($P 0.001$); they showed more detection errors in the CPT ($P 0.008$), and a trend towards less processing speed through the symbol coding ($P 0.063$), compared to patients in monotherapy.

Conclusions Antipsychotic polypharmacy is associated with an impairment in sustained attention in patients with schizophrenia.

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

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EW624

DECIDE study: Effectiveness of shared decision making in treatment planning at discharge of inpatient with schizophrenia: Half sample interim analysis, preliminary conclusions

J. Pérez Revuelta^{1,*}, I. Lara Ruiz-Granados², F. Gonzalez Saiz³, J.M. Pascual Paño³, J.M. Villagran Moreno³

¹ Servicio Andaluz Salud, Fundacion Biomedica Cadiz - Clinical Management Unit of Mental Health, Jerez de la Frontera, Spain

² Servicio Andaluz Salud, Macarena Clinical Management Unit of Mental Health, Sevilla, Spain

³ Servicio Andaluz Salud, Clinical Management Unit of Mental Health, Jerez de la Frontera, Spain

* Corresponding author.

DECIDE Study Effectiveness of shared decision making in treatment planning at discharge of inpatient with schizophrenia: interim analysis.

Introduction Shared decision-making denotes a structured process that encourages full participation by patient and provider in



making complex medical decisions. Hamann et al. conducted a few years ago a randomized controlled trial with schizophrenic inpatients and found increased knowledge and perceived involvement in decisions about antipsychotic treatment at discharge by the experimental group, but not clear beneficial effects on long term outcomes. The present communication introduces the DECIDE study.

Aims and objectives Of the study: to demonstrate the effectiveness, measured as treatment adherence and readmissions at 3, 6 and 12 months, of shared decision making in the choice of antipsychotic treatment at discharge in a sample of schizophrenics hospitalized after an acute episode of their disorder. Of the oral presentation: to present preliminary conclusions with more of the half of the sample.

Methods Randomized controlled trial, prospective, two parallel groups, not masked, comparing two interventions (shared decision making and treatment as usual). Study population: inpatients diagnosed of schizophrenia and schizoaffective disorders (ICD-10/DSM-IV-R: F20 y F25) at Adult Acute Hospitalization Unit at Jerez General Hospital.

Results At discharge, increased scale score COMRADE, both subscales (Satisfacción in communication and trust in the decision) statistically significant. At 3 months follow-up, intensification of these differences in effect size and statistical significance and shows trends in health outcomes. We will present results for 6 and 12 months.

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

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EW625

Four years follow-up in a naturalistic study of adults with ADHD treated with atomoxetine

V. Richarte Fernández^{1,*}, M. Corrales de la Cruz², P. Ibáñez Jiménez², M. Corominas Rosso¹, R. Vidal Estrada¹, C. Fadeuilhe Grau², R.F. Palma-Álvarez², M. Casas Brugué¹, J.A. Ramos-Quiroga¹

¹ University Hospital Vall d'Hebron, Department of Psychiatry-CIBERSAM, Barcelona, Spain

² University Hospital Vall d'Hebron, Department of Psychiatry, Barcelona, Spain

* Corresponding author.

Introduction Attention-deficit/hyperactivity disorder (ADHD) is a psychiatric chronic disorder of childhood that persists into adolescence and adulthood in the most part of cases. There are various ways of treating ADHD.

Objectives Assess the effectiveness and tolerability of atomoxetine long-term and routine clinical practice in adult ADHD treatment. Study the clinical profile of the patients who take atomoxetine.

Aims The aim of this is to study the treatment of ADHD in adults with a non-stimulant drug atomoxetine.

Methods We obtain results from 126 patients recruited from July 2009 to May 2013 who have been prescribed Atomoxetine as a treatment for ADHD from the hospital pharmacy.

Results Comorbid disorders were presented in 57.1% of the patients included at the study (25.3% of which belong to the group of anxiety disorders). The use of other psychotropic drugs associated with atomoxetine was observed in 54.8% of patients. The 62.7% of the patients concerned continued treatment beyond 225 weeks (4 years 3 months) of observation. The Clinical Global Impression Improvement scale (CGI-I) and side effects determine monitoring treatment. A total of 61.9% of patients responded satisfactory to treatment with atomoxetine getting the CGI-I scale a score of 1-2. The duration of therapy and patient age are factors that influence the response. Furthermore, the clinical profile



of patients treated with atomoxetine is characterized by different comorbidities, anxious symptomatology and personality disorders. Atomoxetine treatment with has also been shown its effectiveness and safe despite the presence of concomitant comorbidities and psychopharmacological treatment.

Conclusion Atomoxetine treatment with has been effective and has proven good tolerability profile during treatment.

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

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EW626

Effects of rTMS on cognitive and negative symptoms of schizophrenia: A randomized double-blind sham-controlled study

K. Zhuo*, Y. Wang, Z. Song, D. Liu

Shanghai Mental Health Center, Department of psychiatry, Shanghai, China

* Corresponding author.

Background Investigators are urgently searching for options to treat cognitive and negative symptoms in schizophrenia because these symptoms are disabling and do not respond adequately to antipsychotic or psychosocial treatment. This study evaluated the efficacy of 20-Hz repetitive transcranial magnetic stimulation (rTMS) applied to the left dorsolateral prefrontal cortex for the treatment of cognitive and negative symptoms in schizophrenia.

Methods The study was a randomized double-blind sham-controlled trial for 4 weeks. Seventy patients with schizophrenia were randomly assigned into two treatment groups. After a 2-week pretreatment phase, 34 patients were treated with 20-Hz rTMS applied 5 days per week for 4 weeks to the left dorsolateral prefrontal cortex (added to the ongoing treatment), and 33 patients were subjected to sham rTMS applied similarly. Negative symptoms were assessed with the Scale for the Assessment of Negative Symptoms (SANS), the Positive and Negative symptom scale (PANSS), and Cognitive symptoms were assessed by MATRICS cognitive test battery (MCCB) Chinese version.

Results Sixty patients (33 individuals in active group and the other 27 in the sham group) completed the treatment protocol. We found that treatment with 20-Hz rTMS for 4 weeks significantly improved negative symptoms in the active group as compared to the sham group. However, There was no statistically significant difference in improvement in cognitive symptoms between the two groups.

Conclusions These findings indicate that application of 20-Hz rTMS to the left dorsolateral prefrontal cortex can effectively improve the negative symptoms, while more optimized parameters are needed to achieve improved therapeutic efficacy for the treatment of cognitive symptoms.

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

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Women, Gender and Mental Health

EW627

The effects of vitamin B1 on ameliorating of mental symptoms of the premenstrual syndrome

S. Abdollahifard^{1,*}, M. Maddahfar²



¹ Jahrom University of Medical Sciences, Nursing & Midwifery Department, Jahrom, Iran

² BHOWCO trading GmbH, BHOWCO trading GmbH, Frankfurt, Germany

* Corresponding author.

Background & objective The premenstrual syndrome is a series of physical, mental, and behavioral symptoms with various severities. Different treatments have been introduced for the syndrome due to its unknown complicated causes. Vitamin B1 (thiamin) may reduce mental symptoms of the syndrome through affecting the performance of coenzymes in the metabolism of carbohydrates and main branch of amino acid that plays an important role in appearance of mental symptoms of the PMS.

Methods In this double-blind placebo-controlled clinical trial, 80 students with PMS residing at dormitories of Jahrom University were divided randomly into two groups, vitamin B1 and placebo. The severity of the mental symptoms of PMS in two cycles, before the intervention and during the intervention, was recorded by the students. The data were collected using an information collection form, PMS provisional diagnosis form, daily status record form, Beck Depression Inventory. The data were analyzed using descriptive and inferential statistics.

Results The comparison of vitamin B1 group before the intervention with that after the intervention showed that vitamin B1 reduced mean mental symptoms (35.08%) significantly ($P < 0.0001$). Moreover, there was a significant difference between vitamin B1 and placebo groups in terms of mean mental symptoms, as mean symptoms in vitamin B1 group was significantly lower than that in the placebo group ($P < 0.0001$).

Conclusion It seems that vitamin B1 is effective in recovery of mental symptoms of PMS. Therefore, this vitamin can be used to reach a major goal of midwifery, that is, reduction of mental symptom severity of PMS, without any side effects.

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

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EW628

Exploratory randomized controlled trial of a group psychological intervention for postnatal depression in British mothers of South Asian origin

N. Husain^{1,*}, K. Lovell², F. Iunat³, N. Atif¹, A. Bhokari⁴, I. Bhojani⁵, B. Tomenson¹, W. Waheed⁶, A. Rahman⁷, N. Chaudhry¹

¹ University of Manchester, Institute of brain-behaviour and mental health, Manchester, United Kingdom

² University of Manchester, School of nursing- midwifery and social work, Manchester, United Kingdom

³ Lancashire Care NHS Foundation Trust, Research and Innovation, Preston, United Kingdom

⁴ Cheetamhill medical practice, General Practice, Manchester, United Kingdom

⁵ NHS Blackburn with Darwen CCG, Shifa surgery, Blackburn, United Kingdom

⁶ University of Manchester, Academic Health Sciences Centre, Manchester, United Kingdom

⁷ University of Liverpool, Institute of Psychology- Health & Society, Liverpool, United Kingdom

* Corresponding author.

Introduction The rates of postnatal depression (PND) in British South Asian (BSA) women are higher than the general population. PND is known to cause disability and suffering in women and negative consequences for their infants and their family with huge costs



to society. Due to linguistic and cultural barriers, BSA women do not access health care services.

Objectives To conduct an exploratory trial to test the feasibility and acceptability of a culturally adapted group Cognitive Behavioural Therapy (CBT) intervention (Positive Health Programme (PHP)).

Aim We aimed to determine if depressed BSA women receiving the PHP intervention will show significant improvements in terms of severity of depression, marital support, and social support as compared to the control group.

Methods We used a two-arm pragmatic single-blind randomised controlled design. Women meeting the inclusion criteria were randomised either to the experimental group receiving PHP or treatment as usual (TAU) that is standard care usually provided by the GP.

Results A total of 615 mothers were screened for participation in the trial, of these 137 were assessed further to determine eligibility. Eighty-three mothers were randomized to receive either PHP ($n = 42$) or treatment as usual (TAU) ($n = 41$). Mothers found the intervention to be acceptable and felt an overall positive change in their attitudes, behaviour and confidence level.

Conclusion The recruitment and retention figures (70%) highlight the ability of the research team to engage with the population. The findings suggest the acceptability of the culturally adapted PHP intervention for British South Asian women with postnatal depression.

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

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EW629

Comparison of the expected outcome of the mastectomy with perceived treatment outcomes based on self-efficacy in women with breast cancer



S.S. Hoseini Omam^{1,*}, J. Davoodi², M. Habibi Asgaraabadi², F. Richard³

¹ Semnan university, Psychology, Tehran, Iran

² Shahid Beheshti university, Family Therapy, Tehran, Iran

³ University of Hong Kong, Centre for Psycho-Oncological Research and Training, Hong Kong, China

* Corresponding author.

Aim Breast cancer causes concerns about treatment, complications, hospital stay and cost in patients which are common. Because self-efficacy is one of the unique factors, can affect an individual's ability and understanding of what to expect before, during, and after Breast cancer surgery. In the Present study the expected outcome of the mastectomy compared with perceived treatment outcomes based on self-efficacy in women with breast cancer.

Method In the current study, 300 female patients with breast cancer were studied before and after mastectomy using the General Self-efficacy Scale and Expectancy Outcome Incongruence.

Results The finding yielded that there was significant difference between patients with the high and low self-efficacy based on the expectation of the result of surgery and perceived outcome of surgery. Similarly there is significant difference between the level of disease progression based on the expectation of the surgery outcome and perceived outcome of surgery. In addition, there was significant difference between breast tumor size based on the expected outcome of surgical treatment and perceived outcome of surgery. There was significant difference between elderly and non-elderly women self-efficacy.

Conclusions Results show the higher level of self-efficacy can be useful in establishing primary social adjustment but lead to underestimate the negative effects of surgery and may disturb

psychological adjustment. Thus, high self-efficacy indirectly plays a significant role in increasing problems after mastectomy.

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

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EW630

Gender differences in benzodiazepines prescription in old age patients



M. Martinez-Cengotibengoa^{1,*}, A. Besga², C. Bermudez-Ampudia², A. Garcia-Alocen³, I. Gonzalez-Ortega², M.P. Lopez², M.J. Diaz⁴, N. Chicote⁵, J. Enriquez⁵, A. Abraín⁵, R. Olles⁵, S. Esnal⁵, H. Salem⁵, E. Cuesta⁵, M. Duenas⁶, A. Gonzalez-Pinto⁷

¹ CIBERSAM-University Hospital of Alava- National Distance Education University, Psychiatry, Vitoria, Spain

² CIBERSAM-University Hospital of Alava, Psychiatry, Vitoria, Spain

³ University Hospital of Alava, Psychiatry, Vitoria, Spain

⁴ Community Pharmacist, Getxo, Vizcaya, Spain

⁵ University Hospital of Alava, Emergency Department, Vitoria, Spain

⁶ University Hospital of Alava, Emergency Department, Vitoria, Spain

⁷ CIBERSAM-University Hospital of Alava- Universidad del País Vasco, Psychiatry-Neurosciences, Vitoria, Spain

* Corresponding author.

Objectives To assess the prescription of benzodiazepines (BZD) in elderly patients, and to explore any gender differences.

Methods Six hundred and fifty-four patients (≥ 65) admitted in an emergency service of a general hospital due to a fall. BZD use information was collected (dose, half-life profile).

Results BZD are significantly more prescribed to women (47.6%) than men (36.1%) ($X^2 = 8.097$, $P = 0.004$). We conducted a logistic regression analysis using as dependent variable taking or not BZD and sex as the independent one, covarying the model by age. We noted that sex remains significant despite enter the age variable in the model ($OR = 1.5$, $P = 0.013$). A total of 21.6% of patients consumed intermediate or long half-life BZDs, appearing a greater tendency to prescribe such BZD to women ($X^2 = 3.606$, $P = 0.058$). In the 58.0% of prescriptions, prescribed dose was higher than the recommended for the elderly. The percentage is significantly higher for men (70.0%) than women (53.1%). Furthermore, a total of 54 prescriptions (15.8%) were even higher than the recommended adult dose, with no significant differences between men and women.

Conclusions We found evidence of a higher prescription of BZD in women independently of age. Despite not being recommended, prescription of intermediate or long half-life BZD continues, in a slightly higher manner in women. BZD are prescribed above the recommended dose for elderly in a large number of patients, especially in men. A considerable proportion of elderly patients (15.8%) consume BZD doses even higher than the recommended for adults.

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

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EW631

Motherhood and postnatal disorder in an Italian sample



L. Rollè^{1,*}, E. Gerino¹, A.M. Caldarera¹, U. Merlone¹, D. Lyrakos², P. Brustia¹

¹ University of Torino, Psychology, Torino, Italy

² Filistos Psychosocial Testing and Consulting, Psychology, Athens, Greece

* Corresponding author.

Introduction Motherhood is a very intense psychological experience because it implies a deep reorganization of identity (Rollè

et al., 2012). For some women to become mother is not only a “happy event” as our cultural system wish or as say that should be, but it can be a difficult moment.

Aims To explore the level of post-natal depression (PND) and the risk factors for PND onset 1 month after the delivery.

Methods Eight hundred and eighty-seven participants were recruited in an Italian hospital (mean age = 33.23 years; SD = 4.45). The EPDS (Cox et al., 1987), the CES-D (Radloff, 1977) and a risk factor data sheet were used.

Results The CES-D and EPDS scores were significantly correlated ($r = .677$; $P < .001$). Unexpected and not searched pregnancy ($F = 2.540$; $P < .05$), experiencing episodes of sadness ($t = 7.567$; $P < .001$), uncontrollable crying ($t = 7.579$; $P < .001$), tendency to reject the child ($t = 3.241$; $P < .05$), anxiety ($t = 7.248$; $P < .001$), anguish ($t = 4.221$; $P < .001$) and loneliness ($t = 6.209$; $P < .001$) in the perinatal period imply higher levels of EPDS in the post-partum. Moreover, to have a planned caesarean delivery ($F = 7.393$; $P < .001$) and experiencing physical health problems ($t = 3.836$; $P < .001$) appeared to be additional risk factors.

Conclusions The strong relation between the risk factors in the perinatal period and PND onset is confirmed. Support during pregnancy could be a protection factor for PND and thus for possible related difficulties in the relation between mother and child.

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

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EW632

Post-partum depression risk factors in pregnant women



A. Ugarte^{1,*}, P. López¹, C. Serrulla², M.T. Zabalza³, J.G. Torregaray⁴, A. González-Pinto¹

¹ Hospital Universitario Araba-Sede Santiago-OSAKIDETZA, Psychiatry, Vitoria-Gasteiz, Spain

² Amara Berri Health Center-OSAKIDETZA, Matron, Donostia, Spain

³ Lakuabizkarra Health Center-OSAKIDETZA, Matron, Vitoria-Gasteiz, Spain

⁴ Gros Health Center-OSAKIDETZA, Matron, Donostia, Spain

* Corresponding author.

Introduction Postpartum depression has a prevalence of 15% and has consequences for mother and baby (delayed physical, social and cognitive development). It's essential to prevent the illness with an early identification of Risk Factors (RF).

Methods Five hundred and seventy-two women in 3rd trimester of pregnancy were evaluated and selected those with ≥ 1 RF ($n = 290$). We re-evaluated in the postpartum with Edinburgh Depression Scale and selected those with subsyndromal depressive symptoms (≥ 7.5) ($n = 57$). Clinical, demographic and functional data were collected.

Results A total of 50.7% had RF. A percentage of 48.6 had family history of mental illness (MI), 34.1% had personal history of (MI) and 34.1% had some pregnancy associated illness. Twenty percent had needed some assisted reproductive technique, 14.1% had little family support and 15.2% had little couple support, 3.8% showed anxiety-depressive disorders during pregnancy, 19.7% had depressive symptoms after delivery. The mean age was 33.67. No significant differences between patients with and without RF ($T = 1858$, $P = 0.064$). Among women with RF, 59.6% were married, 35.1% single and 3.0% had other situation. 89.5% live with their own family, 8.8% with their family of origin, 1.8% alone. 50.8% had university studies.

Conclusions Assessing RF during pregnancy can help these women, since we see that the 19.7% will have serious risk of developing postpartum depression. The RF to take more into account are not those related to social-academic development, neither the presence of anxiety-depressive symptoms during pregnancy, but the family or personal history of (MI) and the presence of a pregnancy associated illness. Early detection and treatment may prevent the development of this disease improving the quality of life of mother and babies' development.

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

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Others

EW633

Chronic rhinosinusitis and mood disturbance



S.E. Erskine¹, J. Beezhold^{2,*}, A. Clark³, C.M. Philpott⁴

¹ Norwich Medical School UEA, ENT Department James Paget University Hospital NHS Foundation Trust, Great Yarmouth, UK

² Norwich Medical School UEA, Central Acute Service, Hellesdon Hospital, Norwich, Norfolk and Suffolk NHS Foundation Trust, UK

³ Norwich Medical School UEA, Norwich, UK

⁴ Norwich Medical School, UEA, ENT Department James Paget University Hospital NHS Foundation Trust, Great Yarmouth, UK

* Corresponding author.

Introduction Chronic rhinosinusitis (CRS) is a condition of inflammation of the nose and paranasal sinuses affecting 6.8 million Britons. It has a great impact on quality of life and productivity. CRS is currently subdivided into two main types – with and without nasal polyps (CRSwnPs and CRSsNPs respectively). Allergic fungal rhinosinusitis (AFRS) is severe subtype of CRSwnPs.

Objectives This study is part of the Chronic Rhinosinusitis Epidemiology Study (CRES). The overarching aim is to determine factors influencing onset and severity of CRS.

Aims To determine whether those with CRS are more likely to report mood disturbance compared with healthy controls.

Methods CRES is study-specific questionnaire asking about demographic and socioeconomic factors and past medical history as well as a nasal symptom score (SNOT-22) and SF-36 (QoL – quality of life tool). Questionnaires were distributed to patients with CRS attending ENT outpatient clinics at 30 centres across the United Kingdom from 2007–2013.

Results A total of 1470 participants were recruited (Table 1). Differences between those with CRS and controls were found; those with CRSsNPs reported significantly more consultations with their GP for depression and anxiety. Patients with CRS also showed significantly poorer mental well-being than controls across the mental health and emotional well-being domains of the QoL tools used. Those with CRSsNPs scored significantly worse than those with nasal polyps across all domains.

Conclusions Mood disturbance is significantly more common in patients with CRS compared to healthy controls, especially in those with CRSsNPs. This added mental health morbidity needs consideration when managing such patients.

Table 1

	Controls	CRSsNP	CRSwNP	AFRS
Participants	221	553	651	45
Females	143 (68.4%)	259 (53.1%)	185 (32.2%)	19 (43.2%)
Mean Age (s.d)	47.3 (14.9)	51.8 (15.3)	56.0 (14.6)	56.1 (12.7)
Range	19-82	18-84	17-102	20-76

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

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EW634

Impact on personal growth and environment conservation self-perception in a volunteering program with adults with severe mental illness (SMI)

D. Cabezas Sánchez^{1,*}, A. Ramírez Macías¹, J. Sáiz Galdós^{1,2}

¹ Grupo 5, Centro de Día Aranjuez 2, Aranjuez, Spain

² UCM, Social Psychology, Madrid, Spain

* Corresponding author.

Introduction “Viaje del Parnaso” is a volunteering project developed at the Day Center Aranjuez2 (CD2) for helping adults with SMI to get a satisfactory and responsible occupation through their implication in a volunteering work in the community, while involved in the maintenance of a green area in the city of Aranjuez. **Objectives/aims** The aim of this study was to evaluate the impact of the project on the volunteers' lives in terms of personal growth and environment conservation and compare its results with non-volunteers also attended at the CD2.

Methods The project was carried once a week during 45 weeks. 11 volunteers participated on the project, plus 5 non-volunteers were considered as quasi-control group. The instruments applied were an item on “environment conservation” and 2 subscale items of “Personal Growth” from the Ryff Scales of psychological well-being. Measures were applied at baseline, 6 and 12 months after.

Results Significant differences were found on the environment conservation item between volunteers at baseline and 6 months after ($P < 0.05$). Results also revealed a significant difference ($P < 0.05$) between volunteers and non-volunteers at both variables (“environment conservation” and “Personal Growth”) in baseline and 6 months after treatment.

Conclusions The data from this study suggest that a volunteering program seems to be an effective intervention for bringing about improvements in well-being of people with SMI, and also for increasing their environmental awareness. These improvements may also help to change the stigma of SMI reinforcing mental health patient's contributions to society.

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

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EW635

Cardiovascular risk assessment in psychiatric inpatient setting

E. Dahmer^{1,2,3,*}, N.C. Lokunarangoda^{4,5,6}, K. Romain^{7,8}, M. Kumar⁹

¹ Health Education West Midlands, The Shrewsbury and Telford Hospital NHS Trust, Telford, United Kingdom

² South Staffordshire and Shropshire Healthcare, Former F1 Dr in General acute inpatient Psychiatry-St George's Hospital, Stafford, United Kingdom

³ Health Education West Midlands, Former FY1-University Hospitals of North Midlands, Stafford, United Kingdom

⁴ The Shrewsbury and Telford Hospital NHS Trust, Cardiology, Telford and Shrewsbury, United Kingdom

⁵ Teaching Hospital Anuradhapura, Former Acting

Cardiologist-University Medical Unit, Anuradhapura, Sri Lanka

⁶ Rajarata university of Sri Lanka, Senior Lecturer in Medicine, Mihintale, Sri Lanka

⁷ Health Education West Midlands, University Hospitals of North Midlands, Stafford-Stoke, United Kingdom

⁸ South Staffordshire and Shropshire Healthcare, F1 Dr in General acute inpatient Psychiatry-St George's Hospital, Stafford, United Kingdom

⁹ South Staffordshire and Shropshire Healthcare, Consultant Psychiatrist- General acute inpatient Psychiatry-St George's Hospital, Stafford, United Kingdom

* Corresponding author.

Objectives To assess the general cardiac health of inpatients in acute psychiatric units and to evaluate the practice of ECG use in this setting.

Aims Overall cardiac risk is assessed using QRISK2. Clinically significant ECG abnormality detection by psychiatric teams are compared with same by cardiologist.

Methods Ten percent of patients ($n = 113$) admitted to five acute psychiatric wards during a period of 13 months across three hospital sites, covering a population of 1.1 million, were randomly selected. Electronic health care records were used to collect all data, in the form of typed entries and scanned notes. An experienced cardiologist, blind to the psychiatrist assessments, performed ECG analysis. The QRISK2 online calculator was used to calculate 10-year cardiovascular risk as recommended by NIHR, UK.

Results A score of 10% or more indicates a need for further intervention to lower risk. 13.5% of patients had a QRISK2 score of 10–20%, 5.2% had a score of 20–30%, and 1 patient had a QRISK2 score > 30%. In total, 19.7% had a QRISK2 of 10% or greater. A total of 2.9% had prolonged QTC interval (> 440 ms), with 2.9% having a borderline QTC (421–440). A total of 34.3% of ECGs were identified by the ward doctors as abnormal, with action being taken on 41.6% of these abnormal ECGs. Cardiologist analysis identified 57.1% of ECGs with abnormalities of potential clinical significance.

Conclusions One in five patients admitted to psychiatry wards have poor cardiac health requiring interventions. Though QTC interval prolongation is rare, half of patients may have abnormal ECGs that require further analysis.

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

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EW636

The agitated patient; need for mechanical restraint and prevention measures in relation to psychiatric diagnosis

F. Dinamarca*, L. Galindo, M. Grifell, E. Perez, V. Chavarria, P. Salgado, S. Perez

Hospital Del Mar, Psychiatry service – INAD, Barcelona, Spain

* Corresponding author.

Introduction Psychomotor agitation is a common psychiatric emergency in our environment that can occur in a wide clinical spectrum. Both the agitation itself as the procedures for their control, carry an implicit risk to patient safety and health workers.

Objective To describe the prevention measures used in patients requiring mechanical restraint in relation to diagnosis of psychiatric disorders.

Material and methods This is a naturalistic descriptive study. Mechanical restraints made in brief psychiatric hospitalization units of “Hospital del Mar” between January of 2013 to March of 2015, were analyzed by diagnosis. Proportions of the prevention intervention performed by nurses in each episode were compared. The groups of prevention interventions done were: “verbal approach”, “environmental measures”, “psychopharmacological intervention”, “observation increase” and “inability for applying any measure because unpredictability”.

Results A total of 2986 mechanical restraints were done in brief hospitalization units. Among the results, we find that verbal approach measure was used in 77.23% of patient with personality disorders. Environmental measures were used in 40% of the total of restraints. The most of psychopharmacological intervention was done in alcohol intoxication (50%) and then in psychotic spectrum (42.01%). The inability for applying measures was greater in alcohol intoxication (45.4%).

Conclusion Some of the results of this study are interesting and consistent with clinical practice (for example, effectivity of pharmacological intervention in psychosis and bipolar disorders, as well verbal approach in anxiety, etc.), we can predict the usefulness of measures applied to prevent a mechanical restraint. Further research is needed in this topic.

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EW637

Interim results of remotely provided, one-on-one, tailored psycho-education and skills training to caregivers of patients with mental health difficulties



K. Ashcroft (BA MPhil D ClinPsy) (Consultant Clinical Psychologist)^{1,*},

B. Insua-Summerhays (BSc) (Research Assistant – MyHealios)²

¹ London, UK

² Southampton, UK

* Corresponding author.

In the past several decades, considerable evidence has emerged on the efficacy of caregiver and family interventions in the treatment of severe and enduring mental health disorders, particularly schizophrenia. Studies have demonstrated benefits of these interventions with regard to both reduced rates of burden in caregivers, and a reduction in relapse and improvement in symptoms of the person with psychosis. However, many caregivers who may benefit from such interventions are unable to access them, due to limited resources and geographical factors. Additionally, concerns about stigma and time constraints may deter caregivers from accessing support. The following study is among the first to address these barriers using a remotely delivered, one-on-one caregiver intervention. Caregivers ($n=93$) of patients with severe and enduring mental health difficulties took part in a tailored psychoeducation and skills training intervention, consisting of weekly 40 minute videoconference or telephone sessions with a trained clinician. Caregivers completed the Involvement Evaluation Questionnaire (IEQ) and General Health Questionnaire (GHQ-12) at baseline, and

eight sessions (mid treatment). It was hypothesized that caregivers would show a reduction of distress and burden in response to the intervention. Interim comparison of pre- versus 8th session measures demonstrated a highly significant reduction in GHQ scores ($P<0.01$), as well as a highly significant reduction in IEQ scores ($P<0.01$). Results suggest that remotely provided, one-on-one, tailored psycho-education and skills training may be an effective and accessible intervention to improve the well-being of, and decrease burden in, caregivers of mental health patients.

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

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EW638

Evaluation of suicide risk in psychiatric patients after discharge. A follow-up study



G. Giordano^{1,*}, R. Federica², E. Denise¹, M. Monica¹, I. Marco¹, P. Maurizio¹

¹ Mental Health and Sensory Organs Sant'Andrea Hospital Sapienza University of Roma- Rome- Italy., Department of Neurosciences, Rome, Italy

² Mental Health and Sensory Organs Sant'Andrea Hospital Sapienza University of Roma- Rome- Italy., Department of Neurosciences, Rome, Italy

* Corresponding author.

Résumé

Introduction Several studies show that the first period after discharge has an higher suicide risk.

Objectives Following up psychiatric inpatients after discharge may be important in order to better understand the risk and the protective factors of suicide.

Aim The aim of our follow-up study is to evaluate the predictive factors of suicide in a sample of psychiatric inpatients after discharge.

Methods We analyzed the temperament and the levels of hopelessness, depression, suicide risk in a sample of 87 (54% males) inpatients at time T0 (during the hospitalization), T1 (12 months after discharge) and T2 (8 months after T1). We administered the following scales: BHS, MINI, TEMPS, GMDS, CGI.

Results A statistically significant difference on the risk of suicide with substance abuse was found among patients who were followed up and who refused to participate, respectively at T1 ($\chi^2_4=2.61$; $P<0.05$) and T2 ($\chi^2_4=1.57$; $P=0.05$). At T1, 4 patients attempted suicide and 18 showed suicidal ideation. In the second follow-up, 1 patient successful committed suicide, 1 subject attempted suicide and 10 patients showed suicidal ideation. Patients with suicidal ideation at T1 showed higher levels of hopelessness and a diagnosis of bipolar disorder type I ($\chi^2_4=10.28$; $P=0.05$). Sixty-seven percent of subjects with suicidal ideation showed higher scores in the BHS at T1. Significant differences were found on the anxious temperament at T2 between two groups.

Conclusions The follow-up could represent a significant strategy to prevent suicide in psychiatric patients.

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

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EW639

Tendency to stigmatization of mentally ill people by university students in the Czech Republic



M. Holubova^{1,2,*}, J. Prasko¹, H. Klimusova³

¹ Faculty of Medicine and Dentistry-Palacky University Olomouc-University Hospital Olomouc, Department of Psychiatry, Olomouc, Czech Republic

² Regional Hospital Liberec, Department of Psychiatry, Liberec, Czech Republic

³ Institute of Psychology of the Faculty of Philosophy, Masaryk University, Brno, Czech Republic

* Corresponding author.

Introduction Mental illness is still surrounded by false myths, stereotypes and prejudices. Stigmatization is a social problem on a national and international level and may lead to discrimination.

Objectives Stigmatization has a negative impact on patient's life, treatment seeking, self-image, adherence and mental health recovery.

Aims The aim of the study was to examine the tendency to stigmatization of mentally ill people by university students in the Czech Republic.

Methods The constructed questionnaire called Tendency to stigmatization TTS (Cronbach's alpha = 0.952), demographic questionnaire and tentative shortened version of personality questionnaire NEO-PI-R were administered on Facebook offered to student groups.

Results The statistical analysis of data from 1350 students showed a relatively high tendency to stigmatization depending on age (stigma is lower with age), gender (women have a lower TTS than men), studied university, faculty, educational focus. The lowest rate of stigmatization had students of psychology. Students of economics, management, informatics and engineering disciplines stigmatize in a high degree. Social oriented students had the lowest TTS, technically orientated the highest. The TTS also depends on personal agreeableness (low-friendly students had a higher TTS) and neuroticism (mentally unstable students had slight TTS). Lower TTS had students who attended psychopathological/psychiatric subject at school, also students, who personally met or know somebody with mental disease and students with mental health problems (Table 1).

Conclusions Our study suggests the importance of stigmatization already among university students according to their academic orientation. Understanding the process of stigmatization is important for future efforts to find possible solutions and de-stigmatization of mental illness in society.

Table 1 Description of the sample, demographic data.

Table 1: Description of the sample, demographic data

VARIABLE	MEAN AND STANDARD DEVIATION
Age	22 ± 3.79
Gender (M: F)	329 / 1021
Nationality	
Czech	1193 (88.4%)
Slovak	139 (10.3%)
Other	17 (1.3%)
Academic orientation:	
Arts focus	739 (54.7%)
Science focus	375 (27.8%)
Technical focus	176 (13.2%)
Other	58 (4.4%)
Field of study	
scientists and chemists	233 (17.3%)
teachers	166 (12.4%)
economists and managers	131 (9.7%)
sociologists, social workers, journalists	131 (9.7%)
medical students and health professionals	125 (9.3%)
linguists	104 (7.8%)
lawyers	99 (7.3%)
psychologists	110 (8.1%)
archaeologists, historians, philosophers, religionists and artists	84 (6.2%)
engineers and builders	78 (5.8%)
Marital Status:	
single	951 (70.4%)
with partner	339 (25.1%)
married	51 (3.8%)
divorced with partner	3 (0.2%)
divorced without partner	4 (0.3%)
Subject of psychopathology or psychiatry YES/NO	301 / 1049
Knowledge mentally ill nearby YES/NO	830 / 520
Personal contact with mentally ill YES/NO	987 / 363
Treatments for mental problems	239 / 1091

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

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EW640

Capturing depression with your smartphone: Validity and utilization of iHOPE for depressed patients in Taiwan



G. Chin-Lun Hung^{1,*}, M.S. Li¹, Y.L. Chen², J.H. Chiang²

¹ Department of Psychiatry, Taipei City Psychiatric Center, Taipei City Hospital, Taipei, Taiwan

² Department of Computer Science and Information Engineering, National Cheng Kung University, Tainan, Taiwan

* Corresponding author.

Introduction Clinical assessment for depression, to date, has relied heavily on patients' retrospective report, which is liable to recall bias.

Objectives A number of mobile applications for ecological momentary assessment (EMA) of depressive disorder have been piloted, however, evidence regarding their validity and acceptance is limited.

Aims In this study, we examined the association between Hamilton Rating Scale for Depression (HAM-D) and EMA of depressive symptoms via a smartphone application and demonstrated the level and determinants of utilization.

Methods Our mobile phone application, iHOPE, would perform EMA of depression, anxiety, sleep and cognitive ability. Outpatients with depressive disorder were invited to use iHOPE for 8 weeks. Smartphone usage patterns and clinical characteristics were assessed.

Results We enrolled 59 outpatients with depression (38 [64.4%] women; mean [SD] age = 37.3 [13.9] years). In 8 weeks, participants interacted with iHOPE for an average of 10.8 (SD = 12.3) days; a trend of decreased frequency of use ($P=0.03$) was observed. Scores of HAM-D at baseline was associated with, of the first 14 days, scores of PHQ-9 ($P=0.005$), visual analogue scale of depression ($P=0.003$) and anxiety.

Conclusions EMA via mobile technology appears to be valid and feasible for Asian patients with depression. Mobile health has a potential for the assessment of depressive disorder in areas with limited awareness and resource for mental health conditions.

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

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EW641

The effect of the financial crisis in Greece on the health habits of young adults



D. Menti¹, V. Fanioudaki¹, G. Lyrakos^{2,*}

¹ City Unity College, MSc Health Psychology, Psychology Department, Athens, Greece

² General Hospital Nikaia "Ag. Panteleimon", Psychiatric Department, Nikaia, Greece

* Corresponding author.

Background Periods of financial crisis have been strongly associated with changes in the health habits of affected individuals. Previous research suggests that these periods usually affect drinking, smoking, physical activity and eating habits, thus affecting our psychophysical health as well.

Aim To investigate the effect of the financial crisis in Greece on the health habits of young adults.

Method Two hundred and seven Greek young adults participated in the study, 75 (36.2%) males and 132 (63.8%) females, with a mean age of 29. Analysis of data was conducted with ANOVA, Ancova, regression and correlation analyses, using the SPSS software.

Results The findings showed a significant effect of the financial crisis on drinking patterns ($F(1.173)=4.488, P=0.036$). Individuals whose income was reduced consumed less alcohol ($M=11.646$,

SD=1.434) compared to individuals who had not experienced such a reduction ($M=17.957$, $SD=2.611$). There was a significant effect of annual income on BMI ($F(4.10)=3.74$, $P=0.001$, $\eta_p^2=0.96$), after controlling for the effect of exercise intensity ($F(1.10)=4.58$, $P=0.034$, $\eta_p^2=0.31$). However, the financial crisis did not significantly affect exercise, smoking behaviour or eating habits ($P>0.05$). Significant correlations between tobacco use and drinking were found ($r(206)=0.22$, $P<0.001$). A significant correlation was also found between exercise and the consumption of fruits and vegetables ($r(174)=0.26$, $P<0.001$).

Conclusion The financial crisis reduced alcohol consumption whilst it did not affect physical activity, smoking or eating habits. These findings allow us to propose that, despite the bleak reality of a period of financial crisis, such periods could actually lead to the reduction of unhealthy behaviours.

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

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EW642

Comparison of metabolic syndrome between patients with severe mental disorders



B. Mata Saenz^{1,*}, S.L. Romero Guillena²,

B.O. Plasencia García de Diego³

¹ Hospital General Universitario de Ciudad Real, Psychiatry, Ciudad Real, Spain

² Hospital Universitario Virgen Macarena, Psychiatry, Seville, Spain

³ Hospital de la Merced, Psychiatry, Osuna, Spain

* Corresponding author.

Introduction Metabolic alterations are one of the main causes of mortality and morbidity associated with cardiovascular disease in patients with severe mental disorders. Polypharmacy has been shown to increase the risk.

Objectives To check the patients with schizophrenia and bipolar disorder admitted to our unit and their metabolic parameters.

Aims To assess the prevalence of thyroid dysfunction, diabetes and dyslipidemia in patients diagnosed with these disorders admitted to our unit between 2013 and 2014, and compare the results.

Methods We conducted an epidemiological, observational, retrospective study of patients with these disorders admitted to our unit in this period. Clinical and socio-demographic variables were collected and analyzed by The Statistical Package for Social Science version 19.0.

Results No association was detected between treatment with antipsychotics (typical/atypical) and metabolic variables. This may be due to the fact that mostly of patients received a combination treatment of both (Table 1).

Conclusions Dyslipidemia and diabetes seem to be more prevalent in patients with schizophrenia in our sample, but thyroid dysfunction is more prevalent in patients with bipolar disorder. However, the two samples are very different so more studies are needed.

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

Table 1

	Schizophrenia	Bipolar disorder
Number	397	69
Gender (% males)	76.1	33.3
Average age (years)	44.02	44.54
Dyslipidemia (%)	29.7	24.6
Diabetes (%)	18.6	7.3
Thyroid dysfunction (%)	11.6	20.3
Relationship	Rural origin-prevalence of diabetes ($\chi^2=5.862$; $p<0.05$) Age-glycemia ($r=0.317$; $p<0.01$)	Lithium-thyroid dysfunction ($\chi^2=14.59$ $p<0.001$)

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EW643

The impact of anxiety and depression on academic performance in undergraduate medical students



A.I. Mihăilescu^{1,*}, L.V. Diaconescu¹, A.M. Ciobanu², T. Donisan¹, C. Mihailescu³

¹ University of Medicine and Pharmacy "Carol Davila", Medical Psychology, Bucharest, Romania

² University of Medicine and Pharmacy "Carol Davila", Psychiatry, Bucharest, Romania

³ CMI dr Mihailescu S. Cristian, Family Medicine, Bucharest, Romania

* Corresponding author.

Introduction Stress associated with medical education, correlated with symptoms of depression and anxiety, has been involved in generating academic performance problems and thus, long-term consequences, such as poor quality of medical care. If anxiety and depression are proved to influence quality of academic achievement, their prevention could lead to better outcomes also in the quality of medical care.

Objective The objective of the study was to analyze if anxiety and depression decrease academic performance in first and second year medical students.

Methods As a measure of anxiety and depression symptoms we used Zung Self-rating Anxiety score >36 , respectively Zung Self-rating Depression Scale score >40 , in the periods before the examination session, in the first semester (in no-stress conditions). As a measure of academic performance, we have obtained the average grade at the end of the academic year from 254 of the total population of 356 first and second year medical students. Statistical analyses were carried out with SPSS version 16 (Spearman correlations and logistic regression).

Results Academic performance decreases inversely in rapport of anxiety ($\rho=-0.144$, $P<0.05$) and depression ($\rho=-0.192$, $P<0.05$) scores in the period before the examination session. Also, depression in this period predicts low levels of academic performance with average grade in the inferior quarter (grades lower than 7.52) particularly in first year students, irrespective of gender ($\chi^2=8.922$, $P<0.01$, OR=0.928; IC 95%=0.864–0.997).

Conclusion These findings suggest the necessity of coming up with prophylactic methods to prevent anxiety and depression

especially in first year medical students, as these prove to be factors that impend academic performance.

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

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EW644

Grief cognitions and cognitive-emotional regulation associated with romantic breakup distress among college students

A. Mirsu-Paun

Bucharest, Romania

Introduction Individuals manage differently the experience of a romantic breakup [RB]. These differences may in part be related to the use of different cognitive-emotional regulation strategies [CERS]. Also, global negative beliefs and catastrophic misinterpretations regarding the RB may contribute to the emotional distress (Boelen and Reijntjes, 2009).

Objectives To explore the associations between CERS, grief cognitions related to RBs, and depression and suicidal ideation/behaviors in a sample of college students.

Aims To conduct regression analyses to predict depression, anxiety, hostility, and suicide behaviors from CERS and grief cognitions (as independent variables).

Methods Cross-sectional, self-report data was collected from 359 college students who experienced a RB. The assessments used were: Cognitive-Emotional Regulation Questionnaire- Short Form (Garnefski et al., 2002); the Grief Cognitions Questionnaire adjusted to grief after RBs (Boelen et al., 2003); the subscales of Depression, Anxiety, and Hostility of the Counseling Center Assessment of Psychological Symptoms-62; and the Suicide Behaviors Questionnaire-Revised, Osman et al., 2001).

Results Past suicide thoughts or attempts were predicted by Other-Blame; self-reported likelihood of future suicide attempt was predicted by Self-Blame, Other-Blame, and Positive Reappraisal, Grief Cognitions-Future, and Grief Cognitions-Appropriateness. Depression was predicted by all cognitive-emotional regulation subscales except Acceptance and Perspective, and by RB grief cognitions (self, future, self-blame, others, and perceived appropriateness of own grief reaction).

Conclusions Clinical assessment to evaluate at-risk young adults after RBs could incorporate evaluations of cognitions regarding the RB and self-blaming, appropriateness of one's own grief reaction, and thoughts about the future.

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

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EW645

SOMA Score, cardiovascular risk screening tool for psychiatric patients

M. Páv^{1,*}, M. Hollý¹, M. Cendelinová¹, J. Gojda², J. Polák³

¹ Psychiatric hospital Bohnice, Psychiatry, Prague 9, Czech Republic

² Hospital Royal Vinohrady-II, interní klinika, internal medicine, Prague, Czech Republic

³ Hospital Royal Vinohrady-II, interní klinika, internal medicine, Prague, Czech Republic

* Corresponding author.

Introduction Life expectancy of patients with severe mental illness (SMI) is two decades shorter than that of general population. The most important cause of death are cardiovascular diseases (CVD).

Objectives There is a need for CVD risk screening tools development and validation in the context of the Czech Republic.

Aims Methodological approach to a CVD risk screening, risk stratification and specific life-style interventions development is presented. In a context of the psychiatric hospital with c. 7000 admissions per year.

Methods There are no concise data on CVD risk of psychiatric patients in the Czech Republic so cross-sectional analysis of one day hospitalized patients was performed.

Results A sample of 1056 pts. was obtained. Database allowed extraction data on CVD risk factors (RF): diagnosis, age, sex, BMI and blood pressure (BP). The most common diagnosis were F20 and F10. Multicriterial analysis according to diagnosis (frequency of highest BMI and BP) showed the worst results in the F20 followed by F10 group. Would we define the CVD RF as BMI ≥ 30 , age ≥ 65 , sBP ≥ 140 , dBP ≥ 90 , then no RF is present in 368, one in 238, two in 191, three in 92 and four RF in 33 pts. Two step screening protocol was developed – SOMA score. Variables and cut-offs for positivity were set based on the results.

Conclusion Methodological process of SOMA score screening is presented as well as consecutive health care interventions.

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

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EW646

Emotional state in employed caregivers of frail elderly relatives

M. Crespo^{1,*}, A.T. Piccini¹, R. Cáceres², R.P. María³

¹ Complutense University, Clinical Psychology, Madrid, Spain

² State Reference Care Centre of people with Alzheimer's disease and other dementias IMSERSO, Psychology department, Salamanca, Spain

³ Alzheimer Association of Zamora, Psychology department, Zamora, Spain

* Corresponding author.

Introduction Research has long suggested that care giving can be a stressful role that adversely affects physical and mental well-being of those who provided care. The effects of combining work and care giving can be negative and may have different outcomes on caregivers.

Objectives This study examined the effects of gender, kinship and work-related experiences on the emotional state of employed caregivers.

Aim This study allows us to gain a better understanding of the influence of gender and kinship on the emotional state of working caregivers.

Method We have carried out a cross sectional study on 81 employed caregivers of elderly dependent. Using multivariate analysis of covariance ($2 \times 2 \times 2$ MANCOVA), we examined the main and interaction effects of gender (male vs. female), kinship (spouses vs. adult children), and two types of work-related experiences (work-caregiving conflict and positive work experience; both of them with two levels: high vs. low) on burden, depression, negative and positive affect, and role overload.

Results We found that women caregivers in this study experience higher levels of burden, negative affect, and role overload than their men counterparts. However, in the case of kinship, this variable has not been shown to be related to a worse emotional state on employed caregivers. Higher levels of work-caregiving conflict were associated with greater emotional distress in caregivers. Regarding to positive work experiences, significant differences were only found in positive affect.

Conclusion These findings suggest that gender is a central factor that influences emotional distress in employed caregivers in the two types of work-related experiences.

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

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EW647

Kynurenine pathway metabolites and suicide attempters among psychiatric inpatients: Preliminary results



M. Pompili^{1,*}, D. Erbuto², A. Forte², F. Montebovi², L. Lionetto², P. Girardi²

¹ Rome, Italy

² Sapienza University of Rome, Department of Neurosciences-Mental Health and Sensory Organs, Rome, Italy

* Corresponding author.

Introduction Increased concentrations of kynurenine (KYN) pathway metabolites have been associated to several groups of psychiatric disorders. As for suicide risk literature is still inconclusive due to the limited evidence.

Objectives to test the hypothesis of Increased concentrations of kynurenine as related to suicide attempter.

Aims We aim to investigate the association between kynurenine pathway metabolites blood levels and suicidal behaviour, in affective disorder patients, in order to explore if kynurenine pathway metabolites could be potential diagnostic biomarkers.

Sample We enrolled a sample of affective disorder patients and perform detailed diagnoses, as well as detailed assessment of suicidal behaviour using validated questionnaires. We also aim to follow-up individuals included in the current study.

Methods Plasma KYN was assayed by high performance liquid chromatography in three groups: healthy volunteers ($n=90$), patients with mood disorders with a recent suicide attempt ($n=44$) and without ($n=44$) history of suicide attempt. Analysis of variance tested for group differences in KYN levels. Each was evaluated with psychometric scales. Patients were sampled for 10 cc of venous blood for assay. The preparation of blood samples and assay was processed by a specialist using high performance liquid chromatography-tandem mass spectrometry (HPLC-MS/MS).

Results Preliminary results will be presented as to shed light if KYN levels differed across groups. According to preliminary calculations we expect that KYN is higher in suicide attempters compared with non-attempters, who did not differ from healthy volunteers.

Conclusions Our work-in-progress study suggests that KYN and related molecular pathways may be implicated in the precipitation of suicidal behavior.

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

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EW648

The psychiatry recruitment crisis across Europe: Evaluation by the European Federation of psychiatric trainees



H. Ryland^{1,*}, F. Baessler², M. Casanova Dias³, L. De Picker⁴, M. Pinto Da Costa⁵, A. Kanellopoulos⁶, E. Sonmez⁷, P. Alfimov⁸, D. Sebbane⁹, S.M. Birkle¹⁰

¹ West London Mental Health Trust, Broadmoor Hospital, London, United Kingdom

² University of Heidelberg, Department of Psychiatry, Heidelberg, Germany

³ Camden and Islington NHS Foundation Trust, General Adult Psychiatry, London, United Kingdom

⁴ University of Antwerp, Collaborative Antwerp Psychiatric Research Institute, Antwerp, Belgium

⁵ University of Porto, Hospital de Magalhães Lemos, Porto, Portugal

⁶ National & Kapodistrian University of Athens, Evgenidion Therapeftirion, Athens, Greece

⁷ Marmara University, Department of Psychiatry, Istanbul, Turkey

⁸ Moscow Research Institute of Psychiatry, Department of Psychiatry, Moscow, Russia

⁹ University of Lille, Lille, France

¹⁰ Ruhr-University Bochum, LWL-University Hospital for Child and Adolescent Psychiatry, Hamm, Germany

* Corresponding author.

Introduction Recruitment of medical students and junior doctors in to psychiatry is a long-standing concern in many countries, with low proportions of medical graduates choosing it as a specialty and ongoing stigma from within the medical profession. In some countries the reverse problem is the case, with too many doctors wishing to enter psychiatry, and insufficient training places available.

Objectives To understand the current situation within Europe with regards to recruitment in to psychiatry and to identify existing recruitment initiatives.

Methods The European Federation of Psychiatric Trainees conducts an annual survey of all member organisations. A delegate of each national association of psychiatric trainees is asked to identify if their country has a problem with recruitment and if so, whether there were too many or too few applicants for training places. Delegates from countries with recruitment initiatives were contacted to provide further details.

Results In 2014, a total of 31 countries completed the survey, with 17 stating that too few medical practitioners choose psychiatry. In total 8 countries with recruitment problems reported that initiatives exist to encourage doctors to enter psychiatric training. Of these, 7 responded to describe the initiatives, which included national recruitment strategies, financial incentives, careers fairs, mentoring schemes and a whole host of other projects.

Conclusions Recruitment in to psychiatry remains a serious problem in a significant proportion of European countries, but a wide range of initiatives exist which aim to combat this shortfall. It will be important over the coming years to establish which initiatives are most effective at increasing recruitment.

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

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EW649

Study of the sexual dysfunction secondary to antidepressants in animal models



Y. Santana Hernández^{1,*}, M.V. Redondo Vega¹, E. Zamora Gracia¹, A.L. Montejo Gonzalez¹, J.L. Blázquez Arroyo², G. Llorca Ramón¹

¹ Universidad de Salamanca, Psiquiatría, Salamanca, Spain

² Universidad de Salamanca, Anatomía e histología humanas, Salamanca, Spain

* Corresponding author.

Introduction Sexual dysfunction is a very important problem in western countries. One of the causes is the treatment with antidepressants; most of the currently available produce sexual dysfunction in men and women (lower libido, anorgasmia, etc.).

Objective Comparing the nervous system of the animals we expect to find differences to explain the biological substratum of the sexual dysfunction that produce the selective serotonin reuptake inhibitors.

Method Twenty Wistar rats; approximate weight 150 g. It is divided into 4 groups: 2 experimental (paroxetine and agomelatina mouth) and 2 controls. There is a daily conduct. Weighing at the beginning of the study, 14 and 28 days. Is performed sacrifice by decapitation, is extracted from the brain and after fixing paraffin cuts are carried out for their subsequent staining

(immunohistochemistry) with their corresponding murine antibody and viewing through optical microscope.

Results Lower immunoreactivity with the antibody anti-TH in the animals treated with paroxetine, at all levels of the dopaminergic activity (tracks mesolimbica, cortical circuit, nigrostriatal pathway and tubero-infundibular). This decrease is reaffirmed after the statistical treatment of data.

Conclusions Treatment with paroxetine in animal models causes a depletion of the dopaminergic system that can be one of the biological bases of sexual dysfunction, altering the reward mechanisms as well as producing hyperprolactinemia.

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

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EW650

Protective effect of curcumin on diazepam-induced behavioral changes and oxidative stress in rats

A. Sevastre-Berghian^{1,*}, V. Făgărășan¹, N. Decea¹, R. Moldovan¹, B. Sevastre², M. Tăulescu³, A.G. Filip¹

¹ University of Medicine and Pharmacy "Iuliu Hatieganu", Physiology, Cluj-Napoca, Romania

² University of Agricultural Science and Veterinary Medicine, Faculty of Veterinary Medicine, Pathophysiology, Cluj-Napoca, Romania

³ University of Agricultural Science and Veterinary Medicine, Faculty of Veterinary Medicine, Morphopathology, Cluj-Napoca, Romania

* Corresponding author.

Introduction Curcumin (CUR), a polyphenolic compound, extracted from *Curcuma longa*, is known for its neuroprotective, antioxidant and anti-inflammatory effects.

Objectives To evaluate the effect of CUR on ambulatory activity, spatial working memory and on oxidative stress in rats induced by Diazepam (DZP) administration.

Aims To analyze whether CUR may improve the cognitive performance and offer systemic protection from oxidative stress.

Methods The effect of CUR on DZP-induced memory impairment and oxidative stress was studied on Wistar rats. Group I received a vehicle, group II – vehicle and CUR, group III – vehicle and DZP, group IV – vehicle, CUR and DZP. CUR (150 mg/kg bw) and vehicle were orally administered for five weeks long. DZP (2 mg/kg bw) was administered i.p. 20 minutes before the behavioral tests. Behavioral tests, i.e. Open Field and Y Maze Test, were performed. Malondialdehyde and reduced glutathione/oxidized glutathione ratio were determined in the serum and brain tissue homogenate. Hippocampal sections were histologically assessed. The data were statistically analyzed by one-way ANOVA, followed by Dunns post-test.

Results DZP decreased ($P < 0.01$) the number of spontaneous alternations, as compared to control group, thus suggesting an impairment of spatial working memory. Behavioral tests revealed no enhancing effect of CUR on spontaneous alternation behaviors in Y Maze. CUR reversed ($P < 0.01$) the inhibitory effect of diazepam ($P < 0.05$) on the ambulatory activity in OFT and decreased the lipid peroxidation in the serum ($P < 0.05$).

Conclusions The results show that CUR may offer systemic protection from oxidative stress, thus improving the cognitive performance.

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

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EW651

Right prefrontal deep TMS effects on attention symptoms: Behavioral outcomes and electrophysiological correlates

H. Shahar^{1,*}, U. Alyagon², A. Lazarovits², A. Hadar², D. Cohen², H. Shalev², A. Zangen²

¹ Ben-Gurion University of the Negev, Sede Boqer, Israel

² Ben-Gurion University of the Negev, Life sciences, Sede Boqer, Israel

* Corresponding author.

Introduction The validated treatment for ADHD is chronic administration of psychostimulants, which is associated with side effects and occasionally not tolerated. Deep TMS using special coil designs for targeting neural networks linked with ADHD, may become a potential alternative.

Objectives Comparison of rTMS treatment using deep, figure-8 and sham coils on ADHD symptoms.

Methods In the current randomized, sham-controlled study, adult ADHD patients ($n = 30$) received 15 daily sessions of high-frequency rTMS directed to the right PFC, using either deep, figure-8, or a sham coil. ADHD symptoms and cognitive alterations were assessed using the CAARS-INV, self-report questionnaires and performance tests. Additionally, the stop signal task (SST) combined with EEG measures was used to assess behavioural inhibition and ERPs. EEG responses to an inhibitory protocol of paired TMS pulses over the rPFC were measured before and after treatments. A healthy control group was evaluated at baseline for comparison ($n = 39$).

Results dTMS treated patients (but not standard figure-8 or sham) showed improvement of ADHD symptoms. Differences between ADHD patients and healthy controls were demonstrated in N200 and P300 components of ERP during the SST, and in response to single and paired TMS pulses. The amplitudes of ERPs in patients correlated with ADHD symptoms and behavioural inhibition measures. Neurophysiological measures were found to serve as predictors for effectiveness of dTMS treatment.

Conclusions Repeated stimulation of deep areas in the rPFC has therapeutic potential in ADHD patients. Ongoing analysis attempts to evaluate the extent of these findings and establish biomarkers for treatment efficacy.

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

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EW652

The F-Multidimensional Perfectionism Scale-18 (FMSP-18): Internal consistency, construct, concurrent and divergent validity

M.J. Soares^{1,*}, A.T. Pereira¹, A. Araújo¹, D. Silva¹, A.P. Amaral², J. Valente¹, N. Madeira¹, M. Bajouco¹, A. Macedo¹

¹ Faculty of Medicine, University of Coimbra, Department of Psychological Medicine, Coimbra, Portugal

² Institute Polytechnic of Coimbra, College of Health Technologies, Coimbra, Portugal

* Corresponding author.

Introduction The FMPS is a 35-item self-report questionnaire to measure perfectionism. It evaluates: concern over mistakes/CM, doubts about actions/DA, parental criticism/PC and expectations/PE, personal standards/PS and organization/O.

Objectives To develop a shortened version of FMPS and study its internal consistency, the construct, concurrent and divergent validity.

Methods One hundred and ninety-two university students (78.1% females), aged 19.74 years ($sd = 2.10$) completed the



Portuguese versions of the: FMPS, Hewitt and Flett MPS/H&FMPS, Life Orientation Test Revised/LOT-R, State-Trait Anxiety Inventory/STAI, and Profile of Mood States/POMS.

Results Correlations between each item and corrected FMPS total scores/corrected total subscales scores were ≥ 0.20 for the items 13, 15, 25, 31, 35 and 10, 2, 25, and 26, respectively. The internal consistency of FMPS was high ($\alpha: .857$) with 32 items contributing for this consistency (exceptions: 13, 25 and 31). The principal component analysis of the 35 items with factors varimax rotation was performed. The three items with higher loading in each factor that also contributed to the FMPS reliability were selected for the FMPS shortened version (FMPS-18). The principal component analysis of the 18 items with factors varimax rotation showed that six factors explained 74.6% of FMPS-18 total variance. These factors revealed adequate internal consistency ($\alpha: O = 0.740$; $PC = 0.859$; $PE = 0.847$; $PS = 0.726$; $CM = 0.740$; $DA = 0.832$; $total = 0.768$). Convergent correlations between FMPS and the matched FMPS-18 scores were 0.839 to 0.971 (all $P < .01$). Correlations of the FMPS-18 and FMPS with H&F-MPS, STAI, LOT-R and NA/PA scores were of similar significance and valence.

Conclusion FMPS-18 is a brief, reliable and valid instrument to measure perfectionism.

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

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EW653

The H&F-Multidimensional Perfectionism Scale 13 (H&F-MSP13): Construct and convergent validity



M.J. Soares*, A.T. Pereira, A. Araújo, D. Silva, J. Valente, V. Nogueira, C. Roque, A. Macedo

Faculty of Medicine, University of Coimbra, Department of Psychological Medicine, Coimbra, Portugal

* Corresponding author.

Introduction The Hewitt and Flett Multidimensional Perfectionism Scale (H&F-MPS) is one of the most used measures of perfectionism. Their 45-items evaluate self-Oriented (SOP), Self-Prescribed (SPP), and Other Oriented (OOP) perfectionism.

Objectives To study the internal consistency and convergent validity of the H&F-MSP13.

Methods One hundred and ninety-two university students (78.1% females), aged 19.74 years ($sd = 2.10$; range: 17–28) completed the Portuguese versions of H&F-MPS (Soares et al., 2003) and of Frost et al. MPS (F-MPS) (Amaral et al., 2013). Thirteen items were selected from the Portuguese version of the H&F-MPS, based on their loading in the factor (0.60 and over) (Soares et al., 2003).

Results The H&FMPS13 revealed good internal consistency ($\alpha = 0.816$). The corrected item-total subscale Spearman's correlations were high (from 0.418 to 0.820). The principal component analysis with factors varimax rotation produced three factors, which revealed acceptable/good internal consistency (SOP: explained variance/EV = 35.4%, $\alpha = .900$; SPP: EV = 16.3%, $\alpha = 0.695$; OOP: EV = 10.8%, $\alpha = 0.709$). The correlations between the H&F-MSP13 scores and the matching scores of the H&F-MPS were high (from $r = 0.745$ to $r = 0.945$, all $P < .01$), suggesting that both scales measure similarly the constructs. The H&F-MSP13 and the H&F-MPS total scores demonstrate good convergent validity with the total score of F-MPS, as indicated by the correlations ($r = 0.581/r = 0.636$, respectively). The correlations similarities between the H&F-MSP13 and H&F-MSP dimensions and the F-MPS dimensions and total scores were also considerable.

Conclusions The H&F-MSP13 is a valid instrument to measure perfectionism that reveals convergent validity with the F-MPS, retaining the adequate psychometric properties of the H&F-MPS and its administration is less time consuming.

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

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EW654

Impact of psychotic symptoms in functionality and quality of life of major depression patients in maintenance/continuation electroconvulsive therapy (M/C ECT)



A. Tarelho^{1,*}, A. De Arriba Arnau², M. Robles Martínez³, M. Sarachaga Urretavizcaya², V. Soria Tomás², J.M. Menchón Magriñá², N. Salvat Pujol²

¹ Centro Hospitalar de Leiria, EPE, Psychiatry service, Leiria, Portugal

² Bellvitge University Hospital, Psychiatry Department, Barcelona, Spain

³ Hospital Universitario Puerta del Mar, Psychiatry, Cádiz, Spain

* Corresponding author.

Introduction Psychotic depression has a higher rate of disability and relapse than non psychotic depression, however the optimal maintenance treatment after an acute response to either the antidepressant/antipsychotic combination or an ECT course is unclear (Rothschild, 2013). Although ECT is an effective therapy in affective disorders and M/C ECT is used to achieve and maintain patient's stability (Brown, 2014), very little is known about its implications in functionality or quality of life.

Objectives To study the relation between psychotic symptoms and functionality and quality of life in patients with Major Depressive Disorder (MDD) undergoing M/C ECT.

Methodology Transversal descriptive study of a sample of 17 MDD patients in M/C ECT. Administration of SF-36 (quality of life related to health), FAQ (functionality), Family APGAR, MMSE, GAF, HDRS. Informed consent. Statistical analysis with SPSS18.

Results The mean age of the sample was 72.47 years, 58.8% presented with psychotic symptoms and 41.2% with melancholic symptoms. We only found a statistically significant negative correlation between the Family APGAR and the presence of psychotic symptoms ($U = -2.291$, $P = 0.025$), without other differences in terms of functionality or quality of life.

Conclusions This study supports that there is no implication in the presence of psychotic symptoms regarding functionality or quality of life among the patients undergoing M/C ECT. We emphasize the need for randomized control trials to disentangle the effects of multiple variables on the functionality and quality of life of patients in M/C ECT.

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

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EW655

A novel, disease-specific clinical global impression scale (CGI) in Down syndrome



B. Rothman

ProPhase LLC, Science, New York City, USA

Background The CGI receives criticism due to its ambiguous scoring criteria, unstable reliability, and because CGI ratings may be too general to provide meaningful information about patient status or treatment response. This is problematic in studies of neurodevelopmental disorders such as Down syndrome (DS) that violate key assumptions underlying the CGI (i.e., that the disease is potentially reversible) and are highly variable in observed impairments. In DS, the CGI requires a higher level of standardization. This study examined the psychometric properties of a novel standardized CGI

scoring system for use in phase 2/3 clinical trials with DS populations.

Methods Impairment in functional and adaptive behaviors in DS – “speech”, “activities of daily living”, “social functioning” and “non-compliance” – were proposed as anchors for assessment in determining a global score of severity and improvement/deterioration. In a non-intervention study among individuals with DS ($n=90$, M age = 18.23, SD = 23.27), the CGI was conducted with the ADAMS, CELF-2, CELF-4, BRIEF-P and VABS-II. Descriptive and comparative analyses were performed.

Results At screening, the CGI-S speech, social functioning, and non-compliant domains correlated positively with ADAMS Social avoidance ($r=0.400$, 0.272 and 0.294 , respectively) supporting construct validity. The CELF negatively correlated with CGI-S Speech ($r=-0.469$, $P=0.037$). The CGI-I correlated negatively with the VABS-II at Day 1, W4 and W24.

Conclusions The CGI developed for Down syndrome (DS) is a valid clinical outcome measure. It offers a number of advantages including established utility in clinical research, sensitivity to change, and consistency with neurocognitive measures in DS.

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

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EW656

Are there clinical and care differences in real care intensity among patients in general hospitals suffering from psychiatric comorbidity?



J. Valdes-Stauber^{1,*}, S. Bachthaler²

¹ Zentrum für Psychiatrie Südwürttemberg, Psychosomatic Medicine, Ravensburg, Germany

² Zentrum für Psychiatrie Südwürttemberg Germany, Head Physician, Psychosomatics, Ravensburg, Germany

* Corresponding author.

Background According to literature, about 30–40% of individuals admitted in general hospitals suffer from psychiatric comorbidity. Consultation-liaison services (CLS) cover internationally 1–10% of admissions and are able to improve care quality, treatment adherence and to reduce length of stay.

Objectives To assess possible clinical and care differences between individuals with and without psychiatric comorbidity as well as differences among principal diagnostic groups.

Aims To find out, whether individuals suffering from specific psychiatric diagnoses show a higher degree of care needs held by a CLS.

Method Retrospective, ethical approved full-survey assessment ($n=2940$) over three years (2012–2014). ICD-10 diagnoses, clinical factors and care variables were considered. Group differences were calculated by means of chi-square and ANOVA as well as Scheffé post-hoc estimation. Associations were conducted by means of multivariate regression as well as logistic regression models.

Results Individuals suffering from psychiatric comorbidity (48% of sample) were seldom primarily oncologic patients (30%), they showed more distress (DT=6.5), more performance limitations (ECOG=1.38), and less functionality (GAF=59.6). They received more contacts by CLS (1.95), more cumulative treatment time (89.7 min), and more psychopharmacological interventions (30.6%). People suffering from recurrent depressive and somatoform disorders received much more contacts and treatment time than other diagnostic groups. Age was negatively associated with care intensity.

Conclusions CLS services are able to offer differentiated psychiatric care depending on diagnoses. Individuals suffering from classical psychiatric disorders received rather treatment as usual, oncologic patients more psychotherapeutic interventions.

Depressive as well as somatoform patients seem to need more time and personal resources.

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

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EW657

Psychopathology, temperament and suicide risk in adolescence: The role of early traumatic experience



P. Venturini^{1,*}, F. Fagioli², L. Sapienza¹, T. Boldrini^{2,3}, E. Bonaccorsi², D. Erbuto¹, F. Montebovi¹, P. Girardi¹, M. Pompili¹

¹ Department of Neurosciences, Mental Health and Sensory Functions, Suicide Prevention Center, Sant'Andrea Hospital, Sapienza University of Rome, Rome, Italy

² Department of Mental Health, Rome E Health Trust. Adolescents Department Via Plinio 31, Rome, Italy

³ Department of Dynamic and Clinical Psychology. Sapienza University of Rome, Rome, Italy

* Corresponding author.

Introduction Previous researches showed that adolescents are at high risk of suicide. Suicide is a trans-nosographic phenomenon regardless of psychiatric diagnosis. Trauma is an important risk factor for suicide and young help-seeking patients usually refer traumatic experiences, especially during childhood.

Objectives The objective of this study is to assess the relationship between traumatic experience and suicide risk comparing adolescents with suicide risk with adolescents without suicide risk.

Aims To investigate correlations between trauma, psychopathology and suicide risk in a sample of young help-seeking outpatients.

Methods We recruited 99 outpatients aged between 14 and 21 years admitted to department for prevention and early intervention in adolescence of Rome. We administered psychometric instruments exploring suicide risk (SHSS, BHS), prodromal (SIPS/SOPS), affective and anxious symptoms (HAM-A, HAM-D, MRS), child abuse (CTQ) and experiences of depersonalization (CDS).

Results Sample is composed of 31 men and 68 women. A total of 34.3% had mood disorder. A total of 28.3% reported history of emotional neglect, 20.2% emotional abuse, 9.15% sexual abuse, 5.1% physical neglect, 9.1% sexual abuse, 4% physical abuse. More than 30% of patients were at increased suicide risk. Depressive, irritable, anxious and cyclothymic temperament was associated with suicide risk. Patients with suicide risk had higher score at HAM-D ($t_{63}=2.65$; $P=0.01$), CDS ($t_{63}=2.77$; $P=0.007$), in CTQ ($t_{63}=3.20$; $P=0.002$) and BHS ($t_{63}=3.23$; $P=0.002$).

Conclusions Adolescents with suicide risk, compared with those without, reported more frequently early traumatic experiences and psychiatric symptoms. Early traumatic experiences constitute a risk factor for both suicide risk and psychiatric symptoms during adolescence.

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

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EW658

Sexual well-being among a cross-national sample of older adults



S. von Humboldt*, I. Leal, A. Monteiro

ISPA-Instituto Universitário, William James Research Center, Lisbon, Portugal

* Corresponding author.

Introduction Sexual well-being (SWB) has been an ignored dimension that may contribute to successful aging.

Objectives To analyze SWB in older adults' perspective, to investigate the latent constructs that can work as major determinants in SWB and to examine the potential explanatory mechanisms of a SWB overall model, in an older cross-national sample.

Methods Measures were completed, using a variety of appropriate methods, including demographics and interviews. Complete data were available for 163 older adults aged between 65–97 years ($M = 74.2$; $SD = 4.743$). Data were subjected to content analysis. Representation of the associations and latent constructs were analyzed by a multiple correspondence analysis (MCA).

Results The most prevalent response of the interviewed participants for SWB was 'affection and care' (11.0%). A three-dimension model formed by 'intimacy and well-being', 'care, eroticism and desire', and 'sexual activity and health' was presented as a best-fit solution for German older adults. SWB for Portuguese older adults were explained by a three-factor model: 'intimacy, health and desire', 'affection and well-being' and 'sexual activity'.

Conclusions The outcomes presented in this paper emphasized the need to explore the indicators of SWB among older adults and the under-developed potential of a SWB overall model for the older population.

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

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EW659

What predicts adjustment to aging among older women in breast cancer remission? The influence of subjective well-being, sense of coherence, and socio-demographic, lifestyle and health-related factors



S. von Humboldt*, I. Leal, F. Carneiro

ISPA-Instituto Universitário, William James Research Center, Lisbon, Portugal

* Corresponding author.

Objectives To build a structural model to explore the predictors of adjustment to aging (AtA) reported by older women in breast cancer remission.

Methods Older women in breast cancer remission ($n = 214$) aged between 75 and 94 years participated in this study. A questionnaire to determine socio-demographic (age, income, professional and marital status, education, household, living setting and self-reported spirituality), lifestyle and health-related characteristics (physical activity, leisure, perceived health, recent disease and medication), and measures to assess AtA, sense of coherence and subjective well-being, were employed. Structural equation modeling was used to explore a structural model of the self-reported AtA, encompassing all variables.

Results Preliminary results indicated that self-reported spirituality ($\beta = .397$; $P < .001$), leisure ($\beta = .383$; $P < .001$), physical activity ($\beta = .267$; $P < .001$), perceived health ($\beta = .211$; $P < .001$), marital status ($\beta = .173$; $P < .001$), professional status ($\beta = .156$; $P = .009$), sense of coherence ($\beta = .138$; $P < .001$), and living setting ($\beta = .129$; $P = .007$), predicted AtA. The variables accounted for 79.2% of the variability of AtA.

Conclusion Self-reported spirituality and leisure were the strongest predictors of AtA. Our preliminary findings suggest that health care interventions with older women in breast cancer remission still living in the community may benefit from clearly including predictors of AtA, as these are essential for promoting older women's aging well.

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

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EW660

Analysing correlates for the younger-old and the oldest-old: Adjustment to aging



S. von Humboldt^{1,*}, I. Leal²

¹ ISPA-Instituto Universitário, Lisbon, Portugal

² ISPA, Instituto Universitário, William James Research Center, Lisbon, Portugal

* Corresponding author.

Introduction Diverse factors may predict the adjustment to aging (AtA) of the younger-old and oldest-old adults'.

Objectives To build a structural model for exploring whether socio-demographic, health and lifestyle-related variables are predictors of AtA for both groups.

Methods Research encompassed a community-dwelling sample, of 447 older adults aged 75 years and above ($M = 86.27$; $SD = 6.78$; range 75–100). Measures included demographics (sex, marital status, education, household, adult children, family's annual income, and self-reported spirituality), lifestyle and health-related characteristics (perceived health, recent disease, physical activity and leisure), and the Adjustment to Aging Scale. Structural equation modeling was used to investigate a structural model of the self-reported AtA, encompassing all the above variables.

Results Significant predictors for the younger-old are perceived health ($\beta = .425$; $P < .001$), leisure ($\beta = .324$; $P < .001$), professional status ($\beta = .243$; $P < .001$). Significant predictors for the oldest-old are self-reported spirituality ($\beta = .816$; $P < .001$), perceived health ($\beta = .232$; $P < .001$), and income ($\beta = .233$; $P = .035$). The variables explained respectively 64.5% and 61.6% of the variability of AtA, respectively.

Conclusions Perceived health is the strongest predictor of AtA for the younger-old participants whilst self-reported spirituality is the strongest predictor of AtA for the oldest-old adults.

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

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EW661

The orientation to life questionnaire: Assessing older adults' sense of coherence



S. von Humboldt^{1,*}, I. Leal²

¹ ISPA-Instituto Universitário, Lisbon, Portugal

² ISPA-Instituto Universitário, William James Research Center, Lisbon, Portugal

* Corresponding author.

Introduction Growing literature suggests that the sense of coherence (SOC) positively influences well-being in later life.

Objectives This study reports the assessment the following psychometric properties: distributional properties, construct, criterion and external-related validities, and reliability, of the Orientation to Life Questionnaire (OtLQ) in a cross-national population of older adults.

Methods We recruited 1291 community-dwelling older adults aged between 75–102 years ($M = 83.9$; $SD = 6.68$). Convenience sampling was used to gather questionnaire data. The construct validity was asserted by confirmatory factor analysis, convergent and discriminant validity. Moreover, criterion and external-related validities, as well as distributional properties and reliability were also tested.

Results Data gathered with the 29-items OtLQ scale showed overall good psychometric properties, in terms of distributional properties, construct, criterion and external-related validities, as well as reliability. Three factors were validated for the OtLQ scale: (a) comprehensibility; (b) manageability; and (c) meaningfulness.

Conclusion We validated the 3-factor OtLQ scale, which produced valid and reliable data for a cross-national sample with older adults. Hence, it is an adequate instrument for assessing sense of coherence among older people in health care practice and program development contexts.

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

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EW662

The effect of Qing Huan Ling combined risperidone on the open field behavior of schizophrenic mice model

Y. Zhang*, F. Liu, Z. Dai, B. Wu, Q. Wu
Xi'an Mental Health Center, Pharmacy Lab, China

* Corresponding author.

Objective To observe the effect of Qing Huan Ling and (or) risperidone on locomotor activity and explorative behavior of schizophrenia mice model by open field test.



Methods Seventy kunming mice were randomly divided into 5 groups, one group as blank group. The rest groups ip MK-801 continuously 14 day, then randomly numbered: model group, risperidone group, Qing Huan Ling group and risperidone combined Qing Huan Ling group. Ig give corresponding drugs for each group 4 weeks, observe the change of locomotor activity and explorative behavior by open field test.

Results After Ig 4 weeks, compared with the blank group, there were no obvious difference in locomotor activity and explorative behavior between risperidone group, Qing Huan Ling group and the combined group. Compared with the model group, risperidone had statistics meaning in the repression of explorative behavior ($P < 0.05$), the combined group has statistics meaning in the repression of locomotor activity and explorative behavior (78.92 ± 36.18 m vs. 186.92 ± 41.08 m, $P < 0.01$).

Conclusion Qing Huan Ling regulate the central nervous system of schizophrenia mice model; when combined with risperidone, it restrain the central nervous system of schizophrenia mice model and the effect is stronger than risperidone alone.

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

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Addictive behaviours

EV01

Efficacy of nalmefene in a sample of patients with alcohol dependence

J.A. Aguado Mañas^{1,*}, O. Segurado²

¹ Centro Hospitalario Benito Menni, Psychiatry, Valladolid, Spain

² Hospital Universitario Rio Hortega, Psychiatry, Valladolid, Spain

* Corresponding author.



Introduction It is well known the high rate of alcohol abuse and dependence in Spain. Specifically, in Castilla and León as a wine region, the risk of developing alcoholism is 1 of 10 men and 1 of 15 women [1].

Objective The aim of the study is to assess the efficacy of nalmefene in reducing alcohol consumption and its complications, in a sample of patients with alcoholism.

Materials and methods It is an open, naturalistic, observational and descriptive study in a sample of 18 patients with alcohol dependence diagnosis.

We collected standard demographic variables, but also living alone, social support and work.

In addition, clinical variables as SD (standard drinks) per day, time of illness, concomitant diseases, number of admissions, periods of abstinence, abstinence longer duration, nalmefene doses and other treatments were collected. These variables were reassessed at first, 3th and 6th month.

Results In our sample the average profile is a man (75%) with an age of 46, who lives alone (68%), in urban area and with poor social support.

Average SD consumed at the beginning was 53, one month later was 26, after three months was 14 and 6 months later was 5, with a total abstinence rate of 65% at the end of the period. Logically there was also a dramatic reduction in somatic and social complications.

Conclusions Nalmefene is demonstrated as a useful drug in reducing alcohol consumption and its complications.

Nalmefene also proves to be effective for achieving complete alcohol abstinence starting with a reduction plan.

Reference not available.

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

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EV02

Prevalence rate, demographic and clinical predictors of substance use disorders in emergency room psychiatric patients of a tertiary hospital in Canada

V. Agyapong^{1,*}, M. Juhas²

¹ Department of Psychiatry, Fort McMurray, University of Alberta, Canada

² Department of Psychiatry, Edmonton, University of Alberta, Canada

* Corresponding author.



Background There is only a limited body of literature which has examined the factors which can predict the presence of substance use disorders (SUD) in psychiatric patients seeking emergency room (ER) treatment.

Objective To examine the factors that can predict the likelihood that a patient presenting to the emergency room and referred to the liaison psychiatric team will suffer from a SUD.

Methods Nineteen independent demographic and clinical factors from data assessment tools for 477 patients assessed by the liaison psychiatric team in the ER over 12 months were compiled and analysed using univariate analyses and logistic regression in SPSS (version 20).

Results The 12-month prevalence rate of all SUDs in our clinical sample was 24.7%. Patients who presented to the ER with a chief alcohol and/or drug related complaint (withdrawal or intoxication) were 142 times more likely to fulfill the diagnostic criteria for SUD compared to those who presented with non-SUD related complaints. Male patients or patients with forensic history were both three times more likely to suffer from SUD than female patients or patients with no forensic history, respectively.

Conclusion There is a high prevalence of SUDs among psychiatric patients assessed in the ER. In addition to targeting patients who present to the ER with an alcohol or drug withdrawal/intoxication for brief psycho-educational interventions and referrals to addiction treatment services, patients with forensic history and male patients should be targeted for SUD screening.

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

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EV03

A common mental health disorder. This topic choice ground of Pakistan and try clear the women and my country with others

M.N. Akhtar
Lahore, Pakistan



Depression: is a mood disorder that causes a persistent feeling of sadness and loss of interest.

Signs and symptoms of depression include:

- depression and women: rates of depression in women are twice as high as they are in men;
- depression in Pakistan: globally depression affects 20% of people while in Pakistan;
- helping a depressed person: if you know someone who is depressed, it affects you too;
- to help your friend or relative.

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

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EV04

Kleptomania – “it was just a small fragrance in a Chinese store. . .”

M. Almeida*, J. Ferreira
Centro Hospitalar Baixo Vouga, Departamento de Psiquiatria e Saúde Mental, Aveiro, Portugal
* Corresponding author.



Introduction The idea that some people may not be able to control their stealing impulses emerged in 1838, when Esquirol and Marc coined the term Kleptomanie. Although there are not many studies regarding this issue, becoming therefore difficult to establish epidemiological data, various clinical samples suggest a high prevalence of the disorder. As the problem most likely become chronic when left untreated, the diagnostic approach is very important.

Aims Literature review and discussion about kleptomania, regarding a case report.

Methods Clinical interviews and literature review in PUBMED database.

Results (case report) Female patient, 62 years, with history of Personality Disorder and Persistent Depressive Disorder, confesses in psychiatric appointment that she had been caught stealing. She says that she has this “addiction to steal” since childhood, always stealing cheap stuff, that she does not need, usually giving it away to other people. She has this behavior as she feels an unexpected and irresistible impulse to steal, with increasing anxiety, which relieves when action is consumed. Afterwards she experiences feelings of shame and guilt. The patient symptoms appear to get worse in depressive relapses.

Conclusions Regarding individual, family and social impact of kleptomania is essential to assess it and to treat it promptly. Most of the patients are ashamed of their behavior, so they may not self-report. There are few and controversial data concerning treatment, but it is widely accepted that co-morbidity with mood disorders or substance use disorders is common and may interfere with treatment.

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

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EV05

Methamphetamine as a risk factor for myopathy

A. Azhari
Mashhad University of Medical Sciences, Physical & Rehabilitation medicine, Mashhad, Iran



Introduction Cardiotoxic effects of methamphetamine have been proposed in many investigations, but the risk of striated muscles involvement among methamphetamine abusers is unknown.

Methods A case-control study has begun in our teaching hospital to examine the association between methamphetamine abuse and myopathy. The study population are adult clients who admit in the electrodiagnostic medicine clinic since January 2015 with complains of weakness. For each subject with myopathy, 2 controls without myopathy are randomly selected from the same population. Self-reported history of methamphetamine abuse is acceptable in both groups.

Results A total of 56 persons with myopathy and 112 controls have been identified, of whom 5 (9 percent) and 3 (3 percent) had history of methamphetamine abuse, respectively. Persons with history of methamphetamine abuse have about three times greater chance to develop myopathy (95% CI: 1.5–5.1) as compared with controls.

Conclusion There is a misconception among some workers that some illicit drugs such as psycho stimulants can improve their ability to work. In contrast, this study demonstrates that due to harmful effect on the muscles, methamphetamine could diminish the ability to work in long time.

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

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EV06

Rehabilitation for drug users in Moldova

A. Bandati
Republican Dispensary of Addictions, Outpatient department, Chisinau, Republic of Moldova



Rehabilitation center (RC) for drug users was inaugurated in 2007. Its aims are prophylactic assistance, advisory, medical and social adaptation of drug users with medical and social consequences generated by drug consumption.

RC's program includes several strategic objectives:

- psychological and social support;
- healing and maintaining long-term abstinence;
- social and professional integration;
- family integration and improving relations with others;
- formation of interests that contribute to healthy lifestyles.

Rehabilitation process lasts 2–4 months and includes several stages:

- the initial stage;
- basic or general step;
- the final stage.

Each phase integrates sub steps:

- adaptation;
 - active intervention or integration;
 - stabilization and keeping.
- Adaptation (2 weeks):
- examination and consulting;
 - familiarity with RC regime;
 - framing in rehabilitation activities;
 - motivation for behavior change training.

Integration or basic stage (2–12 weeks):

- integration to the activity of RC;
- psychotherapeutic activities;
- group activities;

- instructional and educational programs;
- revival of health;
- restoring and improving relationships with family and others;
- healthy living skills training (positive thinking).

The final stage:

- application of skills gained throughout the program;
- consolidation and implementation of skills and responsible behavior;
- obtaining of health conditions for further work and studies.

Mean year number of the RC's clients is 252 (± 10.5).

In terms of the rehabilitation potential with advanced grade were 176 people (48%), average potential – 165 persons (45%), and low potential – 26 people (7%) in 2014.

Providing of medical and psychosocial services, knowledge in drug addiction prevention denotes desired effect of RC's program.

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

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EV07

Elderly-study – treatment for alcohol problems among 60+



K. Andersen^{1,*}, M. Bogenschütz², G. Bühringer³, S. Behrendt³, B. Braun⁴, C. Lizarraga⁵, A.S. Nielsen⁶

¹ Institute of Clinical Research, University of Southern Denmark, Psychiatry, Odense, Denmark

² School of Medicine, New York University, Department of Psychiatry, New York, USA

³ Institute of Clinical Psychology and Psychotherapy, Technische, Addiction Research Unit, Dresden, Germany

⁴ Institut für Therapieforchung, IFT, Munich, Germany

⁵ Clinical Trials Network SW Node, UNM Center on Alcoholism, Substance Abuse and Addictions, Albuquerque, USA

⁶ Institute of Clinical Research, University of Southern Denmark, Unit of Clinical alcohol Research, Odense, Denmark

* Corresponding author.

Introduction The western societies have a rapidly aging population and an increasing number of elderly with alcohol use disorders. **Objective** The purpose of the elderly study is to develop and test an outpatient behavior therapy program for people with an alcohol use disorders.

Aim of this abstract To investigate the association between ages, gender, drinking pattern and psychology distress.

Method The study is a randomized study expected to enroll and treat 1000 participants aged 60+ years before April 2017; 200 in USA; 400 in Germany and 400 in Denmark. To be included in the study the participants have to fulfil the DSM-5 criteria for alcohol use disorder. All participants are examined at baseline, and at four follow up interviews. After the baseline interview all participants are randomized to Motivational Enhancement Therapy (MET); or MET followed by 8 weeks of counseling based on the Community Reinforcement Approach (CRA) with a module added to address problems relevant to elderly people.

Results The presentation will include baseline characteristics of the Danish participants including demographics, expectations to treatment, history of drinking in the last 90 days before baseline and their psychological distress. We have now enrolled 259 participants in the Danish database. We expect to present results from 320 patients.

Conclusion The data will present information about the profile of 60+ years' individuals seeking treatment for alcohol use disorder, and thereby provide knowledge about which characteristics that may be important when planning treatment for this age group.

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

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EV08

Cognitive functioning in alcoholic patients and efficiency of their correction with use of individualized therapy



N. Bokhan^{1,*}, A. Mandel², A. Abolonin², A. Peshkovskaya², I. Nazarova², I. Belokrylov³

¹ Mental Health Research Institute, Administration, Tomsk, Russia

² Mental Health Research Institute, Addictive States Department, Tomsk, Russia

³ Mental Health Research Institute, Affective States Department, Tomsk, Russia

* Corresponding author.

Objective To assess severity of cognitive disturbances during use of individualized therapy.

Materials and methods Study sample included 40 men with diagnosis of alcohol dependence in the period of remission formation. Methods of pictograms, “ten words”, techniques “analogs”, “number square”, “index of functional flexibility of nervous processes” were applied. Measurement was conducted before and after individualized therapy. Depending on structure of cognitive disturbances the individualized therapy included the following: pharmacotherapy, audiovisual, vibrotactile, oxygen-hyperthermic, resonance-acoustic and psychotherapeutic interventions.

Results Assessment of drawings of the method of pictograms before and after individualized therapy testifies to increase of number of adequate associations in 36.4% of cases, decrease of inadequate symbolic in average from 1.91 scores to 1.77. After therapy part of graphic phenomena-indicators of organic diseases (in 63.64% of patients) and index of severity of organic graphic symptom complex (from 2.14 ± 1.04 to 1.43 ± 0.98 , differences are reliable at $P < 0.05$) decreased. A set of associations was widened, number of abstractions of high level increased in 31.82% of cases. It was revealed that abilities to generalize and abstract did not change after therapy. Average productivity of mediated remembering after therapy increased from 58.08% to 71.67%. Increase of volume of attention and its switchover capability, increase of average index of functional flexibility of nervous processes from 1.19 ± 0.26 to 1.62 ± 0.16 (differences are reliable at $P < 0.05$) were revealed.

Thus, administered with account for structure of disorders individualized therapy allows significant improvement of cognitive functions of alcoholic patients.

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

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EV09

Toxic role in schizophrenia: A review by a clinical case



M. Canseco Navarro^{*}, A. Peña Serrano, J.M. Hernández Sánchez, M. Cancino Botello, F. Molina López, M. Machado Vera

Consorcio Hospital General Universitario, Conselleria de Sanitat, Valencia, Spain

* Corresponding author.

Introduction Often find it difficult diagnostic approach to patients with symptoms that could correspond to several clinical entities. This requires making a correct differential diagnosis to enable a better understanding and addressing the disease in an individualized way.

Objective Describe pathogenetic factors of paranoid schizophrenia highlighting their relationship with drug consumption.

Methods Review of the clinical history of a patient admitted to acute ward of the Hospital General Universitario of Valencia.

Results A case of a 30-year-old man, whose income is motivated by persistent and structured autolytic ideation occurs. It presents positive symptoms for several years and amotivational

syndrome ago. It has a history of cannabis, cocaine and alcohol since he was thirteen and remains abstinent for more than six months ago. Differential diagnosis arises between amotivational toxic syndrome, reactive depressive symptoms to the disease and negative symptoms for chronic psychotic process. Finally diagnosed with paranoid schizophrenia and is included in the program of first psychotic episodes.

Today the productive symptoms disappeared and remain negative though with less intensity achieving an improvement in overall activity.

Conclusions Consumption of toxic influences the development of a chronic psychotic process that may appear years later, becoming an etiological and maintainer factor, not only if its consumption continues, but other effects that occur long term amotivational syndrome and worsening prognosis.

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

Further readings

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EV10

Cannabis and cyclical vomiting

M. Canseco Navarro*, M. Canccino Botello, M.M. Machado Vera, J.M. Hernández Sánchez, F. Molina López
Consorcio Hospital General Universitario, Conselleria de Sanitat, Valencia, Spain

* Corresponding author.

Introduction Traditionally, cannabis is associated with antiemetic action after acute consumption. However, in 2004 the cannabinoid hyperemesis as paradoxical effect of chronic users, after years of exposure described.

Objectives Description of the cannabinoid hyperemesis.

Method OLOGYA case is presented.

Results Clinical case of a woman who repeatedly comes to the emergency service because of abdominal, nausea and vomiting pain.

This is cyclical and hardly controllable. The gastroenterology service studied in depth with negative results. She was followed up by mental health borderline personality disorder and she consumed cannabis at an early age, 20–30 joints daily.

When she reaches abstinence in short periods, ceases digestive discomfort. However, appears digestive symptoms with each relapse. The present case showed improvement with cessation of cannabis so it probably was the cannabinoid hyperemesis syndrome.

Conclusions The cannabinoid hyperemesis is characterized by recurrent episodes of nausea, vomiting, abdominal pain, and chronic cannabis use. Temporary relief is achieved with hot baths. Ceases when abstinence is achieved. It is a clinical entity that does not have much information and requires further study.

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

Further readings

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EV11

Clinical features of kinesthetic hallucinations in cocaine-dependent patients



C. Roncero^{1,2,*}, L. Rodríguez-Cintas^{1,2}, L. Grau-López^{1,2}, E. Ros-Cucurull², J. Pérez-Pazos¹, C. Barral^{1,2}, F. Palma-Alvarez¹, V. Barrau¹, A. Herrero-Fernandez¹, N. Vela¹, D. Romero¹, M. Sorribes¹, M. Casas^{2,3}, A. Egido¹, J. Alvaros¹, C. Daigre^{1,4}

¹ Vall d'Hebron University Hospital, Addiction and Dual Diagnosis Unit, Psychiatry, Barcelona, Spain

² Universidad Autonoma de Barcelona, Psychiatry, Barcelona, Spain

³ Vall d'Hebron University Hospital, Psychiatry, Barcelona, Spain

⁴ Vall Hebron Institut Reserca, Addiction, Barcelona, Spain

* Corresponding author.

Introduction Legal and illegal drugs can cause psychotic symptoms, in cocaine-dependent patients the prevalence of these symptoms may reach 86% (Vorspan, 2012). It is estimated that 13–32% of cocaine-dependent patients have kinaesthetic hallucinations (Siegel, 1978; Mahoney, 2008; Roncero, 2012).

Objectives To compare the prevalence of substance-induced psychotic symptoms and compare the use of welfare/social resources and social adjustment among cocaine-dependent patients (CD) and other substances dependences (OtherD).

Methods Two hundred and six patients seeking treatment at the Addictions and Dual Diagnosis Unit of the Vall d'Hebron. Patients were assessed by ad hoc questionnaire designed to collect demographic data and psychotic symptoms associated with consumption, a record of the care/social resources used by the patient and the scale of social adaptation (SASS). A descriptive and bivariate analysis of the data was performed.

Results CD were 47.1% vs. 52.9% OtherD (66.1% alcohol, 17.4% cannabis, 8.3% opioid, 8.3% benzodiazepines/other drugs). Of cocaine dependent-patients, 65.6% present psychotic symptoms vs. 32.1% for the OtherD. Different exhibiting psychotic symptoms are: self-referential (69.7% vs. 30.7%), delusions of persecution (43.4% vs. 12.2%), hallucinations (49.4% vs. 14.3%), auditory hallucinations (43.5% vs. 11.4%), visual hallucinations (30.4% vs. 5.7%) and kinaesthetic hallucinations (7.2% vs. 2.9%).

Cocaine-dependent patients significantly use more health care resources in reference addiction unit (76.3% vs. 62.4%, *P*.035) and infectious diseases (22.7% vs. 5.5%, *P*.000) and justice-related (50.5% vs. 26 resources 0.6%; *P*:1.001) and less resources and mental health (25.8% vs. 43.1%; *P*.013).

Regarding social adaptation, no differences were found in the SASS. Kinaesthetic hallucinations do not appear to be related to a greater use of resources and in social adaptation.

References not available.

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

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EV12

Risk factors for accidents among cocaine-dependent patient seeking treatment



C. Roncero^{1,2,*}, L. Rodríguez-Cintas^{1,2}, C. Daigre¹, J. Alvarez³, C. Barral², A. Abad¹, V. Nina¹, A. Herrero-Fernandez¹, L. Grau-López^{1,2}, C. Barral^{1,2}, J. Pérez-Pazos¹, E. Ros-Cucurull^{1,2}, L. Rodríguez-Martos¹, M. Casas^{3,4}

¹ Vall d'Hebron University Hospital, Addiction and Dual Diagnosis Unit, Psychiatry, Barcelona, Spain

² Universidad Autonoma de Barcelona, Psychiatry, Barcelona, Spain

³ Facultad de Medicina, Pharmacology, Valladolid, Spain

⁴ Vall d'Hebron University Hospital, Psychiatry, Barcelona, Spain

* Corresponding author.

Introduction Accident rate have a high social cost. Cocaine consumption increases the risk of traffic crashes (Monras, 2011; Fierro, 2011). However, there is not extensively studies in addicts.

Objective Compare and analyze the history of accidents and risk behaviors while driving in cocaine dependent patients (DC) and of other substances (OtherD).

Methods One hundred and eighty-two patients seeking treatment since January 2014 to September 2015. Sociodemographic and accident-related variables were collected, also administered the MDBQ. Descriptive analysis and bivariate analysis using Chi-square test for categorical variables and Student t test was performed for quantitative.

Results Of women, 30.3%, and 69.7% men, mean age 43.67 years (SD = 13). 65.6% currently driving or above. 45.2% DC vs. 54.8% Other (35.6% alcohol, cannabis 8.3%, 5.8% opioid and 5.1% other drugs). Comparing accident rate on the DC is a tendency to have suffered more accidents (χ^2 : 2.62 P = .072). Patients addicted to cocaine referred further potentially dangerous activities both under the influence of consumption (65.9% vs. 33.3%) and abstinence (41.7% vs. 12%).

As for the results of MDBQ, it has been detected that cocaine addicts show more errors and traffic violations. No differences in the lapses identified by patients of different groups.

Conclusion Patients with cocaine dependence have more accidents, reduced risk perception and recognize more mistakes and traffic violations. Cocaine implies a high risk of road accidents and exposure to high-risk situations compared to the use of other substances.

References not available.

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EV13

E-cigarettes and tobacco cessation: An online survey of electronic cigarette users in France



C. Chevallier, A. Batisse, M. Marillier*, S. Djeddar
GH Lariboisière-Fernand Widal, CEIP, Paris, France

* Corresponding author.

Introduction E-cigarettes (EC) are widely used in general population and may facilitate smoking cessation. However, efficacy and addictive potential of EC remain insufficiently studied.

Objectives To characterize e-cigarette use and its impact on tobacco use/cessation.

Methods Online survey was available on CEIP website (September 2014–March 2015). Questionnaire assessed smoking status, tobacco and e-cigarette use, including reasons for use, efficacy, adverse effects and dependence (Fagerström test of cigarette dependence [F] and an adapted version to e-cigarette use [Fm]).

Results One thousand one hundred and twenty-one EC users answered (1008 ex-smokers, 113 current smokers), with mean age of 39 ± 10 years and 72% female. Ninety-six percent e-cigarette users agreed that vaping is useful for tobacco cessation, 80% succeeded to quit/reduce their smoking. Reasons for EC use are partial/complete alternative to smoking, lower toxicity, less side effects and lower cost. Most of ex-smokers (66%) has no/low dependence to EC ($F_m \leq 4$) since current smokers reduced dramatically their tobacco consumption by EC use. Among all EC users, 75% had a craving for EC. Use of EC is described as pleasant as tobacco for 59% ex-smokers and 39% smokers. Eighty-three percent of ex-smokers and 68% of smokers do not intend to stop vaping.

Conclusion E-cigarettes are used primarily for smoking cessation and show effectiveness for harm-reduction, but a secondary dependence to nicotine contains in EC can be observed (Figure 1).

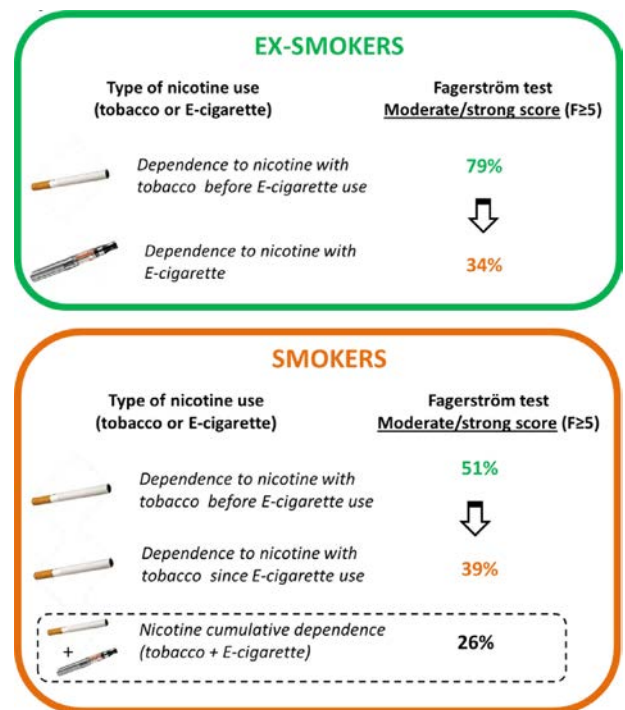


Fig. 1

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EV14

Compulsiveness dimension in a case of pathological gambling



S. Chiappini*, R. Testa, F. Maisto, B. Leone, M. Di Paolo, M. Pascucci, P. Polidori, P. Grandinetti, G. Conte

Institute of Psychology, Psychiatry Department, Roma, Italy

* Corresponding author.

Introduction Pathological gambling (PG) is currently included among Addictive Disorders (DSM-5). However, its phenomenology resembles features of Obsessive Compulsive Disorder. Several models of addiction conceptualize a progression from impulsivity to compulsivity transitioning from initial positive reinforcement motivations to later negative reinforcement and less pleasurable and automaticity mechanisms.

Clinical presentation A 34-year-old male, since diagnosed with PG in 2013 and prescribed a group rehabilitation therapy, presented in 2015 complaining of intrusive thoughts and depression symptoms. During the psychiatric examination emerged: low mental concentration; dysphoria; hyporexia; irritability; insomnia; persistent ideas and excessive preoccupations to be betrayed by his girlfriend; and behaviours of hyper control on her life. He has been evaluated using MMPI-2 (obsessivity Tscore 70, depression Tscore 67) and BIS-11 (high score of non-planning impulsiveness).

Treatment It appeared there was a shift from ego-syntonic novelty driven/impulsive behaviours focused primarily on gambling to ego-dystonic habit driven/compulsive behaviours focused on her girlfriend. He started an individual psychodynamic psychotherapy centred on dysfunctional beliefs and behavioural strategies for treating the compulsive features. As thought content was the most relevant aspect, he was prescribed olanzapine, not a SSRI (normally indicated for OCD), up to 10 mg/die. After a month obsessions and compulsions reduced, and he seemed to reach a good level of personal functioning, despite a rigid anankastic personality trait.

Conclusions As the management of compulsive behaviours is complex, physician should better assess and recognize psychological personality aspect, collecting patients' complete history, also testing them psychometrically, and paying more attention to an eventual treatment (both psychological and pharmacological).

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

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EV15

The impact of addictive disorders on the HIV and syphilis coinfection



E. Chumakov^{1,*}, N. Petrova², I. Smirnova³

¹ Saint Petersburg State University, Department of Psychiatry and Narcology, Saint-Petersburg, Russia

² Saint Petersburg State University, Department of Psychiatry and Narcology, Saint Petersburg, Russia

³ Saint Petersburg State University, Department of Infectious Diseases – Epidemiology and Dermatovenerology, Saint Petersburg, Russia

* Corresponding author.

Introduction One of the main risk factors for both HIV-infection and syphilis is addictive behavior.

The objective of the study was to determine the impact of addictions on the HIV and syphilis coinfection.

Method Sixty-five HIV-infected patients with syphilis were examined by a clinical method.

Results The sample included 45 men (average age 32.09 ± 9.83) and 20 women (average age 31.7 ± 5.97). All patients were characterized by risky behavior. Seventy-one percent of men belonged to the category of men who have sex with men (MSM). Eighty-five percent of women had drug dependence (as compared to 61% for men who have sex with women (MSW) and 19% for MSM; $P < 0.05$). Women were more likely to have opiate dependence ($P < 0.001$; as compared to men). We revealed a high incidence of drug addiction and alcoholism with the prevalence of dependence on opioids (F11; 55.0%; 7.7%), polysubstance use (F19; 25.0%; 23.1%) and alcoholism (F10; 50.0%; 61.25%) among women and MSW respectively ($P < 0.05$ as compared to MSM). Only 50% of women and 23% of MSW were in remission. MSM regularly consumed stimulants and cannabinoids without developing dependence.

Conclusions Injecting drug use is typical of women and MSW and plays a leading role in the risk factors for HIV infection and syphilis. Addictive behavior among MSM increases risky sexual behavior and thus influences infection with HIV and syphilis.

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

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EV16

The structure of mental disorders in HIV-infected patients with syphilis



E. Chumakov^{1,*}, N. Petrova², I. Smirnova³

¹ Saint Petersburg State University, Department of Psychiatry and Narcology, Saint-Petersburg, Russia

² Saint Petersburg State University, Department of Psychiatry and Narcology, Saint Petersburg, Russia

³ Saint Petersburg State University, Department of Infectious Diseases- Epidemiology and Dermatovenerology, Saint Petersburg, Russia

* Corresponding author.

Introduction There are no data in literature on mental disorders in HIV-infected patients with syphilis.

The objective of the study was to determine the structure of mental disorders in HIV-infected patients with syphilis.

Method Sixty-five HIV-infected patients with syphilis were examined by a clinical method.

Results The sample included 45 men (average age 32.09 ± 9.83) and 20 women (average age 31.7 ± 5.97). We divided the sample into three comparison groups (according to the importance of risk factors): women, men who have sex with men (MSM), and men who have sex with women (MSW).

Mental disorders were identified in most patients (83%). Opiate dependence (F11, ICD-10) was established in 55% of women (7.7% for MSW, 0% in MSM; $P < 0.001$). The dependence on multiple drug use (F19) was revealed with nearly the same frequency in women (25.0%) and in MSW (23.1%); but far less frequently in MSM (3.2%; $P = 0.047$). The dependence on stimulants (F15) was found in women (5.0%) and MSM (6.3%). The dependence on alcohol (F10) was more common among MSW (61.5%) and women (50.0%) (9.4% in MSM; $P < 0.001$). 20% of women had Depressive episode (F32). Adjustment disorders (F43) were found much more often in men (43.8% for MSM; 38.5% for MSW; 10% for women; $P = 0.035$). Personality disorders (F60) were found in all the groups.

Conclusions We revealed a high incidence of addictions among women and MSW. Affective disorders were represented by depressive episode in women and adjustment disorders in men.

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

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EV17

A comprehensive overview on Kratom



E. Cinosi^{1,*}, P. Simonato², D. Singh³, F.S. Bersani⁴,

G. Piazzon², M. Lupi¹, S. Marini¹, M. Kapitány-Fövényi⁵,

J. Farkas⁶, Z. Demetrovics⁶, A. Roman-Urrestarazu⁷,

B. Vicknasingam³, J.H. Li⁸, W.J. Yu⁸, R. Santacroce¹,

T. Acciavatti¹, G. Martinotti¹, M. Di Giannantonio¹, O. Corazza²

¹ University "G. D'Annunzio", Neuroscience- Imaging and Clinical Sciences, Chieti, Italy

² University of Hertfordshire, School of Life and Medical Sciences, Hatfield, United Kingdom

³ Universiti Sains Malaysia, Centre for Drug Research, USM, Malaysia

⁴ Sapienza University of Rome, Department of Neurology and Psychiatry, Rome, Italy

⁵ Semmelweis University, Faculty of Health Sciences, Budapest, Hungary

⁶ Eötvös Loránd University, Institute of Psychology, Budapest, Hungary

⁷ University of Cambridge, Department of Psychiatry, Cambridge, United Kingdom

⁸ Kaohsiung Medical University, School of Pharmacy, Kaohsiung, Taiwan

* Corresponding author.

Kratom (*Mitragyna speciosa* Korth) is a tropical tree, indigenous to South East Asia. Historically, the plant is locally used as a stimulant, a remedy in traditional medicine and in social context. Imported to Western countries, Kratom is classified as a novel psychoactive substance (NPS).

A systematic review of the literature on *Mitragyna speciosa* and its main constituents was carried by our international multidisciplinary group. Results were qualitatively analysed in three main areas of interest: in-vitro and preclinical data on pharmacology and behavioral effects, laboratoristic techniques for identification/characterization, epidemiological/toxicological reports on humans.

At present, there is no systematic data on the prevalence of Kratom use in all the native countries, but it seems to be considerable. In South-East Asia, Kratom, even if banned, might be still considered a better option than other illicit drugs, an alternative opioid treatment, a "natural" remedy with no real social stigma attached to its consumption. In parallel, this ethno-drug seems to be popular in Western countries, largely unregulated, easily available on the Internet. Kratom pharmacology appears to be

complex, with many alkaloids involved. The subjective effects in humans are very peculiar and seem to be dose-dependent, ranging from psycho-stimulant to sedative-narcotic. Available data on Kratom suggest caution: this psychoactive plant could exhibit a serious harmful potential. Kratom use seems to be associated with drug dependency, development of withdrawal symptoms, craving, serious adverse effects and life-threatening effects in a multidrug-intoxicating scenario. On the other hand, its anxiolytic, antidepressant and analgesic properties deserve to be further studied.

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

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EV18

Assessing Comorbidities and service use among patients with benzodiazepine abuse



B. Cook^{1,*}, L. Chavez², R. Carmona³, M. Alegria⁴

¹ CMMHR – Cambridge Health Alliance and Harvard Medical School, Psychiatry, Cambridge, USA

² University of Puerto Rico, Medical Sciences, San Juan, PR, USA

³ Fundacion Jimenez Diaz, Psychiatry, Madrid, Spain

⁴ Massachusetts General Hospital/Harvard Medical School, Medicine, Boston, USA

* Corresponding author.

Prior studies have identified that individuals with comorbid substance use disorder and mental health disorder are at a greater risk of benzodiazepine abuse compared to individuals that present with mental health disorder without an accompanying substance use disorder. These studies were conducted in predominantly white populations, and little is known if the same associations are seen in safety net health care networks. Also, the literature is mixed as to whether or not psychiatrists' prescription of benzodiazepines places individuals at undue risk of benzodiazepine abuse.

We use 2013–2015 electronic health record data from a Boston healthcare system. Patients with benzodiazepine abuse were identified if they had received treatment under the ICD-9 code 304.1. Benzodiazepine abuse was compared between patients with only mental illness and patients with existing comorbid substance and mental health disorder, in unadjusted comparisons and adjusted regression models. Covariates in regression models were used to identify subgroups at higher risk of benzodiazepine abuse.

Individuals with benzodiazepine abuse had higher rates of emergency room and inpatient use than patients with other mental health and/or substance use disorders. Those with comorbid substance and mental disorder were significantly more likely than individuals with mental or substance use disorder alone to abuse benzodiazepines ($P < .01$). Among those with benzodiazepine abuse, 93.3% were diagnosed with a mental illness, 75.6% were diagnosed with a substance use disorder (other than benzodiazepine), and 64.4% had comorbid anxiety disorder and substance use disorder. These analyses suggest that patients with benzodiazepine abuse have complex presentations and intensive service use.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV19

Methadone withdrawal psychosis – case report



A. Coutinho^{1,*}, L. Maia², J. Perestrelo², I. Carvalho², L. Ribeiro²

¹ V.N. de Gaia, Portugal

² Centro Hospitalar V.N. Gaia/Espinho, Psychiatry and Mental Health, V.N. Gaia, Portugal

* Corresponding author.

Introduction Opiates's substitution therapy with methadone is one of the main approaches used for drug-addicted patients, in Portugal. The symptoms of withdrawal of methadone are the same as the classical abstinence syndrome of opiates. In a minority of cases, withdrawal of methadone has been related to the sudden appearance of affective disorders and to a minor degree with psychotic disorders.

Objectives The authors propose to do a brief literature review about methadone and its neuromodulation in central opiate-dopamine system.

Aims The authors intend to report a clinical case illustrative of a psychosis possible related to methadone rapid withdrawal, in a 39-year-old woman without previous personal or familiar psychiatric illness, except for the use of toxic substances.

Methods Literature review in scientific databases – Pubmed; ScienceDirect. Case report of a patient admitted in Psychiatry Department of Vila Nova de Gaia Hospital Center.

Results During admission, the patient's condition consisted of disorganized behavior, paranoid delusions and the presence of auditory hallucinations. Was excluded other possible causes of psychotic conditions and was admitted rapid methadone detoxification as the probable etiology. Neuroleptic treatment was prescribed and psychotic symptoms improved progressively.

Conclusions In test animals, the behavioral effects of methadone withdrawal have been related to its effects on cerebral amines, especially on dopamine. A change in the neuromodulation of the central opiate-dopamine systems, due to opiates's substitution therapy with methadone, could be related to psychotic pathogenesis. This work supports other authors that suggest that methadone withdrawal can cause psychosis in individuals without previous psychiatric conditions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV20

The incidence of hepatitis C virus infection among opiate drug users in Mamoura hospital patient in Alexandria, Egypt



S. Darwish^{1,*}, N. Sadek², H. Hoda³, M. Bothaina³, I. Farag³

¹ Mamoura Mental State Hospital, Adult Psychiatry and Addiction, Alexandria, Egypt

² Medical Research Institute, Department of Hematology, Alexandria, Egypt

³ Medical Research Institute, Department of Biochemistry, Alexandria, Egypt

* Corresponding author.

0 0 1 276 1575 recovery 13 3 1848 14.0 96 800x600 Normal 0 false false EN-US JA X-NONE.

Introduction Egypt is one of the most famous endemic areas for hepatitis C virus. Drug use in Egypt is rising exponentially. Drug use is always considered one of the main risk factors for HCV.

Objectives To assess the effect the route of drug use on the incidence of HCV in the Egyptian population.

Aim To study the effects of opiates (tramadol and heroin) use and the route of intake on the incidence of HCV infection among addicts treated in Mamoura mental state hospital, Alexandria, Egypt.

Methods This is a cross-sectional study on drug dependence patients visiting the out patient clinic for addiction in Elmamora Hospital.

Subjects were divided into two groups.

Group I: Control group.

Twenty non-addict volunteers.

Group II: Cases groups (comprising 60 subjects)

This group will be divided into three sub-groups each contains 20 cases.

Group IIa: consuming tramadol.

Group IIb: consuming tramadol and heroin by injection.

Group IIc: consuming tramadol and heroin by inhalation.

All studied groups were subjected to:

1. detailed history taking, urine screening tests for drugs of abuse, liver functions tests and HCV screening.

Results The study showed deterioration in liver function tests in the heroin and tramadol use groups compared to the tramadol only use.

There was a statistical significant difference in the incidence of HCV infection in the heroin injection group (85%) compared to 35% in the heroin non injector users and only 5% in tramadol users had HCV positive.

Conclusion Heroin injection showed the highest risk for both liver function deterioration and HCV infection.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV21

Association between patient's personality traits and outcome of hospital treatment of opioid addiction

M. Delic^{1,*}, K. Kajdič², P. Pregelj³

¹ Ljubljana, Slovenia

² University Psychiatric Hospital- Ljubljana, Center for Treatment of Drug Addiction, Ljubljana, Slovenia

³ University Psychiatric Hospital Ljubljana – University of Ljubljana, Faculty of Medicine, Department of Psychiatry, Ljubljana, Slovenia

* Corresponding author.

Introduction Despite different treatment approaches many drug addicted patients continue to use drugs during and after treatment. **Objectives** Personality traits are considered risk factors for drug use, and, in turn, the psychoactive substances impact individuals' traits.

Aims To describe the sample of 186 opioid addicted patients entered hospital treatment and assessing the differences in personality traits between abstinent and non-abstinent after one year.

Methods A cohort of 186 patients consecutively admitted to the detoxification unit was investigated. The research interview, the Big Five Inventory (BFI), the Treatment Outcomes Profile (TOP) were administered during the first week of admission to the detoxification unit. Urine test was administered on the day of admission and at each follow-up point in combination with the TOP (after three, six and twelve months). Illicit drugs abstinence during one year after intake was selected as a treatment outcome measure.

Results Twelve months after admission 82 (44.9%) patients abstained completely. Agreeable patients remain in treatment longer ($r = 0.20, P = 0.07$). Extraversion and openness are negatively correlated with abstinence after six and twelve months ($r = -0.15, P = 0.041; r = -0.15, P = 0.044$). Neuroticism is in negative correlation with duration of treatment ($r = -0.20, P = 0.006$). Patients who are less open to new experiences are more likely to abstain from drugs 6 months after admission ($r = -0.17, P = 0.021$).

Conclusion Personality measured with BFI correlates with treatment outcome poorly. At the same time personality could have an important role in responding to treatment, but personality traits could be at the same time protective as well as risk factors.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV22

Craving phenomenon and its role in relapse prevention in patients with substance dependence

H. Dessoki^{1,*}, F. Mousa², M. Nasr², O. Shaheen², A. Mostafa²

¹ Beni-Sewef, Egypt

² Kasr Aini, Psychiatry, Cairo, Egypt

* Corresponding author.

Objectives To explore the phenomenon of craving in illicit drug dependent and nicotine dependent population, and to assess craving including etiological, diagnostic, psychometric and prognostic aspect.

Subjects The total sample of the study consisted of 90 subjects who were selected as consecutive procedure, from the detoxification unit in El-Abassia hospital and some private psychiatric hospitals. The sample was divided into three groups, illicit drug dependent group ($n = 30$) they were diagnosed as substance dependent after application of structural clinical interview SCID based on the diagnostic and statistical manual of mental disorders DSM-IV diagnostic criteria exclusively nicotine dependent group ($n = 30$) they were selected from the medical, nursing staff and some of the relatives of the illicit drug dependent group and control group ($n = 30$) selected from those visiting the outpatient clinic at the same hospitals for follow up after complete abstinence for at least 2 years and some subjects were selected from the Narcotic Anonymous.

Methods Psychiatric examination through structural clinical interview based on the diagnostic and statistical manual of mental disorders, Wechsler-Bellevue Adult Intelligence Scale, Eysenck Personality Questionnaire, Hamilton Depression Scale, Hamilton Anxiety Scale, The Obsessive Compulsive Drinking Scale, The Minnesota Cocaine Craving Scale and Inventory of Rituals to the use of opioids.

Results The illicit drug dependent groups expressed highest resistance control impairment, obsessions and interference related to the use of the drugs; i.e., high addictive propulsions. The illicit drug dependent patients showed highest expectations of relapse as a prognostic outcome compared to other groups.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV23

Gender difference in trauma exposure among a sample of egyptian patients with substance use disorder

H. Eldabah^{1,*}, H. Salama¹, M. Attia², O. Elkholy¹

¹ Elhadra University Hospital- Alexandria University, Psychiatry, Alexandria, Egypt

² High Institute of Public Health University of Alexandria, Mental Health, Alexandria, Egypt

* Corresponding author.

E-mail address: Heshamaru@gmail.com (H. Eldabah)

Background Studies have shown high association between trauma exposure in childhood and adulthood, post-traumatic stress disorder (PTSD) and substance use disorder (SUD). Women seeking treatment for SUD are more likely to have histories of sexual and physical abuse.

Aim To study the effect of gender difference on the history of traumatic experiences and the mental health problems of the SUD patients.

Method Cross-sectional comparative study was conducted at the Addiction Treatment Center at El Maamoura psychiatric hospital. Two hundred adult inpatients were recruited and assessed using a structured interview questionnaire to collect sociodemographic data, substance-use history, and medical and psychiatric history. The semi structured psychiatric interview was applied,



and psychometric assessment was performed using Arabic version of Trauma History Screen (THS) for assessment of trauma exposure, and the Arabic version of the Post-traumatic Stress Disorder Checklist, civilian version (PCL-C) for assessment of current PTSD. **Results** One hundred and fifty-six were males (78.0%), 44 were females (22.0%). Females were significantly more likely to be exposed to sexual abuse at childhood ($P=0.002$) and adulthood ($P=0.050$), score higher on PCL-C ($P=0.002$), to have major depressive disorder (MDD) ($P=0.028$), and have suicidal plans and attempts ($P=0.001$).

Conclusions Females with substance use disorder are more likely to be victims of sexual trauma, to develop Post-traumatic stress disorder and to have more complicated psychiatric comorbidities than their male counterparts.

Keywords Substance use disorder; Post-traumatic Stress Disorder; Trauma exposure; Gender difference

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV24

Alcoholic psychoses incidence in urban and rural regions of Belarus



Y. Razvodovsky

Grodno State Medical University, Pathological Physiology, Grodno, Belarus

Introduction Belarus ranks among the world's heaviest drinking countries with the high alcoholic psychoses incidence rate.

Objectives To examine the incidence of alcoholic psychoses in urban and rural regions of Belarus.

Methods Age- and gender-specific data on alcoholic psychoses incidence rate (per 100,000 of the population) for urban and rural regions of Belarus were obtained from the Ministry of Statistics.

Results Significant rural–urban gradient in the incidence of alcoholic psychoses was found (Table 1). The alcoholic psychoses rate in rural areas was 39.7% higher for males and 16.7% higher for females. The male to female ratio was 5.3:1 in urban regions and 6.3:1 in rural regions. The largest disparities in rural–urban alcoholic psychoses rate ratios have been recorded amongst the age group 18–39 years. The highest rates in all regions were recorded among men and women aged 40–59 years.

Conclusions Although the alcoholic psychoses rate is high in all regions, there may be factors that are specific to rural locations, such as poor provision of medical services that account for the extreme alcoholic psychoses rate being recorded there. This requires urgent intervention by the authorities to ameliorate this situation.

Table 1 The alcoholic psychoses incidence rates for different age groups in urban and rural regions of Belarus.

Age	All		Urban		Rural	
	Males	Females	Males	Females	Males	Females
0–17	0.21	0	0.3	0	0	0
18–39	41.5	8.7	36.0	8.2	60.6	10.5
40–59	61.2	10.8	51.5	9.2	79.4	16.7
60+	13.6	1.6	13.5	1.8	12.9	1.5
0–60+	35.1	6.2	31.7	6.0	44.3	7.0

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV25

Psychometric properties of the Turkish version of the UPPS Impulsive Behavior Scale Sensation Seeking Subscale in a sample of inpatients with alcohol use disorder



C. Evren^{1,*}, G. Umut¹, B. Evren², M. Bozkurt¹, Y. Can¹

¹ Bakirkoy Training and Research Hospital for Psychiatry –

Neurology & Neurosurger, Alcohol and Drug Research Treatment and Training Center AMATEM, Istanbul, Turkey

² Baltalimani State Hospital for Musculoskeletal Disorders, Department of Psychiatry, Istanbul, Turkey

* Corresponding author.

Objective Turkish version of the UPPS Impulsive Behavior Scale was previously validated in a sample of psychiatric inpatients. The aim of the present study was to evaluate psychometric properties of the sensation seeking subscale of this scale in a sample of inpatients with alcohol use disorder.

Method Participants ($n=190$) were evaluated with the sensation seeking subscale of UPPS Impulsive Behavior Scale.

Results Sensation seeking subscale had two factors, which together accounted for 63.80% of total variance. As similar with original subscale internal consistency for the sensation seeking (coefficient $\alpha=0.859$), factor 1 ($\alpha=0.862$) and factor 2 ($\alpha=0.755$) examined by Cronbach's alpha, were high. Factor 1 ($r=0.894$) and factor 2 ($r=0.863$) were highly correlated with total score, whereas moderately correlated ($r=0.544$) with each other. Test-retest correlation for sensation seeking ($n=120$) was mild ($r=0.460$). Test-retest correlation for factor 1 was moderate ($r=0.518$) and for factor 2 was mild ($r=0.431$).

Conclusion These findings support the Turkish versions of the sensation seeking subscale of the UPPS has good psychometric properties among inpatients with alcohol use disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV26

Relationship of impulsivity with severity of ADHD symptoms while controlling the effects of anxiety and depression in a sample of inpatients with alcohol use disorder



C. Evren^{1,*}, G. Umut¹, B. Evren², M. Bozkurt¹, Y. Can¹

¹ Bakirkoy Training and Research Hospital for Psychiatry –

Neurology & Neurosurger, Alcohol and Drug Research Treatment and Training Center AMATEM, Istanbul, Turkey

² Baltalimani State Hospital for Musculoskeletal Disorders, Department of Psychiatry, Istanbul, Turkey

* Corresponding author.

Objective The aim of the present study was to evaluate relationship of impulsivity with severity of ADHD symptoms while controlling the effects of anxiety and depression in a sample of inpatients with alcohol use disorder.

Method Participants included 190 inpatients with alcohol use disorder. Participants were evaluated with the State-Trait Anxiety Inventory (STAI), the Beck Depression Inventory (BDI), the Short Form Barratt Impulsiveness Scale (BIS-11-SF) and the Adult ADHD Self-Report Scale (ASRS).

Results Impulsivity predicted both severity of ADHD symptoms and inattentive and hyperactive/impulsive dimensions, even after controlling the effects of depression and anxiety in linear regression models. Types of negative affect that predicted dimensions of ADHD differed; similar with severity of ADHD symptoms, depression and

trait anxiety also predicted inattentive dimension, whereas trait and state anxiety predicted hyperactive/impulsive dimension.

Conclusion Impulsivity is related with severity of ADHD symptoms and dimensions of ADHD although negative affect that is related with dimensions may differ.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV27

The role of modified states of consciousness in drug use

C. Freitas^{1,*}, A.M. Mendes², S. Queirós¹

¹ Centro Hospitalar do Tâmega e Sousa, Psiquiatria e Saude Mental, Amarante, Portugal

² Centro Respostas Integradas do Porto Central, ET Cedofeita, Porto, Portugal

* Corresponding author.

Modified state of consciousness (MSC) is defined as a mental state that can be subjectively recognized by an individual or by an objective observer of the individual, as representing a difference in the psychological functioning of the "normal" state, alert and awake of the individual. Drugs are products with definitions and conceptual boundaries, historically defined. The use of psychoactive drugs is related to the increased plasticity of human subjectivity which is reflected in various technical means to change the perception, cognition, affect and mood. The authors propose to conduct a literature review on the types of MSC, the way to achieve them and their implications in drug consumption pattern.

A MSC consists of dimensions such as self-oceanic limitlessness, agonizing self-dissolution and visionary restructuring.

Normal MSC includes dreams, hypnagogic state and sleep. Others may be induced by hypnosis, meditation or psychoactive substances. Those achieved by drugs allow the subject to access feelings and sensations which go beyond the everyday reality or, on the other hand, leakage of reality.

Anthropological studies show that in almost all civilizations, man sought ways to induce MSC.

What characterizes the problematic or abusive use of certain substances is not necessarily the amount and frequency of drug use, but the disharmony in the socio-cultural, family and psychosocial contexts of the individual.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV28

Are there more mechanical restraint in patients admitted for substance use disorder?

L. Galindo^{1,*}, M. Grifell², E.J. Pérez², F. Dinamarca², V. Chavarria², P. Salgado², V. Pérez²

¹ Barcelona, Spain

² Instituto de Neuropsiquiatria y Adicciones – Parc de Salut Mar, Psiquiatria, Barcelona, Spain

* Corresponding author.

Introduction and objectives Mechanical restraint is a therapeutic procedure commonly applied in acute units in response to psychomotor agitation. Its frequency is between 21 and 59% of patients admitted. These patients represent a risk to both themselves and for health workers. There is a myth that patients with substance use disorder (SUD) are more aggressive and require more forceful measures. There are not clinical studies that compared if there are differences of the frequency of mechanical restraint in patients with SUD.

The aim of this study is to explore the differences of frequency of mechanical restraint on patients with SUD in the psychiatry acute and dual pathology units and others psychiatric diagnostics.

Material and methods We reviewed retrospectively the informatics record of all the mechanical restraints made and the total discharges of the three acute care units and dual disorders of Neuropsychiatry and Addictions Institute (INAD) of the Parc de Salut Mar de Barcelona, between January 2012 and January 2015. For every discharge the presence of at least one mechanical restraint and the DSM-IV diagnostic were coded. Then was calculated the frequency and proportion of mechanical restraints in every diagnostic group.

Results The number of discharges analyzed was 4659 from which 838 had an episode of mechanical restraint. The 37% of patients with SUD of cocaine had an episode of mechanical restraint. The patients with SUD of alcohol only the 4%, and there no one case on patients with SUD of Cannabis. Thirty percent of patients with schizophrenia and 28% of bipolar disorder.

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EV29

Results of a smoking cessation program in primary care

H. de la Red Gallego^{1,*}, Y. González Silva², T. Montero Carretero², Á. Delgado de Paz², M.F. Sánchez Añorga², E. Cañibano Maroto², G. Isidro García¹, A. Álvarez Astorga¹, A. Alonso Sánchez¹, M. Martín Fernández³, A. Álvarez Hodel⁴, I. Pérez González⁵, S. Nieto Sánchez⁵, S. Calvo Sardón⁶, I. González Gurdíel⁷, R. Hernández Antón¹, S. Gómez Sánchez¹, C. Noval Canga¹, M.S. Hernández García¹, L. Rodríguez Andrés¹

¹ Clinical University Hospital, Psychiatry, Valladolid, Spain

² Plaza del Ejército Health Center, Primary Care, Valladolid, Spain

³ Toreno Health Center, Primary Care, Toreno, Spain

⁴ Valladolid Oeste, Primary Care, Valladolid, Spain

⁵ Casa del Barco Health Center, Primary Care, Valladolid, Spain

⁶ Parquesol Health Center, Primary Care, Valladolid, Spain

⁷ Páramo del Sil Health Center, Primary Care, Páramo del Sil, Spain

* Corresponding author.

Introduction Smoking is an addictive and chronic disease. Twenty-four percent of the Spanish population in 2012 smoked daily.

Aims and objectives To evaluate a smoking cessation program in a Primary Care Center.

Methods Observational, prospective study. We describe an individualized smoking cessation in Plaza del Ejército Health Center (Valladolid). Inclusion criteria: active smoker, ≥ 18 years old and belonging to the Health Center. Exclusion: severe mental illness. Included patients from November 2013 until January 2014. Ended in July 2014. Four Medical residents participated, we present the results of one of them. During the first consultation motivational interviewing was conducted, physical examination and treatment was prescribed (cognitive behavioral therapy or drug treatment: varenicline). In subsequent consultations interview and follow-up. Variables: age, gender, pack-years, nicotine dependence (Fagerstrom) and Prochaska and DiClemente phase, weight, treatment used, dropout rate and final withdrawal of snuff.

Results Eleven patients, mean age 48.18 (13.61), 7 (63.6) women. Comorbidity: 6 (54.5) anxious-depressive pathology, 1 (9.1) dysthymia, 2 (18.2) endocrine pathology and 1 (9.1) respiratory disease. Four (36.4) showed high dependency and 2 (18.2) extreme. Media packages 20.50/year (19.20). Seven (63.6) were in action phase of Prochaska and DiClemente and 2 (18.2) in preparation. Visits range: 1-11. The average was 4.55 (3.64). Three (27.27)

patients attended only the first visit. Four (36.4) achieved complete abstinence, 3 (27.27) met maintenance phase. One (9.1) reduced consumption in half. Patients gained average 0.5 kg (2.47).

Conclusions The results are similar to those reported in other series. Modest dropout rate. No pharmacological treatment was used due to high coexistence of comorbidities, the only patient who used varenicline suffered insomnia. Average age and media packages were superior to other series.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV30

Smoking reduction/cessation and psychiatric patients: What about weight control?



I. Ganhao^{1,*}, M. Trigo², A. Paixao², J. Cardoso²

¹ *Qta do Anjo, Portugal*

² *Centro Hospitalar Psiquiatrico de Lisboa, Smoking Reduction/Cessation Program, Lisbon, Portugal*

* *Corresponding author.*

Introduction Smoking cessation has long been associated with weight gain and is one of the many reasons that smokers invoke for not giving up smoking. Many psychiatric medications are also associated with increased weight gain and metabolic syndrome. Unhealthy lifestyles reflect symptoms of illness with poor coping strategies and financial and social difficulties.

There are many reasons why smoking cessation may be viewed as much more difficult for psychiatric patients and weight gain is one of them.

Objective To study how patients' weight evolves during smoking reduction and cessation in a smoking reduction/cessation program in a psychiatric hospital.

Aims To demystify weight gain as a significant problem in smoking reduction and cessation in this patient population.

Methods Every patient entering the smoking reduction/cessation program is evaluated initially with regard to weight and BMI.

Patients' weights are evaluated during the duration of the program for each patient as is smoking status.

Results We are still collecting data at this time.

Conclusions There are three groups of patient according to weight changes during the program: those who gain weight, those who maintain the same weight (± 1 kg) and those who lose weight.

Most patients who gain weight end up recuperating their initial weight or are able to lose weight later.

Some patients had weight control issues and their fear of gaining weight led them to overcompensate leading to weight loss.

We have included interventions on healthy lifestyles that have aided patients in controlling their weight.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV31

Personality dimensions and drug of choice: A descriptive study using Cloninger's temperament and character inventory revised



G. Hurtado^{1,*}, G. Mateu¹, R. Martinez², A. Farre¹, J. Marti¹, R. Sanchez², L. Diaz², M. Campillo¹

¹ *Parc de Salut Mar, Institut de Neuropsiquiatria i Addiccions Centre Emili Mira, Santa Coloma Gramenet, Spain*

² *Parc de Salut Mar, Institut de Neuropsiquiatria i Addiccions Centre Emili Mira, Barcelona, Spain*

* *Corresponding author.*

Personality dimensions related with drug use are novelty seeking, impulsivity and harm avoidance. Studies predicting drug of choice over personality variables are controversial.

Objective To describe personality profile of drug users in relation to substance of choice.

Aims To know personality dimension differences according to drug used.

Methods Cloninger's TCI-R was administered to 218 patients in a dual diagnosis unit.

SPSS was applied.

Results Of the patients, 33.94% had personality disorder. Principal substances used were alcohol, cocaine and cannabis.

Most of drug users had normal scores in each dimension. No high scores were found in reward dependence, self-directedness and cooperativeness with any drug.

High scores were observed for novelty seeking in 42.9% of timulants users; for arm avoidance in a quarter of cocaine, alcohol and methadone users and for persistence in 18.2% of hypnotics users.

Low scores were observed for reward dependence in 45% of heroine and hypnotics users; for persistence in 50% of methadone and 32% of cocaine users; for self-directedness in most of types of drug users and for cooperativeness in up to 50% in heroine, hypnotics, stimulants and cocaine users.

Statistical significant differences were observed for cocaine use and high novelty seeking and low cooperation; for non cannabis use and high harm avoidance; for non amphetamine use and low scores in reward dependence; for opiate use and low self-directedness.

Conclusions Most of patients had normal scores in the different dimensions.

Presence of comorbid personality disorder led us to consider the results with caution.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV32

Depression, anxiety and panic disorders in chronic obstructive pulmonary disease: Correlations with disease severity and quality of life



R. Gherghesanu^{1,*}, L. Trofor (PhD student)², I.O. Pascal (PhD student)², R. Chirita³, A. Frunza⁴

¹ *Iasi, Romania*

² *"Gr.T.Popa" University of Medicine and Pharmacy- Iasi- Romania, psychiatry 1, Iasi, Romania*

³ *University of Medicine and Pharmacy "Gr.T.Popa" Iasi, psychiatry 1, Iasi, Romania*

⁴ *Faculty of Bioengineering U.M.F "Gr.T.Popa" Iasi, bioengineering 1, Iasi, Romania*

* *Corresponding author.*

Introduction Depression, anxiety and panic disorders are often encountered in chronic respiratory disorders, like chronic obstructive pulmonary disease (COPD), especially in severe disease stages with impaired quality of life.

Aim To assess anxiety, depression and panic disorders among patients diagnosed with COPD and to correlate them with respiratory disease severity and quality of life.

Material and method We investigated the profile of anxiety, depression and panic attacks in relation to patients' medical history, demographic data, smoking status, COPD staging and disease severity (estimated by CAT quality of life questionnaire, GOLD guideline staging).

Results A total of 60 COPD patients were enrolled. Smoking profile showed more intensive smoking in men (35.81 mean packs-years versus 24.38 in women). The COPD high-risk group type D was predominant, with severe dyspnea, decreased lung function, frequent exacerbations and low quality of life (mean CAT score:

21.75). Mean distribution of anxiety and depression symptoms among COPD subjects was corresponding to a 10.65 ± 3.54 SD anxiety score, respectively to 9.93 ± 3.80 SD depression score. Panic attacks were found in 43.3% of the patients.

Conclusions Anxiety, depression and panic attacks were frequent findings among severe, unstable COPD patients. More carefully screening for anxiety, depression and panic attacks in this category of patients, thus adding a specific psychotherapeutic component to the COPD general treatment plan, would improve patients' health benefits.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV33

Substance use disorders: Baclofen as a promising drug



S. Gomes da Costa^{1,*}, O. Yanina Pasini², B. Maside Oliete³, M.M. Balcells Olivero¹

¹ Hospital Clinic i Provincial de Barcelona, Psychiatry, Barcelona, Spain

² HIEAyC Dr. Alejandro Korn, Psychiatry, Melchor Romero – La Plata, Argentina

³ Hospital Clinic i Provincial de Barcelona, Mental Health Nursing, Barcelona, Spain

* Corresponding author.

Introduction Baclofen, a drug currently used in the treatment of spasticity, has been reported to be useful in reducing the intensity of withdrawal symptoms of substance use disorders of alcohol or other psychotropic drugs.

Objectives With our clinical case we aim to demonstrate that baclofen reduces severe withdrawal symptoms and also helps to achieve and maintain abstinence in severe cases, in agreement with the current literature.

Aims/methods We present a clinical case of a 68 year-old patient with alcohol use disorder since his childhood, with familiar antecedents, multiples relapses and associated organic pathology such as alcoholic polyneuropathy and Wernicke syndrome. We used to high doses of baclofen to reduce the craving and withdrawal symptoms. Additionally, we searched in PubMed for more case reports and for a systematic review of the efficacy and tolerability of baclofen.

Results We were able to demonstrate that high doses of baclofen can be useful in resistant cases of substance use disorders like alcoholism. For our case study, we obtained positive results with a large remission, in comparison with the previous detoxifications, with doses up to 150 mg/day.

Conclusions We conclude that baclofen is an interesting alternative for resistant cases, with a good outcome and tolerability, in complicated patients, with important organic repercussions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV34

Prevalence of substance use disorder among bipolar affective disorder



C. Gómez Sánchez-Lafuente^{1,*}, R. Reina Gonzalez (General Practitioner)², A. De Severac Cano¹, E. Mateos Carrasco¹, F. Moreno De Lara¹, I. Tilves Santiago¹

¹ Hospital Universitario Virgen de la Victoria, Psychiatry, Málaga, Spain

² Hospital Regional Universitario, Málaga, Spain

* Corresponding author.

Introduction High rates of substance abuse have been reported in the general population and users of mental health services. In

our environment, relationship between substance abuse and manic phase has not been well characterized.

Aims Determining the prevalence of active substance abuse among patients admitted to acute mental health unit at Virgen de la Victoria Hospital at Malaga, diagnosed with mania or hipomanía.

Methods We analysed urine and blood seeking for ethanol, cannabis and other 11 substances in 140 patients previously diagnosed with bipolar disorder prior to their admission at the Hospital for mania or hipomanía phase.

Results Thirty-seven percent of the patients were positive for drugs. Eighteen percent were positive for two or more drugs. Males had higher rates of abuse than females, except in MDMA and amphetamines. By subtypes, cannabis (37.2%) and ethanol (29.62%) were the most consumed drugs. In young age cohorts had higher rates of active substance abuse. Dual patients had longer average stays at hospital (2.6 days more) (Fig. 1).

Conclusions Substance abuse is a major comorbidity in bipolar patients with manic phase. The active consumption of cannabis and ethanol especially emphasizes in men younger than 35 years.

We believe priority should be given to recognition and multidisciplinary approach to substance use disorders in bipolar patients. Bipolar patients with comorbid substance abuse may have a more severe course, and may be a preventable factor of new relapses. This rate could increase healthcare costs and worse quality of life of these patients.

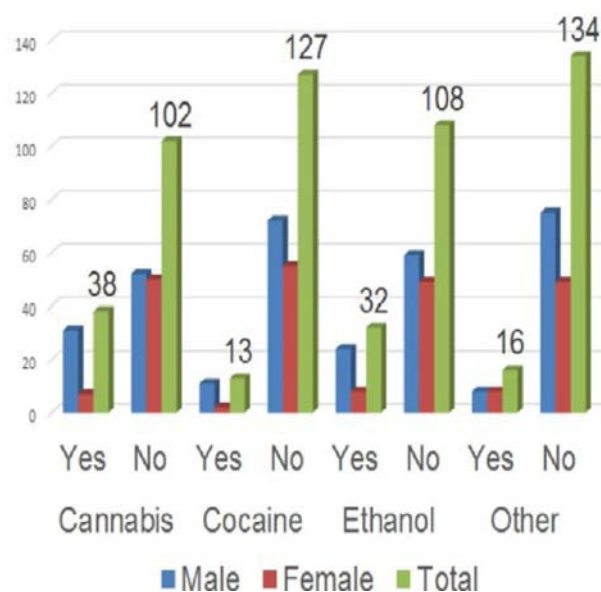


Fig. 1

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV35

Alcohol consumption in 2049 patients with paranoia



M. Guerrero Jiménez^{1,*}, C.M. Carrillo de Albornoz Calahorra², A. Porras Segovia¹, J.A. Cervilla Ballesteros³

¹ University Hospital San Cecilio, Psychiatry, Granada, Spain

² Santa Ana Hospital, Mental Health Unit, Motril, Granada, Spain

³ University Hospital San Cecilio, University of Granada, CIBERSAM Granada, Psychiatry, Granada, Spain

* Corresponding author.

Introduction Epidemiological studies have reported associations between alcohol consumption or abuse and occurrence of

delusional disorder (F.22) rather than in general population. Alcohol has not been described as the main cause of the delusional idea, but is an enhancer factor which would inhibit behavioral brake and executive function in prefrontal cortex facilitating the development of the existing delusional idea.

Hypothesis We want to confirm this association in our influence area so this study aims to report compared frequency of alcoholism in DD versus a control group published in andalusian population.

Aims To review the literature on the potential links between alcohol abuse and delusional disorder and this relationship in general population.

Results This poster presents a brief but updated systematic literature review on the associations between DD and alcohol abuse. We will also present data from a relatively large case-mix of 2049 patients with the diagnosis of delusional disorder resulting from a thorough retrospective, medical-record based, assessment of patients attended in our clinical catchment area.

In our sample, alcohol abuse and other drugs consumption was significantly less common in Delusional Disorder than in other psychoses.

This result suggests that alcohol and other drugs consumption can be a greater importance parameter in other psychoses correlates than in delusional disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV36

Opiate addiction recovery: New treatment with buprenorphine and naloxone (suboxone) helps bring families together in Bosnia and Herzegovina



M. Hasanovic^{1,*}, I. Pajević², A. Kuldija², A. Sutović², E. Avdibegović²

¹ Tuzla, Bosnia and Herzegovina

² University Clinical Center Tuzla, Department of Psychiatry, Tuzla, Bosnia and Herzegovina

* Corresponding author.

Background The centre for medical prevention of opiate addiction established, as a part of the Tuzla University Clinical Centre's Department of Psychiatry, is a result of several years of cooperation between the Tuzla department of psychiatry and the centre for addiction of the University Hospital in Orebro, Sweden. By working together, the scientists have developed the Tuzla model for opiate addiction in 2009, a first ever project of such kind in Bosnia and Herzegovina.

Objectives To describe principles of organization and results of six years working period with buprenorphine + naloxone program.

Method Authors described principles of organization and results of six years working period of the centre for medical prevention of opiate addiction in Tuzla.

Results Once a patient is admitted to the center, a family member or a close friend signs a statement, committing to ensure that the patient will take the prescribed medicine regularly and always sticks around, from the very first psychiatric interview until the treatment finalization. This program helps create a bond between the addict and another person, which makes it different from other treatment programs which usually tend to isolate addicts in institutions. Another difference is that instead of methadone, patients receive another drug that has shown much better results—buprenorphine + naloxone (Suboxone®).

Currently, the centre has about 160 patients who come for regular treatment and check-ups. Since the centre was established, over 260 patients were successfully treated.

Conclusion The program helps families to rebuild their homes and relationships torn-apart by addictions, through rehabilitation, re-socialization and reintegration.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV37

What impact does a state of alcohol hangover have upon everyday prospective memory and does this differ for men and women?



T. Heffernan

Northumbria University, Psychology, Newcastle upon Tyne, United Kingdom

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. A recent study found deficits in everyday prospective memory (PM: memory for future plans/actions; such as remembering to meet with friends or to perform a task at a specific time) associated with the AHS.

Objectives Given the importance of PM to everyday living, it is important to attempt to verify these findings.

Aims The present study aimed to provide converging evidence on the impact AHS has upon PM and extend this focus to explore whether any sex differences relating to AHS and PM exist.

Methods Twenty-six AHS participants (13 males/13 females) were compared with 27 non-AHS controls (12 males/15 females) using a between-groups design. All completed a Virtual Reality Prospective Memory Test (VRPMT) was used as an objective test of time-based and event-based PM.

Results The AHS group recalled significantly fewer time-based and event-based PM tasks on VRPMT compared with the non-AHS control group. There was a sex and hangover interaction on time based PM, with the male AHS group recalling significantly fewer items than the female AHS group.

Conclusions These results confirm the deleterious impact of AHS upon PM and further reveal that males who are in an AHS are significantly more impaired in their time-based PM than females in an AHS, a novel addition to the literature.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV38

The separate and combined effects of drinking and smoking upon everyday prospective memory



T. Heffernan

Northumbria University, Psychology, Newcastle upon Tyne, United Kingdom

Introduction Prospective memory (PM) refers to memory for future plans/actions; such as remembering to meet with friends or to perform a task at a specific time. Independent research has demonstrated that smoking and excessive alcohol consumption produce PM deficits on both self-reported and objective measures of PM.

Objectives No research to date has looked at the combined use of excessive alcohol and tobacco smoking upon PM, which is the focus of this study.

Aims The present study aimed to provide compare a group of excessive drinkers, a group of smokers (not excessively drinking)

and a poly-drug excessive drinking and smoking group, on an objective measure of PM.

Methods A between-subjects design will be used to compare three groups: (1) a group of excessive drinkers who do not smoke; (2) a group of smokers who do not drink excessively and (3) a group of excessive drinkers who also smoke. The Cambridge Prospective Memory Task will measure both time and event based PM; and two self-reports will measure covariates of substance use and everyday mood (since these can impact upon PM independent of smoking/drinking status).

Results Descriptive statistics will be applied to observe the trends across all three groups with regards the covariates and main dependent measures of time and event based PM. A series of ANOVAs will be applied to determine significance across the groups on the covariates and on the main dependent measures.

Conclusions The conclusions and implications will be presented at the conference, along with suggestions for future research.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV39

Relation between substance of abuse and demographic characteristics, medical and psychiatric history in patients with substance related disorders

S. Herrera^{1,*}, A. Riquelme¹, T. León², M. Babul²

¹ Pontificia Universidad Católica de Chile, School of Medicine, Santiago, Chile

² Pontificia Universidad Católica, School of Medicine, Department of Psychiatry, Santiago, Chile

* Corresponding author.

Introduction Substance related disorders is a problem of global concern because of the high prevalence and costs for patients and society. In one of the latest surveys, 52% of the American population reported being current alcohol drinkers and 6.3% admitted being heavy drinkers. In addition, 9.4% are illicit drug users, being marijuana the most commonly used.

Objectives To determine whether there is a relation between the substance of abuse and the demographic characteristics, medical and psychiatric comorbidities of patients with substance use disorder.

Patients and methods This correlational study examined data of 218 patients with substance use disorder (DSM-5), that consulted at the Addiction Unit of "Red de Salud, Pontificia Universidad Católica de Chile", between April 2012 and September 2015. Data included: demographics, medical and psychiatric history, laboratory and imaging tests.

Results Out of all the patients, 57% suffered from alcohol use disorder, whereas 21% abused of marijuana, 20% of cocaine and 8% of benzodiazepines. There was a correlation between alcohol use disorder and being over 40 years of age, being separated and having higher educational studies. For marijuana, being under 40 years of age, being single and having no medical comorbidities. For cocaine, not being single. For benzodiazepines, being over 40 years of age, being separated and having medical comorbidities. All of these correlations were statistically significant.

Conclusion These results emphasize on the complexity of these patients and on the important contrast created between age, marital status, level of education and prevalence of comorbidity depending on the abused substance.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV40

Demographic characteristics, medical and psychiatric history of patients with prescription opioid use disorder

S. Herrera^{1,*}, A. Riquelme¹, T. León², M. Babul²

¹ Pontificia Universidad Católica, School of Medicine, Santiago, Chile

² Pontificia Universidad Católica, School of Medicine, Department of Psychiatry, Santiago, Chile

* Corresponding author.

Introduction Over the past two decades the prescription of opioid analgesics has increased with a subsequent escalating in prescription opioid misuse. It is estimated that 4.5 million (2.5%) of the United States of America population abuse of pain relievers; opioids are among the most commonly.

In Chile there are few reports about the prevalence of opioid use disorder.

Objectives The aim of this study is to describe the demographic characteristics, medical and psychiatric comorbidity of patients that suffer from opioid addiction.

Patients and methods This transversal study examined data of 7 patients with opioid use disorder (OUD; DSM-5) that consulted at the addiction unit of "Red de Salud, Pontificia Universidad Católica de Chile", between November 2013 and October 2015. Data included: demographics, medical and psychiatric history, laboratory and imaging tests.

Results Of all the patients, 57% were men, 25 to 67 years of age, 43% between 35-40 years; 57% were married; 57% had completed studies at university. 43% had also alcohol use disorder, 28% marijuana, 28% cocaine and 28% benzodiazepines than in most cases began before OUD. In addition; 57% had medical comorbidity among which stand out obesity (17%), osteoarthritis (17%) and chronic low back pain (17%). Eighty-three percent require hospitalization. Twenty-eight percent had abnormal liver tests and one patient had positive hepatitis B core antibody. Opioids used were: morphine(14%), codeine (43%), tramadol (42%).

Conclusion These results emphasize on the misuse of prescription opioids analgesics, the complexity of patients with OUD and the prevalence of other substance use disorder that precedes and accompany OUD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV41

Predictors of quality of life in opiate-dependent individuals undergoing methadone maintenance treatment

C. Hornillos*, M. Crespo

Universidad Complutense de Madrid – School of Psychology,

Personalidad – Evaluación y Tratamientos Psicológicos I

Personalidad – Evaluación y Psicología Clínica, Pozuelo de Alarcón, Spain

* Corresponding author.

Introduction Quality of Life (QoL) is an important outcome variable in Methadone Maintenance Treatment (MMT) for opiate dependence. Previous research has focused on demographic variables, treatment features, drug use and physical and mental health as possible predictors of QoL in this condition but interest in genuinely psychological variables (skills and personal repertoires) has been lacking. Experiential Avoidance (EA), the tendency to behave in order to decrease some kind of internal distress, has a strong relationship to psychological disorders and holds promise as a potential predictor of QoL.



Objectives To identify predictors of QoL in clients undergoing MMT, taking into account psychological variables.

Aims To see if EA is related to QoL in clients undergoing MMT.

Methods Using a cross-sectional design, information was gathered from 48 opiate-dependent individuals undergoing MMT. Variables included were QoL (IDUQOL), severity of drug use, social adjustment and physical and mental health (ASI-6), emotional distress (HAD) and EA (AAQ and its version for substance-abusing individuals, AAQ-SA). Mean-comparison tests and correlation tests were carried out, and several variables were entered into a stepwise multiple regression analysis.

Results Anxiety and EA were the only variables which made it into the regression model, accounting for 41.9% of variance of QoL.

Conclusions Contrary to previous research, the predictors of QoL were psychological. It is the first time that EA is related to QoL in this population. Interventions should explicitly target EA and anxiety. Additional research should make use of longitudinal designs and take into account further psychological variables (emotion regulation, coping).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV42

The relationship between previous trauma and alcohol and substance misuse in women



M. Husain^{1,*}, K. Moosa², K. Khan³

¹ Manchester, United Kingdom

² Leicester Medical School, Medical School, Leicester, United Kingdom

³ University of Liverpool, School of Psychology, Liverpool, United Kingdom

* Corresponding author.

Introduction The association between previous trauma and the development of alcohol and substance misuse is well established, however, much of the research is focused on the association of PTSD with alcohol and substance misuse. This research will be focussing on trauma in general and its influence on the development of alcohol and substance misuse in women.

Objectives The main objective of this study was to investigate the relationship between previous traumatic events and the development of alcohol and substance misuse in women.

Methods This was a retrospective case note study of 146 female patients from a UK based detoxification and rehabilitation centre. Trauma history from patient files were audited, with the trauma experienced being assigned a category.

Results Out of 146 women with alcohol and/or substance misuse, 132 (90%) had experienced a previous trauma. The types of trauma experienced include; domestic (53%), traumatic grief (36%), sexual abuse (35%), physical (15%), bullying (4%) and neglect (4%). These results show that women who suffer from alcohol/substance misuse are highly likely to have suffered a previous trauma.

Conclusions The results from this study suggest that women who have suffered previous trauma are high risk for alcohol and substance misuse problems, therefore early intervention and a robust psychological support system should be provided to women who have a history of trauma. Furthermore in addition to addiction treatment and behaviour focused therapy already in place trauma focussed therapy may prove beneficial.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV43

Dynamics of psychopathological symptomatology at patients with opiate addiction in the process of complex rehabilitation



S. Igunnov^{1,*}, E. Stanko²

¹ Institute of Management and Social Technologies of Belarusian State University, Social Work and Rehabilitology, Minsk, Belarus

² Grodno State Medical University, Psychiatry, Grodno, Belarus

* Corresponding author.

The aim of the work was to study the structure and dynamics of psychopathological symptoms among HIV-positive and HIV-negative patients with opiate addiction.

Material and methods The survey was attended by 820 patients. We studied the parameters of the main psychopathological symptoms using a questionnaire SCL-90-R in the dynamics. The structure of psychopathology in patients with opiate addiction is presented. The changes psychopathological indicators of the state of the examined patients before and after complex rehabilitation, after 1, 3, 6 and 12 months from the start of observation are given.

Results The findings suggest the presence of more severe psychopathology HIV-positive patients than HIV-negative patients with opiate addiction. It was found that the quantity indicators SCL-90-R in the examined patients, despite the positive trend at discharge significantly higher than in healthy individuals.

Conclusion The results of the study indicate a lack of short-stage therapy to normalize the mental state of opiate addiction and the need to develop an algorithm of a long, corrected with the needs of patients, comprehensive rehabilitation programs.

Keywords Psychopathology; Dynamic assessment; Opiate addiction; HIV

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1028>

EV44

Torsades-de-Pointes Predisposing Risk Factors (TdPPRFs) in a cohort of patients maintained on high dose methadone – a clinical safety caseload analysis



R. Iosub^{1,*}, S. Hawkins², C. McCarville², H. Kennedy², K. Williams¹, B. Watson¹

¹ Avon and Wiltshire Mental Health Partnership NHS Trust, Bristol Specialist Drug & Alcohol Service, Bristol, United Kingdom

² University of Bristol, School of Physiology & Pharmacology, Bristol, United Kingdom

* Corresponding author.

Introduction Methadone, a long-acting opioid agonist commonly used in the treatment of opiate dependence, has been reported to cause QTc interval prolongation, increasing the risk of a fatal cardiac arrhythmia – Torsades-de-Pointes (TdP). This effect seems to be attributable to methadone's inhibitory effect on the cardiac "hERG"-K⁺ ion channel and is dose-dependent. There is a lack of consensus regarding when to perform an ECG for patients on methadone.

Objectives Identifying other TdPPRFs in a cohort of patients receiving ≥ 85 mg (high dose) methadone daily to inform local clinical safety guidelines.

Methods Our outpatient caseload was filtered to select opiate-dependent patients receiving more than 85 mg methadone daily. Primary care summaries and laboratory results databases were analysed for the presence of other TdPPRFs: female sex a documented history of ECG abnormalities, electrolyte imbalance, liver

or renal failure, and concomitant use of other QT prolonging medication or stimulants.

Results Fourteen opiate-dependent patients (10.29% of patients on methadone) were maintained on ≥ 85 mg methadone daily. Gender distribution was F:M = 1:1.8; 64% misused illicit stimulants; 57% were prescribed other QTc prolonging medication and 29% had a documented history of liver/renal failure or electrolyte imbalance. Only 14% had previous ECGs documented in primary care summaries. Of patients on high dose methadone, 85.7% had at least one TdPPRFs present and 64.3% had at least two.

Conclusions These results demonstrate an increased rate of TdPPRFs in this patient group and highlight the importance of ECG monitoring which ideally should be offered to patients receiving even lower doses of methadone.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV45

Place of methadone in practice of tunisian psychiatrists



G. Jmii^{1,*}, M. El Karoui², M. Zghal², L. Robbana², I. Ben Ghzaeil², O. Moula², R. Ghachem²

¹ Tunis, Tunisia

² Hopital Razi, Mannouba, Tunis, Tunisia

* Corresponding author.

Introduction Substance abuse is a widespread phenomenon in Tunisia. However, although the principles of prevention and addiction treatment are accepted in Tunisia, the laws of our country remains sketchy and marked by the traditional punitive approach to drug users.

Aims Assess knowledge of methadone, opioid substitution therapy, among Tunisian psychiatrists.

Methods This is a descriptive cross-sectional study that included psychiatrists in the public sector, liberal sector or in training courses. These doctors completed a self-administered questionnaire posted on the website of the Tunisian Society of Psychiatry and the Association of Tunisian residents and young psychiatrists. The survey includes 18 items. The questions were grouped under three main headings:

- sociodemographic data;
- general knowledge of methadone;
- methadone and its place in their daily practice.

Results The participation rate was 15% ($n = 35$).

The average participant age was 32.13 years.

Psychiatry residents were the most represented grade 94%.

Twenty-eight percent of participants had training in addiction ($n = 10$)

Eighty-five percent have heard about methadone.

Conclusion Given the importance of the scourge of drug abuse including opioids, political circles have expressed the desire to improve the Tunisian legislation on substitution treatment. Nevertheless, others projects more directly related to “Arab Spring” are government priorities.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV46

Alcohol addiction in patients with comorbidity of borderline personality disorder and Bipolar disorder



S. Jonovska^{1,*}, V. Šendula Jengiĉ², V. Oreškoviĉ³, S. Soldo Bagariĉ⁴

¹ Psychiatric hospital Rab, Department of Addictions, Rab, Croatia

² Psychiatric hospital Rab, Department of Forensic Psychiatry, Rab, Croatia

³ Psychiatric hospital Rab, Department of Acute Psychiatry, Rab, Croatia

⁴ Prison's Hospital Sveto Šimunska, Department of Acute Psychiatry, 10000 Zagreb, Croatia

* Corresponding author.

Comorbidity of borderline personality disorder (BPD) and Bipolar disorder (BD) has frequently been seen in psychiatry. Some authors consider them separate psychiatric diagnoses appears in the same patient as comorbidity; some others consider affective oscillations a part of BPD diagnosis. Often in mentioned patients secondary appears different kind of addictions, mostly drug addiction, but also alcohol addiction (AA).

In this study we going to present 2 case reports of patients with all 3 diagnoses: AA, BPD and BD. First, female patient, 40 years of age, about 10 years in psychiatric treatment, with primarily diagnosed AA, and secondary diagnosed BPD and BD in development. She had marital problems for many years, now in phase of divorcing, and several suicide attempts. Second, male patient, 30 years of age, working as nurse, not married, living with parents, more than 5 years in psychiatric treatment. Primarily diagnosed as AA than BD and BPD and suspect, but undiagnosed gambling. Both were treated several times in Department of Addictions at Psychiatric Hospital Rab in Croatia. Both were also only in partialy, not continued psychotherapeutic treatment during years of psychiatric treatment. Still now, both were alcohol addicted.

In conclusion, we realized that both of them were primarily comorbidity of BPD and BD with secondary developed alcohol addiction. Without continued, long-term, systematic psychotherapeutic and family treatment completed with psychopharmacological treatment of BD, we could not expect successful treatment of alcohol addiction.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1031>

EV47

Gamma-hydroxybutyrate (GHB) withdrawal syndrome: First case report in Lithuania (Kaunas addiction treatment center)



K. Jucys^{1,*}, A. Leleikiene², D. Jokuboonis²

¹ Birstonas, Lithuania

² LSMUL, Psychiatric, Kaunas, Lithuania

* Corresponding author.

Gamma-hydroxybutyrate (GHB) is a γ -aminobutyric acid (GABA) precursor and metabolite that naturally occurs in the human body. Initially, GHB was used as an anaesthetic agent but was later also found to have anabolic, hypnotic, antidepressant, anxiolytic as well as cholesterol lowering effects. Recently though, research into GHB has been carried out primarily in assessing its effectiveness in treating alcohol and opioid withdrawal syndrome. There are no epidemiological data about GHB consumption in Lithuania, however during last decade there were observed many fatal cases of GHB users due to GHB intoxication or withdrawal abroad. In this article we will present the clinical case and problems which face the patient of 2-year daily GHB consumption. There were observed mild to moderate abstinence state presented with its clinical course and peculiarities. Whereas using GHB is becoming more popular in Lithuania, it is very important to pay attention to this substance and problems related to its usage.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV48

Treatment of patients with opioid addiction with different disease duration



N. Khodjaeva*, S. Sultanov

Tashkent medical academy, Psychiatry and Narcology, Tashkent, Uzbekistan

* Corresponding author.

To study the characteristics of medical and rehabilitation care for patients with opioid dependence we have investigated 50 patients. All patients on long-term use of opioids were divided into 2 groups. The duration of drug abuse in group 1 ranged from 4 months up to 5 years. In the second group, the duration of dependence was more than 5 years. Patients in the second group of somatic-neurological symptoms were having somatic disorders and organic brain damage. Systematic observation in drug treatment clinics at the place of and maintenance treatment of at least one year was achieved in 8.48% of patients of group 1 and 3.85% of the second group. Consequently, the role of the therapeutic factor in trying to achieve regression syndrome pathological attraction in early stages of the disease, we recognize more productive. Patients of the second group with a large weighting of disease duration was noted clinical abstinence syndrome both by somatic and neurological disorders, as well as by more severe anxiety, dysphoric disorders. These disorders require the inclusion in the scheme of treatment techniques aimed at more effective detoxification and immune reactivity of the organism. Patients of the second group was added to the treatment nootropics and immunomodulators. Analysis of the results of treatment in patients with drug addiction with different disease duration showed significant differences in the effectiveness. In the second group with a duration of more than 5 years of addiction, it is advisable to the treatment nootropics, immunomodulators.

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EV49

Neurobiological basis of mutual influence of stress burden and alcohol addiction: Review of data



V. Korostiy^{1,*}, M. Markova², H. Kozhyna¹, K. Gaponov², V. Lytvynenko²

¹ Kharkiv National Medical University, Psychiatry- Narcology and Medical Psychology, Kharkov, Ukraine

² Kharkiv Medical Academy of Postgraduate Education, Medical Psychology and Sexology, Kharkiv, Ukraine

* Corresponding author.

Introduction The current situation in Ukraine is characterized by multitude social-stress factors, resulting in an increase in alcohol consumption and alcohol addiction, which arises as a mechanism to compensate the adverse mental stress and different variant of chronic stress disorder.

Objective Substantiate the neurobiological basis of mutual influence of stress burden and alcohol addiction.

Aim To study the biochemical mechanisms that underlie the vicious circle of stress and alcohol addiction.

Methods Studies the features of hypothalamic-pituitary-adrenal (HPA) axis under stress and alcohol available in Medline, Institute for Scientific Information Databases (Science citation index expanded and Social sciences citation index), EMBASE, and Cochrane Library were identified and reviewed.

Results Alcohol, just like stress, affects the HPA axis, changing the reaction of its parts and, by reducing the production of

cortisol, which produces in response to stress and prolongs subjective experiences of nervous tension caused by stress. Stress, through the output of cortisol, reduces the effect of alcohol leads to a desire to further alcohol abuse. The system includes elements of the extended amygdala, which have as reinforcement and stress reactivity. Central nucleus amygdala plays a leading role in the reinforcing effects of pharmacological agents with narcogene potential and performs persuasive role in the activation of hypothalamic reinforcement mechanisms. This allows us to consider neurohormonal system, including the amygdala, hypothalamus, pituitary and adrenal glands as structural and functional basis of formation depending on various narcogene, primarily alcohol.

Conclusions Dysregulation of the HPA axis is a neurobiological basis of mutual influence of stress burden and alcohol addiction.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV50

Clinical implications of codependency as a model of health disorders associated with stress, in wives of men with alcohol dependence



V. Korostiy^{1,*}, H. Kozhyna¹, M. Markova², V. Yaru²

¹ Kharkiv National Medical University, Psychiatry – narcology and medical psychology, Kharkov, Ukraine

² Kharkiv Medical Academy of Postgraduate Education, Medical psychology and sexology, Kharkiv, Ukraine

* Corresponding author.

Introduction The potential adverse consequences, personal distress, shame and guilt presented by patients who suffer from codependency require a more in-depth understanding of the phenomenology of this disorder.

Objective To determine targets of psychotherapy work with the codependency wives of men with alcohol dependence (AD).

Aim To determine the features of clinical manifestations of codependency as a model of health disorders associated with stress.

Methods Integrated clinical-psychopathological and psychodiagnostic research, using anxiety and depression scales M. Hamilton, scale of psychosocial stress L. Reeder and methods for determining stress and social adaptation of Holmes and Rahe.

Results One hundred and sixty wives of men with AD, depending on the type of AD (TF Babor's classification), were divided into two groups: group A, 80 patients with AD type A and 80 their wives, and group B, 80 men with AD by type B TF Babor, and 80 wives. Comparison group consisted of 50 married women whose husbands are not suffering from AD.

All the wives of men with AD distortions emotional state of the prevalence of pathological manifestations of depression and anxiety clinically delineated levels and high levels of psychosocial stress and low stress, unlike women men without alcohol problems. It was found that the more severe psychopathological manifestations occurring in the wives of men with a family history, burdened alcohol and drug abuse (group B).

Conclusions Available data suggest that a single mechanism of family experiences a stressful situation, we were put in the basis for developing a comprehensive treatment measures and psychotherapeutic support codependent wives patients with AD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV51

The Internet addiction and the correlation with the socio-economic crisis in students of University of applied sciences of Thessaly (TEI of Thessaly)



S. Kotrotsiou^{1,*}, V. Katsavria¹, E. Kotrotsiou¹, K.ourgouloulianis², M. Gouva³, T. Paralikas¹, C. Hatzoglou²

¹ Technological Educational Institute of Thessaly, Nursing, Larissa, Greece

² University of Thessaly, Medicine, Larissa, Greece

³ Technological Educational Institute of Epirus, Nursing, Ioannina, Greece

* Corresponding author.

Introduction Use of the Internet lately has significantly been increased worldwide. The time users spend browsing the Internet is constantly increased resulting to serious consequences incurred in personal, professional and social life.

Aim The purpose was to explore whether the economic crisis is affecting the use and addiction to Internet, whether the economic crisis is a risk factor in the appearance of addiction to the Internet and if the occupation and the existence of extra-curricular activities act as barriers to the development of addiction to the Internet on students.

Methods A questionnaire was prepared based on the diagnostic tool IAT (Internet Addiction Test). The survey was conducted in June of 2014 on 632 students.

Result It was found that 6.2% of the sample population has moderately addictive behavior and 0.5% has a serious addiction. Addiction levels to the Internet are affected by someone working while studying and his monthly income, by daily time spent by the student in activities besides school, by the time spent daily on the Internet and by the operations mostly used. Also found that the risk of developing Internet addiction is higher among students who said they had difficulty paying their bills and Internet subscription and to those who due to economic crisis would stop all their activities in order to obtain money.

Conclusions The economic crisis is a factor that affects on Internet addiction and occupation and activities may act as a deterrent to the emergence of the phenomenon.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV52

Everyday life consequences of illness of substance use disorder (SUD) with co-occurring attention deficit/hyperactivity disorder (ADHD) or autism spectrum disorder (ASD) in adults



L. Kronenberg^{1,*}, K. Slager², P. Goossens³, W. van den Brink⁴, T. van Achterberg⁵

¹ Dimence, centrum ontwikkelingsstoornissen, Deventer, Netherlands

² Dimence, dual diagnoses treatment facility, Deventer, Netherlands

³ Dimence, centrum bipolaire stoornissen, Deventer, Netherlands

⁴ Amsterdam Institute for Addiction Research AIAR, Academic Psychiatric Centre AMC-UvA, Amsterdam, Netherlands

⁵ Centre for Health Services and Nursing Research CZV, Quality of Care & Department, Leuven, Belgium

* Corresponding author.

Purpose To identify the personal and social everyday life consequences of patients with substance use disorder (SUD) with co-occurring attention deficit/hyperactivity disorder (ADHD) or autism spectrum disorder (ASD).

Design and methods A qualitative phenomenological study using in-depth interviews guided by a set of topics regarding the consequences of illness for everyday life.

Findings The personal and social everyday life consequences of patients with SUD with co-occurring ADHD or ASD were narrowed down to three themes; Jumble of Emotions and Thoughts, Substance Use and Structure. It can be concluded that the underlying mechanisms may be different for each group (impulsivity vs. passivity), but both groups describe the consequences of their illness for everyday life as being caught up in a vicious circle.

Practice implications This study provides insight in the meaning of SUD in the lives of patients with ADHD and ASD. It not only shows that SUD has meaning, but also shows how it functions and why it functions. The study also provides insight in what clinicians could do to break this vicious circle across lifespan.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV53

Internet-use related addiction: The state of the art of clinical research



D. Kuss^{1,*}, O. Lopez-Fernandez²

¹ Nottingham Trent University, International Gaming Research Unit, Nottingham, United Kingdom

² Université Catholique de Louvain, Psychological Sciences Research Institute, Louvain-la-Neuve, Belgium

* Corresponding author.

Introduction In 2013, the American Psychiatric Association included Internet Gaming Disorder in the appendix of the 5th edition of the DSM-5, suggesting more research is necessary for the condition to be officially accepted as mental disorder. Criticisms have emerged as to the viability, validity and reliability of the proposed condition, and researchers have pointed out that the subsuming of Internet addiction under the umbrella term of Internet Gaming Disorder (as is the case in the DSM-5) is highly problematic.

Objectives and aims The objective of this talk is to provide a comprehensive and inclusive analysis of clinical research of Internet-use related addictions from a holistic perspective, given the ambiguity of previous research in the field.

Methods A systematic literature review was conducted using the database Web of Science, and a total of 44 empirical and clinically relevant studies were identified.

Results Results indicated that the published clinical research studies can be categorized into four areas, including (i) treatment seeker characteristics, (ii) psychopharmacotherapy, (iii), psychological therapy, and (iv) combined treatment, each of which will be discussed.

Conclusions At the present day, both diagnosis and research of Internet-use disorders appears rather broad. Furthermore, there appears a need for developing a gold standard of clinical assessment. This will support the establishment of efficacious and effective treatments which need to be tailored to the individual help seekers' needs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV54

Interventions targeting physical health problems in patients with concurrent mental illness and substance use



A. Juel^{1,*}, C.B. Kristiansen², M.J. Povl³, P. Hjorth⁴

¹ Aarhus University Hospital, Department of Organic Mental Disorders and Emergency Ward, Risskov, Denmark

² Aarhus University Hospital, Psychiatric Research Academy, Department of Affective Disorders, Risskov, Denmark

³ University of Southern Denmark, Department of Psychiatry, Odense University Function, Odense, Denmark

⁴ Regional Psychiatry, Randers, Denmark

* Corresponding author.

Introduction Physical comorbidities are common in patients with concurrent mental illness and substance use disorder. Interventional studies addressing health promotion for this group of patients are scarce.

Aims To examine the physical health condition of a non-selected group of patients with substance use disorder comorbid to other psychiatric disorders. Further, to analyze for possible changes in their health condition during a two-year intervention study in relation to physical measures and substance use. Finally, to analyze for possible associations between changes in physical measures and in substance use.

Methods The patients were enrolled in the project continuously from October 2013 through May 2015. Physical health measures were obtained at the enrolment date and continuously as part of daily clinical practice. Interventions consisted of individual consultations with a research nurse, group sessions and an opportunity to do physical exercise together with the research nurse. Interventions included health promotion activities, i.e. guidance on healthy food intake, smoking cessation and a physically active life.

Results In total, 64 patients (mean age 32.7 years, SD 10.7) were included in the study. Patients were mostly diagnosed with psychotic disorders (11%), affective disorders (44%) or developmental disorders (34%). Baseline measures showed that 89% of the patients smoked cigarettes daily, 61% had used cannabis and 20% had used amphetamines within the past month. Further, few patients did moderate or vigorous physical exercise. Further results are in progress.

Conclusions These interventions seem relevant and manageable in an outpatient setting.

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EV55

Delusional symptoms with alcohol

L. Montes Reula^{1,*}, A. Ballesteros Prados²

¹ Instituto Salud Mental Gobierno Navarra, CHN Psychiatric, Pamplona, Spain

² Red Salud Mental Gobierno de Navarra, Mental health center, Estella, Navarra, Spain

* Corresponding author.

A patient is twenty-eight years old who comes to the emergency services because he has visual hallucinations related to alcohol consumption. He only consumes alcohol sporadically in leisure time. Since he began drinking at 18 years he has presented these symptoms in only four occasions. He does not relate with a more quantity of alcohol or another stressors. After a few minutes, these symptoms disappear and so he criticizes.

It is about of study through a clinical case the alcoholic hallucinosis, their characteristics and to see the differences in the patient. The patient in the acute phase presents a view of reality altered that later he recovers. There is no loss of consciousness or behavioral disorders. There are similarities with a pathological intoxication but there is not a regular relationship between consumption and symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV56

Do medical students use cognitive enhancers to study? Prevalence and correlates from lithuanian medical students sample

A. Lengvenytė^{1,*}, R. Strumila²

¹ Lithuanian University of Health Sciences, Faculty of Medicine, Kaunas, Lithuania

² Vilnius University, Faculty of Medicine, Vilnius, Lithuania

* Corresponding author.

Introduction Use of prescription psychostimulants and nootropics for non-medical purpose is a growing trend, especially in academic environment. Seeing the risks of neuroenhancement we decided to investigate situation in Lithuania.

Objective Analyze the use of cognitive enhancers among medical students in Lithuania.

Aims 1. Determine the prevalence of cognitive enhancement. 2. Figure out what drugs are mostly used and reasons for the usage. 3. Evaluate the contributing factors.

Methods A cross-sectional survey study was performed in Vilnius University and Lithuanian University of Health Sciences. Students were asked to fill anonymous paper questionnaires consisting of 13 items concerning prevalence of substance use to enhance cognitive performance, reasons, and correlates during lecture time.

Results Results are summarized in Table 1. A total of 8.1% of responders indicated that they had used cognitive enhancers. Nootropics were the most frequently mentioned: 59.6%, while psychostimulants were mentioned less frequently: 38.3% (including modafinil, methylphenidate and amphetamine derived drugs), and 23.4% indicated other substances. Improvement of concentration and increased studying time were predominant purposes (55.3% and 48.9% of users). Male students reported 3 times higher prevalence rates than females (14.6% vs. 5.1%, $P < 0.05$). Prevalence were also higher in students, who knew someone using these substances as compared to those who did not (17.3% vs. 5.1%, $P < 0.05$); it was the most associated factor with cognitive-enhancing drug taking behavior (Table 1).

Conclusions In Lithuania, 1 of 12 medical students admits to having used neuroenhancing drugs. Nootropics were the most used drugs. Knowing user was the most important factor for usage.

Table 1 Main findings of this study.

	%	N
Students who indicated that they had used cognitive enhancers	8.1	47 (of 579)
Gender differences:		
Male	17.1	27 (of 185)
Female	5.4	20 (of 394)
Most used drugs:		
Nootropics	59.6	28 (of 47)
	%	p value, standardized coefficient
Factors which had the greatest influence on consuming drugs:		
Knowing someone who had used	17.3	<0.0001, 0.0395
Gender	17.1	<0.0001, 0.0388
Most important reasons for use:		
Improve concentration	55.3	<0.031, 0.2397

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV57

Exercise addicts with injuries are in risk of depression

M. Lichtenstein^{1,*}, K. Andersen², U. Jørgensen³

¹ Department of Psychology, University of Southern Denmark, Odense C, Denmark

² Research Unit of Clinical Alcohol Research, University of Southern Denmark, Odense, Denmark

³ Orthopaedic Department, Odense University Hospital, Odense, Denmark

* Corresponding author.

Introduction Exercise addiction is characterized by increasing exercise amounts, withdrawal symptoms and lack of control. Exercisers with addiction continue to exercise in spite of pain and injury because they use exercise to regulate emotions, identity and self-esteem. How do they react to injuries?

Objectives It is hypothesized that exercise addiction is a risk factor for emotional distress when an injury occur due to withdrawal symptoms and lack of identity.

Aims To estimate the prevalence of exercise addiction in exercisers with injuries at the musculoskeletal system and to test the relationship between addiction and emotional distress (depression and stress).

Methods The Exercise Addiction Inventory was used to identify exercise addiction. To measure depression and stress we used the Major Depression Inventory (MDI) and the Perceived Stress Scale (PSS). Participants ($n = 694$) were regular exercisers with injuries at foot, knee or shoulder at an orthopedic hospital department.

Results The prevalence of exercise addiction was 7.6%. We found that exercisers with addiction reported more emotional distress in terms of higher MDI-scores 18.0 (SD = 11.0) versus 11.7 (SD = 9.1); $P = 0.00$ and in total PSS-score 17.6 (SD = 7.2) versus 13.9 (SD = 6.8); $P = 0.00$. Chi² analyses showed that 25% of the addicted exercisers met the criteria for clinical depression, while only 11% of the non-addicted exercisers were depressed; $P = 0.00$.

Conclusions Exercisers with addiction appear at somatic departments treating musculoskeletal injuries. It is a vulnerable group characterized by elevated levels of depressive symptoms and clinical stress. We recommend to offer psychological interventions focusing on emotional distress and prevention of re-injury by reducing excessive and obsessive exercise patterns.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV58

Qualitative study of patients with dual pathology in treatment with aripiprazole extended-release injectable suspension



L. Fernández Mayo*, D. Baño Rodrigo, E. Barbero García, M. Agujetas Rodríguez

CAID Majadahonda, Center for Attention to drug addicts, Majadahonda, Madrid, Spain

* Corresponding author.

Introduction Studies describe patients with dual pathology as subjects with worse clinical evolution and worse therapeutic response. These subjects have high percentages of worse therapeutic compliance and low adherence to psychopharmacological treatment. The conventional antipsychotics can induce dysphoria and worse craving and drug use. The long duration-injectable antipsychotics could serve as a good therapeutic alternative because they combine efficacy and tolerability.

Objectives We analyzed subjects treated with aripiprazole injectable to demonstrate its effectiveness on symptomatology, the reduction of craving and consumption of substances.

Materials and methods We studied subjects with dual disorders at a Center for Attention to drug addicts treated with aripiprazole extended-release injectable. All of them met criteria for the diagnosis of disorders for cannabis and cocaine use. All of them had been previously treated with oral antipsychotics and/or injectable

of long duration. Evolution of craving and consumption were evaluated through clinical interviews and urine analysis.

Results Cannabis was the main substance for all the patients. Three of them also often abused of cocaine. All of them were taking other treatments previously. The main causes of the change were: side effects and/or poor compliance. Only one patient discontinued follow-up. The rest of them showed good therapeutic adherence and better tolerability with aripiprazole injectable. The monthly dose was 400 mg.

Conclusions Aripiprazole extended-release injectable is a good choice for dual disorders. A good therapeutic adherence involves not only a psychopathological improvement but also respect to craving and consumption, which makes aripiprazole injectable a suitable therapeutic option.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV59

Nalmefene and alcohol use disorder. Evaluation of clinical cases at a treatment centre for drug addicts



L. Fernández Mayo*, D. Baño Rodrigo, E. Barbero García, M. Agujetas Rodríguez

CAID Majadahonda, Treatment Centre for Drug Addicts, Majadahonda, Madrid, Spain

* Corresponding author.

Introduction Alcohol abuse causes dopamine release in the mesolimbic system, which activates the reward circuit. This is linked to an interdependent opioid, serotonergic and endocannabinoid system. Nalmefene is a modulator of the endogenous opioid system, with antagonistic effect on mu and delta receptors, and a partial agonist activity kappa. This means that reduces the reinforcing effects of alcohol consumption through the cortical-mesolimbic system. Therefore, when a patient takes nalmefene, the satisfaction obtained when he drinks is lower, which increases the possibility to have more control over drinking.

The efficacy of nalmefene was evaluated in two profiles of patients: 1. No abstinence in alcohol dependence disorder and continuous relapses, 2. Cocaine dependence disorder associated to alcohol abuse.

Objectives Improving the quality of life and compliance rates due to the difficulties of following a strict treatment to achieve the abstinence. Furthermore, in cases of patients with cocaine dependence disorder and alcohol abuse, the objective is to avoid cocaine use by reducing previous alcohol consumption.

Conclusion nalmefene offers the possibility of treating the addiction from a new perspective. Our current clinical experience has been able to treat subjects with conventional treatments failures and those who need to achieve the necessary control to reduce cocaine use.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV60

Aripiprazole oral treatment in a sample of patients with dual diagnosis



C. Llanes Álvarez^{1,*}, A. San Román Uría¹, A. Caldero Alonso¹, M.Á. Garzón de Paz², M.Á. Franco Martín¹

¹ Complejo Asistencial de Zamora, Psiquiatría, Zamora, Spain

² Hospital Los Montalvos. Unidad Regional de Patología Dual,

Hospital Universitario de Salamanca, Psiquiatría, Salamanca, Spain

* Corresponding author.

Introduction Aripiprazole is the firstborn of the new dynasty of antipsychotic called third generation or neuromodulator of dopamine-serotonin system. It has proven to be an effective and well-tolerated antipsychotic. Dual Pathology represents the presence of comorbidity between mental illness and substance use disorders. It is an under-diagnosed problem and it is increasing frequency.

Objectives The aim of this study was to determine and describe the clinical profile of the patients admitted to the Dual Pathology Unit (UPD) at The Montalvos Hospital (Part of Salamanca University Teaching Hospital, Spain) treated with oral Aripiprazole.

Methods Descriptive, observational, retrospective study of a sample of patients admitted to the UPD to which oral aripiprazole was prescribed during hospitalization. A number of sociodemographic, clinical, and treatment-related variables are described.

Results From a sample of 25 patients and according to DSM-5 criteria (APA, 2013) main diagnoses were: 14 cases of substance-induced psychotic disorder, 3 cases of schizophrenia; 3 cases of schizoaffective disorder; 2 cases of bipolar disorder; 1 case of schizophreniform disorder; 1 case of borderline personality disorder; 1 case of personality syndrome. The most used drugs before the admittance were cocaine, cannabis and opioids. The average dose of aripiprazole was 9 mg and no side effects or drug interactions were reported.

Conclusions Apart from its well known efficacy in treatment of psychosis, oral aripiprazole may be a first line treatment for Dual diagnosis patients, specially those with problems of non-compliance, due to high level prolactin side effects.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV61

Personality disorders: Which personality features lead to a comorbid substance use disorder?



A. Lombardi*, A. Rossi, C. Gramaglia, L. Girardi, P. Zeppego
Università del Piemonte Orientale, Traslatonal Medicine, Novara, Italy

* Corresponding author.

Introduction Dual Diagnosis (DD) refers to coexistence of a psychiatric disorder, which is often a Personality Disorder (PD), and a Substance Use Disorder (SUD). Despite DD is a topic of interest in recent years, few studies have focused on the temperament and character traits of PD patients with or without a comorbid SUD. Anyhow, the assessment of personality traits may be helpful to understand the relation among psychiatric disorder, drug use and environment in patients with addictive behaviors.

Aims The aim of this study is to compare two subgroups of PD patients, with and without a comorbid SUD. Sociodemographic, clinical and personality profile, as assessed with the Temperament and Character Inventory, will be compared.

Methods We are recruiting patients with a PD diagnosis referring either the psychiatry ward or outpatient service of the AOU "Maggiore della Carità", Novara, Italy; secondly, we will group them according to the presence/absence of SUD. Cloninger's TCI-R will be administered together with a structured interview to gather sociodemographic and clinical information.

Results Data collection is ongoing; we expect to find a different personality profile in PD and DD Patients.

Conclusions Temperament, which is the biological part of the personality, seems to have an important role in addictive behavior; therefore assessing the personality traits of DD patients can help to improve the differential diagnosis and to establish strategies for treatment and prevention. In particular, sensation seeking and impulsivity are temperamental characteristics that may favor SUD in patients with psychiatric disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV62

Video game addiction: Providing evidence for Internet gaming disorder through a systematic review of clinical studies



O. Lopez-Fernandez^{1,*}, D. Kuss², H. Pontes², M. Griffiths²

¹ IPSY, PSP, Louvain-la-neuve, Belgium

² IGRU, Division of Psychology, Nottingham, United Kingdom

* Corresponding author.

Introduction The American Psychiatric Association introduced in Internet Gaming Disorder (IGD) in the appendix as a tentative disorder in the last edition of the Diagnostic and Statistical Manual of Mental Disorders. However, currently no systematic review exists about excessive gaming viewed from a clinical perspective.

Objectives and aims To review clinical studies on gaming addiction in order to ascertain characteristics of both clinical and research studies to provide retrospective evidence in relation with the proposed IGD classification (including criteria, measures and therapies).

Methods A systematic literature review of studies published from 1980 to 2015 has been conducted using three major psychology databases: Academic Search Complete, PsycInfo, and PsycArticles. A total of 5033 results from peer-reviewed journals were obtained, where 32 were identified as empirical clinical papers focused on gaming addiction.

Results The clinical research studies on gaming identified were published between 1998 and 2015, most of which included patient samples. Categorizations identified in the research papers included: (i) patients' characteristics (e.g., socio-demographics), (ii) criteria and measures used (e.g., scales to diagnose), (iii) types of gaming problems (e.g., game genre), (iv) and treatments (e.g., type of therapy).

Conclusions Findings will be discussed against the background of the controversial IGD diagnostic criteria proposed in the DSM-5 in order to assess the extent to which previously published clinical knowledge matched the current proposal for including gaming addiction as behavioral addiction in the next diagnostic manual.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV63

Cannabinoid hyperemesis syndrome



S. López-Romeo*, G. Ledesma-Iparraguirre
Parc Sanitari Sant Joan de Déu, Psychiatry, Barcelona, Spain

* Corresponding author.

Case report A 25-year-old man was attended in multiple times at Emergency Department by referring abdominal pain and vomiting. No organic disease was found and he was referred to Psychiatric Emergency to assess him. He had history of cannabis use (4–5 times/day) during last 5 years. He referred recurrent episodes of abdominal pain and vomiting since 4 years ago, he had found that having hot showers alleviate his symptoms. Urine screening was positive for THC and negative for other drugs. In results of blood tests, abdominal X-ray, abdominal ultrasonography, abdominal tomography and fibrogastroscopy didn't find any abnormality. He was diagnosed from suffering a somatoform disorder. Treatment with Setraline 50 mg/day was prescribed and cannabis abstinence was recommended. He was referred to Mental Health outpatient service. He maintained cannabis abstinence for 1 month and some symptoms disappeared. However, 2 months later, he relapsed in

cannabis use and all symptoms reappeared. Later he achieved cannabis abstinence again and he got full recovery, then he was diagnosed from cannabinoid hyperemesis syndrome.

Conclusion Cannabinoid hyperemesis syndrome is characterized by recurrent nausea, vomiting and colicky abdominal pain in patients with long-term cannabis use. These symptoms have been reported to be alleviated temporarily by taking a hot shower or more permanently by abstaining from the use of cannabis. The phenomenon of cannabinoid hyperemesis and clinical diagnosis remained obscure until recently. For this reason, it is necessary to take it into account in order to recognize it and help provide these patients early and better approach.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV64

The role of personality traits in initiating and maintaining addictive behavior

M. Manea^{1,*}, B. Savu²

¹ UMF CLUJ NAPOCA IULIU HATIEGANU, Medical Education, Cluj-Napoca, Romania

² UMF CLUJ NAPOCA IULIU HATIEGANU, Psychiatry, Cluj-Napoca, Romania

* Corresponding author.

Introduction It is well known that certain personality traits are more linked to drug abuse than others. Psychiatrists are more likely to emphasize the importance of impulsivity in the connection with substance disorders but in the following study we found an important percentage of patients that have a substance abuse were linked to anxiety through impulsiveness as a personality trait.

Objectives Most youths admitted for a substance abuse are highly impulsive. Our quest was to differentiate what component of impulsivity was more frequently linked to a substance use disorder.

Methods In the study were included 50 patients admitted in the 3rd Psychiatric Clinic, Substance Dependences Department, Cluj-Napoca. For the identification of the drug abused we used the multitest screening kit in correlation with the results from the Forensic Medicine Institute of Cluj-Napoca. Each patient completed the Barratt Impulsivity Scale and the Swedish Universities Scales of Personality.

Results High scores on BIS-11 strongly correlated with attentional impulsiveness (Pearson's r correlation = .838) which means high inattention and cognitive instability this being linked with anxiety disorders. Cognitive Instability was correlated with Psychic Trait Anxiety ($r = 0.29$) and Motor Impulsiveness with Somatic Trait Anxiety ($r = 0.3$). Normal 0 false false false EN-US X-NONE X-NONE.

Conclusions The underrecognized anxiety disorders in young adults whom are admitted for an addictive disorder prefrontal cortex is known to be the source of both impulsivity and could be linked to anxiety as well (valence asymmetry hypothesis). Normal 0 false false false EN-US X-NONE X-NONE.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV65

Behavioral disorders and new psychoactive substances abuse, a French case series

M. Marillier*, A. Batisse, C. Chevallier, S. Djezzar

GH Lariboisière-Fernand Widal, CEIP-Addictovigilance, Paris, France

* Corresponding author.



Introduction Range of drugs has largely increased the past few years, especially with the emergence of the New Psychoactive Substances (NPS) sold online. In front of serious risks they cause on human health, they are more and more regulated by the law.

Objectives To describe cases of extreme behavioral disorders and highlight risks of potential forensic complications linked to these consumptions.

Methods We present a case series of serious auto or hetero-aggressive behavioral disorders related to NPS abuse and notified to the Parisian addictovigilance center.

Results Twenty cases were identified between 2010 and 2015. Users were exclusively men, with mean age of 35.5 years (min: 20, max: 51). Synthetic cathinones are the predominant class of reported NPS (65%). An association between NPS and sexuality is found in 60% of cases (12); among them cathinones are used by 11 men. We observed 6 deaths among which, 5 were associated to sexual practice. Two cases of consumptions of cathinones induced torture and barbarian acts. Concerning aggressive behavioral disorders, we quote 3 cases of hetero-aggressivity (one by stab wound and 2 others developed an hypersexuality ± exhibitionism) and 9 cases of auto-aggressivity characterized by genital mutilations (1), defenestration (3), suicidal attempt (3), and acute psychiatric disorder with endangering life (2). Only four cases have been confirmed by toxicological analysis.

Conclusion Behavioral disorders inducing forensics complications exist with NPS and particularly with cathinones. The problematic is certainly undervalued. A collaboration between addictovigilance and forensic services has to be improved.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV66

Early alcohol use as prognostic factor for severity in dually diagnosed patients

R. Martinez-Riera, G. Mateu-Codina, A. Farre-Martinez*, J.L. Perez de Heredia, J. Marti-Bonany, M.G. Hurtado-Ruiz, M.T. Campillo-Saenz, R. Sanchez-Gonzalez, N. Ribas-Muñoz, C. Castillo-Buenaventura, M. Torrens-Melich

INAD, Psychiatry and Drug Abuse, Barcelona, Spain

* Corresponding author.

Objectives Describe the distinguishing characteristics between patients with early onset of alcohol use (EARLY, age < 15) and late onset of alcohol use (LATE, age > 16), both affected of acute non-substance use psychiatric disorders (non-SUD) and any substance use disorder admitted in a dual diagnosis unit.

Material and methods Data on demographic, family, and clinical factors were gathered among subjects admitted to our dual diagnosis unit along three years, all of them meeting DSM-IV criteria of any non-substance related Axis I or II disorder and comorbid substance use disorder (SUD). Statistical analysis was performed by using SPSS program.

Results We show results of 748 patients (437 of EARLY group and 311 of LATE group). Predominantly male (73,53%) with a mean age of $39,60 \pm 9,7$ years. Most prevalent non-SUD psychiatric disorders were psychotic disorder (39,97%) and personality disorder (39,30%). In our sample, most common substances of abuse were Alcohol (45,05%) and Cocaine (30,35%). EARLY patients had an earlier first contact all substances as well as an earlier age of problematic consumption of cocaine, alcohol, opioids and nicotine; they also had major prevalence of opioid SUD, sedatives SUD and amphetamines SUD (see Tables 1, 2 and 3).

Conclusions Patients who began earlier their consumptions of alcohol had major prevalence of opioid, sedatives and



amphetamine use. They also had earlier consumptions of other substances and earlier problematic consumptions of cocaine, alcohol, opioids and nicotine, what probably means greater severity of drug addiction in the long run.

Table 1 Demographic characteristics of both groups.

		EARLY (N=42) (8.8%)	LATE (N=11) (8.8%)	P value
Sex, %	Male	78.7%	88.1%	0.02**
	Female	20.2%	11.9%	
Age, years	Mean (SD)	28.3 (8.8)	30.4 (9.4)	0.70
Marital status, %	Single	84.2%	81.1%	1.20
	Married/Divorced	15.1%	18.9%	
	Divorced/Separated/Widow	27.3%	28.7%	
Level of education, %	No high school diploma	1.9%	9.1%	0.10
	High school diploma	48.2%	44.7%	
	Some college	48.2%	46.2%	
Employment, %	Employed	10.2%	11.2%	0.10
	Unemployed	89.8%	88.8%	
Legal background, %	Yes	24.3%	18.2%	0.30
	No	75.7%	81.8%	
Parental substance abuse background	Yes	48.2%	48.2%	0.80
	No	51.8%	51.8%	
Parental mental illness background	Yes	47.1%	48.7%	0.80
	No	52.9%	51.3%	

Table 2 Clinical and functional variable at admission in both groups.

		EARLY (N=42) (8.8%)	LATE (N=11) (8.8%)	P value
Length of admission	Mean (SD)	19.7 (22.8)	17.6 (13.1)	0.14
Clinical presentation	1. Schizophrenia/psychosis	44.4%	54.5%	0.030*
	2. Borderline personality disorder	21.1%	27.3%	
	3. Bipolar	55.6%	27.3%	
	Others**			
Personality disorder	Yes	35.9%	36.4%	0.10
	No	64.1%	63.6%	
Main drug of abuse	Opioids	29.1%	27.3%	0.90*
	Sedatives	70.9%	72.7%	
Cocaine SUD	Yes	49.0%	50.0%	0.88
	No	51.0%	50.0%	
Cannabis SUD	Yes	51.6%	36.4%	0.04
	No	48.4%	63.6%	
Alcohol SUD	Yes	63.6%	63.6%	0.83
	No	36.4%	36.4%	
Opioid SUD	Yes	20.0%	12.7%	<0.001
	No	80.0%	87.3%	
Sedatives SUD	Yes	22.0%	18.2%	0.005*
	No	78.0%	81.8%	
Amphetamines SUD	Yes	8.5%	9.1%	0.094*
	No	91.5%	90.9%	
Hallucinogens SUD	Yes	7.5%	1.8%	0.24
	No	92.5%	98.2%	
Volatile SUD	Yes	9.5%	1.8%	0.40
	No	90.5%	98.2%	
Polydrug abuse	Yes	50.0%	54.5%	0.16
	No	50.0%	45.5%	

*. The chi square statistic is significant at level 0.05.

Table 3 Historical data about age of drug use in both groups.

		EARLY (N=42) (8.8%)	LATE (N=11) (8.8%)	P value
Age of first use of cocaine, years	Mean (SD)	19.11 (5.9)	23.63 (7.7)	<0.001*
Age of first use of cannabis, years	Mean (SD)	15.16 (4.3)	17.92 (5.4)	<0.001*
Age of first use of alcohol, years	Mean (SD)	12.65 (7.5)	18.31 (4.3)	<0.001*
Age of first use of opioid, years	Mean (SD)	19.76 (6.4)	23.88 (7.8)	<0.001*
Age of first use of sedatives, years	Mean (SD)	23.52 (9.0)	26.66 (8.0)	<0.001*
Age of first use of amphetamines, years	Mean (SD)	18.21 (5.0)	21.36 (5.4)	<0.001*
Age of first use of nicotine, years	Mean (SD)	13.23 (3.0)	16.53 (4.1)	<0.001*
Age of regular use of cocaine, years	Mean (SD)	22.06 (7.7)	26.46 (8.0)	<0.001*
Age of regular use of cannabis, years	Mean (SD)	17.27 (5.7)	18.04 (6.3)	0.245
Age of regular use of alcohol, years	Mean (SD)	19.56 (7.1)	24.78 (8.6)	<0.001*
Age of regular use of opioid, years	Mean (SD)	19.30 (5.4)	23.66 (6.2)	<0.001*
Age of regular use of sedatives, years	Mean (SD)	24.86 (9.5)	27.22 (9.9)	0.003
Age of regular use of amphetamines, years	Mean (SD)	20.24 (7.3)	20.87 (3.9)	0.643
Age of regular use of nicotine, years	Mean (SD)	14.26 (3.5)	17.26 (4.2)	<0.001*

*. The t-test statistic is significant at level 0.05.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV67

Assessment of comparing psychiatric disorders in mono-opioid and poly-opioid dependents, according to SCL90-R Test, in cessation drug centers in Kerman City, Iran, 2015

A. Ghaffarinejad, A. Mehdizadeh Zare Anari*, N. Mahdinia
Kerman university of medical sciences, psychiatry, Kerman, Iran
* Corresponding author.



Background One of the hygienic-psychic issues throughout the country is drug dependency, which causes numerous problems in the society. These individuals are vulnerable in front of psychiatric disorders, and this is seen more in poly-opioid dependents.

Methods This causal-comparative research is cross-sectional study. Among of the poly-opioid and mono-opioid dependents in cessation drug centers in Kerman 1392–93, a sample of 234 persons (117 poly-opioid dependents and 117 mono-opioid dependents) were chosen randomly to answer SCL90-R test and demographic questionnaire. Analysis performed by SPSS18 by use of average, standard deviation, frequency and t test.

Findings According to the findings, on the whole somatization, anxiety, depression, phobia, sensitivity, psychosis, paranoid idea, aggression and obsessive-compulsive were significantly different (P<0.05) between mono-opioid and poly-opioid dependents, so that these 9 psychotic disorders in poly-opioid dependents were more than mono-opioid dependents.

Conclusion Finding of this research showed that these psychiatric disorders in several drugs abusers are more than one drug abusers.

Keywords Psychiatric disorders; Poly-opioid dependents; Mono-opioid dependents

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV68

Study of complicated grief, in methadone consumers, in cessation drug centers in Iran, in 2015

A. Ghaffarinejad, A. Mehdizadeh Zare Anari*, F. Noroozi
 Kerman university of medical sciences, psychiatry, Kerman, Iran
 * Corresponding author.

Background Complicated grief causes clearly functional disorders, and grief signs lasts at least a month after six months going through unfortunate incident. Researches about grief and complicated grief, requires a deeper understanding in etiology of creation and several therapeutic procedures. In this study we want to evaluate the relationship between the use of methadone and complicated grief.

Methods Among methadone consumers in cessation drug centers in Mashhad in 2015 a sample of 285 person's were chosen randomly to answer ICG test (Inventory of Complicated Grief) and demographic questionnaire. Analysis performed by SPSS18.

Findings The results showed that 35% of methadone consumers had grief. Complicated grief is more frequent in men than women ($P=0.01$), and more in middle-aged people than the other ages ($P=0.002$). The most frequent complicated grief among those with postgraduate diploma and the lowest rate is among MA ($P=0.003$). People who have lost their first-grade relatives have more complicated grief than those who lost the other ones ($P=0.000$). The individuals who have lost someone due to disease are more frequent than those who have lost someone suddenly ($P=0.00$). Among the ICG test questions, hallucinations (seeing deceased) has the lowest frequency, and tendency to the places and things related to the deceased, has the greatest frequency.

Conclusion Finding of this research showed that, Men, people with postgraduate diploma and people who have lost their first-grade relatives have experienced more complicated grief. Gender of deceased and marital status do not effect on the frequency of complicated grief.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV69

Study on relationship between general psychopathology and relapse in opioids dependence under treatment on methadone maintenance therapy, Kerman, Iran, 2014

A. Ghaffarinejad, A. Mehdizadeh Zare Anari*, A. Mahmoudi Meimand
 Kerman university of medical sciences, psychiatry, Kerman, Iran
 * Corresponding author.

Introduction Performed studies indicate association between drug abuse and other mental disorders. Mental disorders could be effective in response to treatment and also, accession of recurrence process in addiction treatment course.

Methods and materials This research is causal – comparative and of cross-sectional type was performed in 2014 on 200 drug abusers under methadone maintenance treatment (in two groups, with relapse in treatment process and without relapse) in drug rehabilitation centers of Kerman city. Questionnaire which includes demographic features and BPRS test was completed. Data were processed by suitable statistical methods via SPSS20 and SAS9.1 software.

Findings Results obtained from the research showed that the acquired scores average from BPRS test is more in relapsing group ($P<0.0001$). Subscales of somatic concern ($P=0.030$), anxiety ($P<0.0001$), depressive mood ($P<0.0001$), guilt feeling



($P=0.003$), hostility ($P<0.0001$), grandiosity ($P=0.008$), suspiciousness ($P=0.024$), hallucination ($P=0.009$), blunted affect ($P=0.030$), tension ($P=0.012$), uncooperativeness ($P=0.011$), excitement ($P=0.038$) and emotional withdrawal ($P=0.019$) in two abuser groups had significant difference (more in relapsing group). No significant difference was observed between subscales of unusual thought content, disorientation, conceptual disorganization, mannerism and posturing and motor retardation in two groups ($P>0.05$). In patients with more relapse in treatment process, score of BPRS is higher ($P<0.0001$).

Conclusion Findings of this study showed that intensity of psychiatric disorders in relapsing drug users is more than non-relapsing users and with growth of disorders intensity, the number of recurrence increases.

Keywords Psychiatric disorders; Addiction relapsing drug abusers; Non-relapsing drug abusers

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV70

Epidemiological profile of drug users in Tunisia

R. Sellami^{1,*}, N. Messedi¹, I. Feki¹, D. Trigui¹, A. Zahaf², J. Masmoudi¹

¹ Hedi Chaker University Hospital, Psychiatry A, Sfax, Tunisia

² ATUPRET, Drug Abuse Prevention Center, Sfax, Tunisia

* Corresponding author.

Introduction Changing cultural values and increasing economic stress are leading to initiation into substance use. Despite religious and legal constraints on Muslims against the consumption of drugs, drug addiction is a widespread problem and is destroying the lives of many individuals and families, in Tunisia.

Objectives To examine the socio-demographic characteristics of Tunisian addicts and to identify the drugs commonly used.

Methods This was a cross-sectional study, which included 200 patients at the addiction treatment center "Aide et Ecoute" in Sfax (Tunisia). The survey was conducted during the month of January to September 2014.

Results Only males were found to get treatment in the addiction center for various addictions. The mean age was 33.32 years and the mean age for starting substance use was 17.30 years. More than half (65.9%) were not married and 59.5% had involvement with criminal justice. Substance dependence was commonly seen in poor and middle socioeconomic class. The most common substance used was buprenorphine (34.8%). There was a significant relation between buprenorphine consumption and immigration ($P=0.013$). Peer pressure was one of the most important factors for trial of substance in our study.

Conclusion As the mean age of initiation of substance abuse was early twenties, in liaison with schools and colleges, some recreational activities can be generated to prevent diversion of youth towards the devil of drug abuse.

Keywords Immigration; Injecting drug; Socio-demographic characteristics

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV71

Zolpidem abuse: About a case

R. Sellami^{1,*}, N. Messedi¹, I. Feki¹, I. Baati¹, A. Zahaf², J. Masmoudi¹

¹ Hedi Chaker University Hospital, Psychiatry A, Sfax, Tunisia

² ATUPRET, Drug Abuse Prevention Center, Sfax, Tunisia

* Corresponding author.



Objective Zolpidem is a non-benzodiazepine hypnotic drug for treatment of insomnia and is generally believed that is a safe medication. Therefore has been introduced as a lower potential agent for dependency and abusive effects however its safety and dependence potential are of great concern.

Case report A 63 years old male patient had consulted a general physician in January 2015 for his insomnia. He started on zolpidem 10 mg at bedtime. Over the next few months he had gradually increased the dose as he found the prescribed dose to be having no significant effect. After abrupt discontinuation of zolpidem, he presented to a center for drug users “AIDE ET ECOUTE” with severe anxiety, impatience, loss of energy, insomnia, irritability, headaches, and increased craving for higher dosage of zolpidem. There was no history of any other substance abuse and he was diagnosed simultaneously a case of zolpidem dependence and major depressive disorder.

Conclusions Zolpidem has a potency to be abused with high risk of dependency and withdrawal syndromes particularly among elderly patients with comorbid anxiety and depressive disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV72

Nalmefene as an intermittent treatment for alcohol abuse triggering cocaine and sex consumption



A. Morera-Fumero^{1,2,*}, E. Diaz-Mesa³

¹ University of La Laguna, Internal Medicine – Dermatology and Psychiatry, Santa Cruz de Tenerife, Spain

² Psychiatric Consulting, Psychiatry, Santa Cruz de Tenerife, Spain

³ University Hospital of the Canary Islands, Psychiatry, La Laguna, Spain

* Corresponding author.

Nalmefene modulates the motivational system by blocking the opioids receptors. Nalmefene indication is the alcohol consumption reduction in alcohol dependent patients. We describe the case of a patient with weekend alcohol abuse that was followed by cocaine use and sex. After being treated with nalmefene, the patient decreased alcohol consumption and did not engage cocaine use and sex. The patient is a 36-year-old man with a previous history of cocaine, cannabis and alcohol abuse. After detoxification the patient became a weekend drinker. Two months later he started complaining that after drinking he needed to consume cocaine and this led him to having sex with prostitutes. These behaviours had a serious impact on his finances that lead him to asking for help. Nalmefene, 18 mg at dinner before going out, was prescribed. Taking one pill of nalmefene “allowed me to drink several shots without feeling a need to continue drinking and, most importantly, I didn’t feel the need to consume cocaine and have sex”. In an attempt to ascertain if what had happened the previous weekend was “psychological” the patient went out without taking nalmefene. The pattern of alcohol use, control loss, and consumption of cocaine and sex repeated itself. During the following two months, the patient took nalmefene during dinner before going out every weekend and the results were the same as when he first took the treatment.

Conclusion Nalmefene may be helpful in the treatment of several other addictions by blocking the positive reinforcements of the drugs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV73

A case of share psychotic disorder induced by mephedrone



R.A. Baena*, Y. Lázaro, J. Rodriguez, L. Olivares, A. Matas, L. Niell

Hospital Clinico San Carlos, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction Share psychotic disorder “folie à deux” is a rare condition characterized by the transmission of delusional aspects from a patient to another linked by a close relationship. We report the case of two Spanish men who have experienced a combined delusional episode induced by mephedrone.

Objectives Describe a case of share psychotic disorder induced by mephedrone. Make a review on scientific literature about the use of mephedrone (little is known about the psychiatric consequences of the use of these compounds). The patients had no psychiatric history.

Aims Show the danger of these novel drugs that are often bought as apparently safe and legal.

Conclusions Share psychotic disorder was first introduced by Lasegue and Falret who hypothesized that transmission of psychiatric disturbance from one person to another was possible under certain circumstances. The correlation of symptoms with the intake of these substances is supposed in the light of a negative psychiatric history and no other concomitant medical treatments. An important number of case reports documented deaths related to the ingestion of mephedrone. Another problem is that these substances are not detected by standard blood and urine test so that the diagnosis of intoxication is often delayed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV74

The experience of using synthetic cannabinoids: A qualitative analysis of online user self-reports



M. Newman^{1,*}, G. Denton¹, T. Walker¹, J. Grewal²

¹ University of Warwick, Warwick Medical School, Coventry, United Kingdom

² Caludon centre, Addiction Psychiatry, Coventry, United Kingdom

* Corresponding author.

Introduction The number of novel psychoactive substances (NPS) available is increasing. Synthetic cannabinoids (SC) are one of many NPS sold. SC aim to emulate the effects of natural cannabis by acting on cannabinoid receptors. Despite much research into pharmacology, there is limited data on the user experience of SC.

Aim It is useful for psychiatrists, to understand what experiences people have whilst on illicit substances. The aim of this qualitative study is to gain an initial understanding of what characterizes the experiences of those who use SC.

Method Forty anonymously written online reports were collected from the “Erowid experience vaults” and analysed using the Empirical Phenomenological Psychological Method.

Results The analysis yielded 488 meaning units (MU). These were grouped into 36 categories revealing 5 broad themes: (1) physical affects; (2) sensory distortions and distortions of perception; (3) emotional and psychological effects; (4) re-dosing, addiction and comedown effects; (5) similarities to other substances.

Conclusion Synthetic cannabinoids have a mixed effect on users with a myriad of experiences reported. Some experienced positive results from their usage such as euphoria and relaxation, however these were counter balanced by those who experienced some serious negative emotional and physical side effects such as anxiety, paranoia, palpitations and convulsions. SC appear to often emulate that of their natural counterpart, yet there is an unpredictability

to them which can end with serious consequences. Online forum content gives us a strong base understanding of users experiences of SC. Further research is required to elucidate a more nuanced understanding.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV75

The “Endless Trip”: Psychopathology and psychopharmacology in the Hallucinogen Persisting Perception Disorder (HPPD)



L. Orsolini^{1,*}, A. Valchera², D. Papanti³, R. Vecchiotti¹, D. De Berardis⁴

¹ Villa San Giuseppe Hospital- Hermanas Hospitalarias, Department of Psychiatry, Ascoli Piceno, Italy

² Villa San Giuseppe Hospital, Department of Psychiatry, Ascoli Piceno, Italy

³ University of Hertfordshire, Department of Pharmacy, Hatfield, United Kingdom

⁴ Hospital “G. Mazzini” – ASL 4, NHS – Department of Mental Health – Psychiatric Service of Diagnosis and Treatment, Teramo, Italy

* Corresponding author.

Introduction Hallucinogen Persisting Perception Disorder (HPPD) is a syndrome characterized by prolonged or reoccurring perceptual symptoms, reminiscent of acute hallucinogen effects. HPPD was associated with a broader range of LSD (lysergic acid diethylamide)-like substances, including cannabis, MDMA (methylenedioxyamphetamine), psilocybin, mescaline and other psychostimulants. Symptomatology mainly comprises visual disorders (i.e., geometric pseudo-hallucinations, halos, flashes of colours/lights, motion-perception deficits, afterimages, micropsy, more acute awareness of floaters, etc.), even though depressive symptoms and thought disorders may be comorbidly present.

Objective Although HPPD was firstly described in 1954, it was definitely established as a syndrome in 2000 with the revised forth version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR). However, neuronal substrate, risk factors, aetiology and pathogenesis of HPPD remains still unknown and under investigation. Furthermore, there are still open questions about its pharmacological targets.

Aims A critical review on psychopathological bases, etiological hypothesis and psychopharmacological approaches towards HPPD was here provided.

Methods A systematic literature search on PubMed/Medline, GoogleScholar and Scopus databases without time restrictions, by using a specific set of keywords was here carried out. In addition, a case report was here described.

Results and conclusions Pharmacological and clinical issues are here considered and practical psychopharmacological recommendations and clinical guidelines here suggested.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV76

Psychosis and polydrug abuse in a patient with Dandy-Walker variant



L. Orsolini^{1,2,3,4,*}, A. Valchera^{1,4}, R. Vecchiotti^{1,2,4}, M. Panichi^{1,4}, D. De Berardis^{5,6}

¹ Villa San Giuseppe Hospital – Hermanas Hospitalarias, Department of Psychiatry, Ascoli Piceno, Italy

² Maastricht University, Department of Psychiatry and Neuropsychology, Maastricht, Netherlands

³ School of Life and Medical Sciences- University of Hertfordshire, Department of Pharmacy, Hatfield, United Kingdom

⁴ Polyedra, Polyedra Research, Teramo, Italy

⁵ Ital “G. Mazzini” – ASL 4 Teramo, NHS – Department of Mental Health, Psychiatric Service of Diagnosis and Treatment, Teramo, Italy

⁶ University of “G. D’Annunzio”, Department of Neuroscience – Imaging and Clinical Science, Chieti, Italy

* Corresponding author.

Background and purpose Dandy Walker “syndrome” (DWS) was firstly defined by Dandy and Blackfan, and then described by Hart et al. [1] as a series of neurodevelopmental anomalies in the posterior fossa, including Dandy-Walker (DW) malformation, DW variant (cerebellar hypoplasia/aplasia of the cerebellar vermis and cystic dilatation of the fourth ventricle), mega-cisterna magna and posterior fossa arachnoid cyst. Mental symptoms have been associated with DWS in previous reports, but the spectrum of mental symptomatology widely varies between clinical cases, ranging from psychotic/schizophrenia-like to mood/cognitive symptoms [2].

Methods Here we describe a case of psychosis and polydrug abuse in a 27-year-old man with DW variant a 4-year history of polydrug abuse, sporadic alcohol abuse, epilepsy and psychotic symptoms including delusions of reference/persecution, suspiciousness, associated with obsessive thoughts, mood lability and persistent anxiety.

Results He was recovered for a 28-day program of detoxification from drug addiction/stabilization of psychiatric symptoms. Family history of Bipolar Disorder, gambling disorder (father) and depression (mother). The mental status examination at baseline revealed slowness of thought, psychomotor retardation, aboulia/anhedonia/apathy/hypomimic facies/asthenia/social withdrawal/deflected mood/poor thought content/blunted affect/self-neglect/poor insight, cognitive impairment and oppositional and partially collaborative attitude and behaviour. Borderline intelligence activity was found on WAIS-R (IQ=79). At the baseline, he was taking carbamazepine 400 mg BID (baseline serum level: 6.720 µg/ml), gabapentin (400 mg BID), paroxetine (20 mg/d), olanzapine (10 mg/d) and methadone (70 ml/d), with a poor response/control both on psychotic and seeking drug symptomatology.

References not available.

Conclusions Further DWS clinical cases should be evaluated in order to better investigate the role of this variant to addictive and psychotic symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV77

Improved drug-use patterns at six months post discharge from inpatient substance use disorder treatment; results from compulsory and voluntary admitted patients



A. Pasareanu*, J.K. Vederhus, O. Kristensen, T. Clausen, A. Opsal Sørlandet Hospital Kristiansand, Addiction Unit, Kristiansand, Norway

* Corresponding author.

Background The Norwegian Municipal Health Care Act opens for mandated treatment for persons with severe and life-threatening substance use disorder. This study aims to examine substance use related outcomes at six-month following in-patient treatment and to analyse factors associated with improved outcomes and abstinence.

Method This prospective study followed 202 hospitalised patients with SUD that were admitted voluntarily (n=137) or

compulsorily ($n = 65$). The European Addiction Severity Index was used at baseline and at follow-up to assess socio-demographics and substance use variables. Regression analysis was conducted to investigate factors associated with abstinence at six-month follow-up.

Results The frequency of use of preferred substance showed markedly improvement for both voluntary admitted (VA) and compulsory admitted (CA) patients (61% and 37% respectively) at follow-up. Seventy-five percent of VA patients using amphetamine reported improvement compared to 53% of CA patients. At follow-up, the CA group continued to have a higher rate of injection use. The CA group had experienced higher rates of overdose the past six months and lower abstinence rates (24% versus 50%) at follow-up. Lower severity of drug use at intake (non-injection drug use), voluntary treatment modality and higher treatment involvement during follow-up all were significant factors associated with abstinence at follow-up.

Conclusion Voluntary treatment for SUD generally yielded better outcomes; nevertheless we found improved outcomes also for CA patients. It is important to keep in mind that the alternative to CA treatment in reality is no treatment at all and instead a continuation of life-threatening drug use behaviours.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV78

Cerebellar atrophy supporting diagnosis of alcohol dependence: A case report



F. Pavez Reyes^{1,*}, M. Sánchez¹, E. Moral¹, M. Terradillos², N. López¹, M. Roca¹, A. García¹, J. Russo¹

¹ Hospital General Universitario Reina Sofía, Psychiatry, Murcia, Spain

² Centro de Salud Mental Murcia Este, Psiquiatría, Murcia, Spain

* Corresponding author.

Chronic use of alcohol is a known cause of cerebellar atrophy. This finding could be a valuable diagnosis support when there are not other information sources. In this case report, we describe a 65-year-old male patient who was referred from primary care to specialized consultation because a depressive syndrome it was unresponsive to treatment with desvenlafaxine and lorazepam. In psychopathological exploration we found overvalued ideas of suffering some kind of injury and damage by the family, which oriented the diagnostic hypothesis of delusional disorder with secondary mood symptoms, although the clinical suspicion of abuse of alcohol was proposed as a differential diagnosis. The continuing minimization and denial of consumption by the patient as well as their reluctance to incorporate an external informant made that the workup was a key element to elucidate the diagnosis. We found a discrete increase in transaminases, gamma glutamyl transferase and alkaline phosphatase. Magnetic resonance imaging showed cerebellar atrophy (vermian and, in a lesser extent, in both hemispheres). Once the patient was confronted with these results, he agreed to disclose his problem, which fulfilled alcohol dependence criteria. After that, he accepted to initiate treatment and detoxification in a specialized unity.

Conclusions Although psychiatric diagnosis is based on the clinical features and the exclusion of associated medical conditions, in this case the workup provided support to our clinical suspicion, favouring recognition of the problem and willingness to treatment by the patient.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV79

Addictive behaviour and bariatric surgery: Case report and literature review



F. Pavez^{1,*}, N. López¹, E. Saura², M. Roca¹, A. García¹, J. Russo¹, M. Sánchez¹, E. Moral¹

¹ Hospital General Universitario Reina Sofía, Psychiatry, Murcia, Spain

² Fundación Jesús Abandonado, Unidad de Asistencia Psicológica, Murcia, Spain

* Corresponding author.

Even though the scientific evidence supports the benefits of bariatric surgery, its indications and contraindications must be continually revised in order to avoid psychiatric complications. Substance use is more common in patients subjected to bariatric surgery than in the general population. There are reports of increased incidence of alcohol abuse in patients after bariatric surgery.

Objective To review the available evidence, after treat the case of a 50-year-old man with addiction history whose addictive behaviour worsened after undergoing bariatric surgery, with decreased tolerance to alcohol effect and increase of the intake, as well as changes in the graduation of alcohol used (including antiseptic). As a result, a dangerous revolving door that led him to repeated admissions, including Intensive Care Unit.

Results The case is consistent with the literature that suggests that there is an increased risk of later alcohol-related problems after bariatric surgery. This risk is higher several years post surgery, in patients with previous history of problems related to alcohol, young, men, and Roux-en-Y Gastric Bypass procedure.

Conclusions The indications for bariatric surgery should thoroughly consider the history of addiction, an adequate assessment of the patient's mental status and psychoeducation about the possible psychiatric side effects, in order to develop preventive strategies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV80

Characteristics and outcome of methadone maintenance treatment (MMT) patients with depression



E. Peles^{*}, A. Sason, E. Malik, S. Schreiber, M. Adelson

Tel Aviv Medical Center, Adelson Clinic for Drug Abuse Treatment & Research, Tel Aviv, Israel

* Corresponding author.

Introduction Comorbidity of depression and opioid addiction is highly prevalent, but their outcome in MMT is not consistent.

Objectives To compare between depressed and non-depressed MMT patients.

Methods Hamilton depression scale scores (taken during a psychiatric assessment) were studied among MMT patients on admission or during treatment (cutoff for depression > 18).

Results A total of 498 MMT patients were studied. Depression proportion was 22.5%, and 23.2% among 263 who were studied on admission; the depressed vs. non-depressed on admission did not differ in female proportion (19.7% vs. 25.6%), age of admission (43.2 ± 10.4), opiate use onset (21.8 ± 6.3) and education years (9.5 ± 2.8), but had higher proportion of cocaine (55.7% vs. 35.1%, $P = 0.005$), and benzodiazepine abuse (73.8% vs. 58.4%, $P = 0.04$). Retention was high and similar (80.3 vs. 82.9% $P = 0.7$) and of those who stayed one year, cocaine and benzodiazepine were still higher among the depressed patients (cocaine: 43.8% vs. 23.2%, $P = 0.03$; BDZ: 61.2% vs. 40%, $P = 0.01$). Compared to the non-depressed,

among all study group ($n = 498$) the depressed patients presented higher proportion of rape history (25% vs. 9.5%, $P = 0.001$), of suicide attempts (43.8% vs. 25%, $P = 0.001$) with only a trend of shorter cumulative retention in MMT of mean 9.4y (95% CI 7.8–10.7) vs. 11.5 (95% CI 10.5–12.5, $P = 0.07$).

Conclusion Despite cocaine and benzodiazepine abuse on admission, depressed succeeded similarly to the non-depressed in the first year retention in treatment. Intervention is recommended since admission, as their long-term retention seems to be shorter, later on, and their ability to discontinue cocaine and benzodiazepine abuse is clearly hampered.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV81

What triggers help-seeking behaviour in “early stage” alcohol-dependent drinkers



P. Ponizovskiy*, A. Gofman

Moscow Research Institute of Psychiatry, Department of mental disorders complicated by substance abuse, Moscow, Russia

* Corresponding author.

Abstract In early stages of alcohol addiction negative effects of alcohol often remain invisible to the patient or underestimated and considered “normal” by him. However, there is a cohort of alcohol drinkers who seek outpatient treatment in early stages of addiction. The study was conducted in order to investigate the triggers for seeking therapy in early stages of alcohol dependence when compulsive drinking, impaired control and increased alcohol tolerance are developed, but withdrawal symptoms followed by relief drinking are not yet observed. Forty-six out-patients (31 men and 15 women, mean age 38 ± 7 years) were studied by means of audit and clinical interview.

The average duration of alcohol abuse was $8,7 \pm 5$ years, the mean daily dose of alcohol was 10 ± 4 standard drinks. Most of the patients were drinking alcohol from several times a week to several times a month.

The decision to seek treatment in most cases was pushed by patients' family members because of the recurrent interpersonal problems caused or exacerbated by the effects of alcohol – 70% ($n = 32$). Other triggers included: job instability – 35% ($n = 16$); alcohol blackouts – 26% ($n = 12$); exacerbations of symptoms of existing physical conditions – 24% ($n = 11$); legal problems – 7% ($n = 3$). Alcohol consumption in early stages of alcohol addiction can affect nearly every aspect of a patient's life. The triggers which promote treatment-seeking behaviour should be addressed in the course of the treatment in order to encourage recovery and prevent transition to more severe stages of the disease.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV82

Misuse of pregabalin: Case series and literature review



N.E. Suardi, M. Preve*, M. Godio, E. Bolla, R.A. Colombo, R. Traber

Sociopsychiatric Organization, Psychiatric Clinic, Mendrisio, Switzerland

* Corresponding author.

Introduction Pregabalin is widely used in neurology, psychiatry and primary healthcare, and recently in literature different studies explain the possible misuse [1,2]. Pregabalin has shown greater potency in preclinical models of epilepsy, pain and anxiety, and may

have potential in the treatment of cocaine addiction [3]. The purpose of this report is to review the clinical evidence for the potential of abuse and misuse of pregabalin. We propose ten different cases and literature review.

Method Ten inpatients with misuse of pregabalin were assessed with: the SCID-P, Anamnestic Folio, HAM-A and DAST. We conducted a systematic review of the literature (PubMed, Embase, PsychInfo), using the terms “pregabalin”, “misuse”.

Results All our patients present: cocaine, alcohol and/heroin positive in drugs urine screening at admission; a significant high level of total anxiety at the HAM-A Tot ($P < .001$), and especially at the item 7 ($P < .001$); the misuse of pregabalin is made for sniffing; the predominant symptoms assessed were euphoria, psychomotor activation and sedation.

Discussion and conclusion Schifano F et al., [1,2] suggest that pregabalin should carefully prescribe in patients with a possible previous history of drug abuse. Our result identifies a particular population the misuse pregabalin that are abuser of cocaine, alcohol and/or heroin. 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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EV83

Quetiapine XR reduce impulsivity and dissociation in a sample of alcoholic patients



M. Godio, M. Preve*, N.E. Suardi, E. Bolla, R.A. Colombo, R. Traber

Sociopsychiatric Organization, Psychiatric Clinic, Mendrisio, Switzerland

* Corresponding author.

Introduction Alcohol dependence (AD) is a major public health problem. Currently, three drugs for the treatment of AD have been approved: acamprosate, disulfiram and oral naltrexone. Quetiapine XR is an atypical antipsychotic has been shown to be a promising medication for the treatment of alcoholism [1,2]. The aim of our study is evaluate quetiapine efficacy on impulsivity in a sample of alcoholic patients.

Method A sample of alcoholic patients ($n = 40$) was assessed at the entrance and 2 months with: SCID-P, Brief-Temps, BIS-11, GSR, BPRS, SCI-DER, and CGI. The medium dosage of quetiapine is 300 mg.

Results Using the last observation carried forward, the mean total BIS score decreased from 60.8 at baseline to 40.2 at the final visit ($P = .03$). More pronounced improvement was observed in motor impulsiveness ($P < .03$) and attentional impulsiveness ($P < .05$) compared with non-planning impulsiveness ($P = .09$). We observed an improvement in SCI-DER total score ($P = .02$), in particular in derealization ($P = .03$) and autopsychic depersonalization ($P = .04$). A mean weight gain of 4.8 kg was observed. There is not significant different related to the different affective temperament.

Discussion and conclusion Analyses revealed a significant effect of Quetiapine XR in improving impulsivity and dissociation, in particular motor and attentional impulsiveness, derealization and autopsychic depersonalization. Moreover, an improvement of dissociative symptoms is probably connected with the blockade of postsynaptic 5-HT_{1A} receptors [3]. 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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EV84

Is methylphenidate a prescription drug being sold in the illegal market? Analysis of samples submitted to a drug checking facility



P. Quintana-Mathé^{1,2}, M. Grifell-Guàrdia^{2,3,4,*}, Á. Palma^{3,4}, I. Fornís-Espinosa⁵, C. Gil-Lladanosa⁵, F. Caudevilla-Galligo², L. Galindo-Guarín^{3,4,6}, M. Farré-Albaladejo^{6,7}, M. Torrens-Melich^{3,4,6}, M. Ventura-Vilamala^{2,4}

¹ Institut Català de la Salut, EAP Raval Sud, Barcelona, Spain

² Associació Benestar i Desenvolupament, Energy Control, Barcelona, Spain

³ Parc de Salut Mar, Institut de Neuropsiquiatria i Addiccions, Barcelona, Spain

⁴ Hospital del Mar Medical Research Institute, Grup de Recerca en Addiccions, Barcelona, Spain

⁵ ABD – Associació Benestar i Desenvolupament, Energy Control, Barcelona, Spain

⁶ Universitat Autònoma de Barcelona, Bellaterra, Spain

⁷ Hospital Germans Trias i Pujol, Farmacologia Clínica, Badalona, Spain

* Corresponding author.

Introduction Methylphenidate is a CNS stimulant approved for treatment of ADHD. It is generally considered well tolerated and exhibiting low dependence potential, although diversion for recreational use has been described. Provided that its effects are comparable to those of more popular drugs of abuse, such as cocaine and amphetamines, we hypothesized that it could be sold as such.

Objective The aim of this study was:

- to describe the presence of methylphenidate from the samples handled to, and analyzed by, Spanish harm-reduction service energy control between August 2009 and August 2015;
- to determine whether it is being sold as other drugs.

Materials and methods All samples presented to energy control (EC) were analyzed. EC is a Spanish harm-reduction non-governmental organization that offers to users the possibility of analyzing the substances they intend to consume.

Samples in which methylphenidate was detected using Gas Chromatography–Mass Spectrometry were selected for this study.

Results From a total of 20062 samples, 17 contained methylphenidate (0,09%), with no clear variations among the years studied. The samples were mostly sold as amphetamine (29%), methylphenidate (23%) and ethylphenidate (18%).

Conclusion Presence of Methylphenidate in the Spanish illegal drug market seems anecdotic and stable over the studied time-frame. Moreover, it was sold as substances with similar dosages, lowering potential for life-threatening intoxications. Therefore, our results suggest that diversion of methylphenidate into the drug market as adulterant is not a concerning phenomenon.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV85

The role of buprenorphine maintenance therapy in opioide recidive prevention: Experiences from Croatia



K. Radic^{1,*}, D. Bosnjak¹, A. Korpar², A. Puljic¹, A. Bagaric¹

¹ University Psychiatric Hospital Vrapče, Addictions Treatment Department, Zagreb, Croatia

² General Hospital Varaždin, Department of Psychiatry, Varaždin, Croatia

* Corresponding author.

Introduction Buprenorphine, a partial agonist of mu opioid receptors and an antagonist at kappa opioid receptors, is widely used in the treatment of the opioid addiction, as it reduces cravings and effects of opioid withdrawal, decreases opioid consumption and diminishes rewarding effects of it. In University Psychiatric Hospital Vrapče, the oldest psychiatric hospital in Croatia, buprenorphine maintenance therapy is a standard and important part of integrative psychiatric treatment offered to opioid drug users.

Aims To show potential benefits of buprenorphine maintenance therapy as a pharmacological agent in psychiatric care for opioid drug users.

Objectives To describe series of clinical cases in which the introduction of buprenorphine in therapy of opioid drug users lead to reduced number of their hospitalizations.

Methods Clinical cases from University Psychiatric Hospital Vrapče Addictions Treatment Department were identified and the course of patients' treatment was analyzed. Summaries of cases, with the emphasis on protective factors for stabile maintenance, are presented.

Results After switching patients from various opiates to buprenorphine in a controlled in-patient environment, our patients became more functional and their integrative psychiatric treatment could then start. After discharge, an improvement was visible in different dimensions of their lives, and the re-admittance was the exception, since recidives were rare. They continued their treatment actively, in outpatient programmes of our clinic.

Conclusions Drug-seeking behaviour of presented opioid users was avoided by buprenorphine maintenance therapy provided with intermittent psychotherapeutic interventions or usual psychiatric support in aftercare. In our experience, such integrative psychiatric care prevents re-admittances and recidives.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV86

New drugs: Use of everyday substances as substances of abuse



M.D.L.C. Ramirez Dominguez*, I. Prieto Sánchez, M. Nuñez Caro, L. Hernandez Gonzalez

Complejo Hospitalario de Huelva, Psiquiatria, Huelva, Spain

* Corresponding author.

Introduction Emerging drugs are a growing problem, of which we have little information and clinical experience and pose a challenge in everyday clinical practice because many are not detectable with the test at our disposal and its effect on cognition and behavior are not well known.

Methods Conduct a thorough literature review of all the material in this regard has been published both in high impact journals and in the last International Congress of Dual Pathology.

Results There are many and varied new substances used for harmful/abuse consumption mainly for their sedative effects

and/or hallucinogens, easily accessible since many are easily purchased online or can even be easily obtained at any pharmacy without a prescription.

Conclusion There are more and more often consumed new substances with high harmful potential and very easy to obtain. It is therefore essential knowledge to identify, treat and educate not only our patients but to the general population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV87

Addictive behaviours: Cocaine and cannabis use



M.R. Raposo^{1,*}, V. Ivanov¹, I. Martínez², J.B. Murcia¹, A.L. González¹, M.D. Piqueras³, P. Manzur¹, A. Gil⁴, A. Belmar¹, S. Bravo¹, I. Bello¹, A. Rodríguez¹

¹ Servicio Murciano de Salud, Centro de Salud Mental Cartagena, Hospital Universitario Santa Lucía, Cartagena, Murcia, Spain

² Servicio Murciano de Salud, Residencia psicogeriatrica Virgen del Valle, El Palmar, Murcia, Spain

³ Servicio Murciano de Salud, Hospital Universitario Santa Lucía, Cartagena, Murcia, Spain

⁴ Servicio Murciano de Salud, Unidad Regional de Media Estancia, Hospital Psiquiátrico Román Alberca, El Palmar, Murcia, Spain

* Corresponding author.

Introduction The most common psychiatric disorders associated with substance use in patients with dual diagnosis, personality disorders are followed by schizophrenic disorder. Among the substances used in patients with dual diagnosis, stands cocaine, followed by cannabis and alcohol.

Objectives Evaluate the differences in the frequency of sex for cocaine and cannabis consumed in a sample of patients undergoing follow Mental-Health Center for Drug Dependency Unit.

Material and method We conducted a cross-sectional study and analyze the differences by gender for the frequency and pattern of cocaine and cannabis, in a sample of patients in treatment at the Mental-Health Center for a year to present dual pathology.

Results There are significant differences in the frequency of cocaine use among men and women. Eight percent of men use cocaine compared to 0% of women. This monthly cocaine use is more common in women than in men at 45.5% versus 21.8%. Of women, 27.3% use cocaine fortnightly, which is not typical for men (0% of men in the sample). The weekly use of cocaine represents 55.2% among men compared to 27.3% of women.

There are no significant differences in the frequency of cannabis use among men and women. Both sexes consume cannabis daily.

Conclusions The monthly cocaine use is more common in women. In men the most common is the use of cocaine weekly.

In both sexes cannabis use is more common daily.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV88

Cocaine use and employment



M.R. Raposo^{1,*}, V. Ivanov¹, J.B. Murcia², M.D. Piqueras², I. Martínez³, A.L. González², A. Busaileh⁴, P. Manzur², A. Belmar², I. Bello², S. Bravo², A. Gil⁵, A. Rodríguez²

¹ Servicio Murciano de Salud, Centro de Salud Mental Cartagena, Hospital Universitario Santa Lucía, Cartagena, Murcia, Spain

² Servicio Murciano de Salud, Centro de Salud Mental de Cartagena, Hospital General Universitario Santa Lucía, Cartagena, Murcia, Spain

³ Servicio Murciano de Salud, Residencia psicogeriatrica "Virgen del Valle", El Palmar, Murcia, Spain

⁴ Servicio Murciano de Salud, Hospital Gneral Universitario Santa Lucía, Cartagena, Murcia, Spain

⁵ Servicio Murciano de Salud, Unidad Regional de Media Estancia, Hospital Psiquiátrico Román Alberca, El Palmar, Murcia, Spain

* Corresponding author.

Introduction Cocaine use is prevalent in mental health consultations in both sexes. However, in men and women there are differences in the frequency of use of substances and on the employment situation.

Objectives Show the differences for the use of cocaine and employment status of men and women, in a sample of patients followed at the Mental Health Center in Drug Dependency Unit.

Material and methods We conducted a cross-sectional study and analyze the differences according to sex for cocaine use and the employment situation, in a sample of patients who are undergoing treatment at the Mental Health Center for a year diagnosed with dual pathology.

Results In men in active employment status, the percentage of cocaine use is 19.5% and if we compare with women in the same job situation, the percentage of cocaine use is 0%.

Men who are unemployed use more cocaine than women in the same job situation. For retirees, the highest percentage of cocaine is found in women.

Hundred percent of women use cocaine by sniffing. Men use different ways of cocaine consume.

Snorted way 67.7%, 14.9% smoked and snorted, smoked 8% and 2.3% intravenous.

Conclusion Men use cocaine more frequently unemployed while women do more it often being retired.

The route most used cocaine consume in both sexes is snorted.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV89

Alcohol and dual disorder.

Paliperidone palmitate effectiveness



M.R. Raposo^{1,*}, V. Ivanov¹, I. Martínez¹, A.L. González¹, M.D. Piqueras², A. Busaileh¹, J.B. Murcia¹, P. Manzur¹, A. Belmar¹, I. Bello¹, S. Bravo¹, A. Gil³, A. Rodríguez¹

¹ Servicio Murciano de Salud, Centro de Salud Mental de Cartagena, Hospital General Universitario Santa Lucía, Cartagena, Murcia, Spain

² Servicio Murciano de Salud, Hospital General Universitario Santa Lucía, Cartagena, Murcia, Spain

³ Servicio Murciano de Salud, Unidad Regional de Media Estancia, Hospital Psiquiátrico Román Alberca, Cartagena, Murcia, Spain

* Corresponding author.

Introduction Alcohol use is a common behavior in most people in our society. A first episode of alcoholism can be fully recovered through specialized treatment and other protective factors and need not become a relapse later.

Objectives Whether there are differences in alcohol use after 1, 3 and 6 months after the administration of paliperidone palmitate extended-release injectable suspension in a sample of patients.

Material and methods This is a descriptive study that analyzed the differences observed with respect to alcohol use after administration of paliperidone palmitate in a sample of 98 patients attending in a Mental Health Centre, in the Unit for drug dependency to present pathology dual.

Results The percentage of alcohol use at baseline is 56.1% of the total sample.

One month after treatment with paliperidone palmitate the percentage of use is reduced to 31.6%. At 3 months of treatment the reduction is more significant assuming only the 6.1% of the total sample. Finally after 6 months of treatment the percentage of patients maintaining alcohol use is 4.1%, which represents a 52% reduction compared to the initial rate of use.

Conclusions The data reflect a 92% reduction in alcohol use after 6 months of the administration of paliperidone palmitate.

We can say that paliperidone palmitate is effective in reducing alcohol use in patients with dual diagnosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV90

Chronic ketamine use increases serum levels of brain-derived neurotrophic factor



V. Ricci^{1,*}, G. Martinotti²

¹ Department of Psychiatry, Aosta, Italy

² University "G.d'Annunzio", Department of Neuroscience – Imaging – and Clinical Sciences, Chieti, Italy

* Corresponding author.

Rationale Ketamine is a non-competitive N-methyl-D-aspartate (NMDA) receptor antagonist which interferes with the action of excitatory amino acids (EAAs) including glutamate and aspartate. The use of ketamine at subanaesthetic doses has increased because of its psychotomimetic properties. However, long-term ketamine abuse may interfere with memory processes and inhibit the induction of long-term potentiation (LTP) in the hippocampus, an effect probably mediated by its NMDA antagonist action. Neurotrophins such as brain-derived neurotrophic factor (BDNF) and nerve growth factor (NGF) serve as survival factors for selected populations of central nervous system neurons, including cholinergic and dopaminergic neurons. In addition, neurotrophins, particularly BDNF, may regulate LTP in the hippocampus and influence synaptic plasticity.

Objectives The purpose of this study was to test the hypothesis that ketamine use in humans is associated with altered serum levels of neurotrophins.

Methods We measured by enzyme-linked immunosorbent assay the NGF and BDNF serum levels in two groups of subjects: frequent ketamine users and healthy subjects.

Results Our data show that BDNF serum levels were increased in chronic ketamine users as compared to healthy subjects, while NGF levels were not affected by ketamine use.

Conclusion These findings suggest that chronic ketamine intake is associated with increases in BDNF serum levels in humans. Other studies are needed to explore the pharmacological and molecular mechanism by which ketamine, and/or other NMDA antagonists, may induce modification in the production and utilization of BDNF and alter normal brain function.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV91

Related factors with substance use in old adults



E. Ros-Cucurull^{1,2,3,*}, C. Daigne^{1,2,3}, L. Grau-Lopez^{1,2,3}, C. Barral^{1,2}, A.C. Abad^{1,2}, M.B. Ortiz⁴, R. Martinez-Arias¹, E. Garcia¹, C. Cardona¹, C. Jacas¹, M. Casas^{1,3}, C. Roncero^{1,2,3}

¹ Hospital Vall d'Hebron, Psychiatry, Barcelona, Spain

² Addiction and Dual Diagnosis Unit- Vall d'Hebron, Psychiatry, Barcelona, Spain

³ Universidad Autonoma, Psychiatry, Barcelona, Spain

⁴ Hospital Mare de Deu de la Mercè, Psychiatry, Barcelona, Spain

* Corresponding author.

Intro Substance use disorder is a growing phenomenon among the elderly. It is undervalued, misidentified, underdiagnosed and poorly treated.

Aim Study prevalence, characteristics and risk factors associated with drug use among the elderly.

Method A 6-month prospective study of substance use in elderly patients (65+) who attended the addiction and dual diagnosis unit, Vall d'Hebron University Hospital.

Results Fifty-nine patients evaluated, mean age 70.04 years, 60% men. A total of 49.1% are married, 35.8% divorced and 53.8% live with a partner and/or children. A total of 67.3% have basic studies and 78.8% are pensioners. A total of 82.7% have no criminal record. Medical comorbidity presents in 90.4% of the sample, psychiatric and addictive family background in 42.3% and 37.3%. A total of 67.3% have comorbid Axis I (mainly affective disorders) and 25% Axis II (cluster B most). A total of 7.7% attempted suicide at least once.

The main substance is alcohol (76.9%), followed by prescription drugs (19.3%). A total of 28.8% are multi-drug users. A total of 67.3% have used tobacco in their life and 63.5% are currently dependent. The average age of onset for a disorder for any substance consumption is 28.19, being lower for alcohol and illegal substances and higher for prescription drugs.

A total of 61.5% have gone through treatment before but only 32.7% has been admitted because of addiction. The adherence rate is 90.4% and the relapse rate 8.3% at first month and 13% at 6 months.

Conclusions Old adults present differences compared to overall drug user population: prevalence by gender is almost equal, lower Axis II, less multi-drug consumption and both dropout and relapse rate are drastically lower.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV92

Dual diagnosis patients at first admission in an acute psychiatric ward. Trend over a decade



A. Rossi^{1,*}, A. Lombardi¹, C. Gramaglia¹, M. Cavanna¹, F. Bert², R. Siliquini², P. Zeppego¹

¹ Università del Piemonte Orientale, Traslatonal Medicine, Novara, Italy

² Università degli Studi di Torino, Scienze della Sanità Pubblica e Pediatriche, Torino, Italy

* Corresponding author.

Introduction Dual diagnosis (DD) is the coexistence of a Psychiatric Disorder (PD), and Substance Use Disorder (SUD). The increase of DD observed in recent years has caused serious problems to both public and private services organization.

Aims Our aim is to assess the prevalence and features (including clinical and sociodemographic ones) of DD over a decade, comparing the period 2003–2004 and 2013–2014.

Methods We performed a retrospective study retrieving the medical records of DD patients at their first admission to the Psychiatry Ward AOU "Maggiore della Carità", Novara, Italy. Sociodemographic and clinical features were recorded. The two groups of patients (2003–2004 vs. 2013–2014) were compared.

Results In both periods DD patients are usually Italian male, aged 19–40, single. They have usually attended middle school, live with parents, have two or more brothers and/or sisters but no kids. DD patients in 2003–2004 and 2013–2014 showed differences as far as employment and diagnosis are concerned. The first were more frequently employed than the latter: moreover the 2003–2004 patients were more frequently diagnosed with a personality disorder while the 2013–2014 patients had mixed diagnoses. We have found differences in the possible predictors of substance abuse in the two periods, as well.

Conclusions The identification of changes in the prevalence of first admission DD patients and their clinical and sociodemographic features may help to highlight an evolving pattern of substance use

and to identify possible risk factors which may be the target of prevention and treatment approaches.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV93

Prevalence of substance use among Russian, Somali and Kurdish migrants in Finland: A population-based study



E. Salama^{1,*}, S. Niemelä², A. Castaneda³

¹ University of Turku, Psychiatry, Turku, Finland

² University of Oulu, Department of Clinical Neurosciences, Rovaniemi, Finland

³ National Institute of Health and Welfare, Helsinki, Finland

* Corresponding author.

Introduction Although substance use is a well-known public health risk factor, European population-based studies reporting the substance use among adult migrant populations are scarce.

Objectives We aim to: (1) determine the prevalence of alcohol use, cigarette smoking and consumption cannabis and intravenous drugs in Russian, Somali and Kurdish migrants in Finland and compare them to those of the Finnish general population; (2) determine if socio-economic and migration-related factors are associated with substance use in migrants.

Methods We used data primarily from the Finnish migrant health and well-being study. Alcohol use was measured with the AUDIT-C questionnaire, smoking habits and the lifetime cannabis and intravenous drug use were recorded. Age-adjusted prevalence rates were determined by ethnicity and sex. The associations between background factors and substance use were analysed using logistic regression analysis.

Results The prevalence rate of risky drinking is lower and the proportion of abstainers is higher in migrants than in the general population. Current smoking is more common in Russian (31%, $P < 0,05$) and Kurdish (31%, $P < 0,05$) migrant men than in the general population (21%). Younger age was associated with risky drinking, socioeconomic disadvantage increased the odd for the daily smoking among migrants, and migration-related factors were associated with substance use.

Conclusions Migrants report less substance use than the general population, but acculturation-related factors seem to be associated with higher levels of substance use among migrants. Substance use seems to be a gendered phenomenon in migrant populations in comparison to the general population, where lately the alcohol and tobacco consumption of women have been growing.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV94

Before and after nalmefene, a case report



N. Salgado^{1,*}, S. Benavente², B. Macías¹, C. Sanchez¹

¹ Hospital Dr. Rodríguez Lafora, Psiquiatria, Madrid, Spain

² Hospital Universitario 12 de octubre, Psiquiatria, Madrid, Spain

* Corresponding author.

Introduction Clinical and social improvement after treatment with nalmefene in an alcoholic 41-year-old male, with history of dependence during 20 years.

Case report Our patient had been abusing alcohol for almost 20 years with short breaks of abstinence (one month). Before treatment he made a consumption of 105 g of alcohol per day. Serological examination showed hepatic alterations (GGT 2115, ALT 229) and a low amount of platelets (61,000). He also had no

other relevant medical history and other possible clinical diagnoses were excluded. After a week detoxification program and alcohol consumption cessation during one month, the analytical values drastically changed: ALT 35, GGT 275, platelets 222,000.

Discussion Nalmefene is an opioid system modulator with antagonist activity at the μ and δ receptors and partial agonist activity at the κ receptor. Nalmefene as-needed has been shown to reduce the total amount of alcohol consumption and number of heavy drinking days and to improve liver function. The aim of this treatment is centered in decreasing consumption rather than achieving a total abstinence.

Conclusions Against other pharmacologic approaches such as disulfiram an acamprostate, the options that allow acute consumption help patients in controlling drinking rampage and make them realize they will be able to afford alcohol cessation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV95

Alcohol use disorder following traumatic brain injury: Lessons learned from bench to bedside



G. Santos^{1,*}, C. Lima², J. Vitória²

¹ Hospital Magalhães Lemos, Psiquiatria, Porto, Portugal

² Hospital Magalhães Lemos, Psiquiatria, Porto, Portugal

* Corresponding author.

Introduction and objectives Traumatic brain injury (TBI) can result in a variety of neuropsychiatric disturbances ranging from subtle deficits to severe intellectual and emotional disturbances, including cognitive impairments, mood and psychotic disorders and behavioral disturbances. Alcohol use disorder (AUD) and TBI are closely related. The reward-mediated behaviors central to alcohol addiction seem to interact with the cognitive dysfunction of TBI. First, a significant proportion of patients with TBI have a history of alcohol abuse. Second, AUD might jeopardize TBI recovery and trigger or lower seizures threshold. Third, both AUD and TBI share a negative impact on mental functioning (from memory and cognitive performance to mood impairment). Finally, there is some limited and recent evidence that TBI can increase AUD in patients with no history of substance use prior to the injury, by disrupting incentive-motivation neurocircuitry.

Methods We aim to present a 27-year-old Portuguese male patient without prior psychiatric history who developed AUD and epilepsy after TBI (from a work-related fall).

Results After 3 years of treatment, the patient's hasn't achieved abstinence. His treatment included pharmacological therapy with mood stabilizers, flufenazine injections and naltrexone, psychotherapy and rehabilitative interventions.

Conclusions Given the sparse knowledge about this dual diagnosis, the approach of AUD after TBI is still challenging and the best treatment remains to be determined. Monitoring alcohol consumption should be considered in all patients presenting with TBI.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV96

Gender differences in the use of prohibited substances in prison



O. Sanz Garcia^{1,*}, M.P. Ibañez², A. Muro²

¹ Barcelona, Spain

² Parc Sanitari Sant Joan de Deu, Uhp-p.c.P. Brians 1, Sant Esteve de Sesrovires, Barcelona, Spain

* Corresponding author.

Objectives The aim of this study is to evaluate the use of both legal and illegal substances, and see the difference in consumption patterns that occur in both men and women.

Methods Surveys have been conducted on consumer habits in the past year among 84 inmates (60 women and 24 men) at the prison Brians 1, interrogating both the consumption of illegal drugs and consumer recreational drugs and routes of administration. Data were analyzed using SPSS program.

Results A total of 57.1% had used illegal drugs. The most frequent was cannabis, with 54.8% (62.5% men and 51.7% women), followed by heroin, with 23.8% (29.2% in men and 21.7% in women) and cocaine, with 14.3% (20.8% in men and 11.7% women).

Use of legal drugs was 45.2% (50% in men and 43.3% women). In this case, the greatest differences were obtained in the use of bupropion (26.7% women versus 0% men), new generation anticonvulsants such as gabapentin and pregabalin (31.7% women and 12.5% men) and the use of intranasal route of administration (31.7% women versus 0% for men). At the other extreme we find more abuse benzodiazepines abuse in men (45.8 versus 20% in women) and sedative antipsychotics (37.5% vs. 8.3%)

Conclusions Although there is a serious problem with the misuse of legal psychotropic drugs by inmates in prisons, there is still greater consumption of illegal substances.

Men's consumption pattern is more "traditional" (predominance of illegal substances and "classical" legal substances orally).

Women's consumption pattern is more experimental at both the use of new psychoactive drugs and the use of alternative routes of administration.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV97

Calcium as a treatment option for alcohol dependence

R. Schuster*, A. Koopmann, F. Kiefer

Central Institute of Mental Health- University Heidelberg, Department of Addictive Behavior and Addiction Medicine, Mannheim, Germany

* Corresponding author.

In the last couple of decades anti-craving drugs have been developed. Acamprosate was described as an effective treatment option to support alcohol abstinence with a low side effect profile. Moreover its molecular mode of action is highly controversial. Recently, calcium salt was described to be the active part of Acamprosate. Using a clinical sample of placebo ($n = 10$) vs. Acamprosate-treated ($n = 19$) abstinent alcohol-dependent patients, we measured calcium plasma concentrations after the 1st, 2nd and 3rd month after the treatment commenced. Before treatment, the same physiological calcium concentration of about 2.4 mmol/l was found in both groups respectively. We found significant correlations in the Acamprosate group while no correlations in the placebo group were observed.

The very well regulated extracellular calcium serum concentration seems to get out of balance in association with the severity of alcohol dependence in inpatients during withdrawal.

Accordingly, in another clinical sample ($n = 57$) we found a negative correlation between calcium serum concentration and craving ($r^2 = 0.125$; $P = 0.011$) on day 1 of detoxification. The measurement of craving was carried out by a self-rating scale, the Obsessive Compulsive Drinking Scale (OCDS). Furthermore a low calcium level correlated with high breathalyser readings and the number of alcohol inpatient detoxification's.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV98

Disrupted homeostasis during chronic ethanol consumption associated with specific mechanism of endogenous neurosteroids activity

T. Shushpanova^{1,*}, N. Bokhan², A. Mandel², A. Solonsky¹, T. Novozheeva¹, A. Semke³, V. Lebedeva⁴, T. Kazennykh⁵, V. Udut (Deputy Director)⁶, G. Arbit⁷, V. Philimonov⁷, E. Markova⁸

¹ Mental Health Research Institute, Biological Psychiatry Department, Tomsk, Russia

² Mental Health Research Institute, Addictive States Department, Tomsk, Russia

³ Mental Health Research Institute, Endogenous Disorders Department, Tomsk, Russia

⁴ Mental Health Research Institute, Clinics, Tomsk, Russia

⁵ Mental Health Research Institute, Scientific secretary, Tomsk, Russia

⁶ Pharmacology and Regenerative Medicine Research Institute, Tomsk, Russia

⁷ National Research Tomsk Polytechnic University, Biotechnology and Organic Chemistry Department, Tomsk, Russia

⁸ Basic and Clinical Immunology Institute, Laboratory of Neuroimmunology, Novosibirsk, Russia

* Corresponding author.

Introduction Neurobiological research describes one of mechanisms overlap in the Cortico-Striatal-Limbic Circuit (CSLC), which can be disrupted due to chronic stress and alcohol abuse that primarily modulated by the hypothalamic-pituitary-adrenal (HPA) axis, from which cortisol is an end-product.

Objectives To investigate the effects of chronic stimulant abuse on the CSLC. This was examined by relating cortisol levels with grey matter volume in brain structures associated with addiction and stress.

Aims We hypothesized that stimulant-dependent individuals show increased cortisol levels and abnormalities in the CSLC. We further hypothesized relationships between altered grey matter volume and increased cortisol levels in the patients.

Methods Twenty-two alcohol-dependent individuals, men only and 21 healthy volunteers (matched for age and gender) underwent an assessment session. Cortisol, DHEA and DHEA-S was assessed in blood plasma. Mood, impulsivity and compulsivity were measured by clinical instruments.

Results Alcohol-dependent individuals showed higher levels of cortisol in blood plasma, and decreased levels of progesterone and its metabolites DHEA and DHEA-S, which were associated with distinct expression in impulsivity and compulsivity in alcoholic patients. Indices of these steroids were changed compared with healthy persons. Plasma cortisol was positively correlated with the duration of alcohol use. The relationships observed between cortisol, progesterone and its metabolites: DHEA and DHEA-S may be explained by abnormal functioning of HPA axis.

Conclusions Optimizing of disrupted homeostasis during chronic ethanol consumption being provided with specific mechanism by manipulation of endogenous neurosteroids activity may prove a beneficial pharmacotherapeutic strategy in the intervention of alcohol abuse.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV99

Therapeutic efficacy of original anticonvulsant meta-chloro-benzhydrolurea (m-ch-BHU) in the treatment of patients with a compulsive craving for alcohol



T. Shushpanova^{1,*}, N. Bokhan², A. Mandel³, V. Lebedeva⁴

¹ Mental Health Research Institute, Biological Psychiatry, Tomsk, Russia

² Mental Health Research Institute, Administration, Tomsk, Russia

³ Mental Health Research Institute, Addictive States Department, Tomsk, Russia

⁴ Mental Health Research Institute, Clinics, Tomsk, Russia

* Corresponding author.

Introduction The problem of the treatment of alcohol addiction is very difficult due to the reoccurrence of relapses. One of the major concepts of the formation of alcohol addiction is the concept of epileptic origin of compulsive craving for alcohol.

Objective We investigated therapeutic efficacy of long-term dosing of original anticonvulsant (m-ch-BHU) on symptoms of alcohol withdrawal syndrome (AWS) in patients with a compulsive craving for alcohol.

Methods Sixty-eight male alcoholic patients aged from 24 to 53 years with different levels of alcohol abuse were examined. Type of course of alcoholism in examined patients was of middle-progressing character. Clinical evaluation of state of patients was carried out with traditional clinical description. Quantitative characterization was conducted according to Hamilton Anxiety Scale and Hamilton Depression Scale. m-ch-BHU was administered to alcoholic patients at dose from 300 mg a day during 21 days against the background of conventional medication as well as in post-withdrawal period under various degrees of severity of affective disorders.

Results Among affective disorders dysphoric symptoms have a marked tropism for m-ch-BHU. Of the other clinical manifestations in the structure of AWS cerebral diencephalic paroxysms, cardiovascular and myofascial symptoms have the most pronounced sensitivity to the drug. In patients with complicated forms of alcoholism application of m-ch-BHU is effective also in phase of remission in spontaneously arising symptom complex of neurovegetative manifestations of primary pathological craving for ethanol called "dry abstinence".

Conclusions Our data allows recommending the use of m-ch-BHU under outpatient conditions as an anti-recurrent and preventive agent.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV100

Chronic psychiatric changes in a severe post-traumatic brain injury patient



J. Silva^{1,*}, J. Mota², P. Azevedo¹

¹ Magalhães Lemos Hospital, Inpatient C Unit, Porto, Portugal

² Magalhães Lemos Hospital, Inpatient C Unit – Electroconvulsive therapy Unit, Porto, Portugal

* Corresponding author.

Introduction Severe traumatic brain injury (TBI) causes neuropsychiatric disturbances. Emotional and personality disturbances seem to cause much more seriously handicap than residual cognitive or physical disabilities. The prognosis may be poor associated with marked social impairment, so a multidisciplinary approach team is required in order to

improve patient's quality of life and reintegration in family and society.

Objectives To summarize the latest literature about this field and to present a case report.

Aim To explore and learn more about chronic psychiatric changes in severe post-traumatic brain injury and share with the scientific community how challenging the approach of this entity can be.

Methods A brief review of the latest literature was performed, using PubMed and the keywords "traumatic brain injury" and "psychiatric changes". A case report is presented.

Results Although SSRI, benzodiazepines, mood stabilizers and antipsychotics are commonly used, new options are reported such as methylphenidate and cholinesterase inhibitors. The presented patient, a 27-year-old male, began with neuropsychiatric disturbances after a work-related fall from 9 meters high: convulsions and alcohol compulsive drinking. Three years have passed and his changes are still difficult to approach. Besides other medication, such as benzodiazepines and mood stabilizers, flufenazine injections and naltrexone seemed to be determinant in his behaviour and mood stabilization. He is also on a long-term alcoholism programme.

Conclusions Although the understanding of TBI-associated neuropsychiatric disorders has improved in the last decade, further research is needed, such as randomized-controlled studies to study new pharmacological and non-pharmacological approach.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV101

Clinical and demographic characteristics of treatment seeking online video game players



O. Simon^{*}, R. Chebbi, A. Ochoa Godall, J. Eicher, C. Zumwald, C. Dickson

Centre du jeu excessif, Department of Psychiatry, Lausanne, Switzerland

* Corresponding author.

Background and aim Within Switzerland, video game players seeking specialised treatment are usually referred to gambling addiction services. The Centre for Excessive Gambling (CJE) is a specialised gambling addiction unit in Lausanne University Hospital. Between 2003 and 2015 the service offered also support to 64 adults seeking treatment for videogaming-related disorders.

According to international literature, Internet disorder treatment programmes have been developed. However, little is known about clinical profile of users seeking treatment. Studies into Internet or gaming disorders typically employ Internet survey methods or use student samples. The current presentation will outline demographic and clinical features of video gamers receiving treatment at the CJE.

Method Data were collected from the medical records of 57 video gamers seeking treatment at the CJE between 2003 and 2015.

Results The sample includes 93% men, mostly single (91%), with an average age of 25 years \pm 7. On average the sample spent 9 hours \pm 5 per day playing video games. A disorder had emerged an average of 3 years ago \pm 3. The crisis preceding the first consultation was familial (50%), emotional (29%) or professional (16%). Sixty-five percent of the sample had a mood disorder and 20% reported suicidal ideations.

Discussion Treatments should address comorbidities and family problems associated with video game disorders. Offering consultations for parents could be useful, even in absence of the young player.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV102

Causes of psychoactive substance use by cannabis users with schizophreniaK. Simonienko^{1,*}, M. Kwiatkowski¹, U. Cwalina², N. Wygnał¹, K. Wilczynska¹, B. Konarzewska¹, N. Waszkiewicz¹¹ Medical University of Białystok, Department of Psychiatry, Białystok, Poland² Medical University of Białystok, Department of Statistics and Medical Informatics, Białystok, Poland

* Corresponding author.

Introduction Psychoactive substance use (PSU) in patients with schizophrenia can affect the course of the disease and causes many side effects. There is no clear evidence whether cannabis use can trigger the first episode of schizophrenia. The main causes of cannabis use in patients with schizophrenia are also still not defined.

Objectives Determine causes of PSU in cannabis users with schizophrenia.

Aims The aim of this study was to find out the causes of PSU in patients with schizophrenia.

Methods Thirty-five cannabis users with schizophrenia (28 males, 7 females) were asked to complete 15-item questionnaire about the reasons of psychoactive substance intake. Eighteen of them used also stimulants. Additional information if PSU or schizophrenia occurred first was also taken.

Results The results indicated that regardless of stimulants use PSU occurred before schizophrenia in 83% of patients. Main reasons of substance intake were: need for relaxation (86%) which was more often in marijuana group (100%) than in marijuana and stimulants group (73.7%) and this difference was statistically significant ($P=0.049$), curiosity (80%), self-regulation of well-being (74%), shyness, need for altered states of consciousness, expectation that psychoactive substances could help them in problem solving, relationships and sleep disorders (49–54%).

Conclusions PSU usually occur before the first episode of schizophrenia. Anxiety, curiosity and looking for unprofessional help are the most common reasons. The results may indicate an increased need of psychoeducation and social support in many areas of life. Future research should be considered.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV103

The relationship between dimensions of impulsivity and alcohol consumption in heavy drinkersS.Y. Sohn^{1,*}, S. Kim¹, S.Y. Lee^{2,2}¹ Yonsei University College of Medicine, Department of Psychiatry and Institute of Behavioral Science in Medicine, Seoul, Republic of Korea² Dankook University College of Medicine- Cheil General Hospital & Women's healthcare center, Psychiatry, Seoul, Republic of Korea

* Corresponding author.

Introduction Impulsivity has been studied as underlying mechanism among addictive disorders such as alcohol use disorder. Several authors have suggested that impulsivity is not a unitary construct and consist of several subconstructs such as response inhibition, risk taking.

Objectives This study conceptualized impulsivity as a multidimensional construct and those subconstructs of impulsivity can predict alcohol use differentially.

Aims Our aim was to identify the specific component of impulsivity that explained the greatest variance in heavy and problem drinking among a sample of alcohol use disorder.

Methods Participants with alcohol use disorder ($n=170$) completed a behavioral test battery comprising response inhibition tasks (Stop signal task), the Balloon Analogue Risk Task (BART) as measures of subconstruct of impulsivity. Participants also completed the UPPSP as a measure of general impulsivity.

Results In a multiple regression model, impulsivity measured by UPPSP and risk-taking was identified as the measures that predicted alcohol use and problems.

Conclusions Results suggest that among patients with alcohol use disorder, a behavioral measure of risk-taking predicts alcohol consumption and alcohol problems, even when individual differences in trait impulsivity are statistically controlled. However, behavioral measures of response inhibition do not predict unique variance in alcohol use in patients with alcohol use disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV104

Problem-solving appraisal as mediator, moderator and predictor of smoking-abstinence effects

A. Soliman

Qatar University, Social Sciences, Doha, Qatar

Introduction There are extensive investigations explaining smoking abstinence effect, yet little is known about the cognitive and metacognitive mechanisms that underlie the severity of smoking abstinence effects. Several studies reported that that problem-solving appraisal is associated with psychological maladaptive behaviors, such as depression, anxiety.

Objectives Examining the role of problem-solving appraisal as mediator, moderator and/or predictor of the severity of withdrawal symptoms and probably relapse.

Aims Studying the role of problem-solving appraisal in the severity of smoking abstinence withdrawal symptoms.

Methods The present study utilized a two-group pretest and posttest design to examine the mediating, moderating and predicting role of problem-appraisal of smoking-abstinence effects. A total of 92 adult men smokers were administered the problem-solving inventory (PSI-Ar) as well as several self-report measures of most reported smoking abstinence effects (pre-test), and then were asked to stop smoking for 48 h and administered again the same measures except the PSI-Ar (post-test).

Results The results revealed that problem-solving appraisal acts as a possible mediator and predictor but not moderator of the severity of smoking-abstinence effects. The individuals with who appraised themselves as ineffective problem solvers have shown more severe abstinence effects i.e. somatization, depression, general anxiety, panic, mood states, smoking urges, insomnia and habitual sleep duration.

Conclusions Problem-solving appraisal plays a key role in severity of smoking-abstinence effects by means of mediating the relationship between abstinence effects before and after smoking abstinence. The findings are discussed in the context of future research and possible intervention recommendations.

Keywords Appraisal; Problem-solving appraisal; Problem-solving inventory; PSI-Ar; Smoking abstinence effects

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV105

Sociodemographic characteristics and clinical outcomes among patients with comorbid alcohol dependence and depressive spectrum disorders



E. Solodkaia^{1,*}, I. Loginov¹, V. Sergina¹, A. Zhurbuck¹, S. Savin², H. Jian³

¹ Far Eastern State Medical University, Psychiatry and Narcology, Khabarovsk, Russia

² Computer Center of FEB RAS, Laboratory of medical information, Khabarovsk, Russia

³ Harbin Medical University, Psychiatry, Harbin, China

* Corresponding author.

Introduction The accelerated development of substance dependence with social disadaptation and delinquent behavior, which is associated with the integration of pathological processes addictive and mental pathology, is observed in most patients with comorbid mental disorders.

Aims We evaluated the association of sociodemographic characteristics with clinical outcomes among patients with comorbidity of alcohol dependence and depression.

Objectives To study the structure and clinical features of depressive spectrum disorders with comorbid alcohol dependence among males aged 18–60. Data were collected at the Khabarovsk territorial psychiatric clinic, and all participants provided written informed consent prior to participation. Participants in the current study consisted of 89 males with comorbid alcohol dependence and depression (ICD-10 criteria).

Methods The present study based on clinical examination and interview, including data of demographic characteristics, family background and remission. Logistic regression was used to evaluate the associations of interest.

Results Analyses showed that risk of relapse was higher among males with low education and income level ($r=0.65$; $r=0.55$), family destruction until puberty ($r=0.76$), parental alcohol misuse ($r=0.74$), authoritarian parenting style in childhood ($r=0.55$), conflict relationships with spouse ($r=0.80$), “conflict” dominant motivation for abstinence ($r=0.77$), mood swings ($r=0.74$) and absence of treatment for depression ($r=0.80$).

Conclusions Integrative approach to treatment of patients with comorbid alcohol dependence and depressive spectrum disorders should take into consideration sociodemographic characteristics.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV106

Integrated approaches to the treatment of pain syndrome in the patients with drug addiction



I. Sosin*, Y. Chuev, O. Goncharova

Kharkov Medical Academy of Postgraduate Education, Narcology, Kharkov, Ukraine

* Corresponding author.

Introduction Pain syndrome is integral acute sign of drug addiction at psychoactive substance deprivation and is a severe urgent state.

Objectives and aims To work out integrated approaches to pain syndrome cessation with combined pharmacotherapy and non-pharmaceutical methods. To study dynamics of pain syndrome reduction at application of the developed methods.

Methods One hundred and eighty-nine opioid addicts (cessation state) were examined. The treatment efficiency was evaluated with

visual analogue scale; Roland-Morris questionnaire; pain numeric rating scale.

Results Four innovative options of modified therapy for pain authorized with the patents of Ukraine were proposed (with membrane plasmapheresis, medical electrophoresis, laser therapy and standard pharmacotherapy):

– pain syndrome cessation in opioid addicts is provided with Tramadol (up to 600 mg i/m), at intravascular laser hemotherapy (wavelength 0.63 mcm, power 2 mW, 30–40 min exposure, 3–4 days course);

– recurrent deprivation pain syndrome cessation is realized by membrane plasmapheresis with intravascular laser blood irradiation and i/m 1.0 mL Ketanov solution 2–3 days;

– pain syndrome treatment in drug and alcohol addicts is provided with Analgin and Sibazon by electrophoresis, current 1.5–5 mA, exposure 25–30 min, 1–2 procedures daily;

– pain syndrome cessation in drug addicts is performed by injection of 0.5% Seduxen solution (up to 4.0 mL), paracetamol – (up to 0.4 g), 10% solution of sodium caffeine benzoate – 1.0–2.0 mL subcutaneously, at night – 0.5% seduxen 2.0–4.0 mL, paracetamol – 0.2–0.4 g.

Conclusions Monitoring and statistical processing data proved that the proposed methods give 1.5–2-fold growth in efficiency of treatment for pain syndrome in drug addicts.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV107

Clinical and biological predictors of the resistance to anti-smoking therapy of tobacco dependent patients



O. Speranskaya

Serbsky National Research Centre for Social and Forensic Psychiatry, tobacco dependence, Moscow, Russia

Objectives The treatment resistance to anti-smoking drugs (NRT, varenicline) remains one the most important problems of the efficacy of antismoking programs.

The role of biological signs (EEF profile, genetic changers) in the possibility of forthcoming resistance to anti-smoking drugs needs investigation.

Aims Thirty-one tobacco dependent patients, age 47–61, male, smoking period more than 25 years, had the resistance to NRT (15) ore varenicline (16) appeared after several successful quits. The number of cigarettes was 28–60 per day.

Thirty male patients, age 42–59, smoking period 20 years without therapy resistance were in the control group. The number of cigarettes per day was 22–35.

EEG indices and genetic polymorphism of COMT were identified in both groups of the patients.

Results The patients with therapy resistance had special clinical features of tobacco dependence: the prevalence of ideatory component of tobacco craving. The maximum intensity (up to 4 points in special scale) symptoms of craving to smoke, correlated with high (82.7 ± 0.1) level of alexithymia ($r = .759$, $P < 0.01$), low values of alpha index of EEG ($P < 0.05$), the presence of double valin allele of COMT ($P = 0.0741$).

Conclusion The presence of at least one valin polymorfism allele of *rs4680* COMT gene might be the predictor of pharmacological resistance to anti-smoking therapy, as well as low values of alpha index of EEG and clinical signs.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV108

Metacognitive factors in a sample of Greek alcohol dependent patients

P. Stefanatou^{1,*}, E. Giannouli¹, P. Tsellos¹, Z. Antonopoulou²,
T. Paparrigopoulos¹, V. Ermiliou¹, M. Typaldou¹

¹ Athens University Medical School, First Department of Psychiatry, Eginition Hospital, Athens, Greece

² Panteion University of Social and Political Sciences, Department of Psychology, Athens, Greece

* Corresponding author.

Introduction The harmful use of alcohol causes a large disease, social and economic burden in societies. Metacognition is a complex concept referring to the cognitive control and regulation of many types of cognitive processes.

Objectives Metacognitions are considered to be an important factor in the development and continuance of psychological disorders.

Aims The purpose of this study is to examine the probable relations between alcohol abuse and Metacognitions with the Metacognitions Questionnaire – 30 (MCQ-30).

Method Twenty-three men and 16 women, aged between 22 and 64 years, inpatients in Eginition Hospital, due to alcohol dependence, completed the Greek-Version of the MCQ-30.

Results The mean total scores of alcoholics were higher than the ones of the healthy subjects. Namely, the group of the alcohol abused patients presented a higher score in comparison with the normal group in three of the five metacognitive dimensions. Additionally, alcoholic men outscored alcoholic women in two of the five factors. Specifically, alcoholic men appeared to be less confident about their memory and attention than alcoholic women. Furthermore, alcoholic men, compared to alcoholic women claimed in a significant greater level that worrying helped them to function.

Conclusions The above findings suggest that metacognitions could play a role in the orientation and maintenance of alcoholic abuse behavior. Moreover, these results may pose the question of whether these metacognitive beliefs could be seen as an indicator of differentiating alcoholic men from women. Overall, further research could provide additional information concerning the relation between Metacognitions and alcoholic dependence.

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EV109

Transformation of social networking sites' usage patterns – a threat to health?

A.R. Szczegieliński*, K. Palka, K. Krysta

Medical University of Silesia, Department of Psychiatry and Psychotherapy, Katowice, Poland

* Corresponding author.

Introduction Internet as a vast global network, consisting of commercial, educational, informational and communicational facilities, has a huge impact on human behavior. Designed simultaneously by the needs of users and technical capacity, has become an addictive medium thanks to low cost of usage and broad availability. Social networking sites (SNSs) have a special place in the cyberspace. Due to the wide range of services, additionally differing on latitude, age and other variables, SNSs' impact on a life of an average user is difficult to assess.

Aim The study assess the changes between 2013 and 2015 in usage patterns and impact of the social networking sites on users with focus on possibility of dependence development and emphasis on gender differences.

Materials and methods Anonymous questionnaire, available online, was prepared solely for the purpose of the study. Questions were related to the types and frequency of specific activities

undertaken by the private profiles of users and based on pilot study conducted in January 2013.

Results The first stage (March–April 2013) consisted of 1248 respondents, the second stage (August–September 2015) gathered 1112 respondents. Research showed changes in age of users, type of information looked for and tools used to browse SNSs.

Conclusions Private profiles are no longer used only for communication or personal expression; it is a new way of getting to know what is happening and sharing voices of communities. As a tool of making money, which is more and more visible, SNSs interfere with previous patterns of portals' usage.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV110

Effectiveness of aripiprazole in remission from borderline personality disorder associated with multiple drug use – case report

A. Teixeira*, J. Jaber, R. Fernades, J. Veríssimo

Clinica Jorge Jaber, Addictions, Rio de Janeiro, Brazil

* Corresponding author.

The essential feature of borderline personality disorder is pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts. These individuals may show performance in school or work situations unstructured. Impulsivity exhibits at least two potentially harmful to themselves. They can play, make irresponsible spending, overeating, abusing psychoactive substances, engage in unsafe sex, or recklessly. People with borderline personality disorder have recursively behavior, gestures, or threats of suicide or self-mutilating behavior.

Methodology The following case features a patient whose characteristics meet the diagnostic criteria for borderline personality disorder, with positive family history of psychiatric illness (parent drug addict and bipolar disorder patients) and user of multiple drugs, particularly cocaine, marijuana and alcohol. The same has been treated with the same professional team between 2011 and 2013, with an average of 2.3 psychiatric hospitalizations per year and with signs unchanged until the last year, and these intervals between hospitalizations patient had outpatient care when introduction of drug aripiprazole caused the remission of some symptoms and attenuating others, with significant improvement in quality of life of the patient, as the scope of complete abstinence from drug use and school progress.

Conclusions Although this is only one case, the excellence of result with aripiprazole in mood stabilization and improvement of impulsive behaviors, especially in the cessation of compulsive use, makes our attention turns to the substance so that it remains subject of further studies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV111

Combined use of varenicline and cognitive behavioral treatment for nicotine dependence in patients admitted to a psychiatric clinic in Rio de Janeiro – Brazil

A. Teixeira^{1,*}, J. Jaber², R. Elias², J. Veríssimo Junior², A. Tomé²

¹ Rio de Janeiro, Brazil

² Clinica Jorge Jaber, Addictions, Rio de Janeiro, Brazil

* Corresponding author.

Objective Nicotine dependence is a worldwide health problem and the second cause of death worldwide. This article aims to present the improvement in the technique used by us. The results of the implementation of the treatment program with the use of varenicline as a specific medicine for nicotine dependence during admission to a clinic for chemical dependency treatment. We also demonstrate that this treatment is possible and safe for patients with comorbid psychiatric disorders and drug use disorders.

Methods Between August 2012 and August 2013, 98 patients were evaluated in a clinic for psychiatric and drug use treatment in Rio de Janeiro, Brazil. The treatment consisted of a smoking cessation therapy concurrently with the psychiatric treatment. These patients had used pharmacological therapy associated with intensive cognitive behavioral therapy, occupational therapy and moderate physical activity. In addition to the associated therapy, smoking was limited to three cigarettes daily beginning the first day of hospitalization. The drug use disorders and psychiatric illnesses were treated as usual.

Results The patients adhered to the treatment. Hundred percent of the treatment group were discharged from the clinic such as tobacco abstainers. The percentage of abstinence in patients after discharge according to previous assessments (2008–2009) with follow-up of 18 months was 51%. Results of the current study are still under evaluation.

Conclusions Behavioral group therapy and physical activities can be important allies for varenicline. Behavioral changes also exert great influence in the maintenance of abstinence.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV112

Hereditary influence in alcohol dependence



J. Teixeira^{1,*}, G. Pereira², T. Mota², J. Cabral Fernandes²

¹ Centro Hospitalar Psiquiátrico de Lisboa, Lisbon, Portugal

² Lisbon's Psychiatric Hospital Center, UTRA, Lisbon, Portugal

* Corresponding author.

Introduction Alcohol dependence is one of the psychiatric disorders for which hereditary influence is strongest. In fact, the importance of genetic factors in transmission of vulnerability to alcohol dependence was first described in literature many years ago by psychiatrists who dedicate to its study. That vulnerability may be explained by an epigenetic model in which biological hereditary factors associate with environmental factors to cause alcohol dependence.

Objectives Study the influence of genetic factors on alcohol dependence.

Methods During 4 consecutive months a sample of alcoholic patients was collected from the Alcohol Treatment Unit of CHPL (inpatients and outpatients). Biographic data, patient's psychiatric diagnosis and family history of alcohol dependence or of dependence of other drugs were recorded.

Results Initial sample included 122 patients. After exclusion of patients who were also hospitalized in that period, the final sample included 102 patients (26% female), with a mean age of 48 years old. Main patients' diagnosis was alcohol dependence but most of them (52%) presented psychiatric comorbidity. Most patients (55%) had family history of alcohol dependence or dependence of other substances, 26% did not have and 19% did not know. For 61% of patients, the father and/or mother were the affected relative. Most patients (61%) who had a family history of alcohol dependence or dependence of other substances had 2 or more affected relatives.

Conclusions Most patients with alcohol dependence have family history of alcohol dependence or dependence of other substances, usually in more than 1 relative, which must be taken in account during treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV113

Treatment of tobacco dependence in Romanian women – a vulnerable population that needs a more personalized approach



L. Trofor^{1,*}, R. Gherghesanu¹, R. Chirita¹, A. Trofor²

¹ Clinic of Psychiatric Diseases, Psychiatry I, Iasi, Romania

² Clinic of Pulmonary Diseases, Pulmonology I, Iasi, Romania

* Corresponding author.

Background Women face unique and greater health risks from smoking than men and have a different nicotine dependence pattern.

Aim To design a personalized approach for women addressing Romanian tobacco dependence treatment centers to quit smoking.

Material and methods A group of 68 smoking women received a 3 months tobacco dependence treatment intervention, consisting of 3 DVD educational sessions, 20 minutes each and a face to face cognitive – behavioral counseling intervention, emphasizing particularities of tobacco dependence in women (pregnancy risks, passive smoking, female hormones configuration, nicotinic receptors interactions, efficacy of nicotine dependence therapy according to gender, etc.).

Results Females under study were heavy smokers (17.16 ± 8.03 SD packs cigarettes/years) with high nicotine dependence scores (6.52 ± 6.03 SD).

Abstinence rate evaluated in end of treatment (3EOT) phase by an office visit (self-declared abstinence and exhaled carbon monoxide validation) was 38% and increased at 44.1% at 6 months follow-up when evaluated by a telephone contact visit (6TCV).

Conclusions Personalized tobacco dependence treatment approach, focusing on specific women tobacco use concerns increased abstinence rates, comparatively to previous data in women not benefiting educational DVD and face to face sessions [1].

Disclosure of interest The authors have not supplied their declaration of competing interest.

Reference

- [1] Trofor L, Barnea E, Bucur D, Miron R, Bodescu M, Chirila C, et al. Smoking cessation rates in women versus men – outcomes of a reimbursed tobacco dependence treatment program. P 4462. ERJ 2014;44(Suppl. 58).

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EV114

Cognitive factors in social adaptation of opium addicts in remission



L. Tursunkhodjaeva^{1,*}, L. Muzaffarova²

¹ Tashkent, Uzbekistan

² Tashkent Institute of Physicians' Post-Graduate Study, Academic Department of Addiction Medicine and Adolescent Psychopathology, Tashkent, Uzbekistan

* Corresponding author.

Given significant influence of factors contributing or preventing social adaptation of drug addicts after termination of drug abuse on the stabilization of remission, their study is quite a challenge. To study cognitive factors in social adaptation of opium addicts in remission, a patient's ability to predict people's behavior in various everyday situations, to discern intentions, feelings and emotional states of a person by non-verbal and verbal expression we used M. Sullivan's method in examination of 75 opium addicts at the Republican Tertiary Detox Center.

More than 80% of the patients demonstrated low scores in a number of subtests, such as “a story to be completed”, “a verbal expression” and “a story to be extended”. That was the evidence for the patients' poor understanding association between behavior and its consequences, which can cause them to get into conflict or dangerous situations. The patients had poor ability to understand changes in initial meanings of verbal reactions by the context of the situation caused. They poorly discerned various meanings one and the same verbal messages may have by the character of relationships between people and peculiarities of communication. Even during the period of prolonged withdrawal, the patients are found to poorly discern associations between behavior and outcomes, to misunderstand character of social relationships, and find it difficult to predict people's behavior. All above makes difficult the process of interaction with the persons surrounding them, reduces possibilities for social adaptation, prevent stabilization of remission and poses the risk of the addiction recurrence.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV115

Nalmefene for daily consumption of alcohol



J. Valdés Valdazo^{1,*}, L.T. Velilla Diaz², C. Martínez Martínez², A. Serrano García², C. Manso Bazus², C. Llanes Álvarez³

¹ Leon, Spain

² Caule, Psychiatry, Leon, Spain

³ Complejo Asistencial Zamora, Psychiatry, Zamora, Spain

* Corresponding author.

Introduction The level of high-risk alcohol consumption WHO is estimated at more than 40 mg for women and 60 mg for men.

Nalmefene is a new treatment that breaks the cycle of continued use of alcohol.

Methodology A sample of 18 patients of a Mental Health Centre in the province of Leon alcohol dependent and high consumption They received nalmefene 18 mg daily continuous treatment for 6–9 months is selected. We appreciate the adherence of patients and the efficacy, tolerability and impact on physical health.

Results We appreciate reduction in the amount of alcohol ingested observed by both the patient and their relatives without any cases of neglect and few side effects.

We got two patients leave the alcohol completely and an average decline in consumption over 9 Basic Units of Drink.* (90 g).

We observed improvement in the quality of life in patients with multiple pathologies and difficult social situation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV116

A case of marchiafava bignami disease with frontal cortex involvement and late onset, long-lasting psychiatric symptoms



C. Vecchi^{1,*}, C. Gramaglia¹, A. Feggi¹, I. Coppola¹, S. Di Marco¹, A. Venesia¹, C. Delicato¹, N. Chieppa², F. De Marchi¹, R. Cantello¹, P. Zeppegnò¹

¹ Università del Piemonte Orientale, Translational Medicine, Novara, Italy

² AOU Maggiore della Carità, Psychiatry, Novara, Italy

* Corresponding author.

Aims To describe the case and management of a patient with marchiafava bignami disease (MBD) with frontal cortical lesions,

no specific symptoms at first referral to the emergency room, and late onset of atypical psychiatric symptoms.

Methods We report the case of a 44-year-old patient with a history of chronic alcohol abuse, eventually diagnosed with MBD.

Results Magnetic resonance showed lesions in the splenium and in the body of corpus callosum and bilateral lesions of the frontal cortex. The patient showed late-onset atypical psychiatric symptoms, which were drug resistant.

Conclusions The case we describe seems to support the existing few ones describing cortical involvement in MBD, which suggest that this is associated with a poorer prognosis. Psychiatric symptoms may be challenging to treat because of drug resistance. The involvement of psychiatrists together with neurologists and radiologists, with a consultation–liaison approach has proved important for the achievement of diagnosis and of the most appropriate management and treatment for this patient.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV117

Alexithymia in a sample of alcohol-dependent patients: Clinical correlations and cognitive patterns



R. Vecchiotti^{1,2,3,*}, L. Orsolini^{1,2,3,4}, M. Panichi^{1,2}, M. Marconi¹, A. Valchera^{1,2}

¹ Villa S. Giuseppe Hospital, Hermanas Hospitalarias, Department of Psychiatry, Ascoli Piceno, Italy

² Polyedra, Research, Teramo, Italy

³ Maastricht University, Department of Psychiatry and Neuropsychology, Maastricht, Netherlands

⁴ University of Hertfordshire, School of Life and Medical Sciences, Hatfield-Herts, United Kingdom

* Corresponding author.

Introduction Alexithymia represents a personality construct, characterized by an inability in identifying and verbally describing own and others' emotions. According to the recent research on emotional dysregulation and the alexithymic construct, it has been described a positive correlation between alcoholism and alexithymia. The present study aims to evaluate the presence of alexithymia in a sample of alcohol dependant patients and, therefore, analyze how the presence of these alexithymic traits may influence/interact with a range of cognitive processes such as the anger rumination, metacognitive capabilities and dissociative experiences.

Methods A sample of 40 alcohol dependant inpatients affected with alcohol dependence and alcohol-related issues were recruited, evaluated and compared with a sample of 40 healthy controls. A clinical evaluation and a complete clinical and psychological assessment were carried out in order to investigate alcohol-related clinical patterns, alexithymia construct, anxiety and depression symptomatology and cognitive pattern.

Results Subjects with alcohol addiction show higher total scores in all tests except the scale that evaluates anxiety, compared to healthy controls. Finally, a factorial ANOVA analysis demonstrated that alcoholism seems to be determined by the lack of emotional recognition from which derives a dissociative state, which consequently generates a depressive rumination.

Conclusions According to the recent literature, the present study identifies a significant proportion of alexithymic patients within the sample of subjects affected by alcohol-related disorders. Other clinical variables (i.e. depression, pathological anxiety-related worry, anger rumination, dissociation and metacognitive capabilities) mirror a specific cognitive pattern in the sample of alcoholics rather than the healthy group.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV118

Gender characteristics: Behavioral and socio-demographic profile of crack users



T.V. Vernaglia^{1,*}, M.S. Cruz², T.L. Henriques³

¹ Federal University of Rio de Janeiro State, UNIRIO, Medical-Surgical Nursing Department, Rio de Janeiro, Brazil

² Psychiatric Institute IPUB/UFRJ, Street Drug Program, PROJAD, Rio de Janeiro, Brazil

³ State University of Rio de Janeiro, UERJ, Institute of Social Medicine, Rio de Janeiro, Brazil

* Corresponding author.

Background The increase of crack use has been a challenge for public health in Brazil. In this context, few studies focus on difference in abuse of this substance between women and men.

Aims To compare socioeconomic, family relationship and service use characteristics crack users in both sexes in out-treatment patients in Brazil.

Methods A multicentric cross-sectional study was conducted in 6 Brazilian cities. A total of 900 crack users were selected. A Addiction Severity Index – 6 (ASI-6) questionnaire was applied. It was made a Chi² test to identify differences in frequency.

Results The most areas of ASI showed difference. The women have poor safety conditions than men: unemployment (69.2% × 49.0%); no money for housing or clothing (74.64% × 57.56%); without income (66.89% × 40.56%); most illiterate (23.27% × 13.55%); live with their children (31.21% × 14.33%); difficulty of dealing with their children (18.25% × 5.09%); are investigated by Council of Guardianship (33.33% × 7.45%); sexual abuse (33.97% × 8.71%).

Conclusion The woman crack user is more vulnerable than man. These difficulties could decrease the success rate of rehab. The knowledge about this vulnerable situation in woman user could help the health professional to offer support in this fields.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV119

Changes in qualified detoxification treatment of inpatients with multiple substance use: Impacts on key figures, a pre-post-study in an open door unit in Saxony, Germany



B.S. Voigtlaender*, J. Schneider, H. Groß, T. Barth

Klinikum Chemnitz gGmbH, Psychiatry-Behavioural Medicine and Psychosomatics, Chemnitz, Germany

* Corresponding author.

Introduction Detoxification treatment of adults at younger ages suffering from polysubstance dependence on our department pursues an integrative therapeutic concept. In addition to addiction-specific, topic-centred group and talk therapy orientation also behavioural therapy elements are included: a penalty points system provides negative sign stimuli for undesirable behaviour.

Objectives Since 2010, both rate of psychotic disorders and number of N-methylamphetamine consumers ($P < 0.001$) have been growing impressively while the proportion of repeated admissions

amounted to >55%. Dissatisfying trends were identified by longitudinal measurement, e.g. regarding ALOS, kind of discharge, bed occupancy.

Aims Targeted changes in treatment were established in the 2nd half of 2014. In particular, the penalty point system was adapted towards less restrictive rules, combined with slightly reduced therapeutic intensity in order to come better on the disorder-related needs of the patients. Staffing level and structure remained stable.

Methods Key figures including quality criteria and performance data such as LOS, kind of admission and discharge, service intensity, and bed occupancy were evaluated by a pre-post study (pre: 1st half of 2014, $N = 76$ /post: 1st half of 2015, $N = 77$) using descriptive and test statistics.

Results Socio-demographic patient data remained stable. Regarding selected key figures there were significant changes (LOS > 21 days: $P < 0.05$; bed occupancy: $P < 0.001$; therapeutic contacts < 25 min: $P < 0.001$) and positive trends, e.g. decreased ratio of non-regular discharges.

Conclusions Our data suggest that punishment-oriented interventions impede addressing specific needs of inpatients with multiple substance use whereas more need-oriented interventions may lead to improvements. Further evaluation including patient satisfaction is indispensable.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV120

Decrease of velocity and acceleration of fast eye movement after the administration of methadone



P. Walecki^{1,*}, E. Gorzelanczyk², J. Feit², M. Kunc³

¹ Jagiellonian University Medical College, Department of Bioinformatics and Telemedicine, Kraków, Poland

² Nicolaus Copernicus University in Torun, Collegium Medicum, Bydgoszcz, Poland

³ Airedale NHS Trust, Faculty of Medicine, Steeton, United Kingdom

* Corresponding author.

Aims The goal of this study is to assess the differences in peak and medium velocity, peak and medium acceleration of eyeball movements after the administration of methadone.

Materials and methods Twenty-eight opioid addicts were examined. Patients admitted oculomotor impaired were excluded.

In this study, we made use of the Saccadometer Advanced (Advanced Clinical Instrumentation, Cambridge, UK), allowing the measurement of eye position with the time resolution of 1 msec (1000 Hz). The eye movement measurement is automated and synchronised with stimuli presentation. Before and after the administration of methadone two saccadic tests were carried out: Prosaccades Test (PT) and Antisaccades Test (AT).

Results The average of peak and medium velocity and the average of peak and medium acceleration of eyeball movements in the test AT were lower than in the PT test. After administration of a single dose of methadone the peak and medium velocity, peak and medium acceleration decreased in both tests (PT and AT). After administration of methadone prolonged the duration of saccades, and prolonged the duration of rising and falling slope of saccades.

Conclusion It was found that methadone (μ -opioid receptor agonist) is associated with change of velocity and acceleration of eyeball movements.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV121

Effects of BF-HRV of opioid-dependent persons with pathological gamblingE. Gorzelanczyk¹, J. Feit¹, K. Pasgreta¹, E. Laskowska¹, P. Walecki^{2,*}¹ Nicolaus Copernicus University in Torun, Collegium Medicum, Bydgoszcz, Poland² Jagiellonian University Medical College, Department of Bioinformatics and Telemedicine, Kraków, Poland

* Corresponding author.

Introduction It is necessary to search for and to carry out effective treatments for chemical dependency – including behavioral addictions. One of the methods used in various disorders is a biofeedback HRV (BF-HRV). The aim of the study is to examine the impact of BF-HRV on people addicted behaviorally to gambling and chemically dependent patients on opioids.

Material and methods Twenty-four opioid addicts were examined. We used emWave (HeartMath) with a heart rhythm monitor to learn stress reduction and emotional management skills. For a detailed analysis of the HRV data was used Kubios 2.0 software (Biosignal Analysis and Medical Imaging Group).

Results The average value of the three components of HRV, i.e. low (LF), medium (MF) and high (HF) frequencies of spectral energy FFT recorded during six consecutive sessions of BF-HRV were the following: 1st session LF 63%; MF: 17%; HF: 19%. Changing parameters in the next sessions: 2nd session LF –9.27%, MF: +0.50%, HF: +6.19%; 3rd session LF –11.11%, MF: +1.00%, HF: –10.07%; 4th session LF –14.27%, MF: –4.17%, HF: +18.77%; 5th session LF –15.02%, MF: –2.04%, HF: +17.07%; 5th session LF –15.02%, MF: –2.04%, HF: +17.07%; 6th session LF –20.86%, MF: –4.04%, HF: +24.90.

Conclusions After the BF-HRV training decrease low and medium frequencies (LF-MF) and increase high frequency (HF). Recent studies suggest that LF-HRV is an index of cardiac sympathetic control and the LF/HF ratio is an index of sympathovagal balance.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV122

Relationship between severity of tobacco dependence and personality traits, insomnia and impulsivity in male and female individuals entering alcohol treatmentA. Wnorowska^{1,*}, P. Serafin¹, A. Topolewska-Wochowska¹, A. Klimkiewicz¹, A. Jakubczyk¹, K. Brower², M. Wojnar¹¹ Medical University of Warsaw, Psychiatry, Warsaw, Poland² University of Michigan, Psychiatry, Ann Arbor, USA

* Corresponding author.

Introduction Tobacco dependence (TD) often coexists with alcohol dependence. Previous research documented that both biological and environmental factors influence simultaneous development of the two disorders. However, it has not been determined whether the same psychological and psychopathological factors affect TD in alcohol-dependent males and females.

Aim The objective of the study was to assess risk factors for high severity of TD in alcohol-dependent individuals considering gender differences.

Methods The study entailed two groups: male ($n=284$) and female ($n=102$) subjects entering alcohol addiction treatment programs in Warsaw, Poland. Standardized instruments were used to assess: severity of TD – Fagerstrom Test for Nicotine Dependence, personality traits – NEO-Five Factor Inventory to assess, consequences of drinking – Short Inventory of Problems, impulsivity – Barratt Impulsivity Scale, and Sleep Disorder Questionnaire-7 as a measure of insomnia.

Results In the studied sample, current smokers comprised 79.1% ($n=225$) of male and 79.4% ($n=81$) of female participants. Multivariate regression model showed that high negative consequences of drinking ($P=0.001$) and low NEO Openness score ($P=0.009$) were associated with high risk of TD in female alcoholics (corr. $R^2=0.223$; $P<0.0005$). Bivariate analyses showed that TD was associated with impulsivity, openness, agreeableness and neuroticism in male alcohol-dependent subjects. Insomnia was the only significant predictor for high severity of TD in the males (corr. $R^2=0.068$; $P=0.002$).

Conclusions Different factors contribute to severity of tobacco dependence in male and female alcohol-dependent individuals entering addiction treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Anxiety disorders and somatoform disorders

EV123

Social anxiety in medical students: A five-year follow-upS. Ak^{1,2,3,*}, C. Kılıç^{1,3}¹ Hacettepe University, Faculty of Medicine, Psychiatry, Ankara, Turkey² Kastamonu University, Faculty of Medicine, Psychiatry, Kastamonu, Turkey³ Hacettepe University, Stress Assessment and Research Center STAR, Ankara, Turkey

* Corresponding author.

Introduction Social anxiety is known to interfere with academic attainment. Its negative effects may be more pronounced in medical students, since symptoms may prevent acquisition of necessary skills for appropriate medical examination or procedures.

Objectives Medical education in Turkey lasts six years. Clinical internship (6th year) is qualitatively different from other years, since the student assumes the responsibilities similar to those of resident physicians. The transformation involved in this process may have an effect on the social anxiety levels of students.

Aims Our aim was to examine how medical education effects social anxiety level, focusing on the change from start to graduation.

Methods This was a pooled, time series cross-sectional study. Independent samples of students from same group were assessed for demographic information and social anxiety at three time points: at the first year of medical school ($n=152$), at the beginning of 6th year of medical school ($n=153$), and at the end of the 6th year ($n=130$).

Results Social anxiety levels declined from Time 1 (Liebowitz Social Anxiety Scale [LSAS] = 44.3) to Time 2 (LSAS = 30.6), and was stable after that (LSAS at Time 3 = 30.7). Social anxiety was predicted by “having another phobia” at Time 1; and by “psychiatric history in family” at Times 2 and 3.

Conclusions Our study shows that medical education probably has a positive effect on social anxiety, but this effect does not continue into the last year, i.e. internship. This is unexpected, because internship requires the acquisition of new social and professional skills. Findings will be discussed in the light of relevant literature.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV124

Low vitamin D, and bone mineral density with depressive symptoms burden in menopausal and post-menopause women



A. Bener

Istanbul University, Biostatistics & Public Health, Istanbul, Turkey

Objective The objective of current study was conducted to determine whether low vitamin D level and BMD are associated with depressive symptoms as burden in Arab women during the menopausal and post-menopausal period.

Design and setting A cross-sectional descriptive study.

Subjects A multi-stage sampling design was used and a representative sample of 1436 women aged 45–65 years were included.

Methods Bone mineral densitometry measurements [BMD] (g/m^2) was assessed at the BMD unit using. Data on body mass index (BMI), clinical biochemistry variables including serum 25-hydroxyvitamin D were collected. The Beck Depression Inventory (BDI) was administered for depression purposes.

Results Of the 1436 women living in urban and rural areas, 1106 women agreed to participate (77.0%). There were statistically significance differences between menopausal stages with regards to ethnicity, education level, systolic and diastolic blood pressure, parity, sheesha smoking and depressive symptoms. Overall, 30.4% of women were affected with osteopenia/osteoporosis in menopause and postmenopausal (24.4% vs. 35.7%; $P=0.0442$). Osteopenia in menopause and postmenopausal (18.7% vs. 29.3%; $P=0.030$) and osteoporosis (9.9% vs. 15.9%; $P=0.049$) were significantly higher in post-menopausal women than in pre-menopausal women ($P=0.046$). Similarly, vitamin D deficiency was more prevalent among postmenopausal women than menopausal women. The study revealed that vitamin D level, hemoglobin level, serum iron fasting plasma glucose, calcium, triglycerides, HDL cholesterol, LDL cholesterol, alkaline phosphate and magnesium were considerably lower in postmenopausal compared to menopause women ($P<0.001$).

Conclusion The study confirmed strong association between vitamin D level and BMD in Arab women during the menopausal and post-menopausal period.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV125

Translation and validation of the Nomophobia Questionnaire (NMP-Q) in Italian language: Insights from factor analysis

N.L. Bragazzi^{1,*}, G. Del Puente², G. Adavastro², V. Pompei³, A. Siri⁴, N. Rania³, A.P. Correia⁵, C. Yildirim⁶

¹ University of Genoa, School of Public Health, Department of Health Sciences DISSAL, Genoa, Italy

² University of Genoa, Section of Psychiatry, Department of Neuroscience-Rehabilitation-Ophthalmology-Genetics-Maternal and Child Health DINOGMI, Genoa, Italy

³ University of Genoa, School of Social Sciences, Department of Education Sciences, Genoa, Italy

⁴ University of Genoa, UNESCO CHAIR "Anthropology of Health – Biosphere and Healing system", Genoa, Italy

⁵ Iowa State University, School of Education, Ames, USA

⁶ Iowa State University, Human Computer Interaction Graduate Program, Ames, USA

* Corresponding author.

Introduction Nomophobia is the fear of feeling disconnected and is considered a modern situational phobia.

Objectives No psychometric scales in Italian are available investigating nomophobia. Therefore, we planned a translation and validation study of the Nomophobia Questionnaire (NMP-Q) by Yildirim and Correia.

Aims Subjects were recruited via an online survey using a snow-ball approach.

Methods NMP-Q was translated from English into Italian. To explore the factor structure, exploratory factor analysis (EFA) was carried out. A principal component analysis (PCA) approach with varimax rotation was performed.

Results Four hundred and three subjects volunteered to take part into the study. Age was 27.91 ± 8.63 y, 160 were males (39.7%) and 243 females (60.3%). 45 subjects used to spend less than 1 hour on their mobile (11.2%), 94 between 1 and 2 hours (23.3%), 69 between 2 and 3 hours (17.1%), 58 between 3 and 4 hours (14.4%), 48 between 4 and 5 hours (11.9%), 29 between 5 and 7 hours (7.2%), 36 between 7 and 9 hours (8.9%) and 24 more than 10 hours (6.0%). Eigen values and the scree-plot supported a 3-factorial nature of the translated questionnaire. NMP-Q showed a Cronbach's alpha coefficient of 0.95 (0.94, 0.89 and 0.88 for the three factors). The first factor explained 23.32% of the variance, the second and the third 23.91% and 18.67%, respectively. Further, the total score of NMP-Q correlated with the number of hours spent on the mobile, the age (beta-coefficient -0.33 , $P=0.016$) and sex (being higher among females).

Conclusions The Italian version of NMP-Q proved to be reliable.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV126

The relationship between sensory processing disorder and temperament on emotional functioning and self-efficacy in childhood



S. Buchris Bazak

Qiryat-Gat, Israel

My study presents and explores the emotional functions and the sense of self-efficacy among school-age children (6–10) with sensory processing disorder manifested in sensory processing disorder (SPD) while addressing their temperament. Central questions in this study involve the element of temperament, which determined the emotional functioning of children who suffer from SPD and examined whether temperament explaining the variance in these children's self-efficacy. The SPD was the independent variable. Emotional functioning and the sense of self-efficacy were the dependent variables and temperament served as the mediating variable. The study focused on 209 students (129 boys, 80 girls) between the ages 6–10 ($M=8$, $SD=1.13$), studying in schools in different geographical areas in Israel. The Short Sensory Profile (SPS) Questionnaire was administered to the students in order to characterize their sensory profiles and served as a tool for screening and identifying the children with SPD and children who will be included in the control group. The questions raised in this study, have both educational and clinical research importance. They can be used as the basis for educational interventions for children with SOR and may be useful in supporting the building of an integrated intervention and treatment program.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV127

Time management education influence on decreasing exam anxiety and conditioned university students' negligence of Tehran universities

F. Ebrahimi^{1,*}, M.R. Foroutan², E. Samkhanian³¹ Islamic Azad University, Kermanshah Branch, Clinical Psychology, Tehran, Iran² Islamic Azad University, Kish Branch, Health Psychology, Tehran, Iran³ Islamic Azad University, Karaj Branch, Health Psychology, Tehran, Iran

* Corresponding author.

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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EV128

Feasibility randomized controlled clinical trial of mindfulness and acceptance based therapy for females with social anxiety in Karachi, Pakistan



Z. Batool, B. Fatima*, Z. Zadeh

Bahria University, Institute of Professional Psychology, Karachi, Pakistan

* Corresponding author.

Background Anxiety and depressive disorders are becoming the major psychological issues among women in Pakistan. Social anxiety is one of the emerging psychological disturbances observed in young women. Since other therapeutic approaches for social anxiety have not shown significant positive outcomes in terms of symptom reduction and relapse prevention, further studies that focus on improving post-functional recovery is needed. Mindfulness and acceptance-based group therapy for social anxiety has shown to significantly reduce symptoms of social anxiety in the western world.

Aim The present study aims to test the feasibility of mindfulness and acceptance-based group therapy for females with social anxiety in Karachi, Pakistan.

Methods This trial is a feasibility study of a randomized controlled clinical trial in which 32 female participants will be recruited and randomized to a therapy group and the waiting list control

group. A mini social phobia inventory (SPIN-mini) will be administered for screening and recruitment of participants.

Discussion This is the first randomized controlled trial study in Pakistan for assessing the feasibility and usefulness of a culturally-adapted manualized intervention for social anxiety.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV129

Treatment of general anxiety disorder by using of pregabalin – case report



M. Hajda*, D. Kamaradova, J. Prasko

University Hospital Olomouc, Klinika psychiatrie, Olomouc, Czech Republic

* Corresponding author.

Introduction Pregabalin is a chemical analog of the neurotransmitter gamma-aminobutyric acid (GABA). Its anticonvulsive, anxiolytics and analgetic effect is based on reducing of quantity of several neurotransmitters – especially glutamate, noradrenaline and substance P.

Objective Generalized anxiety disorder is a quite common psychiatric disorder, affecting approximately 8% of the population. Pregabalin is effective in the treatment of GAD. Its efficacy is comparable to sertraline. The first positive effects on symptoms of anxiety are described after one week of an administering. Anxiolytic dose of pregabalin varies from 450 to 600 mg per day. Pregabalin could be used potentially in patients with benzodiazepines addictions. There is hypothesis that pregabalin moderates withdrawal symptoms.

Aims This poster presents a case report of the patient who suffers from generalized anxiety disorder with comorbid somatoform disorder and severe hypnotic (zolpidem abuse)

Methods Short-termed hospitalisation at the detoxification unit to reduce doses of zolpidem. The attempt to use pregabalin to treat an anxiety and to decrease withdrawal symptoms.

Results Patient who has been treated by antidepressants without any effect so far, is now showing a good response to pregabalin.

Conclusion Decreasing symptoms of anxiety and somatoform pain compared to the beginning of the treatment. Complete discontinuation of using zolpidem without the withdrawal symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV130

Self-stigmatization, adherence to treatment and discontinuation of medication – comparison between patients with severe mental disorders and anxiety spectrum disorders



D. Kamaradova*, K. Latalova, J. Prasko, M. Ociskova, A. Grambal, M. Hajda, R. Kubinek, K. Vrbova

University Hospital Olomouc, Psychiatry, Olomouc, Czech Republic

* Corresponding author.

Introduction Aim of our study was to found connection between self-stigmatization, adherence and discontinuation of drug treatment in two broad categories of the disorders:

– severely disorders patients (schizophrenia spectrum disorders, bipolar affective disorder, unipolar depression);

– anxiety spectrum disorders; and compare them each other.

Methods It is a cross-section study of ambulatory patients of Department of psychiatry, University hospital Olomouc. Patients were diagnosed according ICD-10 research diagnostic criteria. There were used ISMI, DAI-10 and demographic questionnaire for the assessment of the self-stigmatization, treatment adherence and

to collecting demographic data including self-report about discontinuation of the treatment in past.

Results We examined data from 99 patients (54 males) suffering from severe mental disorders and 86 patients (41 males) suffering from anxiety spectrum disorders. There were no statistically significant differences between these two groups in gender, age, education or marital status. In both groups, we proved significant correlation between level of self-stigmatization and adherence to treatment ($r = -0.320$, respectively $r = -0.432$). Up to our results, there were no statistically significant differences between both groups in level of self-stigmatization ($P = 0.656$), adherence to treatment ($P = 0.474$) and discontinuation of medication ($P = 0.231$).

Conclusions Level of self-stigmatization proved to be an important factor in influencing both level of adherence and discontinuation of drugs in both subgroups of patients. There were no differences between self-stigmatization or adherence between subgroups. More attention should be paid to issue of self-stigmatization throughout whole diagnostic spectrum of psychiatric patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV131

Gender differences in anxiety among secondary school in Kuwait

S. Kareemi

Kuwait University, Faculty of Social Sciences, Psychology, Kaifan, Kuwait



Introduction Anxiety disorders are the most common mental disorders, and their prevalence is substantially higher in women than in men. Research has confirmed the existence of gender differences in several types of anxiety disorders.

Objectives The current investigation sought to determine whether any observable gender differences existed in anxiety for a nonclinical sample.

Methods the sample consisted of 300 males and 300 female students from a secondary school in Kuwait. The genders were matched in age (males = 16.52 ± 0.90 & females = 16.37 ± 0.96 , $t = 1.93$, $P > .05$). The inclusion criteria for all participants: sample of the population of Al-Jahra city, aged between 15 and 18 years old, school grades 10, 11, 12, and the social status of the parents (married). The Arabic version of Beck Anxiety Inventory (BAI) was administered to participants. BAI reliabilities ranged from .88 to .87 with a mean .87 (alpha) denoting good internal consistency. The convergent correlations in eight samples between BAI and Kuwait University Anxiety Scale KUAS (mean $r = .52$) for validity coefficients.

Results The results revealed that females (18.67 ± 11.11) had significantly higher mean anxiety than their male (14.52 ± 10.37) counterparts ($f = 22.27$, $P < .000$).

Conclusion Therefore, we can conclude that female preponderance of anxiety has been a consistent finding within literature.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV132

A research on anxiety disorder prevalence and severity among vestibular migraine and migraine patients

Ö. Kutay Yüksel^{1,*}, G. Akdal², T. Alkın³, B. Dönmez Balcı¹

¹ Dokuz Eylul University, Clinical Neuroscience, Izmir, Turkey

² Dokuz Eylul University, Neurology, Izmir, Turkey



³ Dokuz Eylul University, Psychiatry, Izmir, Turkey

* Corresponding author.

In this research, anxiety, depression symptoms and severity were compared between healthy controls (HC), vestibular migraine (VM) and migraine patients without history of vertigo (MO).

Method Thirty-five definite vestibular migraine patients (according to Neuhauser criteria), 35 MO patients and 32 healthy controls were included. All patients were evaluated for their lifetime psychiatric disorders with Structured Clinical Interview for DSM-IV/Clinical version (SCID-I/CV). All three groups evaluated by:

– Hamilton Anxiety Rating Scale (HARS);
– State-Trait Anxiety Inventory (STAI), (STAI-X1) and the other trait anxiety STAI-X2);

– Beck depression inventory (BDI);

– Lifetime Panic Agoraphobic Spectrum Scale (PAS-SR);

– Penn State Worry Questionnaire (PENN);

– Separation Anxiety Symptoms Inventory (SASI);

– Adult Separation Anxiety Questionnaire (ASA).

Psychiatric diagnosis history (SCID-I); comparison of VM and MO did not indicate a significant difference ($P < 0.05$). VM and MO patients were significantly different than HC in terms of anxiety symptoms in "HAM-A, PENN, ASA, PAS-SR and PAS-SR subscales ($P < 0.05$)". VM was significantly different than MO patients in BDI and PAS-SR (overall; separation anxiety, agoraphobia, reassurance seeking) ($P < 0.05$). The longer the history of migraine the higher was the anxiety points in both in VM and MO patients ($P < 0.05$). Headache and vertigo severity in VM patients were significantly correlated with the elevated anxiety and depression points ($P < 0.05$).

Conclusion VM and MO patients significantly different in anxiety and mood disorder when compared with healthy controls. Our findings showed that VM patients were more vulnerable to psychiatric disorders. For that reason, multidisciplinary approach for the treatment of VM may facilitate the treatment process.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV133

The Balkan region preferences for the treatment of anxiety disorders

M. Latas^{1,*}, D. Bonevski², A. Andromahi Naumovska²

¹ Belgrade, Serbia

² Психијатриска болница "Скопје", Центар за ментално здравје "Центар", Скопје, The Former Yugoslav Republic of Macedonia

* Corresponding author.

The most countries from West Balkan region do not have the official guidelines for the treatment of patients with anxiety disorders (AD). We have done the survey on preferences of treatment of patients with AD. We have collected data from sample of 221 psychiatrists from Croatia (41 psychiatrists), Macedonia (81 psychiatrists) and Serbia (99 psychiatrists). They give us information about their preferences for treating patients with AD.

The results indicate that the vast majority of psychiatrists report that almost all patients with AD receive benzodiazepines prior to first psychiatric visit. The majority of psychiatrist would opt for SSRI/SNRI antidepressants (91–97%) as the monotherapy or in combination with benzodiazepines (53–59%) or in combination with cognitive-behavior (25–35%) or psychodynamic psychotherapy (12–16%).

The most indicative difference between psychiatrists from different countries is result about the use of pregabalin – almost half of Serbian subsample would opt for pregabalin, but only a quarter of Croatian subsample and no psychiatrist from Macedonian subsample would choose pregabalin. Also, much more Macedonian and Serbian psychiatrist would opt for CBT treatment, but, in contrast, much more Croatian psychiatrist would opt for psychodynamic



psychotherapy versus CBT. There is the dissimilarity between preferences for patients' treatment and preferences for psychiatrists himself/herself treatment:

- more than half of the sample would opt for benzodiazepines in their patients but only the third of the sample would prefer benzodiazepines for himself/herself treatment;
- more psychiatrists would prefer to receive psychotherapy treatment than they would prefer to give it to their patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV134

Relationship between cognitions and perceived self-efficacy with the severity of panic disorder with agoraphobia



L. Leon-Quismondo^{1,*}, G. Lahera²

¹ "Principe de Asturias" University Hospital, Psychiatry, Alcalá de Henares, Spain

² University of Alcalá, Ircys-Cibersam, Psychiatry, Alcalá de Henares, Spain

* Corresponding author.

Introduction The influence of cognitions and the perceived self-efficacy on mental health has been studied for a long time. Some studies have linked the perceived self-efficacy and apprehensive cognitions with the severity of panic disorder with agoraphobia.

Objectives To study the relationship between self-efficacy and dysfunctional beliefs of patients with panic disorder with agoraphobia and severity of the disorder.

Method A systematic review of the literature was performed to examine the evidence of relationship between self-efficacy and cognitions with the severity of panic disorder. PubMed and PsycInfo databases were searched.

Results The studies conclude that a higher level of self-efficacy decreases anticipatory anxiety and negative emotional states in panic disorder with agoraphobia, reducing the severity of panic disorder. There is a temporal relationship between dysfunctional beliefs, self-efficacy and fear of a panic attack: changes in fear are preceded by changes in beliefs, changes in efficacy or changes in both beliefs and self-efficacy. Therefore, a higher level of self-efficacy and positive beliefs have been studied as a significant predictor of lower severity of the disorder and a greater improvement during treatment.

Conclusions These results support the hypothesis that cognitive changes precede improvement and the importance of cognitive appraisals for anticipatory anxiety and severity of the panic disorder with agoraphobia.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV135

The system prevention of adjustment disorders in medical students



I. Leshchyna

Kharkov National Medical University, Psychiatry, narcology and medical psychology, Kharkov, Ukraine

The problem of consolidation and strengthening of the mental health of students can be solved by the active use of complex systems of psychoprevention mental disorders in students.

The purpose of investigation was development of the scientifically determined system prevention of adjustment disorders in medical students.

In this research, were determined and systematized clinical-anamnestic, clinical-psychopathological, psychodiagnosical aspects of mental health and state of disadaptation medical students.

Adjustment disorders were diagnosed in 107 people (12.86%). In the structure of mental pathology are dominated by prolonged and short-term depressive reaction (38.6% and 31.2%) and mixed anxiety-depressive reaction (22.3%).

Primary psychoprevention was aimed at identification and elimination markers of risk of adjustment disorder among healthy students, followed by complex use of measures aimed at potentiation of resistance to mental disorders, increased socialization, optimization way of living, learning, relaxation. Secondary psychoprevention was directed to early diagnosis and prognosis of adjustment disorder using screening for mass examination. Measures of tertiary psychoprevention based on qualitative assessment of clinical picture of adjustment disorder aimed at making optimal clinical decision and included the integrated use of psychocorrection and psychopharmacotherapy. Their goal was clinical recovery and prevention of aggravation psychopathological symptoms and psychosocial disadaptation.

The effectiveness of proposed psychoprevention was significant decrease (more than twice) frequency of manifestation new cases mental disadaptation disorders in students.

The development and active implementation in practice psychoprevention of adjustment disorders in students is one of the priority areas preserving the health of young person under conditions professional education and should be complex, maximally approached to the students.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV136

Body dysmorphic disorder and psychosis: A case report and review of literature



H. Maatallah*, H. Ben Ammar, M. Said, A. Aissa
Razi Hospital, F, Tunis, Tunisia

* Corresponding author.

Introduction Patients with body dysmorphic disorder (BDD) are concerned about a slight or non-existent defect on their appearance, causing significant stress and interfering on their social and professional life.

Despite its prevalence and psychosocial impact, this disorder remains unknown by many clinicians.

Methods and objective Through a review of literature and illustration in our case report we will define: the symptomatology of this pathology, psychopathological models of the disorder and the etiopathogenic assumptions associated with it, in terms of risk factors and neurobiological correlations.

Case report Patient 33 years old unmarried having been the victim of an AVP at the age of 25 years causing him a head injury above right eye for which he undergoes cosmetic surgery three times but the patient still not satisfied with installation of psychotic and delusional disorders requiring the use of antipsychotics.

Conclusion The complexity of body dysmorphic disorder should not discourage clinicians to confront this disease. The management requires more than putting under medical treatment associated to psychotherapy, we also need a good relationship of trust and maintain effective working alliance.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV137

When a hypochondriasis forced a patient to emigrate

M. Marinho^{1,*}, A.M. Ribeiro^{1,2}, C. Pinto¹, M. Esteves^{1,2},
M. Vieira-Coelho^{1,3}, M.C. Reis^{1,2}, M. Bragança^{1,2}

¹ São João Hospital Centre, Clinic of Psychiatry and Mental Health, Porto, Portugal

² Faculty of Medicine of Porto University, Department of Clinical Neurosciences and Mental Health, Porto, Portugal

³ Faculty of Medicine of Porto University, Department of Pharmacology and Therapeutics, Porto, Portugal

* Corresponding author.

Introduction Illness anxiety disorder, or hypochondriasis, is one of the most difficult and complex psychiatric disorders to treat.

Objectives To describe a case of a patient with illness anxiety disorder and summarize the most important aspects on this theme.

Methods Interviews with the patient and literature review searching the PubMed/MEDLINE were performed.

Results A 42-year-old married man, dentist, Angolan citizen, who had recently arrived in Portugal, was referred to psychiatry assessment during his hospitalization in medicine service, after an exhaustive medical evaluation. He was excessively anxious and worried about having a severe heart disease because he has gradually become more aware of palpitations and chest pain. Although negative results of the examinations he was worried that “something has been missed”. After he had consulted several medical providers in Luanda, he decided to seek medical advice in Portugal. Patient believed that his symptoms exacerbated with activity and intake food, so he gradually restricted them. Due to his health anxiety, he stopped his work and lost 36 kilos. Shortly before the onset of the clinical picture, his daughter was hospitalized for the first time.

Conclusion Illness anxiety disorder often begins in early to middle adulthood. Its core feature is the fear or idea of having a serious disease, based on the misinterpretation of bodily signs and sensations as evidence of disease, which persists despite appropriate medical evaluations and reassurance. This patient fulfills the DSM-5 criteria of illness anxiety disorder and has a clinical profile similar to those found in literature.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV138

Psychogenic astasia-abasia: A case report and a review of the literature

A. Mota

Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisbon, Portugal

Introduction Psychogenic movement disorders are the result of a psychiatric rather than a primary neurological disorder. Astasia-abasia refers to the inability to stand or walk despite having good motor strength and conserved voluntary coordination.

Objectives Starting from a case report of a patient with an unusual gait disturbance the author intends to discuss the history and knowledge evolution on psychogenic gait disorders until the present time.

Aims To debate the nosology, clinical features, diagnosis and treatment of psychogenic movement disorders.

Methods Non-systematic review of the literature. Case presentation with the exhibition of a video showing the patient's gait.

Case presentation A 48-year-old female was admitted to a psychiatry ward after attempting to commit suicide by cutting her throat. On day 3, she suddenly could not walk or stand without help. The neurological examination revealed some inconsistencies and all laboratory, electroencephalogram, and imaging studies performed

were normal. After 2 weeks of treatment she started gradually getting better until the full recovery.

Discussion The gait disturbance presented might be regarded as a form of astasia-abasia. This term was first coined by Paul Blocq (1888) when he described a group of patients who showed inability to maintain an upright posture. Similar movement disorders were previously described as hysteria by authors like Charcot. Nowadays, these case descriptions would be likely considered cases of conversion or psychogenic gait disorder.

Conclusion The etiology of these disorders is still not very well understood. These patients usually benefit from a multidisciplinary approach that includes psychiatry, neurology, physiotherapy, among others. Pharmacological and non-pharmacological treatments should address the underlying psychiatric condition.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV139

Psychotherapy anxiety and phobic disorders

T. Chorna

Kharkov Medical Academy of Postgraduate Education, Psychotherapy, Kharkov, Ukraine

The aim of the study: the development of a comprehensive system of psychotherapy and psychocorrection of anxiety disorders of neurotic case, based on the study of their clinical structure and peculiarities of emotional damages.

Methodologies Spielberger, Eysenck Personality Questionnaire (EPQ), the Hamilton Rating Scale for Depression (HRSD), the study of accentuation of personality by K. Leonhard.

Scope and contributing research One hundred patients with diagnostic categories: F41.0 – Panic disorder (episodic paroxysmal anxiety), F41.1 – Generalized anxiety disorder, F41.2 – mixed anxiety-depressive disorder who are on the examination and treatment at the psychiatric unit. A control group included 40 patients. We performed the exploration of the peculiarities of clinical anxiety and patterns of therapeutic effect, based on the influence of short-term group and individual psychotherapy in the treatment of anxiety disorders, and evaluation the effectiveness of its recognition.

The development of the methodology of applying a short-term group and individual psychotherapy in the treatment of anxiety disorders based on combination relaxation, hypnosis, cognitive-behavioral techniques in combination with short-term group therapy.

In fact, this is a new real model psychotherapy based on integrative principles. The high efficacy was shown in 82% patients, compared with 54% efficacy in control group patients.

We will offer a new comprehensive methodology in the treatment of anxiety disorders of neurotic case that will improve the therapeutic efficacy of the treatment process, reduce the time of treatment, reduce the period of drug therapy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV140

Respiratory panic disorder in acute clonazepam treatment and long-term follow-up

A. Nardi*, R.C. Freire, S. Machado, R. Amrein

Federal University of Rio de Janeiro UFRJ, Institute of Psychiatry, Rio de Janeiro, Brazil

* Corresponding author.

Objective to describe with prospective methodology the therapeutic response to clonazepam in the respiratory panic disorder (PD) subtype versus the non-respiratory subtype in a long-term follow-up.

Methods A total of 67 PD outpatients (DSM-IV) were previously divided into respiratory ($n=35$) and non-respiratory ($n=32$) subtypes and then openly treated with clonazepam for 8 weeks. Those who responded were then treated for 3 years. Demographic and clinical features were compared in the two groups. The instruments used to evaluate response were the Clinical Global Impression, the Sheehan Panic and Anticipatory Anxiety Scale, and the Panic Disorder Severity Scale.

Results In the first 8 weeks of treatment (acute phase), the respiratory subtype had a significantly faster response on all the major scales. During the follow-up and at the end of the study (week 156), there was no difference in the scale scores, and the reduction in panic attacks from baseline to end-point did not differ significantly between the two groups. After the acute phase treatment, the patients could undergo psychotherapy. In the respiratory subtype, the disorder had a later onset, was associated with a high familial history of anxiety disorder. The non-respiratory subtype had significantly more previous depressive episodes. Clonazepam had a safe adverse event profile during both phases of treatment.

Conclusion The respiratory PD subtype had a faster response to treatment with clonazepam at 8 weeks than did the non-respiratory subtype and an equivalent response after 6 months of treatment. The response of clonazepam is clearly maintained during the long-term follow-up.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV141

Psychiatric factors in alopecia areata: A case report



E. Palha Fernandes*, J. Maciel, P. Pina, A. Fonte
Unidade Local de Saúde do Alto Minho, Psychiatry and Mental Health Department, Viana do Castelo, Portugal

* Corresponding author.

Introduction Alopecia areata is a recurrent nonscarring type of hair loss that can affect any hair-bearing area and can manifest in many different patterns. The influence of psychological factors in the development, evolution and therapeutic management of alopecia areata is well-documented. Life events and intrapsychically generated stress can play an important role in triggering of some episodes. Besides that, alopecia itself can cause psychosocial distress.

Objectives/aims The authors will present a case of a 47 years old woman who developed alopecia areata after a big fight with her sister-in-law and after the death of her father-in-law.

Methods Literature review of alopecia areata and correlation between alopecia areata and psychological factors. The patient has been followed in psychiatry ambulatory consultation, for a period of one year, and in dermatology outpatient consultation, for a period of four years.

Results Stressful life events played an important role in the development of alopecia areata. The illness itself had an impact on the patient's life, with subsequent deterioration of psychological condition and social withdrawal during the exacerbations. Treatment with antidepressants positively affected the patient's adaptation to the disease and even lead to a better dermatological evolution of the alopecia.

Conclusions There is a well-established correlation between psychological factors and alopecia areata. Therefore, these patients should be examined through multidisciplinary approach. The psychological aspect of alopecia areata must be taken in consideration,

as it can be implicated in both pathogenesis and consequence of the disease.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV142

Clinical staging in panic disorder and agoraphobia



A. Pavlichenko

Moscow State University of Medicine and Dentistry n.a. Evdokimov, Psychiatry, Narcology and Psychotherapy, Moscow, Russia

There is an increasing literature about the implementation of the staging model in many mental disorders. According to this approach, there are four stages of a psychiatric disorder: prodromal stage, acute manifestations, residual phase, chronic. In this study, we empirically investigate whether additional clinical variables such as clinical manifestations and comorbid disorders may be useful to modify the staging model to panic disorder (PD).

We distinguished inpatient sample ($n=79$) with a diagnosis of "panic disorder" according to the DSM-IV criteria. We propose that the inclusion of prodromal stage of PD does not make clinical sense since the different unspecific neurotic symptoms may proceed to a variety of anxiety and depressive disorders. First stage was characterized by the situationally predisposed panic attacks (PA) with both somatic and cognitive symptoms. Comorbid disorders included somatoform disorders and generalized anxiety disorder (GAD). During second stage individuals experienced agoraphobic avoidance until traveling in public transport. On the other hand, spontaneous PA were accompanied by the only somatic but not cognitive symptoms. The most common patterns of comorbidity were GAD and alcohol misuse. Third stage was associated with the absence or limited symptom attacks and chronic agoraphobia. Major depression and obsessive-compulsive disorder might be an integral part of the clinical manifestations. This study supports that the staging model in PD might be updated by the detailed description of clinical manifestations and comorbid disorders at each stage that may help the practitioners to choose the best strategy for the treatment of a particular patient.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV143

Pregabalin – mono- or adjuvant therapy for somatoform disorders



D. Popovic^{1,*}, D. Pavicevic²

¹ Petrovac na Mlavi, Serbia

² Clinic of Psychiatry "Dr L. Lazarevic", Daily Hospital, Belgrade, Serbia

* Corresponding author.

Somatoform disorders (SD) represent complex interaction between mind and body, where physical symptom is a symptom of a mental disorder.

The efficacy estimation of pregabalin (PG) versus combination of PG and antidepressants (AD) in patient with SD after long-term treatment with partial response to various AD therapies (SSRI, SNRI, MAOI, TCAs, SARIs, SNDIs).

These nine months, prospective, open-label study involved 31 patients diagnosed by standard clinical interview as F45 and comorbid diagnosis F41, F32, F33 or F34 according to ICD-10 criteria. There were two groups: experimental group (EG) on PG-15 patients and control group (CG) on PG + AD-16 patients. The assessment was made by 100 mm Visual Analogue Scale (VAS) and Clinical Global Impression Scale (CGI) on the baseline and follow ups were

made on seventh day, after one, two and nine months. Daily PG dose ranged from 150–300 mg.

Within both groups there was highly significant difference in the decline of scores on the VAS and CGI in all repeated measurements, except for CGI in both groups between second and ninth month: there was no statistical difference, Wilcoxon Signed Ranks Test: $CGI_{EG} P=0.102$, $CGI_{CG} P=0.317$. Comparing results between CG and EG on both scales, there were no statistically significant differences in all measurements. At the end of the study, Mann-Whitney test for CGI $P=0.560$ and VAS $P=0.705$ and no difference in the effects of the drugs between EG and CG on both scales CGI $P=0.467$, VAS $P=0.860$.

Efficacy of PG is equal as PG + AD combinations in SD treatments.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV144

Anxiety, depression and perceived health status in patients with epilepsy

F. Smaoui^{1,*}, E. Turki¹, N. Halouani^{2,*}, M. Turki¹, I. Bouchhima¹, N. Bouzidi¹, M. Ben Amar¹, O. Amami², C. Mhiri¹

¹ Habib Bourguiba Hospital, Neurology, Sfax, Tunisia

² Hedi Chaker, Psychiatry, Sfax, Tunisia

* Corresponding author.

Introduction Epilepsy is a chronic disease often disabling, source of stigma and poor quality of life.

Objectives Determine the prevalence of anxiety and depression in patients with epilepsy and the associated factors.

Methods We conducted a prospective, descriptive and analytical study among 20 patients followed for epilepsy in our department of neurology. The study was conducted from February to April 2015. We used a preestablished form to collect the socio-demographic and clinic profile of the patients. The assessment of anxiety and depression was made via the HADS "Hospital Anxiety and Depression Scale" and the perceived health status via GHQ scale "General Health Questionnaire".

Results The average age of our patients was 35.9 years. The average GHQ score was 27.7. It was higher in women without a statistically significant difference. It was positively correlated with the number of attacks during the last 12 months ($P=0.042$), poor treatment adherence ($P=0.007$), the feeling of disability ($P=0.021$) and the feeling of stigma ($P=0.008$). Anxiety was estimated in 35% of cases and 45% were depressed. Depression was significantly associated to the celibacy ($P=0.012$), the feeling of stigma ($P=0.038$) and the GHQ score ($P=0.016$). Anxiety was correlated with the absence of hobbies ($P=0.02$) and the GHQ score ($P=0.008$).

Conclusion It is important to detect these psychiatric disorders and to manage generators factors to ensure a better quality of life and social integration for these patients with epilepsy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV145

The psychological impact of melasma. A report of 30 Tunisian women

F. Fatma¹, I. Baati¹, M. Mseddi², R. Sallemi^{1,*}, H. Turki², J. Masmoudi¹

¹ Hedi Chaker University Hospital, Psychiatry A, Sfax, Tunisia

² Hedi Chaker University Hospital, Dermatology, Sfax, Tunisia

* Corresponding author.

Introduction Melasma is a common disorder of acquired hyperpigmentation characterized by tan or brown macules and patches localized to photo-exposed areas of the face.

Objective To study the psychological impact of melasma on Tunisian women.

Methods We conducted a cross-sectional study on thirty patients with melasma who attended the dermatology department of the University Hospital in Sfax (Tunisia).

The questionnaire included socio-demographic and clinical data. We used four measurement scales:

- MELASQOL questionnaire;
- Rosenberg Self-Esteem Scale;
- Hospital Anxiety and Depression Scale;
- Body Image Questionnaire.

Results The mean age was 34.6 years. The majority was living in urban areas (90%), was married (56.7%) and had a profession (80%). Sixty percent of patients were anxious and 16.7% were depressed. Both self-esteem and body image were respectively altered in 43.3% and 36.6%. The average score of MELASQOL was 31.77%. It was higher in single woman (36.8 vs. 28.4), younger than 40 years old (31.5 vs. 21.7), having a low socioeconomic status (45.2 vs. 29) and working in private sector (40 vs. 24).

The quality of life was more damaged in patients with disease duration less than five years ($P=0.024$).

Anxious patients had higher MELASQOL scores than non-anxious (38.17 vs. 22.17; $P=0.008$), as well as depressed patients (49 vs. 28.32; $P=0.009$).

High MELASQOL scores were correlated with low self-esteem ($P=0.05$) and altered body image ($P=0.04$).

Conclusion Although benign, melasma causes an important psychological impact such as anxiety, depression, low self-esteem and poor body image. These effects should be considered in the care plan.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV146

Efficacy of antidepressants in post-traumatic stress disorder

H. Snene

Military Hospital of Tunisia, Psychiatry, Tunis, Tunisia

Introduction The treatment of post-traumatic stress disorder (PTSD) has several aims such as reducing the severity of symptoms, minimizing the functional impact and improving the quality of life. Antidepressants are considered as the first line pharmacological treatment for PTSD. However, recent reports concluded that current evidence to determine their efficacy is at best suggestive.

Aims The purpose of this study was to evaluate the efficacy of antidepressant treatment in PTSD.

Methods This was a prospective and descriptive study concerning patients who consulted from August to October 2013 in the psychiatry department of military hospital of Tunis and were then diagnosed as having a PTSD according to the DSM-IV-TR criteria ($n=28$). All patients had an antidepressant treatment. An evaluation by the Clinician-Administered PTSD Scale (CAPS) was performed at diagnosis and after 12 weeks. The most common definition of therapeutic response for patients with PTSD is a decrease of 30% or more in the CAPS score.

Results Tables 1 and 2.

Conclusion Antidepressants have shown efficacy in the treatment of over half of PTSD cases. However, these results confirm that a large proportion of patients do not respond to this therapeutic class. Other options are needed to overcome these shortcomings in order to improve the prognosis of this particularly disabling disease.

Table 1

Response to treatment	53.6%
No response to treatment	46.4%

Table 2

	Average CAPS score
At baseline	92
After 12 weeks	63

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV147

Dissociative disorder – unraveling the mystery



L. Sousa*, A. Antunes, S. Oliveira

Hospital de Santa Maria, Lisbon Academic Medical Center, Psychiatry and Mental Health, Lisbon, Portugal

* Corresponding author.

Introduction Dissociative disorders are among the most enigmatic and controversial psychiatric pathologies. In the last decades, great interest has emerged in understanding its pathophysiology, nonetheless, problems in recognition and management of these disorders are still challenging the psychiatric community.

Objectives We describe a paradigmatic case of a dissociative disorder illustrating the “choice” of dissociation as a strategy for coping with a traumatic reality.

Aim Call attention to problems that interfere with the recognition, diagnosis and management of dissociative disorders.

Methods Bibliographic research was conducted through the PubMed in the Medline library and clinical information was obtained through medical records and clinical interviews with the patient.

Results A 51-year-old Brazilian woman with no psychiatric history presented to the psychiatric outpatient care with apparent dissociative symptoms, these consisted of amnesia for episodes of agitation and aggressive behavior that occurred mainly at bed time. She had been previously on general practice and neurology consultations but none organic diagnose was made. Already in psychiatry, it was recognized that those symptoms developed together after a car accident and the beginning of a romantic relationship. It was also recognized that she has sexual dysfunction and a history of sexual abuse by a family member during her childhood, a known risk factor to dissociative disorders.

Conclusions Skepticism and lack of understanding might be the reason for late psychiatric referral after the realization of various expensive and time-consuming medical exams. Improving the recognition of dissociative disorders will conduce not only to better clinical outcomes but also improve cost effectivity of medical interventions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV148

Burnout and neurotic symptoms among medical students



A. Tereszko^{1,*}, K. Drozdowicz², M. Szymura¹, A. Tuleja¹, W. Korzeniowski¹, A. Kozłowska¹, M. Siwek², D. Dudek²

¹ Jagiellonian University Medical College, Students' Scientific Association of Affective Disorders, Kraków, Poland

² Jagiellonian University Medical College, Department of Affective Disorders, Kraków, Poland

* Corresponding author.

Introduction Medical studies are considered one of the most stressful majors and the medical profession is one of the most at risk of burnout. Some studies indicate the presence of symptoms of burnout already in the early stages of career, or even before it started, i.e. during studies preparing for the profession. Medical studies may be such a case and it can affect the mental health deterioration and cause the occurrence of both burnout and neurotic symptoms.

Objectives Assessment of the impact of the course of studies on mental health of students and the risk of rapid burnout.

Aim Estimation of the prevalence and severity of burnout and neurotic symptoms among medical student depending on the year of study.

Methods Seven hundred and eighty-one medical students participated in the study. We used translated version of Maslach Burnout Inventory-Student Survey and Polish questionnaire – Symptom checklist S-III – for neurotic symptoms assessment.

Results There was no significant difference in MBI-SS subscales and symptoms checklist between first and last year of studies. Difference turned out to be significant when 1st and 6th year students with 3rd year – in Symptom checklist ($P < 0.01$ and $P < 0.05$, respectively), MBI-SS emotional exhaustion subscale ($P < 0.01$ for both) and depersonalization subscale ($P < 0.01$, significant only when compared with 1st year students).

Conclusions Study revealed interesting pattern of burnout and neurotic symptoms, with their greatest severity at the beginning and the end of studies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV149

Virtual reality therapy for agoraphobic outpatients in Lima, Peru



M.I. Vásquez Suyo*, P. Núñez-Torres

Arzobispo Loayza National Hospital, Mental Health, Lima, Peru

* Corresponding author.

Virtual reality (VR) is an effective treatment for anxiety and phobias, including agoraphobia, close the gold standard (in vivo exposure) with less cost and logistical problems. In our country, Peru, experience of VR use or research in phobia treatment with objective measures of anxiety and anxious manifestations in the body are not found.

Objective The aim of the study is to determine whether treatment of agoraphobia with RV is effective in patients from Arzobispo Loayza National Hospital 2015 (symptom reduction: 50% or less), comparing its effectiveness with other studies and determine whether patients have side effects (cibersickness) as other realities.

Method The sample consisted of 8 patients of both sexes with clinical diagnosis of agoraphobia. Subjects were exposed to virtual reality environments generated by Psious Virtual Reality application for agoraphobia treatment and skin conductance (measured in microsiemens) and scale of subjective units of anxiety (SUDS) were recorded while the patient was exposed to virtual environment that provoke anxiety; they was measured by 5 sessions.

Results All patients had clinical improvement and reduction in microsiemens conductance measurement and SUDS: six patients improved more than 50%, with statistically significant results. There was only cibersickness in a patient. The results correspond to findings in other countries about the effectiveness. It is suggested that new studies expanding the sample and including other phobias.

Keywords Agoraphobia; In vivo exposure; Virtual reality; Psious; Skin conductance; Cibermalestar; Loayza Hospital; Psychiatry

Disclosure of interest The authors have not supplied their declaration of competing interest.

Further reading

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EV150

Nonlinear electroencephalogram analyse cortical functional activity in patients with generalized anxiety disorder



Y. Wang

Guiyang Medical University, Department of Psychiatry, Guiyang, China

Background The neurological correlates of generalised anxiety disorder (GAD) are not well known, however there is evidence of cortical dysregulation in patients with GAD. The aim of the study was to examine cortical functional activity in patients with GAD using nonlinear electroencephalogram (EEG) analysis, and to evaluate the contribution of anxiety severity.

New method The sample consisted of 64 outpatients diagnosed with GAD, anxiety severity was assessed using the Hamilton Rating Scale for Anxiety (HAMA) severity score, with 7–17 scores indicating mild anxiety as A group and 18 and above indicating moderate-severe anxiety as B group. EEGs were conducted, and between-group differences on non-linear parameter Correlation Dimension (D_2) were analyzed. The association between D_2 value and HAMA scores was analysed.

Results Compared with the control group, D_2 values were increased in anxiety groups. For those with mild anxiety, this difference occurred only in the left prefrontal regions. For those with moderate-severe anxiety, significantly greater D_2 values were observed in all of the cerebral regions, especially in the left and right temporal and other left cerebral regions. When compared with those with mild anxiety, D_2 values were significantly greater for those with moderate-severe anxiety in the left and right temporal lobe and all other left cerebral regions.

Conclusions GAD was significantly associated with dysfunctional cortical activity in the majority of cerebral regions, GAD severity was associated with involvement of a larger number of cerebral regions. This analysis method is suggested as a complementary tool to examine dysfunctional cortical activity in GAD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Bipolar disorders

EV151

Do bipolar II and bipolar I disorder have different genotypes and why do we observe unipolar depression converting to bipolar II and then bipolar I?



M. Agius^{1,*}, M. Fawcett², R. Zaman¹

¹ University of Cambridge, Psychiatry, Cambridge, United Kingdom

² University of Cambridge, School of Clinical Medicine, Cambridge, United Kingdom

* Corresponding author.

We review the recent literature in order to establish the importance of a spectrum for bipolar affective disorder, and that unipolar depression, bipolar II and bipolar I are discrete entities that may however evolve in sequence. We discuss clinical, genetic and neurobiological data which illustrate the differences between bipolar I and bipolar II. To fit the data we suggest a series of multiple mood disorder genotypes, some of which evolve into other conditions on the bipolar spectrum. Thence, we discuss the nature of the bipolar spectrum and demonstrate how this concept can be used as the basis of a staging model for bipolar disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV152

Use of lithium in acute mania in adolescents



C. Aksoy Poyraz^{1,*}, A. Özdemir², G. Günay², B.Ç. poyraz¹, S. Enginkaya², G. Karaçetin², N. Tomruk²

¹ Istanbul University Cerrahpaşa Faculty of Medicine, psychiatry, Istanbul, Turkey

² Bakırköy Mazhar Osman Mental Health and Neurological Diseases Education and Research Hospital, psychiatry, Istanbul, Turkey

* Corresponding author.

The aim of the present study was to investigate whether the use of lithium followed recommended practice in acutely manic adolescent inpatients. This study was a 12-month retrospective review of patients with manic episode admitted to Bakırköy Mazhar Osman Mental Health and Neurological Diseases Education and Research Hospital. Length of stay, medication data, serum levels and adverse effects were recorded for patients who started lithium treatment within average of 7 days of admission ($n = 52$). Average length of stay was 23.63 (SD = 17.6). The maximum dose prescribed within 24 h of starting treatment was 721.15 mg (SD = 239.5). The maximum daily dose was reached in an average of 7 days to 1136.5 mg (SD = 336.4). The average time after starting treatment until the first recorded serum level was 5 days. The average serum level reached was 0.5 mEq/L (SD = 0.22), which was raised to 0.6 mEq/L (SD = 0.3) at discharge with an average daily dose of 1038.46 mg (SD = 460). In 8 admissions (15.4%), one adverse effect was recorded that could have been related to lithium treatment but adverse events did not lead to discontinuation of drug. The literature supports that rapidly attained high serum levels are associated with positive outcomes. In this current study, clinicians used a relatively slow dose titration and lower serum levels were obtained suggesting that lithium was not considered as a primary agent for treating mania. Taking advantage of lithium especially for the maintenance treatment of bipolar disorder and tolerability may have driven these findings.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV153

Mental health and drug



R. Alonso Díaz^{1,*}, E. Cortázar Alonso², H. Guillén Rodrigo²

¹ Hospital Juan Ramón Jiménez, Huelva, Spain

² Hospital Juan Ramón Jiménez, Salud Mental, Huelva, Spain

* Corresponding author.

Introduction Bipolar disorder (BD) is often associated with various comorbidities. It is substance use disorders (SUD) one of the most frequent comorbidities.

The ECA study (Epidemiologic Catchment Area) observed a prevalence over the life of the 56, 1% for any TUS in the total sample of patients with bipolar disorder. In subjects with bipolar I disorder prevalence was 60.7%, and those of type II 48.1.

In the OMS study conducted in America, Europe and Asia, the results confirm the high rates of disorders in patients diagnosed with bipolar disorder regardless of the country of study.

Case This is a male, 32, who came first to the Provincial Drug Addiction Service of Huelva in 2009 for cocaine, cannabis and alcohol.

In his personal history, he relates a convulsive episode at 14 years and one manic episode associated with consumption of cocaine in 2002 which began to be treated by a team of Mental Health and Provincial Center for Addictions.

He entered twice in a therapeutic community in 2009 for treatment for their disorder dependence on cocaine, alcohol and cannabis.

It has required admission to the Unit Hospitalization twice in 2012, with the discharge diagnosis of manic episode secondary to drug consumption.

Conclusions Most epidemiological studies in recent decades note the high prevalence of comorbidity BD + SUD.

BD-SUD comorbidity is particularly complex because each disorder affects the evolution of the other and they are frequently multiple comorbidities. In addition, it implies a worse clinical and functional outcome as well as poorer therapeutic response.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV154

Case study: Bipolar disease in treatment with asenapine

A.M. Alvarez Montoya^{1,*}, C. Diago Labrador², T. Ruano Hernandez³

¹ Algeciras, Spain

² Clínica Virgen del Rosario, Psiquiatría, Algeciras, Spain

³ Consulta Privada, Psicología Clínica, Málaga, Spain

* Corresponding author.



Objectives Analysis of the treatment alternatives for patients diagnosed with a bipolar disorder of torpid evolution. Revision of the possible adverse effects of lithium and its impact on the adherence to treatment.

Methods We revise the clinical evolution of a patient diagnosed with Bipolar disorder type I, with the following characteristics: at least two manic episodes per year, consumption of toxic substances and high sensibility to antipsychotics and euthymics.

Results We will describe the case of a 23-years-old patient diagnosed with bipolar disorder type I. During the course of the illness, benign intracranial hypertension is diagnosed and the treatment with lithium must be stopped. We replace lithium treatment by Asenapine monotherapy. The evolution of the patient was very positive. Taking account of the adverse effects of lithium and reducing them can facilitate the adherence to treatment and also benefit early remission and less deterioration in each episode.

Conclusions It is fundamental to promote a comprehensive approach to each patient, including psychotherapy, psychoeducation as well as appropriate medication. The knowledge of the described effects helps us to determinate the appropriate medication for each patient.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV155

Unipolar mania: Prevalence, socio-demographic and clinical correlates

A. Baatout^{1,*}, U. Ouali², F. Nacef²

¹ Hôpital Razi, Avicenne, Maamoura Nabeul, Tunisia



² Hôpital Razi, Avicenne, Tunis, Tunisia

* Corresponding author.

The concept of unipolar mania (UM) arose from the observation that some patients with bipolar disorder (BD) presented manic episodes in the absence of depressive episodes. The frequency of UM ranges from 4 to 52% in bipolar populations. The aim of our study was therefore to add to existing research by establishing the prevalence of UM in a sample of patients with BD and by studying their socio-demographic and clinical characteristics.

Of the 100 patients, 67 had been diagnosed with MD phases and 33 with UM. The mean age of the MD group was 43.21 years whereas it was 39.36 years in the UM group. Males represented 41.8% of the MD group and 72.7% of the UM group. The two groups were similar with regards to marital status, level of education and work activity. Age of illness onset was lower in the UM group (mean = 24.45) compared to the MD group (mean = 26). UM group patients had more relatives with affective illness (42.4% versus 32.8%).

The type of first affective episode was manic in 46.3%, mixed in 11.9%, depressive in 31.3% and not specified in 10.4% of the MD group whereas it was manic in 93.9% and not specified in 6.1% in the UM group.

The two groups were similar with regards to the presence or the absence of psychotic features.

The results of our study show that patients with UM were distinct from patients with a bipolar course of the illness in a range of clinical aspects.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV156

Severe behavioral disturbances in bipolar disorder: A case report

S. Benavente López^{1,*}, N. Salgado Borrego², M.I. de la Hera Cabero³, I. Oñoro Carrascal³, L. Flores³, R. Jiménez Rico³

¹ Hospital Universitario 12 de Octubre, Psychiatry, Madrid, Spain

² Hospital Dr. Rodríguez Lafora, Psychiatry, Madrid, Spain

³ Centro San Juan de Dios Ciempozuelos, Psychiatry, Madrid, Spain

* Corresponding author.



Introduction Behavioral disturbances are common in psychiatric patients. This symptom may be caused by several disorders and clinical status.

Case report We report the case of a 40 year-old male who was diagnosed of nonspecific psychotic disorder, alcohol dependence, cannabis abuse and intellectual disability. The patient was admitted into a long-stay psychiatric unit because of behavioral disturbances consisted in aggressive in the context of a chronic psychosis consisted in delusions of reference and auditory pseudohallucinations. During his admission the patient received the diagnosis of bipolar disorder type 1, presenting more severe behavioral disturbances during these mood episodes. It was necessary to make diverse pharmacological changes to stabilize the mood of the patient. Finally, the treatment was modified and it was prescribed clozapine (25 mg/24 h), clotiapine (40 mg/8 h), levomepromazine (200 mg/24 h), topiramate (125 mg/12 h), clomipramine (150 mg/24 h) and clorazepate dipotassium (50 mg/24 h). With this treatment, the patient showed a considerable improvement of symptoms, presenting euthymic and without behavioral disturbances.

Discussion In this case report, we present a patient with severe behavioral disturbances. The inclusion of bipolar disorder in the diagnosis of the patient was very important for the correct treatment and management, because of depressive and manic mood episodes the behavioral disturbances were exacerbated.

Conclusions Patients with behavioral disturbances could present psychotic and affective symptoms as cause of them. It is necessary

to explore these symptoms and try different treatments to improve them.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV157

The influence of treatment modality on long-term neurocognitive functioning in treatment resistant bipolar depressed inpatients treated with pharmacotherapy or electroconvulsive therapy

J. BJORKE-BERTHEUSSEN^{1,*}, B. AUESTAD², U. KESSLER³, H. SCHOYEN¹

¹ Stavanger University Hospital, Psychiatry, Stavanger, Norway

² Stavanger University Hospital, Research Department, Stavanger, Norway

³ Haukeland University Hospital, Psychiatry, Bergen, Norway

* Corresponding author.

Introduction Bipolar depression is difficult to manage, and causes considerable disability and distress for patients and their surroundings. Electroconvulsive therapy (ECT) is an effective treatment, but there are concerns regarding long-term neurocognitive impairment, and in particular autobiographical memory.

Objectives To compare the long-term effects of algorithm-based pharmacologic treatment (APT) and ECT in treatment-resistant bipolar depression as measured with standard neurocognitive tests and autobiographical memory interview.

Aims To examine the long-term neurocognitive effects of ECT.

Methods In this multicenter randomized controlled trial 73 in-patients with treatment resistant bipolar depression were randomized to either APT or unilateral ECT. Patients were assessed at baseline and at 6 months. Neurocognitive functions were assessed with the MATRICS Consensus Cognitive Battery (MCCB), Wechsler Abbreviated Scale of Intelligence (WASI) and the Autobiographical Memory Inventory – Short form (AMI-SF). At 6 months, neurocognitive data were available for 26 patients (APT $n = 11$, ECT $n = 15$).

Results There were no group-differences at baseline.

At 6 months, there was no group-difference in MCCB-score (APT 44.9 vs. ECT 46.0, P -value: 0.707), or WASI total IQ-score (APT 103.9 vs. ECT 107.2, P -value: 0.535). There were indications of (P -value: 0.109) poorer AMI-SF consistency score in the ECT group (APT 72.3% vs. ECT 64.3%).

Conclusions This study does not find that ECT causes long-term impairment in neurocognitive function as measured with standard neuropsychological tests. We find a trend towards poorer autobiographical memory in the ECT-group, and there needs to be further research regarding this.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV158

Discontinuation of antipsychotic therapy in severe mania: A six months follow-up study

S. BRIOSCHI, D. DELMONTE, C. DE SANTIS*, L. FRANCHINI, C. COLOMBO

Scientific Institute and University Hospital San Raffaele, Clinical

Neurosciences, Milan, Italy

* Corresponding author.

Introduction Independently of the drug choice, antimanic treatment has to be continued at least until full remission. Most guidelines recommend continuation therapy for 6–12 months but controlled studies are lacking.



Objectives A six months follow-up study on a sample of 57 inpatients affected by mania at Mood Disorder Unit.

Aims To evaluate a timeframe for the discontinuation of the antipsychotic therapy.

Methods Fifty-seven bipolar inpatients affected by a manic episode according to DSM-5 criteria. Patients treated according to our pharmacological protocol with a mood stabilizer (lithium or valproate) and an antipsychotic (haloperidol or risperidone). Course of illness assessed with Young Mania Rating Scale (YMRS) scored at week 0, 1, 2, 4, 8, 24. Remission defined as YMRS < 12.

Results Twenty men (35.09%) and 37 women (64.91%); mean age 43.18 ± 12.71 years. Mean YMRS basal score 38.55 ± 8.08 . At 4th week, remission rate was 54.39% (31 patients); at 8th week was 80.70% (46 patients). At 8th week, 39/57 patients (68.42%) discontinued the antipsychotic. Relapse rate after 6 months was 26.32% (12 depressed, 3 manic). Multiple regression, t -test and χ^2 analysis were performed: older patients ($P = 0.01$) and with higher number of episodes ($P = 0.04$) tend to relapse earlier. Neither severity of the episode ($P = 0.3$), nor delusional symptoms ($P = 0.6$) nor discontinuation of the antipsychotic ($P = 0.3$) correlate with relapse time.

Conclusions Our experience suggests that an early discontinuation of antipsychotics, usually 4–8 weeks after remission, does not worsen the short-term course of illness. This approach could minimize the risk of side effects. Evidence is lacking about the duration of this therapy, long-term studies are still necessary.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV159

Association between suicide attempts and insight among patients with bipolar disorders

A. CARDOSO^{1,*}, P. AGUIAR², M. BYRNE³, M. XAVIER¹

¹ Faculty of Medical Sciences, Mental Health, Lisbon, Portugal

² School of Public Health, New University, Public Health, Lisbon, Portugal

³ University of Wollongong, Clinical and Forensic Psychology, Wollongong, Australia

* Corresponding author.

Introduction Insight is an important factor associated with non-compliance and poor outcome. Poor level of insight has been described as a characteristic in patients with acute bipolar disorder with more unawareness in social consequences. In contrast, awareness of having a mental disorder, of its symptoms, of its consequences, and/or of the need for treatment is associated with a number of positive prognostic indicators. Insight is also linked, however, to depression and suicidal ideation in bipolar disorder.

Objectives (1) Assess the illness perception. (2) Assess the impact of insight in suicidal tendencies.

Aims Contribute to development measures to improve the insight in bipolar disorders.

Methods In this cross sectional study we use a convenience sample of patients with bipolar disorder attending in the mental health departments of three general hospitals in Lisbon great area. We have applied clinical and socio-demographic questionnaire and additional measures to assess symptom severity, treatment adherence and illness perception.

Results A samples was composed by 64 patients with bipolar disorder (mean age = 38.7; SD ± 10.1). A total of 48.4% patients ($n = 31$) had made a suicide attempted and 23.4% ($n = 15$) of this patient done 5 or more attempted suicide. We found a significant correlation with symptoms and insight ($r_s = 0.56$; $P < 0.01$).

Conclusion Mental health professionals often utilize insight as an indicator of prognosis, because of its association with treatment adherence. The findings of the current study suggest that having



intact or good insight may be an indicator for suicidal ideation among patients with bipolar disorders. A brief psychoeducational approach could potentially be effective. We recommend a combined approach to improve clinical insight in bipolar disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV160

Emotional intelligence in bipolar disorder



E. Chapela^{1,*}, J. Quintero^{1,2}, M. Félix-Alcántara¹, I. Morales³, C. Javier^{2,4}, G.A. Jorge⁴

¹ Hospital Universitario Infanta Leonor, Psychiatry, Madrid, Spain

² Fundación Psiformación, Psychiatry, Madrid, Spain

³ Psikids, Psychiatry, Madrid, Spain

⁴ Hospital del Henares, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction Emotional intelligence is defined as the ability to process, understand and manage emotions. In bipolar disorder seem to be more conserved, with less functional impairment than other severe mental disorders as schizophrenia. So far, there are few studies analyzing emotional intelligence in bipolar disorder.

Objective The objective of this research is to better understand the different characteristics and the factors affecting these social-cognitive dysfunctions in bipolar disorder.

Aims To explore possible factors related to emotional intelligence in these severe mental disorders: symptoms, cognitive functioning, quality of life and psychosocial function.

Material and methods Twenty-six adults bipolar type I patients were examined using MSCEIT (the most validated test for emotional intelligence), BPRS, YMRS, HDRS, WAIS-IV, TMT and Rey Figure in order to determine the level of emotional intelligence and factors relate.

Results Bipolar patients show lack of emotional intelligence when compared with general population. Cognitive impairment and age are the principal factors related.

Discussion Results are discussed and compared with recent literature.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV161

The emotional intelligence in severe mental disorders: A comparative study in schizophrenia and bipolar disorder



E. Chapela^{1,*}, M. Félix-Alcántara¹, J. Quintero^{1,2,3}, I. Morales³, J. Gómez-Arnau⁴, J. Correas^{2,4}

¹ Hospital Universitario Infanta Leonor, Psychiatry, Madrid, Spain

² Fundación Psiformación, Psychiatry, Madrid, Spain

³ Psikids, Psychiatry, Madrid, Spain

⁴ Hospital del Henares, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction Severe mental disorders have deficits in different aspects of social cognition, which seem to be more pronounced in patients with schizophrenia compared to those with bipolar disorder. Emotional intelligence, defined as the ability to process, understand and manage emotions, is one of the main components of the sociocognition. Both in schizophrenia and bipolar disorder have been described changes in emotional intelligence, but only few studies compare both disorders.

Objectives The objective of this research is to increase knowledge about the differences between schizophrenia and bipolar disorder.

Aims To compare emotional intelligence in patients with schizophrenia versus bipolar patients.

Methods Seventy-five adult patients with schizophrenia and bipolar disorder were evaluate.

The assessment protocol consisted of a questionnaire on socio-demographic and clinical-care data, and a battery of assessment scales (BPRS, PANSS, SCID-I-RV, YMRS, HDRS, CGI-S, EEAG, MSCEIT). Among the assessment tools of emotional intelligence, we select MSCEIT as the most validated.

Statistical analysis was performed using SPSS 23 version. After the descriptive analysis of the data, we compare the results of the scales.

Results Both disorders show a deterioration of emotional intelligence compared to the general population. There were no statistically significant differences in the comparison of emotional intelligence between schizophrenia and bipolar disorder.

Conclusion Schizophrenia and bipolar disorder have deficits in emotional intelligence, while it is difficult to show differences between them. These changes in emotional intelligence are part of a set of cognitive, social and non-social skills, which are altered in these severe mental disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV162

Mixed-effects models: Family burden and functionality in patients with bipolar disorder



C. Bermúdez-Ampudia*, A. García-Alocén, M. Martínez-Cengotitabengoa, S. Alberich, I. González-Ortega, S. Barbeito Resa, A. González-Pinto

Hospital Universitario Araba. Cibersam, Psychiatry, Vitoria-Gasteiz, Spain

* Corresponding author.

Introduction The bipolar disorder (BD) has an important effect over the lives of patients and families. The attitude of the family is a modifiable factor through specific interventions and it has been related with BD prognosis.

Objectives Study a sample of families and patients with BD.

Aims Compare between two groups its course of burden of caring for family members with BD. Also, we will see the course of the functionality in patients.

Methods Sample of 148 individuals who caring a familiar with BD. Seventy-six of these followed psychoeducation session are going to be experimental group (EG), and the others 72 did not followed any session are going to be control group (CG). There is a follow-up at 6 months and one year. To see the course of the burden and the functionality it will be used mixed models.

Results At baseline, there were not significant differences between CG and EG in objective and subjective burden and functionality. But over time there were significant results in the three cases. For objective burden ($b = -0.016$; $P = 0.0001$) EG presented a drop ($b = -0.014$; $P = 0.0062$), while CG did not show changes ($b = 0.002$; $P = 0.4691$). For subjective burden ($b = -0.014$; $P = 0.0058$) without significant results for CG ($b = -0.352$; $P = 0.3203$) and a significant decrease in EG ($b = -0.017$; $P = 0.003$). For the functionality ($b = 1.474$; $P = 0.000$) there was a significant increase in EG ($b = 1.349$; $P = 0.000$) but not for CG ($b = -0.125$; $P = 0.3828$).

Conclusions Two groups did not differ at baseline however after the psychoeducation sessions appear clear differences, decreasing the burden for EG group and the functionality also improved for EG.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV163

Cognitive impairment in manic schizoaffective and bipolar patients: A Romanian sample



A. Draghici^{1,*}, L. Dehelean², F. Romosan², R.S. Romosan², V.R. Enatescu², I. Papava²

¹ Vasile Goldis West University of Arad, Psychiatry, Arad, Romania

² Victor Babes University of Medicine and Pharmacy Timisoara, Neuroscience, Timisoara, Romania

* Corresponding author.

Introduction Cognitive functions are known to be impaired both in schizoaffective and bipolar patients during the acute manic episode, but also in euthymia.

Objectives The purpose of the study was to identify differences in neurocognitive functioning of schizoaffective and bipolar patients.

Methods The study was conducted between 2012 and 2015. It included inpatients from the Timisoara Psychiatric Clinic, diagnosed with either bipolar disorder ($n=45$) or schizoaffective disorder ($n=43$), according to ICD-10 criteria, and a healthy control group ($n=85$). The Rey verbal memory test and the d2 Test of Attention were used to assess cognitive functions.

Results Statistically significant differences ($P<0.0001$) were found between the control group and the patients group in regard to “total number of items processes” (TN), “percentage of errors” (E%) and in “concentration of performance” (CP). No significant differences were found concerning neurocognitive functions between the two patient groups during the acute manic episode. However, cognitive functions were significantly more impaired in schizoaffective than in bipolar patients during euthymia (lower mean scores in bipolar patients regarding all the aforementioned parameters).

Conclusions The severity of cognitive deficits is similar in both bipolar and schizoaffective disorder during the acute manic episode. During euthymic periods, schizoaffective patients have a poorer neurocognitive functioning than bipolar patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV164

Empathic response in manic bipolar and schizoaffective patients: A Romanian sample



A. Draghici^{1,*}, F. Romosan², D. Podea¹, L. Dehelean², R.S. Romosan², V.R. Enatescu², I. Papava²

¹ Vasile Goldis West University of Arad, Psychiatry, Arad, Romania

² Victor Babes University of Medicine and Pharmacy, Neuroscience, Timisoara, Romania

* Corresponding author.

Introduction Empathy is described as the ability to infer or share the feeling state of another person. Despite knowledge of impairments in cognitive and social functioning, to date, little work has been conducted concerning empathic response in bipolar and schizoaffective patients.

Objectives Finding potential differences regarding the empathic response of manic bipolar and schizoaffective patients.

Methods Inpatients from the Timisoara Psychiatric Clinic, diagnosed with either bipolar disorder ($n=50$) or schizoaffective disorder ($n=45$), according to ICD-10 criteria, and a healthy control group ($n=80$) were included in the study. The study was conducted between 2011 and 2015. To assess the empathic response we used Empathy Quotient (EQ).

Results We found statistically significant differences ($P<0.0001$) between the patient groups and the control group (lower mean for empathy scores than the control group in both bipolar and schizoaffective patients). During the acute manic episode, no significant

differences were found concerning the empathic response between the two patient groups. In euthymia, however, patients with schizoaffective disorder had significantly lower EQ mean scores than bipolar patients ($P=0.03$).

Conclusions Bipolar and schizoaffective patients seem to have similar lower levels of empathy during the acute manic episode, but schizoaffective patients have a poorer empathic response than bipolar patients during euthymic periods.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV165

Mixed states – hallmark characteristics and controversial nosologic evolution



D. Durães*, J. Martins, R. Borralho

Centro Hospitalar Barreiro-Montijo, Mental Health and Psychiatry Department, Barreiro, Portugal

* Corresponding author.

Introduction Classically described as the contemporary presence of affective symptoms of opposite polarity during a manic or major depressive episode, mixed states (MS) still remain a controversial topic and a diagnostic challenge, remaining many times undiagnosed and mistreated.

Objectives/aims This work aims to review the conceptualization and definition of MS over the years, their main characteristics and the controversy around the latest diagnostic criteria.

Methods A review of relevant literature was conducted alongside online database research (PubMed and Medscape) using the keywords “mixed state”, “bipolar” and “depression”.

Results Since their first description, by Johann Heinroth, the conceptualization and diagnostic features of MS have been largely contested. Subsequently, Emil Kraepelin systematized several subtypes of MS, being the first to introduce the term, and Wilhelm Weygandt published the first book on the subject (1899). Since then, largely due to Kurt Schneider disbelief, their study was neglected for several years.

MS definition suffered numerous changes through the different DSM editions, which clearly reflects the difficulty in their correct understanding. Recently DSM-5 introduced a broader definition that seems to better depict their nature and will certainly impact the known epidemiology, diagnosis and treatment.

Conclusions Accurate identification and prompt diagnosis of MS are crucial for clinical practice since these patients appear to show a more severe form of disease and a worse prognosis, with longer, more frequent relapses, substance use comorbidities and higher suicide risk with poorer response to treatment. Further investigation seems necessary to clarify the validity of the DSM-5 diagnostic criteria.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV166

Subthreshold symptoms in bipolar disorder



R. Feki*, D. Trigui, I. Feki, I. Baati, J. Masmoudi
CHU Hédi Chaker, Psychiatrie A, Sfax, Tunisia

* Corresponding author.

Introduction Bipolar disorder is a severe mental illness characterized by intermittent episodes of mania, depression and mixed states. The presence of residual symptoms, seems to be the common factor in many studies assessing functioning in BD patients.

Objective To evaluate the prevalence of residual symptoms (both depressive and manic) in euthymic patients with bipolar disorder and seek for associated factors.

Methodology A total of 30 patients with bipolar disorder were enrolled for this study. They were in remission for at least two months. The patients answered the Hamilton Depression Rating Scale and the Disorder Questionnaire Mood Hirschfeld (the MDQ scale).

Results The average age of our patients was 43 ± 13 years. Most patients were from a rural area (70%), married (60%) and did not go beyond secondary school level (93.3%).

Forty percent (40%) had organic personal history. Social dysfunction was found in 40% of cases, and professional difficulties in 30% of patients.

Depressive residual symptoms were found in 33.3% in cases and hypomanic ones in 26.6%.

Residual depressive symptoms were significantly more frequent among married patients and having organic personal history ($P=0.025$).

The professional difficulties were associated with male gender ($P=0.025$) and the poor quality of free interval ($P=0.03$).

Conclusion These results illustrate that the “intercritical phase” in bipolar disorder is not really euthymic. These findings are in favour of developing interventions to manage subthreshold symptoms to reduce their impact on social and professional functioning.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV167

Evolution of inflammatory dysregulation and oxidative stress in patients with first episode of mania



S. García^{1,2,*}, P. López Peña^{1,2}, I. Zorrilla¹, A. García-Alocen¹, M. Martínez-Cengotitabengoa^{1,3,4}, C. Bermúdez-Ampudia¹, K.S. Mac-Dowell^{5,6}, S. Rodríguez⁵, J.C. Leza^{5,6}, A. González-Pinto^{1,2,4}

¹ University Hospital of Araba Santiago, Psychiatry, Vitoria-Gasteiz, Spain

² University of the Basque Country, neuroscience, Bizkaia, Spain

³ National Distance Education University UNED, Associated Center of Vitoria, Vitoria, Spain

⁴ Biomedical Research Centre in Mental Health Network CIBERSAM, Psychiatry, University Hospital of Araba, Vitoria, Spain

⁵ Faculty of Medicine, Complutense University and Health Research Institute-IIS-12 de Octubre Hospital i + 12, Pharmacology, Madrid, Spain

⁶ Biomedical Research Centre in Mental Health Network CIBERSAM, Pharmacology, Faculty of Medicine, Complutense University, Madrid, Spain

* Corresponding author.

Introduction Recent studies have focused on the imbalance in inflammatory and antioxidant pathways as possible causes of the underlying neurodegenerative processes in bipolar disorder. Thus, the study of these pathways in first episodes of mania (FEM) can increase knowledge about this issue.

Aim To compare plasma concentrations of pro-inflammatory (MCP-1, PGE2, TNF α) and oxidative parameters (TAS, NO₂ and TBARS) between controls and FEM patients and to analyze the evolution of these parameters in patients from baseline to 6 months assessment time.

Methods This study included 44 FEM patients and 79 healthy controls, aged 18 to 40. Blood samples were available for controls at baseline and for patients at baseline and 6 months after. TAS and TBARS were measured using non-EIA assay kits, NO₂ was measured with Griess method and PGE2, MCP-1 and TNF α with ELISA kits.

Results At baseline, TAS was significantly lower in patients than in controls and TBARS, MCP-1 and TNF α were significantly higher in patients. Among patients, TAS and MCP1 were lower at 6 months than at the illness onset and PGE2 and NO₂ were significantly higher than at baseline.

Conclusion Patients presented an increased oxidative damage and also a higher activation of pro-inflammatory pathways than healthy controls at baseline. After 6 months their level of oxidative stress continue increased. Pro-inflammatory parameters decreased overtime (MCP-1 and TNF α) but PGE2, increased surprisingly. This can be due to the fact that antipsychotics are not able to completely reverse baseline inflammation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV168

Treatment of bipolar patients in manic phase: A comparison between asenapine and aripiprazole



L. Girardi*, S. Gili, E. Gambaro, E. Di Tullio, E. Gattoni, E. Grossini, S. Farruggio, L. Mora, C. Gramaglia, P. Zeppego
Università del Piemonte Orientale, Translational Medicine, Novara, Italy

* Corresponding author.

Introduction Agitation is the most evident symptom in an acute manic episode. It can be defined as excessive motor or verbal activity that can degenerate into aggressive behaviour. Both aripiprazole and asenapine are indicated for the treatment of agitation in patients with manic episode.

Aims To retrospectively evaluate the acute effects of drug therapy on psychomotor agitation rated with the PANSS-EC, the change in manic symptoms through the YMRS, the QoL with the SF-36v2 and the cardiometabolic effects of the new oral APS.

Methods We administered the following tests to 13 patients with DBI at T0 (baseline), T1 (after 1 week), T2 (after 4 weeks), T3 (after 12 weeks) and T4 (after 24 weeks): PANSS-EC, YMRS, SF-36v2, CGI-BD, CGI-S, HAM-D, BPRS. We also considered weight, height, BMI, ECG and complete blood count.

Results Patients recruitment and statistical analyses are still in progress. Our preliminary results suggest that there is not a marked difference between the two drugs. We highlighted that there has been a noticeable decrease in results at PANSS as well as at YMRS from T0 to T4 and patients showed an improvement in QoL. Only one patient treated with asenapine showed an increase in the results of HAM-D.

Conclusions Results suggest the efficacy of the two new APS but further recruitment and data collection are needed to better understand their impact on agitation and QoL, including the metabolic profile, with the aim to help clinicians to make a more accurate choice of drug for each specific patient.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV169

Depot aripiprazole as maintenance treatment in bipolar disorder: Report of a case



C. Gómez Sánchez-Lafuente^{1,*}, R. Reina Gonzalez (General Practitioner)², A. De Severac Cano¹, I. Tilves Santiago¹, F. Moreno De Lara¹, E. Mateos Carrasco¹

¹ Hospital Universitario Virgen de la Victoria, Psychiatry, Málaga, Spain

² Hospital General Regional Universitario, Málaga, Spain

* Corresponding author.

Introduction Recently, depot aripiprazole was approved as a maintenance treatment for schizophrenia. However, long-acting antipsychotics has not been established efficacy in manic episode or maintenance treatment of bipolar disorder.

Aims Describe a clinical case of multiresistant bipolar disorder.
Methods Thirty-nine years old male, diagnosed since 8 years ago with bipolar disorder, current episode manic with psychotic symptoms, admitted to Acute Psychiatrist Unit. It was his seventh internment. He was dysphoric, had insomnia, and showed many psychotic symptoms like grandiose delusions and delusions of reference. He thought he was a famous painter from nineteenth century.

His disorder was refractory to mood stabilizers monotherapy and to many neuroleptic and, like olanzapine 30 mg/day, depot risperidone, zuclopenthixol, haloperidol, palmitate paliperidone, He was on treatment with lithium 1200 mg/day (lithemia 0.62 prior to admission) and oral aripiprazole 15 mg/day that he was not taking regularly. Poor compliance to oral treatment. No awareness of illness.

Results during the patient admission, we started long-acting aripiprazole 400 mg per 28–30 days. First 3 days he persisted dysphoric, hostile, and showing delusions of mind being read. From the fourth day, delusions disappeared and later he was calmer and more friendly, He was discharged 9 days later fully euthymic.

For 6 months follow-up, the patient came once a month to community center for aripiprazole injection and he was taking lithium regularly. Last lithemia 0.65 mEQ/L.

Conclusion Long-acting antipsychotics, like depot aripiprazole could be a useful alternative to oral medication, specially when there is no awareness of illness and there is low adherence to oral treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV170

Dementia or mania? A case report

C. Gomez*, V. Rodriguez, B. Pecino, E. Tercelan, C. Gomis, L. Gonzalez, C. Ortigosa, M. Anibarro
Hospital de Sant Joan de Alicante, Psiquiatry, Alicante, Spain

* Corresponding author.



In the clinical practice, we encounter situations that require precise differential diagnosis and special treatment. This poster reviews diagnosis and pharmacotherapy of two cases that point out how likely is to confuse the diagnosis of two apparently different pathologies: bipolar disorder and frontotemporal dementia. The first case presents a 75-year-old man that presented behavioural changes 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 disorder never diagnosed, and the neuropsychological exam performed did not show any cognitive impairments, finally receiving a diagnosis of bipolar disorder after good response to lithium treatment. The second case presents a 58-year-old man with behavioural disturbances and mood fluctuation that changed from short periods of hypomania with disinhibition and insomnia to a predominance of hypothyria, apathy and self-care negligence, which received at the beginning a diagnosis of bipolar disorder and after the proper complementary tests was shown to be a frontotemporal dementia.

When facing behavioural and mood changes in advance age, 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. Even though in our practice age can point to a disorder, we should not forget the importance of a good clinical history and anamnesis

to reach a correct diagnosis as well a organized and carefully planned treatment approach for each individual patient.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV171

Manic episode associated with interferon alpha therapy: A case report

L. González^{1,*}, C. Gomis², V. Rodríguez², C. Gomez², E. tercelan², C. Ortigosa², M. Anibarro², L. Garcia²

¹ Hospital San Juan Alicante, Psychiatry, San Juan Alicante, Spain

² Hospital San Juan Alicante, Psychiatry, Alicante, Spain

* Corresponding author.



Interferon alpha is a cytokine with antiviral and antineoplastic action, which is commonly used for treatment of Hepatitis C and B, malignant melanoma, Kaposi's sarcoma, kidney cancer and certain hematologic diseases. It is well-known some of its neuropsychiatric symptoms such as depressive symptoms, cognitive impairment, chronic fatigue, dysphoria and anxiety, but there are also other less common like mania, psychotic symptoms and suicide risk that have been reported. These symptoms interfere in the quality of life very significantly, which at the end can affect treatment adherence.

We report a case of a 33-year-old man who was taken to the emergency department by his family referring nervousness, irritability, verbose, and insomnia during the last 5 days. The patient had not psychiatric history. He was diagnosed with a malignant melanoma stage III A a year ago which required to start interferon alpha treatment.

Patient and family tell that symptoms began after forgetting last interferon dose. In the psychopathology exploration, we could observe mood lability, delusion ideas of prosecution, which includes his entire family and autorreferentiality. In the emergency room the blood test, urine drug test and CT were normal.

During the admission, and in collaboration with the Oncology service, it was agreed the reintroduction and maintenance of interferon combined with olanzapine up to 30 mg/day and clonazepam up to 6 mg/day, which resulted in the resolution of symptoms in two weeks.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV172

Sexual behavior in women with bipolar disorder

F. Guerhazi*, F. Charfeddine, K. Mdhaffer, L. Aribi, W. Bouattour, E. Elleuch, J. Aloulou, O. Amami
Hedi Chaker University Hospital, Psychiatry, Sfax, Tunisia

* Corresponding author.



Introduction Women with bipolar disorder warrant special consideration with regard to sexual health. The impairment in sexual function would be frequent but underestimated and contributes to non-compliance with treatments.

Aims (1) Evaluate sexuality among a population of women affected by bipolar disorder.

(2) Determine the factors associated with impaired sexual function.
Methods This is a cross-sectional and descriptive study during the period ranging from 1st September to 15 October 2015.

It was conducted in 40 women suffering from bipolar disorder.

The exclusion criteria were: relapse period in sick, age over 60 years or severe somatic comorbidity.

The evaluation of sexual function was made using the "Sexual Behavior Questionnaire" (SBQ).

Results The mean age was 30 years. Bipolar disorder type I accounted for 72.5%.

According to the SBQ, 37.5% of patients had a desire disorder, 57.5% had a frequency less than 3 times per week sexual intercourse, 45% had a drop in excitation and 42.5% were not satisfied with their sex life.

Sexual problems are positively correlated at an early age of onset of bipolar disorder ($P=0.001$).

The lack of desire, the sexual excitation disorder and the decrease in the frequency of sexual intercourse are positively correlated with the depressive phase of bipolar disorder.

Conclusion A better understanding of sexual behavior in women with bipolar disorder and the early screening of the sexual disorders must be integrated into the management of the disease. It can improve their quality of life and adherence to therapy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV173

Dealing with bipolar disorder

H. Guillen Rodrigo*, R. Remesal Cobreros, R. Alonso Díaz

Hospital Juan Ramon Jimenez, Salud Mental, Huelva, Spain

* Corresponding author.



The psychoeducational group therapy program for patients diagnosed with bipolar disorder is carried out in the Hospital Vazquez Diaz in Huelva. The objectives of the group therapy are: provide an adequate patient awareness of the disease, improve the drugs adherence, facilitate early detection of new episodes, stress management, avoid the use and abuse of illegal substances, achieve a consistency in their lifestyle, prevent suicidal behavior, increase understanding and coping with the psychosocial consequences of the past and future episodes, improve social activity, cope with the subsyndromal residual symptoms and the following deterioration and increase the welfare and the quality of life.

The group consists of patients diagnosed with bipolar disorder I, II and cyclothymia. The psychiatrist has to establish if it is convenient for the patient to attend the group and has to communicate, if it has been detected, lack of knowledge about the disease, distorted beliefs, lack of awareness of the disease, unhealthy habits and poor adherence to the treatment.

The group was a closed group consisting of 10 to 12 patients. It was carried by a clinical psychologist with the help of the clinical psychology residents. The psychoeducational program we developed in our hospital consisted in 9 bimonthly sessions of 90 minutes.

As a result, we can say that the psychoeducation was very useful in improving the course of bipolar patients and in reducing the number of episodes and hospitalizations. Patients who received psychoeducation and pharmacotherapy have suffered significantly fewer relapses. Therefore, there is a prophylactic efficacy of psychoeducation in bipolar disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV174

An fMRI study in patients with active mania using Verbal N-Back test

R. Gupta^{1,*}, P. Goyal¹, R. Ranjan¹, S. Kumaran², R. Sagar¹

¹ All India Institute of Medical Sciences, Psychiatry, New Delhi, India

² All India Institute of Medical Sciences, Nuclear Magnetic Resonance, New Delhi, India

* Corresponding author.



Introduction There is a lack of consensus on the dysfunctional brain areas underlying mania.

Aims and objectives The study was carried out to understand the various brain networks implicated in active mania.

Methods After obtaining ethical clearance from the Institute Review Board, we recruited 30 subjects with active mania and 15 healthy controls using purposive sampling, and applying SCID. A computerized cognitive test (Verbal N-Back) was used.

Results Mania group took significantly longer time while making correct responses. They (Fig. 1C) showed activation in bilateral frontal lobe, and bilateral superior temporal gyrus during verbal 1-Back task, whereas, the control group (Fig. 1A) showed left middle frontal gyrus, and right superior frontal gyrus activation. On verbal 2-Back task, the mania group (Fig. 1D) had bilateral frontal lobe, and bilateral superior temporal gyrus activation, whereas the control group (Fig. 1B) had activation in the bilateral frontal lobe.

Conclusions It was clearly visible that the mania group was significantly slower in giving correct responses on N-Back task as compared to the controls. On the 2-Back task, there was under-activation in left frontal lobe in the mania group with respect to the control group (Fig. 1E). This implies that the mania group may have deficits in information processing speed.

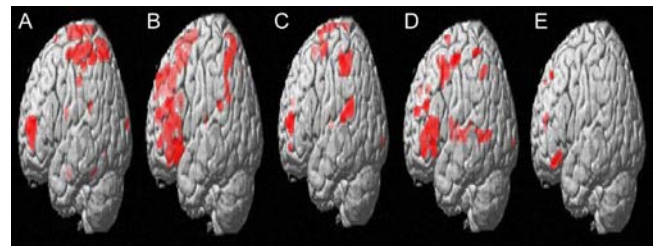


Fig. 1

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV175

Self-stigma, treatment adherence, and medication discontinuation in patients with bipolar disorders in remission – a cross-sectional study

M. Hajda*, D. Kamaradova, J. Prasko

University Hospital Olomouc, Klinika psychiatrie, Olomouc, Czech Republic

* Corresponding author.



Introduction Self-stigma is a gradual process during which a stigmatized person uncritically accesses and integrates negative societal stereotypes towards persons with mental disorders.

Objective It has been repeatedly shown that fear of stigma and self-stigma is associated with lower adherence to various medical procedures.

Aims The aim of study is to investigate the relationship between current adherence, discontinuing of medication in the past and self-stigmatization by stable patients with bipolar disorder.

Method Until now 33 outpatients with bipolar disorder completed The Drug Attitude Inventory-10 items (DAI-10) scale used to estimate adherence to treatment, the Internalized Stigma Mental Inventory scale (ISMI) measuring self-stigma and The Clinical Global Impression (CGI), which assesses current severity of mental disorders. Demographic and clinical data were also obtained.

Results Current results show that, the level of adherence to pharmacotherapy positively correlated with age and negatively with self-stigma. Nineteen (57.6%) patients discontinued medication at least once in the past. The patients, who discontinued medication in the past, were significantly younger and more often single

when compared to the patients who did not discontinue medication. There were no other differences between the groups in the clinical and demographical data. There was also no difference in the level of adherence in patients treated by different drugs.

Conclusions More than half of bipolar patients discontinued medication in the past. The risk of the discontinuation of medication is higher in patients who are young and single. The rate of current adherence significantly negatively correlated with self-stigma.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV176

Study of the impulsivity in bipolar parent



G. Hamdi^{1,*}, M. karoui², L. robbana², F. elouze², F. mrad²

¹ Razi Hospital, F, Mannouba, Tunisia

² Razi Hospital, G, Mannouba, Tunisia

* Corresponding author.

Introduction Impulsivity, as defined by Barratt in 1983, is the inability to associate a behavior to context or consequences. It refers to a variety of risky behaviors, inappropriate to the situation and can lead to undesirable consequences. It is well-established that impulsivity is strongly related to bipolar disorder. Currently, we speak of impulsivity trait present even in bipolar patients in euthymia given the hereditary nature of bipolar disorder. In this study, we are interested in assessing impulsiveness in healthy relatives of bipolar patients.

Methodology Impulsivity was measured using BARRAT scale [the Barratt impulsiveness Scale-11 (BIS-11)] in 30 healthy subjects who are first degree relatives of bipolar patients treated in Razi hospital; and comparing the results to 30 subjects, witnesses matched for age and sex with no personal or family history of psychiatric disorders.

Results The impulsivity score among parents of bipolar patients was significantly higher compared to controls especially for motor impulsivity with average scores 19.15 versus 16.94, respectively. The general impulsivity score among parents of bipolar patients was 61.53 ± 13.83 versus an average score in controls of 47.20 ± 18.26 .

Limits The small sample size did not allow conclusive results. The difficulties in determining the mental history of the control group (to check the absence of a family history of bipolar disorder).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV177

The recognition of facial emotions in bipolar disorder



G. Hamdi*, Dr. H. Ben Ammar, Z. Hechmi

Razi Hospital, F, Mannouba, Tunisia

* Corresponding author.

Introduction Bipolar disorder is a common chronic psychiatric disorder, marked by the severity and frequency of mood episodes and their impact on the psychosocial functioning of these patients. Even during inter-critical periods, these patients' cognitive functions are altered. Patients diagnosed with bipolar disorder, by definition, have problems with emotional regulation. However, it remains uncertain whether these patients also have a deficit in processing emotions of others.

The main objective was to assess social cognition (recognition of facial emotions) in euthymic bipolar subjects by comparing them to a control group.

Methodology This is a transversal case-witness study, conducted in consultation with the post-treatment, of 30 euthymic bipolar patients and 30 healthy volunteers matched for age, sex and

educational level, with the help of a questionnaire targeting socio-demographic and clinical data, as well as a facial expression recognition test to measure social cognition.

Results Our study showed that bipolar patients had deficits in social cognition compared to the volunteers' group. Bipolar patients have more difficulties than healthy subjects to recognize facial emotions of fear, anger and disgust, and assign intentions to others from images. These deficits are even more accentuated in the early onset forms.

Conclusion This study shows a disturbance of perception of emotions in bipolar patients. These cognitive deficits could participate in behavioral and social disorders present in bipolar disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV178

Childhood trauma in bipolar disorder



G. Hamdi*, H. Ben Ammar, Z. Hechmi

Razi Hospital, F, Mannouba, Tunisia

* Corresponding author.

Introduction Bipolar disorder is a multi-factorial disease and has a heterogeneous clinical presentation. Currently, the negative impact of stress on the evolutionary course of the disease is increasingly being recognized. However, studies exploring the childhood trauma in bipolar disorder are, so far, few and inconclusive.

Objectives We sought to compare injury rates during childhood in adults with bipolar disorder compared with a healthy control group to study the impact of childhood trauma on the clinical evolution of bipolar disorder.

Methods A retrospective assessment of childhood trauma was conducted using the Childhood Trauma Questionnaire (CTQ) with 30 patients with bipolar disorder who are stabilized and who following post treatment in the psychiatric unit "F" Razi hospital and 30 healthy subjects matched based on age and sex.

Results Significantly higher rates of childhood trauma were observed in bipolar patients compared to the control group. The scores for sexual abuse and emotional neglect differ significantly between the two groups. Psychological violence was predictive of early onset bipolar disorder. Associations with clinical severity were less clear.

Conclusion Emotional deprivation in early childhood appears to be significantly associated with bipolar disorder. More thorough studies especially on the neurobiological consequences of childhood trauma would be necessary.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV179

Psychosocial functioning impairment in euthymic patients with bipolar disorder II: The role of clinical factors



R.S. Ilhan^{1,*}, V. Senturk-Cankorur²

¹ Dr. Nafiz Korez Sincan State Hospital, Ministry of Health, Psychiatry, Ankara, Turkey

² Ankara University School of Medicine, Psychiatry, Ankara, Turkey

* Corresponding author.

Introduction Growing body of evidence have showed that euthymic bipolar patients have poor psychosocial functioning. Most of the studies have focused on the psychosocial functioning in euthymic bipolar disorder (BD)-I patients. On the contrary, there have been limited researches investigating psychosocial functioning in euthymic BD-II patients. Moreover, the factors associated with psychosocial functioning in euthymic patients with BD II have been also understudied.

Objectives/aims Aim of our study was to investigate the association between clinical variables and poor psychosocial functioning in euthymic BD-II patients. Hypothesis of this study was that euthymic BD-II patients would have low level of psychosocial functioning compared with healthy individuals.

Methods BD-II ($n=37$) and healthy subjects ($n=35$) were compared in terms of their psychosocial functioning which were assessed by Functional Assessment Short Test (FAST). The euthymic state was confirmed by low scores both on the Hamilton Depression Rating Scale (HDRS) and the Young Mania Rating Scale (YMRS). Anxiety symptoms were also assessed by Hamilton Anxiety Rating Scale (HARS) in both groups. Clinical variables were taken as independent variables and FAST scores were taken as dependent variable in order to run correlation analysis in BD-II group.

Results No socio-demographic differences were found between two groups. Euthymic BD-II patients had significantly higher FAST, HARS, HDRS YMRS scores compared with healthy individuals. Only HDRS scores correlated with FAST scores of BD-II patients.

Conclusions This study indicated that euthymic BD-II patients had poorer psychosocial functioning. And subclinical depressive symptoms were associated with poor psychosocial functioning.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV180

Insight in bipolar disorder through the course of manic episode and its clinical correlates



E. Ince^{1,*}, C. Aksoy-Poyraz², M.K. Arıkan², B.C. Poyraz², S. Turan², A. Sakalli-Kani², E. Aydin²

¹ Istanbul University, Istanbul Faculty of Medicine, Department of Psychiatry, Istanbul, Turkey

² Istanbul University, Cerrahpasa Faculty of Medicine, Department of Psychiatry, Istanbul, Turkey

* Corresponding author.

Introduction Insight is a well-documented phenomenon for psychotic disorders. It has been studied extensively in schizophrenia and its association with clinical outcomes has drawn increased attention. Although less is known for affective disorders, recent studies point out that impaired insight in bipolar disorder may take part in patients' overall well-being.

Aims Exploring the main components of insight in psychiatry, particularly in bipolar disorder.

Objectives With this study, we wanted to examine how clinical and cognitive insights change in patients with bipolar disorder through their hospitalization period and how they correlate with symptom severity and neuropsychological functioning.

Methods In this prospective study, inpatients with bipolar I disorder who were presented by manic episode with psychotic features were included. The patients were assessed with Young Mania Rating Scale, Beck Cognitive Insight Scale, Schedule for the Assessment of Insight-Expanded Version (SAI-E) and a neuropsychological test battery both at the time of admission and discharge.

Results As of October 2015, a total number of 20 patients with bipolar I disorder participated in the study. Preliminary results revealed a significant improvement in the total score of clinical insight, which was measured with SAI-E by the time of discharge ($P=0.001$). This transition was strongly correlated with the decrease in symptom severity ($P=0.006$, $r=-0.61$). Improved clinical insight exhibited significant correlation with the increase in patients' memory span ($P=0.007$, $r=-0.596$).

Conclusion The preliminary results suggest that changes in symptom severity and working memory might be the determinants of improvement in clinical insight of inpatients with bipolar disorder through manic episode.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV181

Decrease in prolactine levels after treatment with aripiprazole during a maniac episode: A case report



J.M. Coll^{1,*}, G. Martínez-Alés¹, N. Salgado²

¹ Hospital Universitario La Paz, Psychiatry, Madrid, Spain

² Hospital Dr. Rodríguez Lafora, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction Hyperprolactinemia can produce clinical symptoms affecting the patient's quality of life and therefore limiting therapeutic approaches to bipolar disorder.

Case report We report a case of a 46-year-old woman, with a 10 year history of type I bipolar disorder and a microprolactinoma, who was admitted to a psychiatry inpatient unit due to a maniac episode. Current symptoms at the moment of admission included hyperthymia, verbiage, flight of ideas and insomnia. Menstrual changes and galactorrhea had been present previously. Aripiprazole was introduced, reaching a dose of 30 mg/day, in addition to her usual treatment with lithium and gabapentin. Response to treatment was good and euthymia was reached within 10 days. Moreover, gabapentin was substituted by Valproic acid, and the patient was discharged once therapeutic levels were attained. Prolactin levels were measured at the moment of admission (128.75 ng/mL) and after 11 days of treatment (92.93 ng/mL).

Discussion Choosing an adequate antipsychotic agent can reduce the risk of iatrogenesis and thus enhance adherence to treatment and quality of life. Aripiprazole had previously shown a high potential at decreasing levels of prolactine. In this case, clinical practice supports scientific evidence.

Conclusions Aripiprazole is an effective treatment for type I bipolar disorder. Especially, it can be a treatment of choice in patients suffering from symptoms related to high levels of prolactine, even using a high dosage.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV182

Clinical and socio-demographic profile of bipolar I disorder patients



R. Khemakhem*, W. Homri, D. Karoui, H. Belhadj, L. Mouelhi, N. Bram, I. Ben Romdhane, R. Labbene

Razi Hospital, Psychiatry C, Mannouba, Tunisia

* Corresponding author.

Introduction The bipolar disorder (BD) is a chronic and severe disease which diagnosis and treatment are still raising the issues.

Aims To show a potential clinical and socio-demographic profile in BD patients.

Objective We hypothesized that BD patients have a particular clinical and socio-demographic characteristics.

Methods This was a descriptive and retrospective study which assesses 49 BD's outpatients. The diagnosis was accorded to DSM-IV criteria. The enrollment was conducted from January 2010 to August 2015. The socio-demographic and clinical data were collected by a preestablished railing.

Results The mean age was 39.7 years with a sex ratio of 1.33. Six patients (12.2%) lived in urban zones and 61% ($n=30$) patients have a lowly socioeconomic conditions. Celibacy was the prevailing civil status in 57.1% ($n=28$) among which 17 lived in family home. Thirty-four (69.4%) patients were unemployed.

A primary school level was found in 34.7% of the cases ($n=17$). Nineteen patients (38.8%) were schooled until the secondary level and 9 patients (18.4%) followed a university program.

Addiction to smoking was found at 26 patients (53%) whose half of them had moreover an alcoholic poisoning. The mean age at the diagnosis was 35.6 years with an inaugural manic episode in 63.4% ($n=31$) of the cases. The average number of relapse was 1.23 and the mean duration of follow-up was 3.2 years.

Conclusion The knowledge of the profile of the consultants, their socio-demographic and clinical characteristics would allow to adapt the offer of care to the request.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV183

Association between the 5-HTTLPR genotype and childhood impulsivity in subjects with bipolar II disorder

E.J. Kim

Eulji General Hospital, Department of Psychiatry, Seoul, Republic of Korea

Objective It has been suggested that the features of childhood ADHD are significantly associated with adult mood disorders. Some genetic factors may be common to both ADHD and mood disorders underlie the association between these two phenotypes. The present study aimed to determine whether a genetic role may be played by the serotonin transporter-linked polymorphic region (5-HTTLPR) in the childhood ADHD features of adult patients with mood disorders.

Methods The present study included 232 patients with MDD, 154 patients with BPD, and 1288 normal controls. Childhood ADHD features were assessed with the Korean version of the Wender Utah Rating Scale. The total score and the scores of three factors (impulsivity, inattention, mood instability) from the WURS-K were analyzed to determine whether they were associated with the 5-HTTLPR genotype.

Results In the BPD II group, the 5-HTTLPR genotype was significantly associated with the total score ($P=0.029$) and the impulsivity factor ($P=0.004$) on the WURS-K. However, the inattention and mood instability factors were not associated with the 5-HTTLPR genotype, and the MDD and normal control groups did not exhibit any significant associations between the WURS-K scores and the 5-HTTLPR genotype.

Conclusion The present findings suggest that the 5-HTTLPR genotype may play a role in the impulsivity component of childhood ADHD in patients with BPD II. Because of a small sample size and a single candidate gene, further studies investigating other candidate genes using a larger sample are warranted to more conclusively determine any common genetic links.

Keywords 5-HTTLPR; ADHD; Bipolar II disorder; Childhood; Impulsivity; WURS-K

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV184

Thyroid dysfunction in inpatients with affective disorders

A.M. Leitão Moreira^{1,*}, R. Pacheco Alves², M. Lazaro², A.M. Mota², M.A. Nobre²

¹ Hospital de Dona Estefânia, Centro Hospitalar de Lisboa Central-EPE, Área de Psiquiatria da Infância e Adolescência, Lisboa, Portugal



² Centro Hospitalar Psiquiátrico de Lisboa, Clínica 5 - Perturbações Afetivas e Obsessivo-Compulsivas, Lisboa, Portugal

* Corresponding author.

Introduction Thyroid dysfunction has been linked to psychiatric disorders, particularly to affective disorders. Moreover, aging of the population receiving mental health care leads to an increased epidemiological risk of thyroid disease.

Objectives Assess the prevalence of abnormal thyroid function, and its correlations to clinical factors, in an acute psychiatric inpatient ward dedicated to affective disorders.

Aims Reflect on the clinical relevance of thyroid function screening on admission in mental health care.

Methods Retrospective, descriptive study, concerning inpatient episodes from a 12 month period (January to December 2015) in a ward dedicated to affective disorders, in a tertiary psychiatric hospital.

Results The prevalence of thyroid dysfunction across all psychiatric diagnostic groups was 11%. Preliminary data has shown higher prevalence in non-elderly women with personality disorder as a main diagnosis (30%, $P=0.017$). Only women were under thyroid replacement therapy, which was significantly more prevalent in those diagnosed with bipolar disorder.

Conclusion The relatively high prevalence of thyroid dysfunction underlines the relevance of its screening in mental health inpatients. Our results were consistent with the known epidemiology of thyroid disease. Correlations with bipolar and personality disorder were noted, which can contribute to improve the understanding of clinical-epidemiological relationships between thyroid disease and specific psychiatric disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV185

Recognition and treatment of bipolar mixed states

F. Leite^{1,*}, H. Salgado², C. Olga², P. Carvalho²

¹ Matosinhos, Portugal

² Hospital de Magalhães Lemos, Serviço de Psiquiatria, Porto, Portugal

* Corresponding author.

Introduction Mixed features refers to the presence of high and low symptoms occurring at the same time, or as part of a single episode, in people experiencing an episode of mania or depression. In most forms of bipolar disorder, moods alternate between elevated and depressed over time. A person with mixed features experiences symptoms of both mood “poles” – mania and depression – simultaneously or in rapid sequence.

Aims and objectives To review the nosological status of bipolar mixed states and its treatment.

Methods Online search/review of the literature has been carried out, using Medline/Pubmed, concerning “mixed states”, “affective disorder”, “bipolar disorder”.

Results The presence of depressive symptomatology during acute mania has been termed mixed mania, dysphoric mania, depressive mania or mixed bipolar disorder. Highly prevalent, mixed mania occurs in at least 30% of bipolar patients. Correct diagnosis is a major challenge. The presence of mixed features is associated with a worse clinical course and higher rates of comorbidities. There is ongoing debate about the role of antidepressants in the evolution of such states.

Conclusions Clinical vigilance and careful evaluation are required to ensure mixed states are not missed in the clinical context. Atypical antipsychotics are emerging as the medications of choice in the pharmacological management of mixed states.



Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV186

The late-onset bipolar disease: A case report



A. Lopes*, P. Sales

Hospital Garcia de Orta, Psychiatry, Almada, Portugal

* Corresponding author.

The prevalence of bipolar disorder after 65 years is 0.1 to 0.4%. Mania represents 4.6% to 18.5% of all psychiatric admissions in geriatrics in the USA. It has some specificity in terms of clinical presentation, evolution, prognosis and treatment.

We report the case of a patient who presented a first manic episode after 65 years. E.H, AP, 67 years old, single, without personal and familial psychiatric history, addressed to psychiatric emergencies for psychomotor agitation and euphoric mood. He presented two months ago a manic access with almost total insomnia, euphoria, psychomotor agitation and delusions of grandeur. The balance sheet reveals no incorrections (blood count, thyroid balance, serology: TPHA, VDRL, hepatitis B and C, HIV). The cerebral CT was normal. The patient has been received a quetiapine 200 mg/day, olanzapine 10 mg/day and valproate 1000 mg/day. The evolution after three weeks was favorable.

The late-onset bipolar disorder is characterized by: a less intense euphoria, replaced by anger and irritability, a more elements of persecution, disinhibiting and impulsivity. Respecting to that, this case is an exception. The most common confounding symptoms and behavioral disorders. A higher frequency of neurological diseases is noted in elderly subjects with a bipolar disorder and, so, a neuropsychiatric rigorous evaluation is fundamental to exclude the possibility of an organic pathology for the manic access. The prescription of psychotropic drugs in the elderly must be under monitoring.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV187

Control of attention in bipolar disorder: Effects of perceptual load in processing task-irrelevant facial expressions



J. Grave¹, S. Soares², N. Madeira^{3,*}, P. Rodrigues⁴, T. Santos⁵, C. Roque⁶, S. Morais⁶, C. Pereira⁵, V. Santos⁶

¹ University of Aveiro, Department of Education, Aveiro, Portugal

² Center for Health Technology and Services Research CINTESIS-UA, Department of Education, University of Aveiro, Aveiro, Portugal

³ Coimbra Hospital and University Centre, Department of Psychiatry, Coimbra, Portugal

⁴ University of Beira Interior, Department of Psychology and Education, Covilhã, Portugal

⁵ Baixo-Vouga Hospital Centre, Department of Psychiatry and Mental Health, Aveiro, Portugal

⁶ Coimbra Hospital and University Centre, Psychiatry, Coimbra, Portugal

* Corresponding author.

Bipolar disorder (BD), along with schizophrenia, is one of the most severe psychiatric conditions and is correlated with attentional deficits and emotion dysregulation. Bipolar patients appear to be highly sensitive to the presence of emotional distractors. Yet, no study has investigated whether perceptual load modulates the

interference of emotionally distracting information. Our main goal was to test whether bipolar patients are more sensitive to task-irrelevant emotional stimulus, even when the task demands a high amount of attentional resources.

Fourteen participants with BD I or BD II and 14 controls, age- and gender-matched, performed a target-letter discrimination task with emotional task-irrelevant stimulus (angry, happy and neutral facial expressions). Target-letters were presented among five distractor-letters, which could be the same (low perceptual load) or different (high perceptual load). Participants should discriminate the target-letter and ignore the facial expression. Response time and accuracy rate were analyzed.

Results showed a greater interference of facial stimuli at high load than low load, confirming the effectiveness of perceptual load manipulation. More importantly, patients tarried significantly longer at high load. This is consistent with deficits in control of attention, showing that bipolar patients are more prone to distraction by task-irrelevant stimulus only when the task is more demanding. Moreover, for bipolar patients neutral and angry faces resulted in a higher interference with the task (longer response time), compared to controls, suggesting an attentional bias for neutral and threatening social cues. Nevertheless, a more detailed investigation regarding the attentional impairments in social context in BD is needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV188

Clinical overlap between behavioral variant of frontotemporal dementia and bipolar disorder: A case report



P. Oliveira¹, C. Roque², V. Santos¹, N. Madeira^{2,*}

¹ Coimbra Hospital and University Centre, Psychiatry, Coimbra, Portugal

² Faculty of Medicine, University of Coimbra, Psychological Medicine, Coimbra, Portugal

* Corresponding author.

The behavioral variant of frontotemporal dementia (FTD) often begins with psychiatric symptoms, including changes in personal conduct and/or interpersonal behavior. Prior to developing cognitive impairment, differentiating FTD from primary psychiatric disorders might be challenging.

This work presents a case of a manic episode with psychotic features in a 61-year-old man, whom personality changes and daily life difficulties arouse and persist after optimal management of the active manic and psychotic symptoms. Neuropsychological assessment detailed severe deficits among visuospatial and planning performances. Structural neuroimaging (CT-scan) primary revealed a global pattern of brain volume reduction. Severe perfusion deficits on frontal and both parietal lobes were shown on 99mTc-HMPAO single-photon emission computed tomography (SPECT). The hypothesis of probable FTD (behavioral variant) was established.

The present case highlights how putative atypical and late-onset forms of bipolar disorder (BD) might instead progress to FTD. Several links are being advanced between the BD and FTD, for instance the close involvement of the C9ORF72 gene in a group of BD patients which progresses to dementia. These relations have actually been on focus recently. The field is however still relatively unexplored.

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EV189

Significant response to amantadine in a patient with malignant catatonia: A case report



M. Maki^{1,*}, O. Kato², J. Kunimatsu¹, T. Sato¹, S. Fujie¹

¹ National center for global health and medicine hospital, general internal medicine, Tokyo, Japan

² National center for global health and medicine hospital, psychiatry, Tokyo, Japan

* Corresponding author.

Purpose Catatonia is a complication of bipolar disorder, which is a constellation of symptoms such as catalepsy, mutism, and stupor. Standard therapy for catatonia contains benzodiazepines and electroconvulsive therapy. An uncomplicated catatonia is usually a benign condition. On the other hand, malignant catatonia is a life-threatening condition that is complicated with fever, autonomic instability, delirium, and rigidity. The syndrome is typically fulminant and progresses rapidly within a few days without appropriate intervention. Several previous reports suggested that some catatonias are associated with the overstimulation of N-methyl-D-aspartate (NMDA) receptor, and that amantadine may have an effectiveness for catatonia, as a NMDA receptor antagonist. We report a case of successful treatment for malignant catatonia refractory to benzodiazepines, by using amantadine.

Materials and methods/case A 64-year-old Japanese woman with bipolar disorder was referred to our hospital because of 8-week prolonged fever. On admission, she was in febrile and stuporous states. Severe rigidity was observed in her extremities. Blood tests, lumbar puncture, and blood cultures were all negative. Brain MRI was normal. Consequently, we reached a diagnosis of malignant catatonia, and thus we gave additional benzodiazepines for her catatonic symptoms. However, there was no improvement, and we finally add a 50 mg/day amantadine for her malignant catatonic state.

Result Her fever resolved in a few days. Gradual dose-titration of amantadine led her clinical manifestation to completely disappeared.

Conclusion Amantadine can be a potential option as one of the pharmacological therapies for refractory malignant catatonia.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV190

Social functioning and social cognition in bipolar disorder: Is there a connection?



V. Maria Iulia^{1,*}, R.C. Delphine^{1,2,3}, H. Audrey^{2,3}, K. Arthur^{1,2,3,4}

¹ Department of Psychiatry, University Hospital of Reims, Reims, France

² University Hospital of Reims, Reims, France

³ Cognition, Health, Socialisation Laboratory, EA 6291, Reims Champagne-Ardenne University, Reims, France

⁴ Faculty of Medicine, Reims Champagne-Ardenne University, Reims, France

* Corresponding author.

Introduction The research interest in social cognition in bipolar disorder has increased in a significant way in the last decade showing major impairments, especially in mental state reasoning, even during euthymia (Samamé et al., 2012; Samamé et al., 2015). Social cognitive processes in humans describe the ways individuals draw inferences about other people's beliefs and the ways they weigh social situational factors in making these inferences (Green et al., 2008). A causal relationship between social cognition deficits and global functioning has been already established in schizophrenic populations (Green et al., 2015). But there is still little information

regarding the relation between social cognition and social functioning in bipolar disorder.

Aims To review the relationship between general/social functioning and social cognitive impairments in bipolar patients.

Methods A systematic review of literature was conducted. Relevant articles were identified through literature searches in PubMed/Medline, EBSCOHost and Google Scholar databases dating from 2000 to 2015 using the keywords "bipolar", "social cognition", "theory of mind", "mentalizing", "emotion recognition", "emotion processing", "functioning" and "quality of life".

Results The findings of the review will be discussed, regarding the specificity of the thymic state of the patients and the social cognition instruments used.

Conclusions To the best of our knowledge, the present review is the first to explore specifically the relation between the social cognition deficits and the general/social functioning of bipolar patients. This exploration is of interest for a better comprehension of this disorder to improve the outcome of the patients.

Keywords Bipolar disorder; Social cognition; Functioning

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV191

First episode of bipolar depression and suicide attempt after bariatric surgery in a 45-year-old woman



E. Muniz Magalhaes^{*}, R. Gois Campos, L.M. Sarin, J.A. Del Porto
Universidade Federal de São Paulo, Psychiatry, São Paulo, Brazil

* Corresponding author.

Introduction Weight loss positively influences mental health but findings are mixed in patients undergoing bariatric surgery. The permanent changes in body image, diet-related stress, and unmet expectations could increase mental health problems such as major depression and self-harm behaviors. Mixed symptoms during major depressive episode were often misdiagnosed as agitated depression, and should be regarded as a risk factor for suicide and rapid cycling course of illness.

Method Single case report.

Results A 45-year-old woman, initially diagnosed as a unipolar depressive episode after bariatric surgery, did not show improvement after SSRI treatment. She had no history of previous episode but her temperament was described as hyperthymic. Antidepressant worsened irritability, racing/crowded thoughts, heightened anxiety and aggressive impulses, mood instability, impaired concentration, insomnia and she had a suicide attempt (antidepressant overdose). After mood stabilizer and atypical antipsychotic, symptoms fully remitted and she is stable in the last year.

Conclusion Self-harm emergencies after bariatric surgery are higher than before surgery. Intentional overdose is considered the most common self-harm mechanism. Psychiatric follow-up after bariatric surgery and early recognition of bipolar depression with mixed features as a distinct condition among the variety of depressive syndromes is essential to reduce the risk of self-harm behaviors and improve treatment outcomes. Premorbid temperamental features, especially hyperthymic and cyclothymic temperaments, are often responsible for such mixed depressive presentations.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV192

Mood disorder in epilepsy: A case report



R.A. Baena^{1,*}, I. Mesían², L. Mendoza¹, Y. Lázaro¹

¹ Hospital Clínico San Carlos, Psychiatry, Madrid, Spain

² Hospital Niño Jesús, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction A lot of studies have described that up to 50% of patients with epilepsy develop psychiatric disorders: depression, anxiety and psychotic symptoms. We can classify these symptoms according to how they relate in time to seizure occurrence, i.e. pre-ictal/prodromal, ictal, post-ictal or inter-ictal. In this case, we have a 76 years old woman that develops a maniac-episode previously that she has an episode.

Objectives Make a review about the prevalence, risk factors of psychiatric problem in epilepsy (biological, psychosocial and iatrogenic) and report of clinical case.

Methods Review the bi-directional associations between epilepsy and bipolar disorder (epidemiological links, evidence for shared etiology, and the impact of these disorders) with an integrated clinical approach.

Results Theoretically, epilepsy and bipolar disorder share an important number of clinical and neurobiological features. Classic neuropsychiatric literature focused on major depression with data on bipolar disorder remains limited. However, actually there are many evidences that mood instability, mixed irritability even mania is not uncommon in patients with epilepsy.

Conclusions It is important develop more sensitive and specific screening instruments to identify mood disorder in epilepsy's patients. Future research becomes decisive for a better understanding of the similarities between epilepsy and BD, and the treatment of both.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV193

A case of a varenicline-induced mania in a patient with the history of depression



O. Onur*, G. Teksin, C. Karsıdag

Istanbul Bakırköy Research and Training Hospital for Psychiatry Neurology and Psychiatry, Istanbul, Turkey

* Corresponding author.

Introduction Varenicline is an alpha 4 beta 2 nicotinic receptor partial agonist with dopaminergic effects, approved for smoking cessation. The complex interactions and modulations of serotonin and nicotine receptors caused by varenicline may cause mania by its serotonin agonist activity and by its release of dopamine in the striatum. We report a case of a varenicline-induced mania with the history of depression.

Case A 38-year-old female, with the history of depression and have been using sertraline 50 mg/day for a year, admitted for grandiose delusions, decreased need for sleep, increased amount and rapid speech, and agitation. These symptoms began 1 week after she started taking varenicline as prescribed for smoking cessation. Young Mania Score (YMS) was 32. She discontinued sertraline and varenicline after 1 week of use but symptoms of mania continued. The patient smoked about 20 cigarettes a day for more than 10 years. She had a positive history of depression in her family. Her lab work up was unremarkable; including negative urine toxicology and brain CT scan. The patient met DSM-5 criteria for a manic episode and was started on olanzapine 10 mg/day and quetiapine 100 mg/day. The patient's symptoms gradually improved within 1 week with attainment of euthymic mood, improved sleep, and resolution of grandiosity. YMS was 7.

Conclusion Based on this case it might be suggested that patient's and family's psychiatric history should be assessed cautiously before prescribing varenicline for smoking cessation due to development of mood symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV194

C-reactive protein levels are related to suicidality in euthymic patients with bipolar disorder



M. Pantovic Stefanovic^{1,*}, B. Dunjic-Kostic^{1,2}, M. Lackovic^{1,2}, A. Damjanovic^{1,2}, A. Jovanovic^{1,2}, S. Totic-Poznanovic^{1,2}, M. Ivkovic^{1,2}

¹ Clinic for Psychiatry Clinical Centre of Serbia, Department for Affective Disorders, Belgrade, Serbia

² University of Belgrade, School of Medicine, Belgrade, Serbia

* Corresponding author.

Introduction Immune alterations are believed to be an important part in etiopathogenesis of affective disorders. However, it is not clear if the altered immune mediators are related to distinct disorders or particular psychopathology.

Aims The aim of our study was to explore the differences in C-reactive protein levels (CRP) between euthymic BD patients and healthy controls, as well as to explore the relationship between CRP and lifetime presented psychopathology within BD.

Methods The study group consisted of 83 patients diagnosed with BD, compared to the healthy control group ($n = 73$) and matched according to age, gender, and body mass index (BMI). Lifetime psychopathology has been assessed according to predominant polarity as well as previous history of suicide attempts and psychotic episodes.

Results The CRP levels were significantly higher in BD patients when compared to healthy controls. After covarying for confounders, we observed that CRP levels, in euthymic BD patients, were related to number of previous suicide attempts, but not other indicators of lifetime psychopathology.

Conclusions BD patients per se, and particularly those with more suicide attempts, are more likely to present with proinflammatory state, even when in remission. Previous history of suicide attempts could bear specifically vulnerable endophenotype within BD. Systemic, longitudinal monitoring of the course of illness, and potential inflammatory mediators that underlie its systemic nature is warranted.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV195

Age at menarche is related to number of previous depressive episodes in patients with bipolar disorder



B. Dunjic-Kostic^{1,2}, M. Pantovic Stefanovic^{1,*}, M. Lackovic^{1,2}, A. Damjanovic^{1,2}, A. Jovanovic^{1,2}, S. Totic-Poznanovic^{1,2}, M. Ivkovic^{1,2}

¹ Clinic for Psychiatry Clinical Centre of Serbia, Department for Affective Disorders, Belgrade, Serbia

² University of Belgrade, School of Medicine, Belgrade, Serbia

* Corresponding author.

Introduction Oestrogen fluctuations may be an important factor in the etiology of bipolar disorder and age at menarche is associated with the clinical course of BD. Moreover, it is associated with traits related to mood.

Aims The aim of our study was to explore the differences in age at menarche between euthymic BD patients and healthy controls, as well as to explore the relationship between age at menarche and lifetime psychopathology within BD.

Methods The study group consisted of 83 patients diagnosed with BD, compared to the healthy control group ($n = 73$) and matched according to age, gender, and body mass index (BMI). Lifetime psychopathology has been assessed according to predominant polarity as well as previous history of suicide attempts and psychotic episodes.

Results Age at menarche in BD patients was similar to that in controls. After covarying for confounders, we observed that age at menarche is negatively related to number of previous depressive episodes in euthymic BD patients, but not other indicators of lifetime psychopathology.

Conclusions BD patients with earlier age at menarche are more likely to present with more depressive episodes in the course of illness. Systemic, longitudinal monitoring of the course of illness, and potential hormonal fluctuations within particular groups of patients are warranted.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV196

Socio-biographical and evolutive aspects in bipolar disorder and unipolar depression – comparative study



I. Papava^{1,*}, C. Bredecean¹, V. Enatescu¹, L. Dehelean¹, R. Romosan¹, S. Papava², A. Draghici (Ph.D Candidate)³, A. Popescu (Ph.D Candidate)⁴

¹ “Victor Babes” University of Medicine and Pharmacy, Neuroscience, Discipline of Psychiatry, Timisoara, Romania

² Medical Office “Dr. Novac”, Psychiatry, Timisoara, Romania

³ “Vasile Goldis” West University, Faculty of Medicine and Pharmacy, Arad, Psychiatry, Timisoara, Romania

⁴ University of Medicine and Pharmacy, Targu Mures, Psychiatry, Timisoara, Romania

* Corresponding author.

Introduction In present, bipolar disorder and unipolar depression are accepted as distinct nosological entities, still there are authors who describe bipolar disorders as a comorbidity between depression and mania.

Objectives The comparative assessments of socio-biographical and evolutive aspects in two samples, some of them diagnosed with bipolar affective disorder (BAD) and the others with recurrent depressive disorder (RDD), according to ICD 10.

Aims To highlight significant differences between these two types of pathologies regarding socio-demographic and evolutive aspects.

Methods We have selected two samples which comprise 30 subjects, one with subjects with BAD and the other subjects with RDD. We have assessed the following features of these subjects: the age, educational level, professional and marital status, the existence of triggers at the onset, the period of time until the first readmission into hospital, the period of hospitalization for the depressive episodes, the total number of hospital admissions during the first 5 years of evolution.

Results We have found significant differences regarding the age of onset, the existence of triggers before the onset of the disease, the period of time until the first readmission into hospital, the period of hospitalization of depressive episodes, the marital status at the onset, the marital and professional status after 5 years of evolution.

Conclusions Although these studied disorders are periodic affective disorders which have in common depression, the existence of the manic pole changes the bipolar disorder into a disorder which is different from a unipolar disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV197

The importance of establishing a good differential diagnosis in bipolar disorder



I. Peñuelas Calvo^{1,*}, J. Sevilla Llewellyn-Jones², C. Cervesi³, A. Sareen⁴, A. González Moreno¹

¹ Hospital Universitario Virgen de la Victoria, Psychiatry, Málaga, Spain

² Hospital Universitario Virgen de la Victoria, Psychologist, Málaga, Spain

³ Institute for Maternal and Child Health, IRCCS “Burlo Garofolo”, Psychiatry, Trieste, Italy

⁴ The Zucker Hillside Hospital, North Shore, Long Island Jewish Health System, Psychiatry Research, New York, USA

* Corresponding author.

Diagnosis plays a key role in identification of a disease, learn about its course, management and predicting prognosis. In mental health, diseases are often complex and coalesce of different symptoms. Diagnosing a mental health condition requires careful evaluation of the symptoms and excluding other differential disorders that may share common symptoms. Diagnose hastily can lead to misdiagnosis. A premature diagnosis or misdiagnosis has clear negative consequences. This is one of the problems related to mental health and one needs to optimize the diagnostic process to achieve a balance between sensitivity and specificity. Currently, the diagnosis of bipolar disorder (BD) is one of the major mental health conditions that is often misdiagnosed.

To differentiate BD from unipolar depression with recurrent episodes or with personality disorder (PD), especially type Cluster B – with features shared with mania/hypomania like mental instability or impulsivity, it is important to differentiate between a diagnosis and its comorbidity. BD is often misdiagnosed as personality disorder and vice versa specially when both are coexisting (almost 20% of patients with bipolar disorder type II are misdiagnosed as personality disorders). This is common especially with borderline PD, although in some cases the histrionic PD may also be misdiagnosed as mania.

Due to the inconsistency in patient care involving different psychiatrists combined with difficulty in obtaining a precise patient history and family history leads to loss of key information which in turn leads to misdiagnosis of the condition. The time delay in making the correct diagnosis cause by such inconsistencies may worsen the prognosis of the disease in the patient.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV198

Bipolar mood disorder (BMD) is the result of ambiguity between master and slave circadian oscillator



K. Pirkalani^{1,*}, Z. Talaeead²

¹ Mehr Medical Group, Internal Medicine, Tehran, Iran

² Mehr Medical Group, Gynecology, Tehran, Iran

* Corresponding author.

Introduction Derangement of the circadian system is a generally accepted theory for the pathogenesis of BMD but its mechanism is unclear.

Objectives A series of genes are up or down regulated in BMD.

Aims We present an algebraic model that incorporates multiple genes in the pathogenesis.

Methods The suprachiasmatic circadian gene CLOCK/BMAL1 heterodimer is regarded as the master oscillator with a curve of $y = a \sin x + b$.

Light/darkness events (noise <5%) changes it into a more broken curve; hence $y = \Omega (ne^x + b) + a \sin x$. Superimposition of oscillating (but not non oscillating) functions can change the pattern of periodicity or even abolish it. The master oscillator, just like the cardiac pacemaker has suppressing effect on 3 slave oscillators.

Alternating reigning of the master and slave oscillators can cause a dying curve in the form of $Y = f(e^t) g(\sin 1/t) + \zeta(b)$ where t is time and f and g are functions typical for master and slave oscillators and $\zeta(b)$ the effect of light/darkness (not negligible anymore). This causes the disease course unpredictable. Alternate reigning of master and slave oscillators is due to:

- mutation in the master with longer periodicity or no suppressing effect on slaves;
- mutation in the slave with shorter periodicity than the master or less sensitivity to the suppressing effect of the master.

Combination of the above in the form of genetic polymorphism.

Results Incorporation of many genes can explain many items in BMD with good predictions of its course.

Conclusions This model can predict the course of BMD disease spectrum.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV199

General results of personality scores of bipolar patients studied by MCMI-III during inter-attack periods and relevance to clinical course

K. Pirkalani^{1,*}, Z. Talaeerad²

¹ Mehr Medical Group, Internal Medicine, Tehran, Iran

² Mehr Medical Group, Gynecology, Tehran, Iran

* Corresponding author.

Introduction Physicians and patients' relatives regard patients with BMD during inter attack periods with suspicion.

Aims Evaluation of relevance of personality tests for BMD and finding correlations in addition to risk factors

Methods Thirty-three patients were evaluated by way of the MCMI-III during inter attack interval. They were apparently without prominent signs and symptoms, slept well and were under treatment with Lithium. They were compared with 45 examinees that were evaluated for unrelated reasons.

Results (1) There were overall higher scores in schizotypal, borderline, narcissistic, histrionic and self destructive personalities among BMD patients compared to the control group. $P < 0.03$.

(2) With the BR score of 72, all patients fulfilled the diagnosis of at least one of the personality disorders. $P < 0.1$.

(3) Borderline personality had the highest correlation with BMD and after scheduled interview 22 of 33 patients fulfilled the criteria for it. $P < 0.1$.

Presence of high scores in apparently contradicting personalities such as obsessive compulsive and histrionic or narcissistic and dependent or avoidant and histrionic were also encountered. $P < 0.2$.

Conclusions Though apparently normal functioning during inter attack intervals BMD patients fulfill the criteria of some personality disorders. This is in concordance with our idea that BMD spectrum has correlation with personality disorders in a subgroup that has mutations in the downstream genes to CLOCK/BMAL1 [glycogen synthase kinase3-b (GSK3-b), casein kinase I epsilon, NCAN, PER1,

2, 3 or CRY1, 2...]. They do not show full-blown symptoms but remain aberrant with subclinical attack like fluctuations.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV200

The role of medical condition in perplexity inside psychotic mixed states in bipolar disorder: Case series and literature review

M. Preve*, E. Bolla, M. Godio, N.E. Suardi, R. Traber, R.A. Colombo

Sociopsychiatric Organization, Psychiatric Clinic, Mendrisio, Switzerland

* Corresponding author.

Introduction In literature Leonard introduce, after Wernike (1900) and Kleist (1928), the concept of cycloid psychoses, and he gives again a weight to the mixed forms in affective disorders [1–4]. A lot of different medical conditions cause psychiatric problems, like hyperammonemia, hyponatremia, thyroid dysfunction, urinary infections and still others. The aim of our study is to evaluate the role of a medical condition in perplexity inside psychotic mixed states in bipolar disorder (BD). We propose three different cases and literature review.

Method Three patients with perplexity in BD were assessed with: the SCID-P for axis I diagnosis, HRSD, YMRS, internist examination, blood test exams and urinalysis, and first level brain imaging (CT and/or MRI). We conducted a systematic review of the literature (PubMed, Embase, PsychInfo), using the terms “bipolar disorder”, “mixed states”, “perplexity” and “medical condition”.

Results All our patients present: hyperammonemia, reduction of TSH and presence of infection at the urinalysis, and a resolution of perplexity with the normalization of the blood test and urinalysis.

Discussion and conclusion To our knowledge there are not studies that confirm the relationship between thyroid and hepatic dysfunction, and urinary infection with perplexity in psychotic mixed states in BD, and the resolution with the normalization of blood and urinary exams. Further research is warranted to replicate our clinical observations and to confirm our results.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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[2] Perugi G, et al. 1997.

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[4] Leboyer M, et al. 2012.

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EV201

Psychotic mixed state in bipolar I disorder due to neurosyphilis: Case report and literature review

M. Preve*, M. Godio, N.E. Suardi, R. Traber, R.A. Colombo

Sociopsychiatric Organization, Psychiatric Clinic, Mendrisio, Switzerland

* Corresponding author.

Introduction The presence of mixed features in bipolar disorder (BD) has been associated with a worse clinical course and high rates of comorbidities including anxiety, personality, alcohol and substance use disorders and head trauma or other neurological problems [1]. A recent study reports the connection of neurosyphilis and mania [2]. The aim of our study is to evaluate an



inpatient with a psychotic mixed state due to a medical condition (neurosyphilis).

Method An inpatient with psychotic mixed state in BD was assessed with: SCID-P, HRSD, YMRS, and a complete internistic examination, blood test exams, urinalysis, electrocardiogram and ecocardiogram, as well as a first level brain imagin (CT and/or MRI). We conducted a systematic review of the literature (PubMed, Embase, PsychInfo), using the terms “bipolar disorder”, “neurosyphilis” AND “mixed state”.

Results A comprehensive diagnostic and laboratory screening was unremarkable except for a positive venereal disease research laboratory (VDRL). Treatment for syphilis was started and we used olanzapine to control the psychiatric symptoms.

Discussion and conclusion The estimated annual incidence of non-HIV STIs (sexually transmitted infections) has increased by nearly 50% during the period 1995–2008 [3]. Our case report underly, like Barbosa et al., the need to evaluate neurosyphilis as a potential cause of behavioural and psychiatric symptoms that simulate a psychotic mixed state of bipolar disorder. Olanzapine control and improve the psychiatric symptomatology in neurosyphilis. 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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[3] Ortayli N, et al. 2014.

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EV202

Monitoring of biochemical changes in antipsychotics and anti-depressive therapy



A. Prifti¹, V. Qemalli^{2,*}, L. Zikaj¹

¹ Polyclinic of Specialty Nr.3, Laboratory, Tirana, Albania

² The Regional Health Authority, Tirana, Albania

* Corresponding author.

Objective Biochemical changes in treatment of schizophrenic and bipolar disorders, in Albanian patients, with atypical antipsychotic and anti-depressive drugs. Some of the adverse effects related to their use are hyperlipidemia, hepatic enzymes, type 2 diabetes and CK level, which may result in development of metabolic syndrome. This study aimed to investigate a possible increase of biochemical parameters, in patients with schizophrenia and bipolar disorders treated with atypical antipsychotic and antidepressive drugs (Olanzapin, Risperidon, Clozapin, Antidepressiv triciclik, SSRI, SNRI).

Methods Forty subjects with schizophrenia and bipolar disorders were evaluated, 12 women and 28 men, aged between 17 and 72 years. Blood collection of the patients was taken in our laboratory and this values were measure in long treatment patients, after years of treatment. Analyses were perform in our laboratory with autoanalysator SAT 450.

Results Evaluation after measurements showed significant differences when comparing the mean values obtained in each patients. The biochemical indicators of development of metabolic syndrome measured in our study, show that is an increasement of lipids panel, specially triglycerides and total cholesterol, also in glucose, CK level and hepatic enzymes, presenting statistically significant changes ($P < 0.05$) for prolong treatment.

Conclusion We conclude that the treatment with atypical antipsychotic and antidepressive drugs, promoted a substantial increasing of biochemical blood parameters. Lipids panel, hepatic enzymes, type 2 diabetes, CK levels are observed in among subjects evaluated.

Keywords Measurements; Biochemical parameters; Schizophrenia; Bipolar disorders

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV203

Manic episode secondary to maca



P. Quandt^{1,*}, M. Puga²

¹ Hospital Universitario de Canarias, Psiquiatría, La Laguna, Spain

² Hospital Universitario Nuestra Señora de Candelaria, Psiquiatría, S/C de Tenerife, Spain

* Corresponding author.

Introduction Maca (*Lepidium meyenii*) is a plant grown in the Andes Mountains, formerly used for nutritional purposes. Nowadays is used as a nutritional supplement and energizing.

Objectives To describe a case of manic episode secondary to maca consumption, as an ingredient of an energizing product.

Aims To report on antidepressant properties of maca, based on a clinical case.

Methods X. is a 27-years-old male without any psychiatric history. He came to the emergency service because of the presence of sudden onset behavioral disorders, presenting a manic-like episode of seven hours of evolution. His symptoms consisted in psychomotor restlessness, hyperactivity, insomnia, verbose and loud speech, hyperthymia, megalomaniac verbalizations, and unsuitable future plans. The patient had self-awareness of his symptoms and was self-critical with his behavior. He reported he was consuming an energizing supplement containing maca from about two weeks ago. Treatment with olanzapine 20 mg was initiated, and the patient remained under observation for 24 hours.

Results Symptomatology subsided completely after 24 hours. The patient is discharged from the hospital with diagnosis of manic episode secondary to maca, without any treatment. He was advice to not take stimulants.

Conclusions There are studies reporting that maca plant has antidepressant properties, associated with the activation of noradrenergic and dopaminergic systems, as well as the attenuation of oxidative stress. However, more studies are needed to identify specific compounds that produce these effects.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV204

First manic episode in a patient with a frontal meningioma



M. Queirós^{1,*}, J. Caseiro²

¹ Hospital de Magalhães Lemos, Psiquiatría, Porto, Portugal

² Centro Hospitalar do Porto, Pedopsiquiatria e Saúde Mental da Criança e Adolescente, Porto, Portugal

* Corresponding author.

Introduction Psychiatric symptoms are common among brain tumor patients. Meningiomas are the most common benign brain tumors accounting for 13 to 26% of all intracranial tumors and might present exclusively with psychiatric symptoms. To diagnose a manic episode according to DSM-5 criteria the episode must not be attributable to the physiological effects of a substance or to another medical condition.

Objectives/aims Describe a case of first manic episode with a frontal meningioma along with a brief review of available literature.

Methods The case we report is based on information collected from interviews with the patient and the family members as well as from the clinical files. The literature review was performed using the PubMed database.

Results We describe the case of a 58-year-old woman presenting with symptoms of a first manic episode with psychotic features. There were no previous hypomanic or major depressive episodes.

In order to exclude organic causes a brain CT scan was performed that revealed a possible frontal lesion. A brain MRI confirmed the presence of a frontal meningioma with an approximate diameter of 1.4 cm.

Conclusions The majority of the cases described in the literature refer to large tumors presenting with major depressive symptoms. Given the absence of similar cases in the literature, it seems unlikely that such a small benign lesion may cause a manic episode with psychotic features. Nevertheless, we cannot exclude that possibility.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV205

C-reactive protein levels and cognitive functions in patients with bipolar I disorder



N. Raafat^{1,*}, A. Mohamed², A. Youssif³, N. El Masry³, N. Raafat⁴
¹ Zagazig, Egypt

² Faculty of Medicine, Zagazig University, Psychiatry Department, Zagazig, Egypt

³ Faculty of Medicine, Zagazig University, Psychiatry, Zagazig, Egypt

⁴ Faculty of Medicine, Zagazig University, Medical Biochemistry, Zagazig, Egypt

* Corresponding author.

Background In the previous studies, the relevance of inflammatory processes to disorders of the brain and body may serve as an important touchstone for increasing integration of psychiatry and medicine. Until recently, few studies had examined the potential role of inflammation in bipolar I disorder. We aimed at comparing C-reactive protein (CRP) serum levels as a marker of systemic inflammation between bipolar disorder (BD) patients in different affective phases and matched healthy controls and investigating the possible effects of CRP elevations on the cognitive impairment in BD remitted patients group.

Methods Forty-two patients with bipolar I disorder subdivided into (manic, depressive, full remitted) groups were examined. We measured the circulating levels of high-sensitivity C-reactive protein (hs-CRP). The results were compared with 42 age- and sex-matched healthy control. Then the neuropsychological function for the full remitted group only was assessed using the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) test and examine the correlation between the neuropsychological function and hs-CRP levels in this group.

Results It showed that hs-CRP levels were significantly higher in BD patients than healthy controls. By comparing each group (manic, depressed and remitted) separately with healthy controls, the difference was still statistically highly significant ($P < 0.001$). There was statistically significant positive correlation between hs-CRP levels and poorer performance on the RBANS total and four of its five subscales ($P < 0.05$) except for visuospatial/constructional subtest ($P > 0.05$).

Conclusion Our finding adds to the growing evidence that inflammation has a role in mood disorders psychopathology.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV206

Differences in plasma concentration of acylethanolamides and acylglycerols in paired samples of bipolar patients and first- and second-degree relatives



P. Romero-Sanchiz^{1,*}, J. Guzman-Parra¹, F. Mayoral-Cleries¹, F. Rivas-Guerrero¹, P. Araos-Gómez², M. Pedraz-Fernández², A. Serrano-Criado², F.J. Pavón-Morón², R. De la Torre-Fornell³, A. Pastor-Bosch³, F. Rodríguez de Fonseca²

¹ IBIMA, Hospital Regional University Málaga, Mental Health, Málaga, Spain

² IBIMA, Neuropsychopharmacology, Málaga, Spain

³ IMIM, Integrated Pharmacology and Systems Neurosciences, Barcelona, Spain

* Corresponding author.

Introduction Endocannabinoid System (ECS) has been highlighted as one of the most relevant research topics by neurobiologists, pharmacists, basic scientists and clinicians (Skaper and Di Marzo, 2012). Recent work has associated major depressive disorder with the ECS (Ashton and Moore, 2011). Despite the close relationship between depression and bipolar disorders, as far as we know, there is no characterization of ECS and congeners in a sample of patients with bipolar disorders.

Aims and objectives The objective of this work is to characterize the plasma levels of endocannabinoids and congeners in a sample of patients with bipolar disorders.

Method The clinical group was composed by 19 patients with a diagnosis of bipolar disorders using SCID-IV (First et al., 1999). The control group was formed by 18 relatives of first- or second-degree of the patients.

The following endocannabinoids and congeners were quantified: N-palmitoleylethanolamide (POEA), N-palmitoleylethanolamide (PEA), N-oleylethanolamide (OEA), N-stearolethanolamide (SEA), N-arachidonylethanolamide (AEA), N-dihomo- γ -linolenylethanolamide (DGLA), N-docosatetraenylethanolamide (DEA), N-linoleylethanolamide (LEA), N-docosahexaenylethanolamide (DHEA), 2-arachidonoylglycerol (2-AG), 2-linoleoylglycerol (2-LG), and 2-oleoylglycerol (2-OG).

Results The result showed statistically significant lower levels of AEA, DEA and DHEA in clinical sample. Previous research also identified lower levels of AEA in depressed women (Hill et al., 2008, 2009). Until date, it is unknown if DEA and DHEA have some effect on EC receptors, and whether they have some direct effects on endocannabinoids.

Conclusions It would be necessary to carry our other research with a larger sample, which could allow the control of potential confounding variables.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV207

Quality of life in bipolar and schizoaffective euthymic patients: A Romanian sample



F. Romosan^{1,*}, M. Ienciu¹, R.S. Romosan¹, A. Draghici², I. Papava¹

¹ "Victor Babes" University of Medicine and Pharmacy, Neuroscience, Timisoara, Romania

² Vasile Goldis West University of Arad, Psychiatry, Arad, Romania

* Corresponding author.

Introduction Decreased quality of life can be observed in both bipolar and schizoaffective disorder, more so in the acute episode, but also during remission.

Objectives To assess the quality of life of bipolar and schizoaffective patients after at least 6 months of euthymia.

Methods Eighty-nine outpatients diagnosed with bipolar disorder and 74 outpatients diagnosed with schizoaffective disorder, according to ICD 10 diagnostic criteria and 90 healthy subjects were selected for this study. The assessment of the subjects took place during remission (present for at least 6 months), between 2009 and 2015. As work instruments we used the SF-36 Scale for assessing quality of life and the HAMD Scale (Hamilton Depression Rating Scale) and YMRS Scale (Young Mania Rating Scale) to confirm remission.

Results The schizoaffective group scored lower regarding quality of life when compared to the bipolar group. Both affective disorder groups showed significantly lower quality of life scores when compared to the healthy control group.

Conclusions Both affective disorders have a significant negative impact on quality of life even during remission. Schizoaffective patients seem to have a lower quality of life than bipolar patients. Interventions regarding education, care planning, social interventions and interventions towards improving physical health should aid in the improvement of the quality of life.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV208

Religious delusions in bipolar and schizoaffective patients: A Romanian sample



R.S. Romosan^{1,*}, F. Romosan¹, V.R. Enatescu¹, A. Draghici², L. Dehelean¹, D. Podea², C. Bredicean¹, I. Papava¹, C. Giurgi-Oncu¹

¹ "Victor Babes" University of Medicine and Pharmacy, Neuroscience, Timisoara, Romania

² Vasile Goldis West University of Arad, Psychiatry, Arad, Romania

* Corresponding author.

Introduction Religious delusions have regularly been reported throughout history in patients with schizophrenia, affective psychoses, complex partial seizure disorders and drug-induced psychoses.

Objectives The purpose of the study was to identify potential differences regarding demographic and clinical features of bipolar and schizoaffective patients presenting religious delusions.

Method Thirty-five inpatients diagnosed with bipolar disorder and 32 inpatients diagnosed with schizoaffective disorder, according to ICD 10 diagnostic criteria, were selected for this study. The assessment of the subjects took place between 2012 and 2015. We divided the subjects into two samples: with and without religious delusions. Socio-demographic (age, sex, education, marital status) and clinical data were analysed. The Brief Psychiatric Rating Scale (BPRS) and the Global Assessment of Functioning Scale (GAF) were used to assess current psychopathology and global functioning.

Results Among the schizoaffective patients, 17.8% and 16.9% of bipolar patients presented religious delusions. Similarly, in both samples, patients with religious delusion were older, more frequently unmarried women, had graduated high school, had higher BPRS total scores and higher BPRS psychotic cluster scores and had lesser global functioning.

Conclusions Religious delusions were not related to any of the two diagnostic groups but were associated, in both bipolar and schizoaffective patients, with an increased severity of psychotic positive symptoms and had worse global functioning.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV209

Efficacy of electroconvulsive therapy (ECT) in the first trimester of pregnancy: A case of manic patient



M. Sahin*, O. Sahmelikoglu Onur, N. Fistikci, C. Karsıdag
Bakirkoy Research and Training Hospital for Psychiatry Neurology and Neurosurgery, Psychiatry, Istanbul, Turkey

* Corresponding author.

Women with bipolar disorder have a risk for symptom exacerbation during pregnancy. ECT is an appropriate option for psychiatric symptoms during pregnancy although it is often neglected. We report a case of bipolar, week 6 of gestation woman who discontinued medication in the second week of pregnancy but resumed pharmacotherapy with ECT due to manic episode that recurred during the first trimester.

Case A 23-year-old female, with a history of one psychiatric hospitalization (a manic episode three years ago) and lithium 900 mg/day, olanzapine 5 mg/day use for three years until week 2 of gestation admitted to clinic with complaints of decreased need for sleep, increased speech, lability of emotions, religious delusions and irritability for the last two weeks. Young Mania Score (YMS) was 32. ECT, which was considered as the first-line treatment, was not carried out due to low pseudocholinesterase (2401). Therefore, olanzapine was reinstated with a dose of up to 20 mg/day. Although olanzapine, irritability still continued. Therefore, medication was switched from olanzapine to haloperidol 15 mg/day and quetiapine 25 mg/day. Due to persistent symptoms, after necessary consultations and family approval taken, she was administered 6 sessions of ECT with oral haloperidole, although low pseudocholinesterase. Since 7 YMS, she was discharged with haloperidol 15 mg/day, biperiden 4 mg/day and quetiapine 25 mg/day.

Conclusion This case highlights the effectiveness of ECT in mania during the first trimester of pregnancy. We suggest that ECT might be considered as a valid option for manic episode during pregnancy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV210

Evolution of bipolar disorder in dual pathology



C.F. Silvia*, M.D. Sánchez García, A. Gómez Peinado, P. Cano Ruiz
HNSPS, PSIQUIATRIA, Albacete, Spain

* Corresponding author.

Introduction The substance use is common among people with a diagnosis of bipolar disorder. In addition, alcoholism and bipolar disorder coexist with a high frequency. This association is higher in men than in women, and this consumption is the factor that most strongly influences the hospitalization.

Objectives To analyze the clinical, epidemiological, diagnostic approach and evolution of bipolar disorder and alcoholism.

Methods Review of the subject on recent articles of alcoholism in bipolar disorder.

Results The stages of mania associated with alcohol consumption up to 40% of cases and are more common at this stage than in depressive. This association is greater than that which occurs between alcoholism and schizophrenia or depression. Patients with bipolar disorder who have mixed and irritative states and those with rapid cycling have a prevalence of alcohol consumption and substance use higher than those who do not use substances. It has also been observed that the consumption of alcohol and substance use

can change the symptoms of mania and turn them into a mixed state symptoms. It also states that rapid cycles can be precipitated by increased alcohol consumption during rotation from mania to depression.

Conclusions The association of bipolar disorder with addictive behaviors is a factor that worsens the prognosis and comorbid alcohol itself is associated with a poor prognosis. Close monitoring of bipolar patients and especially in those who consume alcohol is very important.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV211

Clinical vignette – aripiprazol long acting injection monotherapy as long-term treatment for bipolar disease



M. Solana^{1,*}, J.M. Oliveira¹, A. Sousa²

¹ Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisbon, Portugal

² Centro Hospitalar Barreiro-Montijo, E.P.E, Psychiatry, Barreiro, Portugal

* Corresponding author.

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/aims 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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EV212

Assessing risky sexual behavior among patients with bipolar disorder in euthymic period



N. Staali

Tunis, Tunisia

Introduction Risky sexual behaviors are typically seen in patients with bipolar disorder, especially during the manic phases.

Disinhibition, impulsivity and risk taking expose these patients to unplanned pregnancies and sexually transmitted infections.

However, there is a lack of studies regarding these behaviors in stabilized bipolar patients during euthymia.

Objectives The objective of this study was to look for a risky sexual behavior by evaluating sexual knowledge and sexual behavior of patients with bipolar disorder in the euthymic phase.

Methods We conducted a descriptive cross-sectional study including 30 patients diagnosed with bipolar disorder I or II (DSM-IV).

Data were obtained through a semi-structured interview evaluating the following: sexually transmitted infections, condom use, multiple sexual partners, sex under the influence of drugs or alcohol, and prostitution.

The Young Mania Scale and the Hamilton Depression Scale were used for clinical assessment.

Results The preliminary results suggest a lack of knowledge leading to a tendency to risky sexual behavior in both male and female, married and unmarried patients.

Conclusions Patients with bipolar disorder are exposed to risky and unsafe sex because of the clinical features of their disease and associated comorbidities.

Prevention and awareness of sexual risks are unavoidable in the management of these patients.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV213

Prevalence of insulin resistance and diabetes mellitus type II in bipolar disorders



L. Steardo^{1,*}, A. Tortorella¹, M. Fabrazzo¹, G. Del Buono², S. Ambrosio², P. Monteleone²

¹ University of Naples Sun, Department of Psychiatry, Naples, Italy

² University of Salerno, Neurosciences Section-Department of Medicine and Surgery, Salerno, Italy

* Corresponding author.

Introduction Bipolar disorder (BD) is associated with high morbidity and mortality. Patients are symptomatic almost half of their lives and experience significant disability. One subtype of BD is associated with a more chronic course, refractoriness to treatment and poor outcome. Diabetes mellitus type 2 (T2D) and insulin resistance (IR) have been identified as risk factors for this more severe form of BD.

Objectives and aims We investigated the rates of IR and T2D in patients with BD and whether this comorbidity is associated with specific clinical features of BD such as rapid cycling or treatment resistance.

Methods IR and T2D were screened in patients with BD types I or II, who were on stable treatment with mood stabilizers. The response to treatment was assessed by means of the Alda scale.

Results In a preliminary sample, we made a new diagnosis of IR in 40% of patients. The 1% of this sample had a diagnosis of T2D. The treatment response was worse in BD patients with comorbid IR or T2D as compared to those without metabolic abnormalities.

Conclusions These findings show that IR and T2D have high prevalence in BD patients and have negative impact on treatment response.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV214

First episode of bipolar depression after systemic lupus erythematosus in a 51-year-old woman

V. Tardelli*, L. von Nielander, L. Sarin, J.A. Del Porto
Unifesp, Psychiatry, São Paulo, Brazil

* Corresponding author.

Introduction Systemic lupus erythematosus (SLE) is a multi-system disease with a broad spectrum of clinical features and neuropsychiatric manifestations that occur in up to 60% of patients. Disease activity and treatment with corticosteroids may contribute to this higher risk. It is also known that 36% of patients with SLE and comorbid Bipolar Disorder (BD) have had their psychiatric onset after they had been diagnosed with SLE.

Method Single case report.

Results A 51-year-old woman received a diagnosis of SLE 24 months before the beginning of depressive symptoms. After her diagnosis of SLE, seven years ago, she had three suicide attempts, being diagnosed with major depressive disorder. From then on, she had crises characterized by well-defined periods of 7 to 10 days with sadness, reduced need for sleep, social isolation, irritability, anger outbursts, impulsivity, racing thoughts and suicidal ideation. After treatment with mood stabilizers (quetiapine 300 mg/day and lithium 600 mg/day), she had a substantial reduction of symptoms intensity and frequency.

Conclusion The link between immune dysregulation, autoimmunity and bipolar disorder may be closer than previously thought. Even if the autoimmune disease is not directly etiologically related to the psychiatric presentation, its detection is important due to the high morbidity and mortality, considering the current understanding that Bipolar Disease is strongly related with inflammation in central nervous system.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV215

A major depression or a bipolar disorder type 2? A cased-focussed psychopathological and psychophysiological challenge for a resident

I. Targa^{1,*}, J. Soler², T. Gómez Alemany³

¹ Hospital Germanes Hospitalàries, Hospital de dia de Granollers, Granollers, Spain

² Hospital de dia, Hospital de dia, Granollers, Spain

³ Hospital de dia, Hospital de Granollers, Granollers, Spain

* Corresponding author.

A 41-year-old woman is diagnosed with a major depression after a few weeks of having been operated of a stomach reduction (bariatric surgery). She goes into old antidepressant medication for a few weeks with an increasing worsening of her state, at the point she is sent to the emergency room with high irritability, intense agitation, suicide thoughts as the highlight symptoms of what we think to be a mixed episode of a bipolar disorder and how we orient the case during hospitalization. The patient follows both public and private psychiatric services and after discharge from acute hospitalization, still with residual depressions symptoms, her private psychiatrist substitutes the given treatment, including mood stabilizers, by only antidepressants. Two weeks after discharge from the hospital, the patient is relocated to our partial hospitalization



resource. During her stay in our resource, we decide to keep the new treatment and diagnosis and increase the dosage of one of the antidepressants, which immediately yields to hypomania symptoms, at what we conclude that our patient is better treated as a bipolar type II with a mood stabilizer and low doses of an SRI. We find this to be an interesting case in the both psychopathological and psychophysiological point of view. To understand the case beyond clinical diagnosis, we discuss profoundly whether the bariatric surgery may have a role as a trigger.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV216

Descriptive study of patients with bipolar disorder and dyslipidemia

E. Tercelan Alvarez^{1,*}, M.P. Sierra San Miguel², L. Livianos Aldana², C. Gomis Martinez¹, V. Rodriguez Garcia¹, C. Gómez González¹, L. Gonzalez Hernandez¹, M. Anibarro Tienda¹, C. Ortigosa Silva¹

¹ Hospital Universitario San Juan de Alicante, Psychiatry, San Juan de Alicante, Spain

² Hospital Universitario y Politécnico La Fe de Valencia, Psychiatry, Valencia, Spain

* Corresponding author.

Introduction It is known the relationship between mental disorders such as bipolar disorder and metabolic disorders such as dyslipidemia, and therefore, increasing comorbid pathologies such as heart disease.

Objectives Determine in patients diagnosed with bipolar disorder and dyslipidemia, which are the epidemiological characteristics, the diagnostic subtype and drug treatment prevalent.

Aims Determine the profile of patients with bipolar disorder and dyslipidemia.

Methods Creation of a database and conduction of a descriptive study with statistical analysis of the data extracted from the medical records of 100 patients from a public hospital.

Results Higher prevalence of diagnosis of bipolar disorder type I on II (74% and 26%) over female (54%) (46%), the age range of 40–50 years, treated with antipsychotics more mood stabilizers (62%) compared to mood stabilizer monotherapy (38%) (Fig. 1).

Conclusions Interventions should be conducted screening character and in patients with a diagnosis of bipolar disorder type I, male, age between 30–50 years, treated with mood stabilizers plus antipsychotics (with a preference for lithium association with olanzapine).

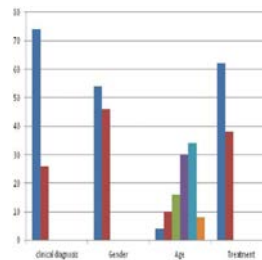


Fig. 1

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EV217

Educating, implementing and auditing nice standards for bipolar disorder

M. Tremblay*, S. Palin

Cheshire and Wirral Partnership NHS Foundation Trust, Mental Health, Winsford, United Kingdom

* Corresponding author.

Introduction The National Institute for Health and Care Excellence (NICE) sets standards of clinical practice in the UK. An extensive update on guidance regarding bipolar disorder was released in September 2014. Practitioners face the challenge of translating this guidance into practice. NICE suggests that interventions might be better delivered by bipolar specialist clinics. Updated NICE standards were integrated into a Bipolar Clinical Effective Practice Screen (BICEPS), allowing existing community psychiatric teams to deliver these revised clinical standards in bipolar care.

Purpose To assess the effectiveness of the BICEPS in delivering interventions aligned with NICE clinical standards.

Method Three psychiatric community teams were audited; two teams (1 and 2) used the BICEPS to support their interventions whilst a third team provided management as usual. Team 1 was previously familiarized with the concept.

Results Table 1.

Conclusion The teams using BICEPS show better concordance to NICE standards. Superior outcomes by the team previously acquainted with the concept suggest longer-term benefits and adaptability. Using BICEPS may offer a cheaper alternative to developing specialist clinics.

Table 1

	Team 1 (familiar with concept), n = 47	Team 2 (newly adopted), n = 16	Team 3 (control), n = 13
Information sharing with carer	44/47	6/16	4/13
In mania/hypomania			
Offering recommended medication	4/4	9/10	4/5
Consideration of removing antidepressant	1/1	2/4	0/1
Checking lithium levels in			
Mania/hypomania	2/2	4/4	N/A
Depression	2/2	1/1	1/2
Offering recommended medication in depression	3/4	0/10	1/6
Psychological intervention	42/47	6/16	4/13
Long term use of lithium	40/47	6/16	3/13
Physical care monitored	47/47	7/16	8/13
Concordance average (%)	92	44	32

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV218

Psychological experiences reported by offsprings of mothers with bipolar disorder: A clinical-qualitative study in a Brazilian university outpatient service

L.K.S. Campos, A. Santos Jr, C. Garcia Jr, E.R. Turato*

University of Campinas, Laboratory of Clinical-Qualitative Research, Campinas SP, Brazil

* Corresponding author.

Introduction Children of patients with bipolar disorder are at increased risk of developing psychopathology and psychosocial difficulties.

Objectives To understand the emotional experiences of adult children of mothers with bipolar disorder.

Method Qualitative study, using in-depth semi-directed interviews with open-ended questions, sample closed by saturation information criteria, content analysis, discussion under psychodynamic concepts.

Results From interviewees' reports, it can be seen that offspring's experiences emotional vulnerability, such as directions given by early exposure to self injurious behaviour, psychiatric hospitalizations, routine absences from home and consequent perception of helplessness, especially in periods of the mother's crisis. The findings suggest that for the children the insecurity to assume the precociously inverted responsibility regarding the need of care to mother seems to experience by them as an entrapment to the care of the mother, for the effort they make to keep them alive, with an emotional burden due to both impaired childhood and adolescent.

Conclusion It was analyzed the assumption that the evolution of reactive psychological stages regarding the mother affected by a mental illness marked by bipolarity manifestations, alternating with phases of the normality of psychic manifestations, would follow the evolution of the oscillating psychological stages of his/her own mother, which minimizes often both the disease and the treatment during the phases of remission of manifestations.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV219

Fecundity and bipolar spectrum disorderJ. Vieira^{1,*}, M. Salta¹, B. Barata¹, J. Nogueira¹, R. Sousa¹, R. Costa², L. Madruga¹, R. Mendes¹, S. Mendes¹, B. Ribeiro¹, R. Ribeiro¹, A. Gamito¹¹ Centro Hospitalar de Setúbal, Departamento de Psiquiatria e Saúde Mental, Setubal, Portugal² Unidade de Saúde Familiar Castelo, Centro de Saúde de Sesimbra, Sesimbra, Portugal

* Corresponding author.

Introduction Fertility and fecundity are usually considered signs of social and emotional well-being. Bipolar disorder (BD) is a prevalent psychiatric disease that influences the individual's life style and behaviours. Some studies have addressed the issue of fecundity among women with bipolar disorder but few have focused on determining the differences between disease subtypes, which is expected, taking into account the studied differences in demographic measures.

Objectives To examine the fecundity of a population of women with bipolar disorder.

Aim The aim of this study is to compare the fecundity among women diagnosed with subtypes I to IV of BD, according to Akiskal's bipolar spectrum disorder classification.

Methods A total of 108 female outpatients were divided into four groups. We analyzed number of offspring and demographic

features between patients with different subtypes of BD using multivariate analyses.

Results Our results showed a significantly higher average number of children for BD IV patients when compared with BD I patients. Although not reaching statistical significance, BD I patients had less offspring than BD II and BD III patients. BD I patients had lower marriage rates compared to the other groups.

Conclusions Our results suggest that the subtype of bipolar disorder influences fecundity and behaviours, as is expressed by the lower number of marriages seen in BD I patients. We found that fecundity is significantly impaired among BD I patients, which may imply that female with more severe disorders are less likely to become parents. Fecundity is higher among BD IV patients, which makes a way to speculate about the adaptive role of hyperthymic temperamental traits.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV220

Role of traditional healers in the pathway to care of patients with bipolar disorder in Egypt

N. Zaki

Institute of Psychiatry, Neuropsychiatry Department, Cairo, Egypt

Background A large number of mentally ill patients prefer to visit non-medical practitioners such as traditional healers because of the confidence in the system, affordability and accessibility of the service. This may lead to delay in seeking psychiatric services and has prognostic impact.

Aim To assess the rate of bipolar affective disorder (BAD) patients seeking traditional healers, the sociodemographic and clinical correlates of those patients.

Methods We assessed 350 patients with BAD after confirmation of diagnosis with Structured Clinical Interview for DSM-IV Axis I Disorder (SCID-I) research version and assessment of functioning with Global Assessment of Functioning scale. They were assessed for percent, rate and timing of seeking traditional healers.

Results In all, 40.8% sought traditional healers, with 34.9% more than four times. Of those, 62.2% were before seeking psychiatric services and 37.8% after. Lower educational level, less impairment of functioning and presence of hallucinations were significant correlates.

Conclusion This study shows that most of the patients suffering from mental illness prefer to approach faith healers first, which may delay entry to psychiatric care and thereby negatively impact the prognosis of BAD. This highlights the importance of mental health education and developing a positive collaborative relationship with traditional healers.

Keywords Traditional healers; Bipolar patients; Pathway to care
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Child and Adolescent Psychiatry

EV221

The impact of illness variables of a sample of ADHD children on their parents

M. Abdelhameed^{1,*}, M. Hassan¹, N. Abdelfadeel¹, M. Abdelshaheed²

¹ Minia university, Psychiatry and Neurology, Minia, Egypt

² Minia Psychiatry Hospital, Psychiatry, Minia, Egypt

* Corresponding author.



Introduction The symptoms and behavior of children with ADHD impose demands and difficulties on part of their caring parents, which may cause the latter group to suffer psychological stress.

Objectives The study of the suffering and symptomatic expression of psychological stress in parents of children with ADHD.

Aims To study type and severity of symptoms in children with ADHD and the effect of that on the stress response of their parents.

Methods Thirty-seven children with ADHD diagnosed clinically and with Conner's Test were studied using Child Behavior Check List (CBCL). Available parents for each child were interviewed and studied with Symptom Check List 90 Revised (SCL90R). Two control groups were used for both ADHD children and their parents.

Results The mean age of the children with ADHD was 7.1 ± 1.6 , they were 22 males and 15 females. Parents of these children scored highly on total and subscales of SCL90R, they were significantly higher than their control group on total and some of these subscales including somatization, interpersonal, depression, paranoid ideation and hostility domains. Depression and paranoid ideation of ADHD children parents were positively and significantly correlated with most of the sub-items of Conner's test of their children. In addition, somatization, depression and hostility of parents were positively and significantly correlated with most of the sub-items of CBCL of their ADHD children.

Conclusions The symptoms, behavior and severity of illness of children with ADHD have a great impact on their parents' psychological state of suffering and stress.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV222

Behavioural sleep interventions that can be used for children with attention deficit hyperactivity disorder: A Delphi study

H. Alammam*, A. Weighall, I. Kellar, H. Nash

University of Leeds, School of Psychology, Leeds, United Kingdom

* Corresponding author.



Children who are diagnosed with Attention Deficit Hyperactivity Disorder ADHD are at high risk of many difficulties that could affect them and their families. Sleep related problems are one of the most significant difficulties observed in around 25 to 50% of children with ADHD. The aim of this study is to identify research priorities for behavioural interventions that can be used to manage such sleep problems in children with ADHD from the perspective of professionals and primary caregivers. A Delphi method will be used to identify research priorities in two rounds. In the first round, professionals who work with children with ADHD and primary caregivers of ADHD children in Saudi Arabia will be asked to rank the most important behavioural interventions for children who experience sleep problems. The panel members will be asked to suggest other behavioural interventions that are not included in round one in order to include these in round two. They will also be asked how

many sessions they would recommend for the programme. After receiving their views and analysing the results, the expert panel will be presented with the results and they will be asked to rank the interventions again. The expected results for the Delphi will be available in February 2016. This study is part of a PhD study that is funded by Shaqra University. It will help the researcher to design an intervention that will be conducted in April 2016 using a randomised controlled trial design in the same population in Riyadh, Saudi Arabia.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV223

Mental health care to children and adolescents



R. Alonso Díaz^{1,*}, E. Cortázar Alonso², H. Guillén Rodrigo², R. Remesal Cobreros², S. Fuentes Márquez²

¹ Huelva, Spain

² Hospital Juan Ramón Jiménez, Salud Mental, Huelva, Spain

* Corresponding author.

Unit Mental Health Day Hospital Child and youthful, is a device of tertiary health care, integrated into the UGC Mental Health, led to intensive treatment of children and young people in the province of Huelva, with severe mental illness and who need specialized medical care.

To first access to this unit, the person should be referred for specialized Pediatrics; by your psychiatrist or psychologist benchmark for mental health teams; or from the Hospitalization Unit, as it is a third-level device.

When a patient was diagnosed with eating behavior disorder (TCA) is derived, an initial consultation with the child and parents, a first psychiatric evaluation, also by nutritional and Endocrinology Nursing is performed. After evaluation of these professionals, you can take the decision to begin an intensive outpatient treatment in which the patient would have frequent consultations with the psychiatrist, the nurse and endocrine.

They may also decide inpatient hospitalization and this could be partial, to be held in the Day Hospital; or all, if the patient is under 14 years and hospitalization for psychiatric criteria indicated; the patient would enter Pediatrics. If he is over 14 years old, would join Hospitalization Unit.

In Child and Adolescent Hospitalization Unit of Huelva patient it is included in a specific program for TCA where a psychiatric, endocrine, educational approach in the classroom is done. Coordination meetings with education, social services and early care centers that are also in contact with that child are also conducted.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV224

Learning disorders and ADHD



E. Cortázar Alonso*, H. Guillén Rodrigo, R. Alonso Díaz

Hospital Juan Ramos Jimenez, Salud Mental, Huelva, Spain

* Corresponding author.

The term learning disorders alludes to problems in reading, calculate, writing and spelling. The prevalence of these disorders ranges from 5 to 15 percent of all the children in school age. As for sex distribution, men tend to have these problems often than women. This summary is about a 9-year-old male with multiple eye tics and suspected of having ADHD. He was referred by her general pediatrician. The patient did not have a history of mental illness, although he had a diagnosis of migraines.

J. is an only child, who lives with his parents in a district of the city of Huelva, where he was born. His psychomotor and social

developments are within normal limits. His parents define him as an introverted child, sensitive, with low self-esteem and very attached to his mother.

The patient has a history of underperforming at school since he was in third grade, without being associated with external factors. He is going to support classes since then. He was evaluated by the guidance team from his school and they decided to do a curricular adaptation for him. Currently, he is repeating 4th year and he is going to educational support.

The patient's assessment consisted in clinical interviews with the patient and their parents and the implementation of additional tests like WISC-IV, D2, CDI, TALE, SNAP IV and a review of his clinical report.

The results showed us a specific development disorder comorbid with a deficit of attention so we decided to start with the psychopharmacological treatment and psychotherapy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV225

Early interventions practices in ASD – Maternal behavior in spontaneous interaction with their children



C. Amato^{1,*}, M.E. D'Antino¹, M. Rocha¹, F. Fernandes²

¹ Mackenzie Presbyterian University, Developmental Disorders

Program, Centre for Health and Biological Sciences, São Paulo, Brazil

² Universidade de São Paulo, School of Medicine, São Paulo, Brazil

* Corresponding author.

Recent studies point out that the occurrence of Autism Spectrum Disorders (ASD) is up to 1%. In Brazil, providing services of medical diagnosis for children with ASD takes precious time. The time spent waiting for the conclusion of the diagnostic process would be extremely important to the child's development. In this context, the parent–children interaction is an important aspect to be considered as a factor that has a positive impact in this process. The aim of this study was to explore maternal behavior during a spontaneous play situation with their children. All subjects were filmed for 30 minutes during a spontaneous play situation with their mothers that did not receive any special instructions. The subjects were 30 normal children, 3 of each age (respectively 9, 12, 15, 18, 21, 24, 27, 30, 33 and 36 months) and 20 autistic children with ages varying from 2:10 to 10:6 (not expected any chronological association). The whole corpus was analyzed considering of each subject, of each group and the possible associations between the groups. The analysis of the maternal behavior provides data about the importance of mother–child interaction and how everyday life activities and routines can be used to increase the opportunities to improve the ASD child's communicative abilities and their creative use as an important part of the whole development. These findings provide further evidence that families should be included in any plan for intervention designed towards ASD children.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV226

Depression and anxiety in Egyptian children and adolescents with familial Mediterranean fever



O. Amin Ismail^{1,*}, H. Salah²

¹ Kasr Al Ainy, Psychiatry, Cairo, Egypt

² Kasr Al Ainy, Pediatric, Cairo, Egypt

* Corresponding author.

FMF is the most common inflammatory disease that requires a life long treatment. The aim was to evaluate depression and anxiety

in pediatric FMF patients and their parenting stress. The children depression inventory, the screen for child anxiety-related emotional disorders, parent stress index were applied on 50 cases and 50 controls patients with FMF were more depressed and anxious than controls also, their parents were more stressed than parents' control.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV227

Assessment of language deficit in Arabic speaking children with attention deficit hyperactivity disorder

O. Amin Ismail*, H. Dessouky
Kasr Al Ainy, Psychiatry, Cairo, Egypt
* Corresponding author.



The development of language and communication may play an important role in the emergence of behavioral problems in young children. A cross-sectional relationship between language and ADHD were examined in 30 ADHD children and 30 healthy matched controls. We applied the modified preschool language scale, Stanford Binnet test and Conner's parent rating scale. ADHD children showed more language and behavioral difficulties and spent less time in communication than controls. Also, they showed more impairment in academic, social, and behavioral abilities.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV228

Practices of Tunisian professionals in the diagnosis of autism

S. Amina*, C. Leila, A. Hela, K. Khawla, H. Imen, W. Adel, M. Yousr, G. Farhat
Hedi Chaker hospital, CHU Hédi Chakar Sfax, Sfax, Tunisia
* Corresponding author.



Introduction The diagnosis of autism spectrum disorders is complex. Recommendations for good medical practice in the diagnosis exist. The objective of this study is to evaluate the practices of Tunisian professionals in the diagnosis of autism.

Methodology We conducted a cross-sectional, descriptive study of 40 professionals involved in the diagnosis of autism, in all of Tunisia. Participants were recruited by e-mail, and received questionnaires. The anonymity was respected. This questionnaire was used to collect information about the practices of professionals in the diagnosis of autism.

Results Participants were child psychiatrists in 69.2% of cases, pediatric neurologists in 12.9% of cases, psychiatrists in 10.3% of cases, psychologists in 5.1% of cases, and speech therapists in 5.1% of cases. For the diagnosis of autism, professionals use diagnostic scales in 87.2% of cases with use of CARS in 53.8% of cases and the ADI-R in 7.7% of cases. Prescribing para-clinical investigations was noted in 94.9% of participants. It was systematic in 61.5% of cases. It was auditory evoked potential in 87.2% of cases, electroencephalogram in 66.7% of cases, a complete physical examination in 51.3% of cases, a genetic examination in 30% of cases, a brain MRI in 15.4% of cases, a specialized neurological examination in 12.8% of cases, and an ophthalmological examination in 2.6% of cases.

Conclusion The results of this study point out that the use of scales, testing and prescription of not para-clinical investigations is not done systematically. This can be improved by familiarizing professionals with the recommendations of the literature.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV229

Parents' of adolescent children with attention deficit hyperactivity disorder (ADHD) perception about their children exposure to violence

E. Scherer^{1,*}, J. Stefanini², Z. Scherer²

¹ Ribeirão Preto Medical School Hospital of the University of São Paulo, Neurosciences and Behavioral Sciences, Ribeirão Preto, Brazil

² University of São Paulo at Ribeirão Preto College of Nursing, Psychiatric Nursing and Human Sciences Department, Ribeirão Preto - São Paulo, Brazil

* Corresponding author.



Introduction People with ADHD can expose themselves to violence in different environments. ADHD typical behaviors can provoke inadequate behaviors of parents in their children's education, as physical and emotional maltreatment.

Objectives We carried out a qualitative study using the oral thematic history to identify the perception of parents of children with ADHD about their exposition to familial or extrafamilial violence.

Aims Understanding the ADHD adolescents' exposure to violence.

Method Nine parents of adolescents with ADHD taken care of in a Brazilian public university hospital participated. The thematic interview was carried through in their homes.

Results The narratives' analysis allowed identifying the occurrence of "Conflicts in the familiar conviviality" and "Conflicts in the context of the school and the community" in all cases. The violence identified was of physical and psychological nature. The communication between areas, sectors, professionals and family was harmed, problem that is reflected in the social relations established with the adolescents.

Conclusion The difficulty of the individuals with ADHD in adjusting to effective social behavior standards takes them to be labeled, suffering social intolerance and discrimination, producing consequences in their interpersonal relationships in the family, school and community. The addition of violent actions as educative methods and other inadequate family behaviors allied to social and school difficulties can bring harmful consequences with repercussions on adolescents' development and adaptation in their different contexts of conviviality.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1214>

EV230

Adjunctive aripiprazole for treatment of antipsychotic induced hyperprolactinemia in adolescents: A series of illustrative case reports

B. Ay*, S. Turan, A. Ozbek, O. Gencer Kidak
Dokuz Eylul University Faculty of Medicine, Child and Adolescent Psychiatry, Izmir, Turkey

* Corresponding author.



Objective Atypical antipsychotic agents are frequently used in pharmacological treatment of Schizophrenia and Bipolar disorders. Although hyperprolactinemia is a common side effect of many antipsychotic drugs, it has received little attention in comparison to extrapyramidal side effects, especially in younger population. Aripiprazole is reported to be associated with the lowest rates around 5% or less. Moreover this agent is reported to lower PRL levels induced by first and second generation antipsychotic use in adults.

In this study we aimed to present and discuss six adolescents who had received aripiprazole treatment aiming to reduce PRL levels induced by various second generation antipsychotics.

Methods Six patients were aged between 14 and 17 years. Five of them were diagnosed as early onset schizophrenia and the remaining one was diagnosed as bipolar 1 disorder. Risperidone, amisulpride, olanzapine and in some cases combinations of these agents were responsible for hyperprolactinemia as displayed by basal and fortnightly measurements of serum prolactin levels. Aripiprazole were added to current antipsychotics and serum PRL levels obtained every two weeks were recorded.

Results Aripiprazole was used between 2.5–15 mg's initially and reached up to 10–30 mg per day within 3 weeks. In all six cases serum, PRL levels decreased by 9.1–88.76 percent.

Conclusions Aripiprazole seems to be promising in the treatment of antipsychotic induced hyperprolactinemia in adolescents. Randomized controlled studies necessitate.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV231

Psychiatric symptoms induced by montelukast: A case report



E. Aydın Aşık^{1,*}, Ş. Yalın Sapmaz²

¹ Celal Bayar University Faculty of Medicine, Psychiatry, Manisa, Turkey

² Celal Bayar University Faculty of Medicine, Child and Adolescent Psychiatry, Manisa, Turkey

* Corresponding author.

Introduction Montelukast is a leukotrienes receptor antagonist, which is used, in chronic asthma, exercise induced bronchoconstriction and allergic rhinitis treatment. Montelukast inhibates the proinflammatory cytokines and leukotriene is released from the specific cells. Leukotrienes cause mucus secretion, vasodilatation, bronchoconstriction and eosinophilia. This case is about an asthma-diagnosed child who had acute disturbing behaviour and sleeping problems after using montelukast treatment.

Case A 5 year-old boy assessed because of symptoms like breaking the rules, disturbing friends, self-harming, hyperactivity, distractability, insomnia and nightmares. In his history, when he was 9 months old acute hyperactivity, yelling, naughtiness, insomnia, disturbing and self-harming behaviours occurred suddenly 24 hours after intravenous montelukast treatment due to asthma crisis. While he was still using oral montelukast, his parents had cut off the treatment. After about 2 months, there was decrease in the symptoms. After using montelukast, these kinds of misbehaviour occurred again in a week. The montelukast treatment was terminated controlled way under a pediatrician consultation. Turgay DSM-IV Based Destructive Behaviour Disorders Screening and Rating Scale were completed by both of the parents in the first interview and after 2 months of cutting off montelukast treatment. While comparing 2 scales and parents' anamnesis, we found that impulsivity, oppositional defiant, hyperactivity, distractability, breaking off the rules, irritability, insomnia and having nightmares reduced.

Conclusion Montelukast can cause many psychiatric symptoms. In that case we found sleeping problems and disturbing behaviour caused or induced by montelukast treatment. As in that case, other drugs also can cause or enhance psychiatric symptoms. So it is important to assess the other drugs while assessing the diagnosis and the treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV232

Affective symptoms and emerging psychotic disorder in adolescents



X. Benarous

Hôpital Pitié-Salpêtrière, Child and adolescent psychiatry department, Paris, France

Depressive symptoms are frequently reported during the period preceding the onset of schizophrenia in adolescents when such symptoms can be mistaken for those of mood disorder. However, it is unclear which emotional symptoms should be considered predictive of schizophrenia onset.

The types of emotional disturbances that may precede schizophrenic disorder were sought through a review of historical descriptive studies and seminal works using a phenomenological approach. Five main types of emotional disturbances have been found as prodromal symptoms of a schizophrenic disorder: (1) increased sensitivity to stress, (2) poor or incomplete expression of emotions, (3) reduced emotion sharing, (4) emotional detachment, and (5) disconnection between the perception and expression of emotions. Studies based on phenomenological views of schizophrenic disorders stressed the chronological sequence of these symptoms in the same person. For example, the term “delusional mood” (Wahnstimmung) coined to describe changes in the perceived atmosphere encompass mood disturbances from subtle emotional overreactivity to more severe symptoms that could evoke athymhormia.

Analysis of recent studies among subjects at high-risk for psychotic transition showed that the presence of mood symptoms at a very early stage of the disorder is common. While these symptoms predict a lower level of general functioning, they were not associated with a higher risk of developing a schizophrenic disorder at follow-up.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV233

The RDoC roadmap to explore neurocognitive difficulties of youths with severely dysregulated mood: Current findings and prospects



X. Benarous

Hôpital Pitié-Salpêtrière, Child and adolescent psychiatry department, Paris, France

The Research Domain Criteria (RDoC) has been developed as a multilevel approach to study neurocognitive impairments in psychiatry. Considering the high prevalence and the functional impairment associated with disruptive mood dysregulation disorders (DMDD) in youths, a better understanding of the neurobiological mechanisms underlying such emotional difficulties could help guide therapeutics.

So far, three key difficulties in the socio-emotional neurocognitive process have been documented in youths with DMDD:

- a deficit in the recognition of facial emotions has been found (systems for social process/social communication construct). Functional imagery has shown that such impairment is associated with a hypoactivity of limbic neural structures, especially the amygdala. Such findings are in line with those found in adults with depressive episodes;

- poor flexibility during cognitive tasks (cognitive systems/cognitive effortful control construct). In particular, these youths score poorly in neuropsychological tasks associated with response reversal paradigm measuring the capacity to change cognitive strategy when the rules of the game change implicitly. These results partly explain the difficulties facing DMDD youths in a frustrating context;

– higher level of emotional arousal. Such youths would present specific impairments in the initial stages of attention; reflected by lower N1 event-related potential amplitude during Posner affective tasks.

Ongoing studies are being conducted to explore other RDoC domains such as abnormalities in circadian rhythms; in metacognition and perspective-taking tasks; and in the non-facial communication process (such as prosody or postural expressions). A computational model of interactive behaviors is a promising field to study difficulties of DMDD youths in regulating moods during social interaction.

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EV234

Childhood adversities and emergency room visits



B. Samsó^{1,*}, L. Alba¹, V. Chavarría¹, B. Sanchez², M. Pardo²

¹ Hospital Del Mar, INAD, Barcelona, Spain

² Hospital Sant Joan de Deu, psiquiatria infanto juvenil, Barcelona, Spain

* Corresponding author.

Introduction Institutionalized children and adolescents who reside in foster centres are a subgroup of population that use mental health resources. This group of population has an increased risk of physical and psychopathology health problems. That translates into a greater number of emergency visits. This is the same perception presented by different professionals.

Objectives The aim of the study is to analyse visits to emergency child and adolescent psychiatry service from a pediatric hospital. Also ask for a point of view of the professionals about it.

Methods We select all the patients attended the emergency psychiatry child and adolescent care that were institutionalized. The sample was collected for 4 months in a pediatric hospital.

Results $n=66$ (51.5% male; mean age 14.09 ± 1.95 years old), 31.8% was the first time at the emergency room, 31.8% had consulted between 2–4 times and 36.4% over 4 times. The main reason for consultation was aggressiveness (66.7%). The three main discharge diagnoses were conduct disorder (50%), adjustment disorder (25.7%) and TDAH (7.5%) The 45.5% had a history of drug use and the 24.2% of self-harm. Asking professionals 80% responded perception of increased emergency consultations and the 90% think inadequate value between 50–70% of queries.

Conclusions The boys institutionalized perform a high use of paediatric and psychiatric emergencies. There are a significant number of re-consultations. Professionals have the perception that their emergency visits are increasing. Since patients are at high risk of suffering mental disorders and high use of emergency would be interesting to develop specific protocols for emergency care for these groups.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV235

Continuity of attachment in children with disruptive behavior disorders and in their parents: A pilot study



F. Bizzi*, R. Castellano, D. Cavanna

University of Genoa, Department of Educational Sciences, Genoa, Italy

* Corresponding author.

Introduction The quality of adult–infant attachment plays an essential role in influencing the children's well-being (Groh et al., 2012). Disruptive Behavior Disorders (DBD) has been found as

particularly influenced by the presence of unavailability in the parental caregiving. It is widely attested that parents' attachment states of mind predict the attachment patterns of their children. Nonetheless, the investigation of the attachment organization during the middle childhood shows inconsistent data. Moreover, a paucity of studies focused on the role of father's attachment in this period still remains.

Objectives This pilot study investigates the attachment patterns of children with DBD and those of their parents.

Aims The aims are to verify the presence of: (1) an over-representation of Disorganized attachment in these children; (2) an over-representation of Irresolution with respect to abuse or loss in one or both their parents.

Methods The sample consists of 33 subjects: $n=11$ children with DBD and $n=22$ parents. The children completed the Child Attachment Interview (Shmueli-Goetz et al., 2000) and the parents completed the Adult Attachment Interview (George et al., 1985).

Results Findings showed: (1) a significant presence of Disorganized attachment with respect to both parents in the children; (2) an over-representation of Insecure states of mind in their parents; (3) a more significant presence of Disorganization in the fathers than in the mothers.

Conclusion This focus on the topic of intergenerational transmission of attachment in a specific clinical sample enriches the research, underlining the more pronounced role of fathers' attachment configuration.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV236

Disruptive behavior disorders and somatic symptoms disorders: Which strategies of emotion regulation children and their parent's use?



F. Bizzi*, R. Castellano, D. Cavanna

University of Genoa, Department of Educational Sciences, Genoa, Italy

* Corresponding author.

Introduction Emotion regulation (ER) is defined as the processes through which emotional awareness and experience are monitored, evaluated, maintained, and modified (Thompson, 1994). Difficulties with these processes have been proposed to increase risk for psychopathology. Disruptive behavior disorders (DBD) and somatic symptoms disorders (SSD) are characterized by an inability to express and modulate emotional states. Research aims to understand how ER influences mental health.

Objectives We focus on two strategy of ER: Cognitive Reappraisal, involves changing the way one thinks about a situation in order to change its emotional impact; Expressive Suppression involves suppressing or hiding external expressions of emotion from others (John and Gross, 2004)

Aims We assess ER in order to examine the relation with SSD and DBD in childhood and with their parents.

Methods The sample consists of 188 subjects divided in four groups: $n=41$ children with DBD ($M=10.78$ years, $SD=2.11$); $n=50$ parents (36 mothers and 14 fathers) of children with DBD; $n=44$ children with SSD ($M=11.98$ years, $SD=2.04$); $n=53$ parents (40 mothers and 11 fathers) of children with SSD. Were administered the ERQ (Balzarotti et al., 2010) for parents and ERQ-CA (Gullone and Taffe, 2012) for children.

Results DBD children reported higher levels of Suppression than SSD subjects; high levels of Suppression were reported in mother SSD and in father DBD.

Conclusion This study extended previous research in childhood, including both mothers and fathers. The findings contribute to a greater understanding of the development of ER, which has important implications for psychological wellbeing.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV237

The evolution of cognitive functioning in adolescents with early onset psychosis

A. Bohus

Cluj-Napoca, Romania



Introduction Cognitive deficits (executive functions, verbal and spatial learning and memory, visual processing and attention) are a fundamental trait of schizophrenia.

Objective The main objective of this study is to compare the cognitive functioning in psychotic adolescents at the psychosis onset and after one year, using psychological tests.

Methods This is a longitudinal study, during a period of two years and a half. Twenty-eight patients with first psychotic episode agreed to participate to this study and were assessed during their hospitalization in a university clinic for child and adolescent psychiatry in Cluj-Napoca, Romania. The diagnosis was based on DSM-IV criteria. All the patients were initially assessed for intelligence level using Raven Test and those with mental retardation were excluded. After one year, sixteen adolescents from the initial group were reassessed. The cognitive functioning was assessed with Trail Making A and B, verbal fluency tasks, Wisconsin Card Sorting Test and Rey Auditory Verbal Learning Test. The results from patients group were compared with those from healthy controls.

Results The results show weaker global cognitive performance from adolescents with early onset psychosis, initially and at one-year evaluation, than the healthy adolescents from the control group.

Conclusions This results are consistent with those of previous studies. The adolescents with early onset psychosis show multiple cognitive impairments initially and one year after the psychosis onset.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV238

Gender dysphoria in USMIJ of Toledo. Report of a case

P. González Rivera¹, A. Hidalgo Borreguero^{2,*}, S. Bolaño Mendoza³, M. Soto Laguna¹, K. Preckler Peña⁴, F.J. Gonzalez Díaz⁵, A. Zafra Villena⁶, M. Perez Castellanos⁴, J. Prados Gómez¹, P. Alvites Ahumada¹, R. Perez Asenjo¹, A.J. Benito Ruiz¹, A. Perez López¹, E. Landa Contreras¹, M. Fernandez-Torija Daza¹

¹ Hospital Provincial de la Misericordia, Psiquiatria, Toledo, Spain

² USMIJ, Psiquiatria, Toledo, Spain

³ Hospital 12 de Octubre, Psiquiatria, Madrid, Spain

⁴ Hospital Virgen del Prado, Psiquiatria, Talavera, Spain

⁵ Hospital Virgen de la Salud, Psiquiatria, Toledo, Spain

⁶ IVANE, Psiquiatria, Valencia, Spain

* Corresponding author.



The start of Child and Adolescent attention to gender dysphoria is very recent. In our Unit, it has objectified a growing increase in such demand over recent years.

As a typical example would be a patient of 13 years following gender dysphoria begins to present school failure and behavior problems at home with emotional instability.

According to the recommendations of the Group Identity and Sexual Differentiation (GIDSEEN) after early detection is to guide parents towards a comprehensive treatment at a specialized

interdisciplinary teams and a psychosocial approach to improve the quality of life, decrease mental comorbidity and gender dysphoria own. Having no such care in our community has been necessary to make a referral to another community to attend this demand.

Currently it is giving adequate attention to these cases, but except for referral to another community. However, as we are seeing progression care in our area in the future could be feasible. Therefore, we consider as a first step dysphoria quantify each case in our area.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV239

Wernicke-Korsakoff syndrome with psychotic symptoms in a severe case of anorexia nervosa: A case report

D. Brigadeiro^{1,*}, C. Ferreira², J. Magalhães², J. Nunes¹, P. Santos³, E. Santos², A. Pissarra¹

¹ Hospital Sousa Martins - ULS - Guarda - EPE, Psiquiatria, Guarda, Portugal

² Centro Hospitalar Tondela - Viseu - EPE, Pediatria, Viseu, Portugal

³ Centro Hospitalar Tondela - Viseu - EPE, Pedopsiquiatria, Viseu, Portugal

* Corresponding author.



Introduction The Wernicke-Korsakoff syndrome comprises a complex of symptoms including Wernicke's encephalopathy and the Korsakoff's syndrome. While the former is characterized by a classic clinical triad of ataxia, ophthalmoplegia and a global confusional state; the Korsakoff's syndrome is characterized by memory impairment and confabulation. These two entities are now considered as a clinical spectrum of a same disease caused by deficiency of thiamine (vitamin B1).

Objective To describe a case of Wernicke-Korsakoff Syndrome with psychotic symptoms in a 13-year-old female patient with anorexia nervosa.

Method The patient and family were interviewed. Literature relevant to the case was reviewed.

Results A 13-year-old Caucasian female was admitted to the emergency department with bradycardia (38 bpm) and a two-month history of weight loss totaling 6 kg. This loss of weight was a result of dietary restriction and over-exercise because she "felt too fat". On admission she has a body mass index of 12.17. She was diagnosed with anorexia nervosa and was hospitalized. On day 11 after hospitalization, patient initiated alteration in behavior, fluctuating mental state with periods of lucidity and periods of confusion, memory impairment and psychotic symptoms, with paranoid delusions and auditory hallucinations. The classic triad of Wernicke's encephalopathy was not present. The treatment with thiamine was initiated and the symptoms including psychotic symptoms improved.

Conclusion Wernicke-Korsakoff syndrome should be considered in cases of anorexia nervosa with a confusional state and memory impairment even if the classic symptoms are not present.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV240

Disturbed sleep and activity as early signs of ADHD in preschool children

A.K. Bundgaard^{1,2,*}, N. Bilenberg³, J. Asmussen³, P. Munk Jørgensen²

¹ Psychiatric Hospital and University of Southern Denmark, Research Unit - Child - and Adolescent Psychiatry - Region of Southern Denmark, Odense C, Denmark



² Psychiatric Hospital - Region of Southern Denmark, Psychiatric Research Academy Odense, Odense C, Denmark

³ Psychiatric Hospital and University of Southern Denmark, Child and Adolescent Psychiatry, Odense C, Denmark

* Corresponding author.

Introduction Attention-deficit-hyperactivity-disorder (ADHD) is the most frequent psychiatric disorder present in childhood, and sleep-problems are a prominent, pervasive and clinically important feature of ADHD. Our understanding of whether sleep-problems mimic or exacerbate daytime ADHD-symptom expression remains insufficient. Furthermore we lack knowledge about the connection between objective measuring and subjective observations in children with early symptoms of ADHD.

Objective Future research that examines sleep-problems and daily activity in very young children with and without ADHD-like symptoms might help us identify early risk factors and achieve a better understanding of the importance of sleep in ADHD.

Aims To investigate if sleep-problems and activity level during day time is associated with early signs of ADHD.

Methods A sample of 50 preschool children ages 2–3 and their parents recruited in a birth cohort are invited to participate and divided into two groups of 25 cases and 25 controls based on ADHD-symptom score. An actigraph on the child's non-dominant wrist measures sleep and daily activity. Sleep-latency, total sleep time and awakenings are examined. Moderate-to-vigorous-activity (MVPA) is the measure for daily activity. Subjective observations from parents are provided through questionnaires. Furthermore we examine the stability of the sleep problem score from child behavior checklist, which parents fulfilled when their child was 27 months old and again at the age of 5.

Results The results will be presented at the EPA March 2016 in Madrid.

Conclusion Results from this study together with other findings of risk factors in the cohort may lead to a preschool ADHD risk-index, which can guide future early intervention.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV241

Relationship between coping and anxiety in young university population



K. Cabas-Hoyos*, N. German-Ayala, E.D.L. Nadia, M.B. Loreina, U.U. Alicia

Grupo CAVIDA, Facultad de Psicología, Universidad Pontificia Bolivariana, Sede Montería, Cra. 6 No. 97A, 99, Montería, Colombia, Cordoba, Montería, Colombia

* Corresponding author.

In Latin American countries the University Entrance occurs before 17 years of age, in adolescence. The literature proposes some tasks of this stage as the search for identity and definition of the plan of life (Casullo et Fernández-Liporace, 2001). This stage is characterized by changes that may lead to stress (Frydenberg et Lewis, 1991) and strategies and styles should be deployed to deal with situations surpluses. The aim of this paper is to explore the relationship between coping styles and anxiety in young university students. The total sample consisted of $n=216$ university students (53.2% female, $n=115$, 46.8% male, $n=101$; between 16 and 18 years of age: $m=17.32$, $SD=0.70$). The subjects answered the ACS (Frydenberg, 1997) which assesses coping styles in young people and the AMAS-E (Reynolds, 2007) assessing anxiety. The design was correlational, the data were analyzed using SPSS 21.0 statistical program.

Results and discussion As used style Troubleshooting reduces test anxiety, the tendency of these two variables is negative ($P=0.01$). Implement the style Relating to others it will decrease test anxiety,

the tendency of both variables is negative and statistically significant ($P>0.05$). Stress in young people increases as gets underway unproductive type ($P=0.00$). The results are consistent with the literature that suggests that late adolescents in academic challenges cause such hardship (Marote et Martínez, 2001).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV242

Strange behavior as defense mechanism related to sensorial impairment in autism



M.C. Cancino Botello*, A. Peña Serrano, M.D.L.A. Canseco Navarro, J.M. Hernández Sánchez, F. Molina López

Consorcio Hospital General Universitario, Psychiatry, Valencia, Spain

* Corresponding author.

Introduction So far, autism etiology is not known yet, it is believed that is due a combination of neurobiological, structural, genetic and environmental factors. This disorder is characterized by social interaction and communication impairments and presence of restricted and repetitive behaviors. Some authors have spoken about Sensorial Perception Theory that tries to explain how sensorial impairment of people with autism causes "strange" conducts, as a protective mechanism to stimuli they perceive as disturbing.

Objectives To highlight the role of sensorial perception in people with autism in their way of interacting over the environment.

Method systematic review of the literature in English (PubMed), with the following keywords: "Autism", "sensory perception", and "Asperger syndrome".

Results According to Sensorial Perception Theory, people with autism perceive sensorial information from environment in different ways. It is believed that each sense operates as a hyper or hyposensitive sense, according to the intensity and the moment the stimulus is produced. This fact provokes "abnormal" responses as repetitive or restricted behavior, in order to protect themselves from the disturbing stimuli.

Conclusions Sensorial hyper or hyposensitive may be related to the strange behavior that can be present in people with autism. If we could interpret such conducts, we will be able to imagine how patients are perceiving the world and then we could help them to develop strategies in order to function more properly.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV243

ADHD and bipolar disorder challenge in diagnosis in children and adolescents



P. Cano Ruiz^{1,*}, A. Gómez Peinado¹, S. Cañas Fraile¹, P. Sanmartín Salinas²

¹ HNSPS, Psiquiatría, Albacete, Spain

² Universidad de Alcalá, Systems Biology, Alcalá de Henares, Spain

* Corresponding author.

Introduction The professionals in charge of children and adolescents with attention deficit disorder and hyperactivity disorder (ADHD) should be prepared to treat a wide variety of psychiatric symptoms, as most have at least one comorbid psychiatric disorder. Sometimes the differential diagnosis between ADHD and bipolar disease is difficult because of overlapping symptoms between the two disorders (Geller et al., 1997; Biederman et al., 2000; Singh et al., 2006).

Methodology A literature review about the comorbidity between ADHD and bipolar disorder in children and adolescents was performed.

Results According to different studies, between 60 and 90% of children and adolescents with ADHD have comorbid bipolar disorder. However, the percentage of children and adolescents with ADHD that has comorbid bipolar disorder varied from 10 to 22% (puedes poner from 60 to 90% si no quieres repetir el and).

Conclusions The prevalence of bipolar disease, particularly among adolescents, is between 1 and 7%. This percentage is higher if all forms of bipolar spectrum are included. Some personal and family factors increase the probability of a patient having ADHD present bipolar disease: decreased IQ, delayed development, family history of ADHD or bipolar disease, and the combined subtype.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Further reading

Figueroa Quintana A, et al. Comorbid ADHD and bipolar disorder in children and adolescents: challenges in diagnosis and treatment. In attention deficit disorder and hyperactivity throughout life. Elsevier Spain SL, Masson, Madrid 2009 (pp 251–69). ISBN: 978-84-458-1907-4.

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EV244

Acute psychosis in an adolescent with cerebral palsy



C.A. Moreira^{1,*}, A.R. Soares², G. Maia²

¹ Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisbon, Portugal

² Centro Hospitalar Lisboa Ocidental, Child and Adolescent Psychiatry, Lisbon, Portugal

* Corresponding author.

Introduction Cerebral Palsy is a movement, posture or muscle toning disorder caused by an insult to the immature, developing brain, most often before birth. It is a leading cause for serious disabilities in childhood and a risk factor for the development of psychiatric disorders, particularly in adolescents. Moreover, according to DSM-5, a Brief psychotic disorder is a short-term illness with psychotic symptoms, which arise suddenly, but last for less than one month, after which the person recovers completely.

Objectives/Aims The authors aim to present a case of an adolescent with cerebral palsy who has developed secondary psychotic symptoms, a rare and sparsely understood phenomenon.

Methods A non-systematic review of English scientific literature was conducted through research in the PubMed search engine, using the keywords “Cerebral Palsy” and “Brief Psychotic Disorder”.

Results A 16-year-old female adolescent with history of Cerebral Palsy (due to neonatal anoxia) was admitted in the paediatric ward due to behaviour disorder characterized by incoherent speech, full insomnia, agitation and auto/alo-aggression. A complete clinical investigation was performed, in which trauma, organic brain injury, degenerative and inflammatory diseases, infection or toxic ingestion were all excluded. The hypothesis of an acute psychotic disorder was considered and after antipsychotic treatment, a total remission of the symptoms was obtained.

Conclusions Although rare, the association between cerebral palsy and psychotic disorders should be considered in the diagnostic investigation of behavioural changes. Early identification allows a proper therapeutic intervention and a better quality of life.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV245

Psychiatric antiepileptics side effects: A case report



C.A. Moreira^{1,*}, A.R. Soares², G. Maia²

¹ Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisbon, Portugal

² Centro Hospitalar Lisboa Ocidental, Child and Adolescent Psychiatry, Lisbon, Portugal

* Corresponding author.

Introduction Psychiatric disorders in epilepsy have a multifactorial etiology, being pharmacotherapy only one of many risk factors, which can be both biological and psychosocial. The adverse effects of antiepileptics (AEDs) embrace all categories of psychiatric symptomatology, including disturbances of consciousness, psychotic state, neurotic state, behaviour and character disorder. In fact, Psychotropic effects of AEDs require further research because many relevant parameters related to pathological mechanisms, frequency, psychopathology, and prognosis are not well understood.

Objectives The authors aim to present a case of an adolescent with epilepsy who has developed secondary psychiatric symptoms.

Aims To understand and deal with the most common Psychiatric side effects of AEDs.

Methods A non-systematic review of English scientific literature was conducted using keywords “Epilepsy” and “antiepileptic side effects”.

Discussion A 14-year-old female adolescent with history of seven years of Epilepsy (usual medication: carbamazepine 45 mg/kg/day, Lamotrigine 8 mg/kg/day; pregabalin 8 mg/kg/day) was admitted in the paediatric ward due to behaviour disorder characterized by agitation, anxiety and seizures-like symptoms. A therapeutic adjust was made (Fenetoína and Levetiracetam). After this medication change, the adolescent presented psychotic symptoms namely auditory and tactile hallucinations. A complete clinical investigation was performed and the hypothesis of drugs side effects was considered. After AEDs reduction, a total remission of the symptoms was obtained.

Conclusion Psychiatric disorders in epilepsy have a multifactorial etiology and are not yet well understood. Behavioural side-effect profiles of AEDs (both negative and positive effects) should be considered in the choice of the optimal drug for each patient.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV246

Drawing in autistic spectrum disorder children



S. Cepedello*, L. Gallardo Borge, A. Alonso Sanchez, M.H. De la Red Gallego, A. Alvarez Astorga, S. Sanchez Gómez, R. Hernandez Anton, C. Noval Canga, E. Mayor Toranzo, I. Sevillano Benito

Hospital Clínico Universitario, psiquiatria, Valladolid, Spain

* Corresponding author.

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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EV247

Cotard syndrome in a young man?

A. Cercos López^{1,*}, M.C. Cancino Botello²,
V. Chavarría Romero³, G. Sugranyes Ernest⁴

¹ Hospital Universitario de Santa Maria, Psychiatry, Lleida, Spain

² Consorcio Hospital General Universitario, Psychiatry, Valencia, Spain

³ Hospital del Mar, Psychiatry, Barcelona, Spain

⁴ Hospital Clinic, Psychiatry, Barcelona, Spain

* Corresponding author.

Introduction Anti-NMDA encephalitis normally appears as a characteristic syndrome with typical symptoms that undergoes with multiphase evolution. However, it sometimes develops atypical symptoms so we must perform a careful differential diagnosis. **Objectives** To conduct a current review of detection and management of anti-NMDAr encephalitis, and psychiatric manifestations. **Method** Systematic review of the literature in English (PubMed), with the following keywords: "Autoimmune encephalitis", "psychosis", and "NMDA receptor".

Results We present the case of a 15-year-old boy referred to evaluation for a first psychotic episode. He had no past history of psychiatric illness or substance abuse. The only relevant antecedent is multiple sclerosis in a first degree relative. For the last months, he presented high levels of anxiety symptoms apparently related to college stressful events and fluctuating hypoesthesia of left cranial side. Days later, it appeared autolimited gastrointestinal symptoms, headache and fever. During the next days it appeared psychomotor retardation, choreic movements, suicide ideation and mood-congruent paranoid and nihilistic ideation, auditory and visual hallucinations, perplexity and catatonic symptoms so he was hospitalized. We observed cognitive functions impairment, unsteady gait, dysarthria, dysphasia, clonus and left babinsky sign. EEG showed slow waves on right frontal area. CFS showed protein elevation and immunologic study revealed positive anti-NMDA antibodies. Treatment with methylprednisolone and gammaglobuline was started with partial response, needing addition of rituximab.

Conclusions In this case, we highlight the importance of early detection and a detailed differential diagnosis, to determine whether the etiology of psychiatric symptoms in order to achieve an accurate and early treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV248

Importance of developmental gesture of handwriting in children to better understand writing disabilities: Preliminary study

C. Lopez^{1,2,*}, L. Vaivre-douret^{1,2,3,4}

¹ Department of Medicine, University of Paris Descartes, Sorbonne Paris Cité, 75015 Paris, France

² Department of Child Psychiatry, INSERM Unit 1178 and CESP, Paris Descartes university and Paris Sud UVSQ, Paris-Saclay universities,



Necker–Enfants–Malades University Hospital, Assistance publique–Hôpitaux de Paris, 75015 Paris, France

³ University hospitalo–Institut Imagine Affiliation, Necker–Enfants–Malades hospital, 75015 Paris, France

⁴ Department of Pediatrics, Child development, Cochin–Port Royal University Hospitals of Paris Center, Assistance publique–Hôpitaux de Paris, 75015 Paris, France

* Corresponding author.

Introduction There is currently a resurgence of handwriting difficulties in school-age children. Researches in literature focus on kinematics temporal and spatial measures of letters in the writing process and on clinical performances such as the handwriting scale (BHK). This assessment doesn't consider the organization and the maturation of the handwriting gesture.

Objectives We aim to study the developmental organization of the handwriting gesture to provide developmental standards of reference in order to complete performances measures allowing a better understanding of handwriting disabilities.

Methods Healthy children of elementary school aged between 6 and 11 years old are eligible for inclusion. All children are assessed with neuropsychological and neuropsychomotor evaluations and with handwriting assessment (BHK). Two groups are established, the one with handwriting difficulties and the other one (control group) without writing disorder or learning disabilities. The children were matched for age, gender and school level. All children are filmed with a camera suspended over to observe with specific handwriting tasks, the upper limb gesture about segmental organization of fingers, hand, forearm, arm, shoulder and postural organization. **Results** Preliminary findings show significant differences of the segmental organization of the writing gesture between the two groups. We will discuss the identified causes of the handwriting disorders with the analysis of neuropsychomotor and neurological assessments data in correlation with gesture segmental organization.

Conclusion Developmental organization of the writing gesture is a possible underlying mechanism of handwriting disabilities. Practically, it appears important to improve news tools of evaluations with gestural writing consideration and to implement it in intervention process.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV249

The moderating effect of irrationality on the relationship between callous-unemotional traits and conduct problems in teenagers

C. Costea

Universitatea Babeş-Bolyai- Facultatea de Psihologie si Stiinte ale Educatiei, Psihologie Clinica si Psihoterapie, Cluj Napoca, Romania

The main objective of this study was the investigation of the moderation effect of irrationality on the relationship between callous-unemotional traits and conduct problems in youths, this last association having been demonstrated before in scientific research. The data was collected from 40 patients of a pediatric psychiatry clinic, during the last 18 months.

We used the following instruments for measuring the main variables of the study: The Youth Self-Report (YSR, Achenbach, 1991) for the conduct problems, The Inventory of Callous-Unemotional Traits (ICU, Frick, 2004) and The Child and Adolescent Scale of Irrationality (CASI, Bernard and Cronan, 1999).

The acquired data was analyzed with the SPSS 20 statistical software. First, we performed the descriptive statistics and then we conducted the hierarchical multiple regression analysis. The research design is predictive, moderation type.



The results showed a significant positive association between callous-unemotional traits and conduct problems, a significant positive association between irrationality and conduct problems, no significant statistical association between callous-unemotional traits and irrational beliefs and no significant moderating effect of irrational cognitions on the relationship between callous-unemotional traits and conduct problems. Nonetheless, callous-unemotional traits and irrationality explain 49.5% of the variance of behavior problems.

The results confirm the need of adapted individualized therapeutic strategies for children and adolescents with conduct problems, to address both their callous-unemotional traits and their irrational beliefs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV250

Conversion disorder in adolescents: A review and case report



A. De Cos Milas^{1,*}, M. Garcia Moreno², V. Gómez Macías³, N.E. Chinchurreta de Lora¹, N. Rodríguez Criado⁴, B. Sánchez Sánchez⁴

¹ Hospital Universitario de Móstoles, Child Psychiatry, Madrid, Spain

² Hospital Universitario Puerta de Hierro, Psychiatry, Majadahonda, Madrid, Spain

³ Fundación Hospital Alcorcón, Psychiatry, Alcorcon, Madrid, Spain

⁴ Hospital Universitario de Móstoles, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction Conversion disorder (CD) is an uncommon but highly disabling condition. Affected children and adolescents are often severely impaired and at risk of serious long-term physical and psychosocial complications. Despite the enormous personal suffering and health resource implications of CD, little research has been done.

Objectives To update our knowledge about CD in adolescents, with a comprehensive review of the literature with special focus in prevalence, psychosocial factors, diagnosis, treatment and outcome.

Aims To present the most relevant data of our review with a clinical illustration that provides a practical vision of this disorder.

Methods A systematic literature review was performed in MEDLINE, with particular interest in papers published in the last 10 years. Clinical illustration is provided by a case selected from an outpatient child and adolescent mental health service.

Results Few reliable prevalence data are available; the range goes from 0.2 in a German study to 31% in non-western clinical settings. Diagnosis is based on a constellation of features and treatment should involve several health care professionals. CD has a favourable outcome in children and adolescents. However, mood and/or anxiety disorders are encountered at a considerable rate even after recovery from conversion symptoms. Long clinical follow-up seems appropriate.

Conclusions The expression of emotional distress in the form of physical complaints is common in children. Nevertheless, the most severe presentation of physical symptoms is not a common topic in literature. More research should be done to improve our understanding of this disabling disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV251

Hoarding disorder and obsessive-compulsive disorder



F. De la Torre Brasas^{1,*}, A. Duque Domínguez², N. Echeverría Hernández², M.D.M. Lázaro Redondo², C. García Montero², M. Ojalora Navarro², L. Martín Díaz², A. Más Villaseñor²

¹ Valladolid, Spain

² Complejo Asistencial de Ávila, Servicio de Psiquiatría, Ávila, Spain

* Corresponding author.

Introduction Hoarding disorder is described in the DSM-5 as a new clinical entity whose essential characteristic is the persistent difficulty discarding or parting with possessions, regardless of their actual value, arguing reasons of utility, aesthetics, attachment or strong fear of losing information.

Objectives We present the case of an 11-year-old male patient brought to the Health Mental office when his mother found in the school bag debris that he had collected from the garbage, and useless objects in a bedroom drawer. The patient recognizes the nonsense of his behaviour but is unable to get rid of these objects but he allows his mother to do it. He had lowered school performance and showed irritable, shy and solitary, difficulties to sleep and cried often without apparent reason. They also noted since six months before, strange movements with the neck and eyes.

Methods After ruling out, underlying organic pathology, we started treatment with sertraline 50 mg, aripiprazole 2.5 mg and cognitive behavioural therapy, with complete disappearance of symptoms including the movement disorder.

Results Obsessive compulsive disorder 300.3 (F42); Hoarding disorder 300.3 (F42); Provisional Tic disorder 307.21 (F95.0).

Conclusions Hoarding behaviour of strange objects is very unusual in Hoarding Disorder but more common in the Obsessive-Compulsive Disorder. In this case report, we consider the possibility of both disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV252

Early attachment trauma and the impact on child's development



D. D'Hooghe

Traumacentre Belgium, Brugge, Belgium

It is important to broaden our vision on attachment trauma, by pointing out the importance of the quality of parenting as an indicator to develop a secure attachment relationship.

This quality mainly depends on the caregivers' ability to mentalize, regulate, contain, play, . . .

The absence of these features causes traumatic stress in the child and impacts his psychological and neurological development and the possibility to attach. Thus, it is important that we are aware of the relationship between early attachment trauma (EAT) and affect dysregulation and dissociation.

The seriousness depends on the early age of the child, an immature coping mechanism, the child's different experience of danger, the stress level of adverse experiences and the caregiver as the source of trauma.

We can consider dissociation and affect dysregulation as complex adaptation to trauma.

In addition, when the child is not able to manage distress, it lacks the capability to integrate the experiences.

Dissociation and inadequate self-regulation interfere with one another and impact the development of the sense of self.

By raising awareness amongst caregivers and clinicians about EAT and the severe consequences, new therapeutic opportunities could be developed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV253

When Ockham razor's principle is not applicable: Differential diagnosis of a rare case of child and adolescent psychosis

F. Dinamarca*, A. Palma, M. Grifell, L. Galindo, L. Gonzalez, M.T. Campillo, V. Perez
Hospital Del Mar, Psychiatry service, INAD, Barcelona, Spain

* Corresponding author.

Introduction The diagnosis of schizophrenia in children is rare. Less than 4% of schizophrenic patients begin before age 15 being much less stable than in adults as an entity in time. It is estimated that only 50% of diagnoses of schizophrenia in patients under 15 years are maintained over time. The most frequent differential diagnoses are bipolar disorder, post-traumatic stress disorder and dissociative disorder.

Objective and methods A case of a patient of 18 years old admitted in our service with diagnosis of paranoid schizophrenia due to the presence of delusional symptoms at age of 14 and due his evolution with impaired overall performance is presented. Upon arrival he presented delusions, self-referentiality and a strange phenotype with a pitched voice. Clinical history included presence of sexual abuse prior to debut of psychotic symptoms and rare medical comorbidity (diagnosed at age 15 of hypertension and paroxysmal sinus tachycardia). A kariotipe was done in a previous admission with normal results.

Results During hospitalization symptomatic remission was achieved in just two days by decreasing antipsychotic potency of the treatment, he also presented elevated metanephrines and also elevated plasma aldosterone and renin in blood tests.

Conclusions We discuss the differential diagnosis including schizophrenia, post-traumatic stress disorder with dissociative symptoms and endocrine pathology (pheochromocytoma and hyperaldosteronism).

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Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV254

Determining the influence of game treatment on decreasing divorce children's stress

F. Ebrahimi^{1,*}, K. Keyvan², M.R. Foroutan³, E. Samkhanian⁴

¹ Faculty of Humanities, Islamic Azad University of Kermanshah, Department of Psychology, Kermanshah, Iran

² Faculty of Humanities, Islamic Azad University of Kermanshah, Clinical Psychology, Kermanshah, Iran

³ PhD student in Azad University Kish, Health Psychology, Tehran, Iran

⁴ PhD student in Azad University Karaj, Health Psychology, Tehran, Iran

* Corresponding author.

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 score's variance is related to game treatment interference.

Keywords Game treatment; Children's; Stress

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV255

Serving the underserved: Communication activities conducted at home with children of the autism spectrum

F.D. Fernandes^{1,*}, S. Moraes², D. Defense-Netvral², M. Barbosa²

¹ Cotia-SP, Brazil

² University of Sao Paulo, School of Medicine, SLP-PT and OT Department, Sao Paulo, Brazil

* Corresponding author.

The increase in prevalence of Autism Spectrum Disorders (ASD) demands that new strategies for delivering speech-language therapy services to them are tested and improved. Including families and familiar situations may be a way to provide more intensive stimulation. The aim of this study was to identify strategies to stimulate communication development of children with ASD that can be suggested to parents and followed-up systematically. Participants were 67 children with diagnosis within the autism spectrum that attended weekly speech-language therapy at a specialized service of a large university in São Paulo (Brazil). The study was conducted in four phases: planning of activities; four face-to-face meetings with the parents to suggest and discuss activities that should be conducted at home daily; during six weeks the parents continued to conduct the proposed activities at home, with systematic weekly follow-up by the child's therapist finally, individual the parents reported their impressions about the proposal and the outcomes regarding their child's development during individual interviews. Activities involved the main areas of disorders in ASD. They suggested that the parents used familiar situations as opportunities for games and plays involving language, cognitive and social demands. Parents reported difficulties in implementing the proposed routine of playing with their child for at least a few minutes every day. They mentioned "lack of time" and "being tired" as the main reasons for it. Nevertheless they all reported that they were more able to understand their child's needs and demands and that their child responded well to the suggestions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV256

Psychiatric symptoms in patients with cystic fibrosis

M. Gonçalves^{1,*}, C. Pinho²

¹ Centro Hospitalar e Universitário de Coimbra, Centro de Responsabilida de Integrada em Psiquiatria, Coimbra, Portugal

² Centro Hospitalar e Universitário de Coimbra, Serviço de Pedopsiquiatria, Coimbra, Portugal

* Corresponding author.

Introduction Cystic fibrosis (CF) is an autosomal recessive disease characterized by abnormal airways secretions, chronic endobronchial infection, and progressive airway obstruction. In Portugal is estimated 30–40 born children with CF per year. The prognosis of CF has changed over the last decade, death in childhood is now rare, and children born today are likely to have a mean life expectancy of over 40–50 years. An understanding of the psychiatric aspects of CF is more important than ever.

Methods Review published and referenced scientific articles on MedLine/PubMed.

Results Researchers found CF can affect the patient and their family in many ways. Physical and social restrictions, the rigorous medical regimen, hospital admissions, concerns about illness, and uncertainties of the future can create anxiety and depression in patients and parent alike. They also may have problems with interpersonal relationships resulting in isolation and social maladjustment. Some studies also reported an increased risk of develop an insecure attachment and less adapted eating behaviors. The essential responsibilities of psychiatrist are: evaluating the psychiatric effects of living with CF, comprehensive assessment and intervention when emotional, behavioural and psychological difficulties arise and providing support.

Conclusions Awareness of types of emotional strain experienced by these children and their families can be of use to avert potential problems which may seriously impair therapeutic effectiveness and the patient's well being. Management requires an interdisciplinary team to maximise longevity and quality of life. All patients and their families must be offered the opportunity to meet with a Child and adolescents psychiatrist.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV257

Psychosocial predictors in adolescent's non-suicidal self-injury: Preliminary results

J. Ferreira*, V. Leite, L. Veiga, J. Garrido

Hospital pediátrico, centro hospitalar e universitário de Coimbra, child and adolescence psychiatry, Coimbra, Portugal

* Corresponding author.

Introduction Non-suicidal self-injury (NSSI) have their typical onset during adolescence. Although a growing body of research has been dedicated to this subject, little is known about the relation between psychosocial factors (PF) and NSSI in adolescence.

Objectives To identify the main PF associated with the occurrence of NSSI in adolescence and potential relations between them.

Methods The authors used a convenience sample of 50 outpatient adolescents from Coimbra's Child and Adolescent Psychiatry Service, with identified history of NSSI. Each patient was evaluated regarding the presence/absence of the PF contemplated in the Axis V (Associated Abnormal Psychosocial Situations) of the Multiaxial Classification of Child and Adolescent Psychiatric Disorders, (ICD-10, WHO).

Results Sixty-seven factors were evaluated within this sample, with 50% of the subjects showing the 3 most prevalent PF (the 5 most prevalent PF are displayed on Table 1). Statistical significance between pairs or triads of PF (selected within the 10 most prevalent PF) was evaluated, with results showing 14 significant correlations between pairs and 20 significant correlations between selected triads among the most prevalent PF.

Conclusions PF are highly prevalent within adolescents with NSSI. Identification of specific associations of PF may be useful to identify high-risk patients and promote early intervention and prevention programs.

Table 1

PF	n	%
Intrafamilial discord among adults (both parents)	37	74
Inadequate or distorted intrafamilial communication	37	74
Events resulting in loss of self esteem	36	72
Loss of a love relationship (removal)	34	68
Lack of warmth in parent-child relationships (father)	32	64

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV258

Social media modulation of mood and anxiety in adolescents with chronic visible skin conditions



J. Gagnon*, A.M. Duchemin

Ohio State University, Psychiatry, Columbus, USA

* Corresponding author.

Chronic skin diseases are often associated with psychiatric disorders, and psychological factors such as stress can affect the management of skin conditions. In adolescents, skin diseases can have a profound impact on body image, self-esteem and social interactions. Social media is a mode of communication increasingly used, especially among adolescents. It has been shown to have detrimental effect by the negative influence of peers through social network interactions as well as positive effects by allowing support and access to care. The posting of pictures of individuals by others in social media may make this mode of communication particularly distressful for teens with a visible skin condition; they cannot control the photos being shared with the group and are reminded of the visibility of their skin condition through these postings. To determine how social media may impact mental health and skin disease management in adolescents' with chronic visible skin conditions, we conducted a survey of patients in the ambulatory setting. This cross-sectional study is based on an anonymous survey in teens, age 12 to 19, with various levels of chronic visible skin conditions. It explores the influences of social media on incidence and or severity of both psychiatric and dermatological health status as self-reported by patients. Acne, psoriasis, and atopic dermatitis are often associated with poor quality of life even with moderate skin disease. Taking in account the impact of social media on these pathologies is especially critical among adolescents due to their wide use and relevance in this population.

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EV259

Parental group therapy & conduct disorders



E. Garcia*, E. Guerrero, I. Vicente, R. Martinez

Hospital General de Ciudad Real, USMJJ, Ciudad Real, Spain

* Corresponding author.

Conduct disorders are common between ADHD, some series has shown that even almost 40% of patients develop some of the two main diagnosis: ODD or CD.

That comorbidity between ADHD and ODD or CD has made that treatment become complex and requires different interventions. One field of treatment has been parental functioning.

It has been common that reward or punishment as two effective strategies modulate familiar interactions when they are referred to AHD sons.

However, in a long time, they failed to improve functioning, and frustration appears.

Attachment somehow is been hidden behind diagnosis and treatment, and family stop its evolution repeating wrong strategies.

Group therapy is a well-known tool that may help with this dysfunction in two ways: psychoeducation and debriefing.

The aim of this work is to resume our experience working with parents in a group therapy model.

We have found that affective symptoms are common between parents, and that they difficult parenting strategies.

Taking that into account, we promoted emotional expression using debriefing groups as model, before introducing psychoeducational issues.

Our hypothesis is that change is not possible if there is not a corrective attachment experience that let parents recover their role.

We use it as a complementary tool to family and individual therapy.

We will explain this model and its results based in therapists' and patients' experiences using open interviews.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV260

First-episode psychosis: Ongoing mental health service utilization during the stable period for adolescents



R. Gearing^{1,*}, K. Brewer², K. Moore², M. Irfan³, P. Fisher⁴

¹ University of Houston, GCSW, Houston, USA

² Columbia University, Columbia, New York, USA

³ The Hospital For Sick Children, Psychiatry, Toronto, Canada

⁴ New York State Psychiatric Institute, Division of Child and Adolescent Psychiatry, New York, USA

* Corresponding author.

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 treatment and service utilization after the symptoms have been stabilized over the initial years following first-episode has received less research attention.

Objectives (1) To model the variables predicting continued service utilization with psychiatrists for adolescents following their first-episode psychosis, and (2) examine associated temporal patterns in continued 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 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 Findings suggest 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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EV261

The other 25%: Autistic girls and women



M. Gill

Madera, USA

Autism spectrum disorder (ASD) is a pervasive developmental disorder characterized by impairments in social and communicative abilities, along with the presence of ritualistic and/or repetitive behaviors. One of the under-researched areas in the ASD literature is the large gender difference in the diagnosis rates. On average, the male to female ratio stands at 4.3:1, increasing to 9:1 in the absence of comorbid intellectual impairment. It has been evidenced that compared to boys, ASD is diagnosed later in cognitively able girls, despite there being no difference in the number of visits to a health-care professional during the diagnostic process and the age at which parents first express concern. The suboptimal identification of the disorder in cognitively able girls causes a large magnitude of gender discrepancy. These statistics may not be accurate since females may camouflage their difficulties and may be undetected due to their ability to disguise their symptoms better than males. The other hypothesis of under diagnosing ASD in girls is how we quantify and diagnose it. It is based on a male-centric presentation, which does not accurately reflect the disorder in girls. Altogether, these differences may make it more challenging for medical professionals and clinicians to identify potential early signs of the disorder in girls. Hence, there is a need to develop programs to mentor girls and women on the autism spectrum in schools, colleges and industry. And there should be an insistence on inclusion of females on the autism spectrum in pharmacological research and other research projects.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV262

Anxiety and loss experiences during pregnancy and postpartum and anxious children



M.J. Güerre^{1,*}, O. Santesteban², L. Hernandez¹, D. Rentero¹

¹ Hospital 12 De Octubre, Psiquiatría y salud mental, Madrid, Spain

² "Fundación Alicia Koplowitz", Unidad Infanto-Juvenil, Hospital Universitario 12 de Octubre, Madrid, Spain

* Corresponding author.

Anxiety disorders in children are very prevalent in youth. They are associated with poor psychosocial functioning and predict later psychopathology in individuals. Environmental and genetic factors and their interaction are involved in the genesis of anxiety disorders.

Stress, depression or anxiety during pregnancy are considered risk factors for development of psychopathology in children. We aimed to know its relationship with anxiety disorders in young people.

Patients recruited for this study were the participants of our CBT group based in the coping cat model of treatment. All of them were children between 8 and 13 years old and meet criteria for Generalized Anxiety Disorder, Separation Anxiety Disorder or Social Phobia. Children and their parents assessed different anxiety and socio-demographic questionnaires. For this study we only analyzed the risk factors of pregnancy, delivery and breastfeeding of the

socio-demographic interview. SPSS v-21 was the statistical instrument.

We found out that mothers of our patients had reported anxiety symptoms, loss experiences or stress during pregnancy or postpartum period more than we expected.

Stress, anxiety or depression during pregnancy is related with anxiety disorders in children. Helping mothers to cope with stressors during pregnancy and postpartum period will contribute to a better mental health in their children. The findings of this study match with previous researches.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV263

Pain to soothe pain. . . What a paradox!



R. Hernandez Anton^{1,*}, I. Sevillano Benito¹, S. Cepedello Perez¹, E. Rybak Koite¹, M.J. Garcia Cantalapiedra¹, L. Gallardo Borge¹, E. Dominguez Alvarez², E. Mayor Toranzo², A. Alvarez Astorga¹, C. Llanes Alvarez³, A. Rodriguez Campos¹, F. Uribe Ladronde Cegama¹

¹ HCUV, PSQ, Valladolid, Spain

² HCUV, PSQ, PSQ, Spain

³ Complejo Asistencial de Zamora, PSQ, Zamora, Spain

* Corresponding author.

Objectives Review the multidisciplinary approach of ADHD and its relationship with self-injurious behavior. Expose the use of projective techniques in the diagnosis and treatment of psychiatric disorders.

Introduction Aggressive, opposition, defiant and disobedience behavior are becoming more frequent in the child population. There have been an increase number of adolescents, who self-harm, since 1960.

Material and methods A 17-year-old girl, with the following psychiatric history: consultations since 2009; one income in the Day Child Hospital; and two incomes in the Inpatient Childhood and Youth Unit. This year, the patient has gone to the emergency room twice by self-harm episodes the days before concerts at the conservatory. Her schoolteachers refer concentration problems. She behaves with contempt for the rules at home. The family relationships are mismatched.

Results The multidisciplinary intervention was based on personal, family and group therapies, cognitive behavioral therapy and pharmacotherapy (Methylphenidate). We are currently working on the control of self-injurious behavior with: strategies to regulate emotions, which are based on troubleshooting ("brain storming"), social skills training (role-playing), recognition and anger management.

Conclusions ADHD is a major health problem in children. The combination of pharmacotherapy, psychotherapy, social interventions with educational guidance, self-training activities achieves better results when performed independently. The prevalence of self-harm behavior is greater in young people with psychiatric disorders. Self-harm behaviors are often strategies to regulate the emotional pain. The graphic techniques express emotions, feelings and fantasies. They can help resolve conflicts, develop interpersonal skills and reduce stress. The pictures allow only formulate hypothesis, we must contrast them with other tests.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV264

Fears in anxious children



L. Hernandez Arroyo*, O. Santesteban Echarri, M.J. Güerre Lobera, J.C. Espin Jaime, M.Á. Jimenez-Arriero
Hospital 12 de Octubre, Child and Adolescent Psychiatry, Madrid, Spain

* Corresponding author.

Introduction Fear is a distressing emotion aroused by a risk or a damage, real or imaginary. Fears have a warning function against dangers. Nevertheless, fear can also become in one of the most limiting elements of a person's life.

Objectives To characterize the profile of fears presented in a sample of 19 children, aged between 8 and 13 years old, who had previously been diagnosed with one of the following: Generalized Anxiety Disorder, Separation Anxiety Disorder or Social Phobia.

Material and methods The sample was taken from patients who participated in a cognitive-behavioral group therapy. The Spanish version of the Fear Survey Schedule for Children-Revised (FSSC-R) questionnaire was employed. The FSSC-R asks children to indicate on a 3-point scale ('none', 'some', 'a lot') how much they fear 80 specific stimuli or situations. Five basic categories of fears can be established: failure and criticism (17 items); the unknown (17 items); minor injury and small animals (13 items); danger and death (16 items); medical fears (5 items).

Results The sample includes 19 children: 12 boys (63.2%) and 7 girls (36.8%). The median age is 10.74 years. The sample shows 15 excessive fears on average (those scored as 'a lot'). Girls show higher rates of excessive fears than boys: 19 versus 13. The most common fears were 'being hit by a car or truck', 'bombing attacks. Being invaded', 'a burglar breaking into our house' and 'falling from high places'.

Conclusions Most common excessive fears belong to danger and death category. Females report more fears than males.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV265

The problem of rehabilitation of children and adolescents with mental disorders in Russia



I. Iakovleva
Bekhterev Psychoneurological Institute, Medical Faculty of St. Petersburg University, Saint-Petersburg, Russia

Introduction Assistance to children and adolescents with mental health disorders is very acute problem in Russia today.

Objectives A team approach is the most effective method (Koren, 2011; Popov, Iakovleva, Semenova, 2012).

Aim To examine the problem of rehabilitation of children with mental disorders.

Methods Eighty parents of mental disease's children and 86 were examined by special questionnaires were developed in the department of Adolescent Psychiatry of St. Petersburg Bekhterev Research Institute.

Results A total of 41.9% (36) of the teachers believed that children and adolescents with mental disorders may attend mass child garden and the school, 32.6% (28) did not agree with that. 37.2% (32) of the teachers believed that intercourse with a sick child is unlikely to be useful and pleasant for children. Therefore, following an acute problem is the fear of parents to contact a psychiatrist: 28 parents (35%) took their children to psychiatrist by their own initiative, some other professionals (pediatrician, general practitioner, neurologist or psychologist) encouraged applying to a psychiatrist in 44 cases (55%), 8 parents (10%) asked for advice after strong recommendations from teachers. One of the main signs of psychiatrist's competence for 64 parents (80%) was the appointment of additional

medical research techniques. 53 parents (66.3%) were convinced that a doctor for a diagnosis of mental disorder had to examine the child several times.

Conclusions Interaction of parents, teachers and psychiatrist is need for improving the effectiveness of children rehabilitation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV266

Influence of fatigue on adolescents sleep habits in Nigeria



D. Igbokwe^{1,*}, B.A. Ola², A. Odeunmi³, A.M. Gesinde¹, A.A. Alao¹, J. Agbu⁴, R.J.E. Ndom⁵

¹ Covenant University, Psychology, Ota, Nigeria

² Lagos State University College of Medicine, Department of Behavioural Medicine, Faculty of Clinical Sciences, Lagos, Nigeria

³ Nigerian Defence Academy, Department of Psychology, Kaduna, Nigeria

⁴ National Open University of Nigeria, School of Health Sciences, Lagos, Nigeria

⁵ University of Ilorin, Behavioural Sciences, Ilorin, Nigeria

* Corresponding author.

Introduction Adolescents in Nigeria tend to report feelings of mental, physical and general fatigue without having correspondingly exerted themselves to trigger this. This tiredness has been observed to also affect their sleep habits.

Aim We set out to investigate how the report of tiredness by in-school adolescents tends to affect their sleep habits both on weekdays and weekends.

Methods The Tripartite Fatigue Scale (TFS) and a modified version of the School Sleep Habits Survey (SSHS) were administered on 606 (272 males and 334 females) secondary school adolescents in Lagos and Ogun states of Nigeria aged between 12–19 years ($\chi^2 = 15.24$; $SD = 1.42$) in their classrooms.

Results A multivariate analysis of variance (MANOVA) was used to analyse the effect of fatigue on the sleep habits of adolescents. The result shows that fatigue significantly affects the sleep habits of adolescents during weekends and weekdays, $F(3, 602) = 20.068$, $P \leq 0.01$; Pillai's Trace = 0.91, partial $\eta^2 = 0.91$. The adolescents also reported general inadequate sleep ($\chi^2 = 6.29$ $SD = 2.32$), less than the required amount of adequate sleep their age. Additional Analysis of Variance (ANOVA) result showed that fatigue significantly affected the students self-reported grade $F(3, 605) = 5.32$, $P = 0.01$.

Conclusions The present study has empirically highlighted that the consistent complaint of tiredness by secondary school adolescents in Nigeria emanates from fatigue marked mostly by insufficient sleep.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV267

From ADHD to psychosis. . . executive functions and time



C.D.M. Isabel

Jaen, Spain

Introduction Cognitive impairment is present from the early stages of psychotic disorders. Alterations are found mainly in areas of attention, memory work and executive functions. During adolescence, ADHD patients often suffer from secondary disorders to lack of efficient procurement processes information by the poor development of executive functions.

Objective Evaluation of a patient whose diagnosis of ADD evolve to acute psychotic episode.

Method Review by clinical and psychometric tests developments in executive functions disorders.

Results Twelve years old patient who comes to the hospital since 2012, was initially diagnosed with literacy difficulties and low academic performance, after MFF-20 speaks of Learning Disabilities. It presents lack of motivation, apathy, difficulty in scheduling and organization and adherence to schedules, so they diagnosed ADD. It is given treatment with methylphenidate and atomoxetine, presenting erratic path.

After a year without treatment and the presence of a major stressful life event, at 17, has a first episode, consisting in mutiste attitude, phenomena of self-referenciality, experiences of control, enforcement and dissemination of ideas and auditory hallucination imperative type.

Conclusions The presence of emocional dysregulation and alterations in the executive functions atribuyen to ADD, in this case, were premorbid symtomatology of a first psychotic episode. The presence of positive symptoms allows to clarify the diagnosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV268

The body image and psychopathology in children



M. Ivanov*, N. Platonova, G. Kozlovskaya

Mental Health Research Center of the Russian Academy of Medical Sciences, Department of Child Psychiatry, Moscow, Russia

* Corresponding author.

Introduction The body image development begins at an early age. Children with psychopathology may have body image disturbances. It is important to determine nosological specificity of body image disturbances in children.

Objectives To reveal body image disturbances in: 20 people (12 boys, 8 girls) having schizophrenia; 18 people (8 boys, 10 girls) with detected fact of sexual abuse (catamnesis study over a 5-year period); control group – 5 boys, 5 girls with normal psychophysical development.

Aims To reveal body image disturbance in children in case of psychopathology.

Methods All the children were examined clinically and paraclinically by psychiatrist and clinical psychologist (projective techniques; standardized personality questionnaires and semantic method [analysis of statements]).

Results and conclusions In children having schizophrenia specific disturbances of proprioceptive self-awareness in the form of senestopathy (feelings of compression, deformation, size loss or size gain of the body) and the idea of physical defect, are considered as the early symptoms of the body dysmorphic disorder. In this group of children disturbances of body scheme, difficulties in right/left orientation were detected. In the group of children with detected fact of sexual abuse the following disturbances took place: the body dysmorphic disorder (self-disgust, considering body to be tainted by the abuser, feeling dirty, compulsive body washing, sensitivity to touch) and senestopathy below one's waist, in the area of genitals, feeling dirtiness of the skin and clothes. In the pictures drawn by the children, they represented themselves older, grotesquely painted their faces, pictured strange haircuts, preferring bright and extravagant clothes.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV269

An audit of melatonin prescribing in a community-based child and adolescent mental health service (CAMHS)



A. Javed*, M.F. Moosa, T. Sandhu

Birmingham Children's Hospital NHS foundation Trust, Community Child and Adolescent Psychiatry, Birmingham, United Kingdom

* Corresponding author.

Introduction Melatonin is widely prescribed in the United Kingdom for the treatment of sleep difficulties and disorders in children. Licensed and unlicensed products are available. A prolonged-release form, licensed for use in older adults, is used 'off-label' in children.

Aims and objectives To ensure evidence-based, cost effective prescribing of melatonin.

Methods Retrospective data was collected over a 3-month period. Prescriptions for all forms of melatonin issued to patients under 16 years of age with sleep disorders were included. A case note audit was conducted. Standards were measured based on evidence-based 'advice' and generic prescribing guidelines. Main outcome measures were, forms of Melatonin used, timing of its use (before or after sleep behaviour therapy), documentation, and cost to the service.

Results The licensed prolonged-release product was prescribed in 92% of cases ($n=59$), and for the great majority (93%) it was below or within the recommended dose range (4–6 mg). Melatonin was used more often as first line (69%) therapy as compared to the recommended sleep behaviour therapy. There was lack of documentation, relating to its 'off-label' use and shared decision-making with patients. Overall cost of prescribed Melatonin was £1800 per month.

Conclusions A licensed product of melatonin was used, cost-effectively. However, a question remains about the timing if its use and relevant discussion with patients. A local guideline is needed to guide clinicians on appropriate use of melatonin and to improve documentation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV270

Olfactory reference syndrome – a case report



C. Kapugama

National Hospital of Sri Lanka, Department of Psychological Medicine–Ward 59–, Colombo, Sri Lanka

Introduction Olfactory reference syndrome (ORS) is a condition characterised by persistent preoccupation about body odour with feelings of embarrassment, shame, distress, avoidance and isolation. There is often referential thinking.

Case description A 16-year-old male was referred to Child and Adolescent Mental Health Services. He believed that 'everyone thought I smelt bad' for the past 3 years. He avoided going out with friends, sitting at restaurants, going to the cinema, and playing games. He sprayed himself with deodorant between every lesson. He insisted his laundry to be done by hand using special products. He asked his mother how he smelled before going to school. He spent his time in isolation in his room. When asked, he accepted that his concerns were excessive. He was commenced on cognitive behaviour therapy (CBT) with his mother as a co-therapist.

Discussion There has been much debate over whether ORS warrants a separate entity in the current classificatory systems. At present it is placed between delusional disorders, social phobia, body dysmorphic disorder and obsessive compulsive disorders. Our patient did not experience hallucinations. His conviction was

derived from referential thinking and did not reach the level of a delusion. Literature on management of ORS is scarce. Our patient was offered CBT and he showed improvement from first session onwards. By the end of therapy he rated his improvement as 80%. He stopped avoidance behaviours and reassurance seeking and used techniques to combat automatic thoughts.

CBT seems a promising option in the management of ORS.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV271

Implementation of British tool for the evaluation of outpatient child-adolescent mental health services (CAMHS) in Attica-Greece

A. Katideniou^{1,*}, K. Kavalidou²¹ Athens University of Economics and Business, Counselling Service, Athens, Greece² University of Glasgow, Suicidal Behaviour Research Laboratory, Glasgow, United Kingdom

* Corresponding author.

Introduction The development of child-adolescent mental health services (CAMHS) is a necessity for each country. Based on evidence-based findings the provision of specific quality standards in regard to mental health services, maximizes the patients' health care outcomes and satisfaction.

Objectives A British tool adapted in the Greek context assesses the services against the British standards. For the current study, we used the part of the tool referred to the areas of:

- referral and access;
- assessment & care planning;
- care & intervention.

Aims Promotion of evaluation and quality assurance of Greek CAMHS.

Methods Due to the fact that Greek services are based on the British model, we chose the British self-review questionnaire of Quality Network for Community CAMHS (QNCC). The tool was translated, adapted and posted to services. Twelve out of twenty outpatient CAMHS of Attica (includes Athens) responded. Data collected was computed in SPSS taking a highest and a lowest score of meeting the standards.

Results Based on a scale of "not meeting the standards", "moderately meeting the standards", and "meeting the standards", ten out of twelve services moderately met the British Standards on all three areas examined. It should be noted that the "assessment and care" section was found to have a higher quality of replies among services reaching the 75%–100% of "meeting the standards" for two services.

Conclusions Greek CAMHS show a satisfactory function in Attica prefecture, taking into consideration the extremely difficult political/financial circumstances. Strengths and weaknesses between different domains were also identified.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV272

Symbolic development in TD, DS and ASD



M. Kékes Szabó

University of Szeged, Department of Applied Pedagogy and Psychology, Szeged, Hungary

This study is about symbolic processes in atypical populations, which is presumed to lead to a deeper understanding of the

ontogenesis of normal symbolic development. Exactly, we aimed to explore the emergence of symbolic play in children with Down syndrome (DS) and in children with autism spectrum disorder (ASD). A typically developing (TD) control group was also involved in the study. Fundamentally, we applied the qualitative method and focused on the replica play of the children that could be observed during their dyadic interaction with their parents. The activity of the individuals was recorded on video. The data were analysed with Noldus Observer XT 8.0 program software. The results confirmed atypical patterns of replica play in DS and ASD. Although both of these children groups demonstrated impairments in representational abilities, the autistic children seemed to have a basic cognitive defect. While children with DS were more often able to demonstrate coherent play activity, children with ASD could not use replica toys in the appropriate context verifying impairments in the social-communicative system. However, further studies are needed to cover the characterizations of psychopathological-specific disorders, to plan new diagnostic tools and more effective interventions.

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EV273

Virtual sexuality of the Tunisian teenagers

R. Khemakhem*, W. Homri, D. Karoui, M. Mezghani, L. Mouelhi, N. Bram, I. Ben Romdhane, R. Labbane

Razi Hospital, Psychiatry C, Mannouba, Tunisia

* Corresponding author.

Introduction The digital boom and the media coverage of the sexuality urge the youngest to expose itself more and more via the social networks and other digital applications.

Aims/objective To explore the virtual sexuality of the Tunisian teenagers.

Methods It's a cross-sectional study made in August 2015, including 104 Tunisian teenagers from different social backgrounds and living in Tunis, chosen aimlessly. An auto-railling drafted in Arabic, anonymous and carrying on various items was distributed.

Results We included 52 boys and 52 girls. Seven of them (6.1%) was not schooled and 68.3% ($n=71$) were at high school. Ninety-one of the teenagers (87.5%) reported not have sexual education at school and 74% ($n=77$) have already turned to web sites to inquire about sexuality. A regular practice of cybersex at the rate of at least once a week, was founded at 36.5% ($n=36$) and 41 teenagers (39.4%) have reported to have already undressed in front of their webcam. The candidates have already consulted a pornographic site at least once in their life in 76.9% ($n=80$) of the cases. The allocated time for these virtual activities is made to the detriment of the sleep in 75% of the cases ($n=27$). The connection was accompanied with a masturbatory activity in 38.9% ($n=14$).

Conclusion Contrary to preconceived ideas, the computer screen does not protect from sexual risk behaviors. Therefore, a sexual education for the youngest is more than ever necessary to avoid such drift.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV274

Delayed memory in ADHD children

O. Lvova

Ural Federal University, Clinical Psychology, Ekaterinburg, Russia

Introduction It is known that children with ADHD have deficit in cognitive abilities. However there are different opinions about

the nature of this deficit. It is necessary to conduct researchers for revealing specific profile of impairments in different cognitive domains in ADHD children to better understanding the nature of this disorder.

Aims The aim of this research was to examine the hypothesis that children with ADHD have a specific deficit in memory – weakness in delayed memory.

Methods The experimental group included 15 Russian-speaking children with ADHD at age 7–8 years. The control group included 15 typically developing children. The children from experimental and control group were matched for IQ, gender and age. Children from both groups were assessed with NEPSY using memory for names subtest. This subtest is designed to assess the ability to learn the names of children in immediate and delayed conditions. Two-way ANOVA was used to reveal group differences in reproducing the names in two conditions.

Results We have not revealed significant differences between children from experimental and control group in the reproducing the names 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 names in delayed condition.

Conclusions In view of the obtained results, it can be assumed that children with ADHD have specific deficit in memory domain – weakness in delayed memory. It is necessary to confirm this result using different memory tasks.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV275

The possible role of mothers' thrombophilic predisposition as a risk factor mental and motor delay in toddlers

D. Baranov^{1,*}, O. Lvova²

¹ Ural State Medical University, Pediatrics, Ekaterinburg, Russia

² Ural Federal University, Clinical Psychology, Ekaterinburg, Russia

* Corresponding author.

Introduction Inherited thrombophilia is described as a risk factor for burdened obstetrical history. But the relationships between mothers' thrombophilic predisposition (MTP) and mental status in their children is not investigated thoroughly.

Objectives To investigate the mental and motor neonates' status, born from MTP.

Methods Case-control study. Thirty-seven children born from MTP were assessed at 1, 3, 6 and 12-month (1st group). MTP carried more than 5 thrombophilic single nucleotide polymorphisms and had burdened obstetrical history; 47 neonates with clear mothers' obstetrical history and 2 and less SNPs (2nd group); informed consent form. The quantity of term and preterm neonates were equal in groups.

Results We found the neonates from both group were comparable under the 6-month age (table). But in year-old children mental and/or motor delays were more frequent in 1st group despite on comparable level of paresis and brain ultrasound data. There were no thrombotic episodes in children in 1st group.

Conclusions There were no direct link between MTP and neurological outcomes in children: paresis and ischemic lesions in brain were not differ in groups. Confirmed MTP can cause mental and motor delays to year-old period, milestones must be supervised thoroughly until 3 y.o.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV276

Differential diagnosis of recurrent hypersomnia. Case report of primary narcolepsy and acute transient psychotic attack



J. Kiyak*, S. Köse, B. Özbaran

Ege University, Child and Adolescent Psychiatry, İzmir, Turkey

* Corresponding author.

Introduction We report a case of 17-year-old boy with excessive daytime sleepiness.

Objectives Case presented in our study is an example of atypical narcolepsy with coexistence of psychotic symptoms that were especially prominent during the first attack. Excessive daytime sleepiness period was followed by psychotic symptoms including delusions of reference and persecution, as well as visual and acoustic hallucinations. However, during the second attack, negative psychotic symptoms were more prominent.

Aims Clinicians should not forget that child and adolescent patients, which demonstrate psychotic symptoms and excessive daytime sleepiness component, should be evaluated for a diagnosis of primary hypersomnia.

Method Patient did not exhibit any comorbidities that would match with secondary hypersomnia. The initial sleep study did however reveal increased REM sleep latency (43% of total sleep time). The result of polysomnographic study was abnormal and suggestive of narcolepsy. In multi-sleep latency test mean REM latency was 1.7 min, sleep-onset REM (SOREM) was observed 3 times. Between the tests he had no episodes of cataplexy.

Result Patient was diagnosed with primary hypersomnia-narcolepsy without cataplexy. We found that mixed symptoms of narcolepsy and psychotic attack improved with anti-psychotic agent treatment.

Conclusion Child and adolescent patients, which demonstrate psychotic symptoms and excessive daytime sleepiness component, should be evaluated for a diagnosis of primary hypersomnia following a multidisciplinary cooperation of neurologists, pediatricians and psychiatrists.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV277

Different expressions of conduct disorders – childhood versus adolescent onset type



J. Kostić*, M. Stankovic, L. Milosavljević, N. Ilić

Health Centar-Nis, Department for Child and Adolescent Psychiatry, Nis, Serbia

* Corresponding author.

Introduction Conduct disorder is a heterogeneous disorder in terms of etiology, course and prognosis, and currently, there is no singular model that would describe the development of the disorder. The results of empirical research on males confirm this heterogeneity, as they point out that two possible developmental pathways: childhood-onset and adolescent-onset type.

Aim This paper presents two clinical picture of conduct disorders: a boy aged ten years with early onset conduct disorder and a boy aged sixteen years with adolescent onset conduct disorders. Our emphasis is placed on a different etiology, risk factors for the development of the disorder, clinical picture and the course of disorder. Special attention was focused on therapeutic intervention and possible prognosis in the two described cases.

Conclusion Advanced typologies of conduct disorders, as postulated in DSM V classification, is important from the standpoint of a better understanding this disorders and more effective therapeutic interventions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV278

The role of parental bonding for self-harm adolescents



A. Kotsopoulou*, A. Melis

Synchronous Support Center, Psychology, Athens, Greece

* Corresponding author.

This study explores how the Greek adolescents understand self-injury and whether they have self-harm episodes. For the purpose of this study the questionnaire of the CASE study and the parental bonding instrument was used. The main research question is to explore the reasons that lead an adolescent to self-harm. More specifically if the relationship with their parents and the function of the family plays a role for leading a teenager to self-harm. One hundred Greek 14–17 years old participated in the study. The results show that 71% adolescents state that there is high mother care and 62% high mother protection and 63% high father care and 50% high father protection. Significant associations were made for self-harmers and the rest of the sample. There are statistically significant differences between those participants who self-harm and their parental bonding ($\chi^2(2, n = 100) = 7.59, P < 0.05$) regarding their mother protection. It seems that those with low mother protection are self-harming. Similarly, there are statistically significant differences between low father care and self-harm behavior ($\chi^2(4, n = 100) = 10.35, P < 0.05$). It is interesting to see what they perceive about this parental bonding and how the engage into this type of self-harming behavior, but also to explore whether their parents are aware of this behavior.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV279

How stressful life events influence adolescents to self-harm

A. Melis¹, A. Kotsopoulou^{2,*}¹ Synchronous Support Center, Psychology, Athens, Greece² Athens, Greece

* Corresponding author.

This study explores how 100 Greek adolescents both males and males deliberately harm themselves and how the stressful life events they experience influence their decision. The CASE study (2008) questionnaire was given 14–17 years old adolescents to self-report on the situations they are experiencing and the episodes of self-harm. There were statistically significant differences for those stressful life events and students who reported to self-harm. It seems that “having problems keeping up with school work” is statistically significant between those who self-harm and those who do not ($\chi^2(2, n = 100) = 14.3, P < 0.05$), “having any serious arguments or fights with either or both of their parents” ($\chi^2(2, n = 100) = 8.5, P < 0.05$) with 44% of self-harmers reporting having problems in the past 12 months. Furthermore, statistically significant differences were found for been “physically abused” ($\chi^2(2, n = 100) = 8.4, P < 0.05$) with adolescents who self-harm being 21% of the sample. Regarding deaths and suicides they have experienced many questions were statistically significant: In reporting a death of someone close to them the results were statistically significant between those who self-harm and the rest ($\chi^2(2, n = 100) = 3.9, P < 0.05$), as well as the suicide attempt or deliberate self-harm of a close friend ($\chi^2(2, n = 100) = 0.2, P < 0.05$), the worries of the sexual orientation ($\chi^2(2, n = 100) = 12.2, P < 0.05$), the “force to engage in sexual activities against their will” ($\chi^2(2, n = 100) = 10.6, P < 0.05$) and finally their report of having experiences a distressing event

involving them, their family or close friends ($\chi^2 (2, n = 100) = 19.8, P < 0.05$).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV280

Cognitive and functional outcomes after a trial of an mTOR inhibitor in an adolescent with neuropsychiatric sequelae of TSC



A. Lachman^{1,*}, C. van de Merwe², P. De Vries³

¹ Tygerberg, Psychiatry, Cape Town, South Africa

² Stellenbosch University, Psychology, Cape Town, South Africa

³ University of Cape Town, Psychiatry, Cape Town, South Africa

* Corresponding author.

Tuberous sclerosis complex (TSC) is a genetic autosomal dominant condition with multi-organ involvement and highly variable clinical manifestations. Neurological manifestations (subependymal nodules, cortical tubers, and subependymal giant cell astrocytomas [SEGAs]) are a leading cause of morbidity and mortality leading to cognitive impairment, behavioural disturbances and refractory seizure disorders. Experimental and human evidence suggest that the use of mTOR inhibitors may induce regression of TSC tumor types and provide an alternative to surgical resection of SEGAs. In the EXIST-1 trial everolimus (mTORi) was associated with clinically meaningful increases in the time to progression of subependymal giant cell astrocytomas and skin lesion response rate compared with placebo. We present a case of a 16-year-old girl (MM) referred with neuropsychiatric sequelae including disruptive and dangerous behaviours not responding to outpatient management. Multiple trials of anti-convulsants and antipsychotic treatments achieved poor responses. During admission to a state facility, MM had several seizures followed by aggressive outbursts, inappropriate behaviour and confusion. Her intrusiveness, sexual disinhibition and lack of response inhibition suggested frontal lobe dysfunction impacting on executive functioning. Despite seizure control being optimized to an acceptable rate with anticonvulsants, improvement in social or cognitive functioning was limited. She required individual constant supervision for personal safety and independent functioning. A trial of mTOR inhibitor was initiated, and achieved an improvement in cognitive, social and psychiatric functioning. This report will discuss the challenges in this complex case, and report on baseline as well as 6month post medication outcomes measured by radiological, functional and cognitive testing.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV281

Clinical features of patients with anorexia nervosa and necessity of inpatient treatment



E. Lopes^{1,*}, R.G. Faria¹, M. Araújo², J. Guerra², J. Saraiva², L. Confraria²

¹ Unidade Local de Saúde do Alto Minho, Departamento de Psiquiatria e Saúde Mental, Viana do Castelo, Portugal

² Centro Hospitalar do Porto, Departamento da Pedopsiquiatria e Saúde Mental da Infância e Adolescência, Porto, Portugal

* Corresponding author.

Introduction Anorexia nervosa is a serious illness associated with a chronic course and high mortality. Follow-up studies in this population show great variability in prognosis, and inpatient treatment is frequently needed.

Objectives This study aimed to examine association between different clinical variables of patients with anorexia nervosa and the need of inpatient treatment, as a way to investigate possible predictors of severity of illness.

Methods Descriptive, longitudinal, retrospective study of all patients with a diagnosis of anorexia nervosa, with a first psychiatric appointment in a Child and Adolescent Psychiatry Department at a major university hospital, between 2009 and 2013. Clinical variables were compared based on the need of inpatient treatment in the first year after initial psychiatric appointment. Clinical data were collected from individual medical records. Statistical analysis was performed using Statistical Package for the Social Sciences, version 21.

Results Eight-five patients with anorexia nervosa were evaluated. In the first year after the initial psychiatric appointment, 47.1% of the sample received inpatient treatment. There were no statistical significant differences between groups for any of the clinical variables assessed: gender, age at onset of disease, body mass index at first psychiatric appointment, duration of illness at first psychiatric appointment, personal history of obesity, psychiatric comorbid conditions and family history of an eating disorder.

Conclusions No associations were found between the clinical variables assessed and the treatment setting. Further investigation is needed in order to identify other variables that may play a role in the course of anorexia nervosa in adolescent patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV282

Study of behavioral disorders in children born with infertility treatments compared with children born with natural methods, Kerman, Iran, 2015



A. Mehdizadeh Zare Anari^{1,*}, F. Iranmanesh², V. Habibzadeh³

¹ Kerman university of medical sciences, psychiatry, Kerman, Iran

² Kerman university, psychology, Kerman, Iran

³ Kerman university of medical sciences, obstetrics and gynecology, Kerman, Iran

* Corresponding author.

Background There are many causes of behavioral disorders in children investigating the causes and efforts to reduce them are useful for children.

Methods This causal-comparative research is cross-sectional study among of the children born with assisted reproductive technology and natural fertility methods in the Afzalipour hospital in Kerman city. A sample of 30 children were born with assisted reproductive technology and 30 children were born with natural methods of fertility chooses randomly and two groups matched on the basis age, sex, education, father's occupation, and family members. For two groups completed Czech list revision Quay-Peterson and Data were analyzed by SPSS software version 16.

Findings The results showed that differentiation between behavioral disorders (0.002) and its components, including attention-immaturity (0.008) and anxiety-recluse (0.000) in two groups were significant (increased in children born with infertility treatments), but between the elements of aggression (0.911) and conduct disorder (0.066) were not a significant difference.

Conclusion This study showed that the kind of fertilization effective on behavioral disorders in children.

Keywords Behavioral disorders; Fertility; Infertility; Assisted reproductive techniques

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV283

Be yourself in a connected world: A challenge for the digital natives teenagers

G. Mottet

Psychiatre libéral, Romans sur Isère, France

The Digital Revolution has radically changed the relationship to the body of the other in a connected world. The classic balance between appresentation/presentation (L. Binswanger) has been destroyed in the new digital matrix. Three clinical examples illustrate the consequences of this phenomenon for three digital natives teenagers in the structuration of their ipseity: Maximus the gifted giant that draws trolls, Léa “monstrous”, Thomas the DJ who never went clubbing. It leads to the wider question of a new way of seeing mannerism.

Keywords Phenomenology; Digital natives; New digital matrix; Appresentation/presentation; Mannerism

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV284

The effect of exercise therapy on symptoms of hyperactivity/attention deficit disorder in elementary school students in Rafsanjan

M. Nazer

Rafsanjan University of Medical Sciences, Psychiatry, Kerman, Iran

Background and objective Children with attention deficit/hyperactivity disorder are the first victim of emotional, behavioral and educational neglect. So it is necessary to treat these children. The purpose of this study was to investigate the effectiveness of exercise therapy on hyperactive, impulsivity and distraction of children with ADHD.

Material and methods Eighty elementary school age children with attention deficit/hyperactivity disorder by using of Conners scale and clinical interview selected and divided into experimental and control groups randomly. The experimental group received 10 sessions of exercise therapy with Tatami Therapy method. Post-test and follow-up tests performed in both groups and finally, data analyzed by using repeated measures.

Results Data indicate a significant reduction of hyperactivity, impulsivity and Distraction in the experimental group ($P < 0.05$). This difference was also significant at follow-up.

Conclusion Finally, can be concluded that exercise therapy or play therapy can be used as an alternative or complementary treatment for children with attention deficit/hyperactivity disorder.

Keywords Attention deficit; Hyperactivity disorder; Exercise therapy; Elementary school

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV285

Relationship between sensory processing patterns and behavioral regulation in autistic children

A. Nesayan*, R. Asadi Ganomani

University of Bojnord, Psychology, Bojnord, Iran

* Corresponding author.

Introduction In recent years, autism has been under consideration in public and research area. Autism spectrum disorders are a variety of related disorders that affect a child's social development



and ability to communicate and that included unusual behavioral manifestation such as repetitive motor movements. Autistic children have dysfunction in communication, socialization, repetitive and stereotyped behaviors. In addition, they clinically suffer from difficulty in attention, challenge with familiar behaviors and sensory processing problems. The aim of this study was to investigate the relationship between sensory processing patterns and behavioral regulation in children with autism.

Method This study has categorized in correlational research methods. After determining of entry criteria, according to purposive sampling method, 50 children were selected. Sensory profile Dunn school component for assessment of sensory processing patterns and rating inventory of executive functions (Brief) for assessment of function of working memory were used.

Result The results showed that there is significant negative correlation between sensory processing patterns (low Registration, sensory sensitivity, sensory avoiding and sensation seeking) and behavioral regulation. According to the findings, there is significant relationship between the patterns of sensory processing and behavioral regulation, so children with sensory processing difficulty are weak in behavioral regulation.

Keywords Sensory processing; Behavioral regulation; Autistic children

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EV286

A bizarre love

C. Noval Canga^{1,*}, R. Hernández Antón², S. Cepedello Pérez², S. Gómez Sánchez², L. Rodríguez Andrés², L. Gallardo Borge², G. Medina Ojeda², A. Alonso Sánchez², A. Álvarez Astorga², A. Portilla Fernández³

¹ Valladolid, Spain² Hospital Clínico Universitario, Hospital Clínico Universitario, Valladolid, Spain³ Hospital de Navarra, Hospital de Navarra, Pamplona, Spain

* Corresponding author.

Introduction Adoption constitutes a discontinuity in child care trajectory, that falls into a separation and a lost of reference figures, and therefore, the need to set up new attachment figures into a suitable familiar atmosphere.

Objectives This case is a review of how a child adoption process, that can be something positive at first, can also produce many problems in the future, added to difficulties in order to regulate stressing situations and also solving problems.

Methods The clinical case consists in a 25-year-old woman, who suffers from anxiety and self-injure behaviour. She has a diagnosis of non-specified personality disorder with limit characteristics. The patient was adopted a few months after her birth. At the moment she's living with her adoptive father, her adoptive mother passed away when she was 4. At the age of 21, the patient meets her biological mother and since that moment she spends most of the weekends with her. After a few medical appointments, she admits that she has allowed sexual relationships with her biological mother since six months ago.

Results It's important to appreciate the value of familiar atmosphere, and in addition, the attachment between child and his parental figures. The quality of the attachment is going to have influence in emotional regulation.

Conclusions Children who have suffered neglect from their biological parents and have been adopted develop attachment behaviours characterized by negative experiences. In spite of being in a good familiar environment, they feel vulnerable and insecure. Early and appropriate attachment experiences can improve relationships between children and their new family.



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EV287

How does psychotropic medication consent work for youth in foster care

C. Pataki^{1,2,*}, C. Thompson^{3,4}, G. Crecelius², J. Tesoro^{2,5}, G. Polsky², P. Kambam²

¹ David Geffen School of Medicine at UCLA, Psychiatry & Biobehavioral Science, Los Angeles, California, USA

² Department of Mental Health, Juvenile Court Mental Health Service, Monterey Park, California, USA

³ David Geffen School of Medicine at UCLA, Psychiatry & Biobehavioral Science, Los Angeles, California, USA

⁴ Department of Mental Health, Juvenile Justice Mental Health Program, Los Angeles, California, USA

⁵ University of Southern California School of Pharmacy, Pharmacy, Los Angeles, California, USA

* Corresponding author.

Introduction It is well known that youth in foster care are at high risk for psychiatric disorders, recently reported in up to 89%, with over 55% exhibiting ADHD in one sample (Linares et al., 2013). Psychotropic medication use was reported in 59% of foster care youth within a 2-month period (Brenner et al., 2013). The psychotropic medication consent process in Los Angeles for dependent children is multidisciplinary, starting with the treating psychiatrist's written authorization request to Children's Dependency Court. Once received, it is distributed to the child's attorney, social worker, and Juvenile Court Mental Health Service (JCMHS). JCMHS reviews and provides recommendations to the judicial officer who ultimately approves, modifies, or denies consent.

Objectives To present the steps and reasoning in the process of review, consultation, recommendations and decisions in psychotropic medication consent for dependent youth.

Aims To provide an understanding of the multidisciplinary review process involved in determining psychotropic medication consent in foster care youth.

Method Presentation of a timeline, forms and guidelines used in the process including the "Psychotropic Medication Authorization Form" (PMA) (Judicial Council of California, 2008).

Results Categories of recommendations and approvals provided to the judicial officer will be presented and rationales for in-person consultations.

Conclusion The psychotropic medication consent process for foster care youth is a complex multidisciplinary process which includes a clinically significant set of recommendations from JCMHS to the judicial officer to aid in making informed decisions regarding psychotropic medication.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV288

Catatonic features in adolescence: Interfaces with affective disorders

I. Peixoto^{1,*}, C. Santos¹, M. Sousa², S. Pimenta¹

¹ Hospital Dona Estefânia, Child Psychiatry, Lisbon, Portugal

² Centro Hospitalar Lisboa Norte, Child Psychiatry, Lisbon, Portugal

* Corresponding author.

Introduction Catatonia is a potentially life-threatening but treatable neuropsychiatric syndrome. The prevalence of catatonia in children and adolescents is probably underestimated since investigation on this matter is still lacking. Different studies have led

to the recognition of catatonia as a separate psychiatric entity, as reflected in DSM-5, renewing interest on this subject. While in the adult population there is evidence highlighting the strong association between catatonia and affective disorders, this has been poorly reflected in child and adolescent psychiatry literature. In fact, most of the research in this population focuses on associations with organic, psychotic or developmental disorders.

Objectives We aim to illustrate the diagnostic challenges when facing an adolescent with catatonia encompassing psychiatric, neurologic and immunologic factors known as possible causes for this condition. We aim to explain the diagnostic procedure and the possible clinical results of this workup, as well as raise the discussion around treatment options.

Methods We used a clinical case vignette of a 14-year-old adolescent, presenting with a stress-induced catatonic syndrome and depressive symptoms without any prior organic or psychiatric condition. We reviewed the most relevant literature in order to contextualize our clinical case.

Results and conclusion Catatonia is an under-recognized condition in children and adolescents without a prior medical or psychiatric condition, especially when associated with affective disorders. The inclusion of catatonia as a specific syndrome in the psychiatric nosography may help its recognition. Case reports on this matter are therefore especially important as a way of pushing clinical investigation on this matter forward.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV289

Autism-plus spectrum disorders: Interfaces with psychosis

I. Peixoto^{*}, R. Velasco Rodrigues, C. Marques

Hospital Dona Estefânia, Child Psychiatry, Lisbon, Portugal

* Corresponding author.

Introduction Despite categorical differentiation, autistic and psychotic disorders are historically related diagnostic entities and there is still much controversy regarding their limits and developmental course. Particularly in children, the presence of idiosyncratic fears, difficulties in the social sphere and thought disorder are important factors in the differential diagnosis. There are some research-derived clinical constructs that operationalize symptomatology aiming to highlight the interfaces and the overlap between such disorders. Their clinical implications can be extremely relevant in the face of the limits of current nosology.

Objectives To phenomenologically describe differentiating parameters and high-risk clinical profiles for the development of psychosis in children with autism spectrum disorder.

Methods Selective review of the literature in PubMed (MEDLINE). Illustration with a clinical case vignette.

Results The clinical case reflects well the difficulties posed in the differential diagnosis due to the multiple interfaces between autism and psychosis. Constructs such as "multiple complex developmental disorder" or "multidimensionally impaired syndrome" allow a clearer and more practice-friendly characterization of such individuals.

Conclusion The constellation of symptoms identified in these criteria may become useful through the definition of subgroups of autism spectrum disorder individuals with complex psychopathology. Studies in this regard are still scarce, but the validation and reproduction of the positive results observed in the near future can help optimize the clinical approaches in these children.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV290

Age as a hidden aspect in pediatric obsessive-compulsive disorder

I. Peixoto*, C. Marques

Hospital Dona Estefânia, Child Psychiatry, Lisbon, Portugal

* Corresponding author.



Introduction Pediatric obsessive-compulsive disorder (OCD) is a multifaceted clinical entity. Rage attacks have been repeatedly described in the phenotype of anxiety disorders in children and adolescents. It has been acknowledged that anxious youth who display rage have more severe clinical profiles and increased levels of dysfunction in most domains, consistent with the notion that rage is a marker of more severe psychopathology. However, this matter remains largely underappreciated in pediatric OCD. Namely, the role and functions of rage in pediatric OCD in relation to family accommodation and illness severity have highly relevant clinical management and treatment implications.

Objectives We aim to discuss how does rage look like in pediatric OCD, what are its associated features and its contributions to additional functional impairment. We examine the central role of family accommodation mediating clinical outcomes and review highly relevant diagnostic and treatment challenges.

Methods Selective review of the literature in PubMed (MEDLINE). Illustration with a clinical case vignette.

Results and conclusions Rage attacks are relatively common in pediatric OCD, have a negative impact on illness presentation, and contribute to functional impairment above and beyond obsessive-compulsive symptom severity. We hereby illustrate that rage may contribute to family accommodation of symptoms, which may further affect and perpetuate obsessive-compulsive symptom severity and impairment. There is a need to avoid misdiagnosis and to prioritize psychotherapeutic interventions and psychopharmacological treatment approaches. This provides important insights regarding the clinical validity of this component of OCD, aiming to capture further the attention of the clinical and research community.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV291

Encopresis: A medical and family approachI. Peñuelas Calvo^{1,*}, J. Sevilla Llewellyn-Jones², L. Poggio Lagares³, C. Cervesi⁴, A. Sareen⁵, A. Gonzalez Moreno¹¹ *Hospital Universitario Virgen de la Victoria, Psychiatry, Málaga, Spain*² *Hospital Universitario Virgen de la Victoria, Psychology, Málaga, Spain*³ *Universidad Complutense de Madrid, Facultad de Psicología, Social Psychology, Madrid, Spain*⁴ *Institute for Maternal and Child Health- IRCCS "Burlo Garofolo", Psychiatry, Trieste, Italy*⁵ *The Zucker Hillside Hospital - North Shore - Long Island Jewish Health System, Psychiatry Research, New York, USA*

* Corresponding author.



Introduction Encopresis is a not very common disorder. The prevalence of this disorder is about 1.5% after the age of 5 years old and decreased even more as age increased, being very rare in adolescence.

Aim Here we present a clinical case of an 11-year-old girl, with a diagnosis of functional encopresis with constipation and overflow incontinence for 4 years.

Method In this case, we followed a program consisted of 12 sessions combining different techniques that are on experimental phase. The program we designed consist of toilet training, establishment-token economy- of a diet high in fiber with a

progressive remove of laxative medication and a family intervention with both parents that got divorced 4 years ago.

Results Having both parents the same frame the patient's problem easily started to decrease. In follow-up (6 and 12 months), we observed good toilet habits and not constipations episodes.

Conclusions Even though all the techniques used were in experimental phase, we considered that because of the chronicity of this problem a multidisciplinary approach was the best option.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV292

Brain development in attention deficit hyperactivity disorder: A neuroimaging perspective review

V. Pereira*, P. de Castro-Manglano, C. Soutullo Esperon

Clinica Universidad de Navarra, Psychiatry and Medical Psychology, Pamplona, Spain

* Corresponding author.



Introduction Attention deficit hyperactivity disorder (ADHD) is a challenge in child and adolescent psychiatry. In the recent decades many studies with longitudinal designs have used neuroimaging with ADHD patients, suggesting its neurodevelopmental origin.

Objectives Study the findings of neuroimaging (MRI, fMRI, DTI, PET) techniques on ADHD patients from a longitudinal point of view, looking also for the potential influence of treatments and other predictors (i.e. genetics).

Aims To provide a global perspective of all the recent findings on ADHD patients with the neuroimaging technics, focusing on longitudinal measurements of the changes in brain development.

Methods We conducted a review of the literature in the databases Pubmed and ScienceDirect (terms ADHD, neuroimaging, MRI, fMRI, DTI, PET, functional connectivity, methylphenidate and cortical thickness). We focused on studies using neuroimaging techniques with ADHD patients, looking at their populations, methodologies and results.

Results The studies found abnormalities in the structure of grey matter, activity and brain connectivity in many neural networks, with particular involvement of the fronto-parietal and Default Mode Network. There is also convergent evidence for white matter pathology and disrupted anatomical connectivity in ADHD. In addition, dysfunctional connectivity during rest and during cognitive tasks has been demonstrated.

Conclusions This evidence describe ADHD as a brain development disorder, with delays and disruptions in the global development of the central nervous system that compromises grey and white matters, most evident in the prefrontal cortex, parietal and posterior cingulate cortices, as well as basal ganglia, damaging activity and structural and functional connectivity of various brain networks, especially the fronto-striato-parietal and default mode network.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV293

Emotion regulation strategies in adolescents with mitral valve prolapse

E. Pervichko*, Y. Zinchenko

Lomonosov Moscow State University, Faculty of Psychology, Moscow, Russia

* Corresponding author.



Introduction Two thirds of adolescents with mitral valve prolapse (MVP) show signs of anxiety disorders. They display difficulty in emotion regulation (Van Der Ham et al., 2003; Scordo, 2007).

Objective To investigate into emotion regulation strategies in MVP adolescents.

Methods A projective study of emotion regulation was undertaken with our modified version of Rosenzweig Picture–Frustration Test (Zinchenko, Pervichko, 2014). Thirty-six adolescents with MVP (mean age was 17.1 ± 0.8 years) and 40 healthy adolescents (mean age was 16.7 ± 0.6 years) took part in the study.

Results MVP adolescents significantly more frequently ($P < 0.001$) would mark Rosenzweig's situations as potentially traumatizing. Ego-defence (E-D) and extrapunitive (E) reactions appear to be significantly ($P < 0.05$) more frequent among MVP adolescents. MVP adolescents are more than healthy subjects prone to avoid open verbal revelations of their thoughts and feelings that emerge in the situation of frustration. Content analysis of responses conditioned by cognitive control (when the task was to taper off arbitrarily the traumatizing effect of the situation) revealed that suppression of emotions was displayed by MVP adolescents in 52% of answers, and for healthy participants - 29% of answers ($P < 0.001$). Cognitive reappraisal strategy was displayed by MVP adolescents in 27% of answers, and for healthy participants - 38% of answers ($P < 0.05$). Twenty-one percent of answers of MVP adolescents and 33% of answers of healthy participants suggested cognitive transformation of emotional experience and actualization of new meanings in traumatic situations ($P < 0.05$).

Conclusions MVP adolescents appear to be more sensitive of frustrations and differ from healthy peers in more frequent use of the strategy of suppression of emotions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV294

Adolescent prostitution: Which role plays psychopathology?



C. Petrocchi^{1,*}, M. D'Aguzzo¹, R. Carafa¹, P. Velotti²

¹ Sapienza - Università di Roma, Dynamic and Clinic Psychology, Roma, Italy

² University of Genoa, Department of Educational Sciences, Genoa, Italy

* Corresponding author.

Introduction The characteristics and the mental functioning of adolescent prostitutes were examined in several studies. Literature associates externalizing problems (i.e. impulsivity) with high rates of sexual activity and high rates of prostitution (Donenberg et al., 2005). Research has identified a link between psychopathology and high rates of health-risking sexual behavior and conduct problems. Despite the identification of psychopathology as a risk factor for the development of health-risking sexual, its role in prostitution has not been well examined.

Objectives Although the association between psychopathological disease and engagement in health-risking sexual behavior is documented, the specific nature of the cause or mechanism for the link between psychopathological disease and the development of these behavior problems is not known.

Methods An extensive literature search for relevant published and unpublished studies was conducted on Medline, CINAHL Plus with Full Text, Psycinfo and PsycArticle from inception through September 21, 2015. Additionally, we performed a search in Google Scholar and manually searched by the reference lists of included articles. Comprehensive search strategies were developed using the controlled vocabularies of each database. We systematically searched for relevant studies using a combination of Medical Subject Headings (MeSH) terms and corresponding free-text terms. Search term and keywords were altered as per specification of individual database.

Results Adolescent prostitution is one of the major public health problems and psychopathology plays an important part in it.

Adolescent prostitutes' shown elevated level of psychopathological disease that may reflect the possibility that their psychological functioning leads them to this particular environment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV295

ADHD complex correction in children



O. Pityk^{1,*}, M. Pityk², I. Kuzhda³

¹ Ivano-Frankivsk National Medical University, Department of Psychiatry- Narcology and Medical Psychology, Ivano-Frankivsk, Ukraine

² Ivano-Frankivsk National Medical University, Department of Neurology, Ivano-Frankivsk, Ukraine

³ Ivano-Frankivsk Regional Children Hospital, Department of Ophthalmology, Ivano-Frankivsk, Ukraine

* Corresponding author.

About a third of children are described as overactive by their parents, and up to a fifth of schoolchildren are described in this way by their teachers. Diagnosis of ADHD can be exhibited in 3–7% of children reached school age. It is not surprising that in children with ADHD as a result of such symptoms develop low self-esteem and emotional problems, often observed a variety of neurotic symptoms and behavioral disorders. The aim of our work was to investigate effectiveness of GABA-ergic medications in complex correction of ADHD children. It is investigated and treated 69 children with ADHD in age from 6 to 12 years. All the children were assigned GABA-ergic medications in doses that depended on the age of the child within three months. Besides medication, parents with their children carried out psychological adjustment, first of all it was a psychological training of parents based on system model of psychotherapy and appropriate recommendations for changes in behavioral strategies in relation to children. After treatment 100% of parents noted improvement of children's state. However, symptoms significantly smoothed in 51 children, children were more attentive, calmer, and more reflective. It was made significant changes in the relationships of parents with children that manifested itself in improving mutual understanding, increased positive reinforcement, reducing cases of different methods of punishment and expression of dissatisfaction with the behavior of children. Therefore, GABA-ergic medications can be successfully used in complex correction in children with ADHD.

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EV296

Art-therapeutic approaches in the diagnosis of depressive disorders in children



E. Mykhailova^{1,*}, T. Proskurina¹, T. Matkovska¹, N. Reshetovska¹, A. Matkovska²

¹ State Institution "Institute for Children and Adolescents Health Care of the NAMS of Ukraine", psychiatry, Kharkov, Ukraine

² Kharkov V. Karazin National University named, medical, Kharkov, Ukraine

* Corresponding author.

Background and aims To study diagnostic and rehabilitation significance of projective drawing tests in children with depression.

Materials and methods Multidisciplinary study of pediatric patients with depression (48 children in the prepuberty and 164 children in puberty) was carried out in the psychiatric department of the SI "Institute for Children and Adolescents Health Care of the NAMS of Ukraine" for the period 2012–2015.

The study design Clinical and psychopathological, somatoneurological, and psychological (CDRS-R depression scales, “I and my illness”, “House-Tree-Person”, “I am in this world”, “Me and my family” projective drawing tests as well as “My sorrows” and “My dreams” topical mini-compositions).

Results Graphic signs reflecting anxiety, depression, fatigue, algia, aggression, low self-evaluation, isolation, hypochondria and phobias have been registered in the projective drawn tests of all our patients. In cases of suicidal behavior and aggression, art-therapy sessions enabled the experts to convert the problem and make it a stimulus for the exit from the psychological crisis. In dysmorphic fixation on the bodily problems therapeutic intervention was aimed at restoring the adoption of a child of his “ego”. Regardless of the specific psychological problems with depression of each patient art-therapy sessions made it possible to restore the emotional homeostasis and compliance, which contributed to more effective therapeutic interventions.

Conclusion The differentiation of somatic, emotional and behavioral patterns of depression by art-diagnosis provides concentration on psychopathologic symptoms and psychosocial stressors, which is effective in the rehabilitation of children with depressive anxiety disorders.

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EV297

Antipsychotic in children and adolescents: Metabolic effects



M.D.L.C. Ramirez Dominguez*, I. Prieto Sánchez, L. Hernandez Gonzalez, S. Fernandez Leon, M. Reina Dominguez
Complejo Hospitalario de Huelva, Psiquiatria, Huelva, Spain
* Corresponding author.

Introduction The use of antipsychotics in children is controversial, one of the considerations to take into account is the possible effect on the values of fasting glucose, prolactin or weight gain are very important.

Objectives To study the effect of these drugs on metabolic rate in children.

Methods We measured the weight, waist circumference, fasting glucose and basal prolactin in 6 children at Children’s Hospital in the province of Huelva, diagnosed with bipolar disorder and early schizophrenia, atypical antipsychotics before starting treatment and 6 months later.

Results In the provisional results it is found that there is not a significant weight gain (less than 3%), no impairment of glucose and only in one case basal prolactin was elevated.

Conclusions The use of atypical antipsychotics in children should be reserved when strictly necessary. Once established, keep tight control of metabolic parameters, although the data of our study coincide with the literature, do not produce significant alterations.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV298

The importance of multiple-family group therapy in treatment of psychosomatic pathology



C. Sanahuja^{1,*}, A. Suarez²
¹ Hospital Universitario de Fuenlabrada, Mental Health, Fuenlabrada, Spain

² Instituto Psiquiatrico Jose Germain, Mental Health, Leganes, Spain

* Corresponding author.

Introduction The “parental multiple-family school” was developed in Buenos Aires (Argentina) by E. Rotenberg, based on the theory and practice of J. García Badaracco’s multiple-family psychoanalysis (which further expands on the classical psychoanalysis’ frame), applying it to the kids and their relatives. We will focus on the therapeutic group treating psychosomatic pathology, with the collaboration of the Dermatology department of the Hospital de Niños Dr. Ricardo Gutiérrez.

Objective To highlight the importance of creating spaces to modify the psychic mechanisms and resources of the psychosomatic patient at an infant age.

Methods We describe the “multiple-family parents school”, an open, weekly group, coordinated by two psychologists and assisted by a dermatologist, in which the theories of J. García Badaracco’s multiple-family group analysis are applied. We also discuss the importance of applying this system in our clinical practice.

Results We observed, according to the Dermatology department, very positive and significative changes in every post-group, which could lead to the disappearance of dermatological diseases in different patients without a pharmacological treatment which was previously given as first option. Single-session groups had many advantages, including the removal of waiting lists, a better development of the emotional connection between kids and their families, and a reduction of the therapeutic and professional costs.

Conclusion We think that starting interventions in multiple-family group therapy in Madrid in order to treat psychosomatic diseases in kids and teenagers should be encouraged after the very positive clinical experience in other cities.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV299

Emotional and behavioral functioning among 10–14-year-old children who were very low birth weight at birth



M. Serrano Villar^{1,*}, P. Barga¹, A. Coronado², M. Alcami¹, A. Ortiz¹, S. Ares³, F. Omenaca³, M.F. Bravo Ortiz⁴

¹ La Paz University Hospital. IdiPAZ Health Research Institute, Paidopsiquiatría, Madrid, Spain

² Universidad Complutense de Madrid, Facultad de Educación, Madrid, Spain

³ La Paz University Hospital, IdiPAZ Health Research Institute, Neonatología, Madrid, Spain

⁴ La Paz University Hospital. IdiPAZ Health Research Institute, Psiquiatría, Madrid, Spain

* Corresponding author.

Objective This study examined the emotional and behavioral functioning among 10–14 year-old children who were born with very low birth weight (VLBW, <1500).

Method Prospective and cross-sectional study of 90 VLBW (<1500g) survivors born at the Hospital Universitario la Paz in Madrid, Spain, from 2000 to 2005 who were assessed by interviewers using the Strengths and Difficulties Questionnaire (SDQ). Parents also reported on their children’s functioning. Children who showed an abnormal SDQ score on the total difficulties subscale or who had psychiatric history were also assessed using the K-SADS-PL.

Results The proportion of children with abnormal-self-rated-SDQ scores was as follows: almost 25% of children showed an abnormal score on hyperactivity, nearly 15% on emotional problems, 15% on conduct problems and 10% on peer problems. Overall, 15% of children showed an abnormal score on the total difficulties subscale. Most children (99%) showed a normal score on the prosocial subscale. These proportions were higher when the questionnaire was rated by parents. Thirty-eight percent of children

were assessed using the K-SADS and very few of them meet the criteria for at least one psychiatric disorder. Biomedical variables were associated in the expected direction to children's SDQ scores such as birth weight, head circumference and Apgar scores.

Conclusion To conclude, being born with very low birth weight seems to be related to the emotional and behavioral functioning that these children appear to show between 10 and 15 years later.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV300

School refusal: Idiom of distress and/or Babel tower?



J. Sibeoni*, A. Moscoso, A. Revah-Levy

Hospital de D. Estefânia Department of Child and Adolescent Psychiatry, Rua Jacinta Marto, Lisbon, Portugal

* Corresponding author.

Across Europe, school absenteeism is an increasing problem on the crossroad between educational and public-health political matters. This issue underlies socio-economical, sociological and school-related factors as much as it questions individual psychopathology and family functioning. Indeed, school refusal behavior among adolescents has become a very frequent reason to seek for psychiatric consultations. A recent review about this topic has shown that around 90% of these adolescents met the criteria for a psychiatric diagnosis, mostly anxiety disorders [1]. It appears to be a very complex and heterogeneous phenomenon which raises many questions, to date still unsolved: terminology confusions (truancy, school phobia, school refusal), lack of a concise definition, contradictory hypothesis regarding etiology, psychopathology and treatment plan depending on the paradigm the authors would refer to. In this presentation, we will elicit why school refusal can be considered as a new idiom of distress for adolescents in western societies, and we will show how, in clinical practice, these situations can become a genuine Babel tower in which no one, among health-care professionals, teachers, parents and patients, are speaking the same language.

Keywords School refusal; School phobia; Truancy; Adolescents; Idiom of distress

Disclosure of interest The authors have not supplied their declaration of competing interest.

Reference

[1] Ek, Eriksson. Psychological factors behind truancy, school phobia, and school refusal: a literature study. *Child Family Behav Ther* 2013;35(3):228–48.

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EV301

Psychological responses to traumas of children younger than 6 years old diagnosed with posttraumatic stress disorder



M. Stankovic^{1,*}, G. Grbesa², M. Simonovic², J. Kostic¹, N. Ilic¹

¹ Clinic for Mental Health Protection, Child Psychiatry, Nis, Serbia

² Medical Faculty- University of Nis-Serbia, Psychiatry, Nis, Serbia

* Corresponding author.

Introduction Criterion A2 causes many controversies in the diagnostic process of posttraumatic stress disorder (PTSD) among young children. Depending on the manner in which the trauma is indirectly experienced, clinical picture of disorder could be formed by different groups of symptoms. Profiles of symptoms groups are dependent of children ability to speak, describe or of play observation by expert.

Methods The study included 8 children younger than 6 with PTSD diagnosis. Children were observed in a routine clinical practice.

Results Examinees under the age of six, whose can describe traumatic event, produce symptoms that represent compaction of a traumatic event, associated with fantasies and meanings related to previous traumatic experiences. Reexperiencing symptoms associated with A2 criterion (intrusive thoughts, images, scenes of the traumatic event, recurring nightmares with onerous sequences of the accident) were rare. Avoidance and inhibited reactions were attributable.

Discussion Manners in which children younger than 6 experienced the trauma shows a large range from florid symptoms stated by the existing accepted classification. The results point out possible multifactorial cause of PTSD etiology.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV302

Side effects of a psychiatry drug: Effect of phenytoin and aging on regulation of 3 enzymes of gingival fibroblasts in pediatrics and adults



V. Surena

Tehran, Iran

Introduction Epidemiologic data has shown that gingival overgrowth as a side effect of phenytoin, one of the major drugs against Epilepsy is more common in pediatrics than in adults. The alteration of cytokine balance is suggested to exert greater influence on gingival overgrowth compared to the direct effect of drug on the regulation of extracellular matrix metabolism or proliferation of gingival over growth.

Purpose Current study was performed to evaluate the phenytoin effect on the regulation of collagen, lysyl oxidase and elastin in the gingival fibroblasts in pediatrics and adults.

Methods and materials Normal human gingival fibroblasts (HGFs) were obtained from 4 healthy children and 4 adults. Samples were cultured with phenytoin. MTT test was used to evaluate the proliferation and ELISA was performed to determine the level of IL1 β and PGE2 production by HGFs. Total RNA of gingival fibroblasts was extracted and RT-PCR was performed on samples. The analysis of proliferation was assessed by independent ANOVA; Kruskal-Wallis was used to assess the production of mediators with an alpha error level less than 0.05.

Results There was significant difference in the expression of elastin between the controls and treated samples in both adult and pediatric groups and also in the lysyl-oxidase expression of adult controls and treated adult. No significant difference was found between the collagen expressions in adults.

Conclusion The only significant difference was in the elastin and lysyl oxidase expression between adult and pediatric samples indicating the significant effect of age in their production of both control and experimental groups.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV303

Advantages of telepsychiatry in child and adolescent mental health



R. Szeftel^{1,2,*}, L. Piacentini³, C. Pataki^{1,4}

¹ David Geffen School of Medicine at UCLA, Psychiatry & Biobehavioral Science, Los Angeles-California, USA

² Department of Mental Health, Psychiatry, Los Angeles-California, USA

³ Pitzer College, Psychology, Claremont–California, USA

⁴ Department of Mental Health, Juvenile Court Mental Health Service, Monterey Park–California, USA

* Corresponding author.

Introduction Telepsychiatry is increasingly utilized to evaluate and treat diagnostically and geographically diverse youth. (Szeftel et al., 2012; Hilty et al., 2013). Important public health implications arise for US psychiatrically ill youth, most of whom receive no treatment, others depend on pediatricians without input from a child psychiatrist (Goldstein and Myers, 2014). Potential advantages of telepsychiatry include increased access to care from child psychiatrists directly, and through collaborations with pediatricians, and uniquely positive response in patients more communicative in this setting (Pakyrek et al., 2010).

Objectives – To present the effectiveness of Telepsychiatry in psychiatrically ill youth, and specific subgroups who especially benefit.

– To show increased access to psychiatric care occurs through collaborations between child psychiatrists and pediatricians.

Aims To present the advantages of telepsychiatry for child and adolescent mental health and clinicians.

Methods Review of selected published Telepsychiatric evidence-based research and best practice recommendations.

Results – Psychiatrically ill youth are effectively evaluated and treated using Telepsychiatry (Myers et al. (2011), Hilty et al., 2013). – Very young children and youth with Autism Spectrum Disorders, or anxiety disorders respond particularly positively to Telepsychiatry (Szeftel et al., 2012; Pakyuerek et al., 2010; Myers et al., 2010). – Telepsychiatry provides increased access to care through collaborations between child psychiatrists and pediatricians (Goldstein and Myers, 2014; Myers et al., 2011).

Conclusion Telepsychiatry is a promising advantageous modality for youth based on effectiveness, broad administration and unique benefit for very young and socially impaired youth.

References not available.

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EV304

Management of psychiatric symptoms in pediatric anti-NMDA receptor encephalitis: Case report and systematic review

S. Tang*, O. Alpert

Children's Hospital of Philadelphia, Child and Adolescent Psychiatry, Philadelphia, USA

* Corresponding author.

Introduction Anti-N-methyl-D-aspartate (NMDA) receptor encephalitis is an autoimmune condition that causes serious psychiatric symptoms. Nearly 40% of affected patients are pediatric in age. Few publications detail management of psychiatric symptoms.

Objective To guide clinical decision-making for psychiatrists managing pediatric patients with anti-NMDA receptor encephalitis.

Aims We present a systematic review of literature and an illustrative case report of a 17-year-old girl who presented with psychosis, agitation, and insomnia, and underwent treatment with olanzapine, clonazepam, and clonidine.

Methods PUBMED was searched for publications in English describing anti-NMDA encephalitis (2007–November 2015). Publications were included if they met all of the following:

- novel data;
- reported treatment of psychiatric phenomena for patients aged ≤18 years
- full text available. Thirty-four publications detailing 38 unique cases were included.

Results Psychiatric symptoms are summarized in Table 1; common treatment modalities are presented in Table 2. The most frequently used antipsychotics were risperidone ($n = 16$, 57%), haloperidol ($n = 10$, 36%), and olanzapine ($n = 10$, 36%). Significant adverse effects occurred, with neuroleptic malignant syndrome diagnosed with high probability in 4 cases (13%), and suspected in 5 cases (16%). Dystonia, rigidity, tremors, and bradykinesia were also linked to medication side effects. All reported adverse events coincided with antipsychotic administration.

Conclusions Psychiatric symptoms in pediatric cases of anti-NMDA receptor encephalitis were frequently managed with antipsychotics and benzodiazepines. Though antipsychotics may be necessary, serious side effects are concerning. Unlike in delirium resulting from other causes, benzodiazepines do not seem to be contraindicated. ECT may also be of utility and was well-tolerated in reported cases.

Table 1 Summary of psychiatric symptoms.

	All Cases	Ages 3 - 12 years	Ages 13 - 18 years
n	38	10	28
Females	25 (66%)	5 (50%)	20 (71%)
Agitation	32 (84%)	8 (80%)	24 (86%)
Psychosis	27 (71%)	5 (50%)	22 (79%)
Sleep Disturbance	18 (47%)	5 (50%)	13 (46%)
Catatonia	17 (45%)	2 (20%)	15 (54%)
Mood Disturbance	15 (39%)	3 (30%)	12 (43%)
Anxiety	7 (18%)	4 (40%)	3 (11%)

Table 2 Management of psychiatric symptoms.

	All Cases	Ages 3 - 12 years	Ages 13 - 18 years
n	38	10	28
Antipsychotics	32 (84%)	9 (90%)	23 (82%)
First Generation Only	6 (16%)	4 (40%)	2 (7%)
Second Generation Only	15 (39%)	4 (40%)	11 (39%)
Both First and Second	7 (18%)	0 (0%)	7 (25%)
Unspecified	4 (11%)	1 (10%)	3 (11%)
Benzodiazepines	24 (63%)	8 (80%)	16 (57%)
Non-Pharmacologic	11 (29%)	4 (40%)	7 (25%)
Electroconvulsive Therapy	5 (13%)	1 (10%)	4 (14%)
Melatonin	5 (13%)	3 (30%)	2 (7%)

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV305

Feasibility of the stress and anger management program on children with high functioning autism spectrum disorder in a sample population from Karachi

B. Tauseef*, Z. Zadeh, B. Fatima

Bahria University, Institute of professional Psychology, Karachi, Pakistan

* Corresponding author.

Introduction Research shows that individuals with Autism Spectrum Disorder, struggle with emotional competence as compared to their typically developing counterparts. This leads to internalizing (stress) and externalizing (anger management) problems in the affected population. The stress and anger management program (STAMP) designed by Scarpa et al. is a manualized treatment protocol with good clinical efficacy.

Objective The objective of the present study is to test the feasibility and suitability of STAMP as a systematized treatment protocol



in Karachi and to enable the sample population, to become emotionally competent.

Aim The aim is to evaluate the effectiveness of STAMP on the reduction of symptoms in the sample population.

Method Ten children with high functioning autism spectrum disorder will be selected from various institutes in Karachi, and randomized to experimental and waitlist control group after pre-intervention assessment. Upon completion of the intervention with the experimental group, the waitlist control group will be offered the intervention. Both the groups will be assessed, immediately after the intervention, followed by a one-month follow up assessment.

Results It is expected that STAMP will significantly reduce the incidence of problem behaviours as measured by the standardized assessment questionnaires from the manual; as well as significantly reduce the severity of scores on the internalizing and externalizing components of the strength and difficulties questionnaire, in the experimental group as compared to the control group.

Conclusion It is expected that the results of the present study could be utilized to train mental health professionals in Karachi for systematized treatment of ASD and related problems.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV306

Temperament and resilience of children of alcohol dependent individuals



C. Thanikachalam^{1,*}, A. Dhandapani², S. Choudhury¹, A. Sankaran¹, E. Subramaniam¹

¹ Mahatma Gandhi Medical College and Research Institute, Psychiatry, Pondicherry, India

² National Institute of Mental Health and Neurosciences, Psychiatry, Bangalore, India

* Corresponding author.

Introduction Children of alcohol dependent individuals are affected by disturbed parent-child relationship and exhibit externalizing symptoms, arrhythmicity, negative mood and low persistence.

Objectives To assess the temperament and resilience of children of alcohol dependent individuals and to study their relationship with the father's severity and problems of alcohol intake.

Aims To assess the psychological profile of children of alcohol dependent individuals.

Methods Cross-sectional study conducted in a tertiary care centre from January to August 2015. Severity of alcohol dependence in father and problems related to it was assessed using 'short alcohol dependence data' and 'alcohol problems questionnaire'; the temperament and resilience of their children ($n = 31$) was assessed using 'temperament measurement schedule' and 'strengths and difficulties questionnaire' respectively.

Results The sample comprised of 48% boys and 52% girls with mean age (SD) of 9.32 (3.02) years. Eighty-one percent belonged to lower socioeconomic status. Their fathers' mean age (SD) was 37.13(4.9) years and duration of alcohol dependence being 16.32 (5.7) years, average use/day being 19.19 (14.9) units with moderate (45.2%) to high (41.9%) dependence. Significant association was observed between severity of alcohol dependence and temperamental domain-threshold of responsiveness ($\chi^2 = 17.272$, P value = 0.002) (Table 1). The average units of alcohol consumed/day were a significant predictor for the presence of emotional problems in the child (OR = 30.12; 95%CI 1.33–677.86).

Conclusion There's a significant association between father's alcohol use and child's psychopathology which indicates the need for preventive and curative mental health measures.

Table 1 Significant correlation between alcohol problems in father and child's temperament and resilience (* $P < 0.05$).

Alcohol problem	Temperament&Resilience	Pearson's correlation (r)	p value
Duration of alcohol intake	1.Externalising symptom	0.428	0.016*
	2.Approach- withdrawal	-0.445	0.012*
Average use of alcohol	'Emotionality' factor	0.360	0.046*
Marital problems due to alcohol use	Peer relationship problems	0.487	0.005*

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV307

Managing an effective treatment for catatonia and Cotard syndrome in an adolescent with comorbidities and CYP2D6 polymorphism



S. Turan*, B. Ay, B. Güller, B. Serim, S. Miral, Ö. Gencer Kidak Dokuz Eylül Medicine Faculty, Child and Adolescent Psychiatry, Izmir, Turkey

* Corresponding author.

We describe a patient with catatonia and symptoms of psychosis who developed neuroleptic malignant syndrome after using risperidone, olanzapin and clozapin, thus requiring life support equipment and Dantrolene, Bromocriptin, later recovering after five days. From a psychiatric and neurological point of view, however, the persistence of catatonic syndrome and Cotard syndrome delusions was observed, based on assertions such as 'I don't have an arm' (ideas of defalcation), 'They killed me', 'My body's getting melt' and statements about the patient being responsible for the 'death of the whole family' (ideas of guilty). Brain MRI shows that a venous angioma has been in right frontal lobe. Also echocardiographic findings were associated with history of myocarditis. Both venous angioma and myocarditis sequel seemed to be relative contraindication for electroconvulsive therapy according to literature. In addition; genotyping revealed that he was heterozygosis for a CYP2D6*4 wild type allele. The patient responded well to ECT after 13 sessions and with ketiapin 1200 mg/day medication. The case highlights the importance of therapeutic drug monitoring in identification and differentiation of drug induced effects in psychiatric disorder to NMS recurrence and also managing an effective treatment for catatonia and Cotard syndrome.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV308

Potential neurobiological ADHD biomarkers



M. Uzbekov*, E. Misionzhnik Moscow Research Institute of Psychiatry, Brain Pathology, Moscow, Russia

* Corresponding author.

Objectives Pathogenetic mechanisms of hyperkinetic syndrome (HKS) or attention deficit hyperactivity disorder (ADHD) are not clear.

Aim To elucidate some aspects of monoamine involvement in pathogenesis of disorder and response of monoaminergic systems to psychostimulant medication.

Methods Levels of different monoamines, their metabolites and N-methylnicotinamide (end product of kynurenine pathway) were measured in daily samples of urine from children (7–11 years old) with mild and severe HKS using fluorimetric and chromatographic methods as well as platelet monoamine oxidase (MAO) activity. Thirty children with mild HKS received psychostimulant Sydnocarb 5–15 mg daily for 1–1.5 months (for ethical reasons children with severe HKS were not included in study).

Results HKS was accompanied by activation of dopaminergic and inhibition of noradrenergic systems. There were found metabolic differences between two forms of HKS. Compared with mild HKS, severe HKS was characterized by significant 2-fold increase of MAO activity and L-dopa, dopamine and adrenaline excretion. After sydnocarb treatment children's clinical status improved along with decrease of excretion of homovanillic, vanillylmandelic and 5-hydroxyindoleacetic acids and increase of N-methylnicotinamide.

Conclusions Results indicate that dopaminergic and noradrenergic systems play important role in pathogenesis of HKS. Clinical improvement of HKS children was accompanied by significant increase of N-methylnicotinamide excretion. It is proposed that increased urine excretion of kynurenine metabolite–N-methylnicotinamide and N-methylnicotinamide/5-hydroxyindoleacetic acid ratio can serve as potential biomarkers for evaluation of efficacy of psychostimulant medication. We hypothesize that kynurenine system plays significant role in pathogenesis of HKS/ADHD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV309

Neuroanatomical basis of emotional dysregulation in children and adults with ADHD



R. Vela

Massachusetts General Hospital, Psychiatry, Chelsea MA, USA

Introduction Since the advent of DSM III, emotional dysregulation has been relegated to “associated features” of ADHD. However, research has shown that 25% to 40% of children and 30% to 70% of adults with ADHD have emotional dysregulation. Deficient emotional dysregulation is an important cause of disability, and poor clinical course.

Objectives At the end of this presentation, the participants will be able to:

- discuss the prevalence, disability and clinical/behavioral manifestations of emotional dysregulation in ADHD as a dimensional trait;
- discuss the major brain functions of the hypothalamus, amygdala, ventral striatum, cingulate gyrus, anterior insula and orbitofrontal cortex, and how these may explain emotional dysregulation in ADHD.

Aims The aim of this presentation is to elucidate the relationship between clinical manifestations of deficient emotional self-regulation in ADHD and the neuroanatomical structures and neurocircuitry involved in emotional regulation.

Methods This presentation will selectively review specific research findings of functional imaging ADHD studies and analyze them in the context of emotional regulation exerted by the interrelationships between the amygdala, ventral striatum, medial prefrontal cortex, orbitofrontal cortex and anterior insula.

Results Bottom-up neuroanatomical mechanisms involve the detection of hypothalamic and amygdalar firing, signaling higher cortical structures that control is needed. Top-down regulatory processes in ADHD subjects fail in the allocation of attention to emotional stimuli and reward valuation necessary to maintain focus on a goal.

Conclusions Further research is needed to continue elucidating the anatomical structures and functional connectivity underlying deficient emotional self-regulation in ADHD.

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EV310

Understanding of self-harm behaviour in adolescents



L. Santric¹, A. Razić Pavlic², A. Vuk^{3,*}, A. Tomac¹

¹ Clinic for Psychological Medicine-University Hospital Center Zagreb, Child and adolescent psychiatry, Zagreb, Croatia

² Clinic for Psychological Medicine-University Hospital Center Zagreb, Adult psychiatry, Zagreb, Croatia

³ Psychiatric Hospital 'Sveti Ivan', Adult psychiatry, Zagreb, Croatia

* Corresponding author.

Introduction The incidence and prevalence of self-harm behaviour, with or without suicidal intent, is on the rise, both in other countries as well as in Croatia. Understanding the nature of patients who show self-harm behaviour can help us to better understand the components that contribute to their morbidity and mortality.

Objectives To expand the understanding of self-harm behaviour in adolescents as a contribution to the planning and implementation of preventive and curative programs.

Aims To explore the psychopathological characteristics of adolescents with and without self-harm behaviour who seek psychiatric help for their mental health problems.

Methods In this study participated 150 adolescents, aged 14–18 years, of which 52% showed some form of self-harm behaviour. During the initial examination of child and adolescent psychiatrist, participants completed self-reported questionnaires: functional assessment of self-mutilation (FASM, 1997) and the youth self report (YSR, 2001).

Results Statistically significant difference between groups of female adolescents with and without self-harm behaviour was observed in all of eight problem scales, while in male adolescents it was observed in five of them. This indicates considerably higher level of psychopathological features in the group of patients with self-harm behaviour.

Conclusions It is necessary to intensify monitoring of adolescents who show self-harm behaviour because of the overall level of psychopathological symptoms and the comorbidity which significantly complicates the therapeutic process. It is particularly important to continuously assess the suicide risk.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV311

Resilience in children of depressed parents – a systematic review of protective factors



O. Włodarczyk*, A. Schramm, F. Metzner, S. Pawils

University Medical Center Hamburg-Eppendorf, Department of Medical Psychology, Hamburg, Germany

* Corresponding author.

Introduction Children of depressed parents have an increased risk of developing mental disorders. While there are various studies concerning a pathogenetic perspective, fewer studies examined factors that protect mental health of these children. Knowledge about protective factors is necessary to establish prevention projects.

Objectives This systematic review gives an overview of protective factors for mental health of children of depressed parents.

Methods Databases PsycINFO, Embase, Medline, PSYINDEX, PubMed, ISI Web of Science, and CINAHL were searched for relevant studies in German or English published until August 2014. Targets were epidemiological studies concerning protective factors for children up to the age of 21 years who have at least one depressed parent. Selection process and assessment of methodological quality of the studies were conducted by two reviewers using a checklist.

Results Out of 3526 screened studies, finally thirteen studies were included. Efficient stress management strategies – in particular primary and secondary control coping – were identified as protective factors for mental health of affected children. Children's social competences as well as parental positive parenting skills also seem to have a protective impact. Restrictions to specific search terms, databases, and languages could have caused missing relevant studies with other characteristics. Limitations could also result from possible publication bias as well as methodological and qualitative differences regarding included studies.

Conclusions In the context of prevention projects, children of depressed parents should be supported in adequately and efficiently coping with stress. Moreover, practitioners should aim at the promotion of social competences and the involvement of parents within prevention.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV312

Psychosocial profile of encopretic children and their caregivers in relation to parenting style



E. Zaky^{1,*}, M. Rashad¹, H. Elsafoury², E. Ismail¹

¹ Ain Shams University, Pediatrics, Cairo, Egypt

² Ain Shams University, Pediatric Surgery, Cairo, Egypt

* Corresponding author.

Background The role of psychological factors in the development and maintenance of encopresis is controversial.

Objectives Assessment of the psychosocial profile of encopretic children and their caregivers in relation to parenting style compared to controls.

Methodology The current cross sectional study comprised 90 Egyptian children classified into three groups: group I (encopresis without constipation and overflow incontinence), group II (encopresis with constipation and overflow incontinence), and group III (clinically healthy controls); each group included 30 children. Thorough clinical evaluation and psychometric assessment were carried out for all enrolled children while caregivers were evaluated for their parenting styles, anxiety, depression, and introversion scores. **Results** Hardness, undue blaming, and indecisive parenting styles were significantly more prevalent among caregivers of group I. Encopretic children of group I & II had poorer self-esteem and higher prevalence of clinically manifest depression compared to healthy controls. Furthermore, there was a higher prevalence of clinically manifest paternal anxiety, depression, and introversion and maternal depression among caregivers of group II and higher prevalence of clinically manifest paternal anxiety and depression among fathers of group I.

Conclusion The approach of toilet training, not the time of its initiation, seems to be the factor that really matters in predisposing to and perpetuating encopresis. Further exploration is needed to determine if the documented association of psychological disorders of enrolled encopretic children and their caregivers was causal or being just the impact of the child's encopresis.

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Classification

EV313

Atypical psychosis – historical and current perspective



M.A. Aleixo^{1,*}, C.A. Moreira², G. Sobreira¹, J. Oliveira³, L. Carvalhão Gil²

¹ Centro Hospitalar Psiquiátrico de Lisboa, Ward 1 - First Psychotic Episode Unit, Lisboa, Portugal

² Centro Hospitalar Psiquiátrico de Lisboa, Ward 6 - Schizophrenia and Schizoaffective Disorders Unit, Lisboa, Portugal

³ Centro Hospitalar Psiquiátrico de Lisboa, Ward 2 - Neuropsychiatry and Dementia Unit, Lisboa, Portugal

* Corresponding author.

Introduction Clinical concepts regarding atypical psychosis such as the French bouffé délirante, the German cycloid psychosis, and the Scandinavian reactive and schizophreniform psychoses are now under the category of F23 'Acute and transient psychotic disorders' (ATPD) of the tenth revision of the International Classification of Mental and Behavioural Disorders (ICD-10).

Aims The authors' aim is to highlight the clinical and scientific relevance of atypical psychosis from the historical concepts to the current perspective.

Methods A PubMed database search using as keywords "atypical psychosis", "acute and transient psychotic disorders", and "brief psychotic disorder" and retrieved papers were selected according to their relevance.

Results Different psychiatric schools, often of a regional or national character, have provided concepts for transient psychotic states. The acute and transient psychotic disorders of ICD-10 and the brief psychotic disorder of Diagnostic and Statistical Manual of Mental Disorders (DSM-5) reflect the diversity of the history of such concepts. The available evidence suggests that case identification and follow-up is difficult in ATPD due to the heterogeneous and infrequent nature of this clinical phenomenon. Furthermore ATPD has a low diagnostic stability and there are few studies focused on brief psychotic disorders.

Conclusions The present definition of acute and transient psychotic disorders and brief psychotic disorder, while taking into account the history of the concepts involved, leave many questions open to further studies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV314

Anxiety and undiagnosed pheochromocytoma



C. Cocho Santalla^{1,*}, C. Sanahuja²

¹ Hospital Universitario Infanta Cristina, Unidad de Psiquiatría, Madrid, Spain

² Hospital Universitario Fuenlabrada, Psiquiatría, Madrid, Spain

* Corresponding author.

Introduction Pheochromocytomas are rare catecholamine-secreting tumours from the adrenal medulla. The clinical presentations may mimic other disorders due to nonspecific symptoms produced by catecholamines in blood.

Objectives We report a case of undiagnosed pheochromocytoma in a 29-year-old woman with a two year history of anxiety. We undertook a literature review.

Methods PubMed search using “pheochromocytoma”, “anxiety” as key words. Follow by a manual review of identified publication. We report a case of a 29-year-old with a two-year history of anxiety pharmacologically treated without success. She presents episodes of acute anxiety accompanied, sometimes, by nausea or headache, without high blood pressure. She presented a previous medical history of thyroid carcinoma. The patient was referred to the endocrinology service for thyroid review, postulated as potential source for drug resistance. High catecholamine levels were found and pheochromocytoma diagnosis was confirmed histopathologically.

Results The releasing catecholamine in blood can lead to a number of symptoms that can include paroxysmal hypertension, headache, palpitations, anxiety, chest/abdominal pain, nausea. Hypertension may not be the main symptom. These symptoms can be misinterpreted as psychiatric disorders, in particularly anxiety disorders. Elevated urinary catecholamine suggested the diagnosis of pheochromocytoma.

Conclusions Pheochromocytoma should be included in the differential diagnosis of anxiety disorders, especially if pharmacological treatment is not effective. The suspected cases should be investigated, even in the absence of hypertension, due to the potential morbidity of untreated pheochromocytoma.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV315

Ganser syndrome: Review and case report

R. Faria*, D. Brandão, T. Novo, L. Quintela, A. Fonte
Unidade Local de Saúde do Alto Minho, Departamento de Psiquiatria e Saúde Mental, Viana do Castelo, Portugal

* Corresponding author.

Introduction First described by Sigbert Ganser in 1887, Ganser syndrome consists in a rare condition, characterized by the following four clinical features: approximate answers, dulling of consciousness, conversion symptoms and hallucinations.

Objectives To present a case suggestive of Ganser Syndrome and to review the literature with particular regard to the aetiology of this condition.

Methods Literature review, using computerized databases (MEDLINE®, Medscape®). Articles were selected based on the content of their abstract and their relevance.

Results A 58-year-old woman was admitted to a Psychiatric Unit of a General Hospital for presenting behavioural abnormalities of acute onset. During hospitalization, the patient displayed indifference, incoherent speech with approximate answers, motor abnormalities and auditory pseudohallucinations. The patient was evaluated by a neurologist and various exams were performed (blood tests, CT, MRI, EEG) that showed no significant abnormalities. Pharmacological treatment consisted of antidepressant and antipsychotic medications. During the follow-up, there was a slow but gradual improvement of symptoms. Six months after hospitalization the patient decided to end up the follow-up.

Conclusions Little is still known about Ganser Syndrome. The four aetiological perspectives consider: hysterical origin, malingering or factitious disorder, psychotic origin and organic origin. The lack of reports and information about Ganser syndrome made it worthwhile reporting this case.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV316

Evolution of diagnostic frequency in schizophrenia spectrum disorders in Acute Psychiatric Unit in Barcelona

M. Grifell^{1,*}, L. Galindo¹, M. Campillo¹, L. Gonzalez¹, A. Palomo¹, C. Diez-aja¹, A. Grau¹, L. San-Emeterio¹, M. Ibarra¹, R. Sanchez¹, L.M. Martín¹, L. García¹, O. Orejas¹, T. Salvador¹, H. Manteca¹, V. Pérez^{1,2}

¹ Parc de salut mar, Institut de neuropsiquiatria i addiccions, Barcelona, Spain

² Centro de investigación Biomédica en Red de Salud Mental CIBERSAM G21, Psychiatry, Barcelona, Spain

* Corresponding author.

Introduction Several studies have suggested variations in the prevalence of schizophrenia spectrum disorders diagnosis across time. This could be due to a change in diagnostic practice motivated either for changes in DSM criteria as for local culture factors. The aim of this study is to explore the evolution of the schizophrenia spectrum disorders. We hypothesize that we would observe a transference from the schizophrenia diagnosis to psychosis not otherwise specified.

Methods A retrospective review of all psychiatric discharges in acute unit in the INAD of Parc de Salut Mar of Barcelona, between 2002 and 2014 was performed, relating each discharge to its axis I psychiatric diagnostic. An ANOVA analysis was used to calculate the differences between the months and the frequency of the diagnosis.

Conclusion We have not been able to observe any transference between diagnoses across years. We observe a decrease of the proportion of schizophrenic spectrum disorders in its prevalence at discharge from 2012 to 2014. The proportion of not otherwise specified psychosis remains quite constant as a third of the schizophrenia diagnoses.

Disclosure of interest The authors report no conflict of interest in this study. LG is funded by the Instituto.de.Salud.Carlos.III (CM14/00111).

Further readings

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EV317

Disruptive mood dysregulation disorder in adults: A case report

O. Kilic^{1,*}, E. Demirbas Cakir², A.E. Tufan²

¹ Beykent University, Psychology, Istanbul, Turkey

² Abant İzzet Baysal University İzzet Baysal Mental Health Research and Training Hospital, Child and Adolescent Psychiatry, Bolu, Turkey

* Corresponding author.

Introduction Disruptive mood dysregulation disorder (DMDD) defined by DSM-V is characterized by severe and recurrent temper outbursts and persistently irritable or angry mood.

Objectives Our aim is to attract attention to an adult case with DMDD since the literature is lacking adult manifestations.

Case report A 18-year-old boy have been on follow-up in our outpatient clinic since he was 12 with complaints of being increasingly irritable and angry during most of the day. He had temper tantrums six or seven times per week involving verbal rages, physical aggression and throwing things to friends and family members. There had never been a distinct period lasting more than one day



during which the full symptom criteria, for a manic, hypomanic or a depressive episode had been met. He was also reported to be hyperactive, impulsive, and had difficulty concentrating and focusing since he was seven. Laboratory evaluations were within normal limits. Results of screening forms provided by parents and teachers supported the presence of attention deficit and hyperactivity disorder (ADHD). ASRS, YMRS, STAXI, SCID-I, Diagnostic Interview for Adult ADHD (DIVA) were the psychometric evaluations carried out in order better to characterize the clinical situation.

Results He was considered as fulfilling DSM-5 criteria for ADHD and DMDD, and started on sertraline 50 mg/day and OROS methylphenidate 36 mg/day. At the following visits, temper tantrums were much reduced and there were moderate improvement in ADHD symptoms.

Conclusions By defining the adult manifestations of DMDD accurately, clinicians will be able to improve diagnosis and care.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV318

Clinical manifestations in patients with acute and transient psychosis



Á. López Díaz^{1,*}, A. Soler Iborte², S. Galiano Rus¹, J.L. Fernández González¹, J.I. Aznarte López²

¹ Hospital San Juan de la Cruz, Mental Health Services, Úbeda, Spain

² Hospital San Agustín, Mental Health Services, Linares, Spain

* Corresponding author.

Introduction The term, acute and transient psychosis, is comprehended as a heterogeneous group of disorders, which share, as a common feature, the abrupt and brief deployment of typical psychotic behaviour, either polymorph, delusional, or schizophreniform. This diversity of symptoms may also be present in other psychotic disorders, for which, some authors question its reliability.

Objective To analyse the clinical manifestations present in acute and transient psychotic disorders (ATPD), and determine the differences between its different subcategories.

Method Retrospective chart review study of adult patients admitted in our psychiatric unit between 2011 and 2015, with a mean diagnosis of ATPD at hospital discharge. Diagnostic criteria was according to the International Classification of Diseases (ICD-10). Symptoms were divided under operative procedures, as set out in psychopathologic descriptions. For methodological reasons, statistical analysis was conducted between polymorphic features group (PM) and nonpolymorphic group (NPM). Chi-squared test and Fisher's exact test (as appropriate) were performed, using MedCalc software.

Results Thirty-nine patients met the inclusion criteria. Acute polymorphic psychotic disorder with and without symptoms of schizophrenia (39%), acute schizophrenia-like psychotic disorder (20%), acute predominantly delusional psychotic disorder (23%), other and NOS (18%). There were statistically significant differences between PM and NPM groups in emotional turmoil (>PM, $P=0.0006$), grossly disorganized or abnormal motor behaviour (>PM, $P=0.0038$), and type of onset (sudden >PM, $P=0.0145$).

Conclusion Currently, the same concept encompasses two categories (PM and NPM) to be differentiated. The ATPD construct is under review, due its long-term instability.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV319

Gender differences in acute and transient psychotic disorder



Á. López Díaz^{1,*}, S. Galiano Rus¹, A. Soler Iborte²,

J.L. Fernández González¹, J.I. Aznarte López²

¹ Hospital San Juan de la Cruz, Mental Health Services, Úbeda, Spain

² Hospital San Agustín, Mental Health Services, Linares, Spain

* Corresponding author.

Introduction In the recent decades, there is a growing interest in gender differences in psychotic disorders. Also, in the field of acute and transient psychosis, according to various studies, women seem to have higher prevalence and long-term diagnostic stability.

Objectives To determine whether there are gender differences in clinical features of acute and transient psychotic disorders (ATPD).

Methods Descriptive cross-sectional study in the adult patients with ATPD were admitted between 2011 and 2015 in our acute psychiatric ward. Diagnostic criteria was according to the International Classification of Diseases (ICD-10). Descriptive and inferential statistical procedures for clinical symptoms and diagnostic subcategories were performed, using the MedCalc software, version 15.8.

Results Thirty-nine patients met the inclusion criteria. Males were (MG) 41%, females (FG) 59%. There were some statistically significant differences between gender in the polymorphic features group (>FG, $P=0.048$), and in the presence of acute stress (>FG, $P=0.0277$). Length of stay was also different, but without statistical significance (>MG, $P=0.0607$). In contrast, symptomatic sets, family history of psychosis, and type of onset (sudden or acute) were similar for both groups.

Conclusions The gender differences seem to be in favour of a higher prevalence of polymorphic psychotic symptoms, in relation to stressful events in women. Somehow, these factors could be a condition, which would determine a greater diagnostic stability in female patients, even in cases of recurrences.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV320

Clinical and functional impact of differences between the diagnostic criteria of DSM IV-TR and DSM V for mental retardation: A case report



B. Navarro^{1,*}, M. Torres²

¹ Red de Salud Mental de Bizkaia, Barakaldo CSM, Bilbao, Spain

² Red de Salud Mental de Bizkaia, Zaldibar Psychiatry Hospital, Bilbao, Spain

* Corresponding author.

Introduction The new edition of the DSM has introduced some changes involving differences, sometimes significant, in the conceptualization and classification of mental pathology. One of the most important has been the case of mental retardation.

Objectives and aims Discuss, with a clinical and pragmatic perspective, the relevance of those changes in the diagnosis and classification of mental retardation in DSM.

Methods A 45-year-old woman diagnosed with mental retardation is admitted in a psychiatric rehabilitation unit for behavioral disorders and psychotic symptoms. Once controlled the symptoms and studied the patient, a disability not corresponding with the diagnosis presented (mild mental retardation according to DSM IV) is shown. Clinicians start a reevaluation of the diagnosis.

Results A comprehensive rehabilitation program according to the pathology and deterioration of the patient is designed. With the diagnosis review is possible to find new resources and community programs, better fit for the patient needs.

Conclusions DSM V changes in mental retardation diagnosis and classification allows a better perspective of the disease and its impact of functionality.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV321

A case of acute and transient psychosis—What to expect?



M. Oliveira*, J. Rebelo, A.S. Costa, C. Santos

Centro Hospitalar São João, EPE, Psychiatry and Mental Health Clinic, Porto, Portugal

* Corresponding author.

Introduction The Tenth Revision of the International Classification of Diseases (ICD-10) introduced the category of Acute and transient psychotic disorders (ATPD), that assimilate clinical concepts such as the French Bouffée Délirante, Kleist and Leonhard's cycloid psychosis, and the Scandinavian reactive psychosis.

Methods and aims The authors present a clinical case of ATPD and a literature review based on PubMed/MEDLINE, using the keywords: "acute and transient psychotic disorder", "prognosis" and "diagnostic stability", aiming to discuss the main challenges regarding the diagnosis, treatment and prognosis.

Results The patient is a male with 37 years old with two previous psychotic episodes (with 2.5 years of interval), both with an acute onset (of 7 and 3 days respectively), and a fast response to antipsychotic treatment, with periods of complete symptom's remission. He maintains treatment with 6 mg of paliperidone. In the literature, we found scarce information on ATPD. Though several variables have been described as having influence on the prognosis (gender, pre-morbid functioning, acute onset and presence of affective symptoms), this topic remains controversial. Another difficult aspect about ATPD seems to be its low diagnostic stability, with diagnosis changing mostly to Schizophrenia, Schizoaffective disorder and Bipolar disorder. Duration of treatment after complete remission of symptoms is another controversial aspect of this disease.

Conclusions ATPD seems to have low diagnostic stability and poor research investment, and so it represents a challenge for psychiatrists on managing these patients in terms of treatment and follow-up plan. Further studies should be held regarding prognosis and treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV322

Folie à deux through a case report



L. Pérez Gómez^{1,*}, A. Barrio Nespereira², A. González Fernández³,

O.W. Muquebil Ali Al Shaban Rodríguez⁴, C.F. Rueda Rodríguez⁵

¹ CSM El Coto, MIR Psiquiatría, Oviedo, Spain

² AGC de Salud mental del Hospital de Cabueñes, PIR, Gijón, Spain

³ Hospital San Agustín, Unidad de Psiquiatría, Avilés, Spain

⁴ Centro de Salud Mental de Mieres, Psiquiatría, Mieres, Spain

⁵ CTI Montevil, Psiquiatría, Gijón, Spain

* Corresponding author.

Introduction The first reference to the shared delusions emerged in France in the nineteenth century. Shared delusions can be classified in three frames with different nosological value: simultaneous *folie à deux*, imposed *folie à deux* and communicated *folie à deux*.

Objectives A review of the structures of presentation of this psychiatric disorder through a case report and checking the categorization of the classic *folie à deux* in the current diagnostic manuals.

Methods Discussion through a case report of delusional disorder among twins. After several interviews with the patients we found that both have a complex delusional system, structured and bizarre at the same time. There was a clearly paranoid tinge in the narration which main theme is religion.

Results Delusional clinical appears identically and simultaneously in both subjects with equal readiness and doesn't give up after the admission of the patients in two different psychiatric hospitalization units.

Conclusions In the ICD-10 and DSM-5, diagnostics would be different depending on the kind of *folie à deux*. In simultaneous *folie à deux* and communicated *folie à deux* the dominant partner would receive a diagnosis of delusional disorder with ICD-10 and DSM-5. The acceptor partner would receive a diagnosis of delusional disorder induced with the ICD-10 and a diagnosis of unspecified schizophrenia spectrum and other psychotic disorder with the DSM-5. In a simultaneous *folie à deux*, both subjects would have a diagnosis of delusional disorder in both manuals. We think that this is the right choice.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV323

Presentation of the Comprehensive and Brief International Classification of Functioning, Disability and Health Core Sets (ICF-CS) for schizophrenia



O. Pino^{1,*}, G. Guilera², E. Rojo³, J. Gómez-Benito²

¹ Hospital Benito Menni CASM, University of Barcelona, Psychiatry, Barcelona, Spain

² University of Barcelona, Methodology and Behavioural Sciences, Barcelona, Spain

³ Hospital Benito Menni CASM, University International of Catalonia, Psychiatry, Barcelona, Spain

* Corresponding author.

Objective The aim this presentation is present the results of the preparatory studies were presented at an international consensus conference, a multi-stage, iterative, decision-making and consensus process that took place 12–14 May 2015 in Barcelona, Spain. At this consensus conference, schizophrenia experts from different countries worldwide and working in a broad range of professions decided which ICF categories should be included in the first version of the ICF Core Sets for schizophrenia.

Method Four preliminary studies intend to capture the researcher's perspective, the patient's perspective, the expert's perspective and the clinician's perspective, respectively, on the most relevant aspects of functioning of persons living with schizophrenia. The final definition of ICF Core Sets for schizophrenia have been determined by integrating the results of preliminary studies in a consensus conference with international expert.

Result The experts included 97 categories in the Comprehensive ICF Core Set and 25 categories in the Brief ICF-CS. The specific categories of each ICF-CS are shown in this presentation. The Comprehensive ICF-CS can guide multidisciplinary assessments of functioning in persons with schizophrenia, and the brief version is ideal for use in both clinical and epidemiological research, since it includes a small and practical number of categories, but sufficiently wide for finding utility in clinical assessments.

Conclusion ICF-CS are being designed with the goal of providing useful standards for research, clinical practice and teaching, and it will stimulate research and will improve understanding of functioning, health and environmental factors in schizophrenia.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV324

Personality Behavior Inventory (PBI): An introduction, factors, psychometric properties, comparison with MMPI and PAI



L. Rollè^{1,*}, D.G. Lyrakos², E. Gerino¹, A.M. Calderara¹, P. Brustia¹

¹ University of Torino, Psychology, Torino, Italy

² Filistos Psychosocial Testing and Consulting, Psychology, Athens, Greece

* Corresponding author.

The Personality Behavior Inventory (PBI) is a multidimensional tool for evaluating psychopathology, physical problems, behavioral characteristics and typical features of a personality. It is the shortest in the field with 197 questions and language level of the language level of the third grade of elementary school. That is for the Greek as well as the English version. The PBI provides clinical diagnoses, screening, and treatment planning for psychopathology, it also covers all the constructs most relevant to a broad-based assessment of mental disorders. The validity of the PBI is established on the basis of results from data from three samples; a normative census-matched sample from 1478 community based adults who were matched on the basis of race, gender, and age; a sample consisting of 1472 psychiatric and psychological patients (inpatients and outpatients), a sample from 982 forensic participants, who have been accused and convicted for a variety of crimes and finally a sample of 121 correctional and public safety employees. According to the reliability scores, the PBI scales reflect a greater level of internal consistency. At the present study, we will present the characteristics of the PBI, its usages on the clinical, occupational and forensic setting as a description of its psychometric properties and its advantages over the other MMPI-II and PAI.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV325

Olfactory reference syndrome

C. Sanahuja^{1,*}, A. Espinosa²



¹ Hospital Universitario de Fuenlabrada, Mental Health, Fuenlabrada, Spain

² Instituto Psiquiatrico Jose Germain, Mental health, Leganés, Spain

* Corresponding author.

Introduction The term “olfactory reference syndrome” (ORS), introduced by Pryse-Phillips in 1971, is a persistent false belief and preoccupation with body odor accompanied by significant distress and functional impairment. Nowadays, it is not a distinct syndrome and it is currently classified as a delusional or obsessive-compulsive disorder.

Objectives and aims Review the history of ORSs classification and discuss why it should be considered as a separate diagnostic in the current health care classification systems.

Methods Description of a clinical case of a 36-year-old man and review the published articles on ORS by using PubMed database with the keywords: “olfactory reference syndrome”, “chronic olfactory paranoid syndrome”, “hallucinations of smell”, “chronic olfactory paranoid syndrome”, “delusions of bromosis” and “taijin kyofusho”.

Results The published literature on ORS spans more than a century and provides consistent descriptions of its clinical features but nowadays is not explicitly mentioned in current classification systems as Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Statistical Classification of Diseases and Related Health Problems (ICD). ORS is overlap with different diagnostics such as delusional disorder, body dysmorphic disorder, obsessive-compulsive disorder, and hypochondriasis.

Conclusions Right now, it is not clear how the ORSs should best be classified so we consider interesting to include it as a separate diagnosis in our set classifications, since we understand that an adjusted diagnosis is important in order to help patients and therapists to work on a treatment and to establish a more accurate prognosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV326

Psychotic and affective disorders diagnosis stability in a Portuguese psychiatry inpatient unit – A retrospective evaluation



M. Santos*, D. Mota, J. Perestrelo, N. Trovão, N. Couto, S. André,

A. Venâncio, L. Monteiro, G. Lapa

CHVNG/E, Psychiatry, Gaia, Portugal

* Corresponding author.

Introduction Psychiatric diagnosis is based on clinical manifestations; those are the consequences of patient’s inner state, their life situation, the evolution of the disease but also the response to our clinical actions. To this day, there are few objective clinical data to help establish a diagnosis, therefore, psychiatry diagnosis is mainly based on diagnostic criteria like DSM and ICD-10. The DSM frames entities by their diagnostic stability, however there are several causes for variability categorized by Spritzer et al. (1987): subject variance (changing in patients), occasions variance (different episodes), information variance (new information) and observation variance (different interpretations).

Objectives The main objective is to determine the long term diagnosis stability of patients with psychotic or affective disorders among readmitted patients at our Psychiatric Unit.

Aims To understand to what extent do our patients diagnosis evolve and in what way.

Methods Retrospective analysis of the diagnosis of patients with affective or psychotic disorders who have readmissions to our unit. We have a study sample of 210 patients that meet our criteria in a 30-month frame.

Results Although data are still being analyzed, we are now aware that our Inpatient Unit has a high rate of readmission of patients with these diagnoses. It is clear that for many of these patients, diagnosis must be seen as a guidance rather than a label.

Conclusions Knowing our own data can make us aware that a transversal look at patients can be insufficient and only time can determine a closed diagnosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV327

Cycloid psychosis: From Kleist until our days



A. Sousa^{1,*}, C. Solana², J. Gomes³, P. Barata⁴, R. Serrano⁴,

M. Lages⁴, C. Oliveira⁴, J. Chainho³

¹ Lisboa, Portugal

² Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisbon, Portugal

³ Centro Hospitalar Barreiro-Montijo, E.P.E, Psychiatry, Barreiro, Portugal

⁴ Hospital Prof. Doutor Fernando Fonseca, Psychiatry, Amadora, Portugal

* Corresponding author.

Introduction After Emil Kraepelin’s division of psychoses into a group of dementia praecox and manic-depressive insanity, the classification of psychoses with atypical symptoms, which could not

be assigned in this dichotomy created a debate, that lasts until our days. These “atypical psychoses” had been described under many terms and concepts in different countries.

In 1926, Kleist coined the term “cycloid psychosis” to describe cases which did not meet the typical presentation shown in Kraepelin’s dichotomy. Three decades later, Karl Leonhard established the concept of cycloid psychosis as a nosologically independent group of endogenous psychosis.

Objectives/Aims Make an historical review of the concept of cycloid psychosis. Discuss the clinical features and debate the classification of this clinical entity.

Methods A bibliographical review is made of the cycloid psychosis, based on the data published in Pubmed.

Results According to Leonhard, cycloid psychosis generally present with bipolar, polymorphous clinical symptomatology, and run a phasic course with complete remissions after each episode. Furthermore, Leonhard delineated three subtypes: anxiety-happiness psychosis, confusion psychosis and motility psychosis presenting with different symptoms. In 1981, Perris and Brockington formulated the first set of operational criteria for cycloid psychoses. In recent years, new data about this entity have been acknowledged due to information displayed by different clinical studies and imaging techniques.

Conclusion The phenomenology and classification of cycloid psychosis still needs more evidence for a greater use in clinical practice. However, this clinical entity can solve the void for the diagnosis of many of the so-called “atypical psychoses”.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Cognitive neuroscience

EV328

Are neurocognition and facial emotion recognition related in schizophrenia?



A. Arous*, J. Mrizak, R. Trabelsi, A. Aissa, H. Ben Ammar, Z. El Hechmi

Razi Hospital, Departement Psychiatry F, Tunis, Tunisia

* Corresponding author.

Introduction Patients with schizophrenia (SCZ) show impairments in many social cognition domains including facial emotion recognition (FER). The existence of a relationship association between FER and neurocognitive functioning (NF) remains uncertain.

Objectives To investigate the association between ToM functioning and neurocognitive functioning in SCZ.

Methods FER was evaluated in 58 patients with stable schizophrenia with a newly validated FER task constructed from photographs of the face of a famous Tunisian actress representing the Ekman’s six basic emotions. They also completed a neurocognitive battery comprising the following tests: the Hopkins Verbal Learning Test–Revised (HVLT–R), the Letter Digit Substitution Test (LDST), the Stroop Test (ST), the “Double Barrage” of Zazzo (DBZ), the Modified Card Sorting Test (MCST), Verbal Fluency (VF), the Trail Making Test–Part A (TMT–A) and the Digit Span (DS).

Results Patients who performed better in the FER task had better performance in the VF task ($P=0.001$) and in the immediate recall of the HVLT–R ($P=0.021$). No correlations were found with the other neurocognitive tests.

Conclusions Our results suggest that FER represents an autonomous cognitive function which does not necessarily require good NF.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV329

Neuropsychological characteristics of individuals with mild cognitive impairment



Q. Wang*, Y. Sheng

Peking Union Medical College, School of Nursing, Beijing, China

* Corresponding author.

Introduction As the population ages, cognitive impairment is prevalent among older adults and this may cause a huge burden to society. In order to take precautions effectively, we need to understand the characteristics of cognitive function of older adults, especially the individuals with mild cognitive impairment (MCI).

Objectives To explore the characteristics of cognitive function changes in individuals with mild cognitive impairment.

Methods A total of 108 individuals with MCI as MCI group and 108 volunteers as control group were recruited in the study. The age, gender and years of schooling were matched between the two groups. The cognitive function was evaluated with the Montreal Cognitive Assessment (MoCA).

Results Individuals of MCI group performed poorer than those of control group on executive function, attention, calculation, language and delayed memory. The difference between the two groups was statistically significant ($P<0.05$). The cognitive impairment in participants with MCI were delayed memory (100%), language (75%), executive function (66.7%), attention (44%) and calculation (20.4%).

Conclusions The impairment of memory, language and executive function is the primary characteristics in individuals with MCI. Individuals with MCI have similar characteristics with early stage Alzheimer’s disease (AD). We should take preventive measures to improve or delay AD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV330

Frontotemporal dementia and psychosis: Literature review



D. Brandão^{1,*}, J. Massano²

¹ ULSAM, Psiquiatria, Tunis, Portugal

² Hospital Pedro Hispano, Neurologia, Porto, Portugal

* Corresponding author.

Introduction Frontotemporal dementia (FTD) is a progressive neurodegenerative disease especially sporadic. About 30–40% have positive family history, with an identifiable genetic mutation in a percentage of cases increasing. Although the FTD psychosis has been recognized for many years, it is not included in the clinical criteria.

Objectives To assess the prevalence and characteristics of psychotic symptoms in FTD, compare the presence of psychosis in FTD C9+ versus C9– and analyze the occurrence of wrong diagnoses in FTD with psychosis.

Methods Literature review, using computerized databases (Pubmed®). Articles were selected based on the content of their abstract and their relevance.

Results It is frequently the presence of psychotic symptoms in FTD associated with C9+ versus C9–. These may arise as initial symptom often leading to a psychiatric diagnosis years

before obtaining diagnosis of FTD. There is no conclusive evidence about the anatomical correlation of psychotic features in the FTD, although there is the possible association with the right brain degeneration.

Conclusions The existence of psychotic symptoms do not argue against the diagnosis of FTD verifying a high frequency of psychosis in FTD – C9⁺. As can be the first symptom in FTD is critical to differentiate psychiatric disorders. Further studies are needed in order to obtain a better characterization of psychotic symptoms in FTD – C9⁺.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV331

Relationship between emotional intelligence and neurocognition in severe mental disorders



E. Chapela^{1,*}, I. Morales², J. Quintero^{1,2}, M. Félix-Alcántara¹, J. Correas³, J. Gómez-Arnau³

¹ Hospital Universitario Infanta Leonor, Psychiatry, Madrid, Spain

² Psikids, Psychiatry, Madrid, Spain

³ Hospital del Henares, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction The severe mental disorders are the subject of growing research in the area of emotional intelligence because of his relationship with psychosocial functionality loss. Despite treatment advances, patients continue to experience high levels of social, professional and personal disabilities, related to the presence of deficits in cognition. These changes are manifested in two areas: the neurocognitive and social cognition.

Objectives To better understand the relationship between neuro- and sociocognition in schizophrenia and bipolar disorder.

Aims The aim of this research is to study the factors related to emotional intelligence, with particular interest in neurocognitive deficits.

Methods A total of 75 adult patients with schizophrenia and bipolar disorder type I were evaluated. The assessment protocol consisted of a questionnaire on socio-demographic and clinical-care data, and a battery of clinical and cognitive scales, including MSCEIT, WAIS-IV, TMT and Rey Figure.

Results MSCEIT was negatively correlated with age, the severity of the clinical symptoms (BPRS, CGI-S), the TMT-A and the Test of Complex Figure, and positively with the intelligence quotient.

Conclusions The deficits in emotional intelligence are part of a set of cognitive, social and non-social skills, which are altered in these severe mental disorders. Emotional intelligence worsens with the deterioration of cognitive functioning, executive dysfunction and severity of psychiatric disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV332

Are we able to influence cognitive dysfunction in multiple sclerosis?



E.I. Davidescu^{1,*}, S.A. Nicolae¹, I. Buraga¹, C. Tudose², N. Popa³

¹ University of Medicine and Pharmacy “Carol Davila”, Colentina Clinical Hospital, Neurology, Bucharest, Romania

² University of Medicine and Pharmacy “Carol Davila”, Alexandru Obregia Clinical Hospital of Psychiatry, Psychiatry, Bucharest, Romania

³ Alexandru Obregia Clinical Hospital of Psychiatry, Psychiatry, Bucharest, Romania

* Corresponding author.

Introduction Multiple sclerosis (MS) is the most common chronic neurologic disease affecting young people. Cognitive dysfunction is an important part of disability, interfering with quality of life (QoL). Disease modifying therapies (DMT) are gold standard of long-term treatment in MS.

Objectives Assessment of DMT impact on evolution of cognitive dysfunction.

Aims To analyze the cognitive status in a lot of 74 patients with MS, with a mean age of 40.4 years, treated with different DMT in the National Health Program.

Methods Testing patients during 2014–2015 for cognitive dysfunction, by applying MMSE, Sunderland Clock Test, Beck Depression Inventory, Fatigue Impact Scale and QoL Short form-36 scores every 6 months; analyzing demographic, clinical and magnetic resonance imagery (MRI) data.

Results Thirty-six percent of lot showed memory and concentration changes (12 patients with secondary progressive MS, 15 with relapsing-remitting MS); mean age of these patients was 46.29 years, with a mean period of evolution of the disease of 9.8 years before starting DMT; cortical atrophy was present on MRI in 37% of these patients. Mean age of those who didn't present cognitive disturbances was 37.01 years, with a mean period of evolution of 6.2 years before starting DMT. Disturbances appeared independently of the presence of cortical atrophy, as this marker appeared in 5% of patients with no cognitive dysfunction.

Conclusions When starting DMT, age and time of evolution of the disease are essential for further developing of cognitive dysfunction. Mood and anxiety disturbances can be a prodromal marker of neurocognitive troubles. DMT have neuroprotective outcome in MS.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV333

The effect of interpersonal multisensory stimulation on the self-face recognition in adults with autistic syndrome disorder



N. Deltort^{1,2,*}, J.R. Cazalets², A. Amestoy^{1,2}, M. Bouvard^{1,2}

¹ Centre hospitalier Charles-Perrens, centre ressource autisme, Bordeaux, France

² CNRS, INCIA, UMR 5287, Bordeaux, France

* Corresponding author.

Studies on individuals without developmental disorder show that mental representation of self-face is subject to a multimodal process in the same way that the representation of the self-body is. People with autistic spectrum disorder (ASD) have a particular pattern of face processing and a multimodal integration deficit.

The objectives of our study were to evaluate the self-face recognition and the effect of interpersonal multisensory stimulation (IMS) in individuals with ASD. We aimed to show a self-face recognition deficit and a lack of multimodal integration among this population. IMS consisted of the presentation of a movie displaying an unfamiliar face being touched intermittently, while the examiner applied the same stimulation synchronously or asynchronously on the participant. The effect resulting from IMS was measured on two groups with or without ASD by a self-face recognition task on morphing movies made from self-face and unfamiliar-face pictures.

There was a significant difference between groups on self-recognition before stimulation. This result shows a self-face recognition deficit in individuals with ASD. Results for the control group showed a significant effect of IMS on self-face recognition in synchronous condition. This suggests the existence of an update of self-face mental representation by multimodal process. In contrast, there was no significant effect of IMS demonstrated in ASD group,

suggesting a multimodal integration deficit for the constitution of self-representation in this population.

Our results show the existence of a self-face recognition deficit in individuals with ASD, which may be linked to a lack of multimodal integration in the development of the self-face representation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV334

Sex differences in the neural basis of theory of mind during development

C. Frank

Fielding Graduate University, School of Psychology, Santa Barbara, USA



Introduction Theory of mind (ToM) is the ability to predict behaviors of others in terms of their underlying mental states. It is carried out in order to make sense of and predict behavior. Impairments in ToM have been found in many psychiatric/neurological disorders including schizophrenia and autism spectrum disorders. Previous research has indicated sex difference in ToM development. Previous research has also found some differences in the neural basis of ToM.

Objectives/aims An objective/aim of the present study was to examine possible sex differences in the neural mechanism associated with ToM development. Another objective was to examine the neural basis of ToM that is shared by both sexes throughout development.

Methods Thirty-two adults (16 women) and 24 children (12 girls) were assessed with fMRI while performing a false belief (FB) task.

Results During the ToM relative to non-ToM condition, adults and children of both sexes showed increased activity in the medial prefrontal cortex (mPFC) and the temporo-parietal junction (TPJ). Both boys and girls recruited more brain regions than adults. Moreover, children employed structures involved in the human mirror neuron system (hMNS) more than adults. More specifically, boys recruited the inferior frontal gyrus (IFG) more than men, while girls recruited the precentral gyrus more than women.

Conclusions These results suggest that boys/men and girls/women employ different brain regions for ToM during development.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV335

Instructional influence on learning and decision making with respect to cognitive functioning

D. Frydecka^{1,*}, J. Drapała², B. Misiak³

¹ Wroclaw, Poland

² Wroclaw University of Technology, Faculty of Computer Science and Management, Wroclaw, Poland

³ Wroclaw Medical University, Department of Genetics, Wroclaw, Poland

* Corresponding author.

Introduction Humans learn how to behave both through rules and instructions (explicit learning) as well as through environmental experiences (implicit learning). It has been shown that instructions can powerfully control people's choices, often leading to a confirmation bias.

Aim To explore confirmation bias with respect to cognitive functioning in healthy adult participants.



Methods We recruited 25 healthy adult control subjects (9 males, 16 females, age 31.40 ± 6.08 years). Participants completed Repeatable Battery of Neuropsychological Status (RBANSS) as well as Instructed Version of Probabilistic Selection Task (IPST) (Doll et al., 2009).

Results Based on the performance on IPST into two groups: a group with higher and lower susceptibility to confirmation bias. We found no difference between these groups with respect to any of the cognitive domains measured with RBANSS (immediate memory, visuospatial abilities, language, attention and delayed memory) (U Mann-Whitney test, $P > 0.05$).

Conclusion In healthy adults, susceptibility to confirmation bias is independent of cognitive functioning (immediate and delayed memory, visuospatial abilities, language and attention).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV336

Relationship between executive functions and adherence to antiretroviral therapy in HIV-infected patients

D. Hernández Huerta^{1,*}, C. Parro Torres², A. Madoz Gúrpide³, E. Ochoa Mangado³, M.J. Pérez Elias⁴

¹ Hospital Provincial de Toledo, Psiquiatría, Toledo, Spain

² Hospital Gregorio Marañón, Psiquiatría, Madrid, Spain

³ Hospital Ramón y Cajal, Psiquiatría, Madrid, Spain

⁴ Hospital Ramón y Cajal, Enfermedades Infecciosas, Madrid, Spain

* Corresponding author.



Introduction HIV-related damage of the central nervous system is manifested in varying severity of neurocognitive disturbances. Research on measures of executive functioning has confirmed that HIV infection is associated with progressive difficulties in these abilities. Moreover, several studies in recent years have shown that an impaired cognitive function confers a higher risk of poor adherence to antiretroviral therapy.

Objectives/Aims The aim of this study is to analyze the relationship between executive functions and ART compliance.

Methods We designed a cross-sectional case-control survey. Cases were defined as HIV-infected patients who missing at least 10% intakes in the last year (reported by hospital pharmacy) and self-reported non-adherence by Simplified Medication Adherence Questionnaire (SMAQ). Controls were defined as HIV-infected patients who accomplishing at least last 95% intakes in the last year (reported by hospital pharmacy), and self-reported adherence by SMAQ. Patients with adherences between 90–95% were not included. Executive functions were evaluated with Wisconsin Sorting Card Test. Linear regression was employed as statistical analysis. Results were adjusted for follow-up years. Wisconsin score was already adjusted for gender, age and education level when data were corrected.

Results Our sample was compound by 63 patients: 37 controls and 26 cases. A statistical signification ($P < 0.05$) was found for total correct, total errors, perseverative responses, perseverative errors, conceptual level responses and trials to complete first category score between adherence and non-adherence treatment patients.

Conclusions In our sample worse executive function score, measured by Wisconsin Card Sorting Test, was linked to poor adherence to antiretroviral treatment in HIV patients.

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EV337

Applied cognitive neuroscience a personality disorders and psychopathy



G.N. Jemar^{1,*}, E. Mercurio², S.M. Lopez³

¹ Hospital Jose Tiburcio Borda, Guardia Medica, Ciudad Autonoma de Buenos Aire, Argentina

² Hospital Braulio Moyano, Asociacion Neuropsiquiatrica Argentina, Neuropsiquiatria, Ciudad Autonoma de Buenos Aires, Argentina

³ Hospital Braulio Moyano, Asociacion Neuropsiquiatrica Argentina, Neuropsicologia, Ciudad Autonoma de Buenos Aires, Argentina

* Corresponding author.

The prevalence of personality disorders presented an exponential increase in recent decades. However, the increase is due to the advance of psychopathological clinical criteria as well as progress by neuroscientists began to reveal certain aspects and symptom dimensions. To these are added advances in psychopharmacological and psychotherapeutic techniques that have allowed outlining treatment strategies based on evidence reported. From clinical care practice, the various actors within the Mental Health experience a change in demand and the interrelationships of these pictures with psychopathological constructs defined by psychiatry, which put on view updating and sharpness of the professionals in the detection and management of these patients. We cannot ignore the decisive influence of cultural aspects in both the detection and diagnosis and course of these attentive to a dynamic society disorders. These entities have psychodynamic psychopathology and neurobiological bases in constant revision. We propose in this paper an update on the current clinical approach and treatment modalities of personality disorders and psychopathy, focusing on the biopsychosocial rehabilitation of patients and their psychopathology association with criminal behavior, as well as an updating etiology, clinical and therapeutic foundations of personality disorders and psychopathy in view of a changing culture.

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EV338

Verbal and visual-spatial working memory performance in Arabic monolingual and English/Arabic bilingual Kuwaiti children



F. Khashawi

Kuwait University, Psychology, Kuwait, Kuwait

Introduction Research in psycholinguistics focusing on cognitive processing in bilinguals and the role played by working memory about cognitive processing indicated that Working Memory (WM) was instrumental in cognitive processing in bilinguals, but that its role was different and generally more complex than it was in monolinguals. However, the specific manner in which the use of WM differed between monolinguals and bilinguals was not always clear.

Objectives This research explored the verbal and visual-spatial WM performance in an Arabic monolingual group and a bilingual English/Arabic group.

Methods The participants were 396 Kuwaiti (198 monolingual aged 7.99 ± 1.97 years and 198 bilingual aged 8.03 ± 1.92) with no significant age differences ($t = 0.23$, $P > 0.05$). The two groups were compared on how they performed in the Automated Working Memory Assessment (AWMA), to measure a verbal and visual-spatial WM tasks. The tasks were Listening Recall, Counting Recall, Mr. X, Backward Digit Recall, Odd-one-out and Spatial Span. All tasks were internally consistent (Alpha = 0.91, 0.93, 0.87, 0.88, 0.87, and 0.91 respectively). The data was analyzed using Independent Sample *t* Test.

Results The findings showed that there was significant group difference as the monolingual Arabic group (L1) performed better than bilingual English/Arabic group (L2) on both of verbal WM ($t = 3.25$, $P < 0.002$) and visuospatial WM ($t = 3.04$, $P < 0.002$).

Conclusion The monolingual children obtained higher scores on both verbal and visuospatial WM. These findings were explained in terms of the complexity of the Arabic language and cultural context in which the second language is being practiced. This warrants further investigation.

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EV339

Cognitive impairment in patients with epilepsy and effectiveness of overcoming stress behavior



V. Korostiy*, B. Gerasimov

Kharkiv national medical university, Psyhyatry, narcology and medical psychology, Kharkov, Ukraine

* Corresponding author.

Introduction Today cognitive impairment study epilepsy in children and in people taking anticonvulsants. Unfortunately, we do not know enough about neuropsychological features of mild cognitive impairment in epilepsy, clinical and pathogenetic patterns of their development, role in the development of social exclusion.

Aim To study the mild cognitive impairment and their relationship with clinical features of epileptic disease forms, socio-psychological characteristics of patients.

Methods Clinical-psychopathological, psychodiagnostic.

Results We first used Addenbrooke's cognitive examination (ACE-R) in patients with epilepsy to quantify cognitive disorders in this group. The specified scale detects violations of cognitive function to mild dementia and allows us to differentiate the prevalence of certain disorders of mental processes. We revealed that the reducing the effectiveness of stress overcoming behavior through cognitive disorders in thinking and attention are one of the pathogenomic psychogenic mechanisms of affective disorders in patients with epilepsy. The complex of individual therapeutic measures for patients with epilepsy and MCI is based on the study features of cognitive disorders results. Psychotherapy and psychological correction measures for patients with epilepsy and MCI have to improve the social functioning and quality of life. We also created recommendations for the prevention of cognitive disorders in patients with epilepsy.

Conclusions The features of cognitive disorders in patients with epilepsy, depending on the clinical form of epilepsy (symptomatic, idiopathic, cryptogenic). It should be used as additional differential diagnostic criteria forms of epilepsy (symptomatic, idiopathic, cryptogenic).

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EV340

The syndromic approach to the rehabilitation of the higher mental functions (HMF) of patients with progressive cognitive disorders in L.S. Vygotsky–A.R. Luria School



M. Kovyazina^{1,*}, Y. Zinchenko², N. Varako²

¹ Moscow original, Mytishchi, Moscow, Russia

² Moscow State University, Psychological, Moscow, Russia

* Corresponding author.

Background The method of “rehabilitation training”, developed in the Soviet psychology, based on the idea that the human HMF are realized in complex functional systems, developed during cultural- and ontogenesis.

Aims To show the importance of the development of approaches to the rehabilitation of HMF in Luria’s neuropsychology.

Methods The disturbances in brain activity leads to the neuropsychological syndrome appearance that could be called self-developing system. According to the systemic principles, each neuropsychological syndrome HMF disorders in accordance with brain injury localisation has the common “cause” – destroyed neuropsychological factor. In the case of patients with dementia several neuropsychological factors are usually included. So the rehabilitation processes should be aimed at the maximum preserved and strengthened stereotypes and behavior strategies in past experiences.

Results The binary syndrome structure (set of symptoms of destroyed neuropsychological HMF and abnormal neuropsychological factor itself) allows us to define two strategies of neuropsychological rehabilitation programs. The first strategy involves choice as a “target” of the most destroyed mental function. The second strategy could be directed to the rehabilitation of abnormal neuropsychological factor that should be accompanied by the rehabilitation of several systemic interrelated mental functions. Recourse to past knowledge, interests and emotionally important topics is assisting and supporting the rehabilitation processes.

Conclusions Use of both strategies ensures targeted restoration of cognitive functions within Vygotsky-Luria approach.

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EV341

The relationship between language deficit, severity and structure of cognitive decline and BPSD in patients with dementia and MCI



M. Kralova^{1,*}, B. Meszaros Hideghety², J. Markova³, Z. Csefalvay³, M. Hajduk²

¹ Medical Faculty Comenius University and University Hospital, Psychiatric Clinic, Bratislava, Slovakia

² Psychiatric Clinic University Hospital Comenius University, Psychiatry, Bratislava, Slovakia

³ Department of communication disorders, Comenius University, Logopaedic, Bratislava, Slovakia

* Corresponding author.

Introduction Comprehensive language testing shows a strong relationship between overall severity of cognitive decline and language deficit. Moreover, the language performance can be affected also by neuropsychiatric symptoms of dementia.

Aim To detect the language deficits in sentence comprehension in patients with MCI and dementia and to determine the relationship between them, the severity and the structure of cognitive impairment and independently between them and BPSD.

Method In the sample of 46 cognitively declined patients (MCI and dementia, majority of them with Alzheimer’s disease), we evaluated the severity and the structure of cognitive impairment by means of MoCA instrument, language deficits by our own sentence comprehension test and BPSD by means of NPI-Q.

Results The average performance in the sentence comprehension test was about 90% of normal in the group of MCI patients, about 75% in mild, about 60% in moderate and only about 20% in the group of severe dementias. According to individual cognitive domains, their impact on language performance was different. We found a strong correlation between the overall severity of BPSD and the language performance, too.

Conclusion At earlier stages of cognitive disorders/dementias, the language specific test should be used to discover comprehension deficits, because at the simple level of word the language skills are preserved. BPSD are also associated with language deficits even when the severity of dementia is controlled for. Identification of these communication disturbances can help to detect cognitive decline earlier and to start preserving treatment in time.

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EV342

Dementia due to HIV infection: Case report



R. Almeida Leite*, C. Gama Pereira, E. Conde, T. Queirós Santos, M. Almeida, T. Azevedo Santos, A. Mesquita Figueiredo
Baixo Vouga Hospital Centre, Psychiatry and Mental Health Department, Aveiro, Portugal

* Corresponding author.

Introduction The majority of HIV infected patients exhibit central nervous system disorders. The most severe is dementia, which is the most common cause of non-traumatic dementia in young patients. It may affect the progression of the disease, compromising the adherence of treatment and increasing the mortality rate.

Objectives Report of a clinical case of dementia due to HIV infection in a 33-year-old male patient, admitted in the Acute Inpatient Unit of the Psychiatry and Mental Health Department in Baixo Vouga Hospital Centre.

Methods The results were gathered based on the clinical history of the patient, his objective exam, diagnostic exams and family information and from medical research included on PubMed and Google Scholar platforms.

Results The patient presented evident cognitive deterioration with memory loss, attention and concentration deficits, apathy, indifference, psychomotor retardation and behavioral changes in the past few weeks, with a significant impact in his life. The patient did supplementary diagnostic tests, which showed progressive multifocal leukoencephalopathy and global and diffuse cortical atrophy involving the fronto-temporal regions and a neuropsychological assessment whose results confirmed a moderate cognitive deficit. During the hospitalization there was a positive stabilization of behavior with antiretroviral therapy and antipsychotics.

Conclusion The lack of knowledge about the factors that predispose dementia in HIV patients is a relevant limitation nowadays. The clinical effectiveness of antiretroviral therapy has improved in recent years with a reduction in the prevalence of HIV dementia, which now is estimated at 10%.

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EV343

Shared feelings: Investigating neural attunement to the emotions of others



Y. Lerner^{1,*}, T. Hendler², N. Levit-Binnun³, Y. Golland³

¹ Tel Aviv Sourasky Medical Center & Tel Aviv University, Functional Brain Center- Department of Neurology- Faculty of Medicine, Tel-Aviv, Israel

² Tel Aviv Sourasky Medical Center & Tel Aviv University, Functional Brain Center- Faculty of Medicine- School of Psychological Science- Sagol School of Neuroscience, Tel-Aviv, Israel

³ Interdisciplinary Center IDC, Sagol Center for Brain and Mind- Baruch Ivcher School of Psychology, Herzliya, Israel

* Corresponding author.

Emotions of others can be highly contagious, affecting one’s own emotional and neural responses. Yet, the neural mechanisms

underlying interpersonal emotional transmissions have been mainly studied using static images in non-social setups. Here, we investigated how the human brain responds to dynamic emotional input, coming from another, co-present individual.

Using an innovative approach developed in our lab, we provided participants with continuous emotional feedback from another participant while they watched emotional movie in the fMRI scanner. To disentangle between the socially-driven and stimulus-driven effects, we introduced a control group, in which participants received identical stimulus, but thought that the feedback is generated by a computer algorithm.

We mapped the brain regions, which exhibited reliable activity in the experimental and control groups. In addition, we assessed neural response synchronization with the time-course of the social-emotional feedback and compared it across groups.

Comparing the experimental and the control groups, we found that response time-courses in the bilateral insula, amygdala, thalamus and dorsal MPFC exhibited moment-by-moment alignment with the feedback time-line. In addition, right lateral prefrontal regions were reliably recruited in the experimental (social) but not in the control (non-social) groups. Finally, synchronization with the feedback in the right amygdala and in the MPFC was strongly associated with the emotional effects of the feedback, reported after the experiment.

Taken together, our results suggested that continuous processing of emotional input from others shape one's own responses by evoking response synchronization in the core emotion brain regions and recruitment of prefrontal emotion regulation mechanisms.

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EV344

The effects of alexithymia in the recognition of dynamic emotional faces



M. Rocha¹, S. Soares^{1,2}, S. Silva³, N. Madeira^{4,5,*}, C. Silva¹

¹ Center for Health Technology and Services Research CINTESIS-UA, Department of Education, University of Aveiro, Aveiro, Portugal

² Karolinska Institute, Department of Clinical Neuroscience, Division of Psychology, Solna, Sweden

³ University of Aveiro, Department of Education, Aveiro, Portugal

⁴ Coimbra Hospital and University Centre, Psychiatry, Coimbra, Portugal

⁵ Faculty of Medicine, University of Coimbra, Psychological Medicine Department, Coimbra, Portugal

* Corresponding author.

Introduction Alexithymia is a multifactorial personality trait observed in several mental disorders, especially those with poor social functioning. Although it has been proposed that difficulties in interpersonal interactions in highly alexithymic individuals may stem from their reduced ability to express and recognize facial expressions, this still remains controversial.

Aim In everyday life, faces displaying emotions are dynamic, although most studies have relied on static stimuli. The aim of this study was to investigate whether individuals with high levels of alexithymia differed from a control group in the categorization of emotional faces presented in a dynamic way. Given the highly dynamic nature of facial displays in real life, we used morphed videos depicting faces varying 1% from neutral to angry, disgust or happy faces, with a video presentation of 35 seconds.

Method Sixty participants (27 males and 33 females) were divided into high (HA) and low levels of alexithymia (LA) by using the Toronto Alexithymia Scale (TAS-20). Participants were instructed to watch the face change from neutral to an emotion and to press a keyboard as soon as they could categorize an emotion expressed in the face.

Results The results revealed an interaction between alexithymia and emotion showing that HA, compared to LA, were more inaccurate at categorizing angry faces.

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EV345

Neuro-Behçet's psychiatric symptoms



F. Maduro^{1,*}, S. Neiva², C. Pissarra¹, F. Duarte¹, L. Marques¹

¹ Centro Hospitalar Universitário de Coimbra, Serviço de Psiquiatria, Coimbra, Portugal

² Centro Hospitalar Universitário de Coimbra, Serviço de Pedopsiquiatria, Coimbra, Portugal

* Corresponding author.

Neuro-Behçet (NB) results from inflammatory peri-vasculitis affecting the central nervous system. Non-specific neurological and psychiatric symptoms are rarely the first presentation and may difficult or delay diagnosis and treatment.

We review, based on a case study and published literature, the psychiatric symptoms of NB when no clear evidence of neurologic disease activity is present.

We present the case of a female patient, who was diagnosed NB at age 23 for recurrent meningo-encephalitis, that showed progressive behavioral changes, with increased impulsivity, disinhibition, hostility and self-neglect.

Raised in a dysfunctional family, she ran away from home at 16, abandoned her studies, started abusing cannabinoids and showed an erratic life course.

In 2015, because of increasing psychiatric symptoms, she was admitted to hospital and a complete neuropsychological evaluation showed that she had a significant decline from an above average premorbid cognitive function, specifically related to memory deficits. CT and MRI didn't show typical signs of active disease. However, a SPECT scan showed hypo-perfusion of the frontal cortex compatible with the patient's symptoms.

It is difficult to assess NB's activity as brain inflammation is only observed after structural changes are present. In this case the SPECT correlated well with psychiatric symptoms. The differential diagnosis includes organic pathology with psychiatric symptoms, psychiatric disease, personality disorders and substance abuse.

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EV346

Transcatheter laser treatment of Binswanger's disease



I. Maksimovich

Clinic of Cardiovascular Diseases named after Most Holy John Tobolsky, interventional neuroangiology, Moscow, Russia

Introduction Due to increasing lifespan, the number of patients with Binswanger's disease is growing. The study of the effectiveness of brain transluminal laser revascularization in the treatment of Binswanger's disease.

Methods Fourteen patients, 9 male (64.29%) and 5 female (35.71%), aged 58–81 (average age 77) with Binswanger's disease were examined. Each patient underwent CDR, CT, MRI, SG, REG, cerebral multi-gated angiography (MUGA).

Single postischemic microcysts (3–4 mm) of brain's white matter were detected in 1 case; multiple microcysts including the merged ones – in 13 cases. All the patients had leucoarosis, involutive changes of the cerebral cortex, unocclusive hydrocephalus. Intracranial atherosclerotic lesion type was detected in all cases. Multiple arteriovenous shunts of brain's white matter were detected in all cases. All the patients underwent transcatheter laser

revascularization. Low-energy laser systems were used for revascularization of distal intra cerebral branches. Postoperatively, the patients underwent desagrigatory, anticoagulatory and vasodilator therapy following advanced interventional radiology schemes. Clinical evaluation of postoperative results was carried out using the CDR.

Results Good immediate angiographic outcome manifested in the restoration of lumen and patency of the affected vessels as well as in collateral revascularization was obtained in all cases:

– good clinical outcome (no dementia) was obtained in 6 (42.86%) cases;

– satisfactory clinical outcome (dementia reduction) – in 8 (57.14%) cases;

– no negative effect was observed after the interventions.

Conclusions The method of brain transcatheter laser revascularization is an effective one in the treatment of atherosclerotic lesions of brain's white matter accompanied by the development of Binswanger disease.

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EV347

Inconsistent decline of executive functions in patients with early and late Huntington's disease

S. Mörtl*, C. Blesl, A. Tmava, W. Wurm, A. Holl, A. Painold
Medical University of Graz, Psychiatry, Graz, Austria

* Corresponding author.

Background Huntington's disease (HD) is characterized by executive dysfunctions like problems with planning, accuracy, inhibition and impulsivity. During the course of the disease executive function worsens with ongoing pathological changes in the basal ganglia. However, it is not clear whether cognitive dysfunction develops gradually or not during the course of the disease.

Methods We assessed the development of executive dysfunction in 23 patients with early HD and 29 patients with late HD on the Tower of London (ToL) for the number of solved problems, planning time and number of breaks.

Results HD patients showed a linear decrease of accuracy (as assessed by number of solved problems) during the course of the disease. Controls scored significantly higher than early stage HD patients and early stage HD patients scored significantly higher than late stage HD patients. In planning time and number of breaks a non-linear decrease was found.

Conclusion Executive dysfunctions in HD are not alone connected to degenerative changes in the striatum as they do not develop gradually and linear during the course of the disease. Obviously, executive function could not be seen as a single component, but as a combination of different abilities, which show a non-linear and non-parallel decline.

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EV348

Neuropsychiatric manifestations of vitamin B12 and folate deficiencies: Data from an inpatient psychiatric department

A. Mota^{1,*}, M. Lázaro¹, R. Alves¹, A. Moreira², M. Nobre¹

¹ Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisbon, Portugal

² Hospital de Dona Estefânia, Pedopsychiatry, Lisboa, Portugal

* Corresponding author.



Introduction The prevalence of vitamin B12 and folate deficiency is significant in the psychiatric population. These deficiencies may be associated with varied neuropsychiatric signs and symptoms, caused by different pathophysiological mechanisms.

Objectives Characterize the main neuropsychiatric signs and symptoms associated with vitamin B12 and folate deficiencies. Evaluate the prevalence of these vitamins deficiencies in an acute inpatient psychiatric department, dedicated to Affective Disorders.

Aims To review the clinical significance of vitamin B12 and folate deficiencies in psychiatric disorders and reflect on the importance of routine screening in mental health care.

Material and methods Observational, retrospective and descriptive study, with analysis of clinical and blood tests data concerning the total number of inpatient episodes in 2015. Non-systematic review of the scientific literature.

Results A small case series of the patients that had folate or B12 deficiency detected is presented. The prevalence of vitamin B12 and folate deficiencies found in our study is in accordance with the data found in the literature.

Conclusions Vitamin B12 and folate deficiencies should be considered in the approach to the psychiatric patient as its neuropsychiatric manifestations are varied, can be severe, and may constitute a potentially treatable cause of mental disorder. Our data shows that folate and B12 deficiencies are significant in inpatients and we believe it justifies routine screening at admission.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV349

The association between childhood trauma and facial emotion recognition in patients with stable schizophrenia

J. Mrizak*, A. Arous, R. Trabelsi, A. Aissa, H. Ben Ammar, Z. El Hechmi

Razi Hospital, Psychiatry F, Mannouba, Tunisia

* Corresponding author.

Introduction The impairment of facial emotion recognition (FER) among patients with schizophrenia (SCZ) is a significant feature of the illness. Childhood trauma (CT) is reported with a high prevalence in SCZ and is considered one of its risk factors.

Objectives To investigate the relationship between FER and CT in SCZ.

Methods Fifty-eight outpatients with stable SCZ completed the Childhood Trauma Questionnaire retrospectively assessing five types of childhood trauma (emotional, physical and sexual abuse, and emotional and physical neglect). They also completed a newly developed and validated FER task constructed from photographs of the face of a famous Tunisian actress and evaluating the ability to correctly identify Ekman's six basic facial emotions (happiness, sadness, anger, disgust, fear and surprise).

Results Patients with higher scores of CT performed significantly worse in FER task. Our results suggest that the presence of sexual abuse is specifically correlated to a poor identification of anger ($P=0.02$) and disgust ($P=0.03$) while the presence of emotional abuse and physical neglect are correlated to a poor identification of happiness and sadness.

Conclusions CT may represent one of the causes of the FER deficits in schizophrenia. Further studies are necessary to confirm the link between specific kinds of childhood trauma and deficits in the recognition of discrete emotions.

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EV350

From clinical cases to clinical research: Neurocognition and social cognition in schizophrenia

I. Gurovich, O. Papsuev*, A. Shmukler, L. Movina, Y. Storozhakova

Moscow Research Institute of Psychiatry, Outpatient Psychiatry and Organization of Psychiatric Care, Moscow, Russia

* Corresponding author.



Introduction Neurocognition and social cognition are the core deficits influencing social outcomes in patients with schizophrenia. These deficits are present in prodromal phase and throughout the illness, in first-degree relatives and are considered in the framework of neurodevelopmental or neurodegenerative models.

Method Four clinical cases with patients reflecting different cognitive profiles were chosen to demonstrate heterogeneity of cognitive biases and their influence on the social function *en vivo*. The patients have undergone a number of neurocognitive and social cognitive measures.

Results In these four patients, we would like to highlight the dissociation of neurocognitive deficits, clinical manifestations and social functioning. Social cognitive measures revealed heterogeneity of biases in different domains. As a result of our observation, we can hypothesize that better social functioning was achieved by patients with better abilities to discriminate negative emotions and states of mind in others.

Conclusion Despite certain limitations of case-report studies, it is hard not to point out heterogeneity and incoherence of social and neurocognition. We assume that intact domains of Processing of Emotions and Theory of Mind predispose to better social functioning, while it's hard to trace this connection to neurocognition. This result needs to be challenged on large samples in future research, concerning emotionality in Theory of Mind and capacity for empathy and its' role in social functioning.

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EV351

Emotional processing in panic disorder and its subtypes: An fMRI study using the emotional faces paradigm

T. Pattyn^{1,2,*}, L. Schmaal³, V.D.E. Filip^{1,4}, P. Brenda³, S. Bernard^{1,2}, V. Dick^{3,5}

¹ University of Antwerp, Collaborative Antwerp Psychiatric Research Institute CAPRI, Antwerp, Belgium

² Antwerp University Hospital, University Department of Psychiatry, Antwerpen, Belgium

³ VUmc, Department of Psychiatry and Neuroscience, Amsterdam, Netherlands

⁴ Antwerp University Hospital, University Department of Psychiatry, Antwerp, Belgium

⁵ VUmc, EMGO Institute of Health and Care Research, Amsterdam, Netherlands

* Corresponding author.

Introduction The literature on the neurobiology of emotional processing in panic disorder (PD) remains inconsistent. Clinical heterogeneity could be causing this.

Objective To investigate differences in brain activity between PD and healthy controls using the emotional faces fMRI paradigm.

Aims To elucidate neurobiological mechanisms underlying emotional processing in PD and previously identified subtypes (Pattyn et al., 2015).

Methods The main analysis compared the neural processing of different emotional facial expressions from a large group of PD



patients ($n = 73$) versus healthy controls ($n = 58$) originating from the Netherlands Study of Depression and Anxiety (NESDA). A second analysis divided the PD group into the three previously identified subgroups: a cognitive-autonomic ($n = 22$), an autonomic ($n = 16$) and an aspecific subgroup ($n = 35$). The fusiform gyrus, the anterior cingulate cortex and the insula were used in a ROI approach.

Results Comparing PD patients with healthy controls, a decreased activity on angry faces was observed in the left fusiform gyrus. The subgroup analysis showed more activity in the anterior cingulate cortex on neutral faces in the cognitive-autonomic subgroup versus the autonomic subgroup and a decreased activity in the left fusiform gyrus on angry faces compared to the aspecific subgroup. Less activity was observed in the right insula on neutral faces in the autonomic subgroup versus the aspecific subgroup.

Conclusion Reduced activity in the left fusiform gyrus was differentiating panic disorder patients from healthy controls. In accordance with clinical subtyping, between-subtype differences are an indication that a phenomenological approach could provide more insight in underlying neurobiological mechanisms in emotional processing in PD.

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EV352

The advantage of fear stimuli in accessing visual awareness

N. Gomes¹, S. Silva², C. Silva³, J. Azevedo^{4,*}, S. Soares^{3,5}

¹ Portuguese Catholic University, Institute of Health Sciences, Lisboa, Portugal

² University of Aveiro, DETI/IEETA, Aveiro, Portugal

³ Center for Health Technology and Services Research, University of Aveiro CINTESIS-UA, Department of Education, Aveiro, Portugal

⁴ Faculty of Medicine, University of Coimbra, Psychological Medicine, Coimbra, Portugal

⁵ Karolinska Institutet, Department of Clinical Neuroscience, Division for Psychology, Sweden, Sweden

* Corresponding author.

Introduction Several studies have shown that evolutionary relevant fear stimuli hold a privileged access to the fear module, an independent behavioral, psychophysiological and neural system that is automatically and selectively activated, and is relatively encapsulated from more advanced human cognition. However, to the best of our knowledge no study has yet directly assessed whether such stimuli are granted a facilitated access to visual awareness, compared to stimuli without such evolutionary relevance.

Objective In the present study we used an interocular suppression technique, the Continuous Flash Suppression, known to reduce the activity along the geniculostriate pathway and to strongly suppress processing in the visual cortex.

Aim Our goal was to investigate whether ecologically relevant fear stimuli (snakes and spiders) overcame suppression and accessed awareness to a larger extent than non-evolutionary relevant animal stimuli (birds).

Method Thirty university students volunteered to participate. Participants were asked to identify the screen quadrant in which the stimulus was presented in order to ensure that there was indeed a conscious processing.

Results The results confirmed our hypothesis by showing an advantage of fear stimuli (snakes and spiders) over the control stimulus (birds) in emerging from suppression into awareness, which was evidenced by significantly shorter response times.

Conclusions Our findings support the notion that evolutionary relevant stimuli hold a privileged access into awareness, most likely involving a direct brainstem-thalamic route to the amygdala.



Importantly, they contribute to elucidate the functions and mechanisms of the fear system and may have important implications for understanding emotional disorders, since many of these involve the fear system.

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EV353

Alterations in retinal processing in regular cannabis users



R. Schwan^{1,*}, T. Schwitzer^{1,2}, A. Giersch², V. Laprevote¹

¹ CPN Laxou, Psychiatry, Nancy, France

² Inserm U1114, Psychiatry, Strasbourg, France

* Corresponding author.

Introduction Cannabis is one of the most prevalent drugs used worldwide. However, the neural consequences of cannabis remain poorly understood. There is a need for a rapid improvement of the scientific knowledge on the cerebral impact of cannabis use. Since the retina is an easy-to-access part of the central nervous system, it can reflect the neurochemistry of the brain.

Objectives Considering the anatomical and functional distribution of the cannabinoid system in the retinal ganglion cells, the objective of this study was to assess whether the regular use of cannabis could affect the ganglion cells functioning.

Aims Assessment of the ganglion cells function in regular cannabis users compared to healthy controls.

Methods Recordings of pattern electroretinogram (PERG) were performed in regular cannabis users and healthy controls using standard of the International Society for Clinical Electrophysiology of Vision (ISCEV). The amplitude and implicit time of the PERG N95 were assessed.

Results The N95 implicit time of PERG was significantly decreased in regular cannabis users compared to healthy controls.

Conclusions We found alterations in the ganglion cells function in regular cannabis users, as showed by the increase in N95 implicit time. The ganglion cells represent the ultimate retinal relay before the visual information is relayed to the brain and, according to these results, we suppose that the signal elicited by these cells and transferred through the visual pathways is altered in cannabis users. A direct action of exogenous cannabinoids in the retinal glutamatergic transmission is discussed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV354

Characteristics of selected cognitive functions in patients with systemic lupus erythematosus using Cambridge neuropsychological test automated battery



A. Bogaczewicz¹, J. Kowalski², J. Ząbek³, A. Woźniacka⁴, J. Bogaczewicz⁴, T. Sobow^{1,*}

¹ Medical University of Lodz, Medical Psychology, Lodz, Poland

² Medical University of Lodz, Internal Diseases and Cardiological Rehabilitation, Lodz, Poland

³ Institute of Rheumatology, Microbiology and Serology, Warsaw, Poland

⁴ Medical University of Lodz, Dermatology and Venereology, Lodz, Poland

* Corresponding author.

Introduction Cognitive dysfunction in patients with systemic lupus erythematosus affects 10–36% of them.

Objective To determine a profile of selected cognitive functions in systemic lupus erythematosus.

The aim To investigate and characterize selected cognitive parameters in patients with systemic lupus erythematosus (SLE) using a standardized, comparable and reproducible computer-based method.

Material and methods The study included 25 patients with SLE. For neuropsychological assessment, the Cambridge Neuropsychological Test Automated Battery was used. Following parameters were investigated: mean latency and mean error in motor screening (MOTML, MOTME), big little circle (BLC), paired associated learning (PAL), problems solved in minimum moves in stockings of Cambridge (SOC PSMM) and graded naming test (GNT). Results were referred automatically to determined ranges of norms matched according to age and gender.

Results In patients with SLE results displayed by median and upper and lower quartiles were as follows: MOTML = 1.1 (0.9–1.34), MOTME = 0.41 (0.31–0.52), BLC = 0.16 (0.16–0.18), PAL = –0.43 (–1.28; –0.18), SOCPSMM = –0.62 (–1.19–0.04), and GNT = –0.8 (–1.6; –0.32).

MOTML correlated negatively with MOTME ($r = -0.51$), MOTME correlated with SOCPSMM ($r = 0.41$), and PAL correlated with GNT ($r = 0.48$) ($P < 0.05$).

Conclusions In our study, predominant abnormalities were those related to lexical and semantic memory, revealed by the GNT, spatial planning and spatial working memory, assessed by the SOC, together with visual memory and new learning, assessed with the PAL.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV355

Laser test for identification of latent tremor at alcohol and drug addiction



I. Sosin*, Y. Chuev, O. Goncharova

Kharkov Medical Academy of Postgraduate Education, Narcology, Kharkov, Ukraine

* Corresponding author.

Introduction Distinctness of tremor in abstinent disorders at alcohol and drug addiction are polymorphous in expressiveness degree, localization, typical dynamics of growing from latent, subclinical to big swing tremor of fingers.

Aims and objectives To elaborate the differentiated diagnosis method for tremor in drug addicts to solve examination and medical problems in clinical narcology.

Method The new method of expert diagnosis of latent tremor in narcology with complex examination of the respondent's capacity to complete test tasks for the precisement of purposeful sensorimotor movements and operations coordination with laser test was introduced. Laser beam pointer visual manual guidance at 2–3 meter distance standard target and the beam fixation at the centre ("top ten") reveals the patient's capacity within 5–10 seconds. Laser light spot trembling appearance out of "top ten" circle while twice-thrice completing the test is considered the positive result and tremor severity is evaluated depending on the beam vibration amplitude.

Results Twenty-five alcohol and 25 drug addicts were examined. Visually, tremor presence and severity coincided with testing results entirely. Ability to keep beam in "top ten" area demonstrated tremor absence; laser spot vibration over "top ten"—the latent tremor; laser spot trembling within circles 9–10 – the moderate tremor; within the 6th–4th circles – medium severity; from 3rd–1st and 0th circle – the severe tremor is identified.

Conclusions The method allows to increase the diagnosis efficiency and tremor identification at narcological diseases that gives

opportunity to solve definite differential diagnostic problems in the expert centers for intoxication states examination.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV356

Problems of activation of attention psychophysiological functions and peripheral visual perception of traffic lights color analogues

I. Sosin*, Y. Chuev, O. Goncharova

Kharkov Medical Academy of Postgraduate Education, Narcology, Kharkov, Ukraine

* Corresponding author.

Introduction Statistical data prove that the most traffic accidents happen at the traffic lights controlled crossings predominantly due to decreased attention at permanently changing traffic lights triad and narrowing traffic parameters panoramic view.

Aims and objectives To develop method optimizing human psychophysiological functions (perception, attention, peripheral vision, operative memory) as integral base for most intellectual functions.

Method The new approach for psychophysiological functions activation consists of addition of the traffic lights complete color gamut to the famous Schulte test (1–25 numbers depicted in black at consequently changing red, yellow and green background in cells).

Results Two groups each of 25 respondents were examined. New technology on modified Schulte table (once–twice a day 25–30 min exercise repetition for 7–10 days) was used in the main group. Traditional (black-and-white) Schulte tables were applied in control group. Training efficiency in the main group 2.1 times exceeded this in control group. Thus, the main group respondent's ability for high operation speed in attention (average evaluation) was reached after the 3-day training while in the control group—by 6th day. Considerably quicker the main group could demonstrate the ability for panoramic perception of traffic lights color analogues and identification of ordinal numbers in modified Schulte table. It has been established that modification of Schulte tables improves intensity, volume, concentration, stability, distractibility of attention and mobilization of memory.

Conclusions The elaborated method allows to concentrate at information aspects of traffic, isolate the external stimuli, control the own activity in anti-accident paradigm and traffic safety.

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EV357

Cognitive characteristics of unipolar (major depressive disorder) and bipolar depression

B. Suci^{1,*}, R. Paunescu², I. Miclutia²

¹ Emergency Clinical County Hospital for Children, Psychiatry, Cluj-Napoca, Romania

² UMF "Iuliu Hatieganu", Neurosciences, Cluj-Napoca, Romania

* Corresponding author.

Introduction Impairment in cognitive performance is an important characteristic in many psychiatric illnesses, such as Bipolar Disorder and Major Depressive Disorder. Initially, cognitive dysfunctions were considered to be present only in acute depressive episodes and to improve after symptoms recovered. Reports

have described persistent cognitive deficits even after significant improvement of depressive symptoms.

Aims/Objectives We wanted to understand the dimension of cognitive impairment in unipolar and bipolar depression and also to underline the differences between cognitive profiles of patients diagnosed within the two mentioned disorders.

Method This review examined recent literature about unipolar and bipolar depression.

Results Both depressed patients presented cognitive deficits in several cognitive domains. Different aspects of attention were altered in both patients but impairment in shifting attention appeared specific to unipolar disorder while impaired sustained attention was particular for bipolar disorder. Both types of patients showed memory deficits that were associated with poor global functioning. Two recent studies described that bipolar depressed subjects were more impaired across all cognitive domains than unipolar depressed subjects on tests assessing verbal memory, verbal fluency, attention and executive functions. The most consistently deficits were displayed on measures of executive functioning – such as tasks requiring problem solving, planning, decision making – suggesting that this cognitive domain is a trait-marker for depression.

Conclusions Cognitive deficits are present in both disorders during a depressive episode but they display slightly different patterns of impairment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV358

Clinical neuroscience and psychosocial rehabilitation

A.G. Vaccaro*, F. Manfrin, C. Zoppellaro, A. Catania
Comunità TESEO, Crest, Milan, Italy

* Corresponding author.

There is a physical world and a world of meanings, symbols and social relationships. Neuroscience considers brain as a biological machine. Social science studies the human relationships.

Nowadays we know cerebral processes underlying several aspects of social behavior.

Cerebral damages or dysfunctions can influence the social behavior, as well as the social experiences can shape the development, structuring and functioning of the brain and, consequently, condition the further responses of the individuals to the social events. Humans are embodied subject. In an objective sense we are bodies with a brain, in a subjective sense we are individuals in a social world. This is a relevant matter for all the medical sciences, not only for psychiatry.

The real-life functioning of individuals with schizophrenia shows deficits in several daily-life abilities, in social relationships and in the work activities. According to literature and clinical practice, basic criterions are: bio-psycho-social vulnerability, stressful life events, coping strategies as well as social and relational competence.

Neurocognitive activity shows a straight correlation, albeit indirect, with the real-life functioning. Positive symptoms, negative symptoms and disorganized behavior can considerably influence the real-life functioning. While social and relational competence, the general functioning and resilience are protective factors that can positively condition real-life functioning. Moreover, welfare services (i.e. assisted job placement; disability subsidies; etc.) and a good family and social network can considerably influence the results.

According to the results above, we can affirm the importance to adopt integrated and personalized therapeutic-rehabilitative program for the treatment of schizophrenia and other serious mental disorders.



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EV359

Neuropsychological rehabilitation training in residential mental health services



A. Vaccaro*, A.S. Cusmai, A. Catania, C. Zoppellaro, F. Manfrin
Comunità TESEO, Crest, Milan, Italy

* Corresponding author.

The neuropsychological rehabilitation in our mental health service is a central pillar of psychosocial rehabilitation. These interventions are integrated into a more complex program of psychosocial rehabilitation based on cognitive behavioral method.

We devote particular attention to the empowerment of the cognitive functions: attention, memory, language, logical and abstract reasoning.

The aim of this research is to evaluate efficacy of neuropsychological rehabilitation training in cognitive rehabilitation of psychotic patients.

The subjects that took part to the training were psychotics patient, residents in a mental health Community. Patients were both females and males, aged between 18 and 55 years. They were divided in two experimental groups and a control group. The instrument used was a battery of neuropsychological standardized tests. Tests were managed by an eye-tracker specialist.

Preliminary results seem to confirm a certain degree of improvement due to the training. Eye tracking integration during assessment appears to be a powerful tool as well, in order to define more patient-tailored strategies.

The training based on the empowerment of cognitive functions (attention, memory, language, logical and abstract reasoning) seems to change significantly the cognitive functions of the psychotic patients.

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EV360

The role of mirror neurons in autism impairment



M.D.L. Guedes Neta¹, C. Varanda^{2,*}

¹ Paulista University, Human Sciences, Santos, Brazil

² University of São Paulo, Department of Physical Therapy, Speech-Language Pathology and Audiology, and Occupational Therapy, São Paulo, Brazil

* Corresponding author.

Introduction The discovery of mirror neurons, considered to be responsible for empathy, intrigued researchers all over the world. Many studies have been developed associating mirror neurons to the incidence of Autism Spectrum Disorder (ASD).

Objective Identifying a possible influence of mirror neuron in autism.

Aims Reviewing the recent trajectory of neuroscience in relation to the connection of impaired mirror neurons in autism.

Method Bibliographical review of studies in English, published in SciELO and LILACS databases, between 2008 and 2013. The keywords used were: autism, brain, cortex and mirror neuron.

Results Different subjects explored the influence of mirror neurons in autism as shown below (Fig. 1). Among 17 studies, 12 were bibliographical reviews and 5 involved experiments. Seventy-six percent of the studies were favorable to the influence of these neurons, while 24% were not.

Conclusion There was a balance in the distribution of themes explored in the articles and few studies exploring the role of mirror neurons in autism. Even though the current research may not be conclusive, it can be said that currently neuroscientists tend to agree that mirror neurons significantly influence ASD. Recent studies suggest that, if properly stimulated, ASD individuals can develop their social skill and, consequently, be socially inserted. According to most author studied, technological development is needed in order to enable scientific advances involving mirror-neurons and ASD.

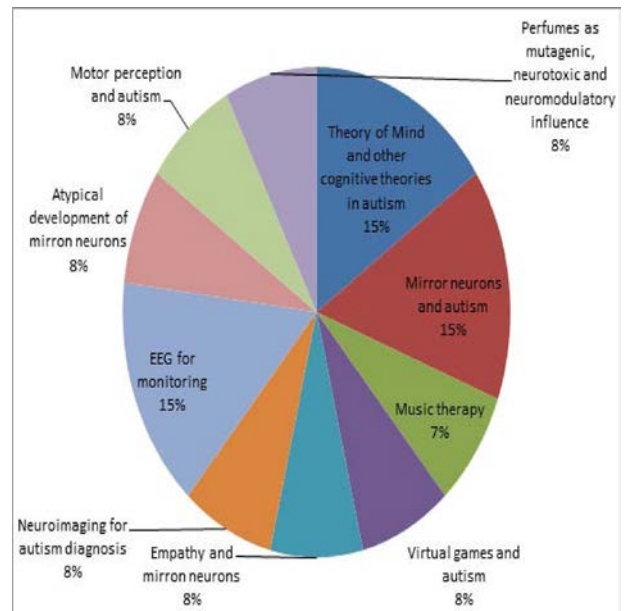


Fig. 1 Percentage of themes explored in the studies.

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EV361

Psychodynamic intervention in brief psychotherapy



M. Viederman^{1,2}

¹ Weill Cornell Medical College, Emeritus Professor of Psychiatry, New York City, USA

² Training and Supervising Psychoanalyst, Columbia Psychoanalytic Center for Training and Research, Columbia University, Columbia, USA

This paper will describe a framework for an intensive psychotherapeutic intervention useful in consultation and its extension in brief psychotherapy. The approach is designed to address symptomatic expressions of distress that arise as the expression of unconscious conflict provoked by situations of crisis. It may also be a model for selected patients in longer therapies that address ongoing problems. This therapeutic approach has elements familiar to any experienced therapist, but is specific in its conceptualization. What distinguishes this therapy from others is the induction and utilization of a special positive quality in the therapeutic relationship as a therapeutic aim and “curative factor” in its own right beyond its role as the substrate for a trusting relationship that underlies all successful psychotherapeutic elements. This involves a specific strategy and technique designed to develop a “benevolent transference” to effect change, sometimes to achieve symptom relief, sometimes as a precursor to meaningful insight. In this respect the relationship, considered to be a central feature of the therapy, compliments

understanding as a vehicle for change. A variety of interventions are described to facilitate this process and are illustrated in case presentations.

This presentation is a synthesis of a number of papers on active engagement of the patient in psychodynamic psychotherapy. Two DVDs that illustrate this approach in consultations with patients are available for presentation. One is a three-session psychotherapy with an eight-month follow-up. The patient interviews are edited and may be the focus of separate sessions.

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Comorbidity/Dual pathologies

EV362

Tardive dyskinesia: When one should suspect of another diagnosis?



R. Almendra^{1,*}, A.R. Figueiredo², V. Espirito Santo¹, A. Almeida¹, P. Guimarães¹, A.G. Velon¹

¹ Centro Hospitalar Trás-os-Montes e Alto Douro, Neurology, Vila Real, Portugal

² Centro Hospitalar Trás-os-Montes e Alto Douro, Psychiatry, Vila Real, Portugal

* Corresponding author.

Introduction Tardive dyskinesia is a collection of symptoms related to the side effects of neuroleptic medications that can mimic other types of disorders. Accurate diagnosis can be challenging, as there is no single test for tardive dyskinesia.

Case report Female patient, 64 years old, with personal history of Chronic Myeloid Leukaemia and psychosis since forth decade, currently medicated with quetiapine 350 mg/day, risperidone IM 50 mg 15/15 days and trazodone 150 mg/day (previously medicated with haloperidol, amisulpride and olanzapine). She started with involuntary movements interpreted as tardive dyskinesia after 2 years on neuroleptic treatment. The difficult control of involuntary movements motivated the reference to ambulatory Neurology department. The review of personal history suggested a family history of involuntary movements and psychiatric illness. Physical examination showed generalized choreic movements. The analytical and imagiologic study was unremarkable. The presence of family history and involuntary movements atypical to be classified as tardive dyskinesia supported a genetic test for Huntington's disease who detected a CAG expansion with 43 repetitions in *HTT* gene. Despite treatment with amantadine and riluzole she maintains disease progression and evident cognitive deterioration.

Conclusion The diagnostic process of involuntary movements may involve more than one physician and requires the review of a detailed medical history, a physical examination and a neuropsychological evaluation in order to determine whether one is indeed suffering from tardive dyskinesia or a different neurological disorder.

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EV363

Toxic consumption among patients suffering delusional disorder



C.M. Carrillo de Albornoz Calahorra*, A. Porras, M. Guerrero, J. Cervilla Ballesteros

Hospital Universitario San Cecilio, Unidad de Salud Mental, Granada, Spain

* Corresponding author.

Introduction Several epidemiological studies describe the association between substance abuse and appearance of psychotic symptoms. There is a higher prevalence of psychotic symptoms among cannabis and cocaine consumers compared to the general population.

The cannabinoid receptors regulate the release of dopamine and cocaine has a strong inhibitory action on reuptake of the same. This may explain the greater proportion of subjects moderately or heavily dependent on cocaine or cannabis experience symptoms of psychotic sphere.

Objectives/Aims Describing the profile of drug consumption among a group of patients diagnosed with delusional disorder.

Methods Our data come from a case register study of delusional disorder in Andalucía (Spanish largest region). By accessing digital health data, we selected 1927 cases who meet criteria DSM 5 for delusional disorder collecting different toxic consumption habits.

Results It was found that 1070 (93.4%) of patients diagnosed as delusional disorder according DSM 5 did not consume cannabis, compared to 75 (6.6%) who do so. Among patients diagnosed as "other psychoses", 243 (85%) did not use drugs and 43 (15%) consume other drugs of different types of cannabis.

Conclusion In our sample, we found that the use of drugs such as cannabis and cocaine is less common among patients diagnosed with delusional disorder compared with other individuals diagnosed as "other psychosis".

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EV364

Psychosis, cause or consequence of substance use disorder



M.C. Cancino Botello*, M.D.L.A. Canseco Navarro,

A. Peña Serrano, F. Molina López, J.M. Hernández Sánchez

Consorcio Hospital General Universitario, Psychiatry, Valencia, Spain

* Corresponding author.

Introduction The use of psychostimulants, such as amphetamines and cocaine in psychotic patients is 4 times more frequent than non-psychotic ones. It is believed that people with psychosis may use substances as a self-treatment for negative symptoms. However, early onset of substance use disorder can develop psychotic and/or negative symptoms, leading to confusion between primary or secondary psychosis.

Method Systematic review of the literature in English (PubMed) and patient's clinical record. Keywords: "Substance use disorder"; "psychosis".

Objectives to highlight the importance of an adequate characterization of psychotic symptoms in patients with substance use disorder.

Case A 29-year-old man, with psychostimulants and cannabis abuse since adolescence and very short abstinence episodes. Later on, he developed paranoia symptoms that slightly improved once he decreased drugs dosage, but they were still present even on complete abstinence. Over the last year he has showed negative and psychotic symptoms that have been worsening with aggressive behavior during the last months, so he had to be hospitalized. During this period, he has been treated successfully with aripiprazole depot once monthly. His evolution has been positive, it has

disappeared psychotic symptoms and paranoia, and after discharge he has managed to remain abstinent to psychostimulants.

Conclusions Adequate characterization of patients with psychotic symptoms and substance abuse is essential to determine whether the psychotic disorder is associated with primary or induced TUS. Therefore, it is essential a thorough clinical evaluation to make an accurate diagnosis and to draw an individualized treatment plan.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV365

Psychiatric disorders among asthmatic patients: Literature review



C.A. Moreira*, A.M. Marinho, L.C. Gil, M. Bairrão, L. Queiroz
Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisbon, Portugal
* Corresponding author.

Introduction Asthma is a major public health problem and its prevalence has increased in both developed and developing countries during the last few years. Once it is a chronic illness, it has also revealed psychological consequences. Moreover, recent studies have suggested an association between asthma (especially of severe grade) and mental disorders.

Objectives The authors pretend to make a brief review concerning psychiatric disorders among asthmatic patients.

Aims To understand and to be able to deal with the psychiatric disorders among chronic asthmatic patients.

Methods The review was based on scientific documentation published in PubMed database, using the following terms as keywords: “asthma”, “depression”, “anxiety” and “panic disorder”.

Results Compared to the general population, both anxiety and mood disorders rates are at least two times those observed in asthmatic patients. Moreover, certain psychiatric disorders rates, including panic disorder (PD) and major depressive disorder, are as much as six times more prevalent among asthmatics when compared to the general population. The association between psychiatric disorders and poor asthma control and asthma-related quality of life could occur through several pathways, such as behavioural pathways; cognitive or perceptual pathways; or through the direct physiological effects of depression and anxiety on the autonomic nervous system (ANS) and immune systems which increase asthma symptomatology.

Discussions/Conclusions There is a close correlation between anxiety, PD and depression, and a poor controlled asthma. A better understanding of this association may have major clinical implications, mainly in patients with poor controlled asthma in whom the presence of anxiety and depression should be investigated.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV366

Opioids consumption and delusional symptomatology



A. Duque Domínguez^{1,*}, R. Duque Domínguez², L. Martín Díaz¹, C. García Montero¹, M. Palomo Monge³, M.D.M. Lázaro Redondo¹, F. de la Torre Brasas¹, N. Echeverría Hernández¹

¹ Complejo Asistencial de Ávila, Servicio de Psiquiatría, Ávila, Spain

² Hospital Universitario de Fuenlabrada, Servicio de Psiquiatría, Madrid, Spain

³ Complejo Asistencial de Talavera de la Reina, Servicio de Psiquiatría, Talavera de la Reina Toledo, Spain

* Corresponding author.

Introduction Opioids are the most powerful drugs commercialised for acute and chronic pain relief. The main emerging problem in our midst is the abuse and addiction to synthetic opioids iatrogenically established in general population.

Objectives We report the case of a female patient aged 48 admitted to the Acute Psychiatric Unit after a suicide attempt. She refers she finds herself more irritable and depressed since she began a treatment with oxycodone after she was diagnosed with fibromyalgia. She has lost a lot of weight, is not able to get to sleep and has become socially isolated.

Methodology During the first few days, the patient is uncooperative and shows a marked self-referentiality and verbalises delusional ideation related to her immediate surroundings. Once the treatment with opioids was withdrawn and we had prescribed paliperidone ER, she seemed more cooperative and calmed. She was discharged from the Psychiatric Day Hospital showing a good evolution.

Results Paranoid personality disorder (F60); mental and behavioural disorders due to use of opioids (F11); recurrent depressive disorder, current episode moderate (F33.1); fibromyalgia (M79.7).

Conclusions The use of synthetic opioids (tramadol, fentanyl, oxycodone) in easy-to-use formats (patches, pills, dispersible tablets, lollipops) and their dissemination in pain treatment, is leading to an increase of problems related to it, both their side effects (psychotic symptoms) and the generation of misuse and addiction. We should pay greater attention to the prescription of opioids to patients with dysfunctional personality traits.

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EV367

The effect of alcohol administration on social behavior of rats with experimental schizophrenia



A. Egorov*, E. Kutcher, N. Chernikova, M. Dorofeikova
I.M. Sechenov Institute of Evolutionary Physiology and Biochemistry, Behavior Neurophysiology and Pathology, St-Petersburg, Russia
* Corresponding author.

Experimental animal modeling of schizophrenia and alcoholism allows understanding the mechanisms of comorbid pathology formation. The aim was to investigate the effect of ethanol administration on social relations in rats with experimental schizophrenia. The study was carried out on 30 Wistar adult male rats aged. After 2 weeks isolation rat social ranks were determined. Alcohol preference was evaluated in the two-bottle test. Schizophrenia was modeled by administering to rats ($n = 15$) dopamine precursor levodopa-carbidopa (LC) during 5 days each month in four months experiment. The control animals ($n = 15$) received water. All animals were subjected to intermittent alcoholization throughout the experiment after the introduction of the LC. The behavioral parameters evaluated in the “open field” and “despair” tests.

It was found out that the experimental rats who received alcohol did not differ in the number of interactions compared to the rats who received only alcohol. In the rats with experimental schizophrenia a significantly higher social interactions were observed compared to the control group. This is consistent with the results of the clinical studies, which have shown that patients often drink alcohol to relieve anxiety and tension. The two-bottle test has shown the difference between the experimental and control groups only in the first week of the experiment. Apparently, this can be explained by the prolonged isolation. In the despair test, before the alcoholization, the rats with experimental schizophrenia were completely immobilized, compared to the controls. After alcoholization the differences in the despair test were not observed.

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EV368

Quality of life in patients with asthma

R. Ennaoui^{1,*}, M. Turki¹, N. Moussa², S. Sellami², N. Halouani¹, I. Gassara¹, N. Hamza¹, J. Aloulou¹, S. Kammoun², O. Amami¹



¹ Hédi Chaker University Hospital, Psychiatry B department, Sfax, Tunisia

² Hédi Chaker University Hospital, pulmonary department, Sfax, Tunisia

* Corresponding author.

Introduction Quality of life (QoL) is a complex concept that depends on many factors such as life style, past experiences, expectations, future plans and ambitions. It may be altered in patients suffering from chronic disease.

Objectives Assess QoL in patients with asthma as well as associated factors.

Methods We conducted a cross-sectional, descriptive and analytic study, including 30 patients followed for asthma at pulmonary outpatient department, Hedi Chaker Hospital, Sfax, Tunisia. Asthma control level was evaluated by the Asthma Control Test (ACT). QoL was assessed using the 36-item Short Form Health Survey (SF-36), that contains 36 questions grouped into 8 domains (D1: Physical Functioning, D2: Role limitations due to physical problems, D3: Bodily Pain, D4: General Health, D5: Vitality, D6: Social Functioning, D7: Role limitations due to emotional problems and D8: Mental Health).

Results The mean age was 51 ans. The mean duration of disease was 11 years. The average ACT score was 16.8 points. Asthma was uncontrolled in 1/3 of patients. The mean of average overall scores SF-36 was 46.22. QoL was altered in 83.3% of patients. The most altered domains were D8 followed by D7 then D4 and D2. The average overall score SF-36 was correlated to ACT score ($P < 0.001$), early age of onset of the disease ($P = 0.049$) and poor asthma control ($P < 0.001$). Altered QoL was associated to advanced age ($P = 0.016$), long duration of disease ($P < 0.001$) and low ACT score ($P = 0.034$).

Conclusion Optimum asthma and associated comorbidities support would improve control and therefore the patient's quality of life.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV369

Prevalence of alcohol consumption in psychiatric consultations and drug addiction consultations by application the cage questionnaire camouflaged

F.J. Zamora Rodríguez^{1,*}, I. González Martínez¹, L. Tolosa Gutiérrez¹, J.M. Zoido Ramos²



¹ ESM Zafra, Psychiatry, Zafra, Spain

² Centro de Drogodependencias de Extremadura, Psychiatry, Badajoz, Spain

* Corresponding author.

Introduction Alcohol consumption associated with other psychiatric disorders in outpatient psychiatric comorbidity is a common, yet often underdiagnosed and undertreated, resulting in a worse prognosis of both diseases.

Objective To evaluate the prevalence of alcohol consumption in psychiatric outpatient consultations and compared to drug addiction consultations.

Methods A total of 25 outpatient psychiatrists of Extremadura and 10 doctors of substance abuse centers of Extremadura (CEDEX) participated in the study. They were included in the study a total of 373 patients, 244 who were in treatment at mental health center and 129 as a center of drugs.

Results The mean age of patients in psychiatric consultations was 50.05 years and 42.60 years of CEDEX. The percentage of women was 54% of cases in psychiatric consultations and 18.6% in the CEDEX. Diagnoses included in psychiatric consultations were: anxiety disorders (17.2%), depressive disorders (46.3%); personality disorders (7.8%); mild mental retardation (2.5%); psychotic disorders (12.3%); dementia (2.5%); bipolar disorder (6.1%); and ADHD (1.2%). In the consultations of drugs they were: 45.4% alcohol dependent; 15.7% to cannabis; 13.3% cocaine; 10.9% heroin; 8.1% more heroin to cocaine; and 6.6% to other addictions. A total of 18.9% of patients in psychiatric consultations had a score of 2 or more in the CAGE and 62.8% of the CEDEX.

Conclusions We found nearly a fifth of the patients attending psychiatric outpatient clinics which have a hazardous drinking, harmful or alcohol dependence, for almost two thirds of drug queries.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV370

Prevalence of problematic alcohol consumption in patients with anxiety of depressive disorders



M.D.C. García Mahía^{*}, Á. Fernández Quintana
CHU A CORUÑA, Psychiatry, A Coruña, Spain

* Corresponding author.

Introduction Depression and alcohol problems are common in psychiatric outpatients, but there are few studies including patients with anxiety disorders.

Aims To study the prevalence of problematic alcohol consumption in a sample of patients diagnosed of anxiety or depressive disorder and treated in a mental health clinic and to analyze clinical and sociodemographic variables associated to alcohol consumption.

Methods The sample studied included 194 outpatients (31.9% men and 68.1% women) treated in an outpatient clinic and diagnosed of any anxiety or depressive disorder included in DSM-IVTR as main diagnose. Instruments used were Beck Depression Inventory (BDI), and the Alcohol Use Identification Test (AUDIT). Other variables studied included age, civil status, level of studies, and specific psychiatric diagnoses.

Results A total of 64.9% were diagnosed of anxiety disorder and 35.1% were diagnosed of depressive disorder. The prevalence of problematic alcohol consumption was 7.8%, being more frequent in men, especially in men and in middle ages. Problematic alcohol consumption was found with more frequency in patients with generalized anxiety disorder and major depression, in this order. Patients with other comorbidity disorders in Axis II presented the highest prevalences of problematic alcohol consumption.

Conclusions Problematic alcohol consumption presents high prevalence in patients with anxiety or depressive disorders and dual diagnose usually is associated with poor prognosis. It is necessary to make efforts to detect alcohol problematic consumption in psychiatric patients and develop specific treatment programs directed to this group of patients in both primary and specialized care units.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV371

Study of sleep disturbances in patients with alcohol abuse or dependence

M.D.C. García Mahía*, Á. Fernández Quintana
CHU A CORUÑA, Psychiatry, A Coruña, Spain

* Corresponding author.

Introduction Previous studies inform that psychiatric patients often report problems with their sleep and alcohol increase sleep disturbances.

Aims To analyze the prevalence of sleep disturbances in patients diagnosed of Alcohol Abuse or Dependence and to study clinical and sociodemographic variables associated with sleep disorders.

Methods The sample is composed of a randomized sample of patients diagnosed of Alcohol Abuse or Dependence following DSM-IV-TR criteria and treated in a Mental Health Clinic in a period of 3 years. Medical records were reviewed. Quality and patterns of sleep were evaluated using the Pittsburg Sleep Quality Index (PSQI) with a cut-off point 5-6.

Results A total of 102 patients were included in the study, 69% were male and 31% were female. Mean age 39.4 years (SD 9.26). Sleep disorders were found in 91.6% of patients. The most altered subscales in the overall sample were the Use of Sleeping Medication and Sleep Disturbances. Women presented worse sleep quality compared to men ($P < 0.01$) with higher number of altered subscales. The most altered subscales in women were Subjective Sleep Quality ($P < 0.005$) and Sleep Disturbances ($P < 0.02$).

Comorbidity with other psychiatric disorders and other clinical and sociodemographic variables are analyzed.

Conclusions Sleep disorders have high prevalence in patients with alcohol abuse of dependence, especially in women and patients with other psychiatric comorbidity. Poor quality sleep may have a powerful impact on the global functioning and prognosis of these groups of psychiatric patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV372

Dual pathology in users of early intervention program in psychosis

B. Girela Serrano^{1,*}, M. Guerrero Jiménez¹,
C.M. Carrillo de Albornoz Calahorra¹, J.A. Rodrigo Manzano²,
O.B. Martínez García¹

¹ Hospital Santa Ana Motril, Psiquiatría, Motril, Granada, Spain

² Hospital Santa Ana Motril, Psicología, Motril, Granada, Spain

* Corresponding author.

Introduction The existence of independent services and facilities for mental health and for addictions in Andalusia stand in the way of addressing dual pathology. The strong comorbidity between substance use and early psychosis has been deeply studied in recent literature. The aim of this paper is to analyse a group of consumers in the First Episode Psychosis Program (FEP) to address the lack of the actual interventions performed.

Methods Descriptive statistical analysis of demographic and clinical variables of a group with drug consumption ($n = 17$) is compared to a non-consumer group ($n = 7$).

Results Our sample of patients included, consumers who represent 71% of the sample. All consumers were users of cannabis or derivatives and 35% of consumers were diagnosed at some point of Toxic psychosis. Only 23% received care in drug addiction centers. They have less education. The duration of untreated psychosis (DUP) is greater than in non-users and only 35% of the cases were detected in Primary Care. PANSS with higher scores. Greater differences in general psychopathology. The Social Functioning Scale (SFS) were worse in the Isolation scale. The Family Questionnaire (FQ) showed more difficulties in the family setting. Finally the

Global Assessment of Functioning (GAF) gives an average of 8 points lower (severe symptoms).

Discussion We would like to point out the low percentage of users who receive specialized care for their addiction. Better collaboration with Primary Care is required to improve the capacity of detection to reduce the time slot of untreated symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV373

Psychiatric manifestations in porphyria: A case report of psychosis

S. González-Parra*, T. Aparicio Reinoso, M. Leonor,
J.D.D. Molina, I. Hernan, F. Ricote

Hospital Dr Rodríguez Lafora, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction Porphyrias are rare inherited disorders due to specific enzyme abnormalities of heme biosynthesis. Among the hepatic forms, three of them are clinically characterized by acute abdominal pain and neuropathy, sometimes associated with psychiatric disorders like mood changes, organic brain syndrome and psychosis.

Case report Here, we present a 38-year-old male patient with intermittent porphyria and chronic psychosis who was hospitalized. He had been treated by benzodiazepines and neuroleptic medication for several years. Exposure to certain drugs, dieting, starvation and infection may precipitate AIP attacks.

Discussion Underlying organic causes of psychiatric disorders such as psychosis should be considered among patients with atypical symptoms and/or resistance to standard therapy.

Conclusion It is important to increase awareness amongst psychiatric and neurological professionals with regard to certain inborn errors of metabolism. Early detection of porphyria may diminish morbidity and mortality rates, and perhaps heal some chronic atypical psychiatric illnesses.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV374

Cannabis psychosis, gender matters

I. Hamilton*, P. Galdas, H. Essex

University of York, Health Sciences, York, United Kingdom

* Corresponding author.

Introduction Despite recent findings pointing toward cannabis psychosis as one area where gender differences may exist, there has been a widespread lack of attention paid to gender as a determinant of health in both psychiatric services and within the field of addiction.

Objectives To explore gender differences in treatment presentations for people with cannabis psychosis.

Aims To use national data sets to investigate gender differences.
Methods Analysis of British Crime Survey data and a Hospital Episode Statistics data set were used in combination with data from previously published epidemiological studies to compare gender differences.

Results Male cannabis users outnumber female users by 2:1, a similar gender ratio is found for those admitted to hospital with a diagnosis of schizophrenia or psychosis. However this ratio increases significantly for those admitted to hospital with a diagnosis of cannabis psychosis, with males outnumbering females by 4:1.

Conclusions This research brings into focus the marked gender differences in cannabis psychosis. Attending to gender is important

for research and treatment with the aim of improving understanding and providing gender sensitive services.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV375

Parkinsonism and mental health disorders among Latino migrants



L. Herrera Duran^{1,*}, N. Mejia², Y. Wang¹, M. Alegria¹

¹ Massachusetts General Hospital, Disparities Research Unit, Boston, USA

² Massachusetts General Hospital, Department of Neurology, Boston, USA

* Corresponding author.

Introduction Mental health disorders and parkinsonism (mobility slowness, rigidity, rest tremor, gait instability) often co-exist. Approximately 40% of the 7-10 million people living with Parkinson's disease globally experience co-existent depression and/or anxiety. Furthermore, people treated with dopamine-blocking medications (antipsychotics, antiemetics) or those who suffer vascular, infectious, toxic, or structural brain insults may have symptoms of "secondary" parkinsonism.

Objectives To describe the existence of parkinsonism among Latino immigrants with behavioral health and substance abuse problems.

Methods Data from the International Latino Partnership (ILRP) gathered at primary care clinics in Boston, Madrid, and Barcelona included 4 parkinsonism screening questions.

Results A total of 151 participants out of 567 (26.6%) screened positive for at least one parkinsonism question and 15 (2.6%) screened positive for all 4 questions. A small group of participants who screened positive for parkinsonism had co-existent schizophrenia, schizoaffective disorder, bipolar disorder, and/or exposure to lithium or valproic acid. We found that age 50+, depression, and anxiety were more often associated with people having parkinsonism ($P < 0.1$). Gender, race, language, and educational level were not significant predictors of parkinsonism.

Conclusions Parkinsonism and behavioral health disorders co-exist among Latino immigrants in the United States and Spain. This may be related in part to exposure to dopamine-blocking medications. Future studies should focus on early detection of mental health co-morbidities among Parkinson's disease patients as well as on prevention of "secondary" parkinsonism among people living with mental health disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV376

Most frequent clinic comorbidities in hospitalized patients in a psychiatric clinic



J. Jaber*, J. Veríssimo (Jr), T.T. Raposo, B. Reys

Clínica Jorge Jaber, Saúde Mental, Rio de Janeiro, Brazil

* Corresponding author.

Introduction Being hospitalized in a psychiatric clinic, patients present, in addition to the diseases that determine the hospitalization, clinic comorbidities, generally decompensated.

Objectives To present the most frequent clinic pathologies in a population of hospitalized patients having diverse mental disorders and establish a protocol for investigation and their early treatment.

Aims To know the most frequent pathologies in a population of hospitalized psychiatric patients and establish a protocol for their assessment, in a way that contributes to the global improvement of the patient health condition.

Methods For its mission realization, the clinic counts on a multi-disciplinary team. The participants were 762 patients, seen in the referred clinic, which presented a minimum period of hospitalization of 10 days and that were submitted to thorough clinic exam and complementary routine exams. The time frame referred to the period of March of 2012 to February of 2014, totalizing 24 months.

Results In the patients that had medical release after periods of hospitalization of, 90-day average, were obtained, in the totality of the cases, excellent evolution, evidenced by the improvement of the laboratory parameters.

Conclusions The results were achieved in the hospitalization system with careful medicament administration, differentiated diets established in agreement with the patients, supervised physical activities and psychological and psychiatric support.

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EV377

The influence menopausal metabolic syndrome on psycho-emotional status of the women



D. Kayumova^{1,*}, N. Khodjaeva², S. Kayumova³

¹ Tashkent medical academy, obstetrics and gynecology for GP, Tashkent, Uzbekistan

² Tashkent medical academy, psychiatry, Tashkent, Uzbekistan

³ Tashkent pediatric medical institute, therapy, Tashkent, Uzbekistan

* Corresponding author.

The metabolic syndrome (MetS) beside in peri- and postmenopausal women vastly reduces their quality of life. One of forming estimations quality of life is a change on the part of the psycho-emotional status of the women.

The purpose of the study Determination of the influence menopausal MetS beside peri- and postmenopausal women on psycho-emotional sphere to their life. The organized study 581 peri- and postmenopausal women (45-55 years). Depending on presence or absences component MetS, all women were divided into 2 groups - with presence of the criterion MetS (1 group, $n = 470$) and without MetS (2 groups, $n = 111$). Stating the diagnosis, MetS were a criteria IDF (2005). The estimation of presence and degree anxiety and depression conducted on the grounds of Hospital Anxiety and Depression scale. The estimation of the psychic status conducted by means of Mini Mental State Examination. The 1-group women practically in 1,5 once was more often revealed subclinical expressed anxiety (30%) and depression (21,9%), than beside 2 groups (21,6 and 17,2%). Cognitive frustration - beside 5,1% and 2,7%. Either as at recommendations of the interpreting the test MMSE, after undertaking the treatment anxiety and depression beside women with component MetS, us again marked women of the 1 group. It is revealed that in spite of reduction sign anxiety and depression in 2 times practically, accordingly on group, improvement cognitive status was flat. Reasonable alongside with psycho-corrective therapy to conduct the preventive maintenance and treatment menopausal MetS for the reason improvements quality of life getting old women.

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EV378

Temporal epilepsy and psychosis - Comorbidities

V. Klaric^{1,*}, D. Klaric²¹ Zadar general hospital, department of psychiatry, Zadar, Croatia² Zadar general hospital, department of internal medicine, Zadar, Croatia

* Corresponding author.

Introduction The simultaneous presence of temporal epilepsy and psychosis includes a careful approach to diagnosis and titration of medication.

Aim To achieve remission of comorbid diseases resistant to therapy.

Methods Psychotherapy interview and support, laboratory measurements, EEG, cerebral CT and MRI scan, psychological testing.

Results The patient was a girl 16 years of age. In 2011, she started experiencing auditory hallucinations of disturbing content, ideas of persecution, and she feared that people were going to kill her, all of which were bothering her deeply. In the family anamnesis, her grandmother and aunt both suffer from schizophrenia. In the first neurological assessment, there were no aberrations. The patient was treated with high doses of various antipsychotics, but the hallucinations became unbearable to the extent that she was about to commit suicide. Anticonvulsive therapy was planned, and in the meantime, a second neurological assessment was performed, which confirmed the coexistence of temporal epilepsy. Combined therapy consisting of anticonvulsive and antipsychotic medication markedly abated the hallucinations. However, the patient began to feel cramping of the right arm, as well as experiencing the negative symptoms of psychosis. She wasn't functioning normally anymore, she was distinctly adynamic, depressive, with a lack of initiative, and poor memory and concentration. Psychological testing confirmed significant cognitive, emotional and personality disorders (of organic source).

Conclusion Treatment of the overlapping symptoms of temporal epilepsy and psychosis is complex, along with the presence of intellectual deterioration.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV379

Schizophrenia or attention deficit hyperactivity disorder: drug abuse as a cause of wrong diagnosis

Y. Lazaro^{1,*}, M.P. Ibañez², A. Muro²¹ Hospital Clínico San Carlos, Psychiatry, Madrid, Spain² Parc Sanitari Sant Joan de Déu, Psychiatry, Barcelona, Spain

* Corresponding author.

Introduction It is common to find patients with overlapping attention deficit hyperactivity disorder (ADHD) and substance abuse disorder, specially alcohol, cannabis and cocaine. The anxiety, impulsivity and even psychosis derived from consumption often induce wrong diagnosis of patients, due to the camouflage of the basic psychopathology of ADHD.

Objectives Analyze a clinical case in order to point out the difficulty of diagnosis existent in ADHD patients with substance abuse disorder comorbidity.

Aims To gain insight in the psychopathology of ADHD patients, to make the right discernment and to improve the quality of their lives.

Methods Thirty-four-year-old man, ex-drug user of cannabis and cocaine, diagnosed with paranoid schizophrenia several years ago on an outpatient basis. Currently in prison, with regular follow-up by psychiatry in the last year. The toxic withdrawal, the collection of medical history and the successive consultations finally

orientated the diagnosis to ADHD-combined subtype, receiving treatment with atomoxetine instead of antipsychotics. After few months of observation, we confirmed an excellent general clinical response and a better adaptation to the prison environment.

Results Psychoticism disappeared with drug abstinence. Antipsychotics were interrupted due to the absence of psychopathology of schizophrenia. Free of psychotropic drugs, ADHD symptoms became apparent.

Conclusions Due to ADHD comorbidity, it is important to pay attention to the profile to make the right discrimination between different entities for therapeutic and prognosis implications.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Further reading

Daigre C, et al. Attention deficit hyperactivity disorder in cocaine-dependent adults: a psychiatric comorbidity analysis. *Am J Addict* 2013;22(5):466–73.

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EV380

Clinical aspects of depression in Parkinson's disease

F. Leite^{1,*}, H. Salgado², O. Campos², P. Carvalho²,M. Pinto da Costa², P. Queirós², C. Cochat²¹ Matosinhos, Portugal² Hospital de Magalhães Lemos, Psychiatry, Porto, Portugal

* Corresponding author.

Introduction Parkinson's disease is the most common neurodegenerative movement disorder in the elderly population. The disease is clinically characterized by major motor symptoms that include bradykinesia, rigidity, tremor and postural instability. In addition to the motor symptoms, Parkinson's disease is characterized by emotional and cognitive deficits, which reduce quality of life independently from motor manifestations.

Objectives/Aims To discuss the clinical manifestations of depression in Parkinson's disease according to the most recent scientific literature.

Methods Online search/review of the literature has been carried out, using Medline/Pubmed, concerning, "Parkinson's disease" and "depression".

Results Depression is the most frequent psychiatric disorder in Parkinson's disease. In up to 30% of the cases, the depressive symptoms precede the development of motor symptoms. Independently of the age of appearance, duration and severity of the motor symptoms, depression is generally an integral part of the disease. Depression in Parkinson's disease is generally mild or moderate, with premature loss of self-esteem and volition. Although the high rates of suicidal ideation, suicide is rare. There is also a high prevalence of panic attacks and anxiety.

Conclusions It is difficult to correctly identify depression in Parkinson's disease as some symptoms assigned to Parkinson's disease itself can in fact be the clinical manifestation of a depressive disorder. On the other hand, depressive symptoms may not be recognized as such, but considered manifestations of Parkinson's disease.

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EV381

Huntington's disease-comorbidity

M. Ortega Garcia^{1,*}, V. Marti Garnica¹,C. Martinez Martinez², P. Blanco del Valle³, R. Gómez Martinez⁴,P. Garcia Acebes⁵, S. Garcia Marin⁶, C. Franch Pato⁷¹ CSM Cartagena, Hospital Santa Lucia, Cartagena, Spain

² CSM San Antonio Abad León, Complejo Asistencial Universitario de León, Leon, Spain

³ CSM Virgen del Mirón Soria, CSM Virgen del Mirón Soria, Soria, Spain

⁴ Hospital de Día, Complejo Asistencial Universitario de León, Complejo Asistencial Universitario de León, Leon, Spain

⁵ Hosp. Universitario Virgen de la Arrixaca, Murcia, Spain

⁶ C.S.M. Lorca, C.S.M. Lorca, Lorca, Spain

⁷ Unidad de Agudos del Complejo Asistencial Universitario de León, Leon, Spain

* Corresponding author.

Huntington's Korea or Huntington's disease is a pathology of the nervous central system that provokes involuntary movements those who are named Korea or San Vito's evil, changes of conduct, psychiatric alterations and dementia. It thinks that it is a slightly frequent disease among the caucasian ones (1 every 100,000 or 200,000 persons), except in Venezuela that has the highest rate of the world (1 every 10,000). It is named badly of San Vito because he was the saint, the one that was evoked to treat this type of disease. It is a neurodegenerative disease and is accompanied of atrophy of the fluted body and loss of neurons on decrease of neurotransmitters. Members' spasmodic movements and facial muscles as dance, uncoordination motorboat. These movements woke fear and superstition up in an epoch. Alterations motorboats attitude, march and abnormal movements. Loss of weight for faults in swallowing besides the loss of calories (approximately 4000 daily ones for the constant movement). Not only it is a disease motorboat, the patient loses aptitude to communicate and dies in 10-15 years. There are psychiatric symptoms as the depression, changes of personality, decrease of intellectual capacity and suicide. Let's sense beforehand a clinical case of a 69-year-old patient with psychiatric depressive precedents of years of evolution with treatment psychopharmacology and worsening in last 2 years. Treatment is prescribed with antipsychotic and before a not well-taken quake, is studied by neurology who diagnoses Huntington's disease.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV382

Peculiarities of comorbid addictions in neurotic disorders

N.O. Maruta*, S.P. Kolyadko, M.M. Denysenko, G.Y. Kalenska, V.Y. Fedchenko

Institute of neurology - psychiatry - and narcology of the NAMS of Ukraine, department of neuroses and borderline conditions, Kharkov, Ukraine

* Corresponding author.

Introduction Under contemporary social circumstances, there is a tendency to increasing of amount of persons disposed to addictive behavior (AB) as a mean to remove psychoemotional tension and to solve their significant problems. This tendency raises in patients with neurotic disorders (ND) that influences on clinical manifestations of the pathology and impedes diagnosis and timely care for this category of patients.

Aim To investigate AB in the structure of neurotic disorders (F44.7, F40.8, F48.0).

Methods Assessment of personal addictive status with AUDIT-like tests to detect disorders related to substance and non-substance abuse; 109 patients with ND (main group) and 52 persons without ND (control group) were examined.

Results It was revealed that patients with ND had significantly higher risk of AB formation (59.73% compared with 21.15% in healthy persons; $P < 0.0001$). According to the group comparison, in patients with ND levels of AB expression on parameters of "Job" (12.06 points), "Food" (11.98 points), "Internet" (11.10 points),

"TV" (8.82 points), "Shopping" (6.59 points) were significantly higher than in healthy persons (9.73; 9.23; 9.00; 7.38; 4.25 points, respectively; $P < 0.05$). However, levels of keenness on computer were significantly higher in healthy persons (3.48 points) than in patients with ND (2.34 points; $P < 0.05$). AB connected with substance abuse was not registered in the groups.

Conclusions The results suggest that the patients use AB in forms of food, Internet, job, TV, shopping dependencies as a subconscious mechanism substituting unsatisfied needs and decreasing motivation-emotional tension under conditions of a frustration conflict.

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EV383

Disorders of anxious-depressive spectrum in patients with cardiovascular disease

A. Medvid^{1,*}, O. Pityk², M. Ivantsiv²

¹ Ivano-Frankivsk, Ukraine

² Ivano-Frankivsk national medical university, psychiatry-narcology and medical psychology, Ivano-Frankivsk, Ukraine

* Corresponding author.

Introduction Anxious-depressive disorder is a serious medical and social problem, significantly affecting the quality of life of patients with somatic profile. In this paper, we analyzed the incidence and severity of comorbid psychiatric disorders in patients with hypertension and heart failure, a comparative assessment of anxiety and depression, according to the sex and age of the patient, reflected the impact of mood disorders on the quality of life of patients with cardiovascular disease.

Objectives 1. To investigate the anxious-depressive disorder in patients with hypertension and the syndrome of heart failure. 2. Rate the quality of life of patients with hypertension and heart failure with affective comorbid disorders of depressive spectrum. 3. To assess the anxiety and depression, according to the sex and age of the investigative patients.

Aim The aim of this study was to establish the influence of the level of anxiety and depression on quality of life and clinical manifestations of heart failure and hypertension based on gender.

Methods We used the following methods: Zung Scale of depression self-assessment, Hamilton Anxiety Rating Scale (HAM-A), a technique of assessing the quality of life of the EuroQoL-5D method.

Results Undoubtedly available anxious-depressive disorders are the basis for accession to the classical scheme of treatment of CHD or GB psychotherapeutic correction and psychotropic drug therapy.

Conclusions There is reason to assume that the connection of antidepressants may contribute to the reduction of risk of cardiovascular events and to facilitate the flow of cardiovascular diseases, to improve quality of life of patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV384

Is social attachment an addictive disorder? Role of the latest findings in the opioid system

G. Montero González^{1,*}, M.S. Mondragón Egaña²

¹ Hospital of Zamudio. Red de Salud Mental de Bizkaia- Osakidetza, Psychiatry, Zamudio, Spain

² Hospital of Galdakao- Osakidetza, Psychiatry- Unidad de Desintoxicación, Galdakao, Spain

* Corresponding author.



Introduction The endogenous opiate system (EOS) has been linked to social attachment in classical animal experiments, to addictive disorders (AD) and, more recently, to specific traits of personality through research in genetic polymorphisms and neuroimaging techniques.

Objectives To expose the relation between social bonding and AD, via the latest neurobiological findings in the EOS. To propose a theoretical framework which may allow a clinical approach based upon respect and no stigmatization.

Methods Literature review in MEDLINE database with the keywords “opioid”, “polymorphism”, “object attachment”, “addictive behavior”, “personality”.

Results Polymorphisms in the mu-opioid receptor gene lead to different attachment behaviors in primates. The EOS in humans has been related to pain and placebo effect and recently, to social rejection and acceptance. Thus, some authors talk about “social pain”. Interestingly, the EOS has a role in harm avoidance and in the reward system. These traits of personality (harm avoidance and reward dependence) predispose to AD, and likely, pathological models of social bonding may drive to a need of palliating excessive discomfort originated by an altered opioid function through addictive behaviors. The origin of AD must be focused on the individual vulnerability rather than in the addictive substance/behavior.

Conclusions The latest findings in the EOS yield concrete evidences that support the classical hypothesis of an opioid nexus between social attachment and AD, and shift the spotlight from the addictive object to the vulnerable subject. This theoretical framework may ease a clinical approach based upon respect and no stigmatization.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV385

Mental disturbances in patients with acute medical condition

B. Fedak

Kharkov medical academy of postgraduate education - Kharkov, psychotherapy, Kharkov, Ukraine



Contemporary remains understudied health issue - the psychological aspect of the acute therapeutic diseases problem. Among the most common diseases - coronary heart disease (CHD), myocardial infarction (MI), crisis states in patients with arterial hypertension (AH), transient ischemic attack (TIA) and acute stroke (AS), gastric ulcer and duodenal ulcer (GU&DU). Clinical features of the structure, dynamics, current and immediate link with the medical conditions is not fully understood. The basis of our research, the purpose of which, was to identify mental disturbances in patients with acute therapeutic diseases. One hundred and eighty-seven patients were examined, 34 CHD patients, 37-MI, 38 - TIA, 39-AH, 39 - GU&DU, 65% male and 35% female aged 20 to 60 years. The main research method was clinical and psychopathological. A high-level affective and neurotic disorders in these patients was observed. Structured analysis allowed identifying four main options disturbances: nosogenic neurotic reaction-68 patients; somatogenic asthenic syndrome-46 patients; reaction psychological maladjustment-34 patients; acute stress reactions-39 patients. Stratification of structure psychopathological syndroms allowed systematizing them in 4 different groups: asthenic-24%; anxiety - 46%; subdepressive - 11%; somatoform - 19%. That was the basis for the determination early psychotherapeutic correction program, formed by integrative model. The high efficacy was shown in 74% patients, middle range-in 15%, low-in 11% patients.

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EV386

Prevalence and clinical correlates of comorbid drug use and ADHD

L. Reula¹, A. Portilla Fernández², E. Manrique Astiz³, L.A. Núñez Domínguez^{4,*}, O. Arbeo Ruiz⁵, M. Gracia Nicolás⁶, O. Fernández de la Vega⁷

¹ *Clínica de rehabilitación, Psychiatry, Pamplona, Spain*

² *Hospital de Día Iruvide, Psychiatry, Pamplona, Spain*

³ *Mental Health Center, Psychiatry, Tafalla, Spain*

⁴ *Centro Médico, Psychiatry, Pamplona, Spain*

⁵ *Centro de Día Zuría, Psychiatry, Pamplona, Spain*

⁶ *Menatl Health Center, Psychiatry, Tudela, Spain*

⁷ *Menatl Health Center, Psychiatry, Pamplona, Spain*

* *Corresponding author.*



The prevalence of drug use in patients suffering ADHD is very high. The main purpose of this paper is to make a review of the recent literatura in this field.

We make a review in PUB Med using “ADH” and “drug abuse”, selecting papers not older than 5 years.

The conclusions are that adult patients suffering ADHD presents higher prevalence of drug use and/or dependence, showing that ADH is a risk factor for this comorbidity.

This conclusion implies the necessity of strat the treatment in young people, treating to avoid drug use and/or dangerous behaviors in this group of patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV387

The influence of psychopharmacological treatment in the long-term outcome in patients suffering ADHD with comorbid drug use

L.A. Núñez Domínguez^{1,*}, A. Portilla Fernández², L. Reula³, E. Manrique Astiz⁴, O. Arbeo Ruiz⁵, M. García Nicolás⁶, O. Fernández de la Vega⁷

¹ *Centro Médico, Psychiatry, Pamplona, Spain*

² *Hospital de Día, Psychiatry, Pamplona, Spain*

³ *Clínica de Rehabilitación, Psychiatry, Pamplona, Spain*

⁴ *Mental Health Center, Psychiatry, Tafalla, Spain*

⁵ *Centro de Día Zuría, Psychiatry, Pamplona, Spain*

⁶ *Menatl Health Center, Psychiatry, Tudela, Spain*

⁷ *Menatl Health Center, Psychiatry, Pamplona, Spain*

* *Corresponding author.*



ADH is one of mental disease with a higher prevalence of alcohol and drug abuse. ADH is a risk factor for drug use, and that's true in the reverse sense. The mutual influence in both disorders is clear and the presence of both disorders together could be a real challenge for a clinical professional.

The main objective of the study is to evaluate the influence of the psychopharmacological treatment in the longterm outcome of this sample, using a measurement drug use, adherence to the treatment and impulsivity.

We make a study that includes a group of patients with both disorders. We select a sample from the Centro de Día Zuría. The patients complete a battery of scales (SCL-90, Barratt, SF-36) before and after the beginning of psychopharmacological treatment.

Our results shows a better prognosis in the patients with a good adherence to treatment, with a decrease in frequency and levels of drug use and a decrease in impulsivity, with a low level of behavioral disorders and violence.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV388

Psychotherapeutical treatment at non-specific phobia as comorbidity in schizoaffective disorder; case report and reflection

V. Oreskovic^{1,*}, S. Jonovska², V. Sendula Jengic³, S. Zudenigo², M. Lukac³

¹ Psychiatry hospital Rab, Department of acute psychiatry and intensive care, Rab, Croatia

² Psychiatry hospital Rab, Department of addictions, Rab, Croatia

³ Psychiatry hospital Rab, Forensic psychiatry, Rab, Croatia

* Corresponding author.

The aim of this case report is to present importance of psychotherapy in treatment of schizoaffective disorder. Method used in psychotherapy setting is Open dialogue, approached and used in school of cybernetics and system therapy. As significant and clinical operable comorbidity to schizoaffective disorder, appears one non-specific phobia that never before got respectable therapeutical attention. Phobia got more serious patognomonic importance during last psychotic deterioration while inpatient had suffocated by solid food and ended up in intensive care unit. After her vital psychophysical condition was stabilized, hospital psychiatric treatment was suggested as next step. That included combined psychopharmacotherapy, occupational therapy and two times a week individual psychotherapy. In clinical interview was noticed a solid food phobia - rare and non-specific phobia. So, initial psychology testing has been made. Next 8 weeks, client had passed two times a week in 45 minutes duration individual psychotherapy setting based on open dialogue. Eight weeks after client talked about fears and gave them personal interpretation which created a non-psychotic sense and new therapy meaning, almost analog to heteroanamnestic data. Another psychology testing has been repeated. Results have shown that nature of swallowing perturbances has strictly psychological background.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV389

Between Scylla and Charybdis: Where does the treatment of Addison's disease in late-life depression go first?

S. Petrykiv^{1,*}, M. Arts², L. de Jonge³

¹ GGZ Friesland, Emergency Psychiatry, Leeuwarden, Netherlands

² UMC Groningen, Old Age Psychiatry, Groningen, Netherlands

³ UMC Groningen, Epidemiology, Groningen, Netherlands

* Corresponding author.

Introduction Older adults with adrenocortical insufficiency, including Addison's disease (AD), are at an increased risk for developing late-life depression. Treatment of AD with glucocorticoid replacement therapy may exacerbate depressive symptoms and may complicate treatment of late-life depression. Objectives To present a case with algorithm of decision-making in a particular case of glucocorticoid induced depression in patient with syndrome of Addison. Aims To report a case-study, describing treatment of Addison's disease in LLD. Methods A case report is presented and discussed, followed by a literature review. Results A 77-year-old female, diagnosed with Addison's disease, was referred with persistent fatigue, weakness, weight loss,

sleep disturbances, and depressive symptoms over the previous 6 months. She was taken losartan 100 mg/day, zolpidem 10 mg/day, fludrocortisone 100 μg/day, and hydrocortisone 35 mg/day. There was no personal or family history of psychiatric problems. Clinical examination was normal aside from skin hyperpigmentation. After initial minimal dose reduction of glucocorticoids, Addison's disease remained under control. One week later, her depressive symptoms disappeared without administration of antidepressants. Conclusion The association between glucocorticoid replacement therapy and late-life depression is not well understood. The current case shows that treatment of glucocorticoid-induced depression in subjects with Addison's disease is achievable by minimal adjustments in glucocorticoid regimen. However, collaboration with endocrinology is of vital importance to prevent an Addison's crisis. Pharmacokinetic dose-finding studies are required to find optimal glucocorticoid adjustment strategy. Disclosure of interest The authors have not supplied their declaration of competing interest.

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Introduction The links between ADHD and SUD are demonstrated in the scientific literature. The existence of dual diagnosis affects both prognosis and clinical-therapeutic assessment. Objective and aims Describe the general characteristics of a sample of patients with SUD (n = 162) who seek treatment for their addiction, based on the presence of symptomatic contamination by ADHD, compared to a sample of adults (n = 246) without addictive pathology (parents of children with different risk for ADHD). Methods We assessed using different scales the properties of the sample (visual analogical [general state of health, sadness, anxiety, irritability, suspiciousness], WURS, BDI and Exploratory List of ADHD symptoms). Results The average age in the group of parents was 40.59 versus 35.88 on the SUD group, with 42% and 87% males respectively. SUD group presented worse general state, with higher average of sadness, anxiety, irritability and suspiciousness, as well as WURS and exploratory symptoms of ADHD, as shown in Tables 1 and 2. Conclusions The SUD group had higher ADHD symptomatic contamination respect to Parents group. These results are preliminary and are pending more thorough analysis as part of a more extensive and complex study, requiring further confirmation in future studies.

Conclusion The association between glucocorticoid replacement therapy and late-life depression is not well understood. The current case shows that treatment of glucocorticoid-induced depression in subjects with Addison's disease is achievable by minimal adjustments in glucocorticoid regimen. However, collaboration with endocrinology is of vital importance to prevent an Addison's crisis. Pharmacokinetic dose-finding studies are required to find optimal glucocorticoid adjustment strategy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV390

ADHD “Symptomatic contamination” in dual pathology (I): general analysis of the “Sym_Con” sample

J.M. Zoido Ramos^{1,*}, F.J. Pino Calderon², J.R. Gutierrez Casares³

¹ Servicio Extremeño de Salud, CEDEX “Los Pinos”, Badajoz, Spain

² Servicio Extremeño de Salud, ESM Montijo-Puebla, Montijo, Spain

³ Servicio Extremeño de Salud, Hospital Perpetuo Socorro, Psicología, Badajoz, Spain

* Corresponding author.

Introduction The links between ADHD and SUD are demonstrated in the scientific literature. The existence of dual diagnosis affects both prognosis and clinical-therapeutic assessment.

Objective and aims Describe the general characteristics of a sample of patients with SUD (n = 162) who seek treatment for their addiction, based on the presence of symptomatic contamination by ADHD, compared to a sample of adults (n = 246) without addictive pathology (parents of children with different risk for ADHD).

Methods We assessed using different scales the properties of the sample (visual analogical [general state of health, sadness, anxiety, irritability, suspiciousness], WURS, BDI and Exploratory List of ADHD symptoms).

Results The average age in the group of parents was 40.59 versus 35.88 on the SUD group, with 42% and 87% males respectively. SUD group presented worse general state, with higher average of sadness, anxiety, irritability and suspiciousness, as well as WURS and exploratory symptoms of ADHD, as shown in Tables 1 and 2.

Conclusions The SUD group had higher ADHD symptomatic contamination respect to Parents group. These results are preliminary and are pending more thorough analysis as part of a more extensive and complex study, requiring further confirmation in future studies.

Table 1 Informe.

WURS	WURS Parental	WURS Child	WURS Adult	WURS Total	WURS		WURS		WURS		WURS		WURS	
					Parental	Child	Adult	Total	Parental	Child	Adult	Total		
Parents	Media	5,02	4,76	5,14	5,13	4,67	4,02	4,27	13,06	20,71	10,80	8,34	8,31	8,31
Ni		230	234	234	235	232	230	230	230	230	243	241	241	235
Devn (p)		1,137	1,292	1,278	1,269	1,401	1,372	1,372	1,372	1,372	1,416	1,416	1,416	1,416
WURS	Media	4,74	5,57	5,06	5,05	6,83	10,72	17,18	4,07	13,41	10,50	21,10	12,45	17,75
Ni		165	165	165	165	165	165	165	165	165	165	165	165	165
Devn (p)		2,224	2,558	2,292	2,292	2,834	3,323	3,715	4,302	17,800	10,420	5,917	10,257	
Total	Media	5,05	5,11	5,41	5,51	5,17	10,13	17,30	4,67	14,03	10,54	15,15	8,79	13,04
Ni		395	392	392	393	397	393	394	394	394	404	404	403	397
Devn (p)		1,833	1,180	2,292	2,107	2,284	3,510	25,020	3,744	7,733	10,020	10,000	6,177	8,907

Table 2 Anova de un factor.

		Suma de cuadrados	gl	Media cuadrática	F	Sig.
VAS-Estado General	Inter-grupos	30,732	1	30,732	11,130	.001
	Intra-grupos	1057,566	383	2,761		
	Total	1088,299	384			
VAS-Tristeza	Inter-grupos	56,243	1	56,243	12,401	.000
	Intra-grupos	1768,803	390	4,535		
	Total	1825,045	391			
VAS-Ansiedad	Inter-grupos	54,240	1	54,240	10,990	.001
	Intra-grupos	1924,856	390	4,936		
	Total	1979,096	391			
VAS-Irritabilidad	Inter-grupos	75,259	1	75,259	16,349	.000
	Intra-grupos	1799,877	391	4,603		
	Total	1875,136	392			
VAS-Susplicacia	Inter-grupos	54,046	1	54,046	13,210	.000
	Intra-grupos	1575,197	385	4,091		
	Total	1629,243	386			
WURS-Total	Inter-grupos	73861,396	1	73861,396	99,158	.000
	Intra-grupos	291250,457	391	744,886		
	Total	365111,852	392			
WURS-Conduc_Animo y Relaciones	Inter-grupos	52876,903	1	52876,903	107,177	.000
	Intra-grupos	193398,227	392	493,363		
	Total	246275,129	393			
WURS-Problemas médicos	Inter-grupos	.000	1	.000	.000	.996
	Intra-grupos	5538,020	394	14,056		
	Total	5538,020	395			
WURS-Escolar y académico	Inter-grupos	1853,124	1	1853,124	33,557	.000
	Intra-grupos	21647,434	392	55,223		
	Total	23500,558	393			
WURS-25	Inter-grupos	27981,082	1	27981,082	97,259	.000
	Intra-grupos	113064,979	393	287,697		
	Total	141046,061	394			
Lista Exploratoria Sintomas_Actual	Inter-grupos	12167,433	1	12167,433	145,597	.000
	Intra-grupos	33594,951	402	83,570		
	Total	45762,384	403			
ListaExpSint_Life	Inter-grupos	3602,132	1	3602,132	123,442	.000
	Intra-grupos	11672,316	400	29,181		
	Total	15274,448	401			
BDI-21 items	Inter-grupos	6709,604	1	6709,604	81,068	.000
	Intra-grupos	31864,463	385	82,765		
	Total	38574,067	386			

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV391

ADHD “Symptomatic contamination” in dual pathology (II): Specific analysis of the “Sym.Con” sample



F.J. Pino Calderon ^{1,*}, J.M. Zoido Ramos ², J.R. Gutierrez Casares ³

¹ Servicio Extremeño de Salud, ESM Montijo-Puebla, Montijo, Spain

² Servicio Extremeño de Salud, CEDEX “Los Pinos”, Badajoz, Spain

³ Servicio Extremeño de Salud, Hospital Perpetuo Socorro, Psicología, Badajoz, Spain

* Corresponding author.

Introduction The general data of this sample were presented in “ADHD symptomatic contamination in a Dual Pathology (I): General Analysis of the Sym.Con Sample”. We evaluated the presence of symptomatic contamination by ADHD in a SUD group compared with a group of non-consumers adults (parents of children treated in a CAP unit).

Objective and aims Describe more specifically the peculiarities of the sample Sym.Con according to the type of substance consumption (Alcohol [*n* = 65], Cocaine [*n* = 48], Cannabis [*n* = 49] assessing the presence of ADHD symptomatic contamination.

Methods We use different Visual Analogical Scales plus the WURS, BDI, and Exploratory Lists of symptoms of ADHD.

Results As can be seen in **Tables 1 and 2**, the subgroup of Alcohol has a poorer “scalar” status with worse general state, more sadness and anxiety, being the subgroup of cocaine the most “suspicious”. The presence of ADHD-symptomatic contamination is more noticeable in the Cannabis subgroup.

Conclusions ADHD symptomatic contamination in our Sym.Con sample is frequent, being the cannabis subgroup the more

contaminated one. More studies that corroborate the results obtained in this sample are required.

Table 1 Informe.

Subgrupo de Patho.	WUR-General	WUR-Total	WUR-Ansiedad	WUR-Irritabilidad	WUR-Susplicacia	WUR-25	Lista Exploratoria Sintomas_Actual	ListaExpSint_Life	BDI-21 items
Cocaina	Media 4,83	5,84	4,98	6,43	4,96	6,94	45,72	25,98	12,67
	Ni 41	44	44	41	47	47	47	48	48
	Desvi. N. 2,307	2,793	3,113	2,721	2,601	2,648	17,465	12,211	8,308
Alcohol	Media 4,58	6,22	6,28	6,29	5,88	8,83	84,89	21,40	12,58
	Ni 65	65	65	65	59	61	64	64	65
	Desvi. N. 2,091	2,382	2,812	2,717	2,506	2,641	17,241	10,205	6,514
Cannabis	Media 4,08	5,19	6,24	6,41	6,18	105,35	51,43	22,27	12,84
	Ni 49	49	49	49	49	49	49	49	49
	Desvi. N. 2,279	2,630	3,578	2,745	2,763	28,222	18,868	8,885	5,517
Total	Media 4,74	5,57	5,93	6,58	5,83	83,12	48,93	21,89	12,45
	Ni 155	158	158	158	155	157	161	161	162
	Desvi. N. 2,224	2,588	2,798	2,758	2,834	28,392	17,868	10,420	6,817

Table 2 Anova de un factor.

		Suma de cuadrados	gl	Media cuadrática	F	Sig.
VAS-Estado General	Inter-grupos	2,805	2	1,403	,281	,755
	Intra-grupos	758,930	152	4,993		
	Total	761,736	154			
VAS-Tristeza	Inter-grupos	46,915	2	23,458	3,615	,029
	Intra-grupos	1005,733	155	6,489		
	Total	1052,649	157			
VAS-Ansiedad	Inter-grupos	51,603	2	25,802	3,416	,035
	Intra-grupos	1170,907	155	7,554		
	Total	1222,510	157			
VAS-Irritabilidad	Inter-grupos	28,552	2	14,276	1,898	,153
	Intra-grupos	1165,563	155	7,520		
	Total	1194,115	157			
VAS-Susplicacia	Inter-grupos	29,388	2	14,694	2,150	,120
	Intra-grupos	1038,951	152	6,835		
	Total	1068,339	154			
WURS-Total	Inter-grupos	5066,828	2	2533,414	3,255	,041
	Intra-grupos	118289,843	152	778,223		
	Total	123356,671	154			
WURS-25	Inter-grupos	1521,146	2	760,573	2,393	,095
	Intra-grupos	48954,421	154	317,886		
	Total	50475,567	156			
Lista Exploratoria Sintomas_Actual	Inter-grupos	20,911	2	10,455	,095	,909
	Intra-grupos	17351,077	158	109,817		
	Total	17371,988	160			
ListaExpSint_Life	Inter-grupos	22,540	2	11,270	,319	,727
	Intra-grupos	5579,361	158	35,312		
	Total	5601,901	160			
BDI-21 items	Inter-grupos	764,402	2	382,201	3,758	,025
	Intra-grupos	16172,222	159	101,712		
	Total	16936,623	161			

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV392

Comorbidity between delusional disorder and depression. Results from the DelirAnda case register



A. Porras Segovia ^{1,*}, C. Carrillo de Albornoz Calahorra ², M. Guerrero Jiménez ², J. Cervilla Ballesteros ^{1,3}

¹ University hospital San Cecilio, mental health services, Granada, Spain

² Santa Ana hospital, mental health services, Motril, Spain

³ University of Granada, psychiatry department, Granada, Spain

* Corresponding author.

Introduction Comorbidity between two or more mental disorders is highly frequent. Depression is one of the diseases that more often accompanies other conditions.

Objectives The objective of this study is to establish the prevalence of depression in patients with delusional disorder and describe the treatment used in these cases.

Aims The aim is to provide useful information regarding this frequent, often disregarded, comorbidity.

Methods Our results proceed from the Andalusian delusional disorder case register. We reviewed 1927 clinical histories of patients diagnosed of delusional disorder. Upon having verified the diagnosis, following DSM-V criteria, we recollect several data, including

sociodemographic factors, depression comorbidity and antidepressive treatment.

Results One thousand four hundred and fifty-two patients matched DSM-V delusional disorder criteria. 49,8% of our sample were women. Average following period was 9 years and 1 month, with an average of 0,84 hospitalizations. The prevalence of depression in patients with delusional disorders was 31,9%. 67,5% of them received some kind of antidepressive treatment. The antidepressive drugs most frequently used were selective serotonin reuptake inhibitors.

Conclusions Depression is a highly prevalent condition among patients with delusional disorder. Most of them are on antidepressive treatment, the most employed of which is based on selective serotonin reuptake inhibitors. Comorbid depression can have an important impact on the course of delusional disorder. A correct diagnosis and treatment should be made to help improve the prognosis and life quality of these patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV393

Anxiety disorders and substance abuse

I. Prieto Sánchez*, M.D.L.C. Ramírez Domínguez, S. Fernández León, M. Reina Domínguez, N. Garrido Torres, A. Rodríguez Martínez, A.S. Biedma Martín, C. González Macías
Complejo Hospitalario Universitario de Huelva Juan Ramón Jiménez, Unidad de Salud Mental, Huelva, Spain

* Corresponding author.

Introduction Patients with anxiety disorders are more vulnerable to develop other comorbid conditions. In particular, large epidemiological studies show a strong association between different anxiety disorders and substance use disorders.

Objectives To show the prevalence of major anxiety disorders and the consumption of different substances. As well as the particular characteristics of this dual diagnosis and treatments that have proven more effective.

Methods Exhaustive review of all the material published on this topic in the recent years.

Conclusions Nearly 24% of patients with anxiety disorder suffer from a comorbid substance disorder use in their lifetime (17.9% diagnosis of alcohol abuse or dependence diagnosis and 11.9% of abuse or dependence on other drugs). Dual patients show a number of distinctive features, such as more frequency in males, family history of alcohol or other substances abuse and behavioral problems, early parental loss among others.

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EV394

Dual diagnosis (Depression and addictions): Special considerations

I. Prieto Sánchez*, M.D.L.C. Ramírez Domínguez, A. Rodríguez Martínez, N. Garrido Torres, M. Reina Domínguez, A.S. Biedma Martín, C. González Macías
Complejo Hospitalario Universitario de Huelva Juan Ramón Jiménez, Unidad de Salud Mental, Huelva, Spain

* Corresponding author.

Introduction Dual diagnosis is a growing problem in Western society, despite which there are no large studies examining this issue, nor specific protocols to address them.

Objectives To raise awareness of the importance of dual diagnosis both its prevalence and special features that presents need a different performance plan from them separately.

Methods Comprehensive literature review of all published in the last 2 years, as well as the specific features.

Conclusion Dual diagnosis has very specific characteristics that we must know in order to develop therapeutic strategies adapted to the present conditions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV395

Health-related quality of life in patients with moderate-severe psoriasis: Preliminary results on the role of psychopathology and coping strategies in a cohort of patients

M. Fabrazzo^{1,*}, V. De Santis¹, R.V. Puca², F. Romano², M. Arrigo¹, V. Cioffi¹, F. Catapano¹, A. Lo Schiavo²

¹ University of Naples SUN, department of psychiatry, Naples, Italy

² University of Naples SUN, department of dermatology, Naples, Italy

* Corresponding author.

Psoriasis is a multisystem inflammatory disease associated to several comorbidities with a significant impact on interpersonal and social life. Depression, anxiety symptoms and suicidal ideation—due to psychological distress—are frequently reported. The aim of the study was to assess whether psychological factors—psychopathology, perceived health status and coping strategies—together with clinical and sociodemographic factors, were independent predictors of Quality of Life (QoL) in adult psoriatic patients on topical and/or systemic pharmacological therapy. A cohort of 87 patients (53 M and 34 F), whose mean age was 46 ± 22 years, was analyzed. Coping responses were assessed by COPE and general psychopathology by Self-Reported-Symptom Inventory Revised (SCL-90), while HAM-D and HAM-A evaluated depressive and anxiety symptoms. In addition, perceived health status and QoL were analyzed by Short-Form-36 (SF-36) while the disease's burden assessed by PSODISK. Univariate analyses were performed for each variable to explore the relationship with QoL. Preliminary results indicated that, although not severe, anxiety and depressive symptoms were the most reported among patients along with somatization and obsessive-compulsivity. Female patients used more frequently mental disengagement, focus on and venting of emotions, use of instrumental social support and religious coping. Physical pain and mental health, instead, greatly affected QoL of subjects in a negative manner. PSODISK data analysis showed that general health, itching, serenity, shame and degree of extension of the disease on the skin were the most compromised areas. Moreover, correlation analysis indicated that a worse perception of patients' health status was associated to poor QoL.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV396

Epilepsy and self-esteem

M. Turki^{1,*}, I. Bouchhima¹, N. Halouani², E. Turki¹, M. Bouzidi¹, M. Dammak¹, O. Amami², C. Mhiri¹

¹ Habib Bourguiba university hospital, neurology department, Sfax, Tunisia

² Hedi Chaker university hospital, psychiatry department, Sfax, Tunisia

* Corresponding author.

Introduction Epilepsy is a public health problem that often affects personal and social patients' life. Self-esteem, an important factor contributing to psychosocial well-being, is generally disrupted in epilepsy.

Objective The aim of our study was to assess self-esteem and factors associated in patients suffering from epilepsy.

Methods We conducted a cross-sectional, descriptive and analytic study, including 20 patients followed for epilepsy at neurology outpatient department, Habib Bourguiba hospital, Sfax, Tunisia. We collected socio-demographic and clinical characteristics, and used the Rosenberg Self-Esteem Scale (RSES).

Results The mean age was 35.9 ans. Sex-ratio (M/F) was 3. Hobby practice was noted in 45% of cases. The disease evolves since 19.9 years on average. A worsening of health in the last year was felt in 30% of cases. The stigma was reported in 30% of patients. Self-esteem was: very low 5%, low 40%, average 40%, and high 15%. It was better among married patients, living in family and those with disease evolving since more than 10 years, but without a significant correlation. The factors correlated with good self-esteem were: practicing a hobby ($P=0.006$) and absence of stigma ($P=0.001$). Poor self-esteem was significantly correlated with perceived health worsened during the last 12 months ($P=0.02$). It was poor in unstable patients professionally, but without significant correlation.

Conclusion Our study confirms the decline of self-esteem in patients with epilepsy. A better education of these patients to accept their illness, as well as raising public awareness on this affection could facilitate social insertion and improve self-esteem.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV397

Interest of admission clinical and paraclinical examinations for the detection of organic comorbidities in psychiatry



M. Turki*, N. Halouani, N. Hamza, R. Naoui, I. Gassara, J. Aloulou, O. Amami

Hedi Chaker university hospital, psychiatry department, Sfax, Tunisia

* Corresponding author.

Introduction Somatic comorbidities in patients with mental disorders have become an important issue. They complicate therapeutic management and aggravate the prognosis.

Objectives Outline the nature of somatic disorders observed in psychiatry and assess the different interactions between psychiatric pathologies and organic diseases.

Methods We conducted a descriptive retrospective study including 60 patients hospitalized in a psychiatry department during 2 years (2013 and 2014). We included patients having presented a somatic disorder at their admission. Data collection was based on psychiatric and clinical observations.

Results At the admission, somatic examination was abnormal in 53.3% of cases: skin abnormalities 28.3%; blood pressure abnormalities 8.3%. An abnormality of the initial biological tests has been reported in 51.7% of patients: leukocytosis 18.3%; liver test abnormalities 13.3%; hematologic abnormalities 8.3%. The electrocardiograph was pathologic in 35% of cases. These anomalies have required advices from medical and surgical services: cardiology 33.3%; endocrinology 10%, orthopedics 10%. The relationship between somatic and psychiatric pathology was: a comorbidity: 55%; a side effect of psychotropic drug: 5%; an organic origin of the psychiatric disorder: 6.6% and a somatic disorder secondary to the psychiatric pathology: 10%. In the course of this investigation, 6.6% of patients were transferred urgently to a specialist department, the psychotropic treatment was stopped in 10% of cases, and a therapeutic adjustment was necessary in 6.6% of cases.

Conclusion Our study confirms the importance of somatic assessment of patients with mental illnesses. This must be a systematic practice in order to detect in time patients at risk of somatic complications.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV398

Assessment of eating disorders in patients diagnosed with major depressive disorder



D. Vasile*, O. Vasiliu, D.G. Vasiliu, F. Vasile

Central University and emergency military hospital "Dr. Carol Davila", psychiatry, Bucharest, Romania

* Corresponding author.

Introduction Evaluation of eating disorders in patients with major depression is an important part of the case management and a comprehensive approach to both psychopathological dimensions could lead to full remission of symptoms and a lower rate of relapse.

Objectives To assess the incidence of eating disorders in patients diagnosed with major depressive disorder (MDD).

Methods A group of 40 patients (female $n=28$, male $n=12$) diagnosed with MDD according to DSM 5 criteria, consecutively admitted in our department, were screened for eating disorders through a structured interview.

Results A number of 12 patients (30%) reported a type of eating disorder: binge eating disorder ($n=6$) of mild ($n=4$), moderate ($n=1$) or severe ($n=1$) intensity; night eating syndrome ($n=2$); purging disorder ($n=2$); bulimia nervosa ($n=2$) of mild ($n=1$) and moderate ($n=1$) severity. Obesity was recorded in a number of 10 patients (25%). Also, a number of 7 patients (17.5%) had several criteria for eating disorder (anorexia nervosa, bulimia nervosa or binge eating disorder), but insufficient to formulate a DSM 5 based diagnosis. A higher incidence of all the eating disorders and obesity was observed in women comparative to men (35.7% vs. 25%).

Conclusions A structured assessment of eating disorders in patients diagnosed with major depressive disorder could bring to the clinician' attention underlying symptoms that may be neglected during a usual psychiatric interview, also these symptoms have a high impact over the case prognosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV399

Obesity as a challenge in the treatment of psychological disorders



S. Vuk Pisk^{1,*}, A. Bogović², N. Lučev¹, V. Grošič³, I. Filipčić⁴

¹ Psychiatric Hospital "Sv.Ivan", Acute female department, Zagreb, Croatia

² Psychiatric Hospital "Sv.Ivan"- Catholic University of Croatia, Acute female department, Zagreb, Croatia

³ Psychiatric Hospital "Sv.Ivan", Acute male department, Zagreb, Croatia

⁴ Psychiatric Hospital "Sv.Ivan"- Josip Juraj Strossmayer University of Osijek- Faculty of Medicine, integrative psychiatric department- head of hospital, Zagreb, Croatia

* Corresponding author.

Introduction According to the World Health Organization (WHO), in 2015, 300 million people will suffer from obesity. Obesity leads to further health problems, which in return increase the prevalence and resistance to treatment.

Objectives The goals of this study are to determine the proportion of obese patients and overweight patients treated at the Psychiatric Hospital "Sveti Ivan" as well as determine whether there is a difference in the frequency of comorbidity with somatic diseases, suicidality and intensity of symptoms amongst the three tested groups (obese, overweight and average body weight).

Methods The sample covers a cross-sectional study including 15 female patients and 59 male patients under treatment in the Emergency Department at the Psychiatric Hospital “Sveti Ivan” in September 2015. The patients were divided into three groups, according to their BMI. All patients 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] questionnaires).

Results In male patients, 30.91% were found to be obese and 36.4% overweight. In total, seven patients had from comorbidity, of which five were obese. In female patients, 33.3% were overweight whereas only six patients were obese. Of those six obese women, all had from comorbidity.

Conclusions The results identify that a significant part of individuals with psychological disorders are either obese or overweight, resulting in repercussions in the course of disease and treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV400

Casting wider diagnostic nets for anxiety and depression: Disability-driven cross-diagnostic subtypes in a large population study



R. Wanders^{1,*}, H.M. van Loo¹, K.J. Wardenaar¹, J.K. Vermunt², R.R. Meijer³, P. De Jonge¹

¹ University Medical Center Groningen, Department of Psychiatry, Groningen, Netherlands

² Tilburg University, Department of Methodology and Statistics, Tilburg, Netherlands

³ University of Groningen, Department of Psychometrics and Statistics, Groningen, Netherlands

* Corresponding author.

Introduction Data-driven techniques are frequently applied to identify subtypes of depression and anxiety. Although they are highly comorbid and often grouped under a single internalizing banner, most subtyping studies have focused on either depression or anxiety. Furthermore, most previous subtyping studies have not taken into account experienced disability.

Objectives To incorporate disability into a data-driven cross-diagnostic subtyping model.

Aims To capture heterogeneity of depression and anxiety symptomatology and investigate the importance of domain-specific disability-levels to distinguish between homogeneous subtypes.

Methods Sixteen symptoms were assessed without skips using the MINI-interview in a population sample (LifeLines; $n = 73403$). Disability was measured with the RAND-36. To identify the best-fitting subtyping model, different nested latent variable models (latent class analysis, factor analysis and mixed-measurement item response theory [MM-IRT]) with and without disability covariates were compared. External variables were compared between the best model's classes.

Results A five-class MM-IRT model incorporating disability showed the best fit (Fig. 1). Accounting for disability improved the differentiation between classes reporting isolated non-specific symptoms (“Somatic” [13.0%], and “Worried” [14.0%]) and those reporting more psychopathological symptoms (“Subclinical” [8.8%], and “Clinical” [3.3%]). A “Subclinical” class reported symptomatology at subthreshold levels. No pure depression or anxiety, but only mixed classes were observed.

Conclusions An overarching subtyping model incorporating both symptoms and disability identified distinct cross-diagnostic subtypes. Diagnostic nets should be cast wider than current phenomenology-based categorical systems.

Figure not available.

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EV401

Pediatric asthma biomarkers in relation to mental disorders of asthmatic children and their caregivers



E. Zaky^{1,*}, E. Fouda¹, E. Samir², F. Ahmed³

¹ Ain Shams university- faculty of medicine, pediatrics, Cairo, Egypt

² Ain Shams university- faculty of medicine, biochemistry, Cairo, Egypt

³ Ain Shams university, pediatrics, Cairo, Egypt

* Corresponding author.

Background Pediatric bronchial asthma as a chronic airway inflammatory disorder has a significant impact on asthmatic children both biologically and psychologically. On the other hand, parental stress and depression has been linked to pediatric asthma and claimed to play an important role in its morbidity.

Objectives Assessment of pediatric asthma biomarkers as parameters of disease severity in relation to mental disorders of an Egyptian sample of asthmatic children and their caregivers.

Methodology The current cross-sectional study comprised 60 Egyptian asthmatic children as Group I and 35 clinically healthy children of comparable age and sex as Group II. Thorough clinical evaluation and psychometric assessment were carried out for all enrolled children and their caregivers. In addition, pulmonary function testing and measurement of eosinophilic count, IL-5, and total IgE were carried out for children of both studied groups.

Results Enrolled asthmatics had significant elevation of all studied asthma biomarkers with significant reduction of measured pulmonary functions compared to controls. Furthermore, asthmatics had significantly more encountered poor self-esteem, clinically manifest anxiety, and psychosocial impairment compared to controls. Meanwhile, parents of studied asthmatics had higher frequency of severer grades of clinically manifest isolation, anxiety, depression, and stress. Strikingly, the severer the asthma, the more the elevation of studied asthma biomarkers, the severer the asthmatic child's and caregivers' anxiety and depression, and the more the caregivers' isolation and stress.

Conclusion Pediatric asthma biomarkers as parameters of disease severity has been proven to be linked to mental health impairment of asthmatic children and their caregivers.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV402

Paliperidone palmitate could reduce the consumption of drugs of abuse in psychotic patients?



A. Zangrando^{1,*}, F. Babici², E. Pascolo-Fabrici¹, A. Riolo³

¹ UCO Clinica Psichiatrica, department of mental health, Trieste, Italy

² CSM Domio Trieste, department of mental health, Trieste, Italy

³ CSM Domio, department of mental health, Trieste, Italy

* Corresponding author.

Introduction It's not easy to choose between different antipsychotics in the treatment of patients with schizophrenia that use drugs of abuse both legal (alcohol, benzodiazepine, anticholinergics) and illicit (heroin, cannabis, cocaine). The use of substances is a powerful risk factor for poor outcome. From CATIE study, we know that the discontinuity is lower with Olanzapine but psychotic patients continue to take drugs of abuse despite medication.

Probably, an important aspect is the anhedonia secondarily produced by neuroleptics.

Objective We want to evaluate if Paliperidone Palmitate reduces addictive behaviors in a small group of psychotic patient who have agreed to recived injection after the switch from other antipsychotics.

Method We have identified four individual with chronic use of drugs of abuse in a Mental Health Center. These subjects were abusing alcohol, cannabis, spice and benzodiazepine. We administered before new treatment and after 2 months the Snaith-Hamilton Pleasure Scale of Snaith et al. (1995) and the Leeds Dependence Questionnaire of Raistrick et al. (1994).

Results The hedonic tone tends to improve and the addictive behavior decreased.

Conclusion The therapy with Paliperidone Palmitato is associated with a reduction of the addictive behaviors but we need studies with a larger number of patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Consultation liaison psychiatry and psychosomatics

EV403

Mental health and hearing impairment - A German survey

M. Abdel-Hamid^{1,*}, K. Tretbar², M. Grabemann³, S. Meyer-Rötz¹, N. Scherbaum³, W. Jens¹, B. Kis¹

¹ University Medicine Göttingen, Department of Psychiatry, Göttingen, Germany

² University Clinic Leipzig- Cochlea-Implant-Center Leipzig, Department of Medicine, Leipzig, Germany

³ LVR-Clinics Essen- University Clinic- University of Duisburg-Essen, Department of Psychiatry, Essen, Germany

* Corresponding author.

Introduction Only few international studies have focused on mental diseases among the hearing-impaired population. However, Fellinger et al. (2012) underline the high discrepancy between the current and future demand of mental treatment and the simultaneous impeded access to health care.

Aims The aim of this multicenter project is to conduct the first analysis of mental diseases among the hearing-impaired population in Germany in order to quantify and qualify the specific demands of treatment.

Objectives In order to achieve this aim, we compiled an extensive questionnaire battery.

Methods This questionnaire battery measured sociodemographic data, non-verbal intelligence, quality of life, perception and suffering from stress, psychosomatic symptoms as well as personality traits.

Results Our three samples consisted of 21 hearing-impaired patients with a history of mental diseases (EG-HI), 21 hearing-impaired subjects without mental diseases (CG-HI) and 21 hearing participants without any psychological disease (CG-H). Compared to the two control groups, the EG-HI shows significantly higher rates in different fields, i.e. participants perceive a lower quality of life, suffer from more psychosomatic symptoms and show more pronounced personality traits. The two control groups did not differ significantly from each other.

Conclusions Certain psychological characteristics among hearing-impaired patients can be detected which need to be accounted for in treatment. Furthermore, a hearing impairment is



not inevitably linked to a reduced quality of life or even mental disorders. Therefore, future research should focus on risk factors and protective factors which could prevent mental diseases among the hearing-impaired population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV404

Psychogenic stuttering: A case and review

A. Almada^{1,*}, R. Simões², M. Constante¹, P. Casquinha¹, M.J. Heitor¹

¹ Hospital Beatriz Ângelo, Psychiatry, Loures, Portugal

² Hospital Beatriz Ângelo, Neurology, Loures, Portugal

* Corresponding author.

Introduction Stuttering is a speech disorder characterized by involuntary repetition, prolongation or cessation of a sound. This dysfluency may be developmental or acquired. Acquired dysfluency can be classified as neurogenic or psychogenic.

Objectives This case report aims to describe and discuss a case of psychogenic stuttering, providing an updated review on this disorder.

Methods In and outpatient interviews were performed by Neurology and Psychiatry. Investigation to exclude organic causes included lab exams, electrocardiogram, electroencephalography, computed tomography scan and magnetic resonance imaging. A literature review in Science Direct database, with the keywords “psychogenic stuttering”, was also conducted.

Results A 63-year-old man was admitted to the Beatriz Ângelo Hospital with an acute stuttering. Speech was characterized by the repetition of initial or stressed syllables, little affected by reading out loud or singing. Comprehension, syntaxes and semantic were not compromised, as weren't sensory and motor abilities. During admission, stuttering characteristics changed. Multiple somatic complaints and stress prior to the onset and bizarre secondary behaviors were also detected. Work-up didn't show an organic etiology for that sudden change. An iatrogenic etiology was considered, as sertraline and topiramate were started for depression 1 month before. However, the stuttering pattern, the negative results, the psychological and the social life events suggested a psychogenic etiology.

Conclusions Psychogenic stuttering finds its origin in psychological or emotional problems. It is best classified as a conversion reaction. The differential diagnosis between psychogenic and neurological stuttering can be challenging.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV405

Illness or simulation

A.M. Alvarez Montoya^{1,*}, C. Diago Labrador², T. Ruano Hernandez³

¹ Algeciras, Spain

² Clinica Privada, Psiquiatria, Algeciras, Spain

³ Clinica Privada, Psicologia Clinica, Malaga, Spain

* Corresponding author.

Objectives The revision of the differential diagnosis of simulation cases versus real psychopathological cases. Analysis of a case of the Ganser syndrome by revising the diagnosis criterions and their historical characteristics.

Method We analyze the case of a 38-year-old male who came to the community mental health team and reference hospital. Following symptoms were observed: involuntary movements of the upper extremities associated with delirium coinciding with the



premature birth of a child. This refers also to a compatible episode of a dissociative fugue.

Results To establish the diagnosis, we differentiate against disorders such as Simulation, factitious disorders with psychological symptoms or Factitious Disorders with somatic symptoms (Münchhausen syndrome). In order to support our diagnosis, we base on the CIE-10 and the DSM-IVTR classification.

Conclusions We don't diagnose the clinical pictures in which we don't think. The Syndrome of Ganser could be positioned between neurosis and psychosis and between illness and simulation. The recommended treatment includes hospitalization in order to insure the diagnosis. While some authors recommend neuroleptics and others - anxiolytics, the psychotherapy is obligatory. The goal is to help the patient restore function and adapt to his environment again.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV406

Impact of a type-D personality on clinical and psychometric properties of patients with a first myocardial infarction in a Turkish sample



B. Annagür^{1,*}, K. Demir², A. Avci², Ö. Uygur¹

¹ Selcuk university- faculty of medicine, psychiatry, Konya, Turkey

² Selcuk university- faculty of medicine, cardiology, Konya, Turkey

* Corresponding author.

Objective Recent studies have shown that a Type D personality is associated with an increased risk of cardiac mortality. This study aimed to examine impact of a Type D personality on clinical and psychometric properties of patients with a first myocardial infarction (MI) in a Turkish sample.

Method The study included 131 patients who were admitted to the coronary care unit of a hospital with a first MI. All the patients underwent a psychiatric assessment within 2–6 months post-MI. Psychiatric interviews were conducted with the Structured Clinical Interview for DSM-IV (SCID-I).

Results The first study group (Type D personality) included 50 patients, and the second study group (non-Type D personality) included 81 patients. There was a 38.2% prevalence of the Type D personality in the patients with a first MI. Those with this type of personality had a significantly higher frequency of hypertension and stressful life events. The Type D patients also had more psychiatric disorders, depressive disorders, and anxiety disorders than the non-Type D patients.

Conclusions Our findings suggest that Type D personality traits may increase the risk of hypertension and the risk of psychiatric morbidity in patients with a first MI. Considering that a Type D personality is a stable trait; we suggest that this type of personality is a facilitator of clinical depression and anxiety disorders. These findings emphasize the importance of screening for a Type D personality as a cardiovascular risk marker and a psychiatric risk marker in MI patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV407

Misdiagnosis of anterior cutaneous nerve entrapment syndrome as a somatization disorder



M. Arts^{1,*}, J. Buis², L. de Jonge¹

¹ UMCG, Old Age Psychiatry, Groningen, Netherlands

² GGZ Friesland, Psychiatry, Leeuwarden, Netherlands

* Corresponding author.

Introduction Anterior cutaneous nerve entrapment syndrome (ACNES) is a frequently overlooked disease, causing chronic abdominal wall pain due to entrapment of an anterior cutaneous branch of one or more thoracic intercostal nerves. 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 months of suffering from chronic abdominal wall pain.

Aims To report a case-study, describing ACNES as a cause of persistent depressive symptoms.

Methods A case-study is presented and discussed, followed by a literature review.

Results A 35-year-female was referred to a psychiatrist for her depressive symptoms and persistent cutaneous abdominal pain for months. There she was diagnosed with a depression and possible somatization disorder and she received psychotherapy. Through Internet search, the patient found ACNES as a possible cause for her persistent abdominal pain. Since administration of anesthetic agents only shortly relieved her symptoms, a surgeon decided to remove the nerve end twigs. After surgery, her somatic problems and depressive mood disappeared.

Conclusion The awareness of ACNES is still very limited in medicine. This may lead to incorrect diagnoses, including psychiatric disorders such as somatization disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV408

Admitting biases before admitting patients: Mental health simulation training for clinical decision-making



C. Attoe*, Z. Jabur

South London & Maudsley NHS Foundation Trust, Maudsley

Simulation, London, United Kingdom

* Corresponding author.

Introduction With the number of people presenting to services, being diagnosed with, and requiring support for mental health problems continuing to increase, more and more decisions are being made by more and more mental health clinicians about the treatment and futures of their patients. This is in the context of reductions to inpatient psychiatric beds, and increasing numbers of people attending Emergency Departments with mental health concerns. However, decision-making can be an ambiguous process, with clinicians having varied opinions, and guidelines not always being clear.

Aims To outline briefly the design of a simulation course for decision-making in mental health, before presenting the findings of a mixed methods evaluation.

Method Simulation training used 6 scenarios involving every participant and trained actors, followed by a structured and reflective debrief on the decisions made in assessment and treatment. Pre- and post-questionnaires ($n=82$) were employed to collect quantitative and qualitative data regarding participants' skills and knowledge of decision-making, which was further bolstered by qualitative follow-up surveys.

Results Analyses found statistically significant increases in participants' knowledge and awareness of the decision-making process and personal biases, while qualitative responses showed significant changes pre- and post-course. Themes from qualitative feedback also identified self-reported changes to the clinical practice of participants, from awareness of biases, to reflecting on decisions.

Conclusion Decision-making processes require explicit acknowledgement and exploration in psychiatry, with such training have a potential impact on the care and decision delivered

by participants, a significant step in patient experience and outcomes.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV409

Occult abdominal infection and psychiatric symptoms: A case report



M. Bairrão^{1,*}, G. Pereira¹, J.M. Jara², M.H. Esteves¹

¹ Lisbon Psychiatric Hospital Center, Psychiatry, Lisbon, Portugal

² Lisbon Central Hospital Center, Psychiatry, Lisbon, Portugal

* Corresponding author.

Introduction The clinical presentation of numerous infectious processes can include diverse psychiatric symptoms. Subtle cognitive dysfunction or mood change (e.g., irritability), depression, psychosis and delirium are the most likely symptoms to occur and may result from a small focus of chronic infection.

Aims Disclose an unusual clinical case with psychiatric symptoms as the first presentation of an occult infection.

Methods The review was based on scientific documentation published in PubMed database, journals and reference textbooks. We used the following terms as keywords

“infection”, “occult infection” and “psychiatric symptoms”.

Results We present the case of a 48-year-old woman without psychiatric history until January 2015, time when she had insidiously developed personality changes with emotional instability. Five months later, during her stay in urgency department after her second suicide attempt, her dysphoric mood, defiant behaviour and persistent suicidal ideation were interpreted as a personality disorder that has led to a compulsory admission. Forty-eight hours after the admission, she became febrile with fluctuation of consciousness and ended up being transferred with sepsis to an intensive care unit. The carried out investigation has shown an occult abdominal infection, i.e. peritoneal abscesses without isolated infectious agent. With the resolution of the infectious process, the psychiatric symptoms subsided and she returned to her premorbid personality level.

Conclusions Infectious diseases can firstly present with psychiatric symptoms. Timely investigation of the underlying etiology for psychiatric symptoms that persist after conventional psychiatric treatments is crucial for appropriate intervention and full recovery of the patient.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV410

Speechless soma: The trauma's language in the psychosomatic



J. Becker^{1,*}, G.A. Da Silva², A. Dal Sasso³

¹ Universidade de Coimbra, Master's Degree in social and cultural psychiatry, Coimbra, Portugal

² Fundação Universitária Mário Martins, psychology, Porto Alegre, Brazil

³ Fundação Universitária Mário Martins, Student of psychotherapy, Porto Alegre, Brazil

* Corresponding author.

The study begins by approaching the psychological traumatism concept, recognizing it as an important precipitating of psychosomatic disorders. Based on studies of anthropologists, psychiatrists and psychoanalysts, we present trauma as a consequence of an unexpected event from where is originated intense fear, an abruption, which disorganizes and incapacitates the victim. The Institut Psychosomatique de Paris (IPSO) works with the theory that trauma is an excessive disorganization in the mental apparatus and the

psychosomatic disease is the alternative that the body finds to discharge excitation, is an attempt to resolve a conflict. The psychosomatic patient is characterized by difficulty to qualify his affections, it is observed in his super adapted speech and his linear thought, which, together, differ him from neurotic and psychotic patients. Considerations about the child development and the affects qualification are made to introduce the importance of this primitive period, but we pretend to demonstrate that they are not determinants to produce psychosomatic symptoms. When the psychological pain is intense and constant, it provokes a split between mind (psyche) and body (soma) and, in the place of the elaboration and representation about the experience, explodes psychosomatic disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV411

General hospital inpatients with delirium: A cross-sectional pilot study of patients referred to a consultation liaison psychiatry service



P. Buvanaswari

Changi general hospital, psychological medicine, Singapore, Singapore

Introduction A significant number of referrals to consultation-liaison psychiatry are for delirium, which is often mistaken for a primary psychiatric illness. Delirium is associated with poor outcomes, particularly when it is not recognised.

Aims To identify the rate of missed delirium and the factors associated with it, so as to inform interventions aimed at reducing the proportion of patients whose delirium is missed.

Objectives To perform a cross-sectional survey of inpatients referred to a consultation-liaison psychiatry service in a general hospital who have an eventual diagnosis of delirium, in order to determine the proportion of patients with missed delirium and characteristics of such patients.

Methods Data was collected retrospectively for a sample of 30 inpatients with delirium who had been referred to a consultation liaison psychiatry service, and analysed for associations with missed delirium.

Results Only a third of patients with delirium were accurately diagnosed before referral, and there was a mean delay of about 4 days between delirium onset and psychiatry consultation. Misdiagnosed patients were most commonly thought to have either dementia or a mood disorder. The factors most closely associated with missed delirium were: being of Chinese ethnicity, not having any history of psychiatric problems, not having fluctuations in the mental state, not having agitated behaviour, and being of younger age. None of these associations were statistically significant.

Conclusion Two-thirds of patients with delirium in this sample were misdiagnosed before referral. Further study is needed to identify factors which may contribute to missed delirium.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV412

Anxiety and depression in haemodialysis patients in relation to dialysis adequacy and nutritional status



L. Cui Xi^{1,*}, G. Michael², Z. Chen³, N.H.M. Anuar⁴, K.H.M. Yong⁵, R. Tagore⁶

¹ Changi general hospital, psychiatry, Singapore, Singapore

² Ng Teng Fong general hospital, dietetics & nutrition, Singapore, Singapore

³ National university of Singapore, public health, Singapore, Singapore

⁴ Ng Teng Fong general hospital, nursing, Singapore, Singapore

⁵ Ng Teng Fong general hospital, psychiatry, Singapore, Singapore

⁶ Ng Teng Fong general hospital, renal medicine, Singapore, Singapore

* Corresponding author.

Introduction Anxiety and depression are distinct clinical entities associated with mortality in haemodialysis (HD) patients.

Aims This study aims to identify the prevalence of anxiety and depression in HD patients and uncover the association of anxiety and depression in relation to the dialysis adequacy and nutritional status.

Objective This would help reinforce early detection and treatment to improve quality of life and patient's outcome in HD treatment.

Method Forty HD patients were assessed for anxiety and depression with the Generalised Anxiety Disorder Assessment (GAD-7 and Patient Health Questionnaire [PHQ-9]). The scores of GAD-7 and PHQ-9 were correlated with the demographic, clinical and laboratory variables and nutritional status assessed by a dietitian through the Subjective Global Assessment (SGA).

Results Out of the 40 HD patients, 7 (17.5%) were anxious and 15 (37.5%) were depressed. Patients were more anxious and less depressed with better nutrition. They were less anxious and depressed with increasing albumin levels, Charlston comorbidity index based on combined condition and age-related score and Kt/V. The univariate logistic regression analysis showed only a significant inverse correlation between depression and albumin level ($P=0.041$, OR=0.88 [95% CI=0.78 to 0.99]) and Kt/V ($P=0.054$, OR=0.03 [95% CI=0.01 to 1.07]).

Conclusion Depression is more prevalent than anxiety in HD patients. The risk of depression also increases with poorer dialysis adequacy and nutritional status. Thus, by improving dialysis adequacy and nutritional status, we can reduce the incidence of depression. However, a significant correlation cannot be drawn for anxiety.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV413

A study to assess the prevalence of depression and impact on social functioning in patients post stroke

C. Daly*, H. Parvathaiah, S. Macsuibhne

Department of psychiatry- St. Lukes hospital, psychiatry, Kilkenny, Ireland

* Corresponding author.

Introduction Depression is a common and serious complication following stroke which is largely underdiagnosed by non psychiatric physicians in 50-80% of cases. Untreated depression may affect functional recovery, quality of life and lead to poorer rehabilitative outcomes. Although depression is common in patients following stroke, it is not routinely assessed for in a hospital setting. To date, few studies have been carried out in an Irish context. The aim of this study was to assess the prevalence of depression and impact on social functioning in post stroke patients in a local setting.

Methods Post stroke patients ($n=18$) were screened for the presence of depression greater than 6 weeks post stroke using the Montgomery Asberg Depression Rating Scale (MADRS) at the stroke clinic in a local hospital. The inclusion criteria were those >6 weeks post stroke, >18 years, those without cognitive impairment, without a prior history of depression or substance misuse. A 5-item work and social functioning questionnaire was also administered to assess the impact on the patients social functioning.



Results Of the 18 participants, 7 scored within the normal range, 6 had evidence of mild depression, 3 showed moderate depression and 2 were in the severe depression range. Nine of 18 (50%) of participants believed their occupational functioning to be affected.

Conclusion Sixty-one percent of participants showed evidence of depression, and their ability to work following their stroke was either markedly or very severely affected. Screening for depression should occur in order to ensure early identification.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV414

Liasion psychiatry–1 year review in psychiatry department of centro hospitalar Trás-os-Montes e Alto Douro, Portugal

A.R. Figueiredo*, M. Silva, A. Fornelos, P. Macedo, S. Nunes, M. Viseu

Centro hospitalar Trás-os-Montes e Alto Douro, psychiatry and mental health department, Vila Real, Portugal

* Corresponding author.

Introduction Liasion psychiatry is a clinical area of psychiatry that includes psychiatric assistant activities in other medical and surgical areas of a general hospital. In Portugal, it has developed as a result of psychiatry integration in general hospitals. Historically, it started at the beginning of 1930s in USA. In Portugal, the law 413 of 1971 defined the articulation of mental health services with other health services–liasion psychiatry.

Objective We aim to define patients evaluated in the context of liasion psychiatry, as well as other medical and surgical areas needs of psychiatry collaboration.

Methods Retrospective analyses of collaboration requests realized to psychiatry department of centro hospitalar Trás-os-Montes e Alto Douro–Vila Real, between October 2014 and October 2015.

Discussion Most of collaboration requests came from Internal Medicine Service. Authors systematize the reasons for the requests, the time of response to those, the existence of psychiatric history, the type of intervention, the number of observations in the same patient, the most frequent diagnosis and treatment. This psychiatric service consists of four specialists and activity evaluated in this article is one of the clinical areas where these professionals intervene. Depending on the results, it is interesting then to assess needs and optimize available resources.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV415

The prevalence of substance abuse in hospitalized medically ill patients in Rasoul-Akram hospital

A. Ghanbari Jolfaei^{1,*}, N. Norouzi²

¹ Hazrat-Rasool Hospital, Psychiatry, Tehran, Iran

² Mental Health Research Center, Psychiatry, Tehran, Iran

* Corresponding author.

Introduction Substance abuse can lead to increased risk of accidents leading to serious physical damage and can also cause medical diseases. On the other hand, patients with medical diseases may self-medicate with substances to improve some of their medical symptoms such as pain. Therefore, the risk of hospitalization of patients with substance abuse can be higher. Substance abuse can affect the course and prognosis of medical diseases.

Aims The aim of this study was to investigate the frequency of substance abuse in medically ill patients in Rasoul-Akram hospital.



Methods This study was a cross-sectional study. The sampling method was convenient. Demographic data and the data about substance use disorders were gathered through a clinical interview by a psychiatrist. Inclusion criteria included informed consent to participate in the study, an appropriate level of consciousness and the ability to talk in Persian.

Results From 423 patients participating in the study, 205 were female (48.5%). The average age of the patients was 18.4 ± 48.4 years. The prevalence of substance abuse was 39.7%, of which 60% were consuming daily. The prevalence of substance abuse between male and female was not significantly different. Marital status and low education and older age had significant association with substance abuse. Smoking and opioids followed by alcohol, cannabis and benzodiazepines were the most substances used by patients.

Conclusion The prevalence of substance use disorders in hospitalized patients in General hospital is high and it is crucial to assess substance use disorders in these patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV416

Depression, somatic complaints and medical help-seeking in a Romanian sample



C. Giurgi-Oncu^{1,*}, C. Bredicean¹, F. Giurgi-Oncu², R. Romosan¹, M. Ienciu¹

¹ "Victor Babes" university of medicine and pharmacy of Timisoara, Timisoara, Romania

² Timișoara County emergency clinical hospital, psychiatry, Romania

* Corresponding author.

Introduction Depression as a disorder, with all its intensities and clinical forms, requires to be projected on the backdrop of human suffering. In evaluating a depressive episode of a somatically ill person, it is important to assess personality and social context as a whole.

Objectives To establish the degree of somatic comorbidity/somatization in depressive patients and the correlation with their social support network.

Aims To recommend cost-effective psycho-social interventions to offer relief and support.

Method We evaluated 60 patients with depression of various etiologies (Recurrent depressive disorder, Paranoid-depressive disorder, Anxious-depressive disorder). Self-report and observer rating scales were used (SCL-90, Beck, Hamilton) along with a supplementary consult (where required) by different specialists. Direct observations were made regarding the social support network, in terms of evaluating their scale and efficiency.

Results The majority of patients included showed an obvious inconsistency in terms of objective and subjective symptoms, correlated with the lack of an adequate social support network. This resulted in more medical help-seeking, a polymorphic array of somatic symptoms, oscillations of somatic complaints, some showing lack of adherence and only mild improvement with psychotropic therapy. Most of the somatized complaints were gastrointestinal, respiratory, pain-related and pseudo-neurological, with an increased overall evidence-based cardio-vascular comorbidity.

Conclusions We suggest that in order to help support patients and ensure fluidization of medical services, mental health care could also be delivered effectively in primary care settings, through community-based programmes and task shifting approaches that engage and support skilled non-specialist health professionals, lay workers, affected individuals, and caregivers (Kakuma, 2011).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV417

Burnout in pediatric oncology healthcare providers: Protection and vulnerability



C. Araújo¹, R. Gonçalves^{1,*}, J.M.V.D. Ferreira¹, S. Pedrosa¹, C. Pinho¹, S. Silva², M.J. Brito²

¹ Hospital Pediátrico - Centro Hospitalar e Universitário de Coimbra, child and adolescent psychiatry, Coimbra, Portugal

² Hospital Pediátrico - Centro Hospitalar e Universitário de Coimbra, pediatric oncology unit, Coimbra, Portugal

* Corresponding author.

Introduction Burnout is a condition characterized by emotional exhaustion, depersonalization and reduced personal accomplishment, resulting from the inability to cope with chronic job stress. Healthcare providers at pediatric oncology units, who care for children with life-threatening illnesses, are exposure to high levels of stress, which increases the risk for developing burnout, with consequences in their personal health and quality of patient care.

Objective To assess the prevalence and sources of burnout on a multidisciplinary team of a pediatric oncology unit.

Methods Participants were a convenience sample of 16 pediatric oncology professionals, including medical, nursing, and related health staff from a Portuguese pediatric oncology center. Participants completed the Portuguese version of the Copenhagen Burnout Inventory.

Results All three subscales that compose this Inventory were found to have burnout below normal levels (cut-off ≥ 50 points). However, personal and work-related subscales showed mean values in the superior limit of normality (48 ± 14 , 18 points and 49, 48 ± 12 , 23 points, respectively). Nevertheless, when analyzed the patient-related subscale, we found low levels of burnout in the majority of responders. These findings are similar to the existing literature, which suggests that patient care and interactions with children are the least stressful aspect of working in this specialty.

Conclusion Despite the high levels of stress exposure in pediatric oncology units, results suggest that the majority of professionals are not actually in burnout. However, the obtained values advice for the need of prevention and workplace approaches to staff's well-being and stress reduction, in order to avoid burnout development.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV418

Liaison psychiatry as a part of a multifocal treatment in a general hospital



D. Goujon^{1,*}, R. Muto², C. Vayssier-Belot², H. Masson², P. Grandin¹

¹ CHI Poissy-Saint Germain en Laye, Secteur 78G04, Poissy, France

² CHI Poissy-Saint Germain en Laye, medecine- nephrology and hemodialysis, Poissy, France

* Corresponding author.

We report here three clinical cases as examples of our rich and frequent collaboration between the department of psychiatry and the department of medicine, nephrology and hemodialysis. This work can serve as a basis for further reflection in order to improve mutual demands. We based our description on three patients chosen for their homogeneity in demand, rapidity of evaluation, the same clinician who evaluated the demand. Either case: a 42-year-old woman, who was admitted for alteration of general state, severe headaches and chronic addiction to alcohol, 71-year-old woman suffering from recurrent unipolar depression who came for somatic exploration and severe weight loss or 55-year-old man who was transferred from cardio-pulmonary intensive care unit after a voluntary ingestion of neuroleptic- were reevaluated by

the psychiatrist and the special follow-up was indicated as the patient was discharged from internal medicine department. We were interested in studying how important to the patient this indication turned to be on time.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV419

Healthy living and smart choices - A project for developing a web-based Turkish obesity treatment program



C. Hepdurgun^{1,*}, H. Elbi¹, Ş. Pırıldar¹, F.L. Saygılı², M.O. Ünalır³, Ö. Can³, G. Rudarlı Nalçakan⁴, E. Sezer³, S. Seçkiner²

¹ Ege university school of medicine, department of psychiatry, Izmir, Turkey

² Ege university school of medicine, department of endocrinology and metabolism, Izmir, Turkey

³ Ege university school of engineering, department of computer engineering, Izmir, Turkey

⁴ School of physical education and sport, department of sports health sciences, Izmir, Turkey

* Corresponding author.

Introduction Obesity is a major public health problem in the world and getting obesity under control is one of the most important goals of the World Health Organization. Cognitive behavioral therapy techniques are helpful for adjusting lifestyle to stay at a healthy weight range. Success of web-based programs which designed with evidence-based behavioral strategies has been proven with different studies. However, a web-based program suitable for Turkish culture and eating habits is still missing.

Objectives Primary objective of this project is to develop and test a web-based obesity behavioral treatment program in collaboration with experienced academicians from different disciplines.

Aims The aim of this project is to develop a program which will help Turkish primary care physicians in treating and tracking obesity patients.

Method The web-based program will include a 12-week-long core behavioral program. Participants will be asked to record their daily dietary intakes and automatic feedback will be given by the system. Weekly behavioral training videos will be available during the core program. As participants watch the videos and record their daily intakes, they will get instant awards such as virtual diet-coin which they will be able to spend for gifts such as low calorie recipes. One hundred obese patients (with body mass index greater than 30 kg/m²) will be recruited to evaluate the effectiveness of the program. The changes in their blood pressures, body weights and waist circumferences will be recorded.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV420

Depression and quality of life in hospitalised patients with congestive heart failure (CHF): A cross-sectional study from Karachi, Pakistan



M. Husain^{1,*}, K. Tayyeba², M. Husain³, B. Fatima⁴, S.U.H. Ansari⁴, R. Rahman⁵, I.B. Chaudhry², N. Husain²

¹ Institute of psychiatry - psychology and neuroscience, centre for affective disorders, London, United Kingdom

² University of Manchester, brain- behaviour and mental health, Manchester, United Kingdom

³ South London and Maudsley NHS Foundation Trust, Liaison Psychiatry King's college hospital, London, United Kingdom

⁴ Pakistan institute of learning and living, mental health, Karachi, Pakistan

⁵ Dow institute of health sciences, psychiatry, Karachi, Pakistan

* Corresponding author.

Introduction There is strong association between depression and mortality rates among patients with CHF. Despite the massive burden of cardiac disease as well as that of depression in Pakistan, there is limited data regarding the prevalence of depression in patients suffering from CHF. The aim of this study was to assess prevalence of depression in patients with CHF and to compare the health related quality of life of depressed and non-depressed patients with CHF.

Methods A total of 1009 patients diagnosed with CHF were recruited from different public hospitals in Karachi, Pakistan. Depression was assessed at baseline using the Beck Depression Inventory (BDI) and health related quality of life was assessed using Euro Qol (EQ-5D).

Results Of the 1009 participants recruited to the study, 66.4% (n = 670) met the threshold for depression using the BDI measure. Of the depressed patients, 66.7% (n = 447) were male. Preliminary results indicate that participants who were depressed at baseline had poorer health related quality of life on EQ-5D measures as compared to those who were non-depressed (mean EQ-5D descriptive score 10.45 in depressed patients vs 7.37 in non-depressed patients and mean EQ-5D visual scale score 35.09 in depressed patients vs 52.19 in non-depressed patients).

Conclusion Considering the high prevalence of depression and its serious negative impact on quality of life of patients suffering from chronic physical illness, it is important to design and test culturally adapted psychosocial interventions to reduce depression and improve quality of life for these patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV421

Anxiety, depression, poor life-style choices, coronary event - Which causes which?



T. Jendricko^{1,*}, K. Radic², J. Vincelj³

¹ University psychiatric hospital Vrapce, department of social psychiatry, Zagreb, Croatia

² University psychiatric hospital Vrapce, department of forensic psychiatry, Zagreb, Croatia

³ University hospital Dubrava, department of internal medicine, Zagreb, Croatia

* Corresponding author.

Introduction Various risk factors for development of acute coronary syndrome (ACS) have been discovered. ACS has numerous consequences, including physical and mental health disturbances. **Aim** To distinguish mental health consequences and risk factors for ACS.

Objectives To explore the interdependence between poor life-style choices (physical inactivity, cigarette smoking, unhealthy diet, alcohol consumption) and development of anxiety or depressive disorders 1 month and 6 months after ACS.

Methods Follow-up study on 120 subjects with ACS, retested after 1 and 6 months. Existence of previous or actual mental disorders were excluded in the first phase.

Instruments Mini International Neuropsychiatric Interview, questionnaire of general sociodemographic data and life-style factors, Acute Stress Disorder Interview and Clinician-administered PTSD Scale. Lipid levels and BMI were tracked.

Results After 1 month 27.5% of the subjects had acute stress disorder (ASD) and 13.8% had major depressive disorder (MDD). After 6 months, 37.5% subjects had PTSD and 27.3% had MDD. Alcohol consumption showed to be predictive for development of MDD in the second phase (P = 0.002; OR = 2.48), and physical inactivity showed

to be predictive for development of comorbidity of MDD and ASD in the second phase ($P=0.036$; $OR=100.00$).

Conclusion Cardiovascular disorders can cause anxious & depressive disorders in frequent alcohol consumers and physically inactive subjects. Since depression, anxiety, physical inactivity, and alcohol consumption cannot only be considered as risk factors for cardiovascular disorders, but also be seen as a consequence of cardiovascular disorders, strategies for primary and secondary prevention of coronary events should include a greater concern for mental health as well.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV422

Prevention of postoperative delirium - A prospective nurse-led intervention on surgical wards in a general hospital



T. Kratz, A. Diefenbacher*

Ev. Krankenhaus Königin Elisabeth Herzberge, department psychiatry psychotherapy psychosomatics, Berlin, Germany

* Corresponding author.

Objective Delirium is a frequent postoperative complication in older and cognitively impaired patients in general hospitals. Delirium is associated with prolonged hospital stay as well as with an increased risk of nursing home placement after discharge. We wanted to study whether the implementation of a specialized delirium nurse on a surgical ward leads to a reduction in the frequency of postoperative delirium.

Methods In an open-label study on two surgical wards of a general hospital, first the prevalence rate of postoperative delirium in patients older than 70 years was assessed (March to August 2011). During the following intervention phase (September 2011 to June 2012), a trained geriatric nurse implemented delirium-preventative measures in accordance with the Hospital Elder Life Program (HELP). The second surgical ward provided standard treatment as usual as an in-house control.

Results Overall 20.2%, 95% CI [14.6, 26.4] of patients on both wards without special intervention developed postoperative delirium. By implementing preoperative screening measures and specific interventions by a delirium nurse, the incidence of postoperative delirium was reduced to 4.9%, 95% CI [0.0, 11.5]. The interventions were validation, improving sleep quality, cognitive activation, early mobilisation, improving sensory perception and optimising food and fluid intake. Most important predictors of postoperative delirium were Mini Mental Status Exam results, age and preoperative infection.

Conclusion The establishment of a specialised delirium nurse as well as the implementation of simple preoperative care measures increased postoperative attention, cognitive activation and is associated significantly with reducing risk of postoperative delirium in older and cognitively impaired inpatients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV423

Prevention, early detection and effective treatment of the psychological disorders in asthma and chronic obstructive lung disease



K. Zawada¹, A. Koźmin-Burzyńska², K. Krzysztof^{2,*}

¹ Medical university of Silesia, department of pneumonology, Katowice, Poland

² Medical university of Silesia, department of psychiatry and psychotherapy, Katowice, Poland

* Corresponding author.

Background Chronic respiratory diseases which embrace asthma and chronic obstructive pulmonary disease (COPD) are common conditions in the population. In a large number of cases, they are diagnosed very late. Statistics of deaths, especially in the case of COPD, are underestimated because morbidity and mortality can be affected by other comorbid conditions, for example cardiovascular disease.

Objective The objective of this analysis was to find out the correlation between the psychological distress and social factors in patients with asthma and chronic obstructive lung disease.

Methods A literature analysis on this topic was performed. Asthma and COPD impair not only physical functioning of patients but also affect their psychological state. Mood disorders and cognitive function impairment are more often observed in this group than in the general population. It has been proven that the coexistence of psychological dysfunction significantly worsens the functioning of patients (affects, among others, their work, family and social lives) and has an impact on the course of the treatment of the somatic illness. First of all, patients with cognitive deficits have greater problems in applying treatment recommendations. Accordingly, it seems to be important to pay more attention to the problem of mental disorders in patients with obstructive lung diseases.

Conclusions There is a clear need for a multidisciplinary approach that will enable prevention, early detection and effective treatment of the psychological disorders in that group of patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV424

Beneficial effect of mindfulness based art therapy in patients with breast cancer - A randomized controlled trial



S.Y. Lee^{1,*}, J. Duck-In², M. Kyung-Joon³, L. Hye-Jin⁴,

L. Kwang-heun⁵

¹ Wonkwang university and hospital, psychiatry, Iksan, Republic of Korea

² Hallym university college of medicine, psychiatry, Chuncheon, Republic of Korea

³ Chungang university college of medicine, psychiatry, Seoul, Republic of Korea

⁴ Wonkwang university graduate school, public health, Iksan, Republic of Korea

⁵ Dongkuk university college of medicine, psychiatry, Kyongju, Republic of Korea

* Corresponding author.

Background Mindfulness based art therapy induces emotional relaxation in cancer patients and is a treatment known to improve psychological stability. The objective of this research was to evaluate the treatment effects of MBAT for breast cancer patients.

Methods Twenty-four breast cancer patients were selected as subjects of the study. Two groups, the MBAT group and control group with 12 patients each, were randomly assigned. The patients in the MBAT group were given 12 sessions of treatments. To measure depression and anxiety, low scales of the Personality Assessment Inventory (PAI) was used. Health-related quality of life was evaluated using the European organization for research and treatment of cancer quality of life questionnaire (EORTC-QLQ-C30). The treatment results were analyzed using Ancova and two-way repeated measures Anova.

Results The results showed that depression and anxiety decreased significantly and health-related quality of life improved significantly in the MBAT group. In the control group, however, there was no significant change.

Conclusions MBAT can be seen as an effective treatment method that improves breast cancer patients' psychological stability and quality of life. Evaluation of treatment effects using program development and large-scale research for future clinical application is needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV425

Psychosocial outcomes 3 years after facial transplantation of a blind patient



G. Lemmens^{1,*}, H. Hendrickx², C. Poppe³, N. Roche⁴, P. Peeters⁵, H. Vermeersch⁶, X. Rogiers³, K. Van Lierde⁷, P. Blondeel⁴

¹ Ghent university, psychiatry and medical psychology, Ghent, Belgium

² Ghent university hospital, burn unit, Ghent, Belgium

³ Ghent university hospital, department of general and hepato-biliary surgery and transplantation- transplantation centre, Ghent, Belgium

⁴ Ghent university hospital, department of plastic and reconstructive surgery, Ghent, Belgium

⁵ Ghent university hospital, department of nephrology, Ghent, Belgium

⁶ Ghent university hospital, department of head and neck and maxilo-facial surgery, Ghent, Belgium

⁷ Department of speech, language and hearing science, Ghent, Belgium

* Corresponding author.

Background To date, psychosocial outcomes after facial transplantation are promising although long-term consequences, outcome of blind patients and the impact on family members are less well investigated. The aim of this study was to examine the long-term psychosocial of a blind patient and his partner 2 and 3 years after facial transplantation.

Methods Depressive and anxiety symptoms, hopelessness, coping, resilience, illness cognitions, marital support, dyadic adjustment, family functioning and quality of life of the patient and the partner were assessed before and 2 and 3 years after transplantation. Reliable change index (RCI) was further calculated to evaluate the magnitude of change.

Results Most psychological, marital and family scores of both the patient and the partner remained within a normative and healthy range at follow-up. Resilience (RCI: 2.5 & 3.4 respectively), affective responsiveness (RCI: -4.1 & -3.2 respectively), physical quality of life (RCI: 8.7 & 7.2 respectively) and helplessness (RCI: -2.2 & -2.9 respectively) of the patient improved at 2 and 3 years follow-up. Further, dyadic cohesion (RCI: 2.4) of the patient improved at 2 years whereas marital depth (RCI: -2.0) of the partner decreased at 3 years.

Conclusions The results of this study point to positive long-term psychosocial outcomes of a blind patient and his partner after facial transplantation. Further, they may underscore the importance of patient selection, social support and involvement of family members in treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV426

Alternative treatment options for lithium-induced nephrogenic diabetes insipidus



S. López-Romeo*, G. Ledesma-Iparraguirre
Parc Sanitari Sant Joan de Déu, psychiatry, Barcelona, Spain

* Corresponding author.

Introduction Lithium is currently a drug of choice for treating persons with bipolar disorder and is widely used in this population. Approximately, 30% of patients taking lithium experience at least one episode of lithium toxicity. Treatment of acute toxicity involves correction of electrolyte abnormalities, volume repletion followed by forced diuresis, and dialysis in severe cases. A case report is described and it is reviewed some alternative treatment options before considering withdrawal of lithium treatment in lithium-induced nephrogenic diabetes insipidus.

Case report A 58-year-old woman diagnosed of hypertension and bipolar disorder for 20 years. At first, she was controlled with valproic acid until she suffered a manic episode which required a mood stabilizer switch. She started a treatment with lithium 1200 mg/day and olanzapine to 10 mg/day and was completely recovered. After a year of stabilization, olanzapine was retired and she maintained stabilized with lithium 1000 mg/day during last 17 years. During last 8 months, she suffered polydipsia and polyuria (4 L/day). She was diagnosed of nephrogenic diabetes insipidus. Some measures like liquid restriction, lithium monodose and low sodium diet were carried out, obtaining a partial response. Taking into account, she was stabilised with lithium for many years, it was decided to introduce hydrochlorothiazide 25 mg/day, clinical and analytical resolution of nephrogenic diabetes insipidus was obtained. A year later, she maintains psychopathological stabilization, without any lithium secondary effects.

Conclusion Some treatment options for lithium-induced nephrogenic diabetes insipidus could be introducing thiazides, amiloride, indomethacin, desmopressin or carbamazepine, instead of withdrawal lithium.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV427

New interferon-free therapies on HCV+ chronic hepatitis: Overcoming psychiatric side effects in a real world setting



M. Moneglia^{1,*}, A. Santangelo¹, A. Ballerini¹, V. Ricca¹, A.L. Zignego²

¹ Azienda Ospedaliero-Universitaria Careggi, department of neuroscience- psychology- drug research and child health, Florence, Italy

² Azienda Ospedaliero-Universitaria Careggi, center for systemic manifestations of hepatitis viruses MASVE- department of experimental and clinical medicine, Florence, Italy

* Corresponding author.

Introduction Interferon-alpha (IFN α) was the backbone therapy for HCV+ related chronic hepatitis (CH-C). However, it was associated with significant neuropsychiatric side effects and impaired health-related quality of life. Second Generation IFN α -free direct-acting antiviral agents (DAAs) seem to be associated with fewer side effects, better tolerability, high efficacy rates and better patient reported outcomes (PROs) [Younoussi, 2014].

Aims To describe the neuropsychiatric symptoms and PROs during Second Generation DAAs plus ribavirin oral treatment in a group of CH-C real world patients.

Methods Nineteen CH-C outpatients, scheduled for IFN α -free treatment, were assessed at enrolment (T0), at 4 (T1) and at 12 (T2) weeks, the end of treatment, by means of MDRS, HAM-D, HAM-A, MRS, Y-BOCS and SF-36. A pharmacological therapy, based on clinical evidence, was provided at psychiatric symptoms onset.

Results During the treatment, we didn't report any worsening in the administered psychometric scales. Furthermore, we observed a general improvement at week 12 (T2), statistically significant only for MRS ($P < 0.05$). Any statistically significant difference was found for SF-36 mean scores comparing T0, T1 and T2. However, SF-36

cluster analysis showed between T0 and T2 a meaningful and significant rise of global health clusters “General health perceptions” ($P < 0.05$), “Change in overall health status” ($P < 0.001$) and a significant impairment in cluster “Emotional role functioning” ($P < 0.05$).

Conclusions Our real world data are consistent with trial setting results [Younoussi, 2014]. Contrary to previous IFN α -based therapy, new regimens don't seem to be associated with psychiatric side effects and suggest an immediate gain in general health PROs over the treatment period.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV428

Incapacity to decide in liaison psychiatry: Analysis of sample of patients admitted in somatic departments of a general hospital



M. Nascimento^{1,*}, F. Vicente², C. Oliveira², N. Silva³, C. Vieira¹, A. Luís¹, T. Maia¹

¹ Hospital Professor Dr. Fernando Fonseca- EPE, psychiatry, Amadora, Portugal

² Centro Hospitalar Psiquiátrico de Lisboa, psychiatry, Lisbon, Portugal

³ Centro Hospitalar de Vila Nova de Gaia/Espinho, psychiatry, Vila Nova de Gaia, Portugal

* Corresponding author.

Introduction Decision capacity (DC) is a complex construct, whose assessment poses huge challenges to Liaison Psychiatrist (LP).

Objectives/aims Assess factors related to DC in patients with somatic disorders admitted in medical and surgical departments of a general hospital.

Methods Clinical records of patients who were submitted to a DC assessment at Hospital Fernando Fonseca (Portugal), from 1st January 2012 to 31st December 2014 were retrospectively analysed. Collected data were statistically analysed with SPSS[®]. Univariable analysis was performed, in order to determine factors related to DC.

Results Data from 35 patients subject to DC evaluation were considered, of whom 42.4% were considered unable to give consent to medical and/or surgical procedures. Most of these assessments were related to patients who refused treatment. Patients unable to decide were predominantly male and mainly affected by organic mental or neurocognitive disorders ($P < 0.05$). There were no statistical significant differences in the age of those considered able or unable to decide. After PL intervention, 40% of those considered unable to decide changed their decision. However, it was not significantly related to the ability to give consent.

Conclusions Neurocognitive disorders are common diagnosis found in patients admitted in somatic departments with no DC. Frequent change in decision after LP intervention may reflect not only cognitive fluctuations, but also a possible influence of LP intervention on patients' choices. Appropriate standardized measures are useful tools in assessing patients with cognitive impairment, reducing evaluation differences between professionals, and in order to increase LP decisions credibility.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV429

Acute hypomania in systemic lupus erythematosus, differential diagnosis.



A case report

D.K. Ochoa García*, G.M. Chauca Chauca, L. Carrión Expósito
Hospital Infanta Margarita, Unidad de Salud Mental Comunitaria
Cabra, Cabra-Córdoba, Spain

* Corresponding author.

Introduction It is well known that seizures and psychosis are diagnostic criteria for systemic lupus erythematosus (SLE), however, there could be many other neuropsychiatric symptoms. The American College of Rheumatology Nomenclature provides case definitions for 19 neuropsychiatric syndromes seen in SLE (NPSLE), including cognitive impairment, psychosis, mood and anxiety disorders. Lack of specific manifestations difficult diagnosis and treatment.

Objectives To address the diagnostic difficulties that involve the appearance of hypomanic symptoms in the course of SLE treated with high doses of corticoids in a patient with a depressive episode history.

Method Description of case report and literature revision. We report the case of a 22-year-old woman who presented irritable mood, sexual disinhibition, insomnia and inflated self-esteem. The patient was recently diagnosed with SLE and was on treatment with 50 mg/d prednisone. She had familiar history for bipolar disorder and was taking 20 mg/d paroxetine since the last 6 months after being diagnosed with major depressive episode.

Results We proposed differential diagnosis between psychiatric symptoms secondary to central nervous system SLE involvement, a comorbid bipolar disorder or prednisone-induced mood symptoms. Fluctuation of hypomanic symptoms during hospitalization, poor relationship with variation in corticosteroid doses, findings on brain MRI compatible with vasculitis and positive antibodies, oriented this case to a neuropsychiatric manifestation of LES.

Conclusions We should keep in mind that symptoms of neuropsychiatric SLE may vary from more established manifestations of NPSLE to mild diffuses ones. More studies are needed to expand knowledge in the relationship between mood disorders and neuropsychiatric SLE.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV430

Risk factors for a new cardiac event after a first acute coronary syndrome



P. Ossola^{1,*}, F. Scagnelli¹, A. Longhi¹, C. De Panfilis¹, M. Tonna², C. Marchesi¹

¹ University of Parma, Psychiatry Unit-Department of Neuroscience, Parma, Italy

² AUSL of Parma, Mental Health Department, Parma, Italy

* Corresponding author.

Introduction Depression is an established risk factor for acute coronary syndrome (ACS), nonetheless the mechanisms underlying this association are still unclear and literature disagrees on the role played by anxiety. Moreover, most of the studies included subjects with a long lasting history of heart disease or recurrent depressive episodes that could bias the results.

Objectives We performed serial assessments of anxiety, depression and new cardiac events in a cohort of never-depressed patients in the two years after their first ACS.

Aims Clarify the role of anxiety and depression in predicting new cardiac events.

Methods Two hundred and fifty-one consecutive patients completed the two-years follow-up. The presence of depression was evaluated with the Primary Care Evaluation of Mental Disorders (PRIME-MD) and its severity with the Hospital Anxiety and Depression Scale (HADS). Evaluations were collected at baseline, when GRACE-score was calculated, and at 1, 2, 4, 6, 9, 12 and 24-months follow-ups.

Results Forty-two patients (16.7%) developed a second cardiac event and, of these, eighteen (42.9%) had a previous depressive episode. At Cox Regression, controlling for confounding clinical variables (e.g. GRACE-score), developing a first-ever depressive episode was a significant risk factor (OR=2.38; 95%CI=1.11–5.14; $P=0.027$) whereas baseline anxiety was protective (OR=0.56; 95%CI=0.38–0.81; $P=0.002$). The latter, moreover, moderated the effect of incident depression on new cardiac events.

Conclusion Our results confirm the well-established detrimental effect of depression on cardiac prognosis and suggest clinicians to keep in mind anxious symptoms when facing a patient at his/her first ACS.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV431

Affective disorders in multiple sclerosis



M. Said¹, S. Ouane^{2,*}, R. Nefzi¹, A. Aissa¹, H. Maatallah¹, H. Ben Ammar¹, Z. El-Hechmi¹

¹ Razi Hospital, Psychiatry F, Mannouba, Tunisia

² Razi Hospital, Mannouba, Tunisia

* Corresponding author.

Background Psychiatric disorders have a remarkable frequency in multiple sclerosis. The leading group of these disorders consists of affective disorders. These psychiatric conditions can worsen the outcome of multiple sclerosis, thus contributing to increase the burden of the disease to both patients and relatives. Managing such a complicated situation needs a focus on the underlying links between affective disorders and multiple sclerosis.

Objective To examine the hypotheses proposed to explain the high prevalence of affective disorders in patients with multiple sclerosis.

Methods Literature was reviewed using the Medline database and the following keywords “bipolar disorder” “affective disorder”, “mania” and “multiple sclerosis”.

Results PubMed research returned 13 results. After manual inspection, 10 articles were retained and examined. The cause of the high comorbidity between multiple sclerosis and mood disorders is regarded as being multifactorial: the medication used in multiple sclerosis possibly inducing/exacerbating mood disturbances, the demyelinating brain lesions which could bring about depression or mania, genetic overlapping with affective disorders and last the psychological reactions and adjustment difficulties to the neurological handicap.

Conclusion Despite the fact that the higher prevalence of affective disorders in multiple sclerosis is well established, these disorders still remain underdiagnosed and undertreated. A shift towards a better assessment of the psychiatric comorbidity in multiple sclerosis patients and the optimal treatment of those disorders is fundamental.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV432

Consultation liaison psychiatry in Talavera's hospital during the year 2014



M. Palomo Monge^{1,*}, D.C. Sandra², A.L. Maria Fernanda³, G.M. David¹, T.G. Maria Fernanda¹, D.D. Arántzazu⁴, S.D.L.P. Silvia³, O.B. Rubén¹, L.D.L. Beatriz¹

¹ Hospital Nuestra Señora del Prado, Psychiatry, 45600 Spain

² Centro de Rehabilitación Psicosocial y Laboral, Psychology, Talavera de la Reina, Spain

³ Hospital Nuestra Señora del Prado, Family Medicine, 45600 Spain

⁴ Hospital General de Ávila, Psychiatry, Avila, Spain

* Corresponding author.

Introduction Analyze the number of interdepartmental consultations carried out at Department of Psychiatry, Hospital Nuestra Señora del Prado from other areas of hospitalization during 2014.

Objectives The goal is to evaluate the prevalence of psychiatric disorders in patients who are hospitalized for other reasons, and which services are needed the most.

Methods Retrospective cross-sectional descriptive study. A record of consultations carried out by the psychiatry service in 2014 was collected. The data were analyzed according to the origin of the consultation service, the month when it was performed and the sex of the patient. The monthly percentage of interconsultations and the percentage represented by each interconsultation service were calculated. They classified according to sex.

Results In 2014, 211 interconsultations were carried out, 104 men and 86 women. Surgery 16, 11%, pneumology 13, 74%, internal medicine 12, 32%, traumatology 8, 06%, digestive 7, 11%), I.C.U. 6, 64%, cardiology 6, 16%, hematology 5, 69%, oncology 5, 21%, pediatrics 4, 27%, gynecology 2, 84%, emergency 1, 90%, palliative 1, 90%, endocrinology 1, 42%, urology 1, 42, nephrology 0, 95%, E.N.T. 0, 95%, obstetrics 0, 47%, dermatology 0%, ophthalmology 0%, rheumatology 0%. January 12, 8%, February 13%, March 9, 5%, April 6, 2%, May 5, 7%, June 8, 1%, July 6, 2%, August 4, 3%, September 8, 1%, October 12%, November 7, 6%, December 6, 2%.

Conclusions Most of the interconsultations were carried out in January, February and October. However, August was the least busy month. The busiest service was the Surgery service, followed by the Pneumology and Internal Medicine one. There were no interconsultations of the Ophthalmology, Rheumatology and Dermatology services. The consults were in demand mainly by men rather than women.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV433

Psychological syndrome analysis (Vygotsky – Luria School) in psychosomatics: Clinical and psychological study of patients with mitral valve prolapse



E. Pervichko^{1,*}, Y. Zinchenko¹, A. Martynov²

¹ Lomonosov Moscow State University, Faculty of Psychology, Moscow, Russia

² Moscow State University of Medicine and Dentistry, Faculty of General Medicine, Moscow, Russia

* Corresponding author.

Introduction One of the dominant methodological principles of Russian clinical psychology (the Vygotsky-Luria School) is the principle of Psychological syndrome analysis (PSA). It can also be heuristically applied to psychosomatics.

Objective To identify a psychosomatic syndrome in patients with mitral valve prolapse (MVP).

Materials and methods We applied various techniques for a qualitative and statistical data analysis of clinical and psychological study. We explored our patients' individual personality profiles, anxiety level (Spielberger et al., 1983), features of achievement motivation (Heckhausen, 1963), emotion regulation strategies (ERS) (Zinchenko, Pervichko, 2014; Pervichko, 2015), dynamics of the patient's emotional state in stress conditions, and degrees of manifestation of MVP clinical symptoms. The study comprised 134 MVP patients, mean age was 24.8 ± 1.2 years, and 73 healthy subjects, mean age was 27.5 ± 1.3 years.

Results MVP patients proved to be more prone to emotional stress; they were also inclined to choose less effective ERS as compared to healthy subjects. ANOVA data revealed dependence of intensity of such clinical symptoms as cardialgia, tension headaches and psychogenic dyspnea on the degree of anxiety level and the presence of dysfunctional ERS in MVP patients. The interpretation of the study results with PSA method suggested that the patients' psychological and clinical characteristics form into a psychosomatic syndrome. The first syndrome-generating factor is the presence of the approach – avoidance motivational conflict in achievement settings. Dysfunctions of emotion regulation appear as a second syndrome-generating factor in psychosomatic syndrome in MVP patients.

Conclusions PSA (the Vygotsky-Luria School) can be used as a means to approach diagnostic and prognostic tasks in Clinical psychology and Psychosomatic medicine.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV434

Low-FODMAP-diet in irritable bowel syndrome offers benefits not only in terms of gastrointestinal symptoms, but also in terms of psychopathology in the medium- and long-term



D. Piacentino^{1,*}, S. Rossi², L. Piretta¹, D. Badiali², N. Pallotta², E.S. Corazziari²

¹ Sapienza-University of Rome, NESMOS Neuroscience-Mental Health-and Sensory Organs Department, Rome, Italy

² Sapienza-University of Rome, Department of Internal Medicine and Medical Specialties, Rome, Italy

* Corresponding author.

Introduction Low-FODMAP (fermentable oligosaccharides, disaccharides, monosaccharides, and polyols) diets are strongly recommended to improve irritable bowel syndrome (IBS) symptoms. They are also hypothesized to improve the psychopathological status that often accompanies the syndrome. A study (Ledochowski et al., 2000) suggested that the ingestion of FODMAPs affected negatively the mood and that the elimination of dietary FODMAPs improved depressive symptoms.

Objectives/aims We aimed to assess the levels of psychopathology pre- and post-diet in IBS patients free of any severe psychiatric disease (e.g., bipolar disorder, major depressive disorder, schizophrenia) or alcohol/substance abuse.

Methods We consecutively recruited 75 IBS outpatients (68% females; age range = 21–68 years) at the Gastrointestinal Outpatient Center of our University Hospital. They filled out the Symptom Checklist-90-Revised (SCL-90-R), a visual analogue scale (VAS) to rate the intensity of abdominal bloating/pain, and a 2-week diary card registering the frequency of bloating/pain. Then, they were blindly assigned to a low-FODMAP diet, a low-FODMAP gluten-free diet and a control diet for 4 weeks. During the last 2 weeks they filled out a 2nd diary card and re-rated the intensity of bloating/pain. Patients were reassessed after a 16-month follow-up. Independent

t-test, χ^2 test, and one-way ANOVA with Tukey post-hoc test were used.

Results Baseline characteristics did not differ between the three groups. Post-diet and at follow-up, the two low-FODMAP diets, vs. the test diet, improved not only the intensity and frequency of bloating/pain, but also the SCL-90-R GSI, anxiety, and phobic anxiety scores (*P*-values < 0.05).

Conclusions The low-FODMAP diet may improve psychopathology in IBS patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV435

EV435 Life satisfaction and enjoyment in medication-overuse headache patients: The role of depression and insomnia



M. Pompili^{1,*}, G. Paolo², P. Martelletti³

¹ Rome, Italy

² Sapienza, Department Nesmos, Roma, Italy

³ Sapienza, Department of Clinical and Molecular Medicine- Sapienza University of Rome and Regional Referral Headache Centre-Sant'Andrea Hospital-Rome-Italy, Roma, Italy

* Corresponding author.

Introduction Epidemiological research has documented a strong association between medication-overuse headache (MOH) and psychiatric disorders, emotional disturbances, and disordered personality traits, which are associated with worse outcomes, poorer quality of life, and higher costs to the health care system.

Objectives Identifying risk factors for progression of headache into MOH represents one of the most relevant public health priorities and psychiatric comorbidity has been identified as a potential factor related to chronic phases.

Aims The aim of the present study was to determine whether depression and insomnia complaints were associated with satisfaction and enjoyment with one's own life in Medication-overuse headache (MOH) patients, and whether insomnia complaints were able to explain part of the variance of QoL explained by depression.

Methods Participants were 187 consecutive adult outpatients admitted to the outpatient headache clinic. Patients were administered the Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q), the Beck Depression Inventory-II (BDI-II), and the Athens Insomnia Scale (AIS).

Results The BDI was associated with all the dimensions of the Q-LES-Q, with more severe depression being associated independently with lower satisfaction and enjoyment with one's own life. The AIS was independently and significantly associated only with physical health, such that patients with more insomnia complaints were 3.1 times (*P* < 0.001) more likely to report lower physical health satisfaction.

Conclusions Our findings confirmed that MOH has a negative impact on quality of life, and suggested that depression and insomnia were independently associated with satisfaction and enjoyment of life in MOH patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV436

Psychiatric comorbidity and suicide risk in patients with psoriasis



M. Pompili^{1,*}, M. Innamorati², D. Erbuto³, A. Costanzo⁴

¹ Rome, Italy

² Università Europea di Roma, Department of Psychometrics, Roma, Italy

³ Sapienza University of Rome, Department of Neurosciences-Mental Health and Sensory Organs-Sapienza University of Rome-Rome-Italy, Rome, Italy

⁴ Dermatology Unit-, Department of Neurosciences- Mental Health and Sensory Organs- Sapienza University of Rome-Rome-Italy, Rome, Italy

* Corresponding author.

Introduction Psoriasis has a significant impact on the mental and emotional functioning.

Objective It has been reported that the risk of psychiatric comorbidity increases with the severity of the disorder, and the most frequent associations appear to be those with depression and anxiety.

Aims To analyze the association between psoriasis, mental disorders and suicidal ideation in a sample of patients affected by psoriasis. To investigate the differences between psoriasis patients and patients with other dermatologic diseases.

Methods Participants were 242 consecutive patients (142 women and 100 men), 112 patients with psoriasis (46.3%), 77 with melanoma (31.8%) and 53 with allergy (21.0%). All patients were administered a structured sociodemographic interview and the following measures: the Hamilton Rating Scale for Depression (HAM-D) and the Hamilton Rating Scale for Anxiety (HAM-A). We also assessed current and previous suicidal ideation and previous suicide attempts.

Results Patients with psoriasis (compared to other groups of patients) more frequently had a comorbid mood disorder (16.1% vs 3.9% and 0.0%, respectively for patients with melanoma and patients with allergy; $\chi^2_2 = 14.98$; $P < 0.001$), past suicidal ideation (33.9% vs 15.6% and 18.9%, respectively for patients with melanoma and patients with allergy; $\chi^2_2 = 2.05$; $P < 0.01$) and attempts (6.3% vs 0.0% and 0.0%, for the other groups of patients; $\chi^2_2 = 8.37$; $P < 0.05$). Patients with psoriasis reported higher HAM-D scores than melanoma patients.

Conclusions The clinical evaluation of patients with psoriasis should include the assessment of psychiatric comorbidities and the routinely assessment of suicide risk.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV437

Apathy and impulse control disorders association: A study in a sample of Parkinson's disease patients



N. Sáez-Francàs^{1,*}, N. Ramirez¹, J. Alegre-Martin², O. De Fabregues³, J. Alvarez-Sabin³, J. Hernandez-Vara³

¹ Hospital Saint Rafael, Department of Psychiatry, Barcelona, Spain

² Hospital Universitari Vall D'hebron, Vall D'hebron Institut de Recerca, Internal Medicine, Barcelona, Spain

³ Hospital Universitari Vall D'hebron, Vall D'hebron Institut de Recerca, Neurology, Barcelona, Spain

* Corresponding author.

Introduction Parkinson's disease (PD) is a neurodegenerative disorder that is associated with a wide range of motor symptoms, cognitive deficits and behavioral disorders. Apathy and impulse control disorders (ICDs) are common in these patients and have been considered opposite ends of a reward and motivation disorders continuum.

Aim To evaluate the association and impact of ICDs presence on apathy symptoms in PDs patients, considering the influence of other psychopathological symptoms on this association.

Methods This is a cross-sectional, observational study in which 115 consecutive medicated PD patients without dementia (mean age 61.22 ± 13.5 years; 63.5% men) were recruited. All the patients underwent a psychiatric and neurologic evaluation. Motor

dysfunction was assessed with the Unified Parkinson's disease Rating Scale (UPDRS), ICDs were evaluated with the Minnesota Impulse Control Disorders Inventory (MIDI) and apathy with the Lille Apathy Scale (LARS). The Hamilton Depression scale (HAM-D). The State-Trait Anxiety Inventory (STAI-S) and Barrat Impulsivity Scale (BIS) were also administrated.

Results Twenty-seven (23.5%) patients showed an ICD. Patients with an ICD scored higher in apathy ($P = 0.012$), trait anxiety ($P = 0.003$) and impulsivity ($P = 0.008$). There were no differences in depressive symptoms. In the linear regression analysis, TCI was associated with more severe apathy ($b = 4.20$, $t = 2.15$, $P = 0.034$).

Conclusions ICDs and apathy are frequent in PD. Although ICDs have been related with a hyperdopaminergic state and apathy with low dopamine levels, the observed frequent association suggests common etiopathological mechanisms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV438

Seizure as a conversion symptom, a case report



N. Salgado^{1,*}, S. Benavente², B. Macias¹, J.M. Coll³

¹ Hospital Dr. Rodriguez Lafora, Psiquiatria, Madrid, Spain

² Hospital Universitario 12 de Octubre, Psiquiatria, Madrid, Spain

³ Hospital Unversitario la Paz, psiquiatria, Madrid, Spain

* Corresponding author.

Introduction Patients with conversive disorder could show atypical clinical presentations with neurological symptoms that are not frequently seen currently.

Case Report A 21-year-old female who was diagnosed of conversive disorder was admitted into a short-stay psychiatric unit for two weeks to introduce treatment and receiving a diagnosis. She presented few seconds long seizures in members without biting her tongue and keeping control of sphincters, always surrounded by relatives. A neurological study was made with CT scan and electroencephalography and no evidences of neurological abnormalities were found. Various treatments were used but seizures went worse. Venlafaxine (150 mg/day) was prescribed after hipothymc reactive symptoms were observed, which together with pshycotherapy achieved clinical improvement in the two months follow-up.

Discussion Patients with conversive disorder don't respond appropriately to pharmacologic treatment. In order for patients to understand the situation it is important to keep them updated in an empathic manner. It is important to exclude other causes.

Conclusions A detailed psychopathological exploration should be made in all conversive patients, to explore symptoms and comorbidities that could reveal new therapeutic treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV439

Diabetes: Psychiatric and somatic comorbidity



J.Á. Monforte Porto¹, A. San Román Uría^{1,*}, C. Llanes Álvarez¹, P. Herguedas Vela², I.E. Escuer Núñez², J.A. Alcalá Dueñas³, M.T. Conde Ledesma⁴

¹ Complejo Asistencial de Zamora. Hospital Provincial de Zamora, Servicio de Psiquiatría, Zamora, Spain

² Hospital Universitario de Burgos, Servicio de Endocrinología y Nutrición, Burgos, Spain

³ Unidad de Rehabilitación Psiquiátrica, Secretaría de Salud de Nuevo León, Monterrey, Mexico

⁴ Complejo Asistencial de Zamora, Gerencia de Atención Primaria, Zamora, Spain

* Corresponding author.

Introduction Diabetes mellitus (DM) has been associated with major depressive disorder, schizophrenia, Alzheimer's, Parkinson's and mild cognitive impairment. To determine the psychiatric and somatic comorbidity in diabetic patients treated by our Liaison Psychiatry Unit.

Methods Sociodemographic variables (age, sex, marital status, place of residence) and clinical (somatic disease that motivates the admission, comorbid somatic pathology, number of concomitant somatic diseases, drug consumption and its type, psychiatric history, previous psychiatric diagnosis, number of concomitant psychiatric disorders).

Study Design Epidemiological study of 172 diabetic patients, from the total of 906 consulted from 1 January 2012 until 31 December 2014.

Bioethical considerations The study complies with the principles of justice, non-maleficence, autonomy and beneficence.

Results The average age is 72 years, 50% are women, 49.4% are married, and 54.1% live in rural areas. Somatic diseases that most frequently motivate admission at the hospital are the endocrine-metabolic (14%), gastrointestinal (12%) and cardiovascular (12.2%). A total of 32.5% of the sample have six comorbid somatic diseases and 55.2% five. A percentage of 14.5 of patients recognize consumption of toxic (cigarettes–12.2%–7.6% Alcohol). One hundred and eight patients have a history of psychiatric disorders (62.8%), especially anxiety disorders (28.4%), depression (14.5%) and organic mental disorders (11.1%).

Conclusions There is a high psychiatric and somatic comorbidity in diabetic patients, therefore it would be desirable early diagnosis and treatment to provide symptomatic control of both types of pathologies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV440

Use of atypical antipsychotics in delirium



F. Sanchez*, M. Gutierrez Rodríguez, C. Moreno Menguiano, S.M. Bañon Gonzalez, P. Muñoz-Calero Franco

Hospital Universitario de Mostoles, Psychiatry, Mostoles, Spain

* Corresponding author.

Introduction Delirium is a generally abrupt clinical onset in which an impairment of attention and other brain functions occurs. May occur in up to 40% of patients admitted to intensive care unit. Clinical manifestations fluctuate throughout the day. Very different symptoms such as disorientation, agitation, drowsiness, hallucinations may occur. It is particularly common in hospitals and the elderly or patients with pre-existing disease. It should first rule out systemic causes: infectious, metabolic, toxic and drug.

Methods The literature sources were obtained through electronic search of articles in PubMed database of the last five years.

Discussion It was found atypical antipsychotic that are effective and safe in treating. Haloperidol compared showed similar efficacy. On the effectiveness of preventive treatment of this condition in patients with risk factors the results are inconclusive.

Keywords Atypical antipsychotic; Delirium; Efficacy

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV441

Detection of perceptions and thoughts that may lead to disruption of insulin use in type 2 diabetes mellitus patients



E. Kırılı¹, T.D. Berkol², G. Sarıdoğan³, H. Erensoy^{4,*}

¹ Arnavutköy State Hospital, psychiatry, Istanbul, Turkey

² Diskapi Yildirim Beyazit Research and Training Hospital-, psychiatry, Istanbul, Turkey

³ Erenköy Mental and Neurological Disease Training and Research Hospital, psychiatry, Istanbul, Turkey

⁴ Uskudar University, psychiatry, Istanbul, Turkey

* Corresponding author.

Aim In this study we aimed to identify the perceptions and thoughts and their association with state/trait anxiety, depression that may lead to resistance to insulin treatment in patients with previously diagnosed type 2 diabetes mellitus (DM) patients in order to facilitate their compliance with insulin treatment.

Method In this study, 120 patients were recruited with a previous type 2 DM diagnosis from the diabetes outpatient clinic. Patients were evaluated with sociodemographic data, State-Trait Anxiety Inventory, Problem Areas in Diabetes Scale, Insulin Treatment Appraisal Scale, Beck Depression Inventory.

Results A majority of the patients were found to have resistance for starting insulin treatment. Most of the patients who were on other treatment alternatives reported that they wouldn't use insulin even if they were prescribed insulin. A significant number of patients reported negative perceptions and thoughts about insulin treatment such as "insulin is a punishment", "it is a shame to use insulin where other people can see". In women injection phobia was significantly higher. Injection avoidance was significantly high and was more related to feeling insufficient about administration instead of worries about pain. Psychological resistance to insulin was significantly related to depression but not associated with state or trait anxiety levels. Lack of education and knowledge was found to be another important contributor to this resistance.

Results Type 2 DM patients show psychological resistance to insulin treatment due to negative perceptions and thoughts about the treatment. Cognitive interventions targeting these factors may be useful to overcome psychological insulin resistance and facilitate glysemic control.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV442

Alexithymia and the incidence of post-stroke depression



J.A. Su

Chang Gung Memorial Hospital - Chiayi, Department of Psychiatry, Chiayi, Taiwan

Backgrounds Post-stroke depression (PSD) is the most frequent neuropsychiatric consequence of stroke and often leads to poor recovery and higher mortality. Identification of patients at high risk of PSD and providing early interventions is important to alleviate negative outcomes. Alexithymia is a construct characterized by the inability to identify and describe emotions, and is also considered as a deficit in emotional processing. Alexithymia has a close relationship to depression. Our study aimed to determine whether alexithymia is a risk factor for the development of PSD.

Methods Patients with ischemic stroke admitted to a general teaching hospital were enrolled in this six-month study. Demo-

graphic data were collected, and the patients were evaluated with the Toronto Alexithymia Scale-20 (TAS-20), NIHSS, BAI and MMSE at baseline, and then followed up each month for detection of PSD using the Center for Epidemiologic Studies of Depression (CES-D) scale.

Results In all, 285 patients with ischemic stroke were enrolled, and 93.3% completed the 6-month study. The overall incidence of PSD within six months was 16.5%. In multivariate regression analyses, the incidence of PSD was significantly associated with higher BAI, higher NIHSS and higher TAS-20 scores.

Conclusions Higher levels of alexithymia, anxiety and stroke severity were identified as risk factors for PSD. This is the first study to address the significant relationship between alexithymia and PSD. Clinical professionals should pay more attention to stroke patients with alexithymic features and other risk factors, so as to be able to intervene and possibly prevent the occurrence of PSD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV443

The resource utilisation associated with medically unexplained physical symptoms



F. Sundram^{1,*}, K. Lee², M. Johnson¹

¹ University of Auckland, Psychological Medicine, Auckland, New Zealand

² University of Otago, Medicine, Dunedin, New Zealand

* Corresponding author.

Introduction Patients with medically unexplained physical symptoms (MUPS) may present frequently to hospital settings and receive potentially unnecessary investigations and treatments.

Objective A sample of 49 patients was drawn and their hand-written and electronic clinical records were examined in detail to extricate all MUPS-related secondary care activity within six months of the MUPS presentation (emergency department, inpatient stays, outpatient appointments, and all associated investigations, procedures and medications).

Aims We aimed to assess the frequency and type of MUPS presentations to clinical services and estimate the associated direct healthcare costs.

Method This study was undertaken at Waitemata District Health Board (WDHB), the largest DHB in New Zealand. All patients with a diagnosed presentation of MUPS in 2013 were identified using the WDHB clinical coding system. Their clinical records were screened to select all patients who matched the study inclusion and exclusion criteria. Standardised national costing methodology was used to calculate the associated healthcare costs.

Results Forty-five percent of patients presented to hospital settings at least twice over the one-year timeframe. The most common diagnoses were non-epileptic seizures (31%) and hyperventilation syndrome (30%). The total cost for the sample was NZ\$179, 271 (mean NZ\$3659). Costs were most significant in the areas of inpatient admissions and emergency care.

Conclusion MUPS can result in frequent presentations to hospital settings. The costs incurred are substantial and comparable to the costs of chronic medical conditions with identifiable pathology. Improving the recognition and management of MUPS has the potential to offer more appropriate and cost-effective healthcare nationally and internationally.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV444

Evaluation of the stability of the clinical and epidemiological psychiatric characteristics in the consultation liaison unit of a general hospital



E. Tercelan Alvarez^{1,*}, A. Cabrera Lozano², R. Angora Cañeco³, C.L. Gomez Gonzalez¹, C. Gomis Martinez¹, L. Gonzalez Hernandez¹, V. Rodriguez Garcia¹, C. Ortigosa¹, M. Anibarro Tienda¹

¹ Hospital San Juan, Psychiatry, Alicante, Spain

² Hospital 12 de Octubre, psychiatry, Madrid, Spain

³ Hospital 12 de Octubre, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction Interconsultations services are a fundamental part of the psychiatry departments as they constitute the junction point with other medical and surgical specialties.

Objectives Descriptive study of the psychiatric assessments and interventions in the consultation liaison unit of a general hospital over a period of one year (2014).

Aims Establish whether there is some degree of stability in the type of requested psychiatric assessment.

Methods Creation of a database from the information of the medical record of the units of psychiatrics' interconsultation with the subsequent statistical processing.

Results Regarding the results obtained during the year 2014 and compared it with the ones of 2013, it shows that despite the number of inquiries has increased almost twice (397 to 764) it has remained relatively stable the hierarchy order of requests but with a slight increase of adaptive depressive disorders (Fig. 1).

Conclusions Given our results, despite the limitations of this type of study (cross-sectional study), we consider that there is some stability in the type of psychiatric assessment requested. We believe it is essential to make this type of assessment as they allow the development of strategies in order to improve the psychiatric care.

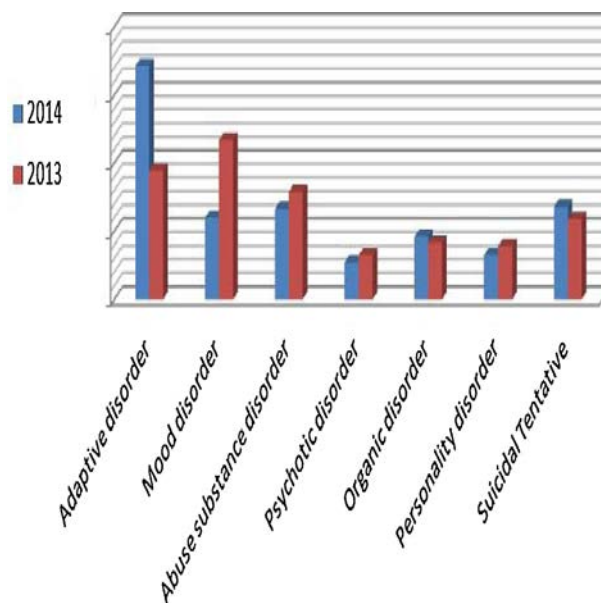


Fig. 1

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Ev445

A cognitive behavioral model for panic attack treatment in comorbid heart diseases (PATCHD): A pilot study from the real-world



P. Tully

University of Adelaide, Medicine, Adelaide, Australia

Background Treating panic disorder comorbid with heart disease is challenging due to:

- diagnostic overlap;
- the risk associated with ignoring chest pain and delaying seeking medical attention;
- that cognitive-behavioral therapy based on “catastrophic misinterpretation of bodily symptoms” requires adaption to incorporate the element of risk;
- that some interoceptive symptom inductions may be harmful.

Objective To describe a cognitive-behavioral therapy model of panic attack treatment in comorbid heart diseases (PATCHD).

Methods We developed a modified CBT model that is based on enhancing coping skills, performing safe interoceptive exposures, supervised exercise, and countering avoidance. Eighteen persons referred to PATCHD had a dominant clinical picture of panic attack/panic disorder after their heart failure (HF) diagnosis. We quantified the total number of admissions and the length of hospital stay (LOS) for CVD (ICD Codes I00–99) and psychiatric causes (F00–99). Hospital data was collated blinded to original diagnosis.

Results Using paired t-tests bootstrapped 1000 times we found evidence that there was a significant reduction in CVD admissions and hospital LOS in the 6 months after participation in PATCHD. There was however no significant change in psychiatric admissions or psychiatric LOS. Pre- and post-treatment data from 14 HF participants suggested a reduction in GAD-7 anxiety symptoms, total PHQ-9 depression, cognitive-affective depression symptoms, but not somatic depression symptoms.

Conclusions Pilot data suggested that PATCHD was associated with a reduction in cardiovascular hospital admission and LOS, general anxiety and depression, however the findings were based on non-randomized and paired-sample data.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Ev446

psychological experiences reported in regarding hepatitis C and use of interferon: A clinical-qualitative study in a Brazilian university outpatient service considering its possible side effects



I.D. Fahl, F.D. Costa, R.S.B. Stucchi, E.R. Turato*

University of Campinas, Laboratory of Clinical-Qualitative Research, Campinas SP, Brazil

* Corresponding author.

Relevant emotional and behavioural reactions are associated with diagnosis and treatment of hepatitis C that can impair adherence to medical management. Hepatitis C accounts for significant number of both – liver transplants and deaths. Treatment has as major component the interferon alpha, and many of patients can experience side effects that often lead to non-adherence to drug treatment and dose modification.

Objective To discuss psychological meanings attributed to IFN alpha treatment's side effects and its symbolic relation with adherence or not to treatment, on viewpoint of interviewed outpatients at a Hepatitis Service.

Method Data collection was conducted using the Clinical-Qualitative Method, utilizing semi-directed interviews with open-ended questions in depth, fully transcribed. Qualitative Content Analysis employed for processing data, emerging meaning cores, with categorization into discussion topics. Sample closed by information saturation.

Results Nine interviews. The analysis revealed:

- coping attitude - handling the disease to have willpower; a moral feeling regarding the need to overcome the disease and treatment side effects to demonstrate “strength”, as well as to deny psychologically the occurrence of side effects;
- disruptive attitude: reports of anxiety regarding to patients presenting neuropsychiatric symptoms by medication;
- realistic attitude: speeches show perception of natural evolution and treatment real function.

Conclusion Guilt feelings emerged regarding to difficulties of being loyal to treatment, a strongly valorative speech on being ill what must lead to “overcome the evils of life”. Health teams must understand these meanings to talk openly about human feelings on illness and treatment, promoting an adequate adherence.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Ev447

Stress factors and mental disorders in systemic sclerosis

D. Veltishchev^{1,*}, O.B. Kovalevskaya¹, O.F. Seravina¹, M.N. Starovoitova², T.A. Lisitsyna²¹ Moscow Research Institute of Psychiatry, Stress Related Disorders, Moscow, Russia² Nasonova Research Institute of Rheumatology, Systemic Rheumatic Diseases, Moscow, Russia

* Corresponding author.

Introduction Systemic sclerosis (SSc) is a chronic, multisystem disease of unknown etiology characterized by autoimmune inflammation, abnormalities in small blood vessels, and progressive fibrosis of the skin and visceral organs. Mental disorders (MD), especially depression, occur quite often with SSc. The influence of childhood experience, relations' traumatic events with SSc and MD, and MD's clinical specific have not investigated carefully still. The investigation has been realized in accordance with the interdisciplinary program “stress factors and mental disorders in auto-immune inflammatory rheumatic diseases”.

Methods Sixty SSc patients (4 male and 56 female mean age 49.9 ± 13.5) were included. ICD-10 criteria were used for MD semi-structured interview. The stress factors were analyzed with the specially elaborated scale. The cognitive disorders and their severity were diagnosed by neuropsychology tests.

Results Early traumatic childhood experiences (parental deprivation mainly) observed in 90% cases. The significant stress factors were preceded SSc symptoms in 80% and MD in 70% cases. Most patients self-reported connection between stressful life events and exacerbation of SSc. MD preceded SSc in 76.6% cases. MD were diagnosed in 48 (80%) SSc patients: depressive episode (mild, moderate) – 26.6%, recurrent depressive disorder – 16.6%, dysthymia – 23.3%, adjustment disorder – 6.6% and schizotypal disorder – 40%. The mild or moderate cognitive impairments were diagnosed in all MD cases.

Conclusion Individual history of stressful life events is important factor for the predisposition and provocation of the rheumatic disease and MD in SSc patients. Depressive, schizotypal and cognitive disorders are the common MD in SSc patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Cultural Psychiatry

EV448

Mental health of traumatized refugees and asylum seekers: Experiences of a centre of transcultural psychiatry in Hannover, Germany



U. Altunoz*, S. Castro Nunez, I.T. Graef Calliess
Klinikum Wahrendorff Psychiatry Hospital, Transcultural Psychiatry,
Hannover, Germany

* Corresponding author.

Introduction Germany has always been an important host country for traumatized refugees and asylum seekers. Although, recently an increasing number of investigations about mental health of individual migrant groups have been published in Germany, there is a paucity of research concerning mental health of asylum seekers and refugees.

Aims-objectives To investigate socio-demographic and clinical characteristics of traumatized refugees-asylum seekers who were applied to an outpatient psychiatry clinic in Germany.

Method A standardized data collection form (socio-demographics, diagnosis, suicidality, etc.) was filled by therapists for each traumatized refugee-asylum seeker who was applied to outpatient clinic of Klinikum Wahrendorff-Centre of Transcultural Psychiatry between April 2013 and October 2015.

Results Fifty-eight traumatized refugees-asylum seekers (F/M=27/31, age: 34.7 ± 1.4) were assessed. 53 (91.4%) of them were assessed via interpreters. Thirty (51.7%) of them were staying in refugee-dormitories, 25 (43.1%) of them were living alone. They've been living in Germany for 19.9 ± 16 months (min: 1–max: 82). Psychiatric symptoms appeared before 29.9 ± 19 months. Time to reach to psychiatric care in Germany was 14.2 ± 11 months. Psychiatric diagnoses were posttraumatic stress disorder (PTSD): 12 (21%), depression + PTSD: 44 (76%), depression: 2 (3%). Fifty-three (91.4%) of them had suicidal ideation and 16 (27.6%) of them had at least one suicide attempt before.

Conclusions Traumatized refugees in this study have high rates of suicidal ideation and suicide attempts and it takes months to years for them to reach a psychiatric care. Therefore, strategies should be developed for early detection of PTSD symptoms in traumatized refugees and access barriers to reach a psychiatric care should be overcome.

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EV449

Cultural explanations of sleep paralysis: The spiritual phenomena



I. Carvalho^{1,*}, L. Maia², A. Coutinho³, D. Silva⁴, G. Guimarães⁵

¹ Centro Hospitalar V.N. Gaia/Espinho, Psychiatry and Mental Health, V.N. de Gaia, Portugal

² Centro Hospitalar V.N. Gaia/Espinho, Psychiatry and Mental Health, Vila Nova de Gaia, Portugal

³ Centro Hospitalar V.N. Gaia/Espinho, Psychiatry and Mental Health, V.N. Gaia, Portugal

⁴ Centro Hospitalar de Vila Nova de Gaia/Espinho, Psychiatry and Mental Health, V.N. de Gaia, Portugal

⁵ Centro Hospitalar V.N. Gaia/Espinho, Department of Psychiatry and Mental Health, V.N. Gaia, Portugal

* Corresponding author.

Introduction Sleep paralysis (SP) is relatively frequent condition, occurring either at sleep onset or sleep offset. It occurs at least once

in a lifetime in 40–50% of normal subjects. During SP, the patient experiences gross motor paralysis, while the sensory system is clear. Hypnagogic and hypnopompic hallucinations are common. This experience might be interpreted as a spiritual phenomenon in several cultures, each one with different interpretations and attributions.

Objective The authors revisit the clinical presentation of sleep paralysis and how this sleep disorder is seen from a cultural perspective.

Aims To describe several cultural interpretations of SP.

Methods A literature review of the theme is shortly surveyed.

Results It is very common during an episode of SP sensing the presence of menacing intruders in one's bedroom. Supernatural accounts of this hallucinated intruder are common across cultures. It has been traditionally labeled “ghost oppression” among the Chinese. In the Abruzzo region (Italy), the supernatural interpretation of the phenomena is called the Pandafecche attack. One study found that nearly half (48%) of the participants from the general Egyptian population believed their SP to be caused by the Jinn, a spirit-like creature. In Southwest Nigeria, Ogun Oru is a traditional explanation for nocturnal neuropsychiatric disturbances. The characteristics of the ‘a dead body climbed on top of me’ phenomenon suggest that is identical to sleep paralysis and a frequent experience among Mexican adolescents.

Conclusions Depending on the etiological interpretations of SP, which is largely culturally determined, patients react to the event in specific ways.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV450

Does depression conciliate in marital adjustment?



A. Channa

Liaquat National Hospital, Psychiatry, Karachi, Pakistan

Marriage is one of the principal facets when it comes to interpersonal context of depression. There is evidence supporting bidirectional casual effect between depression and marital satisfaction. However the phenomenon of marital adjustment and its related variable has not been given much attention in the Pakistan.

Objective To determine the frequency of marital adjustment in patients with depression.

Method Depressed patients, who were aged between 15–65 were included. Patients who had documented co morbid of substance use or any unstable serious general medical condition were excluded. The severity of depression was evaluated by using Urdu validated Hamilton Depression Rating Scale. Marital adjustment is determined by using Urdu validated version of Kansas Marital Satisfaction Scale.

Result Only 8.6% were well adjusted in their marital life, and all were females. The association of marital adjustment and severity of depression and difference in both genders on KANSAS was insignificant. The longer duration of illness was positively interrelated to the marital adjustment with odd ratio of 7.6. Being employed and above 30 years of age were inversely related to marital satisfaction with odd ratio of 6.1 and 5.4 respectively. However, the correlation between other independent variables and marital adjustment were insignificant in both genders.

Conclusion This study confirms the presence of high frequency i.e. 91.4% of marital dissatisfaction in depression in both male and females, irrespective of their severity of depression.

Disclosure of interest The author has not supplied their declaration of competing interest.

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EV451

The impact of traditional healers on the treatment of psychotic patients in Alexandria, Egypt

S. Darwish

Mamoura Mental State Hospital, Adult Psychiatry and Addiction, Alexandria, Egypt

Introduction Psychotic symptoms in the Egyptian community have always been mixed up with supernatural phenomena. This makes patients and their families seek help from traditional healers who can abuse them physically, financially and sexually.

Aim The aim of the study was to assess the impact of the traditional healers on the psychotic patients in the Egyptian community.

Objectives To measure the percentage of patients going to traditional healers and how much they pay and for how long.

Methods The study was conducted on a total of 555 psychotic patients. Four hundred and fifty-five psychotic patients from the Mamoura Mental state Hospital and 100 psychotic patients from a private hospital in Alexandria in duration of three months in 2006. A special questionnaire was designed and was run for all patients and their families.

Results A total of 67.4% of male patients consulted healers while 88.4% of the females consulted healers. Only 9.4% of the females who went to the healers were highly educated compared to 19.7% of the male patients. The majority of the patients who improved were illiterate or can only read and write. Lower socioeconomic groups tend to have a higher percentage in consulting healers and a longer duration of staying in treatment with them. Although therapy at the first session tended to be for free, from the second session forward patients pay more than they would pay seeing a psychiatrist.

Conclusions Traditional healers have a negative impact on the psychiatry practice and are sources of patient's abuse in Egypt.

Disclosure of interest The author has not supplied their declaration of competing interest.

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EV452

Stress management versus cognitive restructuring: A randomized clinical study on traumatized refugeesM. Ekstrøm^{1,*}, J. Carlsson¹, C. Sonne¹, E.L. Mortensen²¹ *Mental Health Centre Ballerup, Competence Centre for Transcultural Psychiatry, Ballerup, Denmark*² *University of Copenhagen, Department of Public Health, Copenhagen, Denmark** *Corresponding author.*

Background and aim There is a lack of evidence regarding which kind of psychotherapy that is the most effective when treating traumatized refugees. Studies on the effect of psychotherapy among other patient groups with PTSD suggest a good effect using cognitive behavioural therapy (CBT). The competence center for transcultural psychiatry (CTP) has specialized in the treatment of traumatized refugees. The objectives were to study the effect of CBT with a focus on either stress management or cognitive restructuring in a clinical sample of traumatized refugees with PTSD and to identify predictors for the treatment effect.

Methods All patients ($n=143$) referred to CTP from June 2011–March 2012 and fulfilling the inclusion criteria were offered to participate in the study. Participants were offered combined treatment with a psychiatrist (psycho-education and psychopharmacological treatment when needed) and a psychologist (CBT). The duration of the treatment was 6–7 months. The participants were randomized to either CBT with a focus on stress management or cbt with focus on cognitive restructuring. The primary outcome was PTSD measured by the Harvard Trauma Questionnaire.

Results The results are presently being analyzed and will be presented at the congress.

Conclusions Both research results and the clinical experience at CTP suggest, that cognitive restructuring is not always a useful tool and that stress reducing techniques could be more useful. This hypothesis was tested in the present study.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV453

The treatment of traumatised refugees with sertraline versus venlafaxine in combination with psychotherapy – a randomised clinical studyM. Ekstrøm^{1,*}, C. Sonne¹, J. Carlsson¹, P. Bech², A. Elklit³¹ *Mental Health Centre Ballerup, Competence Centre for Transcultural Psychiatry, Ballerup, Denmark*² *University of Copenhagen, Psychiatric Center North Zealand, Hillerod, Denmark*³ *University of Southern Denmark, National Center of Psychotraumatology, Odense, Denmark** *Corresponding author.*

Background and aim Today we lack sufficient evidence to conclude which type of treatment approach that is most efficient when it comes to trauma-affected refugees. That is a problem for both patients and doctors as well as for society. Also there is a lack of studies, which examine the relation between psychosocial resources and treatment efficiency, in order to find reliable predictors of treatment outcome. This study therefore aims to produce new evidence within this field in order to optimise treatment for trauma-affected refugees with complex PTSD.

Methods The study included 207 patients referred to Competence Centre for Transcultural Psychiatry between April 2012 and September 2013. Patients were randomised into one of the two treatment groups: a sertraline group ($n=109$) or a venlafaxine group ($n=98$). Patients in both groups received the same manual based cognitive behavioural therapy, specially adapted to this group of patients. The trial endpoints were PTSD-and depression symptoms and social functioning, all measured on validated ratings scales. Furthermore the study examined the relation between expected outcome of treatment from a range of predictors and the relation to the treatment results for the individual patient.

Results Data are presently being analysed and results will be ready for the conference.

Conclusion The study is among the largest randomised studies ever conducted on pharmacological treatment among traumatised refugees. It is expected to bring forward new knowledge about clinical evaluation and medical treatment of traumatised refugees.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV454

Stigma towards psychiatric disorders in a sample of depressed females in two different communitiesM. Elsheikh^{1,*}, H. Haltenhof², M.H. Bahary³¹ *Rhein-Jura-Klinik, Psychiatry and Psychotherapy, Bad Säckingen, Germany*² *HBK-Zwickau-Teaching Hospital- Leipzig University, Psychiatry and Psychotherapy, Zwickau, Germany*

³ Alhussien University Hospital-Azhar University, Psychiatry, Cairo, Egypt

* Corresponding author.

Introduction Stigma and discrimination experienced by persons suffering from mental illness, unlike other medical conditions, recognized as a barrier in countries rich and poor, and in countries with well-developed mental health services and those with limited services. It was hypothesized that depression may affect patients' attitude towards mental illness "public stigma" as well as self-stigmatization and that there will be a difference between Egyptians and Germans.

Aims This study sets out to identify and compare public- and self-stigma among depressed women in two different communities.

Objectives To test findings from transcultural comparative study of two patient groups of depressed women from two different communities. Participants were 50 adult females diagnosed with depression from Egypt and Germany.

Method Participants completed after clinical interviewing and diagnosis with depression two questionnaires: the inventory of attitude towards mental illness (Shokeer, 2002) and the explanatory model interview catalogue EMIC (Weis et al., 2001).

Results Analysis indicates that positive attitudes towards mental illness were more for the German respondents than for the Egyptians. There were significant differences between the two groups in the causal attributions of mental illness. Psychotherapy was widely accepted in the two groups as a helpful method for treatment of mental illness.

Conclusion It was concluded that the traditional beliefs affect the understanding of illness causality and that the subjective experience of depression may affect attitude towards mental illness and mentally ill people. The effect of the social desirability is discussed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV455

The old concept of psychogenic psychosis revisited from a transcultural approach: A case series

J. Gómez-Arnau*, R. Puente-García, S. García-Jorge, M. Benítez-Alonso, H. Dolengevich-Segal, J. Correas-Lauffer
Hospital Universitario del Henares, Psychiatry, Coslada Madrid, Spain

* Corresponding author.

Introduction The concept of psychogenic psychosis was introduced by Wimmer in 1916 and subsequently extended by Strömberg in the mid twentieth century. It typically describes a polymorphic psychotic episode of abrupt onset and which follows a trauma or stressful life situation. The duration of the episode is usually brief and remission occurs ad integrum. In recent decades, the notion has fallen into disuse in clinical psychiatry and international classifications. This could be due to a general improvement in living conditions, with less exposure to traumatic situations.

Objective We intend to study the characteristics of psychogenic psychosis in immigrants. We believe that the condition could be observed better in this population, given their greater vulnerability to trauma. For this purpose, we chose a sample of Romanian patients, who nevertheless have considerable cultural affinity with the Spanish population.

Methods We collected the clinical and biographical data of four cases of psychogenic psychosis admitted to our clinic between 2012 and 2015.

Results Four Romanian women aged 25 to 42 were diagnosed with psychogenic psychosis in this period. Mean length of hospitalization was 5, 0 days. All patients reported familiar or occupational stress prior to the onset of symptoms. Psychotic symptoms remitted quickly with low doses of medication, despite being initially intense.



Conclusions Reported cases fit remarkably well with the original description of Wimmer. The concept of psychogenic psychosis, along with similar brief psychotic entities, could be useful in describing the psychopathology derived from new social models and crises.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV456

Perceptual symptoms in the latino psychiatric patients attending inner city outpatient clinic

L. Gonzalez*, A. Khadivi, W. Gu, P. Korenis
Bronx Lebanon Hospital Center, Psychiatry, Bronx, USA

* Corresponding author.

Introduction Psychotic symptoms occur in a variety of psychiatric disorders and medical conditions. In addition, a significant proportion of the general population reports history of psychotic symptoms in the apparent absence of a psychiatric disorder. Reviewed literature suggests that Latino patients report certain forms of visual and auditory hallucinations without other indications of psychotic illness. In addition, it is common that some individuals with diverse religious or cultural backgrounds may present with psychotic transient experiences, which can be culturally normative.

Objective To determine the prevalence of hallucinations and describe the nature of hallucinatory experiences in relation to cultural belief in Latino and non-Latino psychiatric outpatients.

Methods We conducted a retrospective case control study of 146 patients who were admitted to the outpatient psychiatric clinic for a period of ten months. We assessed clinical characteristics of these patients and reviewed the extended mental status examination, which contained questions about various form of hallucinations and spiritual experiences. This poster will explore the prevalence of hallucinations in the Latino population and determine the percentage of patients with a diagnosis of psychotic illness. A discussion of the phenomenological hallucinatory experiences and its relationship to cultural beliefs in the Latino psychiatric patients will also be presented.

Conclusions Psychotic symptoms present differently across cultures. The Latino population is most likely to have psychotic like symptoms related to their cultural beliefs. Clinicians must understand the diverse cultural experiences and beliefs of the patients they work with to prevent misdiagnosis of culturally normative experiences.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV457

Community psychiatry in Mozambique – a transcultural journey

A. Guerra*, M. Croca
Hospital de Santa Maria–Centro Hospitalar Lisboa Norte, Psychiatry and Mental Health Department, Lisbon, Portugal

* Corresponding author.

Historically the psychiatric clinical practice in Mozambique evolved from an eminently reclusive care setting (colonial period) to a phase where the patients were rapidly deinstitutionalized into their communities (post-independence years). In 1990, in order to restructure the mental health care network, the National Mental Health Plan was approved. Its main goal was to promote a semi-open treatment setting, activating the community role in the



rehabilitation and social reintegration of the psychiatric patient. To cope with the scarcity of human resources, a three-year technical degree was created, training medical technicians in psychiatry. Presently, there are two specialized psychiatric hospitals, one in Maputo and another in Nampula. Through the description of our 3-month community psychiatry internship in Mozambique, we intend to depict the country's mental health care reality. Our internship took place in São João de Deus Mental Health Centre, the psychiatric hospital located in Nampula, which is responsible for the country's northern region. Besides offering in-patient and ambulatory treatment, it also aims to intervene at a community level. We will address the hospital's community intervention project, the developed activities, the most commonly observed pathologies, the cross-cultural relevant aspects, as well as the challenges we had to face in a harsh environment. As one would expect, the social and medical realities we encountered were quite different from the ones we are used to, forcing us to adapt constantly in order to surpass challenges of a multiple nature. Nonetheless, these were also the circumstances that turned this experience into something unique, extremely enriching and certainly unrepeatably.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV458

Phenomenology and cultural aspects of panic attacks and panic disorder among patients attending a psychiatric clinic in Northern India: An exploratory study

A. Gupta^{1,*}, P. Sharan¹, R. Sagar¹, S. Kant²

¹ All India Institute of Medical Sciences, Department of Psychiatry, New Delhi, India

² All India Institute of Medical Sciences, Centre for Community Medicine, New Delhi, India

* Corresponding author.

Introduction The clinical presentation of panic attacks and panic disorder in any culture is influenced by its concepts of physiology and ensuing catastrophic beliefs. Western diagnostic paradigms may be inconsistent with the concept of illness in the eastern world. However, the role of culture in defining expression of panic symptoms in native Asian populations is rarely studied.

Objective The study was aimed at exploring the phenomenology of panic attacks and panic disorder in Northern India to understand the culturally relevant qualitative characteristics and contextual features.

Methodology Six focus group discussions and five key informant interviews involving various stakeholders were conducted to elicit local concepts and descriptions of the phenomena. Patients' focus groups consisted of 30 participants (age range 23–45 years) presenting with 'panic attack-like episodes'. They were recruited through purposive sampling from the rural and urban psychiatric clinics of a tertiary care institution. Healthcare professionals' views were explored through focus groups comprising of 12 psychiatrists and 5 key interviews with other medical specialists. The sessions were tape-recorded and transcripts analyzed qualitatively using grounded theory technique.

Results Four major themes emerged from the analysis:

- differential panic symptom endorsement and culture-specific symptoms;
- idioms of distress with underlying unique ethnophysiological concepts;
- possible existence of cultural variants of panic attacks not confirming to ICD-10 or DSM-5 classical descriptions;
- causal attribution of illness and help seeking.

Conclusion This is the first ethnographic study on panic disorder from India. It provides preliminary insights into the issues of diagnostic universality and cultural specificity, which require further systematic investigation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV459

EV459 Aboriginal and Torres Strait Islander. Not just a matter of cultural diversity

M. Hernandez Garcia^{1,*}, L. Rodriguez¹, T. Ballesta¹, G. Bellido², C. Medrano³, I. Sevillano¹, S. Cepedello¹, S. Sanchez¹, R. Hernandez¹, C. Noval¹, H. De La Red¹, A. Alonso¹, A. Alvarez¹, L. Gallardo¹

¹ Hospital Clínico Universitario de Valladolid, Psiquiatría, Valladolid, Spain

² Hospital Universitario Virgen del Rocío, Salud Mental, Sevilla, Spain

³ Hospital Universitario Reina Sofía, SaludMental, Córdoba, Spain

* Corresponding author.

Aboriginal and Torres Strait Islander culture is the oldest living culture in the world, dating over 60,000 years. An understanding of the complexity and richness of Aboriginal and Torres Strait Islander cultures, including the relationship between land and health, is still yet to be fully realised and as a result this people suffer ongoing social and health inequalities. These inequalities contribute to higher rates of ill health and a 17-year life expectancy gap between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander Australians. Aboriginal and Torres Strait Islander Australians report higher levels of psychological distress compared with other Australians, with 77 percent reporting experiencing at least one major stressor in the past 12 months, the most common stressor being the death of a family member or close friend (42%). Particularly in rural and remote Australia, have higher rates of depression, substance abuse, co-morbidity and post-traumatic stress disorder. However, Aboriginal and Torres Strait Islander Australians do not access community and outpatient mental health services at a level that is commensurate with their need. In contrast, hospitalisation rates for mental health-related causes involving specialised psychiatric care are almost twice the rate, and for mental health-related causes without specialised psychiatric care are around three times higher, compared with non-Aboriginal and Torres Strait Islander Australians and death rates from 'mental and behavioural disorders' are much higher for Aboriginal and Torres Strait Islander Australians than for non-Aboriginal and Torres Strait Islander people.

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EV460

Cultural factors, depression, and somatic symptoms among Chinese Americans and European Americans

Z. Kalibatseva^{1,*}, F. Leong²

¹ Stockton University, Psychology, Galloway, USA

² Michigan State University, Psychology, East Lansing, USA

* Corresponding author.

Introduction Previous research suggests that people of Chinese descent may somatize psychological distress and depression. Cultural variations in depression among Chinese may be associated with differences in culturally relevant factors, such as self-construal, loss of face, emotion regulation, and acculturation.



Objective The study examined how cultural factors associate with the report of depressive and somatic symptoms among Chinese American and European American college students.

Methods Data were collected from 205 Chinese American and 316 European American college students using online questionnaires.

Results Independent *t*-tests revealed no ethnic differences in depression scores between Chinese and European Americans. However, European Americans surprisingly reported more somatic symptoms than Chinese Americans. Post-hoc analyses revealed that this difference was largely due to the high report of somatic symptoms among European American females. When somatic symptoms and gender were controlled for, an ethnic difference in depression emerged with Chinese Americans reporting higher scores than European Americans. As hypothesized, this ethnic difference was not longer significant when the culturally relevant psychological variables were included in the regression.

Conclusions This study did not find evidence for somatization among Chinese Americans and suggested that depression differences could be explained by examining culturally salient constructs. Clinical implications include the reduction of health disparities in accessing and receiving quality depression treatment and provision of culturally sensitive treatments for depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV461

Perceptions of health professionals treating psychosis in South Asians to develop the culturally adapted relatives education and coping toolkit (CA-REACT)



A. Karbhari^{1,*}, R. Lutaaya², A. Syed³, A. Bikha⁴, S. Patel³, D. Edge², F. Lobban², N. Husain⁵, A. Karbhari⁶

¹ Blackburn, United Kingdom

² University of Manchester, Institute of Brain Behaviour and Mental Health, Manchester, United Kingdom

³ Lancashire Care NHS Foundation trust, Research and Development, Preston, United Kingdom

⁴ Harvey House Social Enterprise, Research, Bury, United Kingdom

⁵ University of Manchester, Institute of Brain Behaviour and mental health, Manchester, United Kingdom

⁶ LCFT, Research and Innovation, Preston, United Kingdom

* Corresponding author.

Background Reports indicate the incidence and prevalence of psychotic disorders, suicide, and self-harm are on the rise among South Asians. NICE guidelines for schizophrenia recommend that each service user should be offered cognitive behavior therapy and family intervention. Despite knowledge about the high incidence and prevalence of psychosis among British South Asian in the UK, no psychological intervention to our knowledge has been developed for this population segment.

Objective To conduct individual interviews with the health professionals to do explore views on the CA-REACT.

Aim To identify barriers that health care professionals encounter in their bid to provide care to South Asian families who are caring for individuals suffering from psychosis.

Method In-depth interviews were conducted with 10 experienced health professionals. Interview transcripts were then analysed using thematic analysis.

Results The results of the study suggest that health professionals generally acknowledge that there is a deficit in appropriate services for supporting and engaging carers of South Asian patients

suffering from psychosis. They recognise the need to adapt services in order to offer more effective and culturally-sensitive services. Results indicated that adaptation of the current family interventions is likely to meet the needs of families of South Asian service users.

Conclusion The results indicate a need for culturally sensitive family intervention (FI) services as well as more education on psychosis for British South Asian families. There is a need for training professionals in working across cultures, as well as addressing language barriers and social stigmas.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV462

Challenges to employment among latino population with severe mental illness



M. O'Connell¹, M. Costa¹, A. Gonzalez¹, G. Damio², K. Ruiz², L. León-Quismondo^{3,*}, L. Davidson¹

¹ Yale Program for Recovery and Community Health, Yale School of Medicine, New Haven-Connecticut, USA

² Hispanic Health Council, Department of Psychiatry, Hartford-Connecticut, USA

³ "Principe de Asturias" University Hospital, Department of Psychiatry, Alcalá de Henares-Madrid, Spain

* Corresponding author.

Introduction Unemployment is common in persons with severe mental illness (SMI) and more in Latino population. Department of Mental Health and Addiction Services (DMHAS) of Connecticut offers a supported employment (SE) Program to help clients get competitive work in integrated settings with nondisabled workers in the community.

Objective Capture perspectives of key informant groups to describe barriers for linking Latinos with SMI to employment and adapt SE Services for subpopulations.

Method Four focus groups were conducted (employment specialists, case managers and peer support counselors/employers/two with clients-one in Spanish and other in English). They were conducted during January-February 2015, 70-90 minutes each one. A question guide was developed for each group. Participants per focus group ranged from 3-10, voluntarily. Two new questionnaires to the baseline pack were developed: challenges to Employment Assessment-provider and client version.

Results Thirty individuals participated. Several barriers to employment were reported. Clients and staff reported criminal record, lack of employment history and lack of motivation. Staff described client hygiene, mental status, physical health, substance abuse and discrimination. Clients, staff and employers reported language barrier for Latinos who don't speak English. Non-adherence to medication was reported by clients and employers. About Spanish-Speaking Latinos with mental illness, medication, discrimination, previous abuse by employers, inappropriate employment, difficulties of the job interview and computer skills appeared as challenges. English-Speaking Latinos with mental illness identified transport, stability, support, keeping apartment and financial needs.

Conclusions Focus groups can help in knowledge about the diversity of Latino communities to improve SE Services and outcomes for Latinos.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV463

Religion, spirituality, culture, and mental health: Is it a 'taboo' or 'to be' in modern-age psychiatry



M.F. Moosa*, T. Sandhu

Birmingham Children's Hospital, Forward Thinking Birmingham, Birmingham, United Kingdom

* Corresponding author.

Introduction Religion, Spirituality and Culture are considered to play a significant and influential part in people's lives, and are deemed to be both risk and protective factors in the context of mental health. Given the diversity that exists within communities, worldwide, exploring and unpicking these issues will help Psychiatrists, with equally diverse backgrounds, share and learn from each other, the focus being on improving the outcomes for patients and carers in need of help and support.

Aim/s To raise awareness and understanding of the concepts of religion, spirituality, culture, custom and practice, and their influence in the context of mental health in multi-ethnic and multi-cultural communities, so as to better inform mental health practitioners.

Objective To define the terms religion, spirituality and culture. To critically appraise the influence of religion, spirituality and culture on mental health. To incorporate faith-based beliefs and practices, spirituality, culture and customs into the therapeutic environment and relationship, ensuring positive outcomes for all concerned—patient and therapist. To develop ourselves as reflective practitioners.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV464

The challenges of post conflict reintegration in Africa



S. Okpaku

Nashville, USA

Introduction In the past 50 years, the continent of Africa has witnessed major conflicts ranging from civil wars and liberation wars to chaos from failed States. Increasingly in these political upheavals, kidnapping and abductions of women and young persons have become more prominent.

Aims/objectives/methods In this paper the consequences of political upheavals will be discussed. For the community there are economic, political and social disruptions. For the individuals there are family disruptions and improvements. For the abducted and kidnapped individuals there are physical, psychological and cognitive impairments, as well as consequences of sexual injuries.

Findings There is controversy as to prevention, reduction, and management of young victims of war and conflicts. Some workers have suggested that:

- the imposition of peace agreements by foreign powers may not be strictly relevant to the parties engaged in the conflicts;
- culturally appropriate rituals have efficiency in the readjustment of boy soldiers and abducted girls. Nevertheless the guidelines suggested in international disagreements provide a basis for there adjustment of young war conflict victims.

Conclusion –Traditional healing rituals have a place in the healing and reintegration in person's abduction in post conflict situations. – Community approaches are superior to individual approaches.

Disclosure of interest The author has not supplied their declaration of competing interest.

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EV465

Newer substances and their effects: A case report



I. Peñuelas Calvo^{1,*}, J. Sevilla Llewellyn-Jones², A. Sareen³, C. Cervesi⁴, A. González Moreno⁵

¹ Hospital Universitario Virgen de la Victoria, Psychiatry, Málaga, Spain

² Hospital Universitario Virgen de la Victoria, Psychologist, Malaga, Spain

³ The Zucker Hillside Hospital–North Shore–Long Island Jewish Health System, Psychiatry Research, New York, USA

⁴ Institute for Maternal and Child Health- IRCCS "Burlo Garofolo", Psychiatry, Trieste, Italy

⁵ Hospital Universitario Virgen de la Victoria, Psychiatry, Malaga, Spain

* Corresponding author.

Introduction Due to constant flow of people in and out of Europe several drugs are now days appearing in European markets that were previously unknown. There is a need to gain awareness and knowledge about these new substances and to recognize their use and learn about their effects and management.

Aims/objectives Ayahuasca commonly called yagé is a traditional spiritual medicine in ceremonies among the Indigenous peoples of Amazonian Peru. It is undetected in urine or blood and therefore it is important to understand and ask about its usage during clinical assessment.

Methods/results Thirty-six years old woman immigrant from South America came to us with auditory hallucinations. About three years ago she was introduced who introduced her to a community of Euto people that performed daily rituals of spiritual awareness involving the use of Ayahuasca. She became a part of it and started consuming Ayahuasca daily. She started becoming socially isolated accompanied by delusional and mystical religious ideations. She later began having persecutory delusions and auditory hallucinations that Archangels speak to her about how to create music. Patient was involuntary admitted in a mental health unit and started on risperidone. Gradually her condition improved and she stopped having auditory hallucinations. After being discharged from the hospital, patient was followed on an outpatient basis with injectable risperidone.

Conclusions Due to the blend of different cultures in Europe, it is necessary to have a better understanding about the cultures, rituals and the substances that are relatively new and are currently been used.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV466

EV466 Characterization of the refugee population in a psychiatry clinic in Lisbon



H. Prata-Ribeiro^{1,*}, A. Bento¹, A. Ponte¹, B. Costa Neves², L. Gil³

¹ Centro Hospitalar Psiquiátrico de Lisboa, General and Transcultural Clinic, Lisbon, Portugal

² Centro Hospitalar Psiquiátrico de Lisboa, Serviço de Tratamento e Estabilização de Agudos, Lisbon, Portugal

³ Centro Hospitalar Psiquiátrico de Lisboa, Serviço de Esquizofrenia, Lisbon, Portugal

* Corresponding author.

Abstract The refugee population has been a growing concern to the developed countries in general and to Europe in particular. The recent mass migrations are changing the population that is getting to the psychiatric hospitals, not only culturally but also pathologically. The aim of this study is to characterize the refugee population that contacts with the clinic of transcultural psychiatry

in Centro Hospitalar Psiquiátrico de Lisboa, understanding the most frequent pathologies and nationalities. The methods used consisted in analyzing the refugee population that attended a psychotherapeutic group and consultation in the Transcultural clinic of Centro Hospitalar Psiquiátrico de Lisboa during the past year. Analyzing the population, 66 refugees were in contact with the transcultural clinic, 44 of which were men, being the other 22 women, representing a total of 23 countries. The more frequent nationality was Iranian (20) and the most frequent diagnosis was “adjustment disorder and anxiety” (38). We can reach the conclusion that more refugee men contact with our psychiatric hospital than women, accounting for 66, 6% of the total; 30, 3% of the refugees were from Iran, followed by Pakistan with 10, 6%. The fact that the most frequent diagnosis is adjustment disorder and anxiety, accounting for 57, 6% of the sample, seems to point out the extreme stress refugees undergo.

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EV467

The sense of community in times of secularization and modernism

D. Rosa

Universidade de Coimbra, Master's Roads to Democracies, Coimbra, Portugal

Based on theoretical studies we approach the secularization process and the introduction of the Modern ideas effects over the community sense. The object's removal from the religious institutions' domain or its signification from the sacred and the exaltation of the rational and the urbanization unveil how both phenomena affect social relations regarding its interference over social symbols, meanings and, therefore, over the identity that underlies the community sense. What is shown are the deep social transformations that inflict over the still recent structures of urbanization, not enough assimilated or well understood in concerning of the forces that act over the relationships and daily life of whom integrates them. Religion is conceived as a human projection and, therefore, as a result of a necessary unconscious signification process that occurs through a mechanism of self-defense for inner conflict, with the intention of externalize it. Thereby, the Modern ideas can't provide a tolerable interpretation of reality to fulfill the emotional void resulted from secularization. In this context, the solidarity, responsible for the community identity, decline while happened the decrease of common representations. Nonetheless, the necessity of signification doesn't decrease. Thus, against modernist predictions, community's members tend to redirect its projections, qualifying new symbols. What is noticed is that no process can remove representation's meaning without offer a substitute or witness the redirection of it to other object. Nonetheless, it is possible to provide tools that will help community to detach of projections when the necessity of them be surpassed conceiving the reality.

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EV468

Dreaming the memories of our parents: Understanding neurobiology of transgenerational trauma and the capacities for its healing

I. Rozentsvit

Object Relations Institute for Psychotherapy and Psychoanalysis, Parent-Child Development Program, Fresh Meadows, USA



Selma Freiberg once said that “trauma demands repetition”. What if actual trauma did not happen in real life of one particular person, but he/she feels that it was real, as it is repeated every night – in every dream? Do children and grandchildren of survivors of holocaust and of the pogroms dream the memories of their parents and grandparents? Does their imagination “make them up” or do they have a transgenerational connection to the traumatic past of their parents and grandparents, even if they were protected from knowing and hearing the horrors of what actually happened to their loved ones sometime one or two generations apart? Are these people born with some specific biological markers (e.g., lower cortisol levels)? Can fear be passed along from parents to children by smell? All these questions can be answered positively (see work of Jacek Debiec, Dias and Ressler, and many others), and can be explained on the level of neurobiology and epigenetics (thanks to contributions of Moshe Szyf and Michael Meaney from McGill University, and others). This presentation will offer some neuro-psychoeducational reflections on the topic of transgenerational trauma, its epigenetic transmission and its neuro-psycho-biological constructs, as well as a very personal touch, a personal story of growing up in a very nurturing and cultured, but very small family, and not knowing of the circumstances of “why small?”

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EV469

Mental health treatment and media preferences for persons of Latino Heritage

T. Sorrell

University of Colorado-Denver, College of Nursing, Aurora, USA

Studies show the benefits of culturally sensitive methods of care and treatment for minorities needing mental health services. Determining culturally based methods of care to align with patient values and preferences has remained a focal point in mental health services provision; although few studies have focused on the mental health treatment preferences for persons of Latino heritage. Treatment preferences could reflect personal characteristics, acculturation perspectives about mental health issues and illness and treatment experience, along with media influences in English and Spanish. Achieving patient-centered care in mental health services begins with understanding patient values and preferences and adapting services to meet needs, as well as aligning services with values and preferences. Twenty-one participants were interviewed individually and their responses analyzed using Atlas-ti qualitative analysis software. The participants reported twenty-five mental health treatment preferences, which will be reviewed and discussed based on participant demographics. Media preferences and media influences on mental health information were also assessed and will be discussed as to the cultural relevance of findings. Mental health services for persons of Latino heritage should include varying holistic and traditional mental health treatment practices to increase Latino utilization, participation, and satisfaction in mental health treatment services. Media provision of mental health information for Latinos should recognize the need for utilization of varied media modes, including in-person and mobile service utilization, and for the presentation of mental health information by multi-lingual, engaging methods for dissemination of information and for overall improvement in mental health service utilization.

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EV470

Attitude of attendants for E.C.T. to be given in patients of psychiatric disorders

S. Srivastava
Lucknow, India

Introduction Utilization of E.C.T. has diminished since the middle of 20th century but, in spite of widespread use of pharmacological agents for treatment of major psychiatric disorders, E.C.T. is still treatment of choice for patients with severe suicidal symptoms, catatonia and diseases resistant to various pharmacological agents. But in spite of its excellent effect in various psychiatric disorders, acceptance of E.C.T. is very poor in society.

Objective Objective of this study was to know the attitude of attendants for E.C.T. and acceptance after detailed description of procedure and discussing merits and demerits of E.C.T.

Aims As still it is the best treatment for certain psychiatric disorders, so to increase the awareness about its benefits and try to remove the negativity regarding E.C.T. in society.

Method In this study, 61 patients were randomly selected who had indication for E.C.T. without any discrimination of male and female. Their attendants were categorized by their socioeconomic status. All the attendants were asked open questions regarding their opinion for E.C.T. before taking consent.

Result Sixty patients were selected who had indication for E.C.T. and their attendants were asked to give their opinion for E.C.T. Amongst them 9.84% were from upper socioeconomic status, 68.86% were from middle socioeconomic status and 21.31% were from lower socioeconomic status. Only 11.48% had a positive attitude, 75.40% had a negative attitude and 16.39% had no comments.

Conclusion After developing good rapport and confidence with attendants and detailed explanation of E.C.T. procedure, its merits and demerits 75.40% had given a positive attitude, 22.95% had given negative attitude and still 1.64% had no comments.

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EV471

Impact of language fluency level on patients' pathway and clinical outcome of the Japanese psychiatric service

A. Yuasa^{1,*}, S. Nagasawa², A. Yu¹

¹ Meijigakuin University, Clinical Psychology/Psychology, Tokyo, Japan

² Yotsuya Yui Clinic, Clinical Psychologist, Tokyo, Japan

* Corresponding author.

Language fluency often impacts on patients' behaviors. It might affect their pathways, how they find an available psychiatric clinic, and the clinical outcomes, if they continue their treatments. Multicultural services deficiency is serious concern in Japanese psychiatric fields. According to the Ministry of Health, Labor and Welfare in 2014, more than two million of foreign visitors live in Japan, however, the psychiatric institutions providing multilingual services are rare and inadequate comparing the situation in Europe. The research sets the objective of analyzing the status quo in a multi-language providing psychiatric clinic, how the pathways and outcomes of language diffident patients differ from these of the local patients. It further aims to find the significance of foreign

patients, and strives the improvement of language services for non-native patients in Japanese mental health cares. The research utilized and quantitatively analyzed the retrospective research data among 900 Japanese patients and 902 non-Japanese patients, who have visited a psychiatric clinic located in Tokyo. The analysis revealed that the significant proportion of foreign patients relied on their acquaintances as their pathways, and that the lower their language levels were, the higher proportion they had this path. For the outcomes, the lower their language levels were, the higher continuity status they had. Our research suggested that two of the common ways to find a psychiatric service when local patients suffer from psychopathological maladjustments are researching Homepages and neighboring clinics, however, the foreigners with limited language abilities tended to follow the different pathways and outcome patterns.

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EV472

The characteristic of auditory hallucinations in patients with schizophrenia, schizoaffective and bipolar disorder with psychotic features in Iran

S.M. Zamir*, S.A. Haji Seyed Javadi, M. Majidi
Qazvin university of medical sciences, Psychiatry, Qazvin, Iran
* Corresponding author.

Introduction Auditory hallucinations are perceptual experiences that occur in schizophrenia, schizoaffective disorder and bipolar disorder with psychotic features. Characteristic of these hallucinations may have relation with cultural factors.

Aim We have done this study to understand more about content and characteristic of auditory hallucinations in Schizophrenia, schizoaffective and bipolar disorder with psychotic features in Qazvin, a state in north-center of Iran.

Methods We used the questionnaire that prof. Romme and Escher developed in 1987 for research purposes. Sixty patients diagnosed with schizophrenia, schizoaffective and bipolar disorder with psychotic features that admitted or attended at clinic of Qazvin medical science university hospital, psychiatry ward, were interviewed.

Results The 45 men and 15 women in three groups were interviewed. The most were men, single, and in fourth decade of their life. Most patients mentioned that they heard one voice. Mean age of appearing voices in patients were 19 to 29 years old. Most patients in the schizoaffective and bipolar group heard male voices and in schizophrenia were both sexes. Eighty-five percent of bipolar patients, 65% of patients with schizoaffective disorder heard friendly voices. It was 30% in patients with schizophrenia. Fifteen percent of bipolar patients, 75% of schizophrenia and 45% of schizoaffective stated that voice was hostile.

Conclusion Our study has revealed that culture affected content and characteristic of auditory hallucinations. We suggested that some complementary studies will be done in future from different Iranian cultures not just people of Qazvin.

Keywords Auditory hallucination; Schizophrenia; Schizophrenia; Bipolar disorder; Cultural factors

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Depression

EV473

A study of mood status in children with type I diabetes mellitus: Relationship with parental stress and metabolic control

M. Abdelhameed^{1,*}, B. Ali²¹ Minia university, Psychiatry and Neurology, Minia, Egypt² Minia university, Pediatrics, Minia, Egypt

* Corresponding author.

Introduction It has been widely recognized that DM can result in psychological, social and physical problems. Parents of children with DM are likely to be highly distressed.

Objective The study of the relationship between mood status of children with type I DM and some factors that might be implicated in its determination.

Aims To evaluate the presence and degree of depression in a sample of children with type I diabetes and how much it might be affected by their metabolic control and the level of their parents' stress.

Methods Ninety-three children were diagnosed with DM type I. They were clinically interviewed and examined. They went through Childhood Depression Rating Scale (CDI), Family Attitudes Questionnaire and HbA1c% assessment. An age and sex matched control group was taken.

Results The age range of diabetic children was 7–18 and two thirds of them were females. Thirty-five patients (37.6%) were depressed according to CDI results. Diabetic children had significantly higher CDI total score and total parenting stress index (PSI) compared to the control group. CDI total score was positively and significantly correlated with indicators of poor diabetes control (frequency of DKA and HbA1C%) and with duration of diabetic illness. CDI total score was also positively and significantly correlated with PSI score.

Conclusions Depression was highly present in this sample of diabetic children. The degree of their mood impairment was positively correlated with duration of diabetic illness, indicators of poor metabolic control of DM and to the level of their parents' stress.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV474

Recent and childhood adversities in patients with depressive disorders

M. Abdelhameed*, A. Kamal, N. Abdelfadeel, S. Morsy

Minia university, Psychiatry and Neurology, Minia, Egypt

* Corresponding author.

Introduction A strong association is believed to exist between stressful life events and the development of depressive disorders. Childhood adverse experiences contribute to person's vulnerability to such disorders.

Objective The study of the complex interplay between child abuse, stressful life events and the development of depression.

Aims To study the effect of type and severity of child abuse and magnitude of pre-onset stress on the severity and duration of adulthood depression.

Methods Seventy-five patients with depressive disorders not having a comorbid mental illness were studied using Social Readjustment Rating scale (SRRS) and Childhood Trauma Questionnaire (CTQ).

Results The mean age of the patients was 34.96 ± 12.32 years, 69.3% of patients were females, duration of the illness ranged from



2–288 weeks with a mean of 30.94 ± 54.61 and 36% of the sample had severe depression. There was a statistically significant relationship between urban residence and magnitude of stress ($P=0.049$), married patients suffered less severe depression than unmarried ones ($P=0.02$) and a positive and significant correlation was found between magnitude of stress and severity of depression ($P \leq 0.001$). Duration of depressive illness was positively and significantly correlated to the raw score of SRRS and to the severity of emotional neglect as measured by CTQ ($P=0.02$ and 0.04 respectively).

Conclusions The development of depression in adulthood is significantly associated with past exposure to child abuse and stressful life events. Childhood history of emotional neglect and magnitude of pre-onset stress may be contributing factors to duration of depressive illness.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV475

Gender and cultural differences in depression among undergraduates from Arabian Gulf countries

H. Abdullatif

Kuwait University, Faculty of Social Sciences, Psychology, Kaifan, Kuwait

Introduction Assessing depression within gender and cross-cultural context using a valid and reliable framework would therefore provide significant benefit when selecting and predicting college students.

Objective The aim of the current investigation was to explore cultural and gender related differences in depression using undergraduates recruited from 16 Middle Eastern countries.

Method Standard Arabic Version of the Beck Depression Inventory-II (BDI-II), was administered to Arabic undergraduates, recruited from the following countries: Emirates, Iraq, Kuwait, Oman, Bahrain, Qatar, Saudi Arabia, and Yemen ($n=4462$). Reliabilities ranged from 0.84 to 0.91 with a mean.87 (alpha) denoting good internal consistency. The convergent correlations in eight samples between BDI-II and Kuwait University Anxiety Scale KUAS (mean $r=0.66$) for validity coefficients.

Results It was found that females had significantly higher mean depression scores than their male counterparts in five countries: Iraq, Kuwait, Oman, Qatar, and Saudi Arabia. However, no significant gender differences were found in three countries: United Arab Emirates, Yemen, and Bahrain. Overall gender differences ($f=9.52$, $P<.002$), cultural differences ($f=10.79$, $P<.001$) and the interaction between both culture & gender ($f=8.56$, $P<.001$).

Conclusion Therefore, it is safe to conclude that gender differences overshadow similarities. Female preponderance of depression has been a consistent finding within literature. Furthermore, the results revealed a cultural difference in depression where Iraq, United Arab Emirates, Oman and Saudi Arabia had the highest means.

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EV476

Longitudinal effect of depression on glycemic control in patients with type 2 diabetes: A 3-years prospective study

H. abuhgazy^{1,*}, H. Elkeshishi², A. Kamel³, A. Ismail³,K. Sherra⁴, N. Saleh⁵, K.A. Azim⁶, D. Mokhtar⁷¹ Al-Azhar university, faculty of medicine, psychiatry department, Cairo, Egypt

² El-Menia university, faculty of arts, department of psychology, El-Menia, Egypt

³ Al-Azhar university, faculty of medicine, department of psychiatry, Cairo, Egypt

⁴ Mansoura university, faculty of medicine, department of psychiatry, Mansoura, Egypt

⁵ Alexandria university, institute of public health, biostatistics department, Alexandria, Egypt

⁶ Ain Shams university, faculty of medicine, department of psychiatry, Cairo, Egypt

⁷ Zagazig university, faculty of medicine, psychiatry department, Zagazig, Egypt

* Corresponding author.

Objective to examine the longitudinal effect of depression on glycemic control in a sample of patients with type 2 diabetes.

Methods the patients were recruited from diabetes clinic in Saudi airlines medical center, in Jeddah, the base line study community consisted from 172 patients with type 2 diabetes. They were assessed for depression using BDI II, and diagnostic interview, and for diabetic control using HbA1c. We created a person-period data set for each patient to cover 6 months intervals up to 3 years. We used generalized estimation equation (GEE) for analysis of longitudinal data. HbA1C was the response variable while depression and time were the main covariates. Variables were included in GEE models based on clinical importance and preliminary analysis. Other variables included as covariates were gender, education, duration of diabetes, co-morbidity and LDL. All statistical analysis used $\alpha = 0.05$ level of significance and were performed using SPSS software version 21.

Results Unadjusted HbA1c means were significantly higher in depressed vs. non-depressed subjects at all time points. The adjusted HbA1c means in final GEE model were significantly higher in depressed vs. non-depressed subjects. In all adjusted models depression was a predictor of glycemic control weather it was BDI score (estimate = .049, $P = .002$), diagnoses of MDD (estimate = 2.038, $P = .000$), or other depressive diagnosis (estimate = 1.245, $P = .000$).

Conclusion This study on clinical sample of type 2 diabetic patients demonstrates that there is a significant longitudinal relationship between depression and glycemic control and that depression is associated with persistently higher HbA1c over time.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV477

Reliability and validity of Turkish version of DSM-5 level 2 Depression Adult Scale

E. Aydın Asik^{1,*}, E.Ö. Çöldür¹, K. Aşçıbaşı¹, A. Herdem¹, D. Alçı¹, T. Sarıkavak¹, F.P. Çökmüş¹, S. Öztekin¹, K. Balıkçı¹, S. Yüzeren Başsivri¹, O. Aydın², F. Akdeniz¹, D. Sücüllüoğlu Dikici¹, E. Köroğlu³, Ö. Aydemir¹

¹ Celal Bayar University Faculty of Medicine, Psychiatry, Manisa, Turkey

² Bolu KHB Abant İzzet Baysal University Hospital, Psychiatry, Bolu, Turkey

³ Boylam Psychiatry Institute, Psychiatry, Ankara, Turkey

* Corresponding author.

Objective This study aims to demonstrate the reliability and validity of Turkish version of DSM-5 level 2 depression adult Scale which was developed to measure the severity of depression.

Material-methods The study group included 51 patients who met the criteria for major depressive disorder according to DSM-5. Sixty-five volunteers without any mental or physical disease were also recruited as a control group. Beck Depression Inventory (BDI), which is the most widely used self-report scale, was used for

concurrent validity. Internal consistency coefficient and item-total correlation analysis were performed for reliability. Exploratory factor analysis was used for validity as BDI was used for concurrent validity.

Results Mean age was 40.5 ± 11.4 in the patient group and 21.8 ± 4.9 years in the control group, respectively. A total of 62.1% of the sample group ($n = 72$) were female. A total of 59.5% of the group were college graduates, 16.4% were primary school graduates and 14.7% were high school graduates. Disease duration for major depressive disorder was 13.5 ± 10.5 years for the patient group. The internal consistency of the Level 2 Depression Adult was 0.96. Item-total correlation coefficients were between 0.71–0.90 ($P < 0.0001$). For the exploratory factor analysis of sample adequacy of DSM-5 Level 2 Depression Adult Scale, Kaiser-Meier-Olkin (KMO) coefficient and Bartlett coefficient was calculated as 0.91 and 1026, 62 ($P < 0.0000$), respectively. Single-factor solution was obtained with an eigen value of 6.27, representing 78.3% of the variance. Factor loadings of the items were between 0.77–0.92. Correlation coefficient of Level 2 Depression Adult Scale with BDI was found as $r = 0.76$ ($P < 0.0000$).

Conclusion The Turkish version of DSM-5 Level 2 Depression Adult Scale is reliable and valid.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV478

Agomelatine vs fluoxetine: Efficacy and improvement of cognitive functions in patients with MDD

E. Aydın^{1,*}, M. Güleç², E. Oral², A.G. Daloğlu³

¹ Atatürk University School of Medicine, Psychiatry, Erzurum, Turkey

² İzmir Katip Çelebi University School of Medicine, Psychiatry, İzmir, Turkey

³ Mersin State Hospital, Psychiatry, Mersin, Turkey

* Corresponding author.

Introduction In major depressive disorder (MDD) neurocognitive functions are impaired. In addition to melatonergic properties of agomelatine, via 5-HT_{2C} antagonism it increases extracellular noradrenaline and dopamine in frontal cortex and may improve the neurocognitive functions of patients with MDD.

Aims and objectives To investigate the extent of neurocognitive improvement and efficacy of agomelatine and fluoxetine in patients with MDD.

Material and method Agomelatine 25 mg/day ($n = 24$) and fluoxetine 20 mg/day ($n = 24$) were administered to drug-naive unipolar, non-psychotic, non-suicidal MDD patients according to DSM-IV. Evaluations were performed just before the treatment and at the sixth week of treatment via administering Hamilton Depression Rating Scale, Rey Auditory Verbal Learning Test, Controlled Oral Word Association Test (COWAT), Digit Span Test (DST), Trail Making Test (TMT-A/B), Stroop Test and Wisconsin Card Sorting Test.

Results Both agomelatine and fluoxetine was found to be efficacious for the treatment of MDD ($P < 0.05$ for both). Further there was no difference between the antidepressant efficacy of two drugs. Both of the drugs improved measured neurocognitive functions ($P < 0.05$), except scores of DST ($P > 0.05$) and only fluoxetine improved significantly scores of COWAT ($P < 0.05$). Only in terms of TMT-B there was significant difference between groups and agomelatine was superior to fluoxetine ($P < 0.05$).

Conclusion Agomelatine and fluoxetine were efficacious in treatment of MDD. Furthermore both of the drugs improved cognitive functions in patients with MDD. Superiority of agomelatine in improvement of executive functioning (TMT-B) is important and therefore it could be an appropriate choice for MDD patients who have pronounced executive disturbances.



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EV479

Depressive episode among young Moroccan students

I. Jaouahir^{1,*}, F.Z. Azzaoui², A. Ahami¹, M. Faid³

¹ Faculty of Science, Department of Biology, Kenitra, Morocco

² Faculty of Science Ben M'sik, Department of Biology, Casablanca, Morocco

³ Agronomic and Veterinary Hassan II Institute, IAV, Rabat, Morocco

* Corresponding author.

Introduction In Morocco, 48.9% of the population surveyed in 2003, had at least one mental health disorder [1,2]. Mood disorder was the most prevalent psychopathology found among children of 15 years (26.5%) [2].

Objective To study the prevalence of depressive episode (DE) of young Moroccan students.

Subjects and methods The present study is a cross-sectional study conducted among 942 students, aged 18 to 25 and studying in a vocational training institute in Mohammedia (North West of Morocco). DE is evaluated by the Mini International Neuropsychiatric Interview.

Results The results showed that 86% of trainees present a DE. The distribution of DE percentages varies according to its different degrees; 50% of studied students suffer from a severe DE, 62% suffer from a moderate DE, 24% had a mild DE and 14% had no DE.

Conclusion The rate of depression is very high among these students. Deeper investigations are needed to determine all factors involved in this psychopathology.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV480

Associations among immune activation, the clinical characteristics, and the current severity of the “with anxious distress” specifier in patients with depressive disorders

W.M. Bahk^{1,*}, I.H. Shim², Y.S. Woo¹, S.Y. Lee³, Y.J. Kwon⁴, D.I. Jon⁵, H.J. Seo¹, B.W. Nam⁶, J.S. Seo⁶

¹ Yeouido St. Mary's Hospital, psychiatry, Seoul, Republic of Korea

² Dongnam Institute of Radiological & Medical Sciences, psychiatry, Busan, Republic of Korea

³ Wonkwang University School of Medicine, psychiatry, Iksan, Republic of Korea

⁴ Soonchunhyang Cheonan Hospital, psychiatry, Cheonan, Republic of Korea

⁵ Sacred Heart Hospital, Hallym University, psychiatry, Anyang, Republic of Korea

⁶ Konkuk University, Chungju Hospital, psychiatry, Chungju, Republic of Korea

* Corresponding author.

Introduction This study assessed the levels of immune factors, demographic and clinical characteristics, and pharmacological

treatments of patients with depressive disorders and compared them between patients with mild-to-moderate and moderate/severe-to-severe anxiety.

Methods This study included 177 patients diagnosed with a depressive disorder who were hospitalized between March 2012 and April 2015. The patients were categorized into mild-to-moderate anxious distress and moderate/severe-to-severe anxious distress groups, based on the criteria of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) based on the “with anxious distress” specifier. The current severity of symptoms was determined using the Hamilton Depression Rating Scale (HAM-D) scores on the Agitation and Anxiety-Psychic subscales. The charts of the patients were reviewed to evaluate immune factors, including C-reactive protein (CRP) and white blood cell (WBC) levels, confounding factors, such as smoking, other general medical disorders, and body mass index (BMI), and demographic and clinical characteristics.

Results The moderate-severe to severe anxious distress group tended to have higher CRP and monocyte levels compared with the mild to moderate anxious distress group. However, after adjusting for the total HAM-D scores, there was a significant difference only in monocyte levels. After this adjustment, patients with moderate-severe to severe anxious distress had a significantly greater trend toward significance for suicidality and a higher rate of antipsychotic use.

Conclusions High levels of anxiety symptoms may influence various underlying pathophysiological factors and modulate the inflammatory response and course of illness, affecting treatment planning.

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EV481

The effectiveness of various potential predictors of response to treatment with SSRIs in patients with depressive disorder

M. Bares^{1,*}, T. Novak¹, M. Brunovsky²

¹ National Institute of Mental Health Czech Republic, 2nd Department, Klecany, Czech Republic

² National Institute of Mental Health Czech Republic, Department of Applied Electrophysiology of Brain, Klecany, Czech Republic

* Corresponding author.

Introduction The substantial non-response rate in depressive patients indicates a need to identify predictors of treatment outcome.

Objective and aims The aim of the open-label, 6-week study was: – to compare efficacy of a priori defined predictors: $\geq 20\%$ reduction in MADRS score at week 1, $\geq 20\%$ reduction in MADRS score at week 2 (RM $\geq 20\%$ W2), decrease of prefrontal theta cordance value (RC) and increase of serum/plasma brain-derived neurotrophic factor (BDNF) at week 1;

– to assess whether the combination of these factors yield more robust predictive power than when used singly.

Methods All patients ($n = 38$) were hospitalized and treated with various SSRIs. Areas under curve (AUC) as well as predictive values were calculated to compare predictive effect of single and combined predictor model.

Results Twenty-one patients (55%) achieved response. The RM $\geq 20\%$ W2 (AUC-0.83) showed better predictive efficacy compared to all other predictors with exception of RC. Other significant differences were not detected. The identified (logistic regression) combined predictive model (RM $\geq 20\%$ W2 + RC) predicted response with accuracy of 82% (AUC-0.92) and was significantly better than other predictors but not RM $\geq 20\%$ W2 and RC.

Conclusions Our findings indicate that the $RM \geq 20\%$ W2 alone and in combination with RC may be useful in the prediction of response to SSRIs. Serum/plasma BDNF did not show strong predictive potential.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV482

Seasonal affective disorder associate with common chronic diseases and symptoms in a population-based study



S. Basnet^{1,*}, I. Merikanto², T. Lahti³, T. Partonen¹

¹ National Institute for Health and Welfare THL, Department of Health, Helsinki, Finland

² National Institute for Health and Welfare-Helsinki Finland, Department of Health, Helsinki, Finland

³ University of Health, Public health, Helsinki, Finland

* Corresponding author.

Background Seasonal affective disorder (SAD) is a recurrent mood disorder with 22%–42% of the patients experiencing symptoms even after 5–11 years after diagnosis, and 33%–44% developing non-seasonal symptoms. The purpose of this study was to assess how seasonality is associated with some of the most common non-communicable diseases in the general Finnish population.

Methods The global seasonality score (GSS) and the experiences of problems due to the seasonal variations from FINNRISK 2012 dataset were used to measure the seasonality in 4689 Finns aged 25–74 years living in five geographical regions in Finland, and assess their association with common non-communicable diseases (NCDs). The regression models and odds ratios were adopted to analyze the associations adjusted for covariates.

Results The prevalence of SAD in the Finnish general population is 21%. Seventy percent of the participants had seasonal variations in sleep duration, social activity, mood and energy level, while 40% had seasonal variations in weight and appetite. Angina pectoris and depression were significantly associated with seasonality, including seasonal variations in sleep duration, mood, weight, appetite, social activity and energy level. Depression was significantly associated with the increased odds for experiencing a problem due to the seasonal variations ($OR = 4.851, P < 0.0001$) and SAD symptoms ($OR = 4.075, P < 0.0001$), and with the GSS ($P < 0.0001$).

Conclusion Our data suggest that seasonality is associated with depression and angina pectoris. The co-occurrence of the seasonal variations in mood and behavior with common NCDs warrants the need for future research to have insights into the etiology and potentially shared pathways and mechanisms of action.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV483

The presence of chronic pain in patients with major depressive disorder and its inter-correlation



B. Batinic^{1,*}, J. Nesvanulica², I. Stankovic²

¹ Clinic of Psychiatry- Clinical Centre of Serbia, Faculty of Philosophy- Department of Psychology, Belgrade, Serbia

² Faculty of Philosophy, Department of Psychology, Belgrade, Serbia

* Corresponding author.

Introduction Chronic pain is a common experienced symptom among patients diagnosed with major depressive disorder (MDD). The intensity of depression and chronic pain inter-correlated, having negative impact on the daily functioning of the patients.

Objectives Our aim was to explore the presence of chronic pain in patients diagnosed with MDD (single episode or recurrent), correlation between intensity of depression and chronic pain, its interference on daily functioning, as well as sex differences regarding the explored variables.

Methods The study sample consisted of 51 (62.2%) female and 31 (37.8%) male patients diagnosed with MDD ($n = 82$), aged between 18 and 65 years old (mean age of 46.21). Assessment instruments included The Beck Depression Inventory-II (BDI-II), The Brief Pain Inventory-Short Form (BPI) (consisting of BPI-I factor of pain intensity, and BPI-II-factor of pain interference with daily functioning), and semistructured questionnaire for sociodemographic characteristics.

Results The presence of chronic pain was found in the 51 (62, 2%) of patients with MDD. The mean score on the BDI-II for the whole sample was 22.5 (SD 12.8). There was a positive correlation between intensity of depression (BDI-II) and intensity of chronic pain (BPI-1), and its interference on the level of daily functioning (BPI-2) ($P < 0.01$). Women diagnosed with MDD experienced chronic pain of higher intensity and with greater interference on daily functioning.

Conclusion Our research data show a high frequency of chronic pain among patients diagnosed with MDD and its positive inter-correlation which results in negative impact on daily functioning, especially in females.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV484

Augmentation strategies in the treatment of major depressive disorder



S. Bise^{1,*}, B. Kurtovic¹, D. Begic², O. Cemalovic²

¹ Psychiatric Hospital, women, Sarajevo, Bosnia and Herzegovina

² Psychiatric Hospital, Intensive care, Sarajevo, Bosnia and Herzegovina

* Corresponding author.

Augmentation strategies for the treatment of Major depressive disorder (MDD) are needed when patients with MDD have a partial, or not responded to antidepressant monotherapy. The focus of augmentation therapy has been combining an antidepressant (AD) medication with another AD. Atypical antipsychotics (AAP) are becoming commonly used to augment antidepressants. Beyond AD and AAP, alternative augmentation strategies include mood stabilizers (MS).

Aim To analyze the characteristics of therapy in patients with diagnosis of MDD and to investigate the frequency of augmentation therapy.

Method Study included 28 patients hospitalized during one year with MDD diagnosis. Statistical analysis was performed with χ^2 and t-test.

Result Among patients with MDD there were 18 (64.28%) women with an average age 57.5 and 10 (35.71%) men with an average age 53.5. Of the 28 patients with MDD, 25 (89.28%) were treated with a combination therapy, and monotherapy in the remaining 3 patients (10.71%). Of 25 patients with augmentation strategy treatment, 22 (88%) used two medications and the remaining 3 (12%) tree psychotropic medications (AAP, AD, MS). The most frequent combinations were a combination of AD and AAP (17 patients, 68%). Beyond that frequent combination were AD and MS (6 patients, 24%). Two patients used combination two AAP, and one patient with two AD and one patients used AAP and MS.

Conclusion Augmentation strategy is often used in patients with MDD. There is no significant difference in the use combination therapy based on gender and age.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV485

The Mini-Spadin, an efficient alternate to Spadin in the depression treatment



M. Borsotto*, A. Djillani, C. Devader, C. Heurteaux, J. Mazella
IPMC, UMR7275, Valbonne, France

* Corresponding author.

Objectives We previously discovered spadin as a new antidepressant drug concept. Spadin exerts its antidepressant actions on the TREK-1 potassium channel, a new antidepressant (AD) target. We have shown that spadin acts more rapidly in comparison to other ADs. We have pointed out that spadin induced neurogenesis after only 4-day treatments. We have demonstrated that spadin did not display side effects at the cardiac level and on TREK-1 controlled functions such as stroke, epilepsy or pain.

Objectives With the final goal to make spadin a drug for human clinic, our objective was to find analogs of spadin demonstrating a better affinity or a better in vivo stability or both.

Methods Several analogs of spadin were synthesized. Their ability to block the TREK-1 channel activity were first tested by electrophysiology on HEK293 cells stably transfected with TREK-1 channels. AD effects were measured by using the forced swim test and the novelty suppressed feeding test. Neurogenesis was investigated by measuring the expression level of the synaptic protein PSD-95 in in vitro cultured neurons.

Results Our data allow us to identify a shortened spadin, called mini-spadin, that displayed the same AD properties as spadin and a 400 fold increase in the TREK-1 affinity. Mini-spadin increased the synaptogenesis marker PSD95 levels after only 24 hours of treatment, suggesting that like spadin, mini-spadin was able to induce neurogenesis and synaptogenesis.

Conclusions Even if further experiments are required, the mini-spadin appears to be more efficient than spadin offering a very promising alternate to spadin as human drug.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV486

Short-term study in patients treated with desvenlafaxine



M.P. Calvo Rivera^{1,*}, L. Aguado Bailón¹, B. Girela Serrano²

¹ San Cecilio University Hospital, Psychiatry Service, Granada, Spain

² Santa Ana Hospital, Psychiatry Service, Motril-Granada, Spain

* Corresponding author.

Introduction Desvenlafaxine is an antidepressant inhibitor of the reuptake of norepinephrine and serotonin (SNRI). Several publications support its efficacy in reducing depressive symptoms in the short term.

Objectives The objective of this paper is to estimate the effect of short-term (12 weeks) of patients with depressive disorder treated with desvenlafaxine.

Methodology This is a prospective observational study tracking a cohort of outpatients with depressive disorder treated with Desvenlafaxine for three months. To accomplish our goal we used the Montgomery-Asberg scale performing three measurements (baseline, one month and two months after initiate the treatment). The size of our sample was 24 patients.

Results We found that in about 80% of patients the treatment was effective, no significant differences in relation to sex, age or

treatment dose were reported. Regarding the severity of the symptoms, in the initial assessment 16% of the patients had a mild depressive episode, 70% a moderate episode and about 12% had a severe episode; while in the last evaluation, almost 46% of patients were in recovery, nearly 42% had mild symptoms, 8% moderate symptoms and only 4% had mild symptoms.

Conclusion We can conclude that the treatment with Desvenlafaxine has been effective at improving in the short-term the depressive disorder, independently of gender, age and dose administered.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV487

Depression and ischemic heart disease: The role of the endogenous stress response system



V. Caivano¹, F. Monteleone¹, R. Farina², D. Nunziata¹, G. Cascino^{1,*}, A. De Rosa¹, G. D'Agostino¹, L. Steardo³, F. Piscione¹, P. Monteleone¹

¹ University of Salerno, Department of Medicine and Surgery, Salerno, Italy

² AOU "San Giovanni di Dio e Ruggi D'Aragona", UTIC, Salerno, Italy

³ University of Naples SUN, Department of Psychiatry, Napoli, Italy

* Corresponding author.

Introduction Depression increases the risk of ischemic heart disease in healthy people and impairs the outcome of heart diseases. The endogenous stress response system, including the autonomous nervous system and the hypothalamus-pituitary-adrenal (HPA) axis, seems to play a primary role in the connection between depression and ischemic heart disease.

Objectives and aims We investigated concomitantly the HPA axis and the sympathetic nervous system (SNS) activities in patients with acute coronary syndrome (ACS), in relation to the presence of concomitant or ongoing depression.

Methods Fifty men and women consecutively admitted to the inpatient cardiology unit of the Department of Medicine of the University of Salerno with a diagnosis of ACS underwent saliva sample collection at awakening and 15, 30 and 60 min after awakening within the 7th day of their ACS attack. They were screened for comorbid depression at admission and after 1, 3 and 6 months after their ischemic event. Saliva cortisol and alpha-amylase levels were measured.

Results Major depression was diagnosed in 10% of the patients. As a group, they exhibited a cortisol awakening response (CAR) significantly enhanced as compared to subjects without depression. Alpha-amylase levels did not differ significantly between the two groups.

Discussion Present findings suggest that an increase of HPA axis activity, as measured by CAR, in the first days after an ischemic cardiac event is associated with the risk of major depression. The extent to which this may predict also the cardiac outcome is currently under evaluation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV488

Facing depression with botulinum toxin: Literature review



M. Cátia Alves*, G. Sobreira, M.A. Aleixo, J.M. Oliveira

Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisbon, Portugal

* Corresponding author.

Introduction Affecting over 120 million people, major depressive disorder (MDD) is characterized by low mood, lack of interest and

a cluster of other vegetative and cognitive symptoms causing significant distress of functioning. It has a relapsing and recurring course and frequently becomes chronic. Thus, there is a need to further develop therapeutic techniques to improve the course and the prognosis of depressive disorders. Recent clinical trials suggest that botulinum toxin (BTX) treatment may also have an antidepressant effect.

Objective The authors aim to conduct a non-systematic review in order to understand the relationship between MDD and BTX treatment.

Aims To assess whether current evidence supports the BTX to treat major depressive patients.

Methods A non-systematic review of English scientific literature was conducted through research in the PubMed search engine, using the keywords “botulinum toxin” and “depression”.

Results There is a small but growing body of evidence suggesting that botulinum toxin may be useful for the treatment of depression. The main hypothesis for the proposed beneficial effects of botulinum toxin is through the facial feedback. Low mood and depression are often associated with a sad facial expression. Injecting botulinum toxin and improving facial expression would lead to the improvement of depression symptoms.

Conclusions Positive effects on mood have been observed in subjects who underwent treatment of glabellar frown lines with botulinum toxin. It supports the concept that the facial musculature not only expresses, but also regulates mood states.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV489

Impact and importance of anhedonia as a mediating variable in amelioration of social functioning in depressed patients



D. Gourion^{1,*}, F. Vinckier², S. Mouchabac³

¹ Private practice, Paris, France

² Centre hospitalier Saint-Anne, Psychiatry, Paris, France

³ Centre hospitalier Saint-Antoine, Psychiatry, Paris, France

* Corresponding author.

Background Anhedonia is a core dimension of major depressive disorder (MDD). Paradoxically, the association between anhedonia and social impairment is poorly known.

Objective To determine the longitudinal relationships between depressive symptoms, anhedonia, and social functioning in depressed patients treated with agomelatine.

Material and method One thousand five hundred and seventy patients with MDD starting treatment with agomelatine prescribed by their GPs were included in a prospective study (follow-up: 10 to 14 weeks). Patients were assessed at baseline and at the end point of the study, using the MADRS to assess antidepressant efficacy, the SHAPS scale and an original visual analog scale exploring the subjective pleasure felt by patients in their main leisure activity to measure anhedonia, and the QFS to measure social functioning in its qualitative and quantitative dimensions. In addition to the univariate analyses, a mediation path analysis was performed using the Sobel test.

Results The results showed a robust and significant improvement in symptoms of depression, anhedonia, and social functioning. The correlations between the SHAPS and QFS scores were high and significant. Subsequent analyses showed that amelioration of anhedonia is a significant mediating variable between the progression of depressive symptoms and social functioning (Δ QFS $G = -14.3$, $P < 0.0001$) and explains around one third of the variance of the model (35.37%).

Conclusion Anhedonia, a major dimension of depression, provides specific insights into the understanding of the complex links

between residual symptoms of MDD and social functioning. In conclusion, improving the evaluation of anhedonia is a fundamental issue in primary care.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV490

Acceptance and commitment therapy (ACT) predictive factors of return to work after depression



S. Darbada*, J.C. Seznec

Institut national de la santé et de la recherche médicale Inserm, UMR-1178 Mental Health and Public Health, Paris, France

* Corresponding author.

Introduction Prolonged sick leaves are a major risk to quit the world of work and depression is the leading cause of disability in France. New therapies from the third wave of CBT as the Commitment and Acceptance Therapy (ACT) may be interesting to promote the return to work (RTW).

Objectives To assess predictive factors of return to work after depression.

Methods This is a descriptive, prospective and multicentric study. The recruitment of investigating doctors was conducted by the publication of an advertisement in a French journal of occupational medicine. Each investigator recruited patients during reinstatement medical examination after a prolonged sick leave for depressive syndrome. Sociodemographic, occupational, medical and psychological factors (particularly in connection with the ACT) was assessed at baseline and 3 months later.

Results Thirty-one patients were initially included in the study, but 2 were lost to follow up at 3 months and 29 were analyzed. Twenty three patients RTW at 3 months. Those who RTW were less anxious ($P = 0.023$), less depressed ($P = 0.021$), had a better impression of improvement ($P = 0.0066$) and had a lower score of experiential avoidance ($P = 0.0025$).

Conclusions The ACT, through its action on the reduction of experiential avoidance, and the definitions of new life values could allow a faster RTW after a sick leave for depressive syndrome.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV491

Childhood abuse in adult women with unipolar depression seeking treatment at a tertiary care centre in India, compared to healthy women



G. Devasthali^{1,*}, K. Jangam², T. Ka², A. Raj², M. Kesavan¹

¹ National Institute of Mental Health and Neurosciences, Dept of Psychiatry, Bangalore, India

² National Institute of Mental Health and Neurosciences, Dept of Psychiatry Social Work, Bangalore, India

* Corresponding author.

Introduction Childhood abuse has been reported as a precursor and maintaining factors for adult psychiatric disorders. Childhood physical abuse, neglect and sexual abuse have been independently reported in women with depression. There is a serious dearth of literature on the incidence of childhood abuse among women with depression from India.

Objectives & aims We investigated and compared the incidence of childhood abuse (overall) – physical, emotional and sexual (individual components) – among women seeking treatment for unipolar depression (UD) compared to healthy women (HW).

Methods We compared the data of women diagnosed with UD ($n = 134$) from a larger pool of women seeking treatment for psychiatric disorders from our hospital ($n = 609$) with HW ($n = 100$) for the purpose of this study. The participants were screened using the MINI International Neuropsychiatric Interview (MINI) and for childhood abuse using the ISPCAN Child Abuse Screening Tool - Retrospective (ICAST)-R. The incidence of childhood abuse between the two groups was compared using the Chi-squared test.

Results The UD women have significantly more childhood emotional abuse than HW (69.5% vs 30.5%; $\chi^2 = 4.819$, $P < 0.05$). There was no statistically significant difference between the two groups on overall abuse, physical or sexual abuse (all $P > 0.16$).

Conclusions Consistent with world literature, significantly more childhood emotional abuse was seen among Indian women with UD compared to HW. It is likely that that repeated emotional abuse in childhood leads to negative attributions among children, later getting generalised to life events resulting in depression in adulthood.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV492

Anxiety and depression in patients with hepatic versus cardiac disease

A. Dolfi^{1,*}, A. Anton², V. Marinescu¹

¹ Alexandru Obregia Clinical Psychiatric Hospital, Psychiatry 7 Ward, Bucharest, Romania

² Carol Davila University of Medicine and Pharmacy, General Medicine, Bucharest, Romania

* Corresponding author.

Background In both hepatic and cardiac disease, a bidirectional relationship exists between somatic and psychiatric symptoms: is anxiety/depression caused by the somatic burden of the symptoms or the psychiatric symptoms and stress are an important pathophysiological factor for the somatic disease?

Objective The objectives of our observational study were to see if any differences exist regarding the anxiety level in patients with hepatic versus cardiac disease and if the depressive symptomatology differs between the two groups of patients.

Materials and methods : We conceived a 2X2 study model by including two independent variables (the somatic pathology, hepatic and cardiac) and two dependent variables (anxiety and depression) which included 66 patients (35 with hepatic and 31 with cardiac pathology) who completed both STAI X1 scale for anxiety and BECK scale for depression with good reliability for both scales (Cronbach's alpha value of 0.74 for STAI X1 and 0.76 for BECK), data analyzed with SPSS 17.

Results We obtained a low level for anxiety (mean = 17.76) and a medium level for depression (mean = 49), both anxiety and depression level being higher in the patients with hepatic disease versus cardiac patients ($P > 0.05$). The patients with hepatic failure had a higher medium anxiety score (54.66) vs cardiac failure patients (42.61). The depression score was 19.71 in patients with hepatic failure and 15.55 in patients with cardiac failure.

Conclusion Both anxiety and depression severity scores were increased in patients with hepatic disease vs patients with cardiac disease in the studied groups.

Keywords Anxiety; Depression; Cardiac failure; Hepatic failure

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV493

Clinical status after two-weeks of antidepressant treatment: A prognostic factor in unipolar major depression?

I. Domínguez^{1,*}, L. Nuño¹, G. Oriolo¹, R. Quintero¹, V. Navarro², C. Gastó²

¹ Hospital Clínic, Department of Psychiatry and Clinical Psychology, Barcelona, Spain

² Hospital Clínic-IDIBAPS-CIBERSAM-UB, Department of Psychiatry and Clinical Psychology, Barcelona, Spain

* Corresponding author.

Although most unipolar depression clinical guidelines advise against evaluating the efficacy of antidepressant pharmacological treatment until it has been administered in therapeutic doses for a minimum of 4–6 weeks, there is an increasing tendency to make therapeutic decisions after only 2 weeks of treatment. We present a study which aim is to determine whether the clinical course, following 2 weeks of antidepressant treatment, allows therapeutic decisions to be made for patients affected by a moderate/severe depressive episode. The study has an 8-week, prospective, observational design in which all consecutive in- and outpatients with moderate/severe unipolar major depression aged over 17 years received antidepressant treatment based on a standardized treatment protocol. Clinical status was assessed at baseline and at 2-, 4-, and 8-weeks. The final sample consisted of a total of 114 subjects. In our sample, the rate of remitters versus non-remitters was similar between the 2-week improvers and the 2-week non-improvers. It should also be emphasized that it was not possible to explain, based on the epidemiological and clinical characteristics assessed, which 2-week non-improvers would tend towards remission and which would show a partial or full response. Based on these results, for patients affected by a moderate/severe unipolar depressive episode, it would not be appropriate to make new therapeutic decisions following 2 weeks of anti-depressive pharmacological treatment depending on whether the patient has shown clinical improvement or not.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV494

Dysthymia. The importance of an early diagnosis and an efficient treatment

A. Duque Domínguez^{1,*}, R. Duque Domínguez²,

C. García Montero¹, L. Martín Díaz¹, M. Palomo Monge³,

F. de la Torre Brasas¹, N. Echeverría Hernández¹,

M.D.M. Lázaro Redondo¹

¹ Complejo Asistencial de Ávila, Servicio de Psiquiatría, Ávila, Spain

² Hospital Universitario de Fuenlabrada, Servicio de Psiquiatría, Madrid, Spain

³ Complejo Hospitalario de Talavera de la Reina, Servicio de Psiquiatría, Talavera de la Reina Toledo, Spain

* Corresponding author.

Introduction Dysthymia is defined as a chronic mood disorder that persists for at least two years in adults, and one year in adolescents and children. It is important to distinguish it from other types of depression, as early as possible. The therapeutic management of dysthymia is similar to the one used in major depressive disorder.

Objectives We report the case of a female patient aged 45, diagnosed with depressive disorder not otherwise specified since she



was 20. Her psychopathological progress has gradually become aggravated, having now longer periods of depressive mood and an important tendency towards isolation.

Methodology The patient is admitted to the Psychiatric Day Hospital presenting with important depressive symptoms. After various antidepressants were withdrawn, lithium salts were introduced. It is then that the patient starts improving her mood.

Results – Dysthymia (F34.1).

– Mixed and other personality disorders (F61.0).

Conclusions In spite of having an appropriate pharmacological, unfortunately, antidepressants improve dysthymia just in 50–70% of patients. Antidepressants resistant dysthymia cases have been studied. In those cases, it has been necessary to add lithium or thyroxine. This confirms that, when it comes to this disorder, there are many neurochemical mechanisms involved, given the positive response to the combination of drugs, notwithstanding the severity of the adverse effects.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV495

Assessment of mature serum brain-derived neurotrophic factor (BDNF) is not superior to total serum BDNF in prediction of antidepressant treatment outcome



A. Eckert^{1,*}, T. Mikoteit², J. Beck², U.M. Hemmeter³, S. Brand⁴, K. Schmitt¹, R. Bischof⁵, A. Delini-Stula⁵, E. Holsboer-Trachsler²

¹ Psychiatric University Clinics Basel, Neurobiology Lab for Brain Aging & Mental Health, Basel, Switzerland

² Psychiatric University Clinics Basel, Center for Affective- Stress and Sleep Disorders ZASS, Basel, Switzerland

³ Psychiatric Service Canton of St. Gallen, Center of Education and Research COEUR, Wil SG, Switzerland

⁴ Psychiatric University Clinics Basel, Center for Affective- Stress and Sleep Disorders ZASS- Department of Sport- Exercise and Health-Sport Science Division- Faculty of Medicine, Basel, Switzerland

⁵ ADI International Institute for Advancement of Drug Development GmbH, ADI International Institute for Advancement of Drug Development GmbH, Basel, Switzerland

* Corresponding author.

Background Serum BDNF levels are decreased in major depressive disorder (MDD) and tend to normalize under antidepressant treatment, serving as a treatment outcome predictor. BDNF is initially synthesized as precursor protein proBDNF and is cleaved to mature BDNF (mBDNF) while only the latter exerts neurotrophic activity.

Aim The aim was to explore if a specific enzyme-linked immunosorbent assay (ELISA) kit for mBDNF in serum would be superior to the unspecific assessment of total serum BDNF in predicting treatment response in MDD.

Methods Twenty-five patients with MDD underwent standardized treatment with duloxetine. Severity of depression was measured by Hamilton Depression Rating Scale (HDRS) at baseline (BL), after one (W1), two (W2) and six weeks (W6) of treatment. Treatment response was defined as a HDRS \geq 50% reduction of BL score at W6. mBDNF and total BDNF serum levels were determined at BL, W1 and W2.

Results A high and stable correlation was found between mBDNF and total BDNF serum levels over all measurements. The predictive value of mBDNF BL levels and mBDNF Δ W1 to response was similar to that of total BDNF BL and total BDNF Δ W1. The assessment of serum mBDNF was not superior to total BDNF in prediction of treatment outcome.

Conclusions Not only baseline total BDNF but also mBDNF is predictive to treatment outcome. The later might represent the main

player in this respect, which supports the idea of a functional link between neuroplasticity and MDD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV496

Computer-based cognitive training for patients with unipolar depression



A. Elliott^{1,*}, P. Munk-Jørgensen², A. Sheldrick-Michel³, M.D. Hell¹, B. Nielsen¹

¹ Psychiatric Hospital and University of Southern Denmark, Research Unit of Psychiatry Odense, Odense, Denmark

² Psychiatric Hospital and University of Southern Denmark, Psychiatric Research Academy, Odense, Denmark

³ Psychiatric Hospital and University of Southern Denmark, Department of Affective Disorders Odense, Odense, Denmark

* Corresponding author.

Introduction Unipolar depression is a public health problem and is the most common psychiatric disorder among people with long-term sick leave in Denmark. Patients with unipolar depression are often associated with deficits in cognitive function long after the affective symptoms have disappeared. This could explain the long-term sick leave among patients suffering from unipolar depression. Computer-based cognitive training has been used to increase cognitive function in other patient groups.

Objectives It is unknown whether cognitive functions are improved in patients with depression by help of a cognitive computer program. Further we investigate whether this intervention shortens sick leave.

Aims To investigate whether a computer-based cognitive training group present a higher score in cognitive function after training and return to their employment earlier compared to the control group.

Methods The study includes patients who have been admitted because of depression, but are finished with their treatment. When the patients are discharged, they will be randomized into two groups and evaluated on their cognitive function. Only one of the two groups will receive computer-based cognitive training. After 12 week the two groups' cognitive function will be compared. Furthermore there is a six-month follow up, to show if or when the participants have returned to work.

Results The results will be presented at the EPA March 2016 in Madrid.

Conclusion Based on the results of study it is our intention to conclude whether or not to implement computer-based cognitive training in treatment of patients with depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV497

Hypomagnesium and treatment resistant depression



F. Estilae^{1,*}, S. Estilae², F. Raad³

¹ Neshabur Faculty of Medical Science, Psychiatry, Neshabur, Iran

² Mashhad Medical University of Science, Radiology, Mashhad, Iran

³ Islamic Azad University-mashhad Branch, Shahinfar Medical Faculty, Mashhad, Iran

* Corresponding author.

Our increasing knowledge about cellular and molecular level of brain functionality is changing the view on basis of psychological diseases, like depression, from brain functionality based diseases to organic based ones. It is known that changes in hormonal level, like thyroid, parathyroid, estrogen and progesterone hormones, could lead to mood deviations. Also the effect of some ions like lithium

and calcium are represented over depression and mania. Here we introduce the case of a young patient who had a treatment resistant depression. However, his symptoms have been cured by adjusting the level of magnesium, which was idiopathically lower than normal lower limit.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV498

Acute administration of reboxetine reduces alcohol self-administration but, after a subchronic treatment with this drug, alcohol self-administration is enhanced



F. ALEN^{1,2,*}, T. Marban Castro¹, A.J. Ballesta-García¹, M. Anton Valades¹, M.T. Ramirez-Lopez¹, M. Vazquez¹, N. Blanco¹, D. Ouco¹, M. Jaimez-Alameda¹, R. Gomez de Heras¹, A. Serrano², M.A. Gorriti², J. Suarez², F. Rodriguez de Fonseca^{1,2}

¹ Laboratorio de Medicina Regenerativa, Hospital Regional Universitario Carlos Haya, Fundación IMABIS, Avenida Carlos Haya 82, Sótano, 29010 Málaga, Spain

² Departamento de Psicobiología, Facultad de Psicología, Universidad Complutense de Madrid, 28223 Madrid, Spain

* Corresponding author.

Introduction Comorbidity between alcoholism and depression has long been acknowledged, and the possibility that similar brain mechanisms, involving both serotonergic (5-HT) and noradrenergic systems (NE), underlie both pathologies has been suggested. Thus, inhibitors of NE and 5HT uptake have been proposed for the treatment of alcoholism, as they have shown to reduce alcohol intake in various animal models. However, most of the studies mentioned were carried out acutely and there is a lack of knowledge of the possible long-term effects. Clinical studies report an overall low efficacy of antidepressant treatment on alcohol consumption, or even a worsened prognosis. In addition, several cases of alcohol dependence following antidepressant treatment have been reported in the literature.

Objectives We aimed at comparing the acute and chronic effects of the treatment with the antidepressant drug reboxetine on alcohol consumption.

Methods We used a rat model of alcohol self-administration, and two different schedules of reboxetine administration (acute and chronic).

Results Our results confirm the acute suppressant effects of reboxetine on alcohol consumption but indicate that, when this drug is administered chronically in a period of abstinence from alcohol, it can significantly increase the rate of alcohol self-administration.

Conclusions These results are important for the understanding of the clinical reports describing cases of increased alcohol consumption after antidepressant treatment, and suggest that much more research is needed to fully understand the long term effects of antidepressants, which remain the most widely prescribed class of drugs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV499

Relationship between drug dreams, affect, mood disorders and lucid awakening in psychotic patients on a treatment



D.F. Frías Ortiz^{1,*}, J.M. León Alegria², Z. Fernández Guerra³, O.W.M. Ali Al Shaban Rodriguez⁴, J.J. Fernández Miranda⁵, A. Gonzalez Fernández⁶

¹ S.E.S.P.A.- V Area- Mental Health of Asturias “Hospital de Cabueñes”, Psychiatry and Mental Health, Gijón, Spain

² S.M. “Salud Madrid”- S.G.A.P. 8, Psychiatry and Mental Health, Madrid, Spain

³ SM Salud Madrid “Hospital Gregorio Marañón”, Psychiatry and Mental Health, Madrid, Spain

⁴ S.E.S.P.A.- VII Area of Mental Health of Asturias “Hospital Alvarez Buylla”, Psychiatry and Mental Health, Mieres, Spain

⁵ S.E.S.P.A.- V Area-Mental Health of Asturias “CTI MONTEVIL-Hospital de Cabueñes”, Psychiatry and Mental Health, Gijón, Spain

⁶ S.E.S.P.A. III Area Mental Health Asturias “Hospital de San Agustín”, Psychiatry and Mental Health, Aviles, Spain

* Corresponding author.

Introduction This experimental trial aims to describe the experiences felt by a group of patients diagnosed with different psychotic disorders (schizophrenia, delusional chronic disorder, etc.) in which the use of Benzodiazepine derivatives were related to emergence of lucid dreaming and dissociative events (to see oneself out of your one body, etc.), and to a lesser extent had subsequent depressive symptoms. Fifty-six patients were monitored and linked to the emergence of depressive symptoms related to the use of Benzodiazepines or sedative-hypnotic. While on this treatment, they had vivid or lucid dreaming.

Aims-objectives To explore the relationship between occurrence of drug dreams (DDs) and daytime negative affect with lucid awakening during the course of a 9-week treatment.

Methods Using the dream journal methodology, 56 participants reported occurrence of dreams, dream content, and ratings of affect. The relationships between the experience of DD, dream content (“active” vs “passive”), and affect were analysed using mixed model methods.

Results The experience of DD was associated with higher levels of negative affect ($P < 0.001$). The occurrence of DD did not decrease significantly over the 9 weeks of the study. Benzodiazepine users reported a higher occurrence of Lucid Awakening ($P < 0.05$) than the other drug groups (zolpidem and clometiazol).

Conclusions These results are consistent with the hypothesis that DD can act as drug-conditioned stimuli to elevate negative affect. Although correlational, such findings support the implementation of psychological and pharmacological interventions aimed at minimizing the impact of DD on patients with lucid awakening and psychosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV500

The sunshine induced placebo effect in major depressive disorder patients exhibits gender differences



J. Gailledreau^{1,*}, B. Gailledreau¹, P. Desbonnet², P. Khalifa Soussan³, N. Desbonnet², S. Becque¹

¹ Private CIC Ambroise-Paré, Psychiatry, Elancourt, France

² Résidence Saint-Michel, Psychiatry, Gailledreau, France

³ GICIPI, Psychiatry, Toulouse, France

* Corresponding author.

Rationale Sunshine increases placebo effect in major depressive disorder (MDD) patients (Gailledreau et al., 2015). Kokras et al.

(2014) showed that sunshine induces different responses in female than male mice in preclinical models of depression.

Objective To determine whether the sunshine induced placebo effect exhibits gender differences in human.

Material and methods Data from 9 double-blind, randomized, placebo-controlled studies of antidepressants conducted by the French GICIPI network were reviewed. MADRS (5) or HAM-D 17 (4) were used as the main efficacy tool. For each patient, variation of scores (Delta MADRS/Delta HAM-D) between two consecutive visits were correlated with the average sunshine index observed at noon between these visits. Sunshine indexes were provided by Météo-France. Correlations were computed with Microsoft Excel. **Results** Analysis of both genders ($n=52$) showed no statistically significant (NS) correlation ($r^2=0.0064$) between sunshine and score variations. Analysis of males ($n=8$) failed to demonstrate any significant correlation in cloudy (< 1000 Joules/cm²), variable (1000–2000 Joules/cm²) or sunny (> 2000 Joules/cm²) weather. Analysis of females ($n=44$) showed NS correlation as well for cloudy or variable weather ($r^2=0.0016$), but a strong correlation was observed for females exposed to sunny weather: $r^2=0.315$, $n=20$, $P<0.01$. This correlation was even stronger in the subpopulation of females aged less than 50 years: $r^2=0.6398$, $n=12$, $P<0.001$.

Discussion The hypothesis underlying this correlation between sunshine index and variations of MADRS/HAMD scales will be discussed.

Conclusion Sunshine increases placebo effect in female patients aged less than 50. This insufficiently known effect may be responsible for failure of a number of double-blind, randomized, studies of antidepressant compounds.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV501

Depressive symptomatology and learning: Does intermediate testing or restudying the information determine long-term memory retrieval of novel symbols?

V. Giannouli

Aristotle University of Thessaloniki, School of Medicine, Thessaloniki, Greece

Introduction There is a hypothesis in cognitive psychology that long-term memory retrieval is improved by intermediate testing than by restudying the information. The effect of testing has been investigated with the use of a variety of stimuli. However, almost all testing effect studies to date have used purely verbal materials such as word pairs, facts and prose passages.

Objective Here byzantine music symbol–word pairs were used as to-be-learned materials to demonstrate the generalisability of the testing effect to symbol learning in participants with and without depressive symptoms.

Method Fifty healthy (24 women, M age = 26.20, SD = 5.64) and forty volunteers with high depressive symptomatology (20 women, M age = 27.00, SD = 1.04) were examined. The participants did not have a music education. The examination material was completely new for them: 16 byzantine music notation stimuli, paired with a verbal label (the ancient Greek name of the symbol). Half of the participants underwent intermediate testing and the others restudied the information in a balanced design.

Results Results indicated that there were no statistically significant differences in final memory test performance after a retention interval of 5 minutes for both groups of participants with low and high level depressive symptomatology ($P>0.005$). After a retention

interval of a week, tested pairs were retained better than repeatedly studied pairs for high and low depressive symptomatology groups ($P<0.005$).

Conclusions This research suggests that the effect of testing time on later memory retrieval can also be obtained in byzantine symbol learning.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV502

Anhedonia, anxiety, and depression components of Edinburgh postnatal depression scale in cesarean delivery

L. Giliberti*, F. Volpe, G. Soldera, G. Tesolat, R. Maione, G. Straface, V. Zanardo

Policlinico Abano Terme, Division of Perinatal Medicine, Abano Terme, Italy

* Corresponding author.

Introduction Previous studies have indicated that cesarean delivery might pose risk factors for post-partum depression (PPD). However, results are conflicting and have failed to clearly distinguish between elective (EICD) and emergency (EmCD) cesarean delivery.

Objective The rate of elective cesarean delivery is rapidly increasing all over the world and it is important to identify whether the mode of delivery has an influence on PPD. The Edinburgh Postnatal Depression Scale (EPDS) is a widely used instrument for PPD screening, also capable to detect in subscales anhedonia, anxiety, and depression factors.

Methods A cohort of 959 Italian mothers delivering a healthy baby at Policlinico Abano Terme, Italy, completed the EPDS 2 days after delivery.

Results EPDS scores were significantly higher in mothers with a cesarean delivery compared to mothers with a vaginal delivery (7.0 ± 4.8 vs 6.1 ± 4.2 , $P<0.01$), but only the women who elected to have a caesarean section had significantly higher scores (7.1 ± 3.9 vs. 6.8 ± 4.1 , $P<0.001$). Additionally, the factor analysis of EPDS indicated that anhedonia, anxiety, and depression were significantly higher in women who elected to have a caesarean section.

Conclusions The results of our study indicate that women who had an EICD have an increased risk of developing early symptoms of post-partum depression, anxiety, and anhedonia. In particular, this study shows that the use of EPDS subscales in the immediate post-partum is a good tool to better understanding the spectrum of maternal post-partum psychological problems related to delivery mode.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV503

Chronotherapy for depression: A useful adjunctive therapy?

J. Gomes*, A. Sousa, H. Afonso, G. Lima

Centro Hospitalar Barreiro-Montijo, Psychiatry, Barreiro, Portugal

* Corresponding author.

Introduction Since ancient times the influence of chronobiological factors on the pathogenesis, course, and treatment of depression has been well known. Chronotherapy is the controlled exposure to environmental stimuli that act on biological rhythms in order to achieve therapeutic effects in the treatment of psychiatric conditions. It includes sleep deprivation, bright light therapy and sleep phase advance.



Objective To analyze the chronotherapeutic strategies in the management of depression, regarding indications, contraindications and efficacy.

Methods A literature review was made by searching for articles in PubMed. Additional articles were included through review of reference lists.

Results In recent years some techniques (mainly light therapy and sleep deprivation) have passed the experimental developmental phase and reached the status of powerful and affordable clinical interventions for the treatment of depressed patients. About sixty percent of all depressed patients improve after a single night of total or partial sleep deprivation. It has been shown that a combination of pharmacotherapy with antidepressants and sleep deprivation is superior to pharmacotherapy alone. Light therapy with bright artificial light is especially beneficial in patients with a fall/winter pattern of depressive symptomatology that has been termed seasonal affective disorder. Antidepressant chronotherapeutics target the broadly defined depressive syndrome, with response and relapse rates similar to those obtained with antidepressant drugs and good results are obtained even in difficult-to-treat conditions such as bipolar depression.

Conclusions Chronotherapeutics offer a benign alternative to more radical treatments of depression. Adding Chronotherapy to the treatment choices may overcome drug-resistant Depression and shorten treatment duration.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV504

Antidepressant efficacy and tolerance of agomelatine in daily practice in Switzerland



B. Guido^{1,*}, H.T. Edith²

¹ HUG, Mental Health and Psychiatry, Geneva, Switzerland

² Center for Affective- Stress and Sleep Disorders ZASS, Psychiatric Clinics UPK of the University of Basel, Basel, Switzerland

* Corresponding author.

Introduction The antidepressant efficacy and tolerance of agomelatine, MT₁/MT₂ agonist and 5-HT_{2C} antagonist, has been proven in clinical trials. Non interventional studies give the opportunity to evaluate these properties in real life.

Objective To evaluate the efficacy and tolerance of agomelatine in depressed outpatients in Switzerland.

Methods Non-interventional study in 934 depressed (51.2% severely) patients given 25–50 mg agomelatine for 12 and 24 weeks. Main endpoints were change in MADRS score, and response ($\geq 50\%$ reduction in total score) and remission (MADRS ≤ 12) rates. CGI was also assessed. Reported adverse drug reactions, sexual dysfunction, and weight changes were recorded. Liver function tests were performed according to the summary of product characteristics.

Results MADRS total score decreased significantly ($P < 0.0001$) from baseline (29.5 ± 8.9) to weeks 12 (12.8 ± 9.6) and 24 (9.7 ± 8.6). Responder rate was 66.8% and 78.3% and remission rate 54.2% and 70.2% at weeks 12 and 24, respectively. Results corroborated by CGI scores, were similar for severely depressed patients. Early improvers (MADRS $\geq 20\%$ reduction after 2 weeks; 461 patients) had the highest responder and remission rates. Agomelatine was well tolerated and no relevant weight changes or deleterious sexual function was reported. Ten patients had ALT/AST > 3 ULN, thereof 2 without baseline and one with elevated baseline. Most physicians rated the efficacy and tolerance of agomelatine as “good or very good”.

Conclusion Long-term agomelatine treatment improved mood symptoms of depressed patients with high levels of response and remission and a favorable tolerance profile.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV505

Relation between major depressive disorder as regards severity in a sample of Egyptian population and serum level of tumor necrosis factor alpha



S. Harby*, T. Molokhia, H. Aboelwafa, D. Elneely
Alexandria Faculty of Medicine, Neuropsychiatry, Alexandria, Egypt
* Corresponding author.

Introduction Depression is a life threatening psychiatric disorder. STAR-D study stated that remission rates decrease, and relapse rates increase. It produces chronic diseases and worsens mean health when co-morbid with these diseases. The depressive symptoms in humans are analogous to the ‘sickness behavior’ syndrome seen in animals when injected by pro-inflammatory cytokines.

Objective This study was done to clarify the relation between the severity of depression and serum level of tumor necrosis factor alpha (TNF), so improving the quality of pharmacological management.

Aim This study was done to prove that inflammatory process is involved in the pathogenesis of depression by assessing the serum level tumor necrosis factor alpha (TNF alpha)

Methods Our study is comparing between 60 patients with major depressive disorder and 30 healthy controls regarding the serum level of tumor necrosis factor alpha. Patients were diagnosed by a semi-structured interview using Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Patients were subdivided into mild, moderate and severe depression according to Hamilton Rating Scale for Depression (17 items). Assessment of serum level of tumor necrosis factor alpha was done using enzyme-linked immunoassay technique.

Results Serum level of TNF alpha was significantly higher among patients than among controls ($Z = 4.710^*$ $P \leq 0.001^*$) regardless the severity of depression.

Conclusions Serum TNF alpha can be used as a biomarker of depression but not for the disorder severity. However, further study is needed to detect if there is a relation between major depressive disorder and serum level of other inflammatory markers as C-reactive protein.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV506

Prevalence of major depression among community pharmacists practicing in Iran: A cross sectional study



F. Hashemian*, E. Roohi

Faculty of Pharmacy- Islamic Azad University- Pharmaceutical Sciences Branch, Department of Clinical Pharmacy, Tehran, Iran

* Corresponding author.

Introduction Major depression is known to carry the heaviest burden of disability among mental and behavioral disorders. It may have negative impact on both personal and professional level. There have been several studies investigating prevalence of major depression among different population. However, its prevalence among a group of healthcare professionals, namely community pharmacists have not yet been studied.

Aims The aim of the present study was to investigate the prevalence of major depression across a sample of Iranian community pharmacists.

Methods One hundred and eighty surveys were distributed among community pharmacists attending different continuous medical education programs from all over the country during winter 2015. Beck Depression Inventory was used to measure characteristic attitudes and symptoms of depression. Descriptive statistics were utilized to find prevalence of mild, moderate or severe depression among the study sample. Independent sample *t*-tests were used to find possible differences between age and gender of the respondents and prevalence of depression.

Results Survey response rate was calculated to be 84.7%. According to the results, 72.7% of the respondents were categorized to be normal, whereas 12.8% were found to have mild, 11.7% moderate, and 2.8% severe depression. Moreover, no significant relationship was found between age of the respondent and prevalence of depression ($P > 0.05$). However, the prevalence was found to be higher among females ($P < 0.001$).

Conclusions Prevalence of depression among community pharmacists was reported to be low. However, it may affect healthcare services that they provide in the healthcare system. Further studies with larger sample size are suggested.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV507

Depression and its correlation with the risk of cardiovascular mortality in primary care population in Latvia



R. Ivanovs^{1,*}, M. Trapencieris², J. Vrublevska³, R. Logins⁴, L. Berze⁴, E. Rancans³

¹ Riga, Latvia

² University of Latvia, Institute of Philosophy and Sociology, Riga, Latvia

³ Riga Stradins University, Department of Psychiatry and Narcology, Riga, Latvia

⁴ Riga Stradins University, Department of Continuing Education, Riga, Latvia

* Corresponding author.

Introduction Depression is one of several preventable causes of disability worldwide, with coronary heart disease (CHD) being the largest cause of disability. Depression has been confirmed as a risk factor for CHD.

Objectives Few studies tried to find an interrelation between depression and a risk of cardiovascular mortality according to systematic coronary risk evaluation (SCORE) chart.

Aims The aim of study was to examine the correlation of depression with the risk of cardiovascular mortality (SCORE).

Methods Study was conducted in 2015 within the framework of National Research Programme BIOMEDICINE. All patients aged 18 and older at 24 primary care facilities were interviewed with a sociodemographic questionnaire supplemented by measurements of blood pressure and total cholesterol. Within 2 weeks after the visit psychiatrist administered the Mini International Neuropsychiatric Interview (MINI) by telephone. SCORE was assessed using high risk chart.

Results Totally 920 patients age 40–69 were included in the data analysis. According to the MINI 9.3%(95%CI 7.5–11.5%) of 40–69 years old patients had current depression. Current depression was more common among women than men, 10.4% and 6.8%, respectively. The prevalence of current depression was highest among patients with SCORE 3–4%. Multivariate logistic regression did not suggest statistically significant odds ratio for having depression based on SCORE.

Conclusions Only one of the measurements used for SCORE (smoking status) was significant predictor for having current depression, while systolic blood pressure and total cholesterol were not significant predictors for depression. As pharmacotherapies for reducing blood pressure and cholesterol are widely used by patients further research should include use of these medicines as potential mediators.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV508

Energy drinks changed the treatment of antidepressant drugs



Ç. Macit¹, B. Kadioğlu¹, G. Dalan², M. Maassarani², E. Yönel³, T. Çelik^{1,*}

¹ Yeditepe University, School of Pharmacy-Department of Pharmacology, Istanbul, Turkey

² Yeditepe University, School of Pharmacy, Istanbul, Turkey

³ Yeditepe University, School of Pharmacy- Department of Clinical Pharmacy, Istanbul, Turkey

* Corresponding author.

Introduction The increasing use of antidepressants (ADS) whether it is for the management of depression or off-label use is apparent and it is important to have a closer look on the possible effects that accompany the use of ADS with other neurotonic agents, such as the ones found in energy drinks(ED). ED pose a threat on public health since they can be consumed by everyone with no limitations.

Aims We investigated the unknown interaction that might occur when ADS are used in combination with ED.

Methods The effect of both low (4 mL/kg) and high (12 mL/kg) ED doses on mice treated with an ADS (citalopram 15 mg/kg, IP) and non-treated were investigated after acute exposure and 14 days of chronic exposure. The changes that resulted from performing the Locomotor Activity test (LMA) and the Porsolt's Forced Swim test (FST) were recorded.

Results The administration of both low and high energy drink dose resulted in significant impairments in LMA of mice. High dose ED showed a significant increase in the immobility time in FST. Mice treated with citalopram resulted in a decrease in the immobility time when compared to mice administered only saline and/or to mice exposed to ED. However, for the mice that were exposed to both low and high dose ED, citalopram administration did not significantly decrease their immobility time.

Conclusion High dose energy drink caused an increase in the immobility time in FST. Concomitant use of citalopram and ED decreased the antidepressant effect of citalopram. Thereby patients using ED with ADS may encounter insufficient drug therapy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV509

Dermatological manifestations in pregnancy with primary psychiatric findings



A. Wahab^{1,*}, N. Kalar², F. Hassan³, M. Alzaabi⁴, K. Hira Bibi⁵, A. Jamal⁶, M.U. Kalar⁷, G. Wahab⁸, T. Usman⁹, M.O. Suriya¹⁰, E. Mujeeb¹¹

¹ Karachi Medical and Dental College- Abbasi Shaheed Hospital, Department of Gynecology and Obstetrics, Karachi, Pakistan

² Department of Obstetrics and Gynecology, Singleton Hospital, South Wales, Sketty Swansea, UK

³ Department of Medicine, Department of Medicine, Karachi Karachi Medical & Dental College, Abbasi Shaheed Hospital, Karachi, Pakistan

⁴ Department of Dermatology Mafraq Hospital, Abu Dhabi, United Arab Emirates

⁵ Department of Medicine, Sindh Medical College, Jinnah Postgraduate Medical Center, Karachi, Pakistan

⁶ Sindh Medical College, Jinnah Postgraduate Medical Center, Karachi, Pakistan

⁷ Qureshi Clinic of Family Medicine, Karachi, Pakistan

⁸ Qureshi Clinic of Family Medicine, Pakistan

⁹ Department of Paediatrics, Abbasi Shaheed Hospital, Pakistan

¹⁰ Department of Community Health and Epidemiology, University of Saskatchewan, Pakistan

¹¹ Department of Community Health Sciences, Karachi Medical & Dental College, Abbasi Shaheed Hospital, Karachi, Pakistan

* Corresponding author.

Introduction Even though the association between dermatological conditions in pregnancy with psychiatric findings is vital for patient management, studies on these issues are limited.

Objective To determine the frequency and nature of dermatological problems in pregnant women having primary psychiatric illness.

Aim To establish an association between cutaneous manifestations in pregnancy with the hypothesis that psychiatric illness also has a role in pregnancy.

Methods This was a case control study and non probability convenient sampling was used on 50 pregnant patients with cutaneous manifestations along with psychiatric illness and 50 age matched non pregnant patients free from dermatological conditions and psychiatric illness. The Diagnostic and Statistical Manual of Mental Disorders (DSM IV) Criteria was used to diagnose psychiatric illness and for skin manifestations patients underwent a physical examination of skin.

Results Pregnant patients with depressive disorders were associated with atopic eruption of pregnancy [odds ratio (OR) 1.19; 95% (CI): 1.13–1.49], pruritic urticarial papules [(OR) 2.89; 95% (CI): 2.55–2.97], plaques of pregnancy [(OR) 2.14; 95% (CI): 2.01–2.39], prurigo of pregnancy [(OR) 1.33; 95% (CI): 1.17–1.45], intrahepatic cholestasis of pregnancy [(OR) 2.45; 95% (CI): 2.29–2.67], pemphigoid gestationis [(OR) 1.57; 95% (CI): 1.50–1.68], impetigo herpetiformis [(OR) 1.83; 95% (CI): 1.65–2.24], and pruritic folliculitis of pregnancy [(OR) 2.34; 95% (CI): 2.20–3.62], psoriasis [(OR) 1.75; 95% (CI): 1.64–2.37], melasma [(OR) 1.88; 95% (CI): 1.63–2.49], intrahepatic cholestasis [(OR) 2.77; 95% (CI): 2.14–3.48].

Conclusion The results of the study support the hypothesis, that there is an association between psychiatric and skin diseases in pregnancy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV510

Group interpersonal psychotherapy for maternal depression an exploratory randomized control trial

H. Nusrat^{1,*}, N. Zehra², B. Amir², C. Nasim³, K. tayyeba², Z. Shehla⁴, F. Batool², H. Meher⁵, N. Farooq⁶

¹ University of Manchester, Psychiatry, Manchester, United Kingdom

² Pakistan Institute of Learning and Living, Research, Karachi, Pakistan

³ Lancashire Care NHS Foundation Trust, Psychiatry, Manchester, Pakistan

⁴ Dow University of Health Sciences, Nursing, Karachi, Pakistan

⁵ Harvey House Social Enterprises, Psychiatry, Manchester, United Kingdom

⁶ Queens University, Psychiatry, Ontario, Canada

* Corresponding author.

Introduction The global burden of depression is high for women in both high income and low-and-middle income countries WHO.

Depression is particularly common during pregnancy and in the postnatal period and phenomenology said to be the same as in non-child bearing age. Despite high prevalence of prenatal and postnatal depression in Pakistan, research on the effectiveness of psychological interventions is limited.

Aims This study aimed to assess the feasibility of group interpersonal psychotherapy (IPT) intervention for maternal depression in Karachi, Pakistan.

Methods A total of 50 mothers aged 18 years and above with children below 3 years of age, and experiencing mild to moderate depression were recruited. Assessments were done using Edinburgh Postnatal Depression Scale (EPDS) Rosenberg's Self-Esteem Scale and EuroQoL-5D at baseline, 3 months, and 6 months. Rosenberg's Self-Esteem Scale and EQ-5D were also used to measure self-esteem and health related quality of life. Participants were randomly assigned into IPT plus treatment as usual (TAU) and TAU groups. Ten sessions of group IPT were delivered to intervention group.

Results Results indicated significant difference between intervention and control group on EPDS. The mean score at baseline for the IPT group (mean = 14.76) reduced to (mean = 6.40) ($P < 0.000$) at 3-month and to (mean = 6.64) ($P < 0.001$) at 6-month intervals as compared to TAU (mean = 11.44) ($P < 0.000$) at 3-month and to (mean = 11.08) at 6-month ($P < 0.001$) after randomisation.

Conclusion IPT is a successful fit for women with maternal depression in low-income areas and IPT can be the appropriate treatment option as it is time limited, specific, and evidence based.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV511

Change your life with seven sheets of paper: A pilot randomized controlled trial for postnatal depression (CREATOR)

H. Nusrat^{1,*}, F. Batool², K. Tayyeba², N. Farah², M. Ann³

¹ University of Manchester, Psychiatry, Manchester, United Kingdom

² Pakistan Institute of Learning and Living, Research, Karachi, Pakistan

³ Glasgow Institute of Psychosocial Intervention, psychology, glasgow, United Kingdom

* Corresponding author.

Introduction Prevalence of Common Mental Disorders (CMD) is high in low and middle-income countries. The prevalence rate of postnatal depression in Pakistani women and its effect on the growth and development of young children and child mortality is very high. Despite availability of interventions to improve maternal health, the major issue in implementation of those interventions is because of limited availability of trained health professionals.

Aims The aim of this study is to deliver CBT based intervention called "change your life with 7 sheets of paper" to women with mild to moderate PND through trained Traditional Birth Attendants (TBAs).

Methods During first stage of this rather blind feasibility randomized control trial 5 TBAs were trained to deliver CBT. Total 36 participants with PND having child between the ages 0–12 months will be recruited from community. Participants will be assessed using Edinburgh Postnatal Depression Scale, Patient Health Questionnaire (PHQ-9) and World Health Organization Quality of Life scale at baseline and then at 3 months. Eight group sessions of CBT will be delivered by trained TBAs.

Results Outcome assessments will be done after completion of intervention of intervention i.e., 3 months after baseline. Preliminary findings will be presented in the conference.

Conclusion Findings from this trial will help us to understand how the involvement of TBAs can help in overcoming the challenge



of non-availability of trained health professionals and in attainment of millennium development goals of reducing mother and child mortality.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV512

Pros and cons of prescribing potentially addictive medications for patients with refractory depression and anxiety



D. Kolar

Queen's University, Kingston, Canada

Treatment resistant depression and refractory anxiety disorders are major mental health problems associated with a poor quality of life and a risk of suicide. These conditions require intensive biological treatments combined with psychosocial interventions. There are new treatments that are effective, particularly in the short run, but they are associated with negative effects such as risk of addiction. Ketamine produces fast improvement in treatment resistant depression (TRD), but effects are short-lasting and there is no sustained benefit. Oral formulations of ketamine are associated with a risk of addiction. No one has idea how long time oral or intranasal ketamine should be used.

Stimulant augmentation may cause a significant reduction in some type of residual symptoms of depression but these improvements will disappear almost immediately after discontinuing stimulant medication. There is no consensus if a long-term use of stimulant medication, such as in ADHD, is acceptable in patients with treatment resistant depression. Treatment refractory anxiety disorders may not respond to SSRI/SNRIs as expected. Although a long-term use of benzodiazepines is not recommended, benzodiazepine augmentation is currently again supported. However, treatment effects usually disappear upon discontinuing BZDs. There is a common practice of using synthetic cannabinoid, nabilone for nightmares in PTSD. Long-term use of nabilone is unfortunately not uncommon. Some patients may even prefer a medical marijuana to get short improvements in their anxiety symptoms and depression. Physicians should be very cautious when prescribe medications with addictive potential particularly if there is no strong scientific evidence of their efficacy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV513

Does the supplementation of vitamin D affect depressive symptoms?



P. Kolarov*, M. Stoimenova

Medical University – Pleven – Bulgaria, Department of Psychiatry and Medical Psychology, Pleven, Bulgaria

* Corresponding author.

Introduction Depression has been linked to decreased levels of vitamin D in adults and the altered dietary intake of calcium and vitamin D has been reported to have implications for the development of depressive symptoms. Although, the relation between vitamin D and depression has been established, it is not yet clear whether the supplementation of vitamin D could affect the clinical manifestation of depression. Therefore, the aim of this study was to determine whether the supplementation of vitamin D could affect the development/course of depression.

Material and methods A systematic literature search was performed for randomized control trials (RCTs) in which vitamin D was supplemented and depression was measured.

Results and discussion Six studies were identified as being eligible to be included in this review. The results regarding the supplementation of vitamin D and its effect on the course and manifestation of depression were conflicting. One study concluded that the supplementation of vitamin D3 had beneficial effect in depression and another study reported no improvement in the indices of mental well-being in the vitamin D supplemented group and rejected the hypothesis that an annual high dose of vitamin D3 could prevent depressive symptoms. The remainder four studies reported inconclusive results regarding vitamin D supplementation and the course of depression.

Conclusion As current literature displayed contradictory results and no sound conclusion could be drawn regarding the supplementation of vitamin D and its effect on depression, there is a need of RCTs to determine whether the supplementation of vitamin D levels could affect depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV514

The meaning of loss in the context of elderly homes



C. Laranjeira

Piaget Institute, Research in Education and Community Intervention RECI I&D, Viseu, Portugal

Introduction Family plays a pivotal function in life of all human being and their significance even increases with the age. However, living in a elderly home may result in a multitude of losses which must be addressed by individual through the process of grief.

Aim The purpose of this study was to explore situations of loss and grief among institutionalized elders.

Methods It is a qualitative, descriptive and exploratory research. Data was collected from two Portuguese elderly homes in the municipality of Viseu, Portugal. A purposeful sample of 7 elders was recruited, and audiotaped face-to-face semi-structured interviews were conducted.

Results Three dimensions of emotional loss were created: loss by death, loss by separation and other losses. Loss by separation was further divided into three subcategories: marriage separation, family separation and separation of peers living in the elderly home. The death of a loved one reminds the elderly individual of his/her own mortality, complicating the process of mourning. Separation, however is much more difficult to overcome because there is a loss among the living, with the possibility to lose the meaning of life with the other one.

Conclusions Understanding loss and grief among elderly people is fundamental for nursing care, in order to help them with the process of coping and to prevent institutionalization to become an unpleasant experience. This will also offer health care facilities suggested ways to reduce or combat loneliness and depression among the elderly people.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV515

Prevalence and risk factors of peripartum depressive symptoms among South Korean women – Preliminary data of a large prospective study



S.Y. Lee^{1,*}, H.M. Ryu²

¹ Dankook University College of Medicine-Cheil General Hospital and Women's Health, Psychiatry, Seoul, Republic of Korea

² Dankook University College of Medicine–Cheil General Hospital and Women's Health, Obstetrics and Gynecology, Seoul, Republic of Korea

* Corresponding author.

Objective The aim of this study was to assess period prevalence and risk factors of peripartum depression in South Korean women.

Methods Two thousand four hundred and forty-nine women in their first trimester of pregnancy were recruited, 1355 women were followed to the end of the study (1 month after delivery), 423 women are before the 1 month after delivery, 671 were dropped out. There were four time points of assessment – 12, 24, 36 weeks of gestation and 1 month after delivery. Depressive symptoms were assessed using the validated Korean version of the Edinburgh Postnatal Depression Scale. Risk factors were assessed across the demographic features, past histories, obstetric histories, and psychosocial status.

Results The prevalence of peripartum depressive symptoms (above 10 points of K-EPDS) was found to be 18.8% at 1st trimester, 12.9% at 2nd trimester, 12.6% at 3rd trimester, and 15.7% at 1 month after delivery. Identified risk factors of depression at 1st trimester were unmarried status, employed status, low family income, familial history and past history of depression, multigravida, unplanned pregnancy, hyperemesis, and threatened abortion. In psychological aspects, higher distress, lower marriage satisfaction, and lower quality of life increased the risk of depression. The analyses to identify risk factors of postpartum depression will be performed after the deliveries of recruited mothers are complete.

Conclusion A substantial proportion of mothers suffered from peripartum depression from their early pregnancy in Seoul, Korea. Intervention based on identified risk factors would be recommended to help depressive pregnant mothers.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV516

Mindfulness, self-compassion and spiritual well-being in chronic depression



E. Silva, S. Simões, H. Espírito-Santo, M. Marques, L. Lemos*
Miguel Torgal Institute, Psychology, Coimbra, Portugal

* Corresponding author.

Introduction Depression is one of the main causes of incapacity worldwide. Research has shown that mindfulness practice, self-compassion promotion, and spiritual well-being are beneficial for depressed individuals.

Objective Analyze the associations between compassion, mindfulness, and spiritual well-being, during and after a therapeutic intervention (concluded less than a year ago).

Aims To determine if mindfulness, self-compassion, and spiritual well-being are predictors of depression.

Method Patients diagnosed with chronic depression were treated in a residential therapeutic community for a period of six to eight months. The 63 participants (M = 32.84, SD = 10.24, range = 15–50 years old; 32 during treatment; 31 after treatment) were assessed with the Beck Depression Inventory, the Questionnaire of the Five Facets of Mindfulness, the Self-Compassion Scale, and the Spiritual Well-Being Questionnaire.

Results There were differences in mindfulness, self-compassion, spiritual well-being and depression by sex, existence of previous psychiatric treatment, moment of the study (during versus after intervention), and depression levels. After intervention the group had higher levels of mindfulness and self-compassion (common humanity) and lower levels of over-identification, compared with group during treatment. The predictors of depression were the self-judgment dimension of the self-compassion scale and, negatively, the mindfulness dimensions of non-reactivity and non-judging, and the spiritual well-being dimension of personal well-being.

Conclusion Results confirm the relationship between the study variables and depression. This reinforces the importance of intervention based on positive psychology enhancing positive areas of human experience, rather than focusing on psychological pain, weaknesses, and disabilities.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV517

Characteristic distributions of CBF changes in remitted geriatric depression



W. Liao^{1,*}, Z. Wang², H. Shu¹, Z. Zhang¹

¹ Neuropsychiatric Institute and Medical School of Southeast University, Neurologic Department, Nanjing, China

² Hangzhou Normal University, center for cognition and brain disorders, Hangzhou, China

* Corresponding author.

Background The cerebral blood flow (CBF) is an absolute measure that superior to the relative measure of neural activity, blood oxygenation-level-dependent (BOLD). The previous studies have reported CBF abnormalities in the adult depressive patients. However, it is not clear whether the abnormal CBF could be improved in the remitted geriatric depression (RGD).

Methods We enrolled 82 RGD patients and 90 age and education matched healthy controls. All the subjects underwent 3-T MRI with pseudo arterial spin labeling (pASL), and the pASL data were analysis voxel-by-voxel with control the gray matter volume.

Results Compared with the healthy controls, the RGD patients demonstrated higher relative CBF value in left inferior temporal gyrus and left precuneus; while lower relative CBF value in right medial temporal and occipital cortex, right insula operculum (including parts of frontal, temporal and parietal cortex) and insula, right medial frontal cortex. When compared with the remitted early onset depression (EOD), the remitted late onset depression (LOD) showed lowed relative CBF value in right angular gyrus. While there was no significantly different relative CBF value between the RGD patients accompany with MCI and RGD patients with cognitive normal.

Conclusion The late life depression persists with CBF abnormalities in the remitted state. And it is implicit that hyperperfusion in the left brain cortex and hypoperfusion in the right brain cortex could be the specific form to RGD patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV518

Civilization syndrome. New diagnosis and new therapeutic approach



B. Łoza*, M. Polikowska

Medical University of Warsaw, Psychiatry, Warsaw, Poland

* Corresponding author.

Introduction Although the relationship between the content of stress and serious diseases, such as depression is not so obvious, underlying mechanisms encouraging more and more authors to define a 'civilization syndrome' as a link between our modern lifestyle, the civilization we live and psychosocial health problems. With regard to the 'civilization syndrome', there are several new candidates that have been spotted as the challenges for psychiatric research, like burnout, infertility and solitude. All these phenomena seem to increase epidemically and require urgent conceptual and therapeutic studies.

Aim . The program was addressed to three groups of patients with burnout, infertility, and social relationship/loneliness crisis.

Method Using the new stress reduction program (SRP), engaging both pharmacological and psychotherapeutic approach, and also several lifestyle factors, like physiotherapy, nutrition aspects, coaching, social media contact and monitoring, most of patients improved in terms of emotional and behavioral markers, in short- and long-term (4–6 months) observations.

Material Patients and clients (N43) with F3.x-F4.x disorders according to ICD-10.

Results A variety of PRS scales were used to assess patients' improvement outcomes. Significant reductions (4–6 months) were observed at Maslach Burnout Inventory (-23.4% , $P=0.000$), Fertility Problem Inventory (-34.5% , $P=0.000$), UCLA Loneliness Scale, ver. 3 (-43.3% , $P=0.000$), and Perceived Stress Scale (44.0% , $P=0.000$).

Discussion This program interplays between stress and mental health problems and opens up new possibilities for diagnosis and therapy, focusing on the challenges of civilization, and especially opens up preventive options in stress-related problems and diseases, which represent a growing health burdens in modern society.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV519

Metabolic dysregulation as predictor for the course of late-life depression



R. Marijnissen^{1,*}, N. Vogelzangs², M. Mulder³, R. van den Brink⁴, H. Comijs², R. Oude Voshaar⁴

¹ Wolfheze, Netherlands

² VU University Medical Center, Department of Psychiatry/GGZinGeest & Institute for Extramural Medical Research EMGO, Amsterdam, Netherlands

³ Arnhem, Netherlands

⁴ University Medical Center Groningen- University of Groningen, University Center of Psychiatry & Interdisciplinary Center for Psychopathology of Emotion Regulation, Groningen, Netherlands

* Corresponding author.

Introduction Depression is associated with the metabolic syndrome (MS). Recently, the concept of 'metabolic depression' has been proposed based on a protracted course of depressive symptoms over time.

Objective and aims Within the Netherlands study of depression in older persons, we examined whether metabolic dysregulation predicted the two-year course of depression.

Methods A cohort study ($n=285$) of depressed persons (≥ 60 years) with two-year follow up. Depression was classified according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). Severity of depression was assessed with sum score as well as subscale scores of the Inventory of Depressive Symptomatology (IDS) at six-month intervals. The metabolic syndrome was defined according the National Cholesterol Education Program (NCEP-ATP III). We applied logistic regression and linear mixed models adjusted for a wide range of confounders and severity of depression at baseline.

Results The number of MS-components predicted non-remission at two-years (OR=1.28 [95% CI: 1.00–1.58], $P=0.047$), which was driven by waist-circumference, HDL-cholesterol and triglycerides. MS was only associated with the somatic symptom subscale score of the IDS over time, but not with its sum score (interaction time \times somatic subscale, $P=0.002$). This effect was driven by waist circumference, elevated fasting glucose level and hypertension.

Conclusion Metabolic dysregulation predicts the course of late-life depression. This effect seems to be driven by visceral obesity (as indicated by the waist circumference) and lipid dysregulations and with respect to the somatic symptoms of depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV520

The role of self-compassion in lifetime history of depression: A study in Portuguese pregnant women



E. Bento¹, S. Xavier¹, J. Azevedo¹, M. Marques^{1,2}, M.J. Soares¹, M.J. Martins^{1,3,*}, P. Castilho³, N. Madeira², A. Macedo^{1,2}, A.T. Pereira¹

¹ Faculty of Medicine-University of Coimbra, Department of Psychological Medicine, Coimbra, Portugal

² Coimbra Hospital and University Centre-Portugal, Psychiatry, Coimbra, Portugal

³ Faculty of Psychology and Educational Sciences - University of Coimbra, CINEICC, Coimbra, Portugal

* Corresponding author.

Introduction Although self-compassion has been pointed as an effective strategy for coping with depression, there are not any studies investigating its association with lifetime history of depression (LTHD).

Objective To compare self-compassion levels in pregnant women with vs. without LTHD and to analyze if self-compassion dimensions are significant predictors of LTHD.

Methods Four hundred and twenty-seven pregnant women with a mean age of 33 years (± 4.785) in their second trimester of pregnancy completed the Self Compassion Scale validated for pregnancy (SCS; Bento et al., 2015) and a new self-report questionnaire to evaluate the presence of LTHD according to DSM-5 criteria for depression.

Results Ninety-seven (23.0%) women had LTHD. Bisserial Spearman correlations between LTHD and SCS total score were significant, negative and moderate ($r=-0.31$). SCS subscales, except Common Humanity, showed significant correlations: Self-Kindness/SK ($r=-0.130$), self-judgement (SJ) (0.313), isolation (0.357), mindfulness ($r=-0.102$), over-identification (OI) ($r=0.393$). Independent sample *t* tests revealed that women with vs. without LTHD had significantly lower levels of total SCS, SK and Mindfulness scores and higher levels of SJ, Isolation and OI. Logistic regression (assumptions were fulfilled, Tabachnick and Fidell, 2007) showed that the SCS explained 26.7%–43.6% of the LTHD variance and correctly classified 86.9%; the odds ratio (OR) was 865 (95% CI 0.834–0.898; $P<0.001$). The model composed by the correlated dimensions explained 15.9%–24.0% and correctly classified 80.6%. Odds ratios: SK=0.017; SJ=0.021; isolation = 16.027; mindfulness = 0.167 and OI = 20.178 (all $P<0.05$).

Conclusions Self-compassion, specifically the ability to treat oneself with care and understanding and to be aware and accepting one's present-moment experiences, decrease the probability of having LTHD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV521

Interictal depressive disorders in epilepsy patients



A. Matos Pires^{*}, Y. Martins, M. Suarez Gomez
Local Health Unit of Baixo Alentejo, Department of Psychiatry and Mental Health, Beja, Portugal

* Corresponding author.

Introduction Depression is recognized as more frequent psychiatric disorder in epilepsy patients with significant impact on their health-related quality of life.

Aims To analyze the occurrence and clinical particularities of different types of interictal depression in epilepsy patients.

Methods One hundred and fourteen epilepsy patients with interictal depression were assessed with a clinical interview and Hamilton depression and anxiety rating scales. Diagnostic criteria of ICD-10 and of the International League Against Epilepsy (ILAE) were used.

Results A total of 45.6% of patients met ILAE criteria of interictal dysphoric disorder (IDD) with predominance of depressive mood, irritability, fear and atypical pain. All patients had chronic epilepsy with specific epileptic personality changes. Comorbid adjustment disorders (depressive and anxious-depressive reactions) were diagnosed in 27.2% of patients. The most frequent trigger situations were: family problems, serious illness, unemployment, financial difficulties. In more than half of patients were registered specific personality changes whose severity was in inverse ratio with trauma severity. A total of 18.4% of patients met criteria of comorbid affective disorder (depressive and bipolar) with some specific clinical traits due to personality changes. In 8.8% of patients, anticonvulsant-induced depression was observed; it was clinically simple, resolved after offending medication withdrawal.

Conclusions Observed depressive disorders were heterogeneous: comorbid or attributed to epilepsy or its treatment. The most frequent condition was IDD. Specific personality changes may contribute to higher susceptibility and development of psychogenic depression. We emphasize the importance of treatment history (possibility of anticonvulsant-induced depression).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV522

Regulation of serum spadin propeptide: An antidepressant response probe



J. Mazella*, C. Devader, M. Roulot, M. Borsotto, C. Heurteaux
Institut de pharmacologie moléculaire et cellulaire, CNRS–Life science, Valbonne, France

* Corresponding author.

Objectives We previously discovered that spadin, a short analogue of the propeptide (PE) released from the maturation of sortilin, displays potent antidepressant properties. Since the PE level can be measured in the blood, we aimed to investigate how the PE serum concentration is regulated in mice. We wondered whether the PE serum levels vary between healthy subjects and patients with major depressive disorder (MDD).

Methods We developed a dosing method based on the AlphaScreen™ technology (Perkin) which allow to selectively detect both PE, spadin and metabolic products from these peptides with a detection range of 1 ng/mL.

Results We found that insulin significantly up-regulated serum PE concentration from 26.15 ± 2.63 to 41.43 ± 6.27 nM ($P=0.0318$). Analysis during circadian cycle in mice revealed that the amount of PE and its derivatives significantly varied during the cycle being higher during the period of maximal activity (dark period). We also measured serum insulin concentration between 1 and 7 pm and observed a significant rise confirming the relationships between insulin and PE concentration. We showed that the serum level of PE is lower in depressive patients than in healthy non-psychiatric. We observed that the weaker level of PE in depressive patients can recover the level of healthy subjects after a chronic antidepressant treatment.

Conclusions Dosing the serum level of PE could be a promising approach for the diagnosis of depression and to determine the remission of the disease.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV523

Treatment of mild to moderate major depressive disorder with agomelatine in patients with cardiovascular disorders (national observational multicenter study “pulse”)



V. Medvedev

Moscow, Russia

Introduction The urgency of depression treatment in patients with cardiovascular diseases (CVD) is determined by the increasing prevalence of affective disorders. For these patients, tolerance and safety of antidepressants are of great importance.

Objective To obtain additional data on therapeutic efficacy and tolerance of agomelatine in the treatment of mild to moderate depressive disorders in cardiologic practice in Russia.

Methods Eight hundred and ninety-six adult patients with CVD (86.5% arterial hypertension, 29.5% stable angina, 16% myocardial infarction, 23.6% conduction disturbances, 17.6% chronic heart-failure) were treated with agomelatine 25-50 mg for 12 weeks. Depression and anxiety symptoms were evaluated via Hospital Anxiety and Depression Scale (HADS), Clinical Global Impression (CGI-S and CGI-I), Visual Analog Scale (VAS), Spielberger Anxiety Scale (SAS), Whitely Hypochondria Index (WHI) and quality of life questionnaire (SF-36). Safety and tolerance were also monitored according to the summary of product characteristics recommendations.

Results HADS scores decreased throughout the study and severe anxiety rate decreased from 95.9% to 15%. After 12 weeks of treatment, remission (HADS < 7) rate was 84.6%. Subjective assessment of patient health significantly improved ($P < 0.00001$). WHI decreased significantly ($P < 0.00001$). Physical and mental health significantly improved ($P < 0.00001$). Heart rate and blood pressure decreased. Treatment acceptability was considered “excellent” by 82% of doctors and 75% of patients.

Conclusion Agomelatine significantly improved depressive symptoms, anxiety and hypochondria in depressed patients with CVD and demonstrated good tolerance. This suggests the possibility of wide and safe use of agomelatine for treatment of depression in patients with CVD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV524

Premorbid temperament as a predictor for remission in depression



J. Miettunen^{1,*}, R. Marttila², N. Rautio², E. Roivainen³, S. Keinänen-Kiukaanniemi², L. Ala-Mursula², J. Auvinen², M. Timonen²

¹ Oulu, Finland

² University of Oulu, Center for Life Course Epidemiology and Systems Medicine, Oulu, Finland

³ Verve Rehabilitation, Oulu, Finland

* Corresponding author.

Introduction Personality traits have been associated with risk for depressive disorders. Studies with premorbid measures on personality are uncommon.

Objective Estimate effect of premorbid personality as a predictor for remission in depressive disorders.

Aim To study premorbid personality as a predictor for remission in depression in a population based sample.

Methods The sample is based on the large Northern Finland Birth Cohort 1966. Temperament traits were measured at age 31 years using the Temperament and Character Inventory. At the age of 46 years depressive symptoms were measured using the Beck Depression Inventory – II (BDI). The sample included those with self-reported life-time depression history at age 46 years but not yet at age 31 years ($n = 298$). Temperament at age 31 years was used to predict remission ($BDI \leq 13$) at age 46 years using logistic regression analysis, with gender and educational level as confounders. Cohen's d was used as effect size measure.

Results Two hundred and one (67.4%) of individuals with self-reported depression were on remission at the follow-up. Low harm avoidance (total scale, and subscales anticipatory worry, shyness, and fatigability), low impulsiveness and high exploratory excitability (subscales of novelty seeking), and low sentimentality (subscale of reward dependence) predicted significantly remission with effect sizes between 0.28 and 0.45, highest effect being in harm avoidance.

Conclusions Different temperament traits were able to predict remission status in depression. Effect sizes were between small and moderate. Temperament may associate with treatment response in depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV525

The importance of art therapy in the integrative treatment of recurrent depressive disorder – case study



J. Pavlovic Stojkovic¹, M. Milosavljevic^{1,*}, M. Vukovic¹, L. Vidic¹, D. Lecic Tosevski^{1,2,3}

¹ Institute of Mental Health, Clinical Department for Crisis Situations and Affective Disorders, Belgrade, Serbia

² Serbian Academy of Sciences and Arts, Medicine, Belgrade, Serbia

³ University of Belgrade, Medical Faculty, Belgrade, Serbia

* Corresponding author.

An integrative treatment of patients with affective disorders during hospitalisation also includes art therapy. Art therapy, as a form of expressive therapy, uses the creative process to encourage communication, expression of feelings and offers the space for mutual mirroring. This paper presents a patient who has been treated for approximately five years under the diagnosis of a recurrent depressive disorder (F33) and mixed personality disorder (F61). The patient has been experiencing unrecognised and untreated problems of the depression spectrum since 1993, when he took part in the Yugoslav war. The main issue was the somatic symptoms (headaches, nausea etc). Another major problem during his psychiatric treatment and an additional cause of unsatisfactory therapeutic effect was his inability to verbalise his feelings. In the course of art therapy, when the patient was given a topic "How I see myself in five years", he drew a man who appeared to be sleeping and explained that he could not see himself in five years' time, since he would not be alive at the time and that he could not see a way out of the current situation. With the help of a supportive group, for the first time since the beginning of his treatment, he spoke about his thoughts and feelings of hopelessness, sorrow, alienation and loneliness. This enabled new insight into the patient's depression. This clinical example shows how art therapy and reaction of the group, which was supportive and highly associative, can turn the non-verbal into verbal and non-communication into communication.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV526

Toward evidence-based medical statistics: Re-evaluate the efficacy of antidepressants by using Bayes factors



R. Monden^{1,*}, D.V. Stijn¹, W. Klaas¹, R. Annelieke¹, M. Richard², W. Eric-Jan³

¹ University Medical Center Groningen, Psychiatry, Groningen, Netherlands

² Cardiff University, School of Psychology, Cardiff, United Kingdom

³ University of Amsterdam, Psychology, Amsterdam, Netherlands

* Corresponding author.

Introduction Studies have been reported the similar efficacy of antidepressants (effect size around 0.3), and it is difficult for clinicians to select an antidepressant. This may partly due to the use of a $p < .05$ null-hypothesis significance testing (NHST) framework to evaluate "substantial evidence". This framework only allows dichotomous conclusions and does not quantify the strength of evidence supporting efficacy. In addition, meta-analyses based on publications may offer positively biased results due to selective publications.

Objectives Demonstrate that the Bayesian framework can provide valuable information on the strength of the evidence for drug efficacy.

Aims Re-evaluate the efficacy of FDA-approved antidepressants applied to anxiety disorders and depression by means of Bayes factors.

Methods To avoid selective publication, data of double-blind placebo-controlled trials for FDA-approved antidepressants for the treatment of anxiety disorders and depression were extracted from the FDA. Bayes factors (BFs) were calculated and compared with the results obtained under NHST framework.

Results A large variance of evidence for the efficacy of antidepressants was found for both depression and anxiety disorders. Among trials providing "substantial evidence" according to the FDA for anxiety disorders, only 27 out of 59 dose groups obtained strong support for efficacy according to the typically used cut-off of $BF \geq 20$. For depression, all FDA-approved antidepressants had $BF \geq 20$, except for bupropion. Moreover, it was shown that the tested antidepressants can be differentiated based on the strength of evidence and effect size.

Conclusions The BFs quantified the comparative evidence base for the efficacy of antidepressants.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV527

Anxiety, depression, perceived social support and quality of life in Malaysian breast cancer patients: A 1-year prospective study



C.G. Ng^{1,*}, S. Mohamed², M.H. See³, F. Harun⁴, A.H. Sulaiman¹, N.Z. Zainal¹, N.A. Taib³

¹ University of Malaya, Department of Psychological Medicine, Kuala Lumpur, Malaysia

² Faculty of Medicine-Universiti Teknologi MARA, Department of Psychiatry, Kuala Lumpur, Malaysia

³ University Malaya Medical Centre, Department of Surgery, Kuala Lumpur, Malaysia

⁴ University of Malaya, Department of surgery, Kuala Lumpur, Malaysia

* Corresponding author.

Background Depression and anxiety were common psychiatric morbidity among breast cancer patient. This study aims to study the level of depression, anxiety, QoL and PSS among Malaysian breast

cancer women over a period of 12 months and their associations at baseline, 6 and 12 months.

Methods It is a 12-months prospective cohort study. Two hundred and twenty one female patients were included into the study. They were assessed at the time of diagnosis, 6 months and 12 months using Hospital Anxiety and Depression Scale (HADS), Quality-of-Life Questionnaire (QLQ-C30), Version 3.0 and Multidimensional Scale of Perceived Social Support (MSPSS). Relevant socio-clinical characteristic information was collected.

Results The HADS anxiety and depression subscales scores of the subjects were relatively low. The level of anxiety reduced significantly at 6 and 12 months (baseline – 6 months, $P=0.002$; baseline – 12 months, $P<0.001$). There were no changes in the level of depression over the study period. The global status of QoL and MSPSS scores were relatively high. There was positive correlation between the global status of QoL and MSPSS for the study subjects (Spearman's $\rho=0.31-0.36$). Global status of QoL and MSPSS scores were negatively correlated with anxiety and depression.

Conclusion Malaysian breast cancer women had relatively better QoL with lower level of anxiety and depression. Perceived social support was important associated factor for better QoL with low level of psychological distress. It reflected the importance of enhancing and maintaining the social support system for breast cancer patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV528

Impact of pain and remission in the functioning of patients with depression in China

D. Novick^{1,*}, Q. Shi², L. Yue², W. Montgomery³, M.V. Moneta⁴, S. Siddi^{4,5}, J.M. Haro⁴

¹ Eli Lilly and Company, Windlesham, Surrey, UK

² Lilly Suzhou Pharmaceutica Company, Ltd., Shanghai, China

³ Eli Lilly Australia Pty Ltd, West Ryde, Australia

⁴ Parc Sanitari Sant Joan de Déu, Fundació Sant Joan de Déu, CIBERSAM, Universitat de Barcelona, Barcelona, Spain

⁵ Section of Clinical Psychology, Department of Education, Psychology, Philosophy, University of Cagliari, Italy

* Corresponding author.

Introduction Major depressive disorder (MDD) is the second leading cause of disability in China.

Objective To analyze functioning during the course of treating MDD in China, Taiwan and Hong Kong.

Aims To study the influence of pain and clinical remission on functioning.

Methods This was a post-hoc analysis of a 6-month, prospective, observational study ($n=909$) with 422 patients enrolled from China ($n=205$; 48.6%), Taiwan ($n=199$; 47.2%) and Hong Kong ($n=18$; 4.2%). Functioning was measured with the Sheehan Disability Scale (SDS), pain with the Somatic Symptom Inventory, and severity of depression with the Quick Inventory of Depressive Symptomatology-Self Report 16 (QIDS). Patients were classified as having no pain, persistent pain (pain at any visit) or remitted pain (pain only at baseline). A mixed model with repeated measures was fitted to analyze the relationship between pain and functioning.

Results At baseline, 40% of the patients had painful physical symptoms. Patients with pain had a higher QIDS and lower SDS ($P<0.05$) at baseline. At 6 months, patients with persistent pain had lower functioning ($P<0.05$). The regression model confirmed that clinical remission was associated with higher functioning at endpoint and that patients with persistent pain had lower functioning at endpoint when compared with the no pain group.

Conclusions Patients presenting with pain symptoms had lower functioning at baseline. At 6 months, pain persistence was



associated with significantly lower functioning as measured by the SDS. Clinical remission was associated with better functional outcomes. The course of pain was related to the likelihood of achieving remission.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV529

Prevalence of involuntary hospitalization in patients with depressive disorders

Á. Palma Conesa^{1,2,*}, F.N. Dinamarca Cáceres^{1,2}, M. Grifell Guardia^{1,2}, L. Galingo Guarín^{1,2}, L. González Contreras¹, M.T. Campillo Sanz¹, V. Pérez Solà^{1,2}

¹ Institut de Neuropsiquiatria i Addiccions-Parc de Salut Mar – Barcelona – Spain, Psychiatry, Barcelona, Spain

² Institut Hospital del Mar d'Investigacions Mèdiques-IMIM-Parc de Salut Mar-Barcelona-Spain, Psychiatry, Barcelona, Spain

* Corresponding author.

Introduction Depression is a disabling disorder with a high socio-economic impact. It might require hospitalization for symptom control and/or harm prevention. Other depressive disorders might as well require hospitalization in benefit of the patient. Hospitalization may be involuntary. Hospitalization willingness in depressive patients has not been systematically studied in recent years.

Objective The aim of this study is to explore the necessity of involuntary hospitalization in patients presenting depressive symptoms at the emergency service that were later diagnosed with a depressive disorder.

Materials and methods From all patients visited in the psychiatric emergency service from 2012 to April 2015 those that were hospitalized in the acute mental health unit and diagnosed with a depressive disorder were studied. All those monopolar depression diagnoses were considered, excluding those within the bipolar spectrum. Diagnosis followed CIE-9 criteria. A descriptive cross-sectional study of the samples was then conducted. Statistical analysis was performed using SPSS software (SPSS Inc., Chicago, Ill.).

Results From all 385 depressive disorders, 169 were involuntary admissions (43.9%), 196 were voluntary (50.9%) and 20 were scheduled (5.2%), difference was statistically significant ($P<0.05$). Mean age, was 59.52 years for involuntary admissions, 61.7 for voluntary and 63.6 years for scheduled, with a statistically significant difference ($P<0.05$). Gender differences were not significant.

Conclusions Most depressive disorders were hospitalized voluntarily. However, a relevant percentage of patients required involuntary hospitalization. Younger patients presented a higher ratio of involuntary hospitalization. Reasons for involuntary hospitalization needs should be further studied.

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EV530

Defense mechanism maturity and the severity of depressive symptoms

M. Pandža^{1,*}, M. Klarić², S. Lovrić², I. Čolak², J. Mandarić²

¹ University of Mostar, Department of Psychology, Mostar, Bosnia and Herzegovina

² University Hospital Mostar, Psychiatry Clinic, Mostar, Bosnia and Herzegovina

* Corresponding author.



This study explores the role of mood disorders' symptoms salience on different types of defense mechanisms (mature, neurotic, immature) predominance. Total of 255 both clinical and non-clinical participants in Mostar, Bosnia & Herzegovina, completed a Defense Style Questionnaire (DSQ-40; Andrews, Singh & Bond, 1993) and Beck Depression Inventory-II (BDI; Beck, Steer & Brown, 1996). The sample was additionally divided into four groups, given the level of symptoms experienced: 1. Minimal, 2. Mild, 3. Moderate, 4. Severe depression. Results show that participants with minimal depressive symptoms use mature defense mechanisms more often than other three groups. Immature mechanisms are most commonly used by the group with severe depression levels in comparison with other groups. These differences are discussed within the dynamic level of analysis to have a better understanding of the relationship between defense mechanisms' maturity and the degree of mood disorders' symptom severity. In addition, these results could serve as an implication for the future therapeutic treatment plans.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV531

Depression in pregnancy associated with lower consumption of salads



V. Papakosta^{1,*}, M. Papaliagka², S. Mpakouras¹, A. Garas³

¹ Technological Educational Institute of Thessalia-Larissa-Greece, Nursing School, Larissa, Greece

² Technological Educational Institute of Thessalia- Larissa- Greece - University of Thessalia- Larissa- Greece, Nursing School- Medical School, Larissa, Greece

³ University of Thessalia-Larissa-Greece, Medical School, Larissa, Greece

* Corresponding author.

Introduction A considerable amount of studies support the association of depression with nutritional factors, especially fruit and vegetables. Little evidence exists concerning mood and nutritional habits of pregnant women in Greece.

Objective Our specific objective was to examine potential relationships between fruit and vegetable consumption and depression in pregnant women.

Aims The overall aim of this study was to investigate the nutritional habits and the depression level of healthy pregnant women in Greece.

Method Eighty-eight healthy pregnant women, aged 25–44 years (mean ± standard deviation: 32.41 ± 3.9), were studied with the aid of a questionnaire addressing eating habits and the Beck Depression Inventory (BDI).

Results Twenty-four women were found having mild to moderate depression (score 20–24, according to BDI) associated with lower consumption of salads ($P < 0.05$). No association was found between depression and consumption of fruit or fruit juices, or prescribed supplements (Ca, Fe, Mg, folic acid).

Conclusion Interestingly, in our sample an association of depression in pregnancy was found with the consumption of salads but not fruit or fruit juices. The presence of vitamin B in vegetables is one of the factors differentiating them from fruit. So it might be a crucial element for further research.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV532

Mindfulness, self-compassion and depressive symptoms in pregnant women



A.T. Pereira^{1,*}, S. Xavier¹, E. Bento¹, J. Azevedo¹, M. Marques^{1,2}, M.J. Soares¹, V. Freitas¹, A.M. Pinto^{1,3}, C. Roque², A. Macedo^{1,2}

¹ Faculty of Medicine - University of Coimbra, Psychological Medicine, Coimbra, Portugal

² Coimbra Hospital and University Centre, Psychiatry, Coimbra, Portugal

³ Faculty of Psychology and Educational Sciences - University of Coimbra, CINEICC, Coimbra, Portugal

* Corresponding author.

Introduction Depressive symptoms in pregnancy are risk factors for postpartum depression and associated to adverse child outcomes (Glover, 2014). Depressive symptoms decreases after participation in mindfulness and self-compassion based interventions for pregnant women (e.g. Goodman et al., 2014). However, apart from intervention trials, there are not studies on the relationship between mindfulness, self-compassion and depressive symptoms in pregnancy (Zoeterman, 2014).

Objective To explore the association between mindfulness, self-compassion and depressive symptoms in pregnant women.

Methods Four hundred and twenty-seven pregnant women (mean age: 32.56 ± 4.785 years) in their second trimester of pregnancy completed a set of self-report questionnaires validated for pregnancy: Facets of Mindfulness Questionnaire-10 ([FMQ-10]; Azevedo et al., 2015; to evaluate Nonjudging of experience/NJ, acting with awareness (AA) and observing and describing (OD), Self-Compassion Scale ([SCS]; Bento et al., 2015; to evaluate self-kindness, self-judgment, common humanity [CH], isolation, mindfulness and over-identification [OD]) and Postpartum Depression Screening Scale-24 (PDSS-24; Pereira et al., 2013). Only variables significantly correlated with the outcomes were entered in the multiple regression models.

Results FMQ-10 and SCS Total scores were both significant predictors of PDSS-24 ($B = -0.294, -0.272$). Derealization and failure predictors were NJ and Isolation ($B = -0.234, 0.384$); Suicidal ideation predictor was NJ, OD and isolation ($B = -0.152; -0.115; 0.334$); concentration difficulties and anxiety predictors were isolation and CH ($B = 0.296; -0.201$); Sleep difficulties predictors were AA and isolation ($B = -0.199; 0.248$) (all $P < 0.05$).

Conclusions Mindfulness and self-compassion dimensions, particularly nonjudging of experience, acting with awareness, observing and describing are protective correlates of antenatal depressive symptoms. Isolation is a correlate of PD in pregnancy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV533

Somatic symptoms as measured by SSI-26 (Somatic Symptom Inventory) correlate with social and physical functioning (SF36) in depressed patients. The relative contribution of anhedonia



A.L. Pérez Morenilla^{1,*}, A. Salazar², I. Failde², J.A. Mico³

¹ University Hospital Puerta del Mar-Cádiz, Psychiatry, Cádiz, Spain

² University of Cádiz, Preventive Medicine and Public Health Area, Cádiz, Spain

³ CIBER of Mental Health-CIBERSAM Group G18 Spain, Carlos III Health Institute, University of Cádiz, Neuroscience Pharmacology and Psychiatry, Cádiz, Spain

* Corresponding author.

According to the DSM5, Somatic Symptom Disorder (SSD) is characterized by somatic symptoms that are either very distressing or result in significant disruption of functioning. These criteria are significantly different compared with previous editions of DSM. For example, the DSM-IV diagnosis of somatization disorder required a specific number of complaints from among four symptom groups, however the SSD criteria no longer have such a requirement. Nevertheless somatic symptoms must be significantly distressing or disruptive to daily life. Very few studies have focussed on the influence of suffering anhedonia on the perception of somatic symptoms and how this impact on Health Related Quality of Life (HRQoL), particularly physical functioning. We studied the relative impact of somatic symptoms on the social and physical functioning in depressed patients. Moreover we have explored the influence of anhedonia as measured by the Snaith-Hamilton Anhedonia Pleasure Scale (SHAPS). We analysed the correlations between the scores of the 8 dimensions of the SF-36, the SSI-26 and the SHAPS questionnaires. The results show a significant correlation between SSI-26 score and physical functioning ($r = -0.565$; $P < 0.001$), role physical ($r = -0.551$; $P < 0.001$), bodily pain ($r = -0.659$; $P < 0.001$), general health ($r = -0.534$; $P < 0.001$), vitality ($r = -0.481$; $P = 0.001$), social functioning ($r = -0.302$; $P = 0.044$) and mental health ($r = -0.461$; $P = 0.001$). Additionally, SHAPS score correlates with vitality ($r = -0.371$; $P = 0.012$), social functioning ($r = -0.574$; $P < 0.001$) and mental health ($r = -0.445$; $P = 0.002$). The results demonstrated that both somatic symptoms and level of anhedonia negatively correlate with HRQoL, suggesting a potential relationship between level of anhedonia and some somatic symptoms. This could impact on the diagnosis and treatment of depressed patients with somatic symptoms and anhedonia.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV534

First evidence for glial pathology in late life minor depression: S100B is increased in males with minor depression

M. Polyakova^{1,*}, C. Sander², K. Arelin¹, L. Lampe¹, T. Luck³, J. Kratzsch⁴, K.T. Hoffman⁵, S. Riedel-Heller³, A. Villringer¹, P. Schoenknecht², M. Schroeter⁶

¹ Max Planck Institute for Human Cognitive and Brain Sciences, Neurology, Leipzig, Germany

² University of Leipzig, University clinics for psychiatry and psychotherapy, Leipzig, Germany

³ University of Leipzig, Institute of Social Medicine-Occupational Health and Public Health, Leipzig, Germany

⁴ University of Leipzig, Institute of Laboratory Medicine- Clinical Chemistry and Molecular Diagnostics, Leipzig, Germany

⁵ University of Leipzig, Department of Neuroradiology, Leipzig, Germany

⁶ Max Planck Institute for Human Cognitive and Brain Sciences, Day clinic of cognitive neurology, Leipzig, Germany

* Corresponding author.

Minor depression is diagnosed when a patient suffers from two to four depressive symptoms for at least two weeks. Though minor depression is a widespread phenomenon, its pathophysiology has hardly been studied. To get a first insight into the pathophysiological mechanisms underlying this disorder we assessed serum levels of biomarkers for plasticity, glial and neuronal function: brain-derived neurotrophic factor (BDNF), S100B and neuron specific enolase (NSE). Twenty-seven subjects with minor depressive episode and 82 healthy subjects over 60 years of age were selected from the database of the Leipzig population-based study of civilization diseases (LIFE). Serum levels of BDNF,

S100B and NSE were compared between groups, and correlated with age, body-mass index, and degree of white matter hyperintensities (score on Fazekas scale). S100B was significantly increased in males with minor depression in comparison to healthy males, whereas other biomarkers did not differ between groups ($P = 0.10-0.66$). NSE correlated with Fazekas score in patients with minor depression ($r_s = 0.436$, $P = 0.048$) and in the whole sample ($r_s = 0.252$, $P = 0.019$). S100B correlated with body mass index ($r_s = 0.246$, $P = 0.031$) and with age in healthy subjects ($r_s = 0.345$, $P = 0.002$). Increased S100B in males with minor depression, without alterations in BDNF and NSE, supports the glial hypothesis of depression. Correlation between white matter hyperintensities and NSE underscores the vascular hypothesis of late life depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV535

Prevalence of depressive disorders in andalusia: Results from the PISMA-ep study

A. Porras Segovia^{1,*}, L. Aguado Bailón¹, B. Gutiérrez Martínez², J. Cervilla Ballesteros^{1,2}

¹ University Hospital San Cecilio, Mental Health Services, Granada, Spain

² University of Granada, Psychiatry Department, Granada, Spain

* Corresponding author.

Introduction Depressive disorders are the most prevalent mental diseases and they cause a major impact in our society.

Objectives The objective of this study is to establish the prevalence of depressive disorders in Andalusia.

Aims The aim is to provide useful information regarding this prevalent and disabling condition, in order to contribute to its prevention and treatment.

Methods Our results proceed from the PISMA-ep study, undertook in Andalusia. In this cross-sectional community based study, 4507 participants between 18 and 75 years of age were interviewed by fully trained professionals. The main diagnostic tool was the Spanish version of the MINI Neuropsychiatric International Interview.

Results Our sample consists of 4507 participants. 50.9% of them were females. Mean age was 42.8 years. The estimated one-month prevalence of any mood disorder was 7.9% (7.1–8.6). The estimated one-month prevalence of major depression was 6, 4% (5.6–7.1). The prevalence of the other measured depressive disorders were as follows: Recurrent depressive episode: 3.7% (3.2–4.3), Melancholic depression: 3% (2.5–3.5), Severe depressive episode with psychotic symptoms: 1.4% (1.1–1.8).

Conclusions The PISMA-ep is the first large mental health epidemiological study ever developed in the largest region of Spain. The results obtained in this region show a higher prevalence of depressive disorders in Andalusia, when compared with prior studies that used a nationally representative sample (i.e. the ESEMeD study). The reasons for this higher prevalence are yet to be explored.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV536

Aspects of quality of life in depression

M.G. Puiu^{1,*}, M.C. Manea², I.A. Andrei¹, A.M. Cristache³, A.A. Frunza¹, M.C. Boer⁴, B.E. Patrichi¹, M.E. Parfene Banu³, M. Manea¹

¹ "Carol Davila" University of Medicine and Pharmacy, Psychiatry and Psychology, Bucharest, Romania



² “Prof. Dr. Alexandru Obregia” Clinical Hospital of Psychiatry, 3th Department, Bucuresti, Romania

³ “Prof. Dr. Alexandru Obregia” Clinical Hospital of Psychiatry, 4th Department, Bucuresti, Romania

⁴ “Prof. Dr. Alexandru Obregia” Clinical Hospital of Psychiatry, “Prof. Dr. Alexandru Obregia” Clinical Hospital of Psychiatry, Bucuresti, Romania

* Corresponding author.

Introduction The quality of life in patients with depression may be a measure of the efficiency of its management. Although quality of life is a subjective concept, difficult to assess, it may be reflected by the degree of social adaptation and the individual’s level of functioning.

Objective The study evaluates the time evolution of depressive symptoms and of some parameters attesting the quality of life in patients diagnosed with depression who are on antidepressant treatment.

Aims Highlighting the evolution in time of depressive symptoms and patients’ perceptions on some aspects of quality of life.

Methods There were included 23 patients who met the criteria of depressive episode, single or within recurrent depressive disorder, according to the International Classification of Diseases (ICD-10-AM), requiring antidepressant treatment. Subjects were evaluated at baseline and after 12 weeks of treatment using the Hamilton Rating Scale for Depression (HAMD), Sheehan disability scale (SDS), Social Adjustment Scale – Self-report (SASS).

Results Statistically significant decrease in mean HAMD scores was observed in the second administration. There were registered statistically significant differences of scores obtained in the two administrations for the 17 items of the SASS scale. Correlations with statistical significance between HAMD scores and some of the SDS areas were observed.

Conclusions Results showed a favorable course of depressive symptoms while under treatment and differences in time of subjects’ perception on several aspects evaluated on SASS for the group studied. Correlations with statistical significance between HAMD scores and some SDS areas were observed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV537

A comparison of the improving in major depressive symptoms as reported by Romanian physicians and patients in a prospective, multicenter, observational study



T. Purnichi^{1,*}, V. Marinescu¹, M. Ladea¹, M.C. Eda², I. Marinescu³, M. Pirlog³, I. Pavel¹, D. Mihalcea¹, G. Paraschiv³, C. Tudose¹

¹ Alexandru Obregia Psychiatric Hospital, Psychiatry, Bucharest, Romania

² Constanta Psychiatric Hospital, Psychiatry, Constanta, Romania

³ Craiova Psychiatric Hospital, Psychiatry, Craiova, Romania

* Corresponding author.

Introduction Depression leads to substantial suffering for the patients, their families and becomes an economic burden for system [1,2]. Patients and clinicians tend to rate the remission differently [3].

Objectives and methods We investigate if clinicians and patients rate different the treatment response. This study assessed the evolution of major depressive episode (MDE) in patients treated with Agomelatine, in Romania. It was designed as a multicentre, observational study that included 1213 adult patients evaluated in 75 sites in 2014. The design included 3 visits (baseline (V1); visit at 2/3

weeks (V2); visit 6/8 weeks (V3)). The scales used were: MADRS, SHAPS, CGI-I, CGI-S, PGI-I, PGI-S.

Results The MDE improvement was significant ($P < 0.001$) for all aspects evaluated. At baseline, more clinicians vs. patients considered the moderately or markedly ill as best descriptors of the state. The difference between the two assessments was even higher for V2 and V3. During V2 clinicians reported “minimally improvement” while patients reported “much improvement” in higher percentage. During V3, both, clinicians and patients reported a “very much improved” clinical status. Of the patients 42.60% reported at V3 “normal”, not at all ill’ in comparison to 34.81% of clinicians who reported the same ($P < 0.001$).

Conclusions This could mean that patients are not aware of the severity of their disease. This data could be interpreted in the way that patients are more prone to rate higher the improvements as response to treatment and the clinicians to rate as response a more than 50% decrease of symptomatology.

References not available.

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EV538

Rumination and primary care depression



K. Riihimäki^{1,*}, M. Vuorilehto², P. Jylhä², E. Isometsä²

¹ Health Care and Social Services, MPY, Järvenpää, Finland

² University of Helsinki and Helsinki University Hospital, Department of Psychiatry, Helsinki, Finland

* Corresponding author.

Introduction Response styles theory postulates that rumination is a central factor in occurrence, severity and maintaining of depression. High neuroticism has been associated with tendency to ruminate.

Objective To evaluate the relationships between rumination, neuroticism and depression in a naturalistic prospective cohort of primary care patients with depressive disorders with life-chart methodology.

Aims We hypothesized, that rumination would correlate with severity and duration of depression and with concurrent anxiety, gender and neuroticism.

Methods In the Vantaa Primary Care Depression Study, a stratified random sample of 1119 adult patients was screened for depression using the Prime-MD. Depressive and comorbid psychiatric disorders were diagnosed using SCID-I/P and SCID-II. Of the 137 patients with depressive disorders, 82% completed the five-year follow-up with a graphic life chart. Neuroticism was measured with the Eysenck Personality Inventory (EPI-Q). Response styles were investigated at five years using the Response Styles Questionnaire (RSQ-43).

Results Rumination correlated significantly with Hamilton Depression Rating Scale ($r = 0.54$), Beck Depression Inventory ($r = 0.61$), Beck Anxiety Inventory ($r = 0.50$), Beck Hopelessness Scale ($r = 0.51$) and Neuroticism ($r = 0.58$). Rumination correlated also with proportion of follow-up time spent depressed ($r = 0.38$). In multivariate regression, high rumination was significantly predicted by current depressive symptoms and neuroticism, but not by anxiety symptoms or preceding duration of depressive episodes.

Conclusions Rumination correlated with current severity of depression, but the association with preceding episode duration remained uncertain. The association between neuroticism and rumination was strong. The findings are consistent with rumination as a state-related phenomenon, which is also strongly intertwined with traits predisposing to depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV539

Plasma concentrations of endocannabinoids and congeners in a primary care sample of depressed patients: Influence of biological variables, severity and antidepressant medication



P. Romero-Sanchiz^{1,*}, R. Nogueira-Arjona², F. Mayoral-Cleries¹, F. Rivas-Guerrero¹, P. Araos-Gómez³, M. Pedraz-Fernández³, A. Serrano-Criado³, F.J. Pavón-Morón³, R. De la Torre-Fornell⁴, A. Pastor-Bosch⁴, F. Rodríguez de Fonseca³

¹ IBIMA – Hospital Regional University Malaga, Mental Health, Málaga, Spain

² IBIMA – University of Malaga, Personality – assessment and psychological treatment, Málaga, Spain

³ IBIMA, Neuropsychopharmacology, Malaga, Spain

⁴ IMIM, Integrated Pharmacology and Systems Neurosciences, Barcelona, Spain

* Corresponding author.

Introduction Endocannabinoid system has been highlighted as one of the most relevant research topics by neurobiologists, pharmacists, basic scientists and clinicians. The association between endocannabinoids and its congeners and mood disorders is relatively recent. However, evidence from both clinical and preclinical studies is increasing and many researchers point out endocannabinoid system and particularly endocannabinoids and congeners as promising pharmacological targets.

Aims and objectives The main objective of this study is to compare the plasma concentrations of endocannabinoids and congeners between a sample of patients with depression and a sample of control subjects, and the influence of variables such as age, body mass index, gender, severity of symptoms, and antidepressant medication.

Method Plasma concentrations of endocannabinoids and congeners will be analyzed in 69 patients with depression from primary care and 47 controls using mass spectrometry analysis.

Results Statistically significant differences in 2-arachidonoylglycerol and monoacylglycerols were found between both samples. Somatic symptoms of depression seems to be more related to these compounds than to cognitive-affective symptoms. In addition, differences between mildly and moderately depressed patients were found in concentrations of AEA, LEA, DGLA and POEA. Patients with antidepressant medication showed higher levels of 2-AG, DGLA and OEA.

Conclusions The results of this study provide evidence supporting the hypothesis that in depression there is a dysregulation of the inflammatory signaling and, consequently the immune system. The results of this study could also support the realization of translational research to better understand the mechanisms of this widely distributed system.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV540

Efficacy of lurasidone in major depression with mixed features: Pattern of improvement in depressive and manic symptoms



A.A. Nierenberg¹, J. Tsai^{2,*}, Y. Mao³, A. Pikalov⁴, T. Suppes⁵, A. Loebel⁴

¹ Boston, USA

² Sunovion Pharmaceuticals Inc., Medical Affairs, Marlborough, USA

³ Sunovion Pharmaceuticals Inc., Biostatistics, Fort Lee, USA

⁴ Sunovion Pharmaceuticals Inc., Medical Affairs, Fort Lee, USA

⁵ Stanford School of Medicine, Psychiatry and Behavioral Sciences, Stanford, USA

* Corresponding author.

Introduction Evidence indicates that manic symptoms, below the threshold for hypomania (mixed features), are common in individuals with major depressive disorder (MDD).

Objectives/aims To evaluate the effect of lurasidone on specific depressive and manic symptoms, based on Montgomery Asberg Depression Rating Scale (MADRS) and Young Mania Rating Scale (YMRS) items, in patients with MDD with mixed features.

Methods Patients meeting DSM-IV-TR criteria for MDD, who presented with 2–3 protocol-specified manic symptoms, were randomized to 6 weeks of double-blind treatment with lurasidone monotherapy 20–60 mg/d ($n=109$) or placebo ($n=100$). Change from baseline in the MADRS total, MADRS-6 core depression subscale, individual MADRS items, and total and individual items of the YMRS were analyzed by MMRM, and Cohen's d effect sizes (d) were calculated for week 6 change scores.

Results Lurasidone improved depressive symptoms at week 6 in the MADRS total score (-20.5 vs. -13.0 ; $P<0.0001$; $d=0.8$) and MADRS-6 core depression score (-13.0 vs. -8.5 ; $P<0.0001$; $d=0.7$). Significant improvement on lurasidone was observed at week 6 on all ten MADRS items ($d=0.36$ – 0.78). Effect sizes for the MADRS-6 core depression subscale items ranged from 0.36 to 0.78 at week 6. Treatment with lurasidone was associated with significantly greater week 6 improvement on the YMRS (-7.0 vs. -4.9 ; $P<0.0001$). Effect sizes for the 5 YMRS items with baseline item severity ≥ 2 ranged from 0.32 to 0.48.

Conclusions In this study of MDD with mixed features, lurasidone was effective in treating the range of depressive and manic symptoms that patients presented with.

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Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV541

Effect of meta-cognitive therapy on patients of depression: A case series from India



V. Sharma^{1,*}, M. Mehta², R. Sagar²

¹ New Delhi, India

² All India Institute of Medical Sciences, Department of Psychiatry, New Delhi, India

* Corresponding author.

Background Metacognitive Therapy (MCT) for depression aims at targeting attentional control, rumination, worry, and metacognitive beliefs of individuals.

Aim The purpose of this study was to examine the effects of meta-cognitive therapy (MCT) in the treatment of patients with a diagnosis of major depressive disorder.

Methods Five patients diagnosed as having major depressive disorder were recruited for the study. Each patient received 10 sessions of MCT up to 1 hour each at a frequency of once per week. All patients were assessed at baseline, which was followed by 10 weekly sessions of MCT with post-intervention assessment and follow-up assessments at 1-month post-treatment. Primary outcome measures were the reduction in symptoms of depression, worry, and rumination. Outcomes were assessed via self-report using structured psychological tests.

Data analysis Data was analyzed using individual frequency comparisons where measures of differences were obtained within each phase of assessment. Pre-intervention, post-intervention and follow-up measures were compared along with identification of within phase differences. Meticulous analysis was also performed using measures of qualitative analysis. For this purpose, following measures were used: homework assignment analysis, within ses-

sion feedbacks, change in nature of meta-cognitive beliefs, change in executive control of attention to negative thoughts, changes in beliefs related to threat monitoring, analysis of factors leading to fluctuation in symptoms and the nature of coping skills.

Results Improvements were observed between pre- and post-analyses of all primary outcome variables. In addition, the phenomenology of change in symptomatology has been explained in the light of various qualitative descriptions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV542

Metacognitive beliefs and rumination in patients with major depressive disorder in India



V. Sharma^{1,*}, M. Mehta², R. Sagar²

¹ New Delhi, India

² All India Institute of Medical Sciences, Department of Psychiatry, New Delhi, India

* Corresponding author.

Introduction Emotional distress in patients of depression is a consequence of a particular way of responding to negative thoughts and emotions, which is influenced by attentional control, rumination, worry, and metacognitive beliefs of individuals.

Aims The present study aims to address the nature of rumination and metacognitive beliefs in patients suffering from major depressive disorder.

Methods A cross sectional study design was used to explore the symptomatology, nature of rumination and worry, and positive and negative metacognitive beliefs in patients ($n=50$) with major depressive disorder.

Measures Beck Depression Inventory (BDI-II), Anxious thoughts inventory (AnTI: Wells 1994, 2000), Metacognitive questionnaire-30 (Wells 1997), Positive beliefs about Rumination scale (Papageorgiou and Wells, 2001), and Negative beliefs about Rumination scale (Papageorgiou, Wells and Meina, 2004) were used.

Results The findings revealed that about 83% of the participants reported that they spent upto 4–6 hours of their waking time in rumination and worry. Rumination and worry had a severe detrimental impact on the activities of daily living in 79% of the participants. Maximum number of participants reported a high need to control their rumination. Most participants believed that rumination and worry could help them gain information about their illness and a possible way out of it. Participants obtained high scores on scales of health related worry and meta-worry as compared to social worry. Cognitive self-consciousness and cognitive confidence were found to be low in the overall sample. Significant correlations between depressive symptoms, rumination, and metacognitive beliefs suggest a pathological constellation operating in patients of depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV543

Oral ketamine for treatment resistant major depression – A double blind randomized controlled trial



Y. Domani¹, M. Bleich-Cohen², N. Stoppelman², R. Tarrasch³, T. Hendler², R. Meidan⁴, S. Schreiber¹, H. Sharon^{5,*}

¹ Tel Aviv Sourasky Medical Center, Psychiatry, Tel Aviv, Israel

² Tel Aviv Sourasky Medical Center, Center for Brain Functions, Tel Aviv, Israel

³ Tel Aviv University, School of Neuroscience, Tel Aviv, Israel

⁴ Tel Aviv Sourasky Medical Center, Emergency Medicine, Tel Aviv, Israel

⁵ Tel Aviv Sourasky Medical Center, Institute of Pain Medicine and the Center for Brain Functions, Tel Aviv, Israel

* Corresponding author.

Background Major depression is a devastating common disorder. Current pharmacotherapy centers on noradrenergic and serotonergic modulation, but effect may require up to 21. Moreover, over a third of patients remain poorly unresponsive, termed Treatment Resistant Depression (TRD). Recently, intravenous ketamine has been shown to provide rapid amelioration of TRD, but patients were followed-up for extremely short times. We aimed to assess the clinical efficacy and safety of a three-week course of oral ketamine in outpatients with TRD.

Methods In a double blind, randomized, placebo-controlled trial and 22 TRD patients received either oral ketamine or placebo as outpatients for 21 days. Patients were evaluated at pre-trial, 230 minutes after drug administration, and at 21 days. The main outcome measure was the change in Montgomery Asberg Depression Rating Scale (MADRS) score.

Result Twelve subjects were randomized to the ketamine group, and 10 to the placebo group. Four patients from the placebo group opted out due to treatment ineffectiveness. A repeated measures ANOVA showed a significant effect of time ($F(1,16)=15.12$, $P=0.001$) together with a significant interaction between group and time ($F(1,16)=7.58$, $P=0.014$). Tukey Honest significant difference (HSD) post hoc comparisons revealed a significant reduction in depression after 21 days in the ketamine group only ($P=0.0003$).

Conclusion In this study, oral ketamine in a sub-anesthetic dose caused a rapid amelioration of depressive symptoms in ambulatory TRD patients, and was well tolerated. The results of this study suggest that oral ketamine may hold significant promise in the care of outpatients with treatment resistant major depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV544

A novel, very short questionnaire as a screening tool for depression



K. Pekala, T. Sobow*

Medical University of Lodz, Medical Psychology, Lodz, Poland

* Corresponding author.

Introduction Self-assessment tools are frequently used as screening tools for depression. However, they are usually long and time-consuming.

Aim of the study To assess specificity, sensitivity and overall accuracy of a novel, very short, 5 questions tool.

Subjects and methods The questionnaire consists of 3 phenomenological (based on main symptoms of depression) and 2 questions to assess functional impact of the symptoms. One hundred and ninety patients diagnosed clinically as having major depression (according to ICD-10 criteria and with the help of MINItool) filled the questionnaire in twice, during episode and remission.

Results At least two (out of three possible) “yes” answers to phenomenological questions and both two “yes” functional answers yielded 100% specificity (no person in remission). At least one “yes” answer to phenomenological questions and both “yes” answers to functional question yielded 82.8% specificity, 83.7% sensitivity and 83.3% overall accuracy. These results varied insignificantly in subgroups with different depression severity.

Conclusion A short, 5-question questionnaire may be used as a screening tool for depression. Specificity, sensitivity and overall accuracy are above 80% largely independently of depression severity.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV545

Swedish translation and reliability of the Morningness-Eveningness Questionnaire



M. Ståleby*, S. Steingrímsson, M. Ioannou
Institute of Neuroscience and Physiology, Psychiatry and Neurochemistry, Gothenburg, Sweden

* Corresponding author.

Introduction Chronotherapy is used as an adjuvant treatment for depression in addition to pharmacological and psychological treatments. The Morningness-Eveningness Questionnaire (MEQ) is used to classify a person's sleep and activity pattern. The aim was to translate the MEQ to Swedish and evaluate the reliability. In addition, MEQ scores between a healthy study group and patient group were compared. Lastly, patient MEQ and MADRS scores were checked for correlation.

Method The MEQ was translated and back-translated. The MEQ was administered to a healthy study group ($n=285$) where a subset of these filled out the MEQ a second time. Cronbach's α was used for internal consistency and Wilcoxon signed rank test and Spearman correlation was used for test-retest reliability. Spearman correlation was used for the patient group ($n=26$) MEQ and MADRS scores.

Results Internal consistency of the MEQ was 0.903. Wilcoxon signed rank test showed small statistically significant differences between test and retest and Spearman correlation for the total score was 0.97. The MEQ scores of the healthy study group and patient group showed similar mean scores and distribution. There was no statistically significant difference between the means ($P=0.34$). There was no correlation between patient MEQ and MADRS score ($r=0.01$).

Conclusion MEQ is a reliable scale in a Swedish healthy population as well as inpatients with depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV546

Ethnicity and depression among maritime university students in Canada



A. Steenbeek^{1,*}, D. Langille², K. Wilson², A. Muir²

¹ Dalhousie University, Nursing, Halifax, Canada

² Dalhousie University, Community Health and Epidemiology, Halifax, Canada

* Corresponding author.

Introduction Depression is among the most common mental illnesses in Canada. Although many factors contribute to depression, stress is among the most commonly reported. Studies suggest that marginalized groups often experience high levels of stress.

Objective To examine associations between ethnicity and depressive symptoms among university students.

Aim To identify if ethnic groups, particularly Aboriginal students, are at greater risk of depression.

Methods Online survey data were collected from students attending eight universities in the Canadian Maritime Provinces ($n=10,180$). Depressive symptoms were assessed using the 12-item version of the Center for Epidemiological Studies Depression Scale. Ethnicity was organized into five groups: Caucasian only,

Aboriginal only, Aboriginals with other ethnicities, Mixed Ethnicity (not including Aboriginal), and Other (single ethnicity not including Aboriginal or Caucasian). Unadjusted and adjusted logistic regression models were used to assess associations between ethnicity and elevated depressive symptoms. Adjusted models accounted for demographic, socioeconomic, and behavioural characteristics.

Results In adjusted analyses for men, Mixed (OR: 2.01; 95% CI: 1.12–3.63) and Other ethnic students (OR: 1.47; 95% CI: 1.11–1.96) were more likely to have elevated depressive symptoms than Caucasians. There were no differences between those who were Aboriginal and those who were Caucasian. In unadjusted and adjusted analyses for women, depressive symptoms in ethnic groups (including Aboriginals) were not significantly different from Caucasians.

Conclusion Among male university students in the Maritime, ethnicity (other than being Aboriginal) was associated with depressive symptoms in comparison to Caucasians, after adjusting for covariates. However, among women, ethnicity was not significantly associated with depressive symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV547

Predicting symptoms in major depression after inpatient treatment: The role of alexithymia



T. Suslow^{1,*}, M. Rufer², A. Kersting¹, V. Guenther¹

¹ University of Leipzig, Psychosomatic Medicine, Leipzig, Germany

² University of Zurich, Psychiatry, Zurich, Switzerland

* Corresponding author.

Introduction Alexithymia has been considered to have a negative influence on the course of symptoms in various psychiatric disorders. Only few studies examined in depressed patients whether alexithymia predicts the outcome of therapeutic interventions or the course of symptoms in naturalistic settings.

Aims In the present prospective study, it was investigated whether alexithymia is associated with depressive symptoms after a multimodal inpatient treatment.

Methods Forty-five inpatients suffering from acute major depression were examined in the initial phase of treatment and then again after seven weeks. Patients took part in a multimodal treatment program comprising psychodynamic-interactive oriented individual and group therapy. The majority of patients were taking antidepressants during study participation. To assess alexithymia and depressive symptoms, the 20-item Toronto Alexithymia Scale (TAS-20), the Beck Depression Inventory II (BDI-II) and the Hamilton Depression Scale (HAM-D) were administered at baseline and follow-up.

Results High scores in the Externally Oriented Thinking (EOT) facet of alexithymia at baseline predicted high severity of depressive symptoms at follow-up (for self-reported as well as observer-rated scores). This relationship was not confounded by initial depressive symptoms.

Conclusions Inpatients suffering from major depression with a more pronounced external cognitive style might benefit less from multimodal inpatient treatment. Patients high on EOT could avoid reflecting on negative emotions. Psychological interventions might modify or account for alexithymic characteristics to improve the course of depressive symptoms in these patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV548

Assessment of sexual dysfunctions in patients diagnosed with major depressive disorder

D. Vasile*, O. Vasiliu, D.G. Vasiliu, F. Vasile

Central University and Emergency Military Hospital "Dr. Carol Davila", Psychiatry, Bucharest, Romania

* Corresponding author.

Introduction Evaluation of sexual dysfunctions in psychiatric population is an often underestimated problem by many clinicians, and therefore, this kind of dysfunctions remain undertreated. The quality of patients' life is affected by sexual problems and addressing these issues in a comprehensive psychiatric therapy could be associated with higher rates of overall clinical improvement.

Objective To assess the incidence of sexual dysfunctions in patients diagnosed with major depressive disorder (MDD) using structured methods.

Methods A group of 55 patients (female $n = 35$, male $n = 20$) diagnosed with MDD according to DSM 5 criteria were evaluated using Sexual Dysfunctions Questionnaire (SDQ) – a self administrated instrument, UKU Side Effects Rating Scale (UKU-SERS) – clinician rated version, and Hamilton Depression Scale (HAMD). All patients received stable dose of antidepressant medication for at least 14 days.

Results A number of 16 patients (29%) reported an SDQ mean value above 45, which is considered the cut-off score, more frequently men ($n = 10$) than women ($n = 6$). The mean value of SDQ in this group was 52.3, and the most affected domains were libido (both men and women) and arousal (especially in women). UKU-SERS detected a correlation of higher scores with the use of selective serotonin reuptake inhibitors (SSRIs) (almost 48% of these patients) than with the use of other antidepressants ($P < 0.05$), while the SDQ scores correlated better with the HAMD values.

Conclusions Assessment of sexual dysfunctions in patients with major depressive disorder is needed, both due to the depression itself and to the side effects of antidepressants.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV549

Effect of a single nights' wake followed by bright light therapy on agitationM. Widmark-Jensen^{1,*}, S. Steingrimsson², Z. Szabó¹¹ Sahlgrenska University Hospital, Clinical Department of Psychiatry, Gothenburg, Sweden² Institute of Neuroscience and Physiology, Sahlgrenska Academy, Gothenburg, Sweden

* Corresponding author.

Introduction Wake-therapy (or "Sleep deprivation") has the potential of providing a fast anti-depressive response as add-on treatment to pharmaceutical intervention. Agitation in a depressive state is well known and is often associated with interrupted sleep. Although hypomanic symptoms have been reported following a single nights wake, agitation has not been examined.

Objective To examine if agitation increases among inpatients undergoing wake-therapy compared to treatment as usual (TAU).

Methods Admitted patients suffering from a depressive episode will be randomized to either wake-therapy combined with bright light therapy in addition to TAU, including medication, or to TAU alone. Before wake-therapy, patients are assessed using PANSS-EC, aimed at measuring only agitation. The day after a single nights wake, the assessment will be repeated. Likewise, agitation will be assessed in the control group directly after randomization as well as the day after.

Results In this trial, 50 patients will be randomized for treatment. Results concerning agitation among patients that have undergone the trial will be presented.

Conclusions Agitation as a side effect of wake-therapy has been scarcely investigated and this randomized trial will contribute to the knowledge of agitation following wake-therapy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV550

The effects of antidepressants and the quality of low and slow reduction

O. Yakovlev

Private Practice Berlin-Schöneberg, Berlin, Germany

The depression is worldwide one of the most frequent and most serious illnesses with a raised relapse risk and a raised mortality. Besides biological psychological and social factors are also other important factors, as a conflicts and unemployment.

Four million German citizens suffer from depression. Every 5th German falls ill in the course of his life once with a depression.

Women fall ill 2–3× more often with depression than men. In Germany, 1.5 milliard euros of costs originate on the basis of depression.

The majority of 10,000 suicides and 150,000 suicide attempts per year decrease to a not optimally treated depression.

A raised mortality of depressive illnesses is to be led back on negative influence on heart illness and diabetes mellitus.

Antidepressants show a mood-lightening effect of the depressive Syndrome, and also depression-related anxiety. The average rate of the patients, with positive drug response lies in all antidepressant groups in 50–75%.

Antidepressants are also used with positive effect by pain, fear illnesses and compulsive disorder as well as stress illness. The full effect develops after some days till weeks. It is important to understand the side effects without changing the strategy because of Depression-related anxiety. In the course of a treatment are some side effects (especially vegetative symptoms) possible, without the dosage must be changed. Anxiety symptoms of depression improved in more than 90% of patients (depression-related anxiety). The slow reduction of antidepressants is the gold standard in the therapy and need a good setting and mood stability.

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EV551

Structural integrity and functional connectivity of default mode network underlying the cognitive impairment in Late-onset depression

Y. Yin

Affiliated ZhongDa Hospital and Institute of Neuropsychiatry of Southeast University, Department of Psychosomatics and Psychiatry, ZhongDa Hospital, School of Medicine, Southeast University, Nanjing, China

Objective To determine the association between the functional changes and the structural lesions of the DMN underlying the cognitive impairments in Late-onset depression (LOD).

Methods Thirty-two LOD patients and thirty-nine normal controls (NCs) were recruited and underwent resting-state fMRI and DTI scans. Cognition was evaluated with MMSE and a battery of neuropsychological measurements. Seed-based correlation analysis was performed to explore the functional connectivity (FC) of the DMN. Then deterministic tractography between FC-impaired regions were calculated to examine structural connectivity (SC).

Tracts connecting FC-impaired regions were selected to count fiber number (FN) and to calculate average FA, AD and RD of all voxels along these fibers. Partial correlation analyses were applied to examine cognitive association of these altered FC and SC, controlling the effects of age and education.

Results LOD patients showed decreased FC between PCC/Pcu and dACC as well as the thalamus. Decreased FA and increased RD of these fiber tracks connecting PCC/Pcu with dACC were found in LOD patients, without significant difference in AD and FN. The FC between PCC/Pcu and dACC was positively correlated with the FA of fiber tracks connecting them. The PCC/Pcu-dACC FC and the FA of the fiber tracks between them were both positively correlated with Symbol Digit Modalities Test and Verbal Fluency Test scores which conversely displayed negative association with RD.

Conclusions The cognitive impairment in LOD, especially executive speed and semantic memory might be associated with the decreased FC in DMN which probably resulted from the demyelination of the white matter.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV552

Consensus statements on cognitive dysfunction in depression in the UK: Rationale and process for gaining consensus



A.H. Young^{1,*}, K. Bones², G. Goodwin³, J. Harrison⁴, C. Katona⁵, H. McAllister-Williams⁶, J. Rasmussen⁷, S. Strong⁸

¹ Institute of Psychiatry, Psychology and Neuroscience IoPPN, Psychological Medicine, London, United Kingdom

² Sussex Partnership NHS Foundation Trust, Occupational Therapy and Recovery Practice, Sussex, United Kingdom

³ Oxford University, Department of Psychiatry, Oxford, United Kingdom

⁴ VU University Medical Center, Alzheimer Center, Amsterdam, Netherlands

⁵ University College London, Psychiatry of the Elderly, London, United Kingdom

⁶ Institute of Neuroscience, Newcastle University, Academic Psychiatry and Regional Affective Disorders Service, Newcastle, United Kingdom

⁷ Moat House Clinic, General Practice, Surrey, United Kingdom

⁸ Depression Alliance, Support Group, Croydon, United Kingdom

* Corresponding author.

Introduction Cognitive dysfunction is an important aspect of depression that includes problems with thinking, concentration and memory. Research suggests that the cognitive aspect of depression is highly prevalent and has a significant impact on patient functioning. Currently, cognitive dysfunction in depression is largely unrecognised, unmonitored and untreated.

Aims We aim to define cognitive dysfunction in clinical depression (major depressive disorder) and explore its detection and management in the UK, highlighting priority areas to be addressed.

Methods A modified Delphi method was used as the process to gain consensus. A multi-stakeholder steering committee of depression experts (including psychiatrists, psychologists, primary care physicians, and representatives from occupational therapy and a depression charity) provided the key themes and, through round-table discussion, developed draft statements. The main areas of focus were burden, detection and management of cognitive dysfunction in depression. These statements formed a questionnaire to be reviewed by 150–200 health-care professionals with an involvement in the management of depression, with level of agreement noted as 'strongly disagree', 'disagree', 'don't know/uncertain', 'agree' or 'strongly agree'. Responses to the questionnaire will be analysed (very high agreement [$>66\%$] or very low agreement

[$<33\%$]) and the steering committee will revise and finalise the consensus statements, and identify priority areas for future consideration. The steering committee was initiated and supported by the pharmaceutical company Lundbeck Ltd, through an educational grant. Lundbeck Ltd did not influence content.

Results Results of the questionnaire and the evolution of the final consensus statements will be presented.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Eating disorders

EV553

Food, body image, perfectionism



R. Alonso Díaz^{1,*}, E. Cortázar Alonso², H. Guillén Rodrigo², S. Fuentes Márquez², R. Remesal Cobreros²

¹ Huelva, Spain

² Hospital Juan Ramón Jiménez, Salud Mental, Huelva, Spain

* Corresponding author.

Introduction The eating disorder (ED) are anorexia nervosa, bulimia and unspecified eating disorder behavior according to ICD-10. Currently the ED have become a social and health problem of the first kind that require specialized and interdisciplinary approach to the response of such disorders.

The growing demand observed in different assistive devices is associated with increased incidence of eating disorders in recent decades.

Case description She is a woman of 23 years old, single. It is the small two brothers. He lives with his parents and brother 25 years. It is fourth-year student of law. It is derived from primary care by their GP after significant weight loss by decreasing the intake of foods high in calories and low mood. It is defined as a very responsible person, controller and is always looking for perfection in every activity performed. He began to try to lose weight about a year that relates to start time of stress ago. She speaks that had many exams and wanted to get top marks in all. With good adherence to psychotherapy and monitoring by nurses. Aspects of body image as well as traits such as perfectionism work.

Conclusions These clinical conditions are characterized by their complexity and diversity symptomatology, which involves a significant interference in their functioning in different vital areas and clinically significant distress. After the psychotherapeutic approach, a significant reduction in the clinic that she had at the beginning and an improvement in mood was observed.

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EV554

Full of nothing



E. Cortazar Alonso*, H. Guillen Rodrigo, S. Fuentes Marquez

Hospital Juan Ramón Jiménez, Salud Mental, Huelva, Spain

* Corresponding author.

The eating disorders like anorexia, bulimia nervosa, and obesity are known and described from the principles of Western civilization. Eating disorders affect a large number of people, which about the 90–95% of them are women. Not to forget is their multicausality. Though their etiology is not exactly known yet, being on a diet is the most important predictor of having an eating disorders.

We summarize here a case of R. a 30-year-old woman, who visited the Infant Mental Health Institut for the first time at the age

of 13 referred by her pediatrician and suspected to have an eating disorder. R. lived with her parents and an older sister. The patient suffered an underweight below the healthy and a distorted perception of her body among other symptoms. She has gone through several specialists and treatments including day hospital since her first entrance at the hospital.

The flexibility and cooperation between the different therapists involved in the treatment is essential for a good outcome of the patient. There are many factors that can have an influence in the treatment, like the reluctance to the treatment, the countertransference feelings that the therapy can cause and the way of relationship. These factors can often cause situations of confusion and misunderstandings between the different professionals who attend the patient, who have to be well coordinated. Not to forget is that the biggest loser of all is the patient itself.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV555

The co-occurrence of eating disorders and psychosis



C. Alves Pereira*, J.R. Silva, R. Cajão, J.P. Lourenço, T. Casanova
Centro Hospitalar Tondela Viseu, Departamento de Psiquiatria e Saúde Mental, Viseu, Portugal

* Corresponding author.

Introduction Several reviews have reported the incidence of schizophrenia in patients with eating disorders (ED) to be between 3–10% and the incidence of transient psychotic episodes to be 10–15%. On the other hand, anorexia nervosa appears to affect 1 to 4% of schizophrenia patients. Reports of psychosis and ED occurring in the same patient have led to various views as to the nature of the relationship between the two.

Objective Analysis of the literature illustrated by different clinical cases in which appears to be a relationship between ED and psychosis.

Aims Critical reflection about the hypothesis that could underlie the comorbidity of psychotic illness and ED.

Methods Non-systematic review of a literature search using the keywords: eating disorders; psychosis; comorbidity.

Results There is no consistent sequence in the co-occurrence of the two conditions – ED sometimes precede and sometimes follows the onset of psychosis. ED patients can develop psychotic symptoms, most frequently transient in the course of the disorder, while others are subsequently diagnosed with a chronic psychotic disorder. On the other hand, patients with a primary psychotic illness can develop an eating disorder. The connection between the two, however, remains speculative, considering the hypothesis that ED and psychosis can be entirely separate disorders that can, by chance, occur in the same person.

Conclusions The area of comorbidity and overlapping symptoms in psychiatry requires more deep research. Despite evidence from case series, the comorbidity between ED and psychosis is poorly understood, and firm conclusions cannot be drawn from this analysis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV556

Anxiety, stress and depression: A comparison between anorexic, obese and healthy control women



G. Botteon

University of Trieste, Scuola di Specializzazione in Psichiatria, Trieste, Italy

Introduction Several studies have proved that people who suffer from Anorexia Nervosa (AN) experience higher levels of anxiety, stress and depression than general population; while controversial results have been found among obese people (OB); the purpose of this study is to compare levels of anxiety, stress, and depression in AN sample, in OB sample and in Healthy Control Group (HC).

Methods AN sample: 27 anorexic inpatient women in an eating disorder unit. OB sample: 27 obese women evaluated for eligibility of bariatric surgery intervention. HC group: 27 women from different countries had been recruited. DASS 21 and STAI-Y questionnaires had been administered to evaluate anxiety, stress and depression. The questionnaires had been scores and statistical analysis had been held to determine whether the differences founded in the 3 populations were significant or not (P -value < 0.05).

Results Table 1. The differences founded were significant.

Conclusion Anxiety and stress (DASS21, STAI): AN have reported higher levels than OB and HC that present similar levels. Depression (DASS21): AN have reported higher levels than OB and HC; OB higher levels than HC.

Table 1

Samples	Scores	DASS 21-Subscales			
		Depression	Stress	Anxiety	Total
AN	Mean (SD)	26.5 (12.8)	23.1 (9.8)	28.4 (8.8)	80.4 (25.3)
OB	Mean (SD)	10.8 (9.3)	8.8 (6.8)	13.7 (10.0)	33.5 (23.6)
HC	Mean (SD)	8.0 (7.4)	4.5 (4.8)	13.1 (10.3)	25.6 (20.1)
		STAI-Y			
		State		Trait	
AN	Mean (SD)	63.1 (11.8)		65.9 (10.4)	
HC	Mean (SD)	39 (14.6)		42.9 (12.5)	
OB	Mean (SD)	39 (10.0)		43.4 (9.4)	

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV557

I'm really fat!



T. Carvalho

Hospitais da Universidade de Coimbra, Coimbra, Portugal

Introduction The eating disorders are changes in eating behaviour associated with distortions in the self-concept and self-image, pathological fear of getting fat, morbid motivation for thinness and changes in appetite and its control, with or without compensatory attitudes. In the DSM-5 and in the CID-10, the two fundamental diagnostics are anorexia nervosa and bulimia nervosa.

Purpose Characterization of the Portuguese population concerning eating disorders incidence.

Methods Bibliographic revision through Pubmed until 2013, using the keywords: anorexia nervosa, bulimia nervosa, eating

disorders. Psychometric instruments like the Eating Disorder Examination 12th version (Cooper and Fairburn, 1987), Eating Attitudes Test/EAT-25 (Garner e Garfinkel, 1979) and the Eating Disorder Inventory (Garner et al., 1983; Machado et al., 2001) contributed for the characterization of the Eating Disorders in the Portuguese population.

Results The Eating Disorders have a higher incidence in the young Caucasian woman, living in the urban area. The combination of the restrictive diet with intense physical exercise in the anorexia nervosa very often evolves with negative emotions. The emotional instability, namely the dysphoria, the anxiety and the sleep pattern changes are frequent. The bulimia nervosa initially manifests itself by restrictive diet, which evolves to excessive food intake episodes getting increasingly frequent and intense.

Conclusions The Eating Disorders come from the gene-environment interaction and risk premorbid biological and psychological changes may result. These are inseparable from the interaction with the social context where the epigenetic mechanisms may play an important role. The reason for thinness, limitations at the level of interoception and obsessive-compulsive character traits are predisposing factors.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV558

Contribution of Night Eating Syndrome to the evolution of anorexia nervosa – Case report

F. Coutinho*, I. Brandão

Centro Hospitalar de São João, Clínica de Psiquiatria e Saúde Mental, Porto, Portugal

* Corresponding author.

Introduction Night Eating Syndrome (NES) was described in 1955 in a subset of patients resistant to weight loss. It is characterized by morning anorexia, evening hyperphagia and sleep disturbances. It is also more prevalent among patients with another eating disorder (ED), particularly binge-eating disorder (BED) or bulimia nervosa (BN).

Objective Review of the literature about the relationship between NES and another EDs and to present a case report of a patient with a long-standing purgative anorexia nervosa (AN-BP) and comorbid NES.

Methods review of the literature using the database Medline through Pubmed, with the keywords: “night eating syndrome” and “eating disorder”.

Results NES is highly prevalent among patients with EDs, with an estimated prevalence of about 5–44%. However, most of the existent literature explores the relationship between NES and BED or BN, and it is not consensual if NES is a subtype of another ED. There is still scarce evidence about NES and AN comorbidity.

Conclusion In this case report, we present a patient with a history of AN-BP, in which the recovery of lost weight and the increase of body mass index (BMI) occurred simultaneously with a period of worsening NES symptoms, which leads the authors to question if the psychopathology of NES has contributed to the recovery of BMI at the expense of maintaining a dysfunctional eating pattern.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV559

Effectiveness of Enhanced Cognitive Behavioral Therapy (CBT-E) in the treatment of anorexia nervosa – A prospective multidisciplinary study

Y. Danielsen^{1,*}, G. Rekkedal², S. Frostad², U. Kessler²

¹ Department of Clinical Psychology, Faculty of Psychology, Bergen, Norway

² Department of Psychosomatic Medicine, Haukeland University Hospital, Bergen, Norway

* Corresponding author.

Introduction According to the most widely influential treatment guidelines from the National Institute for Health and Clinical Excellence and the American Psychiatric Association, existing evidence for adult AN treatment is weak, and more treatment studies are needed.

Objectives/aims The primary objective of this project is to gain knowledge about the effectiveness of CBT-E in the treatment of Anorexia Nervosa (AN). Secondary objectives are to prospectively examine baseline predictors of treatment outcome/drop-out and to examine variables related to treatment process and patient engagement as predictors of outcome/drop-out. Thirdly, in a multidisciplinary approach, to focus on selected pathophysiological mechanisms including disturbed neuropsychological functioning, changes in the gut microbiota, immunological and genetic measures in patients with severe AN in different stages of the disease, and further to investigate to what extent they are related to treatment outcome.

Methods The sample consists of patients aged ≥ 16 years with AN admitted to outpatient treatment (CBT-E) at Section for Eating Disorders, Haukeland University Hospital, Bergen, Norway. Outcome measures include BMI, self-reported eating disorder symptoms (EDE-Q), depression (BDI), anxiety (BAI) general psychiatric symptomatology (SCL-90-R, M.I.N.I 6.0), health related quality of life (CIA, RAND-36), physical activity (accelerometers) and neuropsychological functioning. The main measurement points are at the start of treatment, 3 months, end of treatment and one year follow-up. Baseline predictors of treatment outcome and drop-out will be examined as well as the association between early adherence, behavioral change, therapeutic alliance and treatment outcome. In addition biochemical, genetic and bacteriological assessments will be conducted.

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EV560

Attachment style and cortisol response to psychosocial stress in eating disorder patients

R. Giugliano^{1,*}, A.M. Monteleone¹, F. De Riso¹, M. Nigro¹, F. Monaco¹, U. Volpe¹, P. Monteleone²

¹ University of Naples SUN, Department of Psychiatry, Naples, Italy

² University of Salerno, Neuroscience Section, Department of Medicine and Surgery, Salerno, Italy

* Corresponding author.

Introduction Stress exposure is a risk factor for both the onset and the maintenance of Eating Disorders (EDs). The attachment theory may provide a framework to explain the relationship between



social stress and EDs, since secure attachment promotes the seeking for support in order to help people to face stressful events. The endogenous stress response system, including the hypothalamus-pituitary-adrenal (HPA) axis, is likely involved in mediating the role of attachment in the subjects' coping with stressful situations.

Objectives and aims We explored cortisol responses to the Trier Social Stress Test (TSST) of patients with EDs in order to evaluate possible associations between subjects' attachment styles and HPA axis functioning.

Methods Twenty-one adult patients with EDs (7 with secure attachment and 14 with insecure attachment) filled in the Experience in Close Relationship (ECR) questionnaire, which assesses the adult attachment style, and were exposed to the TSST. Saliva samples were collected before and after the stress in order to measure cortisol levels.

Results As compared to ED patients with secure attachment, those with insecure attachment showed a significant different pattern of the HPA response to the stress test.

Discussion Present findings suggest that attachment style may influence the HPA response to stress in patients with EDs and this effect may have relevant implications for the pathophysiology of EDs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV561

Recognition of emotional prosody in anorexia nervosa



T. Dondaine¹, B. Douailler-Gautier^{2,*}, M. Guillery², G. Robert^{1,2}, B. Millet³, S. Guillaume⁴, D. Drapier^{1,2}

¹ University Rennes 1, Medical Departement, Rennes, France

² Psychiatric Hospital Guillaume Regnier, pôle hospitalo-universitaire de psychiatrie-adulte, Rennes, France

³ University Paris 6, Medical Departement, Paris, France

⁴ University de Montpellier, Medical Departement, Montpellier, France

* Corresponding author.

Deficits in emotional processes are often observed by clinicians in anorexia nervosa and may have an impact on social functioning. Recognition of emotion was mostly investigated using visual stimuli as faces of emotional scenes. Only one study (Kucharska-Pietura et al., 2004) demonstrated impairments in emotional prosody using positive and negative valenced stimuli. However, this study did not provide a highlight for the identification of emotional bias (for example, to recognize an intense fear in a friendly voice). The aim of this study is to better understand the recognition of emotional prosody in anorexia nervosa using a wide range of positive, negative and neutral stimuli (Belin et al., 2008).

In order to test emotion recognition biases in emotional prosody, we exposed 15 patients with anorexia nervosa and 15 healthy controls (HCs) to emotional vocal tasks asking them to rate emotional intensity on visual analog scales. In addition, we assessed clinical symptomatology and cognitive functioning for all participants.

We showed that patients with anorexia nervosa provided higher intensity ratings on the non-target scales (e.g., surprise scale for fear stimuli) than HCs for sadness, fear and neutral voices. Furthermore, with the exception of neutral vocal stimuli, they provided the same intensity ratings on the target scales as the HCs.

These findings suggested a bias in the processing of emotional prosody and may impact the social functioning of patients with anorexia nervosa. The bias may result from a sensorial deficit or a high-order cognitive dysfunction and have to be investigated in future studies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV562

Men with Anorexia: A descriptive study of the characteristics of male patients in an intensive psychotherapy day hospital for eating disorders during 2015 in Madrid



A. Espinosa Benavides^{1,*}, C. García Calvo², B. Unzeta Conde³, M.P. Vilariño Besteiro³, C. Pérez Franco³

¹ Instituto Psiquiátrico José Germain, Psiquiatría, Leganés, Spain

² Hospital Universitario Fuenlabrada, Psicología clínica, Fuenlabrada, Spain

³ Hospital Universitario Santa Cristina, Unidad de Trastornos de la Conducta Alimentaria, Madrid, Spain

* Corresponding author.

Objective To describe the main characteristics of male patients suffering from anorexia in a specialized unit for eating disorders management.

Introduction As a result of a more prevalent diagnosis of eating disorders in women (including anorexia among others), male patients characteristics have been less described in current literature.

Methodology The authors retrospectively reviewed the clinical history of all male patients attending our unit of Eating Disorders in a period of one year (2015). The recorded characteristics were analyzed and classified as demographic, clinical and biographical. Finally a bibliographic review was also performed and correlated with our results.

Conclusion During our review (currently being performed) we have found that, even if in much less numbers than in women, the characteristics of male patients suffering anorexia have recognizable patterns and for instance can be used for the better understanding of this pathology in this population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV563

'Dar Kenn Ghal Sahhtek' – An effective therapeutic intervention



F. Falzon Aquilina^{1,*}, A. Grech², D. Zerafa³, M. Agius⁴, V. Voon⁵

¹ Ministry of Health, Psychiatry, Attard, Malta

² Dept of Psychiatry, University of Malta, Malta

³ Ministry of Health, Psychiatry, Mtarfa, Malta

⁴ Department of Psychiatry, Bedford Hospital, Bedfordshire, UK

⁵ Department of Psychiatry, University of Cambridge, Cambridge, UK

* Corresponding author.

Introduction 'Dar Kenn Ghal Sahhtek' is a residential service for patients suffering from eating disorders, namely Bulimia Nervosa, Anorexia Nervosa and Obesity (Binge Eating and Non Binge Eating type). The focus will be made on the obesity services.

Objectives 1. To show that Dar Kenn Ghal Sahhtek has proved to be an effective therapeutic intervention towards obesity (with or without binge eating). 2. To show that from a recruitment of 30 obese subjects a substantial proportion met the DSM-5 criteria for Binge Eating Disorder.

Aims 1. To show that by means of questionnaires and physical testing a marked improvement was made following the therapeutic interventions offered at DKGS. 2. To highlight the high incidence of binge eating disorder in a sample of 30 obese subjects recruited via DKGS.

Methods 1. Interviewing the patient for the DSM-5 criteria of binge eating. 2. Comparing scores of questionnaires before admission and prior to discharge. 3. Evaluating the response to various treatment modalities.

Results On interviewing the group of 30 patients, 47.6% of the patients were found to be the diagnostic criteria of Binge Eating Disorder according to DSM-5 (Table 1).

Conclusion Firstly, a considerable proportions of obese subjects proved to meet the DSM-5 criteria for binge eating while Dar Kenn Ghall Sahhtek has proved to be an effective therapeutic intervention towards obesity (with and without binge eating).

Table 1

	On admission	Prior to discharge
BDI questionnaire	1.1	53.33
GAD questionnaire	4.55	400
QOL questionnaire	6.67	350
2 minute step	73 steps on average	114 steps on average
6 minute walk	440 m on average	625 m on average

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV564

The effects of shame, self-compassion and perfectionistic self-presentation of body image on eating psychopathology

A.L. Mendes¹, C. Ferreira^{2,*}, J. Marta-Simões¹, I.A. Trindade¹

¹ Faculty of Psychology and Educational Sciences, University of Coimbra, CINEICC, Cognitive, Behavioural Centre for Research and Intervention, Coimbra, Portugal

² Faculty of Psychology and Educational Sciences, University of Coimbra, CINEIC, Cognitive, Behavioral Research Centre, Coimbra, Portugal

* Corresponding author.

Shame is considered a painful emotion that emerges in social contexts when the individual perceives that others see the self as inferior, inadequate or defective. This emotion is associated with decreased levels of self-compassion and may trigger several defensive responses, such as the need to present a perfect body image. Furthermore, shame has been conceptualized as a key component of eating psychopathology.

This study aims to explore the role of external shame in the engagement in disordered eating attitudes and behaviours through the mechanisms of self-compassion and body image-related perfectionistic self-presentation. A path analysis testing a mediational model was conducted in a sample of 469 women from the general community, aged between 18 and 35 years old.

The tested model explained 49% of the eating psychopathology's variance and presented excellent fit indices. Results demonstrated that external shame has a direct effect on disordered eating behaviours and simultaneously an indirect effect through the mechanisms of self-compassion and the need to present a perfect physical appearance.

These results seem to corroborate the link between shame and eating psychopathology. Additionally, these data suggest that women who present higher levels of shame show decreased self-compassion and tend to adopt compensatory maladaptive strategies, such as striving for a perfect body. Furthermore, these findings have significant clinical implications, highlighting the importance of developing new programs focused on shame and on the promotion of adaptive emotion regulation strategies, such as self-compassion.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV565

A clinical case of a patient with anorexia nervosa and bizarre behavior

A. Fonseca^{1,*}, A. Poças¹, J. Melim², R. Araújo²

¹ Centro Hospitalar de Leiria, Psiquiatria, Leiria, Portugal

² Centro Hospitalar de Leiria, Psiquiatria, Leiria, Portugal

* Corresponding author.

Eating disorders (EDs) are mental illnesses, defined by abnormal eating habits. EDs are chronic, severe and difficult to treat, and cause psychological, social and physical consequences. It occurs predominantly in adolescents and young adults women (around 90%), causing severely disability, major biopsychosocial losses, and high morbidity and mortality. EDs are considered by WHO as a public health problem, affecting different ages, genres, times, regions and contexts.

Objective Case report of a patient with Anorexia Nervosa and bizarre behavior.

Methods Clinical observation in hospital.

Results Woman with 43 years old, with a peace of 65 years, who was hospitalized in Psychiatric Service – Eating Disorders, in August 2015, because of its extreme thinness, with difficulty to walk and with severe edema of the feet, ankles and legs. At the entrance, she weighed 29 kg, after 4 days her weight reduced to 23 kg, reaching a BMI of 8.5 kg/m². In the first week, she showed a high cognitive impairment, confusional state and detailed and ruminative speech about food. She had developed multiple techniques to hide food and to hide and take dietary supplements for weight loss. Furthermore, she had a bizarre behavior and marked social isolation, not interacting with other patients.

Conclusion Although the low prevalence of EDs, these have a high morbidity, and are one of the psychiatric disorders that most often leads to a fatal outcome. Treatment is lengthy and cumbersome, requiring serious investments under the personal point of view, family and clinical, yet still, these patients can have a full life and quality.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV566

Anger expression, impulsivity and expressed emotion: A comparison between patients with eating disorder and schizophrenia

E. Gambaro^{1,*}, C. Gramaglia¹, D. Cenci¹, C. Delicato¹, A. Lombardi¹, C. Rizza¹, L. Girardi¹, V. Binda², N. Chiappa², P. Prosperini², F. Bert³, R. Siliquini³, P. Zeppego¹

¹ Università del Piemonte Orientale, Dipartimento di Medicina Traslazionale, Novara, Italy

² Azienda Ospedaliera Universitaria Maggiore della Carità di Novara, Medicina Traslazionale, Novara, Italy

³ Università degli Studi di Torino, Scienze della Sanità Pubblica e Pediatriche, Torino, Italy

* Corresponding author.

Introduction The level of express emotion (EE) is a measure of the attitude of close relatives towards a patient and include dimensions as critical comments, hostility and emotional over-involvement. Anger and impulsivity may lead to self-injurious and aggressive behaviours, and often represent an obstacle to treatment.

Aims To compare anger expression, impulsivity and expressed emotion in ED and SCHZ, and to explore the different level of caregivers' EE in the two groups.

Methods Twenty-five female with ED diagnosis and 25 patients with schizophrenia, were recruited at the Psychiatry Ward and outpatient Service of AOU – Novara, during one year period. Patient's assessment included Global Assessment of Functioning

(GAF), Structured Clinical Interview (SCID 1-2), Level of Expressed Emotion Scale (LEE), Paykel scale, State and Trait Anxiety Inventory (STAY 1-2), State-Trait Anger Expression Inventory (STAXY), Barratt Impulsiveness Scale (BIS-11).

Results Levels of anxiety (both state and trait) are higher in the ED group than in SCHZ. As far as the STAXY is concerned, SCHZ patients score higher than ED ones on control over anger, while general index of anger expression was higher in ED patients. We did not find significant differences in EE between two groups, except for the patient's emotional response of the patient to the disease, which was greater among SCHZ. Both SCHZ and ED patients scored higher on the LEE, Paykel and STAY than their caregivers.

Conclusions SCHZ and ED patients show different patterns of anxiety and anger, but similar profile as far as EE is concerned. Implications for treatment will be discussed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV567

Multifactorial ethiopathogenic in eating disorders



E. García^{1,*}, M. Leon², F. Polo²

¹ Ciudad Real, Spain

² Hospital General de Ciudad Real, UTCA, Ciudad Real, Spain

* Corresponding author.

Eating Disorders is a heterogeneous group of syndromes which includes many factors in their develop. The three main syndromes, AN, BN and EDNOS has been defined in last DSM as independent entities. However is well known that a group of patients may change its presentation along time, so also been at first diagnosed of AN, lately will fulfil criteria for BN or EDNOS.

In the other hand, if we compare two patients with the same syndrome, as BN, or AN. . .

We may easily find big differences in personality, stressors. . . and in some cases the only common factor is the clinical presentation. Behind all of this is the fact that syndromic classification drives to empiric treatments that are far the most validated.

But although there is a well known evolution in this disorders, with a not so bad income as one could think initially (in some cases one third could recover without treatment), what may we do with those patients that are resistant for empiric treatments?

And it is our opinion that a deeper knowledge of all the factors that contribute to the syndrome or its presentation, as well as those related to treatments results, should be taken into account.

We have reviewed all knowledge about these issues and we have completed it with our clinical practise using a 50 patients data base, here we will show our results, that are basically that even the same factors interact in different ways in each patient, so it is not just the ingredients but the recipe.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV568

Atypical antipsychotics use in eating disorders. Review



J.M. Hernández Sánchez^{1,*}, M.F. Molina López², M.C. Cancino Botello², M.Á. Canseco Navarro², D. Peña Serrano²

¹ Valencia, Spain

² Hospital General de Valencia, Psychiatry, Valencia, Spain

* Corresponding author.

Introduction Eating disorders often have serious medical complications, including the highest mortality rates of any psychiatric disorder. The search for an optimal therapeutic strategy during the last decades has been difficult and it has included antidepressants,

antipsychotics, anticonvulsants, benzodiazepines and mood stabilisers.

Objectives To review the medical literature related to the treatment of eating disorders with atypical antipsychotics.

Methods Medline search and ulterior review of the related literature. Keywords: "eating disorders"; "anorexia nervosa"; "bulimia nervosa"; "binge eating disorder"; "antipsychotic agents".

Results To the date, most of the studies have been with olanzapine. Olanzapine has shown effects, not only on weight gain, but also on management of other psychological features such as obsessive-compulsive symptoms, depression, aggression, persistence and interpersonal distrust. However, most of these studies have been compared to placebo, and binge-eating behaviour has also been described when using olanzapine (not with aripiprazole or ziprasidone). Recently, Marzola et al, when comparing olanzapine + SSRIs versus aripiprazol + SSRIs, described that aripiprazole (compared to olanzapine) is significantly more effective in reducing purging episodes, eating preoccupations and rituals.

Conclusions So far, aripiprazol and olanzapine have been proved to be the most effective atypical antipsychotics in eating disorders, especially in anorexia nervosa. However, most of studies were placebo-controlled and in quite small samples. Further investigation is needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Further readings

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EV569

Patients with anorexia nervosa: Outcome inpatient care



J. Jerónimo*, J. Santos, L. Castro Nunes, S. Neves, F. Sequeira, A. Neves

Santa Maria's Hospital, CHLN, Psychiatry and Mental Health Department, Lisboa, Portugal

* Corresponding author.

Introduction Anorexia nervosa (AN) is characterized by self-induced starvation coupled with fear of gaining weight and a distorted body image. Its treatment is complex and challenging, and sometimes hospitalization is needed.

Santa Maria Hospital's Eating Disorders Unit (SMH-EDU) is a multidisciplinary team, formed in 1989, that provides both outpatient and inpatient treatment.

Objective To present and discuss SMH-EDU's AN treatment and its results.

Methods Revision and statistical analysis of all hospitalized AN' patients' clinical files, from 1 January 2014 to 31 December 2014. Treatment outcome was assessed by BMI variation.

Results A total of 45 admissions (41 patients) were analysed: 75.65% had AN restricting type and 24.45% had AN purging type. All patient were females, with median age of 27 years old (range 12–57 years). Average admission BMI was 14.51 kg/m² (ranging from 11.19 to 17.77 kg/m²). The mean lengths of stay were 39 days. Thirty-six percent of the patients had at least one previous hospitalization. Only 2 patients were readmitted at SMH-EDU: triple readmissions. The mean time between the beginning of the disorder and the admission was 111 months (ranging 2 to 408 months). Average discharged BMI was 16.32 kg/m² (ranging from 13.24 to 19.11 kg/m²).

Conclusion Inpatient treatment for AN at SMH-EDU is considered only for those patients whose disorder has not improved with appropriate outpatient treatment. Therefore, most inpatients at

SMH-EDU have disorders of high severity, as demonstrated in our results.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV570

Prevalence of orthorexia nervosa among polish adolescents – Assessment made by the ORTO-15 Questionnaire



J. Hyrnik¹, M. Janas-Kozik¹, M. Stochel¹, I. Jelonek¹, A. Siwiec¹, K. Krysta^{2,*}, J.K. Rybakowski³

¹ Medical University of Silesia, Department of Psychiatry and Psychotherapy of Developmental Age, Sosnowiec, Poland

² Medical University of Silesia, Department of Psychiatry and Psychotherapy, Katowice, Poland

³ University of Medical Sciences Poznan, Department of Adult Psychiatry, Poznan, Poland

* Corresponding author.

Objective Orthorexia nervosa (ON) is an excessive fixation on the consumption of healthy food and an obsession with its biological purity. The aim of this study was to assess the prevalence of ON in a population of Polish urban adolescents and some possible contributory factors.

Method Validation and adaptation of the ORTO-15 Questionnaire was made in the group of 399 participants (15–21 years old). The validation procedure incorporated three basic methods to be applied in the reliability analysis. The reliability analysis of the ORTO-15 Questionnaire based on repeatability of the responses presents a very good (kappa: 0.81–1.00 for 5 items) and a good repeatability (kappa: 0.61–0.80 for 10 items). The reliability analysis based on the value of the Cronbach's α reached a satisfactory level (0.7–0.9). The ORTO-15 questionnaire was considered a reliable tool to identify the risk of ON in population studies in the group of urban youth aged 15–21. Assessment was made among 1899 high school students, 992 girls, and 907 boys, aged 15–21 years.

Results The mean value of the ORTO-15 was 39.2 ± 3.6 points, with no sex difference. The main factors connected with orthorexia, according to the "Orthorexia 35" definition were excess weight, sporting activities, out-of-school activities, smoking status, working parents and a high family income.

Conclusions This study, of a large number of adolescents, showed a prevalence of ON similar to that recorded in adult populations. This is a first assessment of orthorexia among adolescent population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV571

Anorexia nervosa and dissociative disorders in males: A case report



M.D.M. Lázaro Redondo*, F. De la Torre Brasas, A. Duque Domínguez, N. Echeverría Hernández, L. Martín Díaz, C. García Montero, M. Otálora Navarro, A. Mas Villaseñor, J.I. Bango Suárez

Complejo hospitalario de Ávila, Psychiatric unit, Ávila, Spain

* Corresponding author.

Introduction There is a low prevalence of eating disorders among men. In many cases, the disorder arises as a means of avoiding psychosocial maturation. Various psychiatric comorbidities such as depression or obsessive-compulsive disorder are frequently found in these patients.

Objectives To analyze psychiatric symptoms in relation to a case of anorexia nervosa.

Methods Pubmed revision on clinical presentation of anorexia nervosa in male. Review of patient medical records.

Results A 23-years-old male with diagnosis of restricting anorexia nervosa was treated and followed since 2012. In July 2015, the patient, who was clinically stabilized for a year, had decreased gradually intake. Suddenly he showed a decreased consciousness, followed by an absence of response and mutism that motivated hospital admission. The diagnosis was dissociative stupor. A research in women with eating disorders shows a prevalence of pathological dissociation between 4.8 and 48.6%. After recovering a normal consciousness, he presented clinical features of anorexia nervosa according DSM 5 criteria. The patient remained two months until he reached his previous BMI (17) to continue an outcome treatment. Despite of several years of specific treatment for anorexia nervosa, both parents and patient still did not accept the diagnosis. Cultural constructions of eating disorders as a "women's illness" mean that men may fail to recognise their disorder.

Conclusions There is a delay of diagnosis of anorexia nervosa in men. The lack of research on men's experiences and the cultural construction of anorexia nervosa as a female problem may contribute to underdiagnose eating disorders in men.

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EV572

The effect of atypical antipsychotic medications in anorexia nervosa



M. Barchiesi^{1,*}, M. Martellini¹, M.G. Oriani², B. Nardi¹

¹ Polytechnic University of Marche, Clinica di Psichiatria, Ancona, Italy

² Dipartimento di Salute Mentale Ancona ASUR Marche, Dipartimento di Salute Mentale Ancona ASUR Marche, Ancona, Italy

* Corresponding author.

Introduction Anorexia nervosa (AN) is severe and debilitating psychiatric illness characterized by destructive weight loss behaviour, refusal to maintain body weight at or above minimal normal weight for age and height, intense fear of weight gain and disturbance in experience of body shape and weight.

Objectives The purpose of this review is to investigate the state of art concerning the use of atypical antipsychotics (SGA) in the treatment of anorexia nervosa, comparing the efficacy and tolerability in female patients not selected by age.

Methods A Medline enquiry of published articles from 2005 to October 2015 was performed using the following Keywords: "anorexia nervosa; pharmacological treatment; atypical antipsychotics; olanzapine; risperidone; paliperidone; aripiprazole; quetiapine". Reviews and RCT were also analyzed.

Results No strong evidence of beneficial effects was found in using SGA in adults. The majority of studies focused on olanzapine, which seems to have, in some studies, only positive effect on body mass index, eating disorder symptoms and functional impairment. Risperidone doesn't seem to have effect on body mass index. Olanzapine and risperidone increase the mean fasting glucose and insulin levels. In a recent study the main finding is represented by the positive effects of the adjunct of aripiprazole to antidepressants on eating-related obsessive-compulsive symptomatology.

Conclusions In conclusion, in our review we observed that research in treatment with SGA of AN is still far away from finding univocal conclusions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV573

Brain changes in anorexia nervosa

G. Gkinis, N. Ortiz*, C. Alberque, A. Canuto
HUG, Mental Health and Psychiatry, Geneva, Switzerland
* Corresponding author.



Anorexia Nervosa (AN) is a serious and frequent psychiatric condition with the highest mortality rate within psychiatric diseases. It often starts during adolescence and affects young patients whose brain maturity is still incomplete but brain changes are often under-considered although AN appears at a critical point of development. Brain regions involved in the pathophysiology of AN are still in debate. However, the illness is often associated with enlargement of the cortical sulci and ventricles as well as with deficits in grey and white matter volumes. Functional modifications have also been evidenced: mainly global hypometabolism (PET), hypoperfusions (SPECT) and recent fMRI studies have shown that the function of the insular and cingulate cortices, in particular, differ in AN.

Neuropsychological studies have also shown neurocognitive impairments concerning executive functions, episodic and working memory as well as attentional deficits.

In 1999, Geneva University Hospitals set up a medical-psychiatric unit located in the district general hospital. This structure allows dealing with severe somatic problems as medical and nursing staffs are psychiatric and somatic specialists. AN patients are over 16, often hospitalised for the first time and have very low BMI (<14). From the clinical observation of these patients who show significant attentional deficits, we explored whether cerebral abnormalities were present with structural MRI and Neuropsychological assessments.

We will describe the preliminary results of our clinical experience and consider their implication for the understanding of AN mechanisms. We will also discuss the links between psychopathology and brain impairments that could lead to more efficient treatments.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV574

Disordered eating behaviors, perfectionism and perseverative negative thinking—Study in a clinical sample

A.T. Pereira¹, E. Monteiro¹, P. Castilho², L. Fonseca³, C. Roque^{1,3}, M. Marques^{1,3}, S. Xavier^{1,*}, A. Macedo^{1,3}

¹ Faculty of Medicine, University of Coimbra, Psychological Medicine, Coimbra, Portugal

² Faculty of Psychology, University of Coimbra, CINEICC, Coimbra, Portugal

³ Coimbra Hospital and University Centre, Psychiatry, Coimbra, Portugal

* Corresponding author.

Introduction In a recent study developed with a community sample, we have found that although PNT mediated the relationship between perfectionist cognitions and bulimic behavior, the effect of perfectionism on other disordered eating dimensions, such as diet, was independent of the PNT levels (Monteiro et al., 2015).

Objective To investigate if PNT mediates the relationship between perfectionism and disordered eating behaviors in a clinical sample.

Methods Fifty-two patients with eating disorders/ED (mean age = 22.54 ± 7.637; mean BMI = 20.07 ± 4.192; 14.5% Anorexia Nervosa cases; 7.8% Bulimia Nervosa and 9.0% EDNOS) were assessed with the ED section of the Diagnostic Interview for Genetic



Studies and fill in the Portuguese validated versions of Eating Attitudes Test/EAT-25 (to evaluate Bulimic behaviors/BB, Diet and Social pressure to eat), Multidimensional Perfectionism Scales (to evaluate perfectionism composite dimensions Evaluative Concerns/EC and Perfectionistic Strivings/PS) and Perseverative Thinking Questionnaire/PTQ-15 (to evaluate Repetitive Thought/RT, Cognitive interference and unproductiveness/CIU). Only variables significantly correlated with the outcomes (EAT-25.Total and its dimensions) were entered in the regression models. Mediation analyses using Preacher and Hayes bootstrapping methodology were performed.

Results EC, PS, CIU and RT were significant predictors of EAT.Total. PA, CIU and PR were significant predictors of BB. EC and PS were significant predictors of Diet. CIU partially mediated the relationship between EC and EAT.Total (95% CI = 0.0025–0.3296) and between EC and BB (95% CI = 0.0037–0.1877).

Conclusion Also in a clinical sample, CII, the most pernicious dimension of PNT, mediates the relationship between perfectionism and disordered eating behavior, particularly bulimic behavior; diet is predicted by perfectionism independently of PNT.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV575

Psychopathology in overweight and obese patients

J. Perez-Templado^{1,*}, M.P. Felix-Alcantara², C. Banzo-Arguis², R. Martinez de Velasco², E. Ruiz-Velasco², J. Quintero³

¹ Madrid, Spain

² Hospital Universitario Infanta Leonor, Psychiatry, Madrid, Spain

³ Hospital Universitario Infanta Leonor & Fundación Psiformación, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction Overweight and obesity are considered as a pandemic disease with a worrying prevalence and still growing. According to the World Health Organization, in 2014 the 39% adults were overweight and 13% were obese. Although it is an objective fact that obesity is an abnormal or excessive accumulation of fat detrimental to health, causes that lead a person to be obese are multifactorial and not yet well known.

Objective Examine the relationship between psychopathology and obesity. Deepen in this sense, allows us to understand obesity from a broader perspective, where not only the nutritional factors are involved in these patients, but also different “emotional profiles”.

Methods The emotional aspects of overweight and the obesity study Program of the University Hospital Infanta Leonor attends to these patients from a multi-modal perspective, to offer a multidisciplinary and effective treatment that results in a permanent lost weight. Descriptive data of the first 180 patients are presented.

Results A large percentage of patients presented psychopathology, highlighting a 80.9% of patients with depressive symptomatology, a 56.39% with high anxiety trait, a 48.26% with high anxiety state, a 24.4% meet criteria for binge eating disorder, a 11.9% bulimia nervosa and a 17.3% post-traumatic stress disorder.

Conclusion Our findings support the association between obesity and psychopathology and, therefore, the conception of obesity as a bio-psycho-social problem requiring a multidisciplinary approach that go beyond the traditional nutritional guidance.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV576

Cognitive functioning in patients suffering from anorexia nervosa: A longitudinal study



G. Rekkedal*, U. Kessler, Y. Danielsen, S. Frostad
Haukeland University Hospital, Clinic for psychosomatic medicine,
Bergen, Norway

* Corresponding author.

Introduction The majority of research concerning cognitive functioning in eating disorders has focused on the symptomatic phase of illness in patients suffering from Anorexia Nervosa. There is a lack of longitudinal studies focusing on the possible effects of cognitive functioning on treatment outcome. Further, only a subgroup of studies control for the effects of depression and depressive symptoms in this field of research.

Objective The main objective of the present study is to examine cognitive functioning in patients suffering Anorexia in a longitudinal perspective. Secondly, to examine and clarify the effects of depression on cognitive functioning in patients suffering Anorexia. Thirdly, the aim is to investigate cognitive functioning in Anorexia as a possible predictor for treatment outcome and retention.

Methods Patients aged ≥ 16 years diagnosed with Anorexia Nervosa, admitted to outpatient treatment (CBT-E) at Section for Eating Disorders, Haukeland University Hospital, will be recruited to the study. A healthy control group and a comparison group of patients diagnosed with first episode major depressive disorder will also be included. The neuropsychological assessment consists of a comprehensive test battery including well-established neuropsychological tests known to have good psychometric properties. Depressive symptoms will be measured by the Montgomery Asberg Depression Rating scale and eating disorder symptoms will be assessed with the EDE-Q. The neuropsychological assessment will be performed three times during the study: before treatment, post treatment and one year after discharge. The assessment will be performed at the Institute of biological and medical psychology, Section of clinical neuropsychology, University of Bergen.

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EV577

Perfectionism, a transdiagnostic construct in eating disorders



T. Rodriguez Cano^{1,*}, L. Beato Fernandez¹, B. Mata Saenz¹,
L. Rojo Moreno², F.J. Vaz Leal³

¹ Hospital General Ciudad Real, Psychiatry, Ciudad Real, Spain

² Universidad de Valencia. HUip la Fe, Professor of Psychiatry,
Valencia, Spain

³ University of Extremadura Medical School Head. Mental Health and Eating Disorder Unit. University Hospital Network Badajoz, Professor of Psychiatry, Badajoz, Spain

* Corresponding author.

Introduction Perfectionism is considered a multidimensional key risk factor for Eating Disorders (EDs). There are discrepancies regarding if it is mainly associated to Anorexia nervosa (AN) but not to other EDs.

Objectives To study if Perfectionism is not only related with AN, but it is present in all EDs and associated with more transdiagnostic attitudes and behaviors.

Aims To see if there were significant differences among EDs subgroups concerning Perfectionism and to study which abnormal eating attitudes were more associated with this trait.

Methods Participants were 151 outpatients with EDs. DSM-IVTR diagnoses were: 44 (29.1%) Anorexia Nervosa (AN), 55 (36.4%) Bulimia Nervosa (BN) and 52 (34.4%) Eating Disorders not Otherwise Specified (EDNOS). Perfectionism was assessed with

the Edinburg Investigatory Test (EDI-2) subscale; general psychopathology with the Beck Depression Inventory (BDI), State and Trait Anxiety Inventory (STAI), Rosenberg Self-Esteem Questionnaire (RSE). Eating psychopathology was measured with the Bulimic Investigatory Test (BITE), Eating Attitude Test (EAT-40), EDI-2 and the Body Shape Questionnaire (BSQ).

Results No significant differences were found regarding Perfectionism among the three groups. Body dissatisfaction was the variable most associated with Perfectionism ($\beta=0.330$, $F=14.2$, $P<0.001$, 10.9% of the variance) adjusting for general and eating psychopathology. Ascetism and Interoceptive awareness were the EDI-2 subscales most associated with Perfectionism.

Conclusions The findings confirm that Perfectionism is present in all EDs and there is a relationship between body dissatisfaction and Perfectionism. Interplay has been suggested between these two factors for the development of EDs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV578

A review on pharmacotherapy of eating disorders



E. Roohi*, F. Hashemian

Faculty of Pharmacy, Islamic Azad University, Pharmaceutical Sciences Branch, Department of Clinical Pharmacy, Tehran, Iran

* Corresponding author.

Introduction Eating disorders are identified as chronic debilitating psychiatric illnesses, which are refractory to treatment in many patients. The mortality rate associated with eating disorders is known to be the highest of any psychiatric disorder.

Aims The aim of the present article was to review pharmacological treatments available for patients with eating disorders. Moreover, mechanism of action, dosages and algorithm of use of the available treatments were discussed. Some optional new treatments undergoing clinical trials were also mentioned.

Methods Studies were identified by searching electronic databases of Medline, Cochrane Library, and Clinical Trial Registers. All eligible studies investigating efficacy and safety of the pharmacological treatments of patients with eating disorders conducted between 2000 and 2015 were included in the present article.

Results Current pharmacotherapies include Selective Serotonin Reuptake Inhibitors (SSRIs), atypical antipsychotics, mood stabilizers, androgen receptor antagonists, serotonin antagonists and antihistamines. However, level of evidence for pharmacotherapy of each category of eating disorders are not the same.

Conclusions The use of pharmacotherapy integrated with behavioral and cognitive therapies are recommended. There are still gaps in the knowledge regarding pharmacotherapy of eating disorders. Development of agents with more efficacy and better safety profiles are needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV579

Eating disorders. Review of current treatment options for anorexia nervosa, focused on psychotherapy and pharmacological treatment



B. Sánchez Sánchez^{1,*}, P. Muñoz-Calero Franco¹,
N. Rodríguez Criado¹, J.F. Cruz Fourcade¹, R. Martín Aragón¹,
S. Bravo Herrero¹, M. García-Poggio Fernández¹,
M. Gil-Eliche Moreno¹, A. De Cos Milas²,
N. Chinchurreta de Lora²

¹ Hospital Universitario de Móstoles, Psiquiatría, Madrid, Spain

² Hospital Universitario de Móstoles, Psiquiatría Infanto-Juvenil, Madrid, Spain

* Corresponding author.

Introduction Anorexia nervosa is a disorder of eating behavior that is a major health problem on our society. It is characterized by three main criteria: self-induced starvation, desire for thinness or fear of obesity, and the presence of medical signs and symptoms due to improper feeding. This work is focused on its treatment. The biopsychosocial approach allows the design and application of effective therapeutic strategies and a multidisciplinary team collaboration is essential.

Objectives Research of current pharmacological and psychotherapy treatments options of the disease.

Material and methods Literature review based on articles and publications on this topic.

Results In anorexia nervosa, it is necessary to establish a therapeutic alliance between doctor and patient. Patient usually feels no motivation to improve. The different treatments options to combine, in terms of the patient status, are: nutritional rehabilitation, cognitive-behavioral, family and interpersonal psychotherapies and pharmacological treatment. It can be carried out at the ambulatory, at the day-hospital or by medical stay, even beyond patient will.

Conclusions Nowadays, the nutritional rehabilitation is the best treatment established and it is the core treatment. About the psychotherapies, the cognitive-behavioral is the most used because it has exposed better results in all different studies proved and in clinical practices, followed by the family therapy which is the responsible of the patient family's treatment. Pharmacological treatment should not be used systematically and its exclusive use is not enough to resolve anorexia nervosa as there are needed also other treatments combined.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV580

Prevalence of depression and anxiety among over weight persons



Z. Sepehrmanesh

Kashan University of Medical Sciences, Kashan, Iran

Background and objective Today, overweight, depression and anxiety are the major diseases which are growing all over the world and threat the human health. The findings of previous studies concerning the association between overweight, obesity and psychological disorders such as depression and anxiety are conflicting. Some studies have reported a positive association and some a negative association while some found no association at all. This study evaluates depression and anxiety in people who were overweight.

Method In a cross-sectional study, 162 cases with overweight (BMI above 25 and under 30) who referred to diet clinic of Kashan University of Medical Sciences (IRAN, 2015) were selected by using simple random sampling. Depression and anxiety severity were determined by Beck Depression inventory and Beck Anxiety inventory. Data were analyzed by using descriptive statistic and *t*-test, and χ^2 .

Results The mean age of cases was 32.12 ± 7.51 and the mean score of BMI was 26.56 ± 1.31 . prevalence of anxiety in the subjects was 63.1% and 8.8% of the subjects in the study have varying degrees of depression. There was a significant correlation between mean scores of anxiety and depression in cases with overweight. There was no significant difference between sex, age, job and education incases.

Conclusion Anxiety in persons with overweight is prevalent. Detection and treatment anxiety disorders are recommended for better healthy life and prevention obesity in these cases.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV581

Eating disorders: How can it be detected?



C.F. Silvia*, P. Cano Ruiz, A. Gómez Peinado

HNSPS, PSIQUIATRIA, Albacete, Spain

* Corresponding author.

Introduction Disorders of eating behavior can affect all people regardless of socioeconomic or cultural situation. More common in females (90-95%), has its peak incidence in adolescence. These are processes that can subtly start and go unnoticed at first.

Objective To analyze the clinical, epidemiological, diagnostic approach of the disorder, evolution and treatment of disordered eating behavior.

Methods Review of the subject and recent articles on eating behavior disorders in Psychiatric guides and magazines.

Results The eating behavior disorders arise as a result of three factors: predisposing, precipitating and perpetuating. We must take into account the genetics and family history, dissatisfaction with body weight resulting in a restriction of diet and multi-disciplinary consequences of this disorder (physical, psychological and social) as perpetuating factors. We consider the coexistence of comorbidity between disordered eating behavior and personality disorders, mood disorders (depression) and disorders of impulse control.

Conclusions Eating behavior disorders represent a major health problem that threatens the patient's life. Very important are the rapid detection of the same and the establishment of treatment. Treatment should be multidisciplinary with the patient and family, providing information on the approach to the patient, taking into account the lack of awareness of disease that often exists in patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Further reading

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EV582

Impulsivity and traumas in the eating disorder



M. Soto Laguna^{1,*}, M.D.L.D. Pérez López¹, M.F. Diaz Marsá², N.F. Aida²

¹ Hopsital, Provincial de la Misericordia, Toledo, Spain

² Hopsital, Clinico San Carlos, Madrid, Spain

* Corresponding author.

Introduction The eating disorder are not only isolated power problems. They interweave issues and pathologies in patients often difficult to approach and have crimping going to reach a solution and get to the real problem of the patient. As it has been observed in studies if they have established relationships between patients with an impulsive nature and traumatized regarding the presentation of eating disorders.

Objectives Our study aims to establish the relationship between eating disorder such as anorexia and bulimia with factors such as impulsivity and suffered traumas.

Materials and methods It has used a sample ($n = 57$) and patients spent three scales "Barratt Impulsiveness Scale" (BIS-11), "Questionnaire traumatic experiences" (TQ) and the BSQ, scale measuring dissatisfaction disorders eating behavior. The aim is to see the relationship between anorexia and bulimia regarding trauma and impulsivity.

Results It is intended to check if having character traits of impulsivity or miss having lived or suffered traumatic experiences such as the unexpected death of a family member, rape, kidnapping... establishes a relationship in patients who develop conduct disorders food.

Conclusion This study aims to see if there is a correlation between eating disorder and factors such as traumatic experiences and an influential feature in this pathology such as the impulsivity through a sample of patients ($n = 57$) over 18 years.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Education

EV583

“Reflective learning” in psychiatric education: Does it have any merit?

D. Adamis*, G. McCarthy

Sligo Mental Health Services, Psychiatry, Sligo, Ireland

* Corresponding author.



Introduction Nowadays “reflection” and “reflective practice” is nearly in every curriculum for psychiatric training. Trainees are asked to keep reflection diaries, journals, and participate in “reflection workshops”.

Aims To prove that reflection on or in action does not lead to learning.

Methods Using epistemological notation.

Results/proofs Because sciences including psychiatry are approximate, evolving and inexact, the classical definition of propositional knowledge becomes: A knows that p if:

- (a) A believes that p is an approximate true;
- (b) p is approximate truth;
- (c) A has reason to claim that p is a better approximation than its rivals on available evidence.

Condition (c) implies that A is not possible at the same time to have two mutually contradictive approximate truths.

In reflective learning we need to add two more conditions:

- (d) A knows the outcome of p;
- (e) A is satisfied in believing that p.

In cases of reflection in-action, the (e) remains even the outcome is not favourable. Similarly, in reflection on-action the condition (e) remains unchanged since this happened in the past. This leads to controversy. Is p better or worse approximation of truth than its' rival p? However, p has passed rigorous and different scientific tests and has proved scientifically superior to its rival p. Therefore subject A cannot change his knowledge despite the unfavourable outcome, but A can tests further the p. Within the former reflecting learning does not occur, within the latter “critical thinking” occurred.

Conclusions Reflection does not lead to learning but critical thinking does.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV584

Differences in the attitudes of clinical and pre-clinical medical students to mental illness

O. Adekunle^{1,*}, C. Oliver², B. Owen¹



¹ Northumberland-Tyne and Wear NHS FT, Medical Education, Newcastle, United Kingdom

² Newcastle University, Medical School, Newcastle, United Kingdom

* Corresponding author.

Background The quality of care provided to psychiatry patients by doctors can be influenced by attitudes towards mental illness. Equally important is the attitude of medical students as future treating doctors towards mental illness. This survey compares the differences in the attitudes of pre-clinical and clinical years student to mental illness.

Aims To compare attitudes of pre-clinical and clinical medical students' to mental illness.

Methods A cross-sectional survey of 212 clinical students (CS) and pre-clinical students (PS) at Newcastle University. Each responded anonymously to an electronic questionnaire. The responses take the form of: Yes/No, free text, order of preference, and Likert scale. Results were analysed based on basic statistical analysis.

Results Little differences exist between the 2 groups in their beliefs that psychiatric patients are not difficult to like, mental illness can be a result of social adversity, psychiatry patients often recover and that people with mental illness should be offered a job with responsibility. However, 54% PS disagreed that mental illness often leads to violence, compared to 66% CS and 87% of PS identified that mental illness can be genetic in origin compared with CS of 91%.

Conclusion This survey did not identify any significant difference between the attitudes of pre-clinical and clinical students in most of the domains. However, a higher percentage of clinical students associate violence with mental illness and are unwilling to consider an elective period in psychiatry.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV585

Comparison of attitudes of pre-clinical and clinical medical students to psychiatry as a career choice: A cross sectional study

C. Oliver¹, O. Adekunle^{2,*}, O. Bruce²

¹ Newcastle University, Medical School, United Kingdom

² Northumberland-Tyne and Wear NHS FT, Medical Education, Newcastle, United Kingdom

* Corresponding author.



Background Psychiatry recruitment is currently insufficient to meet the targeted mental health service needs in the UK. Psychiatry is unpopular amongst medical students and in 2011, only 61% of junior training posts were filled by the first recruitment. RCPsych is currently working to promote psychiatry as a career choice for medical students.

Aims To compare preclinical and clinical medical students' attitudes towards psychiatry as a career choice.

Methods A cross-sectional survey of 212 clinical students (CS) and pre-clinical students (PS) at Newcastle University. Each student responded anonymously to an electronic questionnaire. The responses take the form of: Yes/No, free text, order of preference, and Likert scale. Results were analysed based on basic statistical analysis.

Results A total of 29% PS rated psychiatry in their top 3 career choices compared with 16% CS. Fifty-seven percent PS believe that psychiatry is a respected branch of medicine and 70% believes it makes good use of medical training, while CS rated these at 50% and 52% respectively. Sixty-nine percent PS believe that psychiatry is scientific evidence based compared with 63% CS. Eighty-one percent PS disagreed with the

statement that they feel negative about psychiatry compared with 61% CS.

Conclusions The outcome shows increase in negative attitude to psychiatry between pre-clinical and clinical years at the medical school. This makes psychiatry an unpopular speciality among final year students. Further research is required to ascertain the reason for this decline in interest and negative attitude.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV586

Before and after: Effect of 4-week psychiatry attachment on medical students' attitude to psychiatry as a career choice



O. Adekunle^{1,*}, B. Owen¹, C. Oliver²

¹ Northumberland-Tyne and Wear NHS FT, Medical Education, Newcastle, United Kingdom

² Newcastle University, Medical school, United Kingdom

* Corresponding author.

Background Psychiatry is historically unpopular amongst medical students. The perception that psychiatry is remote from the rest of medicine and not evidence-based has been identified. However, there is evidence that psychiatry placement has positive effects on students. There are reports that medical students experience a positive change of attitude towards psychiatry following their undergraduate psychiatric attachment. There is evidence that medical students experience a positive change of attitude towards psychiatry following their undergraduate psychiatric attachment.

Aim To determine the effect of a four-week psychiatry placement on 3rd year medical students' attitudes towards psychiatry.

Methods Pre- and post-attachment questionnaires were administered to four cohorts of 3rd year students. Responses were anonymised and based on Yes/No, free-text, order of preference and Likert scale. Analysis was by basic statistical methods.

Results A total of 98 pre- and 81 post-placement students responded. Mean positive attitude increased by 6% and the percentage of students choosing psychiatry in their top three career choices increased from 7 to 20%. Ninety percent of students post-attachment thought that psychiatry is relevant to their future jobs, compared to 86% pre-attachment. The percentage of students who think that psychiatry makes little use of medical training decreased from 20% to 16%.

Conclusions The survey showed a period of 4 weeks psychiatry placement has a positive effect on the attitudes of medical students towards psychiatry. It also increases the number of students wanting to pursue a career in psychiatry.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV587

Evaluation of psychiatry attachment on medical students' attitude to mental illness



C. Oliver¹, O. Adekunle^{2,*}, B. Owen²

¹ Newcastle University, Medical School, United Kingdom

² Northumberland-Tyne and Wear NHS FT, Medical Education, Newcastle, United Kingdom

* Corresponding author.

Background Mental illness is subject to stigma, discrimination and prejudice by both healthcare professionals and public. Fortunately, students are still flexible in their beliefs and there is evidence that education in psychiatry may help to positively alter

these beliefs. This survey looks into how psychiatry placement positively influences attitudes of medical students to mental illness.

Aims To elicit the effect of clinical attachment in psychiatry on 3rd year medical students' attitudes toward mental illness.

Methods Questionnaires were administered to four cohorts of students pre- and post-attachment. Responses were anonymised. Responses were based on Yes/No, free text, order of preference and Likert scale. Analysis was with basic statistical analysis.

Results Ninety-eight pre- and 81 post-placement students responded. There was a 4% increase in mean positive attitude scores following the placement. There was no significant difference in the medical students' attitudes to violence in mental illness and that patients with mental illness do not want you to help them. Students post-attachment were more likely to disagree with the statement, 'Psychiatric patients are difficult to like'. However, 6% more students agreed with the statement 'Alcohol abusers have no self-control' after the placement!

Conclusions and recommendation Following the 4-week attachments, the percentage of students reporting more positive attitudes to mental illness showed only a marginal increase. A possible explanation may be insufficient contacts with patients and a feeling of not been part of the treating team.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV588

Simulation training - pilot: Psychiatry higher trainees' mental health tribunal report writing, oral presentation and cross-examination by tribunal panel



O. Adekunle^{1,*}, B. Owen¹, C. Burrell²

¹ Northumberland-Tyne and Wear NHS FT, Medical Education, Newcastle, United Kingdom

² Northumbria University, Newcastle Upon Tyne, Northumbria Law School, Newcastle Upon Tyne, United Kingdom

* Corresponding author.

Introduction Simulation provides a non-judgemental environment where trainees learn skills without compromising patients' safety or dignity. It also provides safe environment where anxiety-provoking, real-life clinical situations can be recreated and repeatedly practiced. Mental health review tribunal is an anxiety-provoking experience for higher trainees and use of simulation can alleviate this anxiety.

Aims To develop trainees' skills in writing of tribunal reports and giving oral evidence using simulation technique (ST).

Objective To facilitate trainees' familiarisation with the process of Mental Health tribunal and improve their skills in completing report and giving oral evidence using ST.

Methods There are 2 sessions: one half-day session of interactive teaching providing fundamental details on essential elements of the tribunal process, duties and report. This is followed by 4-weeks gap to allow participants to prepare and submit anonymised patients' reports to the panel. Finally, a second full day of presentation and cross-examination by (real) tribunal panel with 25-minutes of formative feedback.

Results Six trainees participated in the pilot: A high percentage of participants strongly agreed or agreed that ST is an effective learning experience for tribunal report writing and cross-examination by the panel. Similar proportion agreed that ST helped to facilitate familiarisation with the tribunal process and that it is a satisfactory teaching method. Finally, all participants agreed that ST helped to achieve personal objectives for attending the seminar.

Conclusions Simulation in psychiatry is becoming an effective learning experience. The outcome of this pilot on report writing

and cross-examination by tribunal panels how its increasing effectiveness and relevance in psychiatry.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV589

The attitudes towards depression of general practitioners can be improved by an educational program



M.Á. Álvarez de Mon^{1,*}, R. Manzanera², G. Lahera³, J. Saiz-Ruiz⁴, M. Alvarez de Mon⁵

¹ Clínica Universidad de Navarra, Psychiatry, Pamplona, Spain

² Imperial college, General Practice, London, United Kingdom

³ Príncipe de Asturias University Hospital, University of Alcalá, Psychiatry, Madrid, Spain

⁴ Ramón y Cajal University Hospital, University of Alcalá-, Ramón y Cajal University Hospital, Madrid, Spain

⁵ Príncipe de Asturias University Hospital, University of Alcalá-, Internal Medicine, Madrid, Spain

* Corresponding author.

Background Continuous education of physicians is critical for the quality of medical care.

Objectives To investigate the attitudes of general practitioners towards depression and to evaluate the short- and long-term impact of a specific designed postgraduate university program in depression.

Method In this prospective, interventional study participated 1322-certificated Family Practice specialist. They filled out the Depression Attitude Questionnaire (DAQ) Spanish validated version before starting the educational intervention; an official approved 12 ECTS postgraduate university program. The participant refilled the questionnaires at the end of the course and 6 months later.

Results A total of 885 females and 420 males (mean 48 years) and with a mean clinical experience of 25 years participated in this study. Short-term after training, PGs positively significant ($P < 0.05$) changed their attitudes in the management of depression in 18 out 20 items of the DAQ. There were not significant changes in only item 1 related to the number of patients presenting depressive symptoms seen in the last 5 years and the knowledge of the underlying biochemical abnormality. In the long-term, the positive effects observed in the short-term did not significantly change. However, in item 1 a significantly increase was observed. The effectiveness of the intervention was related nor to the age and sex of the physician nor to the years of medical practice.

Conclusions A specific designed educational program can improve the attitudes in depression of GPs. Years of clinical practice are not a limitation for improving the medical attitudes of General practitioners in mental health.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV590

Violence manifestation in the university environment: Nursing undergraduate students view



Z. Scherer^{1,*}, E. Scherer²

¹ University of São Paulo at Ribeirão Preto College of Nursing, Psychiatric Nursing and Human Sciences, Ribeirão Preto - São Paulo, Brazil

² Ribeirão Preto Medical School Hospital of the University of São Paulo, Neurosciences and Behavioral Sciences, Ribeirão Preto - São Paulo, Brazil

* Corresponding author.

Introduction The nurses occupy the first position of victims of workplace violence in health professionals' ranking. While graduation students, are victims of different aggressions.

Objectives The goal of this study was to investigate the perception of nursing students of a Brazilian public university about violence manifestation in the university environment.

Aims Knowing the nursing students perception about violence in the university environment.

Method This is a qualitative descriptive exploratory study where a semi-structuralized interview was used.

Results The thematic content analysis allowed us to detect three categories: "interpersonal violence in the relationships established in the course", "participation as victim or perpetrator" and "reasons for the occurrence of the violence". The findings pointed out power relation inequalities and the occurrence of different types of violence and the trend in naturalize them. The results point the necessity to create a system that facilitates abuses denunciation and that offers support to the victims; investments in intervention programs that offer knowledge on this subject and improve the academic relations and prevent maltreatments; and the inclusion of the violence subject in the graduation curricula.

Conclusion The professors, as educators and models for future professionals, must search knowledge on the subject and their participation as perpetrators or victims. They must participate of qualification courses that teach them to face the violence in the academic environment. In such a way, pupils and professors are trained to identify and to deal with violence in the academic environment and out of it.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV591

Medical students assessment from a public university considering the relevant aspects of medical practice



Á. Alves*, F. Alves, E. Melo, E. Oliva-Costa

Federal University of Sergipe, department of medicine, Aracaju, Brazil

* Corresponding author.

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 (Colares, 2002). 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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EV592

The developmental stages of psychiatry: The role of mental health simulation across the psychiatrist's career-span



C. Attoe*, Z. Jabur, S. Cross

South London & Maudsley NHS Foundation Trust, Maudsley Simulation, London, United Kingdom

* Corresponding author.

Introduction Mental health simulation refers to training that recreates real-life scenarios in safe environments using actors and technology, followed by structured debriefs, aiming to foster professional development and improve the quality of mental healthcare. Such training can overcome many challenges faced in training psychiatrists throughout their careers; from reduced patient contact in early careers due increased community-based care, to financial and time pressures of releasing senior psychiatrists (Brown et al., 2011). This presentation conceptualises a psychiatrist's career as 5 developmental stages; infancy, childhood, adolescence, adulthood, late adulthood.

Aims To demonstrate the considerable potential of mental health simulation training in meeting training needs of psychiatrists.

Method Maudsley Simulation, London, has successfully developed and evaluated courses for psychiatrists at all stages of training. Courses have been positively received, with evaluations and outcomes highlighted in more detail.

Results Stage 1 – infancy. Specifically-designed courses to give medical students experience of mental health care.

Stage 2 – childhood. Series of courses delivered directly to focus on the key skills of core psychiatry trainees in working with mental health patients.

Stage 3 – adolescence. Various courses developed to foster core skills in experienced psychiatry trainees across community and hospital settings.

Stage 4 – adulthood. Courses tailored to specialist areas of psychiatry such as perinatal mental health, or systemic and family approaches.

Stage 5 – late adulthood. Training focused on developing skills for specific scenarios for senior psychiatrists, such as the Coroner's Court or Mental Health Tribunal.

Conclusion Mental health simulation training can meet the training needs of psychiatrists throughout their careers with positive outcomes.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV593

'In situ' team-based simulation training for psychiatry: Innovation in managing the medically deteriorating patient



C. Attoe^{1,*}, C. Tritschler¹, M. Lavelle², S. Cross¹

¹ South London & Maudsley NHS Foundation Trust, Maudsley Simulation, London, United Kingdom

² King's College London, Florence Nightingale Faculty of Nursing & Midwifery, London, United Kingdom

* Corresponding author.

Introduction The interconnected nature of physical and mental health has been emphasised in recent times, with eye-catching figures such as people with schizophrenia dying up to 18 years earlier than the general population, with 60% excess mortality due to physical health (Chang et al., 2011). This highlights the need to care for patients' physical health on inpatient psychiatric units, with training generally focusing on knowledge and competency. However, serious untoward incidents, including medically deteriorating patients in psychiatric settings, often evidence failings in communication, teamwork, and systems. Simulation training has the potential to develop communication and teamwork skills, as well as technical knowledge and competency.

Aims Evaluate 'in situ' simulation for managing medically deteriorating patients in psychiatric settings, evaluating knowledge, confidence, attitudes, and changes following training.

Methods Six simulation sessions were completed on one inpatient psychiatric ward over 2 months. Specifically-designed self-report measures assessed participants' ($n=35$) knowledge, confidence, and attitudes towards managing medically deteriorating patients. Open-questions, focus groups, and follow-up surveys were used to collect qualitative data on course's impact.

Results Participants' knowledge, confidence, and attitudes showed statistically significant improvements ($P < .01$), with large effect sizes (.40–.53). Thematic analyses identified the themes of confidence, teamworking, communication, and debriefing. Deficiencies in equipment and procedures were identified and rectified. Incident reporting data was also analysed.

Conclusion 'In situ' simulation training has significant potential to benefit psychiatry teams in their management of medically deteriorating patients, which is an important step for both quality and safety of care, as well as tackling the interconnected nature of mental and physical health.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV594

What young adults know about the factors that affect fertility?



N. Carolino^{1,*}, A. Galhardo^{1,2}, M. Moura-Ramos², M. Cunha^{1,2}

¹ Instituto Superior Miguel Torga, Psicologia, Coimbra, Portugal

² Faculdade de Psicologia e Ciências da Educação da Universidade de Coimbra, CINEICC, Coimbra, Portugal

* Corresponding author.

Introduction The literature has shown that young adults reveal lack of knowledge about factors that influence fertility. Given this gap of knowledge regarding fertility, several authors indicate the need for awareness-raising and promotion of attitudes and behaviors that preserve fertility.

Objective This study aimed to assess the knowledge about factors that affect fertility as well as the impact of information transmission on this topic.

Materials and methods Five hundred and fifty-one subjects aged between 18 and 40 years old without children completed an online questionnaire specifically developed for this study. Two assessment moments were considered and participants were randomly assigned to three groups:

- video group;
- website group;
- control group.

The video and website groups accessed information on fertility-related factors such as age, weight, exercise, substance abuse, irregular menstrual cycles, pollution, etc. The control group had no access to this information.

Results Male participants revealed more knowledge about the factors that affect fertility in both moments. Participants in the groups that had access to fertility information (video group and website group) improved their level of expertise. No significant differences were found in the control group.

Discussion/conclusion Groups that watched the video or visited the website where information on fertility-related lifestyle and other factors was available increased their level of knowledge, suggesting that education on this subject should be provided to general population. The means used for the information dissemination had no impact on the improvement of knowledge.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV595

Supervision of international medical graduatesM. Casanova Dias^{1,*}, O. Andlauer², S. Dave³¹ Camden and Islington NHS Foundation Trust, Camden and Islington NHS Foundation Trust, London, United Kingdom² East London NHS Foundation Trust, London, United Kingdom³ University of Nottingham, University of Nottingham, Nottingham, United Kingdom

* Corresponding author.

Introduction Doctors qualified outside the UK constitute >40% workforce in psychiatry. Differential examinations' attainment and poor career progression are key issues for International Medical Graduates (IMGs). Due to increased migration, this is transversal to many countries. Varying ethical standards and values in different countries can create difficulties in the workplace and impact quality of patient-care.

Objectives To understand current support available for IMGs across countries; identify areas of best practice.

Methods We ran a preliminary open consultation to establish which initiatives were available across Europe and worldwide to address IMGs' training abroad impact on their training/work in the host country and if any support exists for supervisors of IMGs. Representatives of European trainees were contacted through European Federation of Psychiatric Trainees network and early career psychiatrists through World Psychiatric Association network. Emphasis was given to identified host countries of IMGs.

Results No specific initiatives were identified in Europe. Out of the six main host countries – Denmark, Finland, Norway, Sweden, Switzerland, UK – one did not provide information. Many countries reported specific requirements for a doctor to be accepted to work. There are courses on language and medicolegal processes. Some support is available for doctors doing short clinical placements. However, once an IMG has been accepted to work in the host country, there is no special support given by way of supervision.

Conclusions Reports suggest IMGs welcome initiatives to help them gain skills related to the system, its culture, and appreciate feedback on their performance. There is a need to help host countries better support IMGs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV596

Psychiatry as an option after graduating medicineL. Dehelean^{1,*}, A.M. Draghici², R.S. Romosan¹¹ "Victor Babes" University of Medicine and Pharmacy, Neuroscience, Psychiatry, Timisoara, Romania² Timisoara Psychiatric Clinic, Psychiatry, Timisoara, Romania

* Corresponding author.

Introduction Published data show that internationally, 4.5% (range 1 to 12%) of medical students consider psychiatry as a career. Psychiatric practice involves special working conditions (exposure to hostile behavior or stigma), and incentives (flexible working schedules, higher income depending on specific country regulations).

Objective The purpose of the study is to identify the students' intention to choose psychiatry after graduating medical school.

Methods Students from the terminal years of general medicine were asked to fill in a questionnaire about their future career options. We analyzed socio-demographic data, the preferred medical specialty, preferred work setting (hospital, ambulatory, mixed hospital and ambulatory), preferred country of practice (native or foreign). The study included two samples: Romanian and foreign students in general medicine.

Results Seventy-five Romanian and 37 foreign students studying medicine at Timisoara University of Medicine and Pharmacy accepted to fulfill the questionnaire. The mean age in the Romanian sample was 24.27 years, and 26.59 years in the foreign student sample. The male:female ratio was 1:3.7 in Romanian and 1.8:1 in foreign students. Psychiatry was chosen as an option by 7 (9.3%) Romanian students. None of the foreign students expressed intention for psychiatry. Foreign students come mostly from Europe 56.8% (Germany 35.1%), and the rest from Asia, Africa, and North America. Romanian students prefer non-surgical specialties and a mixed practice, while foreign students prefer surgical specialties and hospital practice.

Conclusions In Romanian students, the interest in choosing psychiatry is fairly higher than in other countries, possible due to demographic and country regulatory factors.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV597

Educational project: Learning from the patientP. Flores^{1,*}, M. Soro², O. Orejas¹, C. Masferrer¹, A. Fernandez³, J. Renom³, M. Negrodo⁴¹ INAD, Parc de Salut Mar, Centre Forum, Barcelona, Spain² Centre Forum, Parc de Salut Mar, Servicio de atencion al usuario y comunicacion, Barcelona, Spain³ Associació Emilia BCN, Associació, Barcelona, Spain⁴ Institut Bonanova Formacion Profesional Sanitaria, Parc de Salut Mar, Barcelona, Spain

* Corresponding author.

Introduction Learning from the patient presents a pedagogical experience where patients expert in mental health participate as teachers in the teaching-learning processes.

This training activity is a pilot aimed to assess the impact and integration in the study plan of the students following the training course in auxiliary nursing care, Barcelona.

Objectives To offer a global vision on mental health problems in order to break the stigma, being the persons affected the main actors.

Stress the value of the patient voice and its particular way of living and suffering the illness in order to offer a suitable attention.

Promote the integration of expert patients as teachers in the education programs.

Methodology The training activity starts with the evaluation of the previous mental health knowledge and believes of the students. Round table with the participation of:

- 2 expert patients explain their history of life and how the illness affects their day-to-day life;

- 2 mental health professionals explain how they help patients to recover and empower them.

Four groups about the impact of illness on a personal, educational, working and social level.

Results The expert patients were very optimistic and reinforced their own self-esteem. The students show a more positive attitude towards mental illness and express that patients' are first PEOPLE, then patients'

Conclusions The expert patients collaborating with professionals are ready to become teachers in the health care academic programs and, specifically, in mental health.

Taking into account the patient voice and vision improves the technical, personal and social competences of professionals.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV598

A quality improvement initiative – increasing cardiometabolic risk screening in adult outpatient psychiatry clinics

S. Gunturu^{1,2,*}, S. Lawler¹¹ New York, USA² USA

* Corresponding author.

In the USA, People with serious and persistent mental illness (SPMI) die 25 years earlier than the general population! Sixty percent of the increased mortality is due to cardiovascular disease. In NYS, type 2 diabetes is twice as common in people with mental illness on Medicaid compared to the general Medicaid population. In a study of over 10,000 clients with schizophrenia or depression, 52% had metabolic syndrome, and 92% had at least one risk factor. Forty-three percent of clinical antipsychotic trials of intervention effectiveness (CATIE) participants had metabolic syndrome on enrollment.

In this quality improvement project, we worked on 3348 adult outpatient psychiatry patients, used techniques like FOCUS-PDCA, brain storming, root cause analysis to address cardiometabolic risk screening and reducing the risk among these patients. We used interventions like prescriber and patient education, streamlining the cardiovascular screening process in the clinic and multidisciplinary team discussions. We collected and analyzed data regarding clinical characteristics of such patients before and after the clinical interventions. HEDIS scores were used to measure the outcomes of the project.

In this talk, we want to discuss about quality improvement projects – the methods and processes involved. Also, we wanted to give a glimpse of our project – the plan, work flow processing and the data.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV599

Embedded mixed methods evaluation of the psycho-educational intervention impact on people diagnosed with schizophrenia and their primary caregivers: Findings from a randomized controlled trial

A.A. Hasan

University of Nottingham, Health Science, Nottingham, United Kingdom

Background Psycho-educational interventions for people diagnosed with schizophrenia (PDwS) and their primary caregivers (PC) can improve knowledge about schizophrenia, reduce PCs' burden of care, PDwSs' symptoms, and enhance PCs' quality of life. However, the majority of existing studies have significant methodological weaknesses. Also, little is known about the impact of psycho-educational interventions delivered by booklets and in developing countries like Jordan.

Objective The aim of this study was to examine the effectiveness of psycho-education delivered via a printed booklet for PDwS and their PCs' in Jordan.

Methods A single blind parallel randomized controlled trial was conducted between September 2012 and September 2013 at four mental outpatient clinics in Amman, Jordan. One hundred and twenty-one PDwS with their PCs were allocated randomly to an experimental (psycho-educational intervention plus treatment as usual in outpatient clinic) group ($n=58$) or control (treatment as usual alone) group ($n=63$). Outcomes, measured prior



randomization (pretest), immediately post-intervention (posttest 1) and at three months after intervention (posttest 2).

Results Participants receiving psycho-education and treatment as usual had better knowledge of schizophrenia, reduced positive and negative symptoms and hospitalisation at both follow-up points. PCs had reduced burden of care and experienced a better quality of life.

Conclusion Psycho-education delivered via printed booklets improves outcomes for PDwS and their PCs in Jordan better than treatment as usual. Our hypothesis is supported.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV600

Young Psychiatrists' Network. Between past and future

A. Kanellopoulos^{1,*}, R. Psaras², N. Kokras³¹ APCHA, Child & Adolescent Psychiatry, Athens, Greece² Private Practice, Psychiatry, Athens, Greece³ National Kapodistrian University of Athens, Clinical Psychopharmacology, Athens, Greece

* Corresponding author.

The Young Psychiatrists' Network (YPN) is a rapidly growing network of Early Career Psychiatrists (till 40 years of age or 5 years since completion of specialty – unless otherwise specified in home country) and Psychiatric trainees.

Its aims include, global development of psychiatry through close collaboration of YPs worldwide, expanding knowledge and sharing experiences, and facilitating the evolution of YPs from different parts of the world and improvement of their knowledge, skills and abilities.

From 30th September – 4th October the 5th YPN Meeting was held in Porto Heli in Greece. It was the biggest Young Psychiatrists Meeting ever held with more than 150 participants from 42 world countries and it was an absolute success. The state of the art scientific program included plenary lectures by renowned psychiatrists such as Prof. Nik. Bouras and Prof. Martin Prince, symposiums and workshops.

In conjunction with the 5th YPN Meeting from 27–30 September, a leadership course directed by Prof. N. Sartorius and Prof. K.H. Wittchen was held in Athens with the participation of 16 participants from 11 world countries.

The next meeting will be in Italy on September 2016.

Future plans include research collaboration, regional meetings and promoting the best possible work and educational conditions for young psychiatrists from all over the world.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV601

A brief survey of the impact of restructuring of clinical placement and education delivery for medical students in 5 Boroughs Partnership NHS Foundation Trust

S. Kumar^{1,*}, A. Baldwin²¹ Liverpool, United Kingdom² 5 Boroughs Partnership NHS Foundation Trust, Department of Medical Education, Warrington, United Kingdom

* Corresponding author.

Introduction In the United Kingdom, a drive has been initiated to duly attract and recruit medical student into career psychiatry. However, most medical students attending university find



the psychiatry lacks structure and organised model in teaching delivery.

As a result, many medical students put off earlier on in their studies by psychiatry.

Aim We wanted to test the above hypothesis with the introduction of structure by allocating de-centralised teaching and hands on clinical experience for medical students.

Method The collective survey tool is devised to reflect the needs of medical students with de-centralised teaching separate but to complement university studies. This included introduction of induction package, set out syllabus, structured learning sessions. The results of the feedback from the medical students were collated and the results are discussed.

Discussion The results indicate the success of the decentralized and borough based teaching, with improved interest in psychiatry and higher attendance rate. The feedback has been positive, and efforts of the tutors have been appreciated. Whether this will translate into higher recruitment rate number is to be seen.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV602

While waiting for the psychiatrist. . . the toolkit of general doctor

J. Lagræfeuil

Centre Hospitalier Tulle Cœur de Corrèze, Corrèze, Tulle, France

I am a general doctor working in a rural sector. When I need a psychiatrist to take care of my patients, I sometimes have to wait one, two three months or more. . . While waiting, what could I do before? Just prescribing some drugs and listening with empathy. . . I was not very satisfied with that so I spent two years learning medical hypnosis and brief therapy model in the Limoges medical university.

In that communication, I will describe the techniques I use, the self-hypnosis exercises I learn to patients, to permit them to become actors of their being better.

So that when they finally consult the specialist, they are much more able to precise their objective.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV603

An audit to improve prescription writing on inpatient medication cards

H. Parvathiah^{1,*}, F.M. Osman², C. Daly²

¹ Clonmel, Ireland

² St. Lukes Hospital, Psychiatry, Kilkenny, Ireland

* Corresponding author.

Background The most common intervention performed by physicians is the writing of a prescription. All elements in the complex process of prescribing and administering drugs are susceptible to error.

Aims To measure the extent to which information recorded on prescription cards conforms to basic standards of prescription writing.

To improve prescribing, recording and staff knowledge.

To identify common prescribing errors and focus on the same to improve our standard of practice.

Methods An audit tool was designed to collect data and standard was set 100%.

Results In the initial audit, there was significant deficiency in prescription writing, which was presented at the internal teaching

to all doctors and recommendations were made. This audit was repeated after a month, which showed improvement in prescription writing and recording.

Recommendations Write all drugs in CAPITALS ensuring correct spelling, dose, route of administration and frequency.

Complete all fields on front of the prescription card legibly.

Document any change in prescription card in clinical notes.

All doctors to go through their current clients medication cards and ensure any gaps filled and errors corrected.

Audit report will be kept in audit folder as a reference for any rotating doctor to repeat the audit every six months in the services.

Conclusion Doctors should continue to improve prescription writing and reduce any adverse events or errors.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV604

The impact of antistigma education on the attitudes of first-year medical students towards mental illness

C.A. Popescu^{1,*}, A.D. Buzoianu², S. Suciuc³, S. Armean⁴

¹ University of Medicine and Pharmacy "Iuliu Hatieganu", Social Sciences, Cluj-Napoca, Romania

² University of Medicine and Pharmacy "Iuliu Hatieganu", Pharmacology, Cluj-Napoca, Romania

³ University of Medicine and Pharmacy "Iuliu Hatieganu", Physiology, Cluj-Napoca, Romania

⁴ University of Medicine and Pharmacy "Iuliu Hatieganu", Pharmacology, Cluj-Napoca, Romania

* Corresponding author.

Introduction The stigma and prejudice surrounding mental illness exist widely throughout the world. Several surveys have shown that the general population has limited knowledge about mental illness and holds unfavorable attitudes toward people with mental disorders and that physicians endorse these negative attitudes. Medical students and their attitudes towards psychiatry and psychotherapy as well as towards the mentally ill form the foundation of their later actions as medical doctors.

Objective This study explored first-year medical students' beliefs, attitudes and desired social distance towards people with mental illness and assessed the impact of an antistigma education program in changing them. To achieve these aims a pre- and post questionnaire study design was followed.

Methods A new 2-h educational program was developed to change attitudes towards mental illness, and was conducted on first-year medical students. The study was conducted on 250 medical students from University of Medicine and Pharmacy "Iuliu Hatieganu", Cluj-Napoca, Romania (140 from Romanian section and 110 from English year).

Results At 2 months after the intervention, the authors observed positive changes in students' attitude regarding mental illness.

Conclusions According to the results of the current study, a relatively short and simple intervention could be successful in reducing the stigma of mental illness. Because the curriculum of undergraduate psychiatric training in Romania did not entail any specific antistigma training modules, one could argue that the present findings advocate for incorporation of such an orientation in undergraduate psychiatric training. Future work in this direction might shed light on the significance of such an education.

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EV605

Lessons learned from leading a Canadian psychotherapy medical education program



G. Radu^{1,*}, N. Harris², G.E. Harris³

¹ Memorial University, Department of Psychiatry, St. Clare's Mercy Hospital, St. John's, Canada

² Eastern Health, Psychology, St. John's, Canada

³ Memorial University, Faculty of Education and Department of Psychology, St. John's, Canada

* Corresponding author.

Introduction Under Canadian training requirements, psychiatry residents must demonstrate proficiency in various psychotherapy modalities such as cognitive behavior therapy and psychoanalytic psychotherapy.

Objective Building from an earlier case study of the development of a comprehensive psychotherapy education program, the current presentation explores lessons learned from the ongoing delivery of this program to psychiatrists in training. Innovative strategies, opportunities, challenges and current outcomes on the delivery of this program are explored through a case study framework. The design, implementation and ongoing operation of the psychotherapy education program are based on the Royal College of Physicians of Canada specialty training requirements in psychiatry.

Methods In the context of the case study framework, a Canadian psychotherapy training program for psychiatrists in training is analysed. The psychotherapy education model is designed and operated to offer a gradual and integrated educational and clinical experience in psychotherapy over four years of training.

Results The psychotherapy education program was investigated to explore new frameworks and innovative strategies of delivery and operation. Among the lessons learned were the need to maintain formally structured, modality specific teaching and supervision, video recording of sessions in supervision, provision of additional protected psychotherapy time, access to online training resources and utilization of non-physician mental health experts.

Conclusions This presentation will investigate the ongoing insights emerging from managing delivery of different psychotherapy competencies to psychiatrists in training in a Royal College of Physicians of Canada accredited program. Implications for training, practice and future research will be discussed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV606

Revolutionary education: Fostering emotional intelligence and empathic imagination across the mainstream curriculum. Interdisciplinary inquiry



I. Rozentsvit

Object Relations Institute for Psychotherapy and Psychoanalysis, Parent–Child Development Program, Fresh Meadows, USA

If fostering emotional intelligence and empathic imagination and solving ethical dilemmas were discussed openly and taught methodically in K-12 mainstream (“typical”) classrooms, would we need metal detectors at the inner city schools’ entrances, and would we need special anti-bullying programs, which intend to correct bullying culture, rather than build a new one, based on kindness, openness, and consideration for others?

Will we learn lessons from the Columbine High School and the Sandy Hook Elementary School massacres, and radically change educational system, to incorporate empathic imagination and emotional intelligence into mainstream K-12 curriculum – as a mandatory discipline – instead of leaving this important part of

learning and character formatting only to the special education sphere?

This symposium represents a collaborative effort of four educators from various disciplines who crossed boundaries to emphasize and foster emotional intelligence and empathic imagination throughout the K-12 curriculum.

The following are the parts of the proposed multidisciplinary panel:

- multidisciplinary approach to revolutionary education, or paradigm shift towards fostering emotional intelligence and empathic imagination across the mainstream curriculum;
- Descartes’ error, the triune brain, and neurobiology of emotional intelligence;
- changing our consciousness: imagining the emotional experience of the other;
- teaching social skills and play therapy in schools: report from the trenches of special education;
- examining cultural artifacts, tools for personal, emotional, and academic development;
- growing kind kids: mindfulness and the whole-brained child;
- Emotional Imprint™ at the street squash: ‘If you talk, you don’t kill.’

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV607

The Japanese Society of Psychiatry and Neurology Fellowship – reflections of participation from European early career psychiatrists



H. Ryland^{1,*}, K. Scheeres²

¹ West London Mental Health Trust, Forensic Department, London, United Kingdom

² Royal College of Psychiatrists, Psychiatric Trainees’ Committee, Bristol, United Kingdom

* Corresponding author.

Introduction The Japanese Society of Psychiatry and Neurology (JSPN) fellowship is a long-running programme to support early career psychiatrists from around the world to attend the society’s annual conference in Japan.

Objectives To inform early career psychiatrists of the nature of the fellowship, disseminate learning from the experience and to encourage applications to the scheme.

Methods Each member organisation of the World Psychiatric Association can nominate up to two early career psychiatrists for consideration by the fellowship committee. Applicants must submit an abstract in one of two themes, describing how services are designed in their country. Twelve early career psychiatrists are selected to participate in the programme each year.

Results In 2015, fellows were drawn from ten countries across three continents. The fellowship programme involved several components, including the opportunity to present the nature of psychiatric services in our home nations in dedicated seminars with other international fellows. This provided an excellent platform to compare and contrast different national approaches in key areas. Each seminar was co-chaired by an eminent psychiatrist and an early career psychiatrist from Japan, increasing the possibilities for professional exchange and mentoring.

The Japanese Young Psychiatrists’ Organisation arranged a number of activities for the fellows including a guided tour of a local psychiatric facility. This enabled fellows to gain a deeper understanding of psychiatric practice in Japan, through informal discussions and interaction with clinicians.

Conclusions The JSPN fellowship is an effective mechanism for fostering improved relations and understanding between early career psychiatrists across the world.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV608

Resource training centre as innovation didactic component of postgraduate training for doctors narcologists in Ukraine

I. Sosin*, Y. Chuev, O. Goncharova

Kharkov Medical Academy of Postgraduate Education, Narcology, Kharkov, Ukraine

* Corresponding author.

Introduction The work presents HIV PLEDGE project cooperative results of Kharkov Medical Academy of Postgraduate Education (KhMAPE) and the United Nations Office on Drugs and Crime (UNODC) in Ukraine which correspond the Law of Ukraine "On the Higher Education" requirements.

Objectives and aims The project is aimed at the reduction of HIV-infection, tuberculosis and other comorbid disorders in drug addicts in Ukraine. The results are expected to be introduced into postgraduate training for doctors narcologists of Ukraine at the resource training centre (RTC) created under UNODC aegis according to innovation international education and technology standards criteria adapted for all forms of postgraduate training including medical residency.

Methods Clinical, laboratory, epidemiological methods, statistical monitoring were applied for modern drug addiction conditions.

Results The research allowed:

- to increase abilities of KhMAPE departments to provide up-to-date epidemiological information for narcological diseases, pathophysiology, treatment, prevention, rehabilitation, HIV-linked medical and non-medical services integration in routine practice;
- to approach renewed academic programs, distance training courses, certification, special modern software, computer technologies, internet resources;
- to increase the postgraduate education efficiency and quality;
- to apply up-to-date information concerning treatment;
- to provide tuition and online training.

RTC was equipped with special software, valid educational and diagnostic tests, e-libraries, research analytical reports, Tritnet educational and information materials, presentation setup. RTC provides monitoring system of academic efficiency "Smart Senteo", distance training module program, database server "Osvita".

Conclusions RTC efficiency and prospects of new form of postgraduate medical training for doctors narcologists in residency have been grounded.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV609

Early identification of language and behavioral deficits for psycho-educational intervention as a public policy

C. Varanda^{1,2,*}, E.C. Mendes², N. Campina³, M.D.G. Aulicino², R.D.C.G. Nascimento⁴, K.R. Grilo⁴, C.M. Marczak⁴, E.C. Diogo⁴, F. Mello⁴, R.C. Corrêa⁴, F.D.M. Fernandes¹

¹ University of São Paulo, Department of Physical Therapy, Speech-Language Pathology and Audiology and Occupational Therapy, São Paulo, Brazil

² Paulista University, Human Sciences, Santos, Brazil

³ Paulista University, Health Sciences, Santos, Brazil

⁴ Santos City Hall, Secretariat of Education, Santos, Brazil



* Corresponding author.

The impact of educational public policies in developing countries such as Brazil is determinant in the improvement of socioeconomic outcomes as well as in the increase of individual's well-being. This research aimed to study the effects of early detection and intervention in language and behavioral difficulties among 3–4-year-old preschoolers in Brazil. It was designed as a pretest–posttest model with a total of 178 subjects, 90 girls and 88 boys, divided in control ($n=94$) and experimental groups ($n=84$), with average age of 3.7 y. Children were evaluated in receptive and expressive vocabulary, central auditory processing and behavior. Subjects of the experimental group were engaged in intervention for three months for the development and refinement of language and behavior through activities developed in software used in tablets and orientation provided to their parents and teachers by a professional team composed by speech therapists, psychologists and psycho-pedagogues. The subjects improved their performance in all tests. There was a significant difference in the performance of behavioral and language tests in posttest, indicating that improvement was due to the intervention proposed. This research was supported by the Foundation for Research Support of the State of São Paulo (FAPESP) and Maria Cecilia Souto Vidigal Foundation (FMCSV) whose agreement aims to develop and support projects with potential application in society. These results are meant to guide the design of a project, which will allow the early identification of communication disorders and behavioral difficulties and the development of continuing education actions for the teachers.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV610

Scientific research providing behavioral support for teachers on the modification of inadequate behavior among adolescents enrolled in a language course in Brazil

B. Montagni¹, C. Varanda^{2,*}

¹ Paulista University, Human Sciences, São Paulo, Brazil

² University of São Paulo, Department of Physical Therapy, Speech-Language Pathology and Audiology and Occupational Therapy, São Paulo, Brazil

* Corresponding author.

Education can benefit from psychological research concerning students' behavioral problems in order to provide teachers information on how to handle those behavioral issues, since those can predict late psychiatric disorders and interfere negatively with academic achievement. This research investigated problem behavior of students (10–12 yrs) of a language course in Brazil. Behavior was investigated through a problem behavior questionnaire considering the potential effects of peer and teacher attention. The initial hypotheses that there would be a positive correlation between problem behavior and poor academic performance was partially confirmed once correlation between some items of the problem behavior questionnaire and the performance in academic assessment was found. Among all the 15 elected problem behaviors, most of them appear to have the functionality of gaining peer attention and avoiding teacher attention; followed by gaining both teacher and peer attention and gaining teacher attention. These results were used as parameters for the suggestion of positive behavioral support, which contributed to an improved academic performance and to behavioral changes among the students. There was an increase of one point in the academic performance and reduction of 27.8% of the emission of deviant behavior. Nevertheless, a teacher training program showed to be necessary for the teachers to learn how to handle adolescent behavioral problems.



These results indicate that scientific research should be put at the service of education, especially in developing countries where lack of resources urges health and education policy makers to take into account findings which may impact a child's health and learning.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV611

Educating to legality. A tool to prevent crimes of psychiatric patients



A. Zangrando^{1,*}, F. Babici², E. Pascolo-Fabrizi¹, A. Riolo²

¹ UCO Clinica Psichiatrica, Department of Mental Health, Trieste, Italy

² CSM Domio, Department of Mental Health, Trieste, Italy

* Corresponding author.

Introduction Be a citizen means having rights but also duties and be subject to laws. Educating to legality is essential for mutual respect in the community, for the rules of social life and to exercise own rights of citizenship. A psychiatric patient can commit crimes because of mental disorders but also in absence of psychopathological problem. When a patient commits an offence, it is correct to know whether he was due and if he is actually a danger to society. The law do not allow ignorance but what patients really know about the law is not clear.

Objective In this study, we want to investigate the legal knowledge in citizens with mental disorders. Moreover, we want to build pathways to increase compliance with the law.

Methods We collected a cohort of 10 offenders and asked them if they were interested in an educational course on legality. We interviewed a sample of patients at risk of breaking the Penal code to assess their basic knowledge.

Results The reasons to undertake an educational program on compliance with the law were higher for offenders, maybe for fear of damaging sanctions. Those at risk of being sued for their behavior seemed to have more background than other group.

Conclusions It is essential to develop educational programs about crime prevention within the psychiatric field through training courses that increase the knowledge and awareness of effects of the Penal code. Moreover, citizens with mental disorders at risk of crimes should be supported by specific interventions aimed to social ethics.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Emergency psychiatry

EV612

Neuroleptic malignant syndrome about 14 observations



C. Aarab (Psychiatrist)*, R. Aalouane (Psychiatrist), I. Rammouz (Psychiatrist)

Hospital Ibn Alhassan, psychiatry, Fez, Morocco

* Corresponding author.

Introduction Neuroleptic malignant syndrome is potentially deadly but a rare condition occurs when taking neuroleptics. It is characterized by hyperthermia, severe extrapyramidal disorders and neuro-vegetative disturbances.

Aims and methodology We have studied retrospectively files of 14 patients hospitalized for NMS in the psychiatric department of Hassan II University Hospital of Fez in the last six years, in order to search for the causes its occurrence and planning its development.

Results Eighty-six percent of our patients are male, and the average age is 29 years. This disease usually affects young males but the risk of its development is increasing with certain factors.

According to our results, it seems that high potency neuroleptics (73%), particularly haloperidol and parenteral administration (57%) appear to be strongly associated with NMS especially in agitated patients having a psychotic disorder (78%) or if antipsychotic treatment is newly introduced (64%).

Combining several drugs is very common in our results, 50% with other antipsychotics, 81% with benzodiazepines. Physical impacts associated are somehow less frequent (42%) but also seem to have a role in the occurrence known NMS. Mortality rate was 7% (only 1 patient). These data are consistent with the majority of international works.

Conclusion Our results emphasize the necessity for rational use of antipsychotics among people at risk, the importance of early diagnosis and immediate treatment in order to have a positive development.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV613

Gender differences and characteristics of psychiatric patients assessed in the emergency department of a regional hospital in Canada



V. Agyapong^{1,*}, M. Juhas¹, A. Ritchie², A. Kavanagh³

¹ University of Alberta, Department of Psychiatry, Edmonton, Canada

² Northern Lights Regional Health Centre, Intensive Care Unit, Fort McMurray, Canada

³ Northern Lights Regional Health Centre, Department of Psychiatry, Fort McMurray, Canada

* Corresponding author.

Background Epidemiological studies of emergency room (ER) psychiatric settings can help monitor unmet needs and improve the quality of care.

Objectives To characterize the patients presenting to emergency department with psychiatric complaints in a medium sized health centre in oil sands region of the Northern Alberta.

Methods Information on a data assessment tool designed to capture all relevant demographic and clinical characteristics of psychiatric patients in the ER was compiled as part of a clinical audit process.

Results Overall, 477 patients were assessed by the psychiatric team over the 12 month period, comprising 230 (48.2%) males and 247 (51.8%) females. There was a fairly balanced distribution by age, ethnic background, and relationship status between the male and female patients. The majority of patients with a history of self-harm or childhood sexual abuse were female while male patients were significantly more likely to report medication non-compliance. A higher proportion of the female patients had depressive disorders and personality disorders while a higher proportion of male patients had anxiety disorders, bipolar and related disorders, schizophrenia spectrum disorders, and substance-related disorders. Approximately half of all the patients had an impaired clinical insight. Majority of the patients had a GAF score of 70 or less. Nearly one in five patients were admitted for inpatient treatment with a significantly higher proportion of male patients being admitted involuntarily.

Conclusion There are sex-specific differences in many of the demographic and clinical measures collected in our ER psychiatric sample.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV614

Preventing self-harm and reducing suicidal ideation through an expedited regular supportive psychotherapy and assertive case management – protocol for a three-arm partial randomised controlled trial



V. Agyapong^{1,*}, T. Behre², M. Juhas¹, A. Greenshaw¹

¹ University of Alberta, Department of Psychiatry, Edmonton, Canada

² QE II Hospital, Department of Psychiatry, Grande Prairie, Canada

* Corresponding author.

Aim To conduct a three-arm partial randomised controlled trial to evaluate the effectiveness of expedited regular supportive psychotherapy and assertive case management for patients presenting with suicidal ideation or self-harm to the emergency department (ED).

Hypothesis We expect expedited regular supportive psychotherapy plus assertive case management will reduce the suicidality and/or suicidal behaviour in patients by at least 20% at 4 weeks compared to patients receiving only assertive case management or routine care and these differences will be sustained at 6 months.

Methods This will be a longitudinal, prospective, three-arm controlled single-rater-blinded partial randomized clinical trial with a recruitment period of 12 months and an observation period of 6 months for each participant. Patients in the intervention group will receive regular face-to-face or over the phone brief supportive psychotherapy during weekdays following presentation to the ED with suicidal ideation or self-harm until patients are actively enrolled in regular community mental health services with active case management by the therapist. Patients in the control and the assertive outreach arms will each receive the usual follow-up services offered routinely to regular patients and assertive outreach patients respectively who present to the ED with suicidal ideation or self-harm.

Results Recruitment will commence in February 2016 and we expect the results of the study to be available by September 2017.

Conclusion If our hypothesis is proved correct, our intervention will be a new model for caring for patients with self-harm and suicidal ideation and is expected to reduce suicide rates.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV615

Parasomnias and panic attacks: A case report



S. Benavente López^{1,*}, N. Salgado Borrego², C. Hernández Durán³, E. Muro Fernández de Pinedo³, A.P. García Marín³, L. Pérez Ordoño³, A. Sainz Herrero³, A.M. Sanz Paloma³, R. Barbosa Requena³, L.T. Vázquez Rodríguez³, G. Rodrigo Borja³, J. Vila Santos³, F. Jiménez Morillas³, S. Bermejo Lorero³, M.L. Castro Arias³

¹ Hospital Universitario 12 de Octubre, Psychiatry, Madrid, Spain

² Hospital Dr. Rodríguez Lafora, Psychiatry, Madrid, Spain

³ Hospital Universitario 12 de Octubre, Emergency department, Madrid, Spain

* Corresponding author.

Introduction Parasomnias are a category of sleep disorders in which abnormal events occur during sleep, due to inappropriately timed activation of physiological systems.

Case report We report the case of a 41-year-old female who has no psychiatric history. The patient went to emergency department because when she was starting to sleep, in the first state of sleep, she felt a sensation of paralysis in all her body, with incapacity for

breathing, chest oppression and tactile hallucinations like something or someone was touching her entire body. Due to that, the patient awoke frightened, with high levels of anxiety, with heart palpitations, shortness of breath, trembling, choking feeling, sweating, nausea and fear of dying. When the patient arrived to the emergency department, she was suffering a panic attack, thinking that she could have some kind of neurological disease or she was suffering a heart attack. After treating the panic attack with 1 mg of lorazepam, all the symptoms subsided gradually.

Discussion In this case report, we present a patient with a new-onset parasomnia, with hypnagogic hallucinations and a panic attack at the awakening. It is known that stress factors are closely associated with parasomnias, as we can see in this case because the patient was moving and she was sleeping in a new place.

Conclusions Parasomnias are very frequently present in general population and they can trigger intense anxiety status that can lead to panic attacks.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV616

Hyperthyroidism and psychotic symptoms: A case report



S. Benavente López^{1,*}, N. Salgado Borrego², L. Arroyave Villa³, C. Hernández Durán³, E. Muro Fernández de Pinedo³, A.P. García Marín³, L. Pérez Ordoño³, A.M. Sanz Paloma³, R. Barbosa Requena³, M. Gil Mosquera³, N. Bermejo Cabanas³, R. Franco Sánchez-Horneros³, I. Fernández Marín³, A. Rodríguez Miravalles³, M.L. Castro Arias³

¹ Hospital Universitario 12 de Octubre, Psychiatry, Madrid, Spain

² Hospital Dr. Rodríguez Lafora, Psychiatry, Madrid, Spain

³ Hospital Universitario 12 de Octubre, Emergency department, Madrid, Spain

* Corresponding author.

Introduction Hyperthyroidism may lead to high anxiety status, emotional lability, irritability, overactivity, exaggerated sensitivity to noise, and fluctuating mood, insomnia and hyporexia. In extreme cases, they may appear delusions and hallucinations as psychiatric symptoms.

Case report We report the case of a 53-year-old female who was diagnosed of hyperthyroidism and generalized anxiety disorder. The patient went to emergency department because of high levels of anxiety, with heart palpitations, trembling, shortness of breath and nausea. She was presenting auditory hallucinations and delusions as psychiatric symptoms. An urgent thyroid profile was made and it was observed the next results: TSH <0.005; T4:4; T3:21. Due to a severe thyroid malfunction, the patient was admitted and treated with antithyroid agent, improving the psychiatric and somatic symptoms.

Discussion In this case, a patient diagnosed of hyperthyroidism and generalized anxiety disorder presented very severe psychiatric symptoms, with hallucinations and delusions. These symptoms may be produced by primary psychiatric disorders, but is very important to look for thyroid alterations, because if they are the cause, the acute treatment of thyroid malfunction is the correct management of the patient.

Conclusions Hyperthyroidism is very common in general population, being infradiagnosed most of times. In patient with anxiety or other psychiatric symptoms, it is very important to make a thyroid function tests before the diagnosis of a psychiatric disorder. In extreme cases, hyperthyroidism status may lead to severe psychiatric and somatic complications.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV617

Insight and aggressive behavior in acute schizophrenic patients

S. Campi^{1,*}, C. Esposito², P. Andreassi³, P. Bandinelli³, P. Girardi⁴, G. Ducci⁵, C. Cannizzaro⁵, C. Cacciari², G. Spalletta⁶

¹ Rome, Italy

² IRCCS Santa Lucia Foundation, Neuroscience, Rome, Italy

³ SPDC San Filippo Neri ASL RmE, Mental Health Department, Rome, Italy

⁴ Sant'Andrea hospital Sapienza University, Mental Health, Rome, Italy

⁵ SPDC San Filippo Neri ASL RmE, Mental Health, Rome, Italy

⁶ IRCCS Santa Lucia foundation, Neuroscience, Rome, Italy

* Corresponding author.

Introduction Aggressive behavior in wards is associated to poor treatment compliance and low clinical insight. Most studies focused on the clinical and cognitive dimensions of insight, while the relationship between metacognitive dimension and aggressive behaviors was not investigated. Our aim was to understand what relationship occurs between dimensions of insight (metacognitive, cognitive, clinical), and specific aggressive behaviors in acute patients.

Methods We recruited 75 acute schizophrenic patients using: AQ; MOAS; IS; PANSS; BCIS.

Results A positive correlation between the IS score and the hostility, angry and physical aggression sub-scores of the AQ was highlighted, while no correlation between the score of IS and MOAS total score was found. No correlation between the score of the PANSS G12 item and the AQ scores and MOAS was found, and no correlation between BCIS scores, MOAS and AQ scores was found.

Conclusions In our patients, a higher level of metacognitive insight, but not clinical nor cognitive insight, was associated to higher levels of hostility. We suggest that a higher ability to monitor and appraise one's own altered processes of thought and related discomfort, feeling of destabilization and loss of control, could contribute to enhance resentment and suspiciousness. Findings help develop specific therapeutic strategies to enhance metacognitive and self-monitoring abilities, helping patient's understanding of the illness, improving compliance with treatment, and patient's quality of life. Our results support the multidimensional nature of insight in schizophrenia, confirming that clinical, cognitive and metacognitive dimensions are independent though related facets of the phenomenon of insight in schizophrenia.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV618

Loxapine for agitation in psychiatric patients who consult in emergency medical services

M.Á. Carrillo*, M.J. Martínez, P. Botías, I. Imbernón, M. Martínez-Carlón, M. Fueyo, C. Calero, N. Megias, S. Pina, M. Gavilan, M.P. Sanchez, J. Sanchez, P. Chacon

University Hospital of Murcia Virgen Arrixaca, Psychiatry, Murcia, Spain

* Corresponding author.

Introduction The DSM-5 defines psychomotor agitation as excessive motor activity associated with a feeling of inner tension. The activity is usually nonproductive and repetitious and consists of behaviors such as pacing, fidgeting, wringing of the hands, pulling of clothes, and inability to sit still. This kind of behavior occurs in up to 25% of psychiatric patients who consult in emergency medical services.

Objective The main objective was to determine the efficacy of loxapine inhalation powder in acute agitation.

Methods Ten agitated psychiatric patients scored Positive and Negative Syndrome Scale – Excited Component (PANSS-EC) baseline and ten minutes after the administration of ADASUVE®.

Results The efficacy of loxapine 10 mg in the acute treatment of agitation was established in a short-term (10 minutes).

Conclusions Loxapine is the first and only orally inhaled medication for the acute treatment of agitation associated with psychiatric disorders, which is a tool easy-to-use in emergency medical services.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV619

Change of mood in relation with the seasons

R. de la Mata Hidalgo^{1,*}, M. de la Mata Hidalgo², I. Valriberas Herrera¹, O.E. Ana¹, L. Al Chaal Marcos¹, C. González Soria¹, L. Sánchez Pernas¹, C. Exposito Montes²

¹ Instituto de Investigación Biomédica de Salamanca, Psychiatry, Salamanca, Spain

² Facultad Medicina Córdoba, Psychiatry, Córdoba, Spain

* Corresponding author.

Introduction Emergency situations related to mental disorders represent a significant proportion of all medical emergencies. Over the last years we have been witness to an upturn in the incidence of psychiatry emergency service because to change of mood.

Objective To determine the profile of the patient who requires psychiatric attention with changing of mood in our area in different seasons.

Methodology This is a prevalence and prospective study in which the dependent variable is taken as change of mood and we also use three more independent variables that are age sex and seasonality. The seasonality (spring period and summer period) will be at the same time the form of divided the population in two groups to compare.

Results Out of all the consultations for changing of mood in the emergency service during the first period (113 patients), 34% were men and 66% were women. The age range of 36–50 years was more frequent for women and the age range of 51–65 years was more frequent for men. In the second period (with 162 patients), 137 women (86%) and 25 men (14%). In this case, the most common age range was 36–50 years, both for women and for men.

Conclusions The epidemiological and clinical characteristics of patients with changing of mood assessed by the emergency service are described from a naturalistic approach.

Which Chi² we will discover if the population who has been taken between woman and man is significant and with the median, we will also determine if the age ranges are enough significant to confirm our hypothesis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV620

Atypical psychosis in emergency: A case review

A. Espinosa Benavides^{1,*}, C. Sanahuja Muñoz²

¹ Instituto Psiquiátrico José Germain, Psiquiatría, Leganés, Spain

² Hospital Universitario de Fuenlabrada, Psiquiatría, Fuenlabrada, Spain

* Corresponding author.

The authors describe the presentation of a case of atypical psychosis in the emergency services, and describe the unusual clinical features of manifestation of psychotic disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV621

Gender difference among psychiatric patient's profile in emergency department



M. Gonçalves*, J. Teixeira, R. Diana, A. Craveiro
Centro Hospitalar e Universitário de Coimbra, Centro de Responsabilidade Integrada em Psiquiatria e Saúde Mental, Coimbra, Portugal

* Corresponding author.

Introduction Over the past 40 years, services for psychiatric patients have become increasingly deinstitutionalized, shifting away from inpatient facilities. As a result, patients seek other avenues for treatment, including outpatient facilities and community resources. Unfortunately, those resources have also become increasingly constrained by widespread budget cuts, leaving patients with the health care system's last remaining safety net—the emergency department (ED).

Because EDs are seeing increasing numbers of patients, hospital administrators have recognized the importance of improving throughput and the quality of care delivered in EDs.

The aim of this report is to investigate the gender difference among patient's profile in psychiatric emergency room, assessing the socio-demographic and clinical characteristics, reasons for attendance and practices.

Methods Retrospective and observational study, conducted at Centro Hospitalar e Universitário de Coimbra, during a three month period. Statistical analysis of data with "SPSS 21".

Results During the three months period, a total of 2309 patients were admitted in Psychiatric ED, 1485 female and 824 male.

Regarding clinical data, the authors are expecting to find different psychopathology among male and female, as well as psychiatric comorbidities, diagnoses after discharge, treatment conducts, social support and different rates of psychiatric comorbidities.

Conclusions Factors such as patient's vulnerability, defined by socio-demographic elements, characteristic as the type and severity of their mental illness, social support, treatment adherence, with significant implications of prognosis, costs and care. The conducted study enabled us to outline a profile of male and female psychiatric patients in ED.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV622

Delay in medical emergency care to patients with psychiatric symptoms



P. García González^{1,*}, E. González Martínez², S. Puerta², A. Capllonch Carrión¹

¹ Complejo Asistencial Benito Menni, Unidad Hospitalización Breve, Ciempozuelos, Madrid, Spain

² Hospital Universitario 12 de Octubre, Servicio de Psiquiatria, Madrid, Spain

* Corresponding author.

Patients with mental illness not only have a higher prevalence of physical disorders compared with the general population, but are also less likely to receive proper medical care.

We report a case of a 62-year-old woman who was hospitalized in our psychiatry hospitalization unit due to behavioural disturbances

and mild psychotic symptoms. During hospitalization, she presented a syncope with an important drop in oxygen saturation requiring continuous oxygen administration to maintain an adequate saturation. As our unit is placed in a monographic psychiatry hospital, she is derived to the medical emergency unit of a local general hospital for attention. Due to her behavioral symptoms, she was difficult to treat in the emergency department, which resulted in an approximate delay of five to six hours. Intervention of the psychiatry emergency team was necessary to encourage the general medical team to perform a full clinical examination, being finally diagnosed with bilateral pulmonary embolism and admitted to a general medicine hospitalization unit.

We review related literature regarding the delay in medical care for psychiatric patients. Patients with mental disorders are likely to not receive proper medical care. Programs addressing stigmatization of patients with mental disorders among physicians and a better coordination between medical and psychiatry emergency teams are some of the solutions proposed to address this problem.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV623

Neuroleptic malignant syndrome. Differential diagnosis



M.J. Gordillo Montaña^{1,*}, G. Carmen², R. Ana³, G. Elena³

¹ Los Santos De Maimona, Spain

² Hospital Juan Ramón Jiménez, Spain

³ Spain

* Corresponding author.

Neuroleptic malignant syndrome is one of the most dangerous complications of antipsychotic therapy, rare but very serious, especially with first-generation neuroleptics. It is a medical emergency, an early diagnosis will be necessary and include general supportive measures and symptomatic drug therapy.

Objectives NMS is a diagnosis of exclusion that typically occurs between 24–72 hours. Rare after two weeks, except that the deposit may extend this period. The course is between 7 and 10 days.

Methods We will present a case in which we see the difficulties that arise in daily clinical practice.

Results The most characteristic symptoms are rigidity, such as stiffness ("lead pipe"), dystonia, tremor, nystagmus, opisthotonos, bradykinesia, dysphagia, dysarthria, lethargy, convulsions, trismus, oculogyric crisis. Changes the state of consciousness (confusion, delirium and stupor or coma). Hyperthermia, above 38.5 °C (up to 41). Autonomic instability (hypertension, postural hypotension and variability in blood pressure, tachycardia, tachypnea, salivation, sweating, pale skin, and urinary incontinence).

Conclusions It is particularly difficult to make the differential diagnosis with malignant catatonia, by the common features that both products, which are indistinguishable in a quarter of cases, conceptualise the NMS as a form of drug-induced malignant catatonia. This resembles by muscle rigidity, hyperthermia, and akinesia. His appearance is preceded by emotional disorders, psychotic symptoms, depressive symptoms, impaired functioning prior patient, acute anxiety and agitation, which occurs about two weeks before. Subsequently choreiform stereotypies, primitive hyperkinesias, spasms and rhythmic and cyclic arm movements. In catatonia, hyperactivity and hyperthermia typically occur prior to the administration of the neuroleptic.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV624

“Flakka”: An emerging trend or a mass media phenomenon? Presence of alpha-PVP in samples submitted to a drug checking facility



M. Grifell^{1,2,3,*}, P. Quintana^{2,4}, M. Torrens^{1,3,5}, A. Palma^{1,3}, L. Galindo^{1,3,5}, M. Ventura^{2,3}, I. Fornis², C. Gil², F. Caudevilla², M. Farré^{5,6}

¹ Parc de salut Mar, Institut de neuropsiquiatria i addiccions (INAD), Barcelona, Spain

² Associació Benestar i desenvolupament ABD, Energy Control, Barcelona, Spain

³ Hospital del mar medical research institute IMIM, Grup de recerca en addiccions, Barcelona, Spain

⁴ Institut Català de la Salut (ICS), EAP Raval Sud, Barcelona, Spain

⁵ Universitat Autònoma de Barcelona (UAB), Bellaterra, Spain

⁶ Hospital Germans Tries i Pujol IGTP, Farmacologia clínica, Badalona, Spain

* Corresponding author.

Introduction New psychoactive substances (NPS) are drugs that have recently become available, are not worldwide regulated, and often intend to mimic the effect of controlled drugs. α -Pyrrolidinopentiophenone (Alpha-PVP) is a potent stimulant cathinone that is thought to act inhibiting dopamine and norepinephrine reuptake. It has been associated with hallucinations, psychosis and death.

Objectives To explore the presence of Alpha-PVP from the samples handled to, and analyzed by energy control.

To determine whether it is a new trend in recreational settings.

Methods All samples presented to energy control were analyzed. Samples in which alpha-PVP was detected using Gas Chromatography-Mass Spectrometry were selected for study.

A Google trend analysis was also performed to assess the media impact of alpha-PVP.

Results From a total of 20,062 samples, 33 contained alpha-PVP (0.16%). The samples containing alpha-PVP were mostly sold as such (40%) despite a significant proportion being sold as MDMA (15%). Google trend analysis showed an abrupt increase of alpha-PVP searches in 2015 reaching 50% of the MDMA-ones.

Conclusion Our results suggest presence of Alpha-PVP in the drug market may be increasing, especially as adulterant of other drugs. Severe side effects might be even more serious considering that a significant proportion of users may ignore which substance they are actually using. However, the total amount of alpha-PVP analyzed remains small, and does not support the alarming reports published in media.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV625

Frequent attendance: A clinical and epidemiological study



S. López-Romeo*, G. Ledesma-Iparraguirre

Parc Sanitari Sant Joan de Déu, Psychiatry, Barcelona, Spain

* Corresponding author.

Background Frequent attenders (FA) are patients who attend a health care facility repeatedly. The frequency of frequent attendance at emergency department has been defined as 4 or more attendances/annum. FA are few in number but they produce a high number of attendances.

Aims To determine prevalence of FA, mean attendances/year generated by FA and frequency of visits by months.

Methods A retrospective study was performed on psychiatry's emergency department database from January until December

2013. FA was defined as those with ≥ 4 attendances at emergency services in a year.

Prevalence of FA, attendances' prevalence, diagnosis' prevalence, Mean attendances generated by FA and frequency of visits by months were analysed.

Results Among 4824 attendances we found 181 FAs (5.98%). Men represented 50.80% and women 49.20%. FA presented a mean of 6.33 attendances/year, while non-FA presented a mean of 1.29 attendances/year.

In accordance with frequency of visits by months, it was observed that number of attendances was increased in April and May, in both FA and non-FA.

Conclusion Prevalence of FA was 5.98%, FA generated a 23.74% of attendances. Most prevalent FA' diagnoses were: anxiety disorder, personality disorder non-specified and schizophrenia.

FA at emergency department contributes to overcrowd them. For this reason, it is important to take into account these results to develop new strategies to improve FA' attention and prevent its occurrence.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV626

Patients' characteristics related with risk of being restrained in acute psychiatric hospital in Romania



A. Mihai^{1,2,*}, M. Crainic¹, M. Mocan¹, I. Alexiev¹, A.P. Sărmăan³, A. Mihai^{2,4}

¹ University of Medicine and Pharmacy “Iuliu Hatieganu”, Medicine, Cluj-Napoca, Romania

² Institute of Psychotherapy and Personal Development (IPPD), Psychology and Psychotherapy, Targu Mures, Romania

³ University of Medicine and Pharmacy Tg Mures, Medical Asistent, Gh Marinescu 38, Tg Mures, Romania

⁴ University of Medicine and Pharmacy Tg Mures, Psychiatric Department, Gh Marinescu 38, Tg Mures, Romania

* Corresponding author.

Seclusion and restraining in acute psychiatry wards is used when patients tend to harm themselves, other patients or staff members. Seclusion and restraining decision-making is a complex process based on risk of aggressivity, patient's diagnosis, history of violent incidents, staff experience, hospital internal regulations and national mental health law.

The aim of this study is to evidenciate the patients' characteristics, which could be predisposed to restraining procedure in acute psychiatric setting in Romania.

Material and method This is a two years retrospective study conducted on a total of 1000 patients (56.9 females, 43.1 males) randomly selected, admitted in acute psychiatric hospital. From these on 100 patients restraining techniques were applied.

Results and discussions Out of the restrained patients male, younger usually suffering of personality disorder were more frequent restrained. Statistical analysis of restrained group characteristics comparing with larger group of the total patients admitted showed no significant differences between these two groups. Regressive analysis on different clusters found a higher risk to be restrained for patients with agitation and recurrent depressive disorder, male, from urban area. This study draws attention to the importance of a good study design and proper methodology.

Conclusion The factors which influence the risk of being restrained in acute psychiatric setting are more related with behavior characteristics than diagnosis or demographical items.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV627

Evaluation of staff training in crisis and home treatment team in Merseyside

S. Natarajan

Warrington, United Kingdom



Introduction Home Treatment Accreditation Scheme (HTAS) is a programme published by Royal College of Psychiatrists, which reviews home treatment team with the aim of helping them to improve quality and awarding accreditation to service. Standards were focused on various domains including service provision and structure, staff appraisal, training, assessment, care planning and interventions.

Objective To evaluate whether staff received training that is required to deliver services effectively without jeopardising the needs and safety of the patients.

Methodology A tool was designed based on the recommendations from HTAS. Eighteen staffs from various backgrounds were involved in this evaluation. Each standard were categorised into type 1/2/3. In order to achieve accreditation team has to meet 100% of type 1, 80% of type 2 and majority of type 3.

Results Only 65% staffs have been trained as opposed to 100% as suggested by HTAS. Fifty-five percent of staffs have not had training as opposed to 80% for a team to be accredited. Thirty-eight percent staffs have had training compared to 50%, although they are not directly responsible for HTT.

Conclusions Would suggest all the staff to be trained in the core skills that are required to deliver good quality service. Training should be focused and specific to their roles and the teams they work, meeting the needs of the service users. Also, training should be updated on regular basis. This should be re-evaluated in 1-year time with the view of auditing across the trust in other home treatment teams.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV628

The prevalence of the burnout syndrome among population examined at the psychiatric emergency department for attempted suicide

E. Perju^{1,*}, E. Gallois²¹ Reims, France² Psychiatry, 10, rue Corvisart, 75013 Paris, France

* Corresponding author.



Introduction The intention of this study is to show the frequency of the burnout syndrome among the population seen at psychiatric ER for the most severe complication of the burnout, the suicide attempt.

Objective (a) To demonstrate the frequency of burnout among the population examined at psychiatric ER for suicide attempt.

(b) To establish a correlation between the frequency of burnout and:

- the socio-demographic characteristics;
- the psychiatric follow-up;
- the type of personality found.

Methods Descriptive study on a sample of 92 patients examined at psychiatric ER between 01/02/2014 and 01/06/2014 after a suicide attempt, seen by a single doctor. The patients received the Maslach Burnout Inventory (MBI).

Results The frequency of burnout among the population consulted for suicide attempts is 8.7%. The limitations of this study

were: the use of MBI questionnaire only by one doctor and a collection of data carried on a certain period of time.

I managed to characterize the population seen after the suicide attempt induced by the burnout: 88% women; 25% foreign population working in a context with many responsibilities; the predominance of obsessive personality – 50%, followed by anxious personality type – 25%; the suicide attempt was done by a population without psychiatric history and without psychiatric follow-up – 75%; the studied population is divided between patients working in a high responsibility environment – 36% and patients working in the social or the public environment – 63%.

Eighty-eight percent of patients were brought in after their first suicide attempt.

Conclusion Despite the fact that until now a unanimous definition has not been formulated on the CIM-10, the burnout syndrome is one of the most popular disorders.

The problematic is real, considering that this syndrome, which starts with a psychological distress, can escalate to a self-aggressive behaviour.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV629

Case report of autointoxication with nutmeg committed by a suicide attempter

S. Petrykiv^{1,*}, L. de Jonge², P. Michielsen³, M. Arts⁴¹ GGZ Friesland, Emergency Psychiatry, Leeuwarden, Netherlands² UMC Groningen, Epidemiology, Groningen, Netherlands³ GGZ West Noord Brabant, Psychiatry, Bergen op Zoom, Netherlands⁴ UMC Groningen, Old Age Psychiatry, Groningen, Netherlands

* Corresponding author.



Introduction Autointoxication with nutmeg in an emergency setting is a rare, but potentially a life-threatening event. Despite the low incidence of 'tentamen suicidii' (TS) with nutmeg, this substance is cheap and readily available. Early recognition of a suicide attempt with nutmeg poisoning can be extremely difficult, especially when nobody witnessed the nutmeg intake. Worldwide there are only a few cases reporting TS with nutmeg.

Objectives To present a case of TS with nutmeg committed by a suicide attempter.

Aims To review available literature on TS with nutmeg.

Methods A case report is presented and discussed, followed by a literature review.

Results Five published cases of suicide attempts with nutmeg were found while searching through PUBMED and Embase. Our case describes a 57-year-old female, diagnosed with borderline personality disorder, who has been admitted to the emergency department in a state of agitation, diminished cognition, respiratory difficulties and hemodynamic instability. Electrocardiography showed a fast sinus arrhythmia with no uschemic or hypertropic changes. Blood sampling, serum and urine toxicology did not reveal any abnormalities. In view of the complexity of her condition, she admitted to have taken a large dose of nutmeg. The patient was kept for observation, offered reassurance, and rehydration.

Conclusion The presentation of inexplicable clinical state accomplished by disturbances of central nervous, respiratory and hemodynamic systems in the population of patients with attempting suicide should alert the physician to the rare but probably underreported possibility of nutmeg autointoxication.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV630

Inhaled loxapine for the treatment of agitation in borderline personality disorder

R. Puente*, M.F. Rabito Alcon, S. García Jorge, H. Dolengevich Segal, M. Benítez Alonso, J. Gómez-Arnau Ramírez, A. Garrido Beltrán, J. Rodríguez Quirós, B. Unzeta Conde, O. Pecero García, J. Correias Lauffer
Hospital Henares, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction Inhaled loxapine has shown efficiency in the treatment of the mild-moderate agitation syndrome of schizophrenia and mania patients. Its rapid response and calming effect non-sedative allow to hypothesize reasonable efficiency and tolerability in borderline personality disorder diagnosed patients.

Aims Analyze the efficiency and tolerability of inhaled loxapine as a pharmacological approach in the treatment of agitation in borderline personality disorder (BPD) clinical diagnosed patients.

Materials and method An application was administered for every agitation episode in BPD patients treated with inhaled loxapine in the emergency room or the psychiatric ward, which included BARS and CGI-S scales for the evaluation of each episode and its severity, before and after its use. Other secondary measures of efficiency were taken into account, such as requirement of physical restraint.

Results In the majority of evaluated episodes inhaled loxapine decreased notably initial BARS and CGI-S values and no serious clinical side effects attributable to this medication were observed.

Conclusion In our sample, inhaled loxapine was efficiency and well tolerated pharmacological intervention for agitation in BPD patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV631

Psychiatric emergency prehospital: Incidence and management of agitation in Valladolid (Spain)

R. Rodríguez Calzada^{1,*}, M. Siesto Marcos², P. Roset Arisso³, M.A. Suarez Fuentes³, L. Delgado Alonso⁴, M. Rodríguez Calzada⁵, R. Rodríguez Calzada⁵, E. Calzada Amorrortu⁵

¹ Gerencia de Emergencias Castilla Y Leon, Prehospital Emergency Ume 1 Valladolid, Valladolid, Spain

² Valladolid University, Nursing Department, Valladolid, Spain

³ Ferrer, Medical Department, Barcelona, Spain

⁴ Gerencia Atencion Primaria Valladolid Oeste, Medical Department, Valladolid, Spain

⁵ Rc Clinic, Psychology, Valladolid, Spain

* Corresponding author.

Introduction Agitation is a frequent and complex emergency. Pre-hospital management of agitation requires appropriate measures to preserve patients' safety, stabilize the patient and alleviate suffering, and transfer to the hospital psychiatric services, including involuntary admission if needed.

Objectives To describe the incidence and management of agitation by the emergency medical service of Castilla y León (SACyL) in an area of Valladolid.

Methods Retrospective study of all psychiatric emergencies attended by a prehospital emergency medical service in 2014.

Results One hundred and twenty-one emergencies were attended over a catchment area that covered 170,000 inhabitants (1.4/1000 inhab.). Overall, 55% were men, mean age was 45

years, 60% were considered psychiatric, 29% organic and 11% mixed. However, men had a higher frequency of organic (39%) compared to psychiatric (48%) agitation than women (16% and 75%, respectively), and most of them were related to alcohol or drug use. Among patients with psychiatric or mixed agitation 81% had psychiatric history and the pharmacologic treatment most frequently used was intramuscular midazolam.

Conclusions The incidence of acute agitation accounts for almost half of the total psychiatric emergencies in the prehospital setting. Since there are different healthcare providers in charge, specific protocols as well as treatment procedures are needed to provide the most adequate management, in order to ensure the best psychiatric emergency chain.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV632

Do we know why we indicate a mechanical restraint?

E.J. Pérez*, L. Galindo, M. Grifell, F.N. Dinamarca, V. Chavarria, P. Salgado, V. Pérez

Institut de Neuropsiquiatria i Addiccions, Psychiatry, Barcelona, Spain

* Corresponding author.

Introduction and objectives Mechanical restraint is a therapeutic procedure commonly applied in acute units in response to psychomotor agitation. Its frequency is between 21 and 59% of patients admitted. These patients represent a risk to both themselves and for health workers. There are not clinical studies that compared if there are differences of the frequency of the specific indication for the mechanical restraint.

The aim of this study is to explore the differences of frequency of each indication of mechanical restraint on patients on the psychiatry acute and dual pathology units.

Material and methods We reviewed retrospectively the informatics record of all the mechanical restraints made and the total discharges of the three acute care units and dual disorders of Neuropsychiatry and Addictions Institute of the Parc de Salut Mar de Barcelona, between January 2012 and January 2015. The episodes of mechanical restraint, the specific indications for them and the DSM-IV diagnostic were coded. Then, was calculated the frequency and proportion of mechanical restraints in the most common diagnostic groups. An ANOVA was performed:

- risk of self-aggressiveness;
- state of self-aggressiveness;
- risk of hetero-aggressiveness;
- state of aggressiveness;
- risk of psychomotor agitation;
- state of psychomotor agitation;
- acute confusional state;
- fall risk;
- risk reduction on therapeutic interventions;
- avoid pulling out of life support systems;
- facilitate administration of drug treatment;
- patient voluntarily requests it;
- high-risk of escape.

Results The number of discharges analyzed was 4659 from which 838 had an episode of mechanical restraint associated.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV633

Neurologic and psychopathologic symptom presentation at psychiatry emergency



N. Trovão^{1,*}, A.S. Coutinho²

¹ Centro Hospitalar Vila Nova de Gaia Espinho, Psychiatry, Vila Nova de Gaia, Portugal

² Centro Hospitalar Vila Nova de Gaia/Espinho, Psychiatry, Vila Nova de Gaia, Portugal

* Corresponding author.

Introduction Due to current deinstitutionalization of psychiatric patients, emergency services are assuming an important role in early intervention on acute or subacute psychopathology. At this setting, where the psychiatrist has a limited range of subsidiary tests, differential diagnosis between the symptoms of primary psychiatric illness and psychopathologic features secondary to medico-surgical pathology, especially if with systemic involvement, becomes particularly challenging.

Aims To deepen knowledge on differential diagnosis of acute episodes of behavioral disorganization.

Methods This work stands on the clinical case of a patient presenting in the emergency room with symptoms of psychomotor agitation, dysphoria and heterologous activity. Preliminary diagnostic hypothesis are of synergistic neurological and iatrogenic etiologies. We then proceed to a critical reflection on the boundaries between psychiatry and other branches of medicine, under the light of a brief literature review on the topic.

Results The patient has backgrounds of chronic kidney disease, already transplanted and treated with immunosuppressants. In addition to the psychopathological symptoms described, subacute gait impairment, sensorineural deafness on the right and important weight loss were found. She was admitted in neurology ward for diagnostic assessment. At present, we could exclude potential neoplastic and metabolic causes, confirm the presence of toxic levels of tacrolimus and important neuroimaging anomalies, leading to a possible Susac syndrome diagnosis.

Conclusions A meticulous clinical reasoning that keeps in mind the need to exclude potential medical, toxicological or iatrogenic causes is of particular relevance in emergency services where patients directly present to the psychiatrist, without prior evaluation by other specialties.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV634

Psychiatric emergencies and admissions in Ciudad Real Area. Statistic study. A reflection on use of emergency resources and admission criteria



J. Martínez Arnaiz*, C. García Blanco, B. Vallejo-Sánchez
Santa Barbara Hospital, Mental Health Unit, Puertollano, Ciudad Real, Spain

* Corresponding author.

Introduction Ciudad Real is an area of approximately 500,000 inhabitants, with a University Hospital and several district hospitals. Psychiatric services and emergencies are centralized in the University Hospital. We analysed the totality of area admissions during 2014, establishing different categories according to ICD 10 diagnosis.

Objective We want to compare different categories of patients who are admitted to hospital (severe mental illness versus

non-severe mental illness), morbidity in different areas and readmission rates according to diagnosis.

Aims To establish a correspondence between attention and severity of psychiatric pathology, diagnostic criteria and how we manage both severe and non-severe mental illness and the repercussion in terms of assistance and pressure in psychiatric emergencies.

Methodology Initially, we made a simple statistic analysis of all admission (400 approximately) in 2014 based on ICD-10 diagnosis, socio-demographic parameters, area, admission stay, number of admissions. We compare both groups: severe and non-severe mental illness according to international criteria. We apply a Pearson correlation searching for relation between severity and attendance to psychiatric emergencies.

Results Around a 60% of admissions are not due to severe mental illness, these conditions have twice the readmission rate than severe mental illness. We did not find a correlation between attendance to psychiatric emergencies and severity of the condition. Other factors seem to have an important role in re-admissions.

Conclusions Non-severe mental illness is consuming an important part of emergency psychiatric resources. Criteria of admission need to be reviewed or apply rationally.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV635

Non-compliance in the emergency department: Is there a difference between medical and psychiatric patient's reasons and use of the emergency department



L. Zun

Mount Sinai Hospital, Emergency Medicine, Chicago, USA

Background It is estimated that on average up to 50% of patients are non-compliant with their medication, resulting in 28% emergency room visits costing about \$8.5 billion annually.

Objectives The purpose of this study was to examine, what, if any, differences there are between medical versus psychiatric non-compliant patients with regard to use of the emergency department (ED).

Methods A random sample of patients who present to the ED for medical or psychiatric illnesses and who state that they were non-compliant with their medicine were given the National Health Access Survey. They were asked about sources of medical care, drug compliance and reason for non-compliance.

Results There were a total of 300 participants in the study. There was no significant difference in the reason both medical and psychiatric patients gave for being non-compliant with their medications that resulted in their ED visit. Each group cited cost as the number one reason for not taking their medication as prescribed. The psychiatric participants who were more likely to get admitted disposition ($P = .00$), not afford mental health care ($P = .01$), were not able to get care from other places and used the ED for their psychiatric care ($P = .02$).

Conclusion There was no difference between the two populations with regards to their reasons for non-compliance that brought them to the ED. Non-compliance of the psychiatric patients compared to the medical patients lead to a higher admission rate.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Epidemiology and social psychiatry

EV636

Prevalence of ADHD in adult psychiatric outpatient clinics in Sligo/Leitrim Area, Ireland



D. Adamis^{1,*}, D. O'Neill¹, O. Mulligan¹, E. O'Mahony¹, S. Murthy¹, G. McCarthy¹, F. McNicholas²

¹ Sligo Mental Health Services, Psychiatry, Sligo, Ireland

² University College Dublin, Child Psychiatry, Dublin, Ireland

* Corresponding author.

Introduction The prevalence of ADHD in adult population has been estimated at 2.5%. Higher rates (23.9%) have been reported among adult mental health service (AMHS) users.

Aims To estimate the prevalence of ADHD among adult MH users in west county Ireland.

Methods All consecutive patients attending any of 5 Sligo/Leitrim AMHS were invited to participate. Participants completed the Adult ADHD Self-Report Scale (ASRS) and the Wender Utah Rating Scale (WURS). Clinical notes were reviewed to identify those with pre-existing ADHD diagnosis. Exclusion criteria applied were: age: less than 18 or above 65, illiterate, non-English speaking patients.

Results From 792 attending the clinics, $n = 59$ (47 aged above 65, 10 severe learning difficulties and 2 non-English speaking) were excluded. Ninety-three (11.7%) decline to participate, giving a total of $n = 640$ (87% eligible response rate). Mean age was 41.27 (SD: 12.8), and 336 (52.5%) were females. Three had diagnosis of ADHD. Two hundred and thirteen (33.8%) met criteria on the WURS for childhood onset ADHD and 238 (37.5%) participants met caseness on the ASRS. Applying more stringent criteria of scoring on both scales, suggested 125 (19.5%) with unrecognised ADHD.

Conclusions While recall bias (WURS) and the possibility of overlapping symptoms with other major psychiatric disorders in adulthood need to be considered, the use of both screening reduces these confounders and suggests a very high rate of ADHD. Given the low number previously identified, this becomes a clinical priority, both to offset the negative trajectories associated with untreated ADHD, but also to effect optimal treatments in comorbid conditions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV637

Psychological well-being among social network users of King Saud University students



D. Alateeq^{1,*}, A. Alhadi^{1,2}, F. Alateeq³, A. Alsubie¹, D. AlEesa³, S. AlShareef³, A. Omair³

¹ King Saud University, College of Medicine, Department of Psychiatry, Riyadh, Kingdom of Saudi Arabia

² King Saud University, SABIC Psychological Health Research & Applications Chair, Riyadh, Kingdom of Saudi Arabia

³ King Saud Bin Abdulaziz University for Health Sciences, College of Medicine, Riyadh, Kingdom of Saudi Arabia

* Corresponding author.

Introduction Social networks allow individuals to express themselves, and establish or maintain connections with others. Using social networks like Facebook may be associated with a sense of self-worth and may play an important role in psychological development of university students who are in emerging adulthood phase.

Objective (1) Assess the psychological well-being of Saudi university students using social networks (Facebook).

(2) Explore whether the relationship between Facebook use and bridging social capital is different for individuals with varying degrees of self-esteem and satisfaction with life.

Aim To study the psychological well-being of Saudi university students using social networks (Facebook).

Method An electronic survey was published in the community site for all students of King Saud University. In addition to the demographic information, the survey evaluates Facebook use intensity, bridging social capital and psychological well-being: self-esteem and satisfaction with life.

Results A total of 1005 students completed the survey, of which 50.5% were female. Majority of them were members in Facebook (92.1%).

Conclusions Results showed no significant correlation between the use of Facebook and psychological well-being. It could be due to the fundamental difference between Arabs and other cultures or due to the use of other social networks. There was a positive relationship between bridging social capital and psychological well-being with being in preparatory year, which is most likely because advanced years has more workload preventing students from participating in King Saud University community. A longitudinal study over a series of years and addressing other popular social networks would be the next step.

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EV638

Access to mental health and immigration



S. Fuentes Márquez, R. Alonso Díaz*, E. Cortázar Alonso
Hospital Juan Ramón Jiménez, Salud Mental, Huelva, Spain

* Corresponding author.

In the present study, we certain demographic variables of immigrants accessing specialized mental health care at two points in time: 2013 and 2014. According to the National Institute of Statistics, the number of foreigners fell by 4% in 2013 and 3% in 2014 due to emigration and the acquisition of Spanish nationality. Among the objectives of the department of health is collected to ensure the right to health protection to immigrants through effective access to the health system and improve management capacity and performance of health centers in diverse contexts.

Results Despite the overall decline in foreign an increase in first consultations requested for immigrants was observed. At both time points, higher demand for foreign women is observed. With respect to age greater demand seen in middle adulthood, however in 2014 there is a greater homogeneity with respect to this variable. The greatest demand comes from Morocco, Romania and Poland, although most Latin American countries are increasingly observed.

Conclusions Better access and better quality health care to both the immigrant population and of citizens in amount from acceptance and commitment to this complex and diverse and its approach will be achieved.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV639

Socio-demographic factors among delusional disorder: A case series register



C.M. Carrillo de Albornoz Calahorra*, M. Guerrero Jiménez,
A. Porrás Segovia, J. Cervilla Ballesteros

Hospital Universitario San Cecilio, Unidad de Salud Mental, Granada, Spain

* Corresponding author.

Introduction Delusional disorder has reached an entity of growing interest with a prevalence in developed countries between 1 and 4% of the psychiatric consultations.

Objective To describe various socio-demographic and clinical variables that characterize patients diagnosed with delusional disorder in Andalucía according to DSM-5 criteria.

Methods Reviewing common medical history digital records. First, it has been proved whether it complies DSM-5 criteria for the diagnosis of delusional disorder. Then, there have been different epidemiological variables collected: age, sex, family psychiatric history, and marital status, and employment status, age of onset of illness, number of years of follow-up by specialized care, the number of visits to your computer, and number of hospitalizations in a psychiatric inpatient unit among others.

Of the 1927 patients studied, 1452 met the criteria for diagnosis of delusional disorder. These patients live in Andalusia and come to different mental health care units, with an average follow-up period of 9 years and 1 month.

Results About half of the sample were women and half men (49% versus 51%).

Forty-seven percent of the sample are married or have a couple, and 19% are in active employment.

Thirty-two percent have a family history of psychiatric mental disorder written in his digital clinical record.

Seventy-five percent of the sample meets criteria F22, while 25% are diagnosed as other psychoses.

Conclusion This is the largest record of cases registered with delusional disorder to date, in which we describe the biopsychosocial characteristics of this group of patients in the largest Spanish region.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV640

Socio-demographic analysis of an early psychosis intervention programme



C.M. Carrillo de Albornoz Calahorro*, J.A. Rodrigo Manzano, B. Girela Serrano

Hospital Santa Ana, Unidad de Salud Mental, Motril, Granada, Spain

* Corresponding author.

Introduction During the first 5 years of the onset of schizophrenia, the majority of the clinical and psychosocial deterioration takes place.

This period of time is critical in terms of diagnosing the illness and providing effective psychosocial and pharmacological treatment.

Objectives/aims Knowing the demographic profile of users of an Early Psychosis Intervention Program to adapt the intervention to their specific needs.

Methods A descriptive statistical analysis of the records of every patient on admission program during year 2014 was carried out. There have been various socio-demographic variables collected such as: sex, age, initial diagnosis, drug consumption, educational level, labor situation, referral source and origin.

Results We found an average age of 26, near the normal curve between 15 and 35 years distribution.

Eighty percent of our sample were men.

Eighty percent were non-affective psychosis as their initial diagnosis.

Abuse toxic in 70%, in all cases cannabis or derivatives.

Education level: 56% primary studies. Thirty percent reached secondary studies. Fourteen percent higher educational level.

In terms of job-training situation: 30% were working, 40% unemployed and 30% studying.

Sixty-five percent were referred from primary care centers, 20% from drug abuse centers and 15% from hospitalization units.

Main nationalities were Spanish 65%, 30% were Moroccan, and 5% other came from other nationalities.

Conclusion It stresses the importance of intervening on dual diagnosis, the need for greater coordination with primary care to improve the detection of cases and the development of the training-labor area in the recovery process.

It is also necessary to evaluate the different characteristics of immigrants included in the program.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV641

Physicians' burnout: Can we make a difference?



C.A. Moreira*, G. Sobreira, J.M. Oliveira, M.A. Aleixo

Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisbon, Portugal

* Corresponding author.

Introduction Burnout is a commonly observed syndrome in healthcare workers and it has been defined as a psychological condition involving a continuous exposure to stressful work events leading to adverse consequences both in physical and mental health. Persistent pressure can lead to exhaustion, psychological and/or physical distress and may increase the risk of medical errors and decrease job satisfaction, which incites early retirement.

Objective The authors pretend to make a brief review regarding Physicians' burnout, its prevention and management.

Aims To understand and to be capable of dealing with physicians' burnout.

Methods The review was based in papers published on PubMed using the following terms: "burnout", "risk factors", "healthcare professionals" and "physicians coaching".

Results Twenty-five to 60% of physicians report burnout across all specialties. Changes in the healthcare environment have created marked and growing external pressures. Numerous studies suggest that the difficulty that physicians face with balancing their personal and professional lives is a major contributor to distress. To reduce stress at work, one should consider two levels of intervention: the individual and the environmental. Multidisciplinary actions that include changes in the work environmental factors along with stress management programs that teach people how to cope better with stressful events showed promising solutions to manage burnout.

Discussions/conclusions Burnout among physicians is a common and serious issue with potentially devastating personal and professional consequences. More interventional research is needed in order to improve psychological well-being, professional career enjoyment as well as the quality of care provided to patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV642

Victimization of the mentally ill



A. El-Missiry

Ain Shams University, Neurology & Psychiatry, Cairo, Egypt

Background Persons with mental disorders living in the community are liable for victimization and are considered as a high-risk group.

Objective To explore the socio-demographic variables and clinical characteristics related to victimization of patients with schizophrenia in comparison to their non-victimized counterparts.

Subjects and methods One hundred patients were recruited from the inpatient wards and outpatient clinics of the Institute of Psychiatry, Ain Shams University. They were subjected to Structured Clinical Interview for DSM-IV Axis I diagnosis (clinical version);

Positive and Negative Syndrome Scale (PANSS); Global Assessment of Functioning (GAF); Clinical Global Impression (CGI); designed extensive questionnaire to elicit demographic data; inquiry about drug compliance and Victimization Questionnaire.

Results Seventy patients of the studied sample were non-victimized and 30 patients were victimized. Victimized patients were significantly younger, living mainly in urban areas, had less frequent history of bullying at school. There were exposed significantly to higher frequency of family domestic violence and childhood abuse. They scored higher for all subscales and in total PANSS scores and they were less compliant on medication than did their non-victimized counterparts.

Conclusion Studies of victimization of mentally ill did not draw the attention of researchers and clinicians in Arab world. This study proves that victimization is not uncommon among patients with schizophrenia; clinicians should include assessment for victimization of their patients as a routine work. The current study provides preliminary data for clinicians and policy makers to consider strategies to protect patients with various mental illnesses from being victimized.

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EV643

Study of self-perceived health in a clinical sample

A. Fernandez-Quintana*, M.D.C. García-Mahía
Clinical University Hospital of La Coruña, Psychiatry, La Coruña, Spain

* Corresponding author.

Introduction The assessment of self-perceived health provides an insightful clinical tool when it comes to addressing the subjective perception of social functioning, mental and physical health.

Objective To analyze self-perceived health in patients treated in a primary care clinic and its relationship with other clinical and socio-demographic variables.

Methods A randomized sample of 130 patients, aged 18 years or over, undergoing treatment in a primary care clinic was evaluated. Patients were interviewed following a self-perceived health scale as well as a scale for other clinical and socio-demographic variables. Clinical records were reviewed for prior psychiatric and somatic diagnoses.

Results Overall, the prevalence of somatic disorders in our sample was 92.3%, whilst psychiatric disorders were present in 23% of patients. Only 6% of the sample reported their mental health to be affected to some degree, while 67% declared their physical health to be damaged. Forty-three percent of the sample follows prescribed psychopharmacological treatment. Women showed lower self-perceived health and reported more psychiatric symptoms in accordance with higher actual prevalences of psychiatric disorders. Among those patients with a psychiatric illness, only two reported the will to search for mental health care, whilst most would prefer consulting their general practitioner.

Conclusions Less than half of the patients who have been diagnosed with a psychiatric disorder consider their mental health to be affected. Among those who do report a self-perceived mental health concern, the majority would prefer consulting their general practitioner rather than a psychiatrist.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV644

Motives and behaviors of medical students (mis)using prescription stimulants

G. Fond¹, F. Berna^{2,*}, P. Domenech^{3,4}

¹ Schizophrenia Expert Center Fondation Fondamental, Creteil, France

² Hôpitaux Universitaires de Strasbourg, Inserm U1114, FMTS, Fondation FondaMental, Psychiatry, Strasbourg cedex, France

³ Inserm U955, Translational Psychiatry team, Créteil, France

⁴ Paris Est University, DHU Pe-PSY, Pôle de Psychiatrie des Hôpitaux Universitaires H.-Mondor & Spine Institute, CRICM, UPMC, Inserm UMR.S 975, CNRS UMR 7225, CHU Pitié-Salpêtrière, Brain & Spine Institute, CRICM, UPMC, Inserm UMR.S 975, CNRS UMR 7225, CHU Pitié-Salpêtrière, Créteil, France

* Corresponding author.

Aims To estimate the prevalence of psychostimulant use in French medical undergraduate and postgraduate students, associated consumption behaviors and motives.

Design A population-based cross-sectional study using a self-administered online survey.

Participants A total of 1718 French students and physicians (mean age 26.84 ± 7.19 years, 37.1% male).

Measurements Self-reported lifetime use, motives, socio-demographic and academic features for other the counter (OTC), medically prescribed (MPP), and Illicit (IP) psychostimulant users.

Findings Lifetime prevalence of psychostimulant use was 33% (29.7% for OTC, 6.7% for MPP and 5.2% for IP). OTC consumption mainly aimed at increasing wakefulness during competitive exams preparation and internship. OTC consumption was twice more frequent among users of other psychostimulants (MPP and/or IP). Most of OTC consumers began their consumption during exam preparation. Corticoids were the most frequently consumed MPP (4.5%) before methylphenidate and modafinil (1.5% and 0.8%, respectively). Unlike corticoids, methylphenidate and modafinil prescriptions are tightly regulated in France. Motives for MPP consumption were increased academic performance/concentration-memory and wakefulness. In that respect, restrictions on methylphenidate and modafinil prescriptions seem to be effective at limiting misuse. Corticoids were mostly consumed by interns seeking for wakefulness. Overall, 5.2% of the subjects consumed at least once IP, mostly cocaine and amphetamine derivatives. They sought euphoria and/or novelty.

Conclusions Psychostimulant use is common among French undergraduate students, interns and postgraduate physicians. The type of drug used seems to depend mainly on product availability. Increased rates of corticoids consumption for wakefulness purposes suggest another potential public health problem, as corticoids may have severe side effects.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV645

The assessment of social disability in persons with a diagnosis of mental disorder. Preliminary data

T.M. Gondok*, A. Królicka, B. Misiak, A. Kiejna
Wrocław Medical University, Department of Psychiatry, Wrocław, Poland

* Corresponding author.

Social disability in persons diagnosed with mental disorder is one of the factors preventing them from achieving the broadly defined well-being, even when appropriate and effective treatment is applied. Improvement in the field of social disability is therefore one of the main challenges for the mental health and social welfare



policy makers. The second version of the Groningen Social Disabilities Schedule (GSDS-II) is widely used in the assessment of social disability, however the relationship between its degree and many of the clinical and demographic factors have not been investigated thoroughly enough.

The objective of the study is to assess the degree of social disability using GSDS-II as well as to analyze the relationship between the degree of social disability and clinical, social and demographic factors, in patients with a mental disorder diagnosis of F20–F48 according to ICD-10, aged 18–65, in a day ward and an inpatient ward settings.

The paper presents the data gathered from a preliminary sample of 20 patients of both genders diagnosed with mental disorders who gave their informed consent to participate in the study, thus comprising 10% of the targeted total study sample.

Our study, performed on a larger, targeted sample, will provide a better insight into the social functioning of persons with a burden of mental disorder. A precise presentation of the social disability shall improve the model of care offered to these persons. Any possible parallel studies in other countries, employing analogical methodology, could allow for a cross-national and cross-cultural comparison of the received outcomes.

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EV646

Psychotic symptoms in general population: Correlates in the Andalusian Province of Granada



M. Guerrero Jiménez^{1,*}, C.M. Carrillo de Albornoz Calahorro², B.M. Girela Serrano³, J.A. Cervilla Ballesteros⁴

¹ University Hospital San Cecilio, Psychiatry, Granada, Spain

² Mental Health Unit, Santa Ana Hospital, Motril, Granada, Spain

³ Mental Health Unit, Mental Health, Santa Ana Hospital, Motril, Granada, Spain

⁴ University Of Granada, CIBERSAM Granada, GCU Psychiatry, Psychiatry Department, Hospital Complex Of Granada, Granada, Spain

* Corresponding author.

E-mail address: marlliguerrero@gmail.com (M. Guerrero Jiménez)

Introduction Several recent epidemiological studies have reported during the last few years that the prevalence of psychotic symptoms in the community is bigger than the previously thought.

Aims Estimate the prevalence in our influence area, as there are no previous studies focused on this measure and its correlated factors in Andalusia population.

Methods Literature review was made about the prevalence reported in all continents as well as the found correlation. Then, a cross-sectional epidemiological study was designed (Granada). We present data from 809 Andalusian individuals taken from the Unified Data Base of the Andalusian Health System.

Results This poster presents a brief but updated systematic literature review of psychotic symptoms in the general population (i.e. delusions and hallucinations). We present also data from 809 individuals from our clinical catchment area. Prevalence of psychotic symptoms in Granada was of 10.3%. Hallucinations were reported in 6.1% and 7.4% reported delusions.

Conclusions The prevalence found was similar to other studies in the Spanish population such as the EsEMED Study performed in Catalonia where 11.2% of psychotic symptoms were reported, and similar to European studies like the BNS in Great Britain with a 10.9% of psychotic symptoms. Differences obtained in percentages could be due to different measure scales (PSQ, MINI, CIDI. . .) used in other studies made in the North American population such as the National Comorbidity Survey with a 28% of prevalence reported. Inter-interviewer differences and the potential risk factors for

psychotic symptoms in each population seem to be the causes of such differences and similarities.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV647

The participation of mental patients in politics



G. Hamdi^{1,*}, M. Karoui², L. Robbana², F. Elouze², F. Mrad²

¹ Razi Hospital, F, Mannouba, Tunisia

² Razi Hospital, G, Mannouba, Tunisia

* Corresponding author.

Introduction Participating in the political life is a key goal of democratic institutions. The main achievement of the Tunisian revolution has been the democratization of political life and the re-conquest of liberties that remain to consecrate and consolidate. Several studies have focused on evaluating the participation of some specific groups in political life (youth, women. . .) but none have shed a light on the mentally ill.

Objective and method Our study aims to assess the participation of patients followed in different psychiatric units of the Razi hospital in activities such as voting, attendance at political meetings, adhesion and contributions to political parties as members, political debates with their neighbors. . .

The investigation focused on 40 patients and relied on a pre-established questionnaire.

Results The study group was 40 patients followed at Razi hospital with 25 men and 15 women.

The average age of patients was 40 years (24–56).

The turnout was very low at 10% (4 male patients) versus an average of 60% of the general population.

One patient was an active member of a political party and political meetings.

Women seemed to be less interested in political issues.

Conclusion The participation of the mentally ill in politics, as in the different aspects of social life, remains very limited in a particularly vulnerable group in society that has suffered considerable discrimination.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV648

Loneliness and mortality: A community-based prospective study



J. Henriksen^{1,*}, P.R. Kyle², P. Bech², C. Mattisson³, N. Andersson⁴

¹ Aarhus University Hospital, Psychiatric Research Academy,

Department of Affective Disorders Department Q, Risskov, Denmark

² Psychiatric Centre North Zealand, University of Copenhagen, Psychiatric Research Unit, Hillerød, Denmark

³ Lund University Hospital, Department of Clinical Sciences, Lund, Sweden

⁴ Statens Serum Institute, Department of Epidemiology Research, Copenhagen, Denmark

* Corresponding author.

Introduction Loneliness affects up to one in every third individual in the western population, and the prevalence is increasing. The literature suggests an increased mortality risk of about 26% when feeling lonely, and an association to some disorders of physical health.

Objectives To assess if loneliness increases the risk of mortality, and if so, if health indicators (hypertension, heart disease, tobacco use, alcoholism, diabetes, obesity, and depression) mediate the association.

Methods The design is a community-based prospective cohort study using data from the Swedish Lundby Study. Loneliness is measured in 1997 with a singleton question during interview of a psychiatrist. The outcome is death between 1997 and 2011. Survival analysis is used to estimate the relative risk of mortality. Stratification of potential explanatory covariates examines if any of the health indicators mediate the relationship.

Results Significant more females, unmarried, unemployed, and childless people feel lonely. Moreover, feeling lonely correlates to being smoker or alcoholic when adjusting for age and gender. The statistical work on the survival analysis is still in progress. However, we expect to find a positive correlation between loneliness and mortality corresponding to previous studies, and perhaps to reveal some of the health indicators to cause the association.

Conclusions With increasing prevalence, potential health consequences, and a neglected role in the society, loneliness is an important research area.

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EV649

More women are medicated while more men are talked out: Persistent gender disparities in mental health care



P. Joseph*, A. Kazanjian

UBC School of Population & Public Health, Faculty of Medicine, Vancouver, Canada

* Corresponding author.

Introduction Physician incentives have been shown in previous studies to help reduce socioeconomic disparities in health care. Its impact on gender disparities, however, has rarely been investigated.

Aim The impact of physician incentives on gender disparities in mental health care was investigated in this retrospective study.

Method De-identified health administrative data from physician claims, hospital separations, vital statistics, prescription database, and insurance plan registries were linked and examined. Monthly cohorts of individuals with depression who were residing in British Columbia, Canada were identified and their use of mental health services tracked for 12 months following receipt of initial diagnosis. Indicators that assess receipt of the following services were created:

- counseling/psychotherapy (CP);
- minimally adequate counseling/psychotherapy (MACP);
- antidepressant therapy (AT);
- minimally adequate antidepressant therapy (MAAT).

Interrupted time series analysis was used to estimate changes in these indicators before (01/2005–12/2007) and after (01/2008–12/2012) physician incentives were introduced.

Results At the beginning of the study period, the percentage of individuals diagnosed with depression who received counseling/psychotherapy was higher, on average, among men (CP: 58.4%, MACP: 13.6%) than women (CP: 57.1%, MACP: 10.9%). In contrast, the percentage who received antidepressant therapy was higher among women (AT: 57.7%, MAAT: 47.4%) than men (AT: 53.6%, MAAT: 41.9%). Levels for these indicators have changed over time but the statistically significant differences between men and women were virtually the same before and after incentives were introduced.

Conclusions Gender disparities in mental health care persist despite the introduction of physician incentives designed to enhance access to mental health services in primary care.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV650

Chemtrails: An overview of the phenomenon



C. Llanes Álvarez^{1,*}, A. San Roman Uría¹, P. Nunes Nancabu², M. Ruiz Gippini¹, P. López Landeiro¹, M.Á. Franco Martín¹

¹ Complejo Asistencial de Zamora, Psiquiatría, Zamora, Spain

² Complejo Asistencial de Zamora, Medicina familiar y comunitaria, Zamora, Spain

* Corresponding author.

Introduction The term contrail is a contraction of condensation and trail, as chemtrail is of chemical and trail. The first one is used to name trails left in the sky by aircrafts under certain atmospheric conditions. Some people argue that when contrails do not dissipate quickly is because contain substances added and sprayed for sinister purposes undisclosed to the population (weather modification and biological and/or chemical war are the most common).

Objective Exist various versions of the chemtrail theory, most of them propagated via the Internet in discussions forums or websites, and to a lesser degree by the mass media such as TV and radio programs. The outspread popularity and diffusion of the theory has already become a reality. Scientific community has repeatedly rejected that chemtrails exist, insisting that are just contrails. We analyze this phenomenon.

Methods We made a exhaustive literature review in *Journals of Meteorology and Aviation*, about the formation of condensation trails, in *Social Psychology Journals* about the genesis and dissemination of the chemtrails theory. Finally, we will make a brief presentation of documentation built around the theory of chemtrails in the province of Zamora (Spain), where is one of the most active spots in southern Europe.

Conclusions Official statements on the non-existence of chemtrails have not discouraged the proponents of the theory of chemtrails.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV651

Prevalence of adverse childhood experiences and socioeconomic disadvantage among Portuguese prison inmates and its relationship with current psychopathology



A. Machado*, D. Loureiro, T. Silva, J. Cerejeira
Centro Hospitalar e Universitário de Coimbra, Psychiatry, Coimbra, Portugal

* Corresponding author.

Introduction Adverse childhood experiences such as emotional/verbal abuse, sexual abuse, physical abuse, household dysfunction and parental psychopathology play a role in the development of chronic mental and physical diseases as well as in the development of aggressive and criminal behavior.

Objectives/aims Our aim was to explore the prevalence of childhood adversity and social disadvantage among prison inmates in Portugal and its relationship with current psychopathology.

Methods We conducted a cross-sectional study among criminal offenders in a high-security prison in Portugal. Socioeconomic status was evaluated using the Graffar scale. Additionally, we inquired our sample about topics concerning education level, work experience and present social and economic situation. Childhood adversity was measured using yes or no questions evaluating sexual, physical, emotional and verbal abuse, neglect, family integrity and household dysfunction, parental psychopathology and/or drug

abuse, family, school and neighbourhood violence and economic disadvantage. General psychopathology and psychological distress were measured using the Brief Symptom Inventory. Data was analyzed using SPSS. Descriptive data is provided for all measured variables, and correlation between the number of childhood adverse events and the BSI total score were calculated using the Spearman's rho.

Results/conclusions Since the study is currently ongoing, and data collection will be completed by December 2015, we will only be able to provide final results and conclusions by the time of submission of our work presentation, in March 2016. Total sample size is expected to be in excess of 100 subjects.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV652

Knowledge of patients' voting rights amongst mental health professionals working in the London Borough of Westminster during the 2015 UK general election

T. MacLaren^{1,2,*}, J. Townell³, S. Shanmugham³, V. Argent³, L. De Ridder⁴, A. Venkataraman³, M. Clarke³, M. Khwaja³

¹ Central and North West London NHS Foundation Trust, General Adult and Old Age Psychiatry, London, United Kingdom

² Imperial College London, Faculty of Medicine, London, United Kingdom

³ Central and North West London NHS Foundation Trust, General Adult Psychiatry, London, United Kingdom

⁴ Central and North West London NHS Foundation Trust, Child and Adolescent Psychiatry, London, United Kingdom

* Corresponding author.

Introduction Being able to participate in elections and to vote are important components of social inclusion; empowering people with mental illness to have a voice.

It is important that mental health professionals understand the voting rights of adults with mental illness in order to be able to provide appropriate advice and support.

Objectives To explore knowledge of the voting rights of adults living with mental illness amongst mental health professionals working in both community and inpatient settings in Westminster, London.

Aims To understand the level of knowledge amongst mental health professionals regarding the voting rights of patients with mental illness in order to identify unmet training needs.

Methods A survey, in the form of a staff quiz was undertaken in all community and inpatient teams prior to the May 2015 general election. All multidisciplinary team members were included.

Results In total, 211 surveys were completed. Ninety-eight percent of staff correctly identified that being a psychiatric inpatient does not change an individual's right to vote. Less than 50% of the staff members demonstrated correct understanding of the rights of patients detained under forensic sections, and the rights of the homeless to vote.

Conclusions It is encouraging that knowledge of voting rights amongst staff appeared higher in our survey than in some published surveys. However, despite the development of a Trust Voting Rights Policy and Educational Film prior to the 2015 general election further staff education, particularly the rights of those detained under forensic sections or who are homeless, is required.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV653

Difference between normal and priority consultations on mental health centers

C. Manso Bazús*, J. Valdes Valdazo, E. Garcia Fernandez, L.T. Velilla Diez, J. Min Kim, C. Martinez Martinez, M.Á. Heredero Sanz

Complejo Asistencial Universitario de León, Psiquiatria, León, Spain

* Corresponding author.

Introduction Currently, in mental health teams there is overload in the first consultations, therefore, patients cannot be treated properly.

Objective This study tries to reflect the differences between preferential and ordinary consultations, as well as the differences in the delay in the support between them.

Methodology This is a retrospective observational study where data are collected for 3 months of the first consultations that are taken to a mental health center.

Results The study reflects that preferential or normal (ordinary) derivation has no influence when it comes to the patient going or not going to the consultation.

On the other hand, there are very significant differences statistically in the waiting time between patients with normal and preferential priority.

Conclusions According to the results observed would be advisable to use appropriate criteria to decide the priority of a patient's cares.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV654

Comparative study between preferential consultations and most common diagnoses

C. Manso Bazús*, J. Valdes Valdazo, E. Garcia Fernandez, L.T. Velilla Diez, J. Min Kim, C. Martinez Martinez, M.Á. Heredero Sanz

Complejo Asistencial Universitario de León, Psiquiatria, León, Spain

* Corresponding author.

Introduction To the specialized attention arrives as preferred patients with minor diagnosis.

Objective We do a relation between the type (normal/preferential) derivation of the first consultations and their corresponding diagnosis.

Methodology Retrospective observational study with data gathered during 3 months, which handle 2 variables: on the one hand, type of derivation and on the other, effected diagnosis.

Results The most frequent diagnosis found are adaptative disorders and affective disorders, corresponding to 45.45% and 9.1%, respectively of preferred leads.

Conclusions Almost half of preferential queries (consultations) could be treated in first instance by primary care physicians releasing mental health care burden.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV655

Most common diagnoses in first consultations on mental health centers



C. Manso Bazús*, J. Valdes Valdazo, E. Garcia Fernandez, L.T. Velilla Diez, J. Min Kim, C. Martinez Martinez, M.Á. Heredero Sanz
Complejo Asistencial Universitario de León, Psiquiatria, León, Spain
* Corresponding author.

Introduction It often happens that primary care teams sends to specialized care any type of demand without discriminating on many times.

Objective Study of diagnoses that get to the consultations.

Methodology Retrospective observational study with data gathered during 3 months of diagnosis carried out in the first consultations.

Results The study guides that there is much minor pathology in the first consultation.

Conclusions Currently, attention on mental health is overcrowded because there is an excess of derivation from minor pathologies. So, an adequate coordination and communication with primary care could improve patients' care.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV656

Analysis of demand in the first visit to the mental health unit



B. Mata Saenz*, E. Lopez Lavela, T. Rodríguez Cano, L. Beato Fernández
Hospital General Ciudad Real, Psychiatry, Ciudad Real, Spain
* Corresponding author.

Introduction The first visit is crucial, since it is where a treatment plan is selected and the decision to refer or not the patient to a specialized unit is made. Mental care could be improved through the centralization of demand and the identification of patients' and psychiatrists' expectations.

Objectives Analyzing patients' and psychiatrists' demands and expectations in the first visit to use them as a starting point for the planning and coordination of treatment actions.

Aims To design a record system of the Minimum Basic Data Set of the Centralized Department of our Unit.

Methods This is an epidemiological, observational, prospective study of patients referred to our department. Following variables were collected:

- referral origin;
- reason;
- demographic data;
- diagnosis impression;
- destination of referral.

The Statistical Package for Social Science version 19.0 was used to analyze the data.

Results Table 1.

Conclusions The data obtained are consistent with those reported in the literature for this population. The high rate of wrong referrals reveals the necessity of improving coordination and establishing specific referral criteria. Some initiatives have been designed and will be prospectively evaluated in the future.

Table 1

n	321
Average age	48.23
Genre	62% female
Psychiatric history	49.6%
Origin	74.4% from primary care
Did not attend	17.3%
Wrong referral	34.7% (35.2% from primary care, 53.6% from other specialties)
Main reason of wrong referral	Low intensity of the disorder (22.34%), wrong speciality (21.28%), wrong course of the disease (20.21%)
Prevalent diagnoses	Depressive disorder (24.3%), reactive depression (20.1%), anxiety (14.2%)
Destination of referral	63.4% Mental Health Unit

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV657

An evaluation of psychological distress and social support of survivors and contacts of Ebola virus disease infection and their relatives in Lagos, Nigeria – 2014



A. Mohammed^{1,*}, T. Sheikh¹, S. Gidado (Field coordinator)², P. Nguku (Resident Advisor)², A. Olayinka (Resident Advisor)², C. Oluabunwo (Resident Advisor)², W. Ndadilnasiya (Field coordinator)², A. Joseph³

¹ Federal Neuropsychiatric hospital, Clinical services, Kaduna, Nigeria

² Nigerian Field Epidemiology and Laboratory Training Program, Abuja, Nigeria

³ University of Lagos, Department of Psychiatry, Lagos, Nigeria

* Corresponding author.

Background By September 2014, an outbreak of Ebola viral disease (EVD) in West African countries had recorded over 2200 deaths. EVD, create fear and panic among patients, and other stakeholders, a risk factor for psychological distress, which could have public health implication for control of EVD. We determined factors associated with psychological distress among survivors and contacts of EVD and their relatives.

Methods In a descriptive cross-sectional study, General Health Questionnaire was used to assess psychological distress and Oslo Social Support Scale was used to assess social support factors associated with psychological distress were determined using Chi²/odds ratio and adjusted odds ratio.

Results Of the 117 participants, 78 (66.7%) were females. Most frequently occurring psychological distress were inability to concentrate (37.6%) and loss of sleep over worry (33.3%). Losing a relation to EVD outbreak (OR=6.0, 95% CI: 1.2–32.9) was significantly associated with feeling unhappy or depressed while being a health worker was protective (OR=0.4, 95% CI: 0.2–0.9). Adjusted odds ratio (AOR) showed losing a relation was a predictor of “feeling unhappy or depressed” (AOR=5.7, 95% CI: 1.2–28.0) and inability to concentrate (AOR=10.1, 95% CI: 1.7–60.7) while having no tertiary education remained protective (AOR=0.2, 95% CI: 0.1–0.6).

Conclusions Survivors and contacts of EVD and their relations develop psychological distress. Development of psychological distress was predicted by loss of family member. We recommended

mental health specialists be part of case management teams. The teams managing EVD patients should be trained on recognition of common psychological distress.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV658

Epidemic of conversion disorder in Jاناozen, the Northern Kazakhstan



E. Molchanova

American University in Central Asia, Psychology, Bishkek, Kyrgyz Republic

Jاناozen, a small city in the Northern Kazakhstan is an oil town, where 8% of all Kazakh oil has been extracted since 1950s. Due to the harsh climate and uncomfortable living conditions on the one hand, and relatively high salaries on the other, the city became a “Mecca” for ethnic Kazakhs (oralmans), who migrated from the other countries of the former USSR. The strict division between “ours” and “oralmans” created a variety of predispositions for the existence of a recurrent intro-city conflict, which served as a background for the tragic events of December 2011. The strike of oil workers ended in a bloody carnage with long-lasting consequences. The high level of traumatic stress, secondary gain of traumatization, and relative isolation of oralmans created plausible conditions for explosion of mass conversion disorder, which in social consciousness was associated with measles vaccination.

On 16th of February, 20 teenagers were hospitalized with seizures of unknown aetiology, 60 girls got sick during the next three days, and 195 were hospitalized during the next three weeks. More than 100 were receiving an outpatient treatment. Foggy diagnosis of “post-vaccine reaction” led to panic among citizens, and a small city hospital became overcrowded by relatives of patients. The diagnosis of conversion disorder had been supported according to the criteria of ICD-10.

The results of numerous focus groups, archival research and individual interviews showed up the precise connections between oil workers' strike in 2011 and mass conversion disorder in 2015.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV659

Mental and behavior disorders among combatants in Ukraine



B. Mykhaylov

Kharkov Medical Academy of Postgraduate Education, Psychotherapy, Kharkov, Ukraine

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 progredient 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 declaration of competing interest.

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EV660

Community mental health: Description of the patients concerning the ULS Guarda department of psychiatry and mental health area



J. Nunes*, J. Feliz, D. Brigadeiro, T. Ventura Gil, A.F. Teixeira, P. da Costa

Hospital Sousa Martins, Department of Psychiatry and Mental Health of Sousa Martins Hospital, ULS Guarda, Guarda, Portugal

* Corresponding author.

The World Health Organization (WHO, 2004) stresses the importance of home patient visiting as an answer to the epidemiologic, demographic, social and economic challenges that the world is facing.

The severe psychiatric patients are a risk group and often need domicile consultation and visiting. The domicile consultation approach favors the clinical, social and familiar support as well as promotes the integration and the recovering of the patients with mental problems, preventing the relapses and the hospital admissions of these patients.

This study, of descriptive nature, is based on the observation and consultation of 287 clinical processes of patients inserted in the domicile consultation program designed by the Department of Psychiatry and Mental Health of Sousa Martins Hospital, ULS Guarda, which covers the 7th biggest district in Portugal (in a universe of 18), between July and September 2015.

The main goal of this study is to characterize and analyze the profile of the population, which is followed by the community mental health team of our Department, namely, the socio-demographic and clinic features, in order to improve the assistance practice in the future.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV661

Social-stress disorder. What does it mean for the people?



O. Pityk^{1,*}, M. Pityk², I. Kuzhda³

¹ *Ivano-Frankivsk National Medical University, Department of Psychiatry, Narcology and Medical Psychology, Ivano-Frankivsk, Ukraine*

² *Ivano-Frankivsk National Medical University, Department of Neurology, Ivano-Frankivsk, Ukraine*

³ *Ivano-Frankivsk Regional Children Hospital, Department of Ophthalmology, Ivano-Frankivsk, Ukraine*

* Corresponding author.

In 90th of 20 Russian psychiatrist Y.A. Alexandrovsky expressed opinion of presence the group of so-called social-stress disorders that was determined like psychogenic-actual for most people in definite social, economic and political situation.

Used the method of clinic-psychopathological interview with patients who applied outpatient psychological consultation on the chair of psychiatry.

The main changes in psychic state include following behaviors and clinical implications: loss of the value of human life, which is manifested in indifference to death in lowering caution when hazardous situations, willingness to sacrifice lives without any ideals. There is unrestrained lost for pleasure and moral promiscuity, exacerbation of personality typological traits, development of hypersthenic reactions (to self-destructive non-expedient behavior), hyposthenic disorders, panic reactions, depression, dissociative and conversive irregularities, loss of communicational plasticity, loss of the ability to adapt to what happens with the preservation prospects of targeted actions, manifestations of cynicism, the tendency to antisocial actions. Patients had complaints on increase anxiety, pessimistic attitudes, existential vacuum, sense of uselessness and loss of perspectives, tendency to irrational perception of reality with including mechanisms of autistic and archaic thinking.

Thus, psychological status of the population of Ukraine is a model of social-stress disorder and can be considered like a basis, which leads to the decreasing of the individual barrier of mental adaptation with the next manifestation of different forms of psychological maladjustment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV662

Patients' needs as an outcome measure in schizophrenia



P. Stefanatou^{1,*}, G. Konstantakopoulos¹, E. Giannouli¹, N. Ioannidi¹, V. Mavreas²

¹ Athens University Medical School, First Department of Psychiatry, Eginition Hospital, Athens, Greece

² University Hospital of Ioannina, Department of Psychiatry, Ioannina, Greece

* Corresponding author.

Introduction Outcome assessment has been highlighted as a crucial factor in the evaluation and transformation of mental health services, providing evidences for the improvement of clinical practice.

Objective This is the first clinical study in Greece to investigate the relationship between the crucial outcome measures of needs, quality of life, disability and psychopathology for patients suffering from schizophrenia. Furthermore, service evaluation based on the assessment of the above outcome measures has never taken place in the country.

Aims To examine the associations between the patients' needs and other treatment outcome indicators:

- quality of life;
- disability;
- dimensions of schizophrenia symptomatology.

Method The CAN-R, WHOQOL-BREF, WHODAS 2.0 and PANSS scales were administered to a sample of fifty-three schizophrenia patients and the correlations between the above outcome measures were computed.

Results (1) Significant negative correlations emerged between the total number of needs and unmet needs and subjectively assessed quality of life. (2) Significant positive correlations emerged between the total number of needs and unmet needs and subjectively assessed disability. (3) Significant positive correlations were found between the dimensions of schizophrenia symptomatology

(positive/negative/general) and the total number of needs in our sample.

Conclusion According to our findings:

- as the number of unmet needs increases patients' quality of life is lowered;
- a possible relationship exists between unmet needs and subjectively assessed disability;
- a possible relationship exists between needs and all the dimensions of schizophrenia symptomatology.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV663

The relationship between insight and internalized stigma in persons with severe mental illness



D. Szczesniak^{1,*}, I. Wojciechowska², M. Kłapciński², E. Zwyrtak², J. Rymaszewska²

¹ Wroclaw, Poland

² Poland

* Corresponding author.

Introduction Stigma is a multistage process that makes person marked by the stigma to be perceived as diminished or even as “not fully human”. The internalized stigmatization is seen as one of the levels of stigma to be present in persons with mental illness. A new perspective to mediation models between internalized stigma and illness-related factors is needed.

Aim To assess the relationship between insight in mental illness and internalized stigma, as well to verify the knowledge of illness-related factors on the phenomenon of internalized stigma among patients with severe mental illnesses.

Methods A cross-sectional study design conducted among participants of both sexes between 18 years old and 65 years old with diagnosis of psychotic disorders (F20–29) and mood disorders (F30–39), who after reading the information about the study, give their written consent to participate. Among used methods were: a questionnaire of Internalized Stigma of Mental Illness (ISMI) by Ritsher [Boyed] et al. translated into Polish version and self-prepared interviews. Insight into mental illness was assessed using the Positive and Negative Syndrome Scale.

Results The preliminary results showed patients with the insight into the mental illness have significantly higher scores on the ISMI scale. Moreover, inpatient participants and those with the diagnosis of depression were characterized by higher level of stereotype endorsement compared with outpatients and psychotic patients.

Conclusions The obtained results may contribute in the clinical and therapeutic fields, assuming that insight and the type of treatment are strongly linked with the process of recovery and the internalized stigma.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV664

Knowledge and uptake of voting rights by adults with mental illness living in supported accommodation in Westminster (London) during the 2015 UK general election



J. Townell^{1,*}, T. MacLaren², V. Argent¹, L. de Ridder³, S. Shanmugham¹, A. Venkataraman¹, M. Clarke¹, M. Khwaja¹

¹ Central & North West London NHS Foundation Trust, General Adult Psychiatry, London, United Kingdom

² Central & North West London NHS Foundation Trust, General Adult and Old Age Psychiatry, London, United Kingdom

³ Central & North West London NHS Foundation Trust, Child Psychiatry, London, United Kingdom

* Corresponding author.

Introduction Voting is an essential human right. Being able to vote and participate in elections is an important component of social inclusion; empowering people with mental illness to have a political voice and in turn reducing stigma. Previous research indicates that patients with mental illness are less likely to vote compared to the general population.

Objective This study explores knowledge and uptake of the voting rights of adults living in mental health supported accommodation in Westminster (London) in the 2015 UK general election.

Aims Understand patients' awareness of their eligibility to register and cast their vote. Identify patients' interest in engaging in the voting process and strategies to overcome potential obstacles.

Methods A staff-assisted survey was undertaken in all mental health supported accommodation across Westminster prior to the general election in May 2015.

Results A total of 142 surveys were returned. Nine out of 10 surveyed believed they were eligible to vote; over half wanted to exercise their right to vote & if registered, a third felt they required assistance to vote.

Conclusions The majority of community patients were positively aware of the impending general election and their own eligibility to vote. Only half wanted to exercise their right to vote, which is lower than the general population. As a third of the patients requested assistance for voting, this shows us that there are potential barriers impacting on their ability to exercise their right to vote. Staffs have an important role in promoting patient's right to vote by providing assistance with both the registering and voting process.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV665

Knowledge and uptake of voting rights by psychiatric inpatients in Westminster, London during the 2015 UK general election



J. Townell^{1,*}, T. MacLaren², L. de Ridder³, S. Shanmugham², V. Argent², A. Venkataraman², M. Clarke², M. Khwaja²

¹ London, United Kingdom

² Central and North West London NHS Foundation Trust, General Psychiatry, London, United Kingdom

³ Central and North West London NHS Foundation Trust, Child Psychiatry, London, United Kingdom

* Corresponding author.

Introduction Being able to vote empowers people with mental illness to have a political voice and promotes social inclusion. Evidence shows that patients with mental illness are less likely to vote compared to the general population.

Objective This study explores the knowledge and uptake of the voting rights of adult patients in a psychiatric hospital in the 2015 UK general election.

Aims To understand patients' eligibility and intentions to vote during the 2015 UK general election. To establish what assistance patients may require in order to vote.

Methods A staff-assisted survey was undertaken in all mental health wards in the Gordon Hospital, Westminster prior to the general election in May 2015.

Results A total of 51 surveys were returned. Seventy-five percent thought they were eligible to vote, and 47% had already registered. Of those that had not yet registered, 37% wanted staff support to

do so. Fifty-seven percent of the respondents intended to vote and of those 9 out of 10 intended to vote in person. Twenty-six percent of those intending to vote identified needing assistance in this process.

Conclusions The majority of inpatients were aware of their eligibility to vote. Over half of the respondents planned to vote, which is lower than the UK average. As 1 in 4 patients intending to vote requested support, this suggests potential barriers impacting on their ability to exercise their right.

Multidisciplinary teams can provide valuable assistance to patients in the voting process in many ways, including information provision, organisation of leave and providing staff escort.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV666

Percussions of different types of media on children's behavior



E. Zaky

Ain Shams University, Faculty of Medicine, Pediatrics, Cairo, Egypt

Background The media has been around for ages, but what we experienced growing up is worlds away from what our children are growing up with today. Media is a double ended weapon that not only can be of priceless value for children if used in moderation but also it could have a tremendous negative impact on their lives.

Objectives Highlighting the positive and negative percussions of media on children's behavior.

Summary The first 2 years of life are considered a critical time for brain development. TV and other electronic media can get in the way of exploring, playing, and interacting with parents and others, which encourages learning and healthy physical and social development. As kids get older, too much media time can interfere with their activities such as being physically active, reading, doing homework, playing with friends, and spending time with family. So, while using media in moderation could be very beneficial for education, entertainment, and communication with others of different cultures, it could be very dangerous in encouraging risky behavior as substance abuse, violence, and unhealthy eating habits.

Conclusion Because it is always a matter of quality time and not the quantity of time spent by our children using different types of media, it is so important for caregivers to monitor media content and set viewing and interacting limits for their children and share them in their healthy interests to ensure that our children will not be left on their own in an unknown and potentially risky media world.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV667

A systematic review of the prevalence and incidence of neuropsychiatric conditions in populations with traumatic brain injury



N. Zaman*, D.R. Faruqui

St Andrews Healthcare, National Brain Injury Centre, Northampton, United Kingdom

* Corresponding author.

Introduction The relationship between traumatic brain injury and neuropsychiatric conditions has a strong clinical link. Despite significant clinical presentations, there has been a limited focus on quantifying the association between traumatic brain injury and psychiatric disorders.

Objectives To conduct a systematic review to determine the prevalence and incidence of neuropsychiatric conditions in patients with traumatic brain injury.

Aims To determine the association between traumatic brain injury and psychiatric illness.

Methods A systematic search was made of Medline, PsycINFO, EMBASE and article bibliographies. Search terms for rates of psychosis, mood disorders, anxiety conditions, organic personality disorder, neuropsychiatric disorders, neuro-behavioural disorders, aggression, dementia and frontal lobe disorder were utilised. We followed MOOSE criteria and did not apply temporal limits.

Results There were 845 relevant searches in total. After exclusion of duplicates, case reports, case series reports, letters, reviews, commentaries, systematic reviews, and editorials there were 143 relevant abstracts identified. This was further reduced to a review of 48 full text papers. We identified prevalence rates of depression between 6.9–62.5%, mania of 9–12.5%, PTSD 1.9–50%, aggression 28.4–57%, anxiety disorders 6–63% (including GAD 8–9%, agoraphobia 2–6%, panic disorder 9%, social phobia 1%) insomnia 11–29%, personality change of 33.3%, dementia 8.16% and substance use 3–8%.

Conclusions We have identified significant rates of neuropsychiatric morbidity in patients with traumatic brain injury. We have particularly identified limited research studies into psychosis, mania, dementia and personality disorders in this patient group. The review further emphasises the importance of identifying neuropsychiatric comorbidities in post-traumatic brain injury and the importance of addressing these comorbidities.

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EV668

One risk factor of depression disorder in Chinese women



Y. Zhang^{1,*}, L. Feihu², D. Zunxiao¹, S. Jianguo¹, W. Qiangju¹

¹ Xi'an mental health center, pharmacy lab, Xi'an, China

² Xi'an mental health center, science and education department, Xi'an, China

* Corresponding author.

Background The prevalence of major depressive disorder (MDD) is higher in those with the unemployed and those with low social status. Most of the available data comes from studies in developed countries, and these findings may not extrapolate to developing countries. However, the extent of unemployed status cause MDD is unclear. This study seeks to determine whether depressive disorder is associated with unemployment and to further investigate the relationship between occupation, and social class in Han Chinese women with MDD.

Method Data came from Oxford and VCU Experimental Research on Genetic Epidemiology (CONVERGE) study of MDD (6017 cases, age between 30 and 60; 5983 controls, age between 40 and 60). DSM-IV depressive and anxiety disorders were assessed using the World Mental Health Composite International Diagnostic Interview. All subjects were interviewed using a computerized assessment system. All interviewers were trained by the CONVERGE team for a minimum of one week. The interview includes assessment of psychopathology, demographic and personal characteristics, and psychosocial functioning.

Results The odds ratio (OR) between employment and MDD is 0.69. An OR of less than one is protective. Lower social class is not associated with an increase in the number of episodes, or with increased rates of comorbidity with anxiety disorders.

Conclusion This study suggests that in Han Chinese women, employment is positive protect factor to MDD. Lower social status and unemployment increases the risk and severity of MDD. In

China, lower socioeconomic position is associated with increased rates of MDD, as it is elsewhere in the world.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Ethics and psychiatry

EV669

Involuntary hospitalization in a mental health unit in 2014



A.M. Alvarez Montoya^{1,*}, C. Diago Labrador², T. Ruano Hernandez³

¹ Algeciras, Spain

² Clinica Privada, Psiquiatria, Algeciras, Spain

³ Clinica Privada, Psicologia Clinica, Malaga, Spain

* Corresponding author.

Objectives Deliver a detailed analysis of the mental distortions, which led to involuntary hospitalization in a mental health unit in 2014 and their gender distribution.

Method We analyze the total number of hospitalizations in our mental health hospital unit. From the patient registry, we extract the type of hospitalizations (voluntary or involuntary), the diagnosis and the gender.

Results In our analysis, we find a total of 315 hospitalizations. One hundred and fifty-nine (50.48%) of them are voluntary, 150 (47.62%) are involuntary and 6 (1.90%) are a result of a judicial order. From the total involuntary hospitalizations, 81 patients were diagnosed as psychotics disorders (60%), 34 (25.18%) affective disorders, 11 (8.14%) personality disorders, 3 (2.22%) adaptative disorders, 2 (1.48%) mental retardation and 2 (1.48%) autism spectrum disorders.

Conclusions According to article 763 of Spanish Procedural Law (Ley 1/2000 de Enjuiciamiento Civil) from the 7th of January: "The hospitalization of a person due to mental disorders who is not in a condition to decide for himself/herself, even should he/she be a subject to parental authority or guardianship, shall require court authorization, which shall be obtained from the court of the place of residence of the person affected by such hospitalization." For this reason the involuntary admission is considered as an exceptional and necessary measure, which is limited in time.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV670

Ethical aspects of involuntary outpatient treatment



S. Galiano Rus^{1,*}, A. Soler Iborte², Á. López Díaz¹

¹ Servicio Andaluz de Salud, UGC Jaén Norte, Unidad de Salud Mental Hospitalaria, Úbeda, Jaén, Spain

² Servicio Andaluz de Salud, UGC Jaén Norte, Unidad de Salud Mental Comunitaria, Linares, Jaén, Spain

* Corresponding author.

Introduction Involuntary outpatient treatment (IOT) is a type of non-voluntary treatment applied in the community, which tries to ensure the therapeutic compliance of patients that have a severe mental illness.

In Spain, a specific legal regulation about this matter does not exist; however, it is a fact in clinical practice. The application of IOT is not without controversy, with advocates, who consider it a way of

achieving therapeutic compliance, and detractors, who think it is an infringement of the fundamental rights of a person.

Objectives/methodology An evaluation of the knowledge on IOT in Spain. Analyze the four ethical principles found in this treatment.

Results The protection of the patient is encompassed in the principle of beneficence. And how could we combine this with the principle of autonomy? The answer should be individualized and based on a determined disorder. Starting with non-maleficence, we ask if IOT would provoke a rejection so that the patient would distance himself further from the therapeutic environment. As for the principle of justice, the high cost by patients that do not comply with the treatment would be diminished if we are able to have them follow the treatment with higher effectiveness. This would allow a greater number of patients to access these resources.

Conclusions The proposal of IOT should be preceded by a deliberative process. This process should include a psychiatric diagnosis that includes not only psychiatric aspects, but psychological, familial and social as well. This would compel us to create a personalized design of the therapeutic needs of each patient.

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EV671

Ethical issues in neuroscience

G. Grbesa*, M. Simonovic, M. Zivkovic

University of Nis, Faculty of Medicine, Psychiatry, Nis, Serbia

* Corresponding author.



Introduction The authors start from the existing conviction that all issues concerning people are ethical eventually. We would like to know if the final goal of each our action is beneficial to people. Contemporary researches in neuroscience bear certain risks, as the achievements in this field can change the way people think and behave.

Method The authors use a retrospective method to present the researches in neuroscience, especially in the plan of cognitive psychology. In the 1980s, Tonegava investigates the molecular base of learning, the role of enzymes and genes and opens the possibility of implanting false memories. Later studies reveal brain connections, which control positive and negative memories. Optogenesis changes emotional reactions. Performing genetic manipulation (Tet1), stressful emotions can be substituted by positive ones. Clinical studies involving schizophrenic patients reveal the possibility to increase cognitive skills.

Results The number of cognitive studies does not match the number of newly discovered drugs. The results of the studies remain the property of institutions, which financially support the researches. The researches set the following questions in front of the researchers: which level of risk is acceptable? Who bears the risks? Who decides? Ethical questions set in front of the researchers are: what are the consequences of the researches?

Conclusions The ordered researches are fragmented and they do not provide the researchers with the final aims of the researches. The researchers are deprived of the insight of whether the results will be applied on the population of diseased or healthy subjects with specific aims.

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EV672

The burden of caregivers of patients with Alzheimer's disease

G. Jmii¹, G. Hamdi^{1,*}, L. Robbana¹, M. Karoui¹, I. Ben Ghzaïel¹, R. Rafrafi²

¹ Razi Hospital, G, Mannouba, Tunisia



² Razi Hospital, 1, Mannouba, Tunisia

* Corresponding author.

Introduction The important role of family caregivers, particularly among Alzheimer's patients is increasingly recognized. The Alzheimer's patient assistance relationship is a morally painful experience, most frequently discussed in terms of "burden" in the literature. We 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. 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 (33.33%), and finally the spouses (23.33%). Eighty percent of caregivers lived in the same home as patients. The average burden in our sample is 59.9 ± 16. We observed that 3.33% 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. Caregivers who support more severe patients have a higher burden. Thus, behavioral disorders are more frequent or severe and the numbers of incapacity to perform activities of daily life are more important. However, there the gravity of burden is not affected by age of the assisted person.

Conclusion The study of factors correlated with high levels of burden aims at finding ways of intervention. However, the research needs to be broadened to further analyze the causal links between these factors.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV673

The Satanist cult of Ted heath: Ethical implications of authority compromise

R. Kurz

Cubiks, IPT, Guildford, United Kingdom



Introduction Seven UK police forces are currently investigating the alleged involvement of the late Edward Heath (Prime Minister 1970–1974) in a child abuse ring with Operation Midland investigating specifically the alleged murder of three boys.

Objective The presentation raises international awareness of the investigation, sheds light on the suspected 'Satanist' ideology behind the cult and explores the implications for professional practice.

Aims The paper highlights the corrosive impact on society of powerful pedophile rings that are protected by compromised authority representatives and professionals.

Method Detailed accounts circulate on the Internet that name dozens of individuals allegedly active in the cult including high-ranking politicians, psychiatrists, psychologist, police officers as well as journalists and academics. Some of the alleged crimes can be corroborated with news reports or successful court prosecutions while the vast majority appear to be 'known crimes' that are successfully covered up.

Results The widespread organisational structures parallel the Marc Dutroux case in Belgium. It appears to be the case that compromised mental health professionals and authority representatives shield the cult. It becomes an ethical obligation for the silent majority to speak out against such criminality and demand from their government effective investigation and prosecution.

Conclusion Whilst an enquiry into historical allegations of institutional abuse is currently underway in the UK several cases emerged recently where satanic cults seemingly continue to be

protected by the vested interests. Mental health professionals must stand up for victims and resist ill-conceived authority attempts to persecute abuse survivors and their supporters.

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EV674

Freedom as theme in psychotherapy and cognitive behavioral therapy



J. Vyskocilova¹, J. Prasko^{2,*}, Dr. M. Slepecky (PhD)³, Dr. R. Hruby (PhD)⁴, Dr. A. Grambal (PhD)⁵, M. Holubova⁶, M. Marackova⁷, Dr. D. Jelenova⁵, Dr. A. Cinculova⁵

¹ Charles University Prague, Faculty of Humanities, Prague, Czech Republic

² University Hospital Olomouc, Department of Psychiatry, Olomouc, Czech Republic

³ Constantine the Philosopher University in Nitra, Department of Psychology Sciences, Faculty of Social Science and Health Care, Nitra, Slovakia

⁴ Psychiatric Outpatient Department, Psychiatric Outpatient Department, Martin, Slovakia

⁵ University Palacky Olomouc, University Hospital Olomouc, Department of Psychiatry, Olomouc, Czech Republic

⁶ Hospital Liberec, Czech Republic, Universtiy Palacky Olomouc, Department of Psychiatry, Liberec, Czech Republic

⁷ University Palacky Olomouc, Department of Psychiatry, Olomouc, Czech Republic

* Corresponding author.

Background The problems that a client presents with to therapy may be associated with his possibility of free choice.

Method Review of psychotherapeutic and cognitive behavioral literature.

Results From a psychological perspective, freedom may be either inner or outer, depending on the nature of obstacles and barriers that limit freedom. Therapy may be understood as a process through which the client is guided to actively increase his freedom. This refers to freedom from destructive habits, self-limiting attitudes, compulsive actions, symptoms etc. When creating the relationship, neither the client nor the therapist is entirely free as they bring past conscious and unconscious experiences into it. From the point of view of CBT, freedom is always relative. The idea of absolute freedom results from cognitive distortions – black and white thinking. CBT does not consider overall freedom but relatively free decision-making in particular situations that the client is in. The therapist helps the client to identify his errors in thinking and to learn a more realistic way to formulate his experiences and to use the new attitude to decide more freely. The change in attitude is realized through rehearsing freer behavior and experiments with it in one's life.

Conclusion Freedom may be either inner or outer, depending on the nature of obstacles and barriers that limit freedom. Therapy may be understood as a process through which the client is guided to actively increase his freedom.

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EV675

Values and values work in cognitive behavioral therapy



J. Vyskocilova¹, J. Prasko^{2,*}, M. Ociskova², Z. Sedlackova³, M. Marackova⁴, M. Holubova⁵, R. Hruby⁶, M. Slepecky⁷

¹ Charles University Prague, Faculty of Humanities, Prague, Czech Republic

² University Hospital Olomouc, Faculty of Medicine and Dentistry, University Palacky Olomouc, Department of Psychiatry, Olomouc, Czech Republic

³ Faculty of Arts, Palacky University Olomouc, Department of Psychology, Olomouc, Czech Republic

⁴ Faculty of Medicine and Dentistry, University Palacky Olomouc, Department of Psychiatry, Olomouc, Czech Republic

⁵ Hospital Liberec, University Palacky Olomouc, Faculty of Medicine and Dentistry, Department of Psychiatry, Liberec, Czech Republic

⁶ Psychiatric Outpatient Department, Martin, Psychiatric Outpatient De, Martin, Slovakia

⁷ Faculty of Social Science and Health Care, Constantine the Philosopher University, Department of Psychology Sciences, Nitra, Slovakia

* Corresponding author.

Background Values influence our thought patterns, emotions, wishes, and needs. Although individuals may be fully aware of their value systems, these often lie more or less outside the area of full consciousness. At least occasional awareness of one's priorities and set of values may be an effective means of self-regulation.

Method Literature review and description of cases.

Results Cognitive behavioral therapy is aimed at dealing with practical problems and goals in life through changes in cognitive processes, behavior, and emotional reactions. Changes to some values naturally accompany changes to these processes. Life values also underlie motivation to achieve therapeutic changes. For this reason, clarification of patients' life values is important to therapists as focusing on values aids in connecting therapeutic goals with important areas of life. In addition to a better understanding of patients' life stories and difficulties that have brought them to a psychotherapist, the identified value system may become a part of everyday CBT strategies such as time management, cognitive restructuring or accommodation of conditional assumptions.

Conclusion Identification and assessment of life values and their use in the course of therapy is a process that increases patients' motivation to face unpleasant emotions and make careful steps in CBT in order to achieve therapeutic goals. Knowing the patient's life values may help the therapist set therapeutic goals that are associated with significant areas of the patient's life. Together with other CBT techniques, this value-oriented approach increases the effectiveness of therapy and durability of its outcomes after its completion.

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EV676

Issues regarding compulsory treatment in compulsory admitted mentally ill patients



C. Tsoelas

Psychiatric Hospital of Attica, 5th Dept of Acute Admissions, Athens, Greece

Introduction In psychiatric clinical practice compulsory admission to hospital is the last option of the overall care provided to mentally ill patients, justified in terms of civil and human rights because of issues of protection for patients' and society members' life and health. Usually treating psychiatrists believe that issues of compulsory admission are without doubt associated with the permission, or even obligation, to apply compulsory treatment in a routine daily base.

Aims In this review, we are exploring issues around the implementation of compulsory treatment.

Methods Thorough research of the main databases and web search engines for relevant studies, agencies and organizations, interested in compulsory treatment issues.

Results Research shows ambiguous views. Conservatives argue that delay of any substantial, even enforced, and well documented treatment, would result in delay of treatment and excess use of other potentially more enforced methods. Using laws and legislation patients' rights are guarded but we also have the obligation to treat patients. On the other hand, liberals express totally opposite views. Capacity (or incapacity) is not 'all or nothing' but specific to decision and should be respected, with the exception to emergency treatment need.

Conclusions The capacity of decision-making of the mentally ill patient, whether or not being compulsory admitted, should be assessed in a more holistic and systematic approach and become part of the standard practice, followed by dissemination of these decisions to all relevant parties. Restore decisional autonomy should be one of the main goals of any therapeutic intervention.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV677

Moral obligation to acknowledge and prevent suicide in life sentence incarcerated inmates



C. Tsopelas

Psychiatric Hospital of Attica, 5th Dept of Acute Admissions, Athens, Greece

Introduction For an inmate incarcerated for life we could acknowledge factors contributing to the desire to commit suicide, as social isolation, insensitive discipline, lack of privacy, constant threat of violence, fear, guilt, hopelessness, and depression are prominent in the life imprisonment.

Aims To discuss the ethical issues of prevention suicide in inmates incarcerated for life.

Methods We performed thorough research of the main medical databases, and web search engines for relevant studies, articles and opinions and reviewed them independently.

Results Prevalence of mental illness is high among inmates and several common stressors typically herald an inmate's suicide. Suicide is often the single most common cause of death in correctional settings. Even though some suicide victims have consulted a mental health service-provider before their suicide, the majority of suicide victims were not mentally ill. The paradox, particularly for life sentence inmates is that we are trying to persuade an inmate to live within a disciplinary environment, which has as side effect the increase of suicidality of the inmates.

Conclusions Prisons' inability to protect the health and safety of inmates could raise ethical issues. We have obligation to adequate suicide prevention for all inmates, and we should be more broad minded as the will to die in mentally healthy individuals is beside a free will expression, a sign of serious lack of support and humane living conditions. We should be vigilant not to use the prevention of suicide programs as another way to increase punishment of life long imprisonment.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Forensic psychiatry

EV678

Critical analysis on legal capacity of the mentally retarded: The Portuguese reality in the European context



R. Cajão^{1,*}, C.A. Pereira¹, J.R. Silva¹, J.P. Lourenço¹, N.P. Gil¹, M.F. Colón²

¹ Centro Hospitalar de Tondela-Viseu, EPE, Departamento de Psiquiatria e Saúde Mental, Viseu, Portugal

² Instituto Nacional de Medicina Legal e Ciências Forenses, IT, Unidade Funcional de Clínica Forense da Delegação do Centro, Coimbra, Portugal

* Corresponding author.

Introduction Almost 50 years after the mental health reform in Europe and the deinstitutionalization of the mentally ill, there seems to be a slow change in the social concept of mental disorder. However, in the case of mental retardation, little progress has been made, since the social approach to these patients does not seem to involve the promotion of their autonomy. This is a reality with implications in medical, social and forensic psychiatry settings.

Objective We will present a statistical analysis on interdiction/inhabilitation processes in two districts of Portugal followed by a comparative analysis between Portuguese and other European countries' civil law concerning the regulation of legal capacity.

Aims Critical analysis of the means by which the concept of legal incapacity has been applied in the Portuguese social setting.

Methods Descriptive and retrospective analyses of 500 expert reports in the districts of Coimbra and Viseu regarding interdiction/disqualification processes. Research on Pubmed and legal databases; keywords used: mental disability, mental retardation, civil law, mental incapacity, legal incapacity, legal capacity, interdiction, curator.

Results The number of forensic psychiatric examinations has suffered a significant increase in the last years. The majority of these expertise concern interdiction/inhabilitation processes. Mental retardation is the more prevalent diagnosis, and the great majority of the cases were interdicted.

Conclusions In Portugal, the law has been applied in order to safeguard the economic assets of mentally retarded individuals, but not in order to promote their social integration and autonomy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV679

Patterns of long acting injectable antipsychotic prescription during criminal acts in a Portuguese psychiatric hospital



M.A. Duarte^{1,*}, F. Vieira², A. Ponte¹

¹ Centro Hospitalar Psiquiátrico de Lisboa, Clínica Psiquiátrica 6, Lisbon, Portugal

² Centro Hospitalar Psiquiátrico de Lisboa, Regional Forensic Inpatient Unit, Lisbon, Portugal

* Corresponding author.

Introduction Under the Portuguese law, criminal offenders that are designated as non-criminal responsible – “inimputáveis”, similar those in the United States of America found “not guilty by reason of insanity”, are forced to be committed to inpatient forensic units either in psychiatric hospitals or prison hospitals for mandatory security measures.

Objectives/aims To evaluate if patients committed in a regional forensic inpatient unit (RFIU) who had a psychiatric history preceding the crime, were under long acting injectable antipsychotic (LAIA) in during the period of the crime.

Methods During September/October 2015, patients committed to the RFIU in Centro Hospitalar Psiquiátrico de Lisboa were characterized using medical and court records regarding clinical and demographic variables. The type of crime and previous number of criminal acts were also accounted for.

Results We included 33 patients in the study. During time of the crime, 25 patients (75.8%) had history of previous psychiatric appointments, with an average of 3 commitments to the psychiatric inpatient units. The majority ($n = 17$; 68%) had a diagnose of “schizophrenia, schizotypal and delusional disorders” (F20–29; ICD 10) and committed “crimes against life” ($n = 13$; 52%). They had an average of 0.8 previous criminal acts. During the crime, 7 patients (28%) were taking LAIA. Those, 16% ($n = 4$) were doing an unknown antipsychotic and 12% ($n = 3$) were doing Haloperidol.

Conclusions Despite several studies showing the clinical and rehabilitative benefit of using LAIA early in the disease course, most of the patients in our study, who were already being followed in outpatient psychiatric units, did not benefit from them.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV680

DSM-5 clinical/legal challenges regarding the USA's death penalty

L. French
Webster, USA



Introduction In May 2013, the American Psychiatric Association (APA) published the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* in order to bring America's clinical professionals in concert with the World Health Organization's (WHO) international classifications, notably the ICD-10-CM. This effort was met with considerable resistance and changes were delayed until November 2015. Major social-cultural differences between the United States and its European and other North American partners (Canada and Mexico) poses challenges in critical forensic areas such as the clinical/legal assessment of death qualified offenders – a status unique to the USA.

Objective/aims To articulate the clinical/legal differences between the previous DSM's (III; III-R; IV) and the DSM-5 and how the new language provides greater ambiguity in defining the mental status requirements for *Mens Rea* – competence to understand one's actions.

Methods Present the major legal issues surrounding the US death penalty and brought before the US Supreme Court including: *Furman v. Georgia* (1972); *Greg v. Georgia* (1976); *Jared v. Texas* (1976); *Proffit v. Florida* (1976); *Adkins v. Virginia* (2002); *Roper v. Simmons* (2005); *Miller v. Alabama* (2012): ... and legislative actions such as Rosa's Law (Public Law 111-256; 2010).

Results/conclusions Advocacy groups pushed Rosa's Law to mental retardation with – intellectual and developmental disability. This change is reflected in the DSM-5 whereby mental retardation (MR) was once relegated to axis II, is now classified under intellectual disabilities (ID) given the impression that it is a transitory (correctable) and not a fix (organ disability) clinical condition.

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EV681

When patients with paranoia commit medicolegal acts: A descriptive study

B. Ghajati*, S. Ghezaiel, R. Chebbi, I. Berrahal, R. Ridha
Razi Hospital, Forensic psychiatry, Tunis, Tunisia

* Corresponding author.



Patients with paranoia have always been an attractive and redoubtable group of mentally ill to mental health professionals. In fact, beyond complex psychopathology and relatively better functioning, these patients do represent a real threat to themselves and their presumed persecutors.

Objectives To explore criminological aspects of medicolegal acts committed by patients with paranoia.

Methods We conducted a retrospective and descriptive study, based on medical charts consult. Were included, patients suffering from paranoia (persistent delusional disorder: jealous/persecutory/erotomania type, DSM-IV), hospitalized in the forensic psychiatry department of Razi hospital between 1995 and 2015. This psychiatry department provides medical care for male patients not held by reason of insanity, according to article 38 of the Tunisian Criminal Code. Patients' socio-demographic characteristics were collected as well as criminological details of their acts of violence (victim, weapon type, crime scene, premeditation...).

Results We collected 23 patients. Delusional disorder types were: jealousy (17), persecution (4), erotomania (1) and claim (1). The majority was 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. Nine patients reported their act of violence to the authorities.

Conclusion Our results do expose further data concerning potential dangerousness of patients with delusional disorders, and by that invites mental health professionals to prevent these acts with screening for violence predictors and risk factors.

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EV682

Patricide, matricide: A comparative study among Tunisian patients with psychotic disorders

B. Ghajati^{1,*}, S. Ghezaiel², R. Chebbi², I. Berrahal², R. Ridha²

¹ Razi Hospital, Tunis, Tunisia

² Razi Hospital, Forensic psychiatry, Tunis, Tunisia

* Corresponding author.



Parricide is defined as the homicide of a father or mother by a biological or adopted child. In adults, it is generally associated to a psychotic condition. Scientific research on the subject, have been mainly interested in matricide, patricide or double parricide. Studies comparing authors of patricide to those of matricide are rare.

Objectives To compare socio-demographic and clinical profiles of patricide and matricide patients.

To compare modus operandi in matricide and patricide patients.

Methods A retrospective, descriptive and comparative study was conducted, based on medical charts' consult. Were included patients suffering from psychotic disorders (DSM-IV), hospitalized in the forensic psychiatry department of Razi hospital between 1995 and 2015, after not being held for insanity according to

article 38 of Tunisian Criminal Code. Only patients who committed patricide or matricide were included.

Results Our sample included 26 patients (13 patricides; 13 matricides). There was non-significant differences between two groups concerning: instructional level ($P=0.277$), professional status ($P=0.387$) and marital status ($P=0.790$). Committers of patricide and matricide did not differ in terms of psychiatric diagnosis ($P=0.242$) and substance abuse ($P=0.550$). A significant difference was found between the two groups in terms of schizophrenia subtypes, patricide patients suffered from a disorganized schizophrenia whereas matricide patients suffered from paranoid subtype ($P=0.05$). Patricide was more frequently associated to a conflictual relationship between son and father ($P=0.05$). We did not record a significant difference in the crime weapon or its motivations.

Conclusion Our results helps draw a profile for parricide patients in order to help identify the ones at risk.

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EV683

Causes of institutionalization of children and adolescents in a shelter in Brazil



E. Guilherme^{1,*}, S. Duarte², R. Farias³, M. Steidel⁴

¹ Psychosocial Care Center, Rio Negro-PR, Prefeitura municipal de Rio Negro-PR, Mafra, Brazil

² Contestado University, Psychology, Mafra, Brazil

³ Psychosocial Care Center-Rio Negro-PR, Prefeitura municipal de Rio Negro-PR, Rio Negro, Brazil

⁴ Abrigo Institucional Mafra, Prefeitura municipal, Mafra, Brazil

* Corresponding author.

Introduction Shelters or orphanages are institutions responsible for ensuring the physical and mental integrity of children and adolescents who had their rights violated or neglected, whether from a social-levers, is at personal risk to which they were exposed or the negligence of its parents; in Brazil about 20,000 children and adolescents living in about 500 registered shelters that receive funds from the federal government.

Objectives Assess causes of institutionalization of children and adolescents in a shelter in Mafra/Santa Catarina State, Brazil.

Aims Demonstrating the causes of shelter, it is easier to point out the solutions and try to charge the responsible authorities to comply with the child and adolescent statute.

Methods We evaluated the records of institutionalized children and adolescents from the municipal shelter in Mafra/Santa Catarina State, Brazil since January/2011 to July/2015.

Results Institutionalization of the causes cited were: lack of family/guardian material resources, abandonment by parents/guardians, domestic violence, substance abuse of parents/guardians, street experience, orphans and others.

Conclusions In Brazil, poverty and extreme poverty are closely related to the institutionalization of causes of children and adolescents. Census data in 2010, the Brazilian Institute of Geography and Statistics (IBGE) indicate that 40% of Brazilians living in poverty are girls and boys up to 14 years in a total of approximately 23 million individuals. Poverty denies children and adolescents their rights, representing a vulnerability, which predisposes to some causes of shelter.

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EV684

Mentally ill patients who committed sexual and physical assaults: A study about 37 cases of expertise reports



K. Hajji*, I. Marrag, R. Ben Soussia, S. Fathallah, M. Nasr

University Hospital of Mahdia, Department of Psychiatry, Mahdia, Tunisia

* Corresponding author.

Introduction Several studies suggest the existence of a relationship between major mental disorders and crime. However, it is important to emphasize that violent behaviors do not affect all patients and that issues of criminality among mentally ill persons only represents a small proportion.

Aims The objective of this study is to establish the general and clinical profile of perpetrators of sexual and physical assaults.

Methods This is a retrospective study of the records of forensic psychiatric expertise, conducted in the psychiatry department of the University Hospital of Mahdia during the period from May 1st 2000 to May 31st 2013.

Results The general profile of the population the study was characterized by a mean age of 39 years, a sex ratio of 8.25, unemployment in 73% of cases and by the presence of a psychiatric personal history 54% of cases. Sexual and physical assaults accounted for 54.5% of cases. It was essentially in descending order: assault and battery (65%), rape (16.2%) and incest (5.4%). As for the clinical profile, schizophrenia and epilepsy were recorded each in 13.5% of cases, major depressive disorder in 8.1% of cases, bipolar disorder in 5.4% and substance abuse in 5.4% of cases. A personality disorder was observed in 48.6% cases, essentially antisocial personality (55%). Comorbidity with addictive behavior was observed in 56.7% of cases.

Conclusion It is necessary to characterize a subgroup of patients with mental disorders, likely to commit violent crimes, in order to prevent acting out behaviors and adapt their management.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV685

Acute psychotic disorder and forensic acts: About 25 cases



S. Younes, R. Ben Soussia, K. Hajji*, I. Marrag, L. Zarrouk,

M. Nasr

Universitary Hospital of Mahdia, Department of psychiatry, Mahdia, Tunisia

* Corresponding author.

Background The aim of this study was to identify the socio-demographic status and clinical features of patients with acute psychotic disorder and who committed a medicolegal act, seek acute psychosis implicated and raise the characteristics of this medicolegal acts.

Methods We performed a retrospective study of 25 male patients with acute psychotic disorder. They were involuntary hospitalized in the medicolegal department of Razi, according to Article 29 of Law after committing a medicolegal act because of dementia within the meaning of article 38 of the Tunisian Penal Code.

Results It was about a young person, average age of 27.32 years, family cohesion was often present (80%), with forensic history (20%), violence history (20%) and substance abuse (40%), having a personality disorder (25%), having a precipitating factor (32%), having an acute psychotic episode (72%), repetitive acute psychotic episode (16%), a first manic episode (8%) and drug-related psychotic disorder (4%). They had committed by order of frequency serious physical assault (43.5%), attempted murder, assault and injury followed by attacks against property (40%). The victim was mostly a family member (40%), without determination, under the influence

of toxic substances (16%) and motivated by delusions of persecution (51%). The acting out was recognized (68%). The majority was indifferent (92%) and does nothing (68%).

Conclusion The first-episode psychosis have a high-risk of acting out, early treatment may prevent some medicolegal acts. Preventing of acting out in the psychotic involves the identification of risk factors and an early treatment of mental disease.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV686

Stalking and its forensic psychiatric assessment

L. Izáková^{1,*}, I. André²

¹ Comenius University Bratislava, Department of Psychiatry, Bratislava, Slovakia

² University Hospital Bratislava, Department of Psychiatry, Bratislava, Slovakia

* Corresponding author.

Introduction Stalking, a dangerous persecution, gained attention because of persecution of celebrities by fans suffering by mental disorders. In psychiatry, there is no consensus about the exact definition of stalking, because it can result from many different motivations and constellations of psychopathological symptoms.

Objective The authors provide an overview of the current state of stalking, i.e. dangerous persecution as a new crime in Slovakia. They describe the characteristics of stalkers (persecutors), victims and their interaction in their forensic psychiatric practice.

Method Search in author's expert reports were conducted on stalking. Analysis of motivations, mechanisms of persecutions and analysis of psychopathological symptoms and mental disorders in stalkers and their victims were made.

Results Stalkers and their victims are a heterogeneous group with different psychopathology and mental disorders including personality disorders and psychosis. The authors document general principles of forensic psychiatric assessment of stalkers as crime offenders.

Conclusion Stalking is problem also in forensic psychiatric practice also in Slovakia. Stalkers who suffer from mental disorders require adequate diagnostic and psychiatric treatment also in forced setting.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV687

Forensic psychiatric aspect of battered women syndrome: The cycle of violence

M. Kachaeva

Serbsky National Research Centre for Social and Forensic Psychiatry, Moscow, Russia

Introduction Domestic violence against women is a burning problem in Russia. Forensic psychiatrists found out that domestic abuse against women is often one of the main causes of crimes of violence in women.

Aims To find out clinical and social factors contributing to aggressive crimes committed by women who are victims of intrafamily violence.

Methods Clinical, psychological, statistical. Details of background, psychiatric and offending history were extracted. Each item was assessed with the help of descriptive statistics.

Results A cohort of 12 females was examined by forensic psychiatrists. All women were victims of violence by their husbands or

partners. Domestic abuse resulted in long-term mental problems of women. Clinical assessment has revealed depression, anxiety, fear, low self-esteem, PTSD, alcohol abuse. All women had committed murders. The research has revealed two types of homicides. Women of the first subgroup displayed pathological altruistic motivation of murder of their children (4 females). Women of the second subgroup (8 females) had committed homicides of their husbands or partners.

Conclusion The research shows the necessity of domestic violence prevention by legal provisions and multidisciplinary research with the participation of psychiatrists, psychologists, social workers.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV688

OST in forensic psychiatry – risk management: Bosnia and Herzegovina experience

S. Kasper*, J. Softić, N. Mujcinovic

Cantonal Institute for Addictions, Hospital Department, Zenica, Bosnia and Herzegovina

* Corresponding author.

This paper describes the experience of the Cantonal Institute for addiction in the implementation of OST. In analysis included patients who had been serving a prison sentence in Zenica and Busovaca. The focus of the work has focused on the possible role of the OST in preventing the commission of criminal acts and social rehabilitation of opiate addicts. The study included 296 opiate addicts (239 on methadone and 57 on buprenorphin/naloxone). Medium age was 31.3 years and 10% of the respondents were women. Criteria for inclusion in the study were clinically proven opiate addiction and involvement in some of the aspects to treatment at the Institute while the criteria for inclusion in the study were non-opioid dependence and the presence of comorbid psychiatric conditions that could affect the study results. Results of the study showed that the OST, regardless of the applied modalities have a significant effect in preventing the commission of criminal offenses, and improves results, socio-rehabilitation treatment for convicted persons who are serving a prison sentence, and those who are on parole. Improving results has contributed to the use of other therapeutic modalities (psychotherapy). Other studies with a larger number of patients and monitoring of a large number of variables could give better answers about the place and role of the OST in forensic psychiatry.

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EV689

Poor quality of mental health assessment reports in UK family courts: A 'call to action'

R. Kurz

Cubiks, IPT, Guildford, United Kingdom

Introduction Prof. Jane Ireland found that 65% of assessment reports sampled from UK family courts were 'poor' or 'very poor'.

Objective The presentation raises international awareness of the problem and explains the contextual factors that contribute to malpractice.

Aims The paper highlights typical deficiencies in family court assessments and forensic processes in order to reduce the risk of unsafe custody rulings.



Method Due to the paucity of published academic literature 'ad hoc' Internet searches were utilised to collect source material and identify advocates. A range of conferences, seminars and continued professional development (CPD) events revealed the background for some of the persistent problems.

Results The suppression of the trauma-centric approach to mental health issues and its re-emergence are central to understanding the trajectory and how to improve professional practice.

Organised Ritualised Crime Abuse Networks (ORCANs) seem to be at work infiltrating institutions that are supposed to uphold law and order.

Inadequate psychometric instruments appear to beguile some mental health professionals into wrong diagnosis and testimony.

Conclusion The standard of UK family court assessments must improve. Scrapping 'forced adoption' legislation that drives the 'child snatching' culture in UK social services department would benefit society including citizens from abroad whose governments vocally criticise the removal of their children through clandestine UK 'child protection' procedures.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV690

Prevalence and nature of mental disorders among young offenders in custody and community: A meta-analysis

M. Livanou*, V. Furtado, S. Singh

University of Warwick, Warwick Medical School Division of Mental Health and Well-being, Coventry, United Kingdom

* Corresponding author.

Introduction Prevalence studies show that nearly 80% of young offenders present psychiatric comorbidity. Juvenile offenders are at 3 times higher risk of being diagnosed with a psychiatric disorder. Recent systematic reviews have mainly focused on youth in detention neglecting youth in the community. Females and ethnic minorities have been overlooked in the literature in spite of the increasing rates of psychiatric disorders striking these groups.

Objective To perform a meta-analysis on the prevalence rates of various mental disorders including depression, psychosis, PTSD, conduct disorder, ADHD, learning disabilities and personality disorders among young offenders. Self-harm and suicidal behaviour are examined too.

Aims To compare the prevalence of psychiatric disorders among young offenders across custody and community and to emphasise on gender, age, and ethnic variations.

Methods Relevant studies have been identified with computer-assisted searching and scanning of reference lists. Prevalence of mental disorders based on gender, age and ethnicity along with potential moderating factors are extracted from the included studies. Meta-regression is performed to test covariates that might have contributed to differences in prevalence rates across studies.

Results After searching the relevant literature, 99 studies were determined to be eligible for data extraction.

Conclusions Young offenders with ongoing mental health problems comprise a vulnerable group within forensic psychiatric services that needs special attention. More prevalence studies should be conducted to improve mental health provision. Ethnic, gender, and age variations across young offenders should be addressed and turn interventions into a tailored process that responds to the young person's particular treatment needs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV691

Co-responsibility of the victim in maintaining violent interactions in the parental couple

M. Loi^{1,*}, P. Brambilla²

¹ Private practice, Psychiatry, Milan, Italy

² Private practice, Psychology, Milan, Italy

* Corresponding author.

The few international studies that dealt with the characteristics of the victim, suggest the possibility that, in certain circumstances, psychological, psychopathological and behavioral variables, may increase the risk of violence within a couple relationship (or also inhibit the possibility that the victim falls outside the violent interaction).

We would like to better comprehend violence within a parental couple relationship, which is considered as a dynamic and two-way system, and understand how violent interactions are triggered and maintained by both partners, and, therefore, by the victim too.

Our aim is consequently pinpoint those factors, which, on several levels, make the victim become one, within a dynamic and vicious collusion with the aggressor.

We have analyzed 30 forensic court consultancies carried out in separation and divorce conflict, within which violence, acted out by one partner against the other, was detective.

The data obtained from descriptive profiles of personality (derived from biographical data, clinical observation and psychological assessment) of the victims suggest that some variables can trigger and maintain the violence within the couple. Among these are reported: masochism, learned helplessness, depression, low self-esteem, primary attachment disorders, emotional dependency, ego disorders, depression, anger, passivity, submission, lacking social and communication skills, low problem solving ability, violence in the family of origin, substance use.

The identification of these variables seems particularly useful to prevent victim's intrapsychic and interpersonal dysfunctional dynamics, and can suggest interventions aimed at correcting these dynamics, with a consequent risk reduction even in separation and divorce conflicts.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV692

Results of forensic assertive community treatment in Belgium after 33 months

T. Marquant^{1,*}, K. Goethals^{2,3}

¹ CAPRI collaborative Antwerp Psychiatric Research Institute, forensic psychiatry, Antwerp, Belgium

² Collaborative Antwerp Psychiatric Research Institute, CAPRI University of Antwerp, Antwerp, Belgium

³ Mental Health Care Westelijk Noord-Brabant, Halsteren, the Netherlands

* Corresponding author.

Introduction Forensic adaptations of assertive community treatment (ACT) remain understudied in Europe, whereas promising results emerge from the United States. There is a need for research into the effectiveness of ForACT outside the United States, as Europe differs greatly in terms of organisation of mental health and judicial system.

Objective Investigating effectiveness of forensic adaptations of ACT in the area of Flanders, Belgium. Outcome measures are divided into forensic, like arrests or incarcerations, and non-forensic, like admissions and length of stay.

Aims Investigating effectiveness of ForACT on forensic and non-forensic outcome measures as well as factors related to outcome.



A third outcome is community tenure, which is the actual number of days divided by the potential number of days spent in the community.

Methods A controlled cohort study was designed over with first results at 33 months. The experimental group consists of a new ForACT team in the area of Flanders, Belgium ($n = 70$). Patients are admitted from prison, psychiatric hospitals or other community-based care. The control group consists of mentally ill offenders in community-based treatment after release from prison ($n = 56$).

Results Results on forensic measures and community tenure are promising in favour of the ForACT team. In contrast, clients are often, though shortly, readmitted into psychiatric residential care. Substance use emerges as the main reason for admissions.

Conclusions A local forensic adaptation of ACT reveals promising results on forensic outcome measures, yet suffers a large number of admissions.

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EV693

Peculiarities of mental status and criminal behavior in individuals under cannabinoid consumption

V. Martinkiene*, A. Survilaite

Forensic Psychiatry Service, Adult Department, Vilnius, Lithuania

* Corresponding author.



Introduction Substance-related mechanism may be capable of promoting brain changes in high-risk individuals [1,2]. Cannabis use reported to be associated in long-term cognitive effects.

Aim To evaluate mental status and criminal behavior in individuals under cannabinoid consumption in forensic psychiatric assessment.

Methods A retrospective analysis was conducted of forensic psychiatry examination reports in psychoactive substance consumption cases ($n = 170$) in National Service of Forensic Psychiatry 2010–2014. Offenders, which were reported with cannabinoid consumption ($n = 57$) were assessed by socio-demographic characteristics, mental state, court order and outcome.

Results Eighty-six percent offenders with cannabinoid consumption in observed period were men. The age of offenders prevailed from 18 to 35 years with basic education; 57.9% of offenders consuming cannabinoids were single (Fig. 1).

A total of 36.8% of all crimes in research group were committed against property, 31.6% – an unlawful possession of psychotropic substances, 22.8% – committed against human health, 8.8% – against public order (Fig. 2).

Conclusions Impulse control deficiency and emotion disorders were prevalent among offenders under cannabinoid consumption; 17.5% were committed irresponsible, all of them due to comorbid psychiatric disorder. More likely to offend were men, aged 18–35 years, single, who had basic or lower education.

Responsibility in offenders under cannabinoid consumption

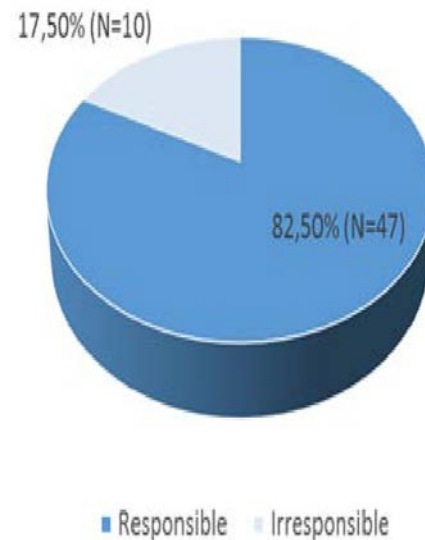


Fig. 1 Peculiarities of mental status.

Responsibility in offenders under cannabinoid consumption

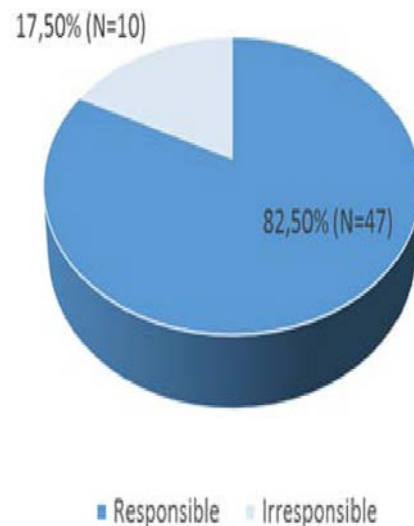


Fig. 2 Responsibility in offenders under cannabinoid consumption.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV694

Explorations of cooperation and recalcitrance in secure mental health hospitals



M. McKeown^{1,*}, M. Chandley², F. Jones¹, K. Wright¹, J. Duxbury¹, P. Foy²

¹ University of Central Lancashire, School of Nursing, Preston, United Kingdom

² Mersey Care NHS Trust, Ashworth Hospital, Liverpool, United Kingdom

* Corresponding author.

This paper reports on the findings of three qualitative research studies undertaken within, respectively, medium and low secure units in one UK region, and a high secure mental health hospital in England (UK). The first study investigated alliance based involvement practices. The second explored service user and staff views and sense making of the notion of recovery. The third study is ongoing into service user and staff experiences of extreme coercive measures, such as forms of restraint and long-term seclusion or segregation. All studies utilised either semi-structured interviews or focus groups. All data was subject to thematic analysis. Selected and emergent themes include:

- the importance of relationships and communication; security first; involvement as pacification;
- different understandings of recovery; the importance of meaningful occupation; staff-service user relationships; recovery journeys and dialogue with the past; and recovery as personal responsibility;
- good and bad coercion; cooperation, resistance and recalcitrance; and alternatives to coercion.

Findings suggest that cooperation is largely framed by services in terms of compliance with a bio-medical model. The impact of the secure environment, whilst ever-present, is not an absolute constraint on the realisation of recovery or involvement objectives. The availability of extreme coercive measures raises some seemingly paradoxical understandings from both service user and staff perspectives. Critical social theory is drawn on to illuminate the tensions between cooperation and recalcitrance and suggest further exploration of their respective legitimacy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV695

Effectiveness of paliperidone depot in seriously violent men with comorbid schizophrenia and dissocial personality disorder in a UK high-security hospital



A.M. Mortlock*, F. Larkin, C. Ross, S. Sengupta, M. Das
West London Mental Health NHS Trust, Broadmoor Hospital,
Berkshire, United Kingdom

* Corresponding author.

Introduction High-security hospital patients are often complex in presentation characterised by treatment resistance, medication non-concordance and history of violence. Paliperidone is licensed as both an oral and depot antipsychotic for the treatment of schizophrenia. Whilst there is data for the effectiveness of paliperidone palmitate (PP), there are no studies involving patients in forensic settings or those with comorbid personality disorder.

Objective To determine the effects of PP on violence, aggression and personality pathology.

Aim To evaluate the clinical effectiveness of PP.

Methods This was a retrospective service evaluation involving 11 patients. Medical records and interviews with the treating psychiatrist were used to formulate clinical global impression (CGI) and to identify incidents of violence. The effect on personality symptom domains; cognitive-perceptual, impulsive-behavioural dyscontrol and affective dysregulation was ascertained, as well as engagement with occupational and psychological therapies.

Results Six patients were being prescribed PP. All 6 showed improvement in the CGI score with benefits in the symptom domains. Two patients demonstrated a reduction in violence risk and 2 remained incident-free. There was improvement in engagement with therapies. Benefits were also seen in aspects of personality for those who had discontinued PP.

Conclusions This pragmatic study of a small but complex patient group demonstrated that PP was effective in reducing symptoms of schizophrenia. Additionally and for the first time, it was shown that PP was also effective in reducing violence as well as improving personality pathology dimensions in a comorbid patient. This could have significant implications for management of high-security patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV696

The characteristics of alcohol pharmacokinetics of Korean female



B. Nam^{1,*}, Y.J. Kwon², K.H. Lee³, D.I. Jon⁴, I. Shon⁵, J.S. Seo¹

¹ Konkuk University, psychiatry, Chungju, Republic of Korea

² Soonchunhyang University, Psychiatry, Cheonan, Republic of Korea

³ Dongguk University, Psychiatry, Gyeongju, Republic of Korea

⁴ Hallym University, Psychiatry, Anyang, Republic of Korea

⁵ Keyo Hospital, Psychiatry, Uiwang, Republic of Korea

* Corresponding author.

Introduction The systematized and proper sized research of alcohol pharmacokinetics in Korean has not reported ever.

Objectives and aim Aim of this study is to measure the β value and alcohol pharmacokinetic factors in Korean adult female and the relationship between the β value and some variables including age, smoking, total body water, drinking capacity, BMI, blood cholesterol, body fat and body fat ratio.

Methods Ninety-one subjects were randomly divided into two groups. One group was provided as much as 0.35 mg/mL/kg of alcohol and the other as much as 0.70 mg/mL/kg, and blood alcohol concentration was measured 15, 30, 45, 60, 90, 120, 180, and 240 min after the women finished drinking.

Results The subjects' mean alcohol elimination rate (β) was -0.002379 mg/100 mL·h, and there was no statistically significant difference in elimination rate between the two groups. The mean time to reach maximum blood alcohol concentration was 45 minutes, alcohol absorption rate was 0.1123 ± 0.1799 g/L/min, and the area under the concentration curve was 109.15 ± 62.95 . Among the factors that correlated with alcohol metabolism, alcohol absorption rate and follicle-stimulating hormone were statistically significant, but age, body mass index, and body fat percentage were not significantly correlated with alcohol metabolism.

Conclusions These results suggest that the β values for healthy Korean females can differ from the cut-offs that are currently used in Korea, which suggests that the legal limit for driving under intoxication should be adjusted.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV697

The profile of the mentally incompetent patient of the local health unit of Guarda, Portugal



P. Batista*, J. Nunes, P. Da Costa

Hospital Sousa Martins, Department of Psychiatry and Mental Health of Sousa Martins Hospital, ULS Guarda, Guarda, Portugal

* Corresponding author.

Forensic psychiatry, as a specific branch of psychiatry, is the medical science that approaches mental illness and its relation with law enforcement. In this regard, medicine and justice converge in the contact with individuals that, due to the alleged assumption of acting under the effects of a psychiatric disease, have a disturbing behaviour and infringe the laws of Society. The objective of this research project, which has a retrospective nature, is to delineate the profile of the mentally incompetent patients of the Local Health Unit of Guarda, Portugal, resorting to the reports of mental faculty's examinations of, at least, 30 individuals. With this methodology, we will be able to study the characteristics of selected individuals who have committed some sort of criminal offences but are not subject to prosecution, namely with regard to the specific personal and family data, psychiatric background, diagnostic formulations, applied legal concepts, among others. Statistical analysis was carried out using the Microsoft Excel tool. The main goal of the study is to provide to the Psychiatry Department of the Local Health Unit of Guarda an analytical instrument that characterizes the respective mentally incompetent population and may, essentially, contribute positively to the contextualization and accomplishment of the future assessments on mental faculties of the individuals who are involved in judicial proceedings.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV698

Matricide versus patricide in one Croatian psychiatric forensic inpatient unit

I. Pedisic^{1,*}, K. Radic², N. Buzina², V. Jukic²¹ General Hospital, Sibenik, Department of Psychiatry, Sibenik, Croatia² University Psychiatric Hospital Vrapče, Department of Forensic Psychiatry, Zagreb, Croatia

* Corresponding author.

Introduction Parricide (referring as parental homicide) is a rare event among homicides, yet challenging and intriguing from psychiatric point of view. Still, literature concerning parricide is sparse and most studies concern small or heterogenous samples or anecdotal cases.

Objective To analyze differences in parricide offenders among forensic psychiatric inpatients at the university psychiatric hospital Vrapče's centre for forensic psychiatry.

Aims To test some differences between parricide offenders with regard to specific type of parricide.

Methods Available retrograde data of 50 years forensic inpatients ($n=430$). We identified parricide cases of matricide and patricide included.

Results The analysis included a total of 22 parricide offenders. All parricide offenders were male adults. Matricide was more prevalent than patricide (13 vs. 9). Matricide offenders were in average younger when committed crime, had more prevalence of psychotic disorders and earlier onset of symptoms in comparison with patricide group.

Conclusion We identified differences and similarities between these two parricide offenders groups. It is important to expand

research further including different types of motives and family dynamics regarding the type of parricide victim.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV699

A neuro-psychological model of violence propensity in schizophrenia

M. Picchioni^{1,*}, S. Harris², A. Reichenberg³, T. Fahy⁴, D. Murphy⁴¹ Institute of Psychiatry, St Andrew's Academic Department, London, United Kingdom² Institute of Psychiatry, St Andrew's Academic Department, Northampton, United Kingdom³ Mount Sinai Hospital, Icahn Medical Institute, New York, USA⁴ Institute of Psychiatry, Department of Forensic and Neurodevelopmental Science, London, United Kingdom

* Corresponding author.

Introduction Schizophrenia is associated with an increased risk of violence. The identification of the illness specific factors that contribute to that risk could lead to better risk assessment and management strategies.

Objectives/aims To identify if cognitive and emotion processing deficits are linked to violence risk in schizophrenia.

Methods Fifty male patients with DSM-IV schizophrenia and thirty-nine healthy controls were assessed across a range of intellectual, executive, emotion and social processing domains. Lifetime propensity to violence was quantified.

Results General intellectual ability and memory were not significantly associated with violence propensity. Violent patients showed significantly poorer response inhibition, after accounting for relevant clinical variables. A greater lifetime propensity to violence was associated with an attentional bias towards anger, a heightened sensitivity to the recognition of fear, with poorer complex theory of mind performance.

Conclusions Our results allow us to propose a hypothetical model of the propensity to violence in schizophrenia. We suggest that heightened sensitivity to environmental negative emotional cues and poorer understanding of complex social situations, combined with an inability both to quickly process but also inhibit responses, results in a greater propensity to violence. We propose that this model sits alongside other factors, such as drug use. These findings need replication but could have direct implications for treatment and management of our patients with schizophrenia.

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EV700

Psychiatric symptoms paraneoplastic and legal obligation to combination therapy

M.D. Piqueras Acevedo^{1,*}, I. Martínez Pérez², M.R. Raposo Hernández³, A.L. González Galdámez⁴, A. Belmar Simó⁵, A. Gil Sánchez⁶, M.E. Piqueras⁷, C. García Briñol⁸, I. Bello Pombo⁹, A. Busaileh Salas¹⁰, A. Navarro¹¹, C. Alsuñail Lopez Blanco¹², J.M. peñalver¹³¹ Hospital Santa Lucía, psychiatry, Cartagena, Spain² Residencia Psicogeriátrica Virgen del Valle, Residencia Psicogeriátrica, Murcia, Spain³ Centro de trabajo: CSM de Cartagena, Centro de trabajo: CSM de Cartagena, Cartagena, Spain⁴ Hospital General Universitario Santa Lucía, Hospital General Universitario Santa Lucía, Cartagena, Spain⁵ CSM de Cartagena, CSM de Cartagena, Cartagena, Spain

⁶ CSM MOLina, CSM MOLina, Murcia, Spain

⁷ CSM Alberca, Murcia, Spain

⁸ Hospital General Universitario Santa Lucia, Hospital General Universitario Santa Lucia, Cartagena, Spain

⁹ CSM deCartagena, Cartagena, Spain

¹⁰ Hospital Universitario Santa Lucia, Hospital Universitario Santa Lucia, Cartagena, Spain

¹¹ Centro de trabajo: Hospital Universitario Santa Lucia, Centro de trabajo: Hospital Universitario Santa Lucia, Murcia, Spain

¹² Profesión: Médico no psiquiatra Centro de trabajo: Centro de Salud Cartagena Oeste, Profesión: Médico no psiquiatra Centro de trabajo: Centro de Salud Cartagena Oeste, Murcia, Spain

¹³ Hospital Universitario Santa Lucia, Hospital Universitario Santa Lucia, Cartagena, Spain

* Corresponding author.

Women 49-year-old with a history of left mastectomy for breast Ca. The patient is brought to the emergency by his family for disorderly conduct compatible with manic phase and psychotic symptoms by delirious speech mystical-religious content refusal of the patient to be evaluated by any medical decision and abandoned chemotherapy. Initial screening is performed from the emergency department of organic pathology (TAC without findings and normalcy in other PC). At the beginning of involuntary admission income that is corroborated by the commission judicial, a request of the family and given the history of abandonment IC Oncology treatment is performed as a result of which it is found that the onset of the psychiatric clinic communicates matches the decision to abandon treatment; after reassessment of the clinical status of the patient and recommendation by her oncologist to resume treatment with RT to court new authorization for further diagnosis and initiation of treatment after assessment by forensic and judge is granted a week tests requested. After screening of limbic encephalitis but positive AC. SD income it is maintained and combined treatment is performed. At discharge, the patient is stable DP vs. psychopathology with good controls over concomitant breast disease.

Results The need for medical treatment in organic pathology is justified even against the will of the patient in the context of repression

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EV701

The biopsychosocial paradigm in the assessment of mental health of older persons

L. Pishchikova
Moscow, Russia



The vulnerability of patients of late age in psychiatry increases the professional and ethical requirements to the quality of psychiatric and forensic psychiatric help. It must account for the clinical and dynamic features of mental disorders in old age, biopsychosocial determinants of their formation, be based on a conceptual approach and a comprehensive understanding of the involution processes. To identify biopsychosocial determinants of mental disorders in old age and (or) involving patients to the forensic psychiatric examination, we examined 235 late age patients in criminal and civil cases. Revealed: «non-dement» mental disorders – with 45.5%, psychosis – with 7.7%, dementia – with 46.8%. The results of biopsychosocial determinants of involution are determined as follows: biological: sensory and motor deprivation, multicomorbid somatic neurological pathology, specific syndromes and disorders if late age, dementia; socio-psychological: termination of labor activity, living alone and loneliness, problematic relationship with children because of housing disputes and alcohol; legal: conclusion and contestation of legal civil acts, participation in criminal proceedings as victims and defendants, legal illiteracy, legal controversy, lack

of legal protection; victimological: physical (assault, abuse), psychological (threats of commitment into social security institutions, involuntary commitment to a psychiatric hospital and examination by a psychiatrist, hold in the psychiatric hospital), financial violence (fraud with housing for older people and deception, manipulation during conclusion of civil-legal acts), violation of rights of older person (unlawful deprivation of legal capacity).

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV702

When a man loves a woman: A case of erotomania in the 21st century



C. Rodrigues*, M. Andrade, V. Palma, C. Cardoso
Unidade Local de Saúde do Nordeste, Departamento de Psiquiatria e Saúde Mental, Bragança, Portugal

* Corresponding author.

Introduction Erotomania, or De Clerambault's Syndrome, was first described in 1921. However, cases of Insane Love were long known before. Presently, this condition is classified as a delusional disorder typically affecting women. However, in forensic samples, most of these reports relate to men with violent behaviour, associated to harassing or stalking of a woman.

Objective To present the case of a man, diagnosed with Erotomania and literature review of similar cases.

Aim To bring awareness to the infrequent diagnosis of this condition in males and the legal implications this condition may have.

Methods Consultation of the patient's clinical process and published articles focusing on Erotomania in men.

Results A 50-year-old man was referred from Court for persistently stalking a woman on the past few years. He revealed erotomanic and persecutory delusions, believing these accusations were all part of a scheme to restrain his alleged relationship.

There was a clinical improvement during hospitalization and treatment with antipsychotics. Due to the legal process in court, a forensic examination was also performed.

Conclusions On the follow-up, the patient remained stabilized. He would not verbalize any delusional content, and calmly deny any inadequate behaviour. However, some of his stalking attitude remains. As many of these patients, we believe his delusion is still present, although his behaviour is more controlled with treatment. Recognizing the characteristics and course of this disorder in our patients, grants a better chance of intervention and attentiveness towards the legal implications that may arise.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV703

Structure of forensic psychiatric services in Iran, duties and limitations



S.M. Saberi^{1,*}, A. Ahmadi¹, G. Mirsepassi (Associate professor)²

¹ Legal Medicine Research Center, Legal Medicine Organization, Tehran, Iran

² Iranian Psychiatric Association, Tehran, Iran

* Corresponding author.

Introduction In Iran, unlike most European countries, there is not any forensic mental hospital specialized for criminal patients. Therefore, a special department of legal medicine organization is charged with the duty of clinical evaluations of patients who have legal problems.

Aim To review the structure and duties of forensic psychiatric services in Iran.

Method By analyzing activities of 15 forensic psychiatric centers in the country.

Results The duty of forensic psychiatrists in Iran is to determine mental competence of two major groups of referrals. First, people who are involved with a legal problem related to civil law, such as financial managing problems and need a guardian, doubtful mental ability for decision making, child custody, legal permission for sex reassignment surgery in cases with gender dysphoria, etc. Second, people who are involved with a criminal issue, such as criminal responsibility and/or adjustment problems in prison. According to Islamic penal code (article 149), if there is a kind of mental disorder, at the time of committing a crime, the person should be known as insane and not criminally responsible. Also, to determine the risk of dangerous behavior is one of the duties of forensic psychiatrists. Psychological evaluations, like personality inventories and projective tests, may be necessary for making a suitable decision in different cases.

Conclusion Although some facilities have been considered in the new penal code, Iranian legal system should pay more attention to the structure of forensic psychiatric services in order to improve the situation.

Keywords Forensic psychiatry; Criminal patients; Civil law; Penal code; Iran

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV704

The relationships of clinical, socio-demographic and criminal factors in a sample of forensic psychiatric patients



A. Sileikaite^{1,*}, A. Germanavičius², I. Česniene³

¹ Rokiskis Psychiatry Hospital, Forensic Psychiatry, Vilnius, Lithuania

² Vilnius University, Psychiatry Clinic, Vilnius, Lithuania

³ Vilnius University, Department of General Psychology, Vilnius, Lithuania

* Corresponding author.

Introduction The relationship between clinical factors and both psychosocial and criminal history characteristics among forensic psychiatric patients entering treatment in Lithuania has not been well explored.

Aims The aims and objectives of this presentation are:

- to overview the clinical, socio-demographic and criminal factors in a Lithuanian sample of forensic psychiatric patients;
- to demonstrate which factors were significant to violent criminal behaviour;
- to address some main concerns and issues of risk assessment processes.

Methods Data were collected from 325 forensic psychiatric patients' files in one forensic psychiatric hospital in Lithuania. A sample consisted of 36 (11%) females and 289 (89%) males. The average age of patients was 41.7 years (SD = 14.0).

Results Psychosis was the most common psychiatric diagnosis. The substance abuse problem was common in this population as well. The results of the logistic regression show that increase in patients' substance abuse and their age was significantly associated with violent offending.

Conclusions The study stressed an urgent need for further research of forensic patients in Lithuania.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV705

Delirium, hallucinations and criminal liability



M. Turki^{*}, N. Halouani, R. Naoui, I. Gassara, N. Hamza, J. Aloulou, O. Amami

Hedi Chaker University Hospital, Psychiatry Department, Sfax, Tunisia

* Corresponding author.

Introduction The relationship between psychotic motivation and the genesis of medico-legal acts is well documented in the literature. Delirium and hallucinations, in particular, have been widely reported in this context.

Objective The aim was to identify socio-demographic, clinical, and criminological profile of patients hospitalized for forensic acts committed in psychotic context.

Methods We conducted a descriptive retrospective study, including 7 patients committing a forensic act in psychotic context, selected among all patients hospitalized after a judgement of dismissal (Tunisian law), in psychiatry department, Hedi Chaker university hospital, Sfax, Tunisia. Socio-demographic and clinical data were collected through patients' observations.

Results The mean age was 37.7 years. Sex-ratio (M/F) was 6. The criminological act was an attack in 57.1% and homicide in 42.9% of cases. It was committed on the outside in 42.9% of cases. The tool was a bladed weapon in all cases. The victim was a family member in 71.4% of cases. The context was a delirium in 71.4% (theme: 80% persecution, 20% jealousy; mechanism: 40% hallucinatory, 60% interpretative) and hallucinations in 42.9% of cases. Among our patients, 57.1% were indifferent and 28.6% regretted the act. Psychiatric diagnosis was: schizophrenia 57.1%; delusional disorder 28.5% and brief psychotic disorder 14.2%. Personality disorder was reported in 28.6% of patients.

Conclusion The acting out in a psychotic moment in patients with mental illness remains the most formidable event, causing sometimes the problem of criminal liability. Control of attendance at psychotherapy and psychotropic treatment are preventive and curative necessary measures to avoid crossing the dangerous acts.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV706

Continuities and discontinuities between psychopathy and narcissism among male offenders



P. Velotti^{1,*}, C. Garofalo², M. D'Aguzzo³, G. Rogier³

¹ University of Genoa, Educational Sciences, Psychology Unit, Genoa, Italy

² Tilburg University, Psychology, Tilburg, Netherlands

³ University La Sapienza, Psychology, Rome, Italy

* Corresponding author.

Introduction A heated and longstanding debate exists as to whether psychopathy and narcissism represent two distinct, albeit overlapping, constructs, or two different labels for the same concept. However, relatively scant attention has been dedicated to this issue in offender populations, which are likely to present elevated levels of both psychopathy and narcissism. Furthermore, the picture is complicated by the multidimensional nature of both constructs.

Objective We sought to explore the associations among psychopathy facets and pathological narcissism dimensions, comparing an offender sample with community participants.

Aims To highlight similarities and differences in clinically relevant and sub-clinical levels of psychopathy and narcissism dimensions, as well as in pattern of associations between them.

Methods A sample of male offenders incarcerated in Italian jails, and a sample of community-dwelling men, were administered the Self-Report Psychopathy Scale (SRP-4; Paulhus et al., 2015) and the Pathological Narcissism Inventory (PNI; Pincus et al., 2009).

Results As expected, levels of both narcissism and psychopathy were significantly higher in the offender sample. Narcissism and psychopathy were only partly related, with correlations ranging from low to moderate in size, and differential pattern of associations between selected dimensions emerged consistently with theoretical models and in line with prior studies.

Conclusions Psychopathy and narcissism are two separate syndromes, which share similar aspects but also present distinct features and this is likely to explain their partial overlap. Future studies should take a closer look at how facets of psychopathy and narcissism relate across different samples (e.g., also examining female offender samples).

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EV707

Dealing with shame – the ‘Psychopathic Way’: Preliminary investigation for a new developmental framework of psychopathic traits

P. Velotti^{1,*}, M. D’aguanno², C. Garofalo³, G. Rogier²

¹ University of Genoa, Educational Sciences, Psychology Unit, Genoa, Italy

² University Sapienza, Psychology, Rome, Italy

³ Tilburg University, Psychology, Tilburg, Netherlands

* Corresponding author.

Although individuals with psychopathic traits are deemed as immune to emotional experiences, in recent year, some authors have advanced the hypothesis that a pervasive pattern of emotion dysregulation may characterize the developmental trajectories leading to a psychopathic personality structure. Shame has been proposed as crucial emotions to understand psychopathy. It has been argued that people, who often experience shame feelings during their childhood, may develop adaptive strategies to cope with them, which lead to maladaptive strategies to regulate shame feelings in adulthood. These maladaptive strategies may explain the increased likelihood for these individuals to violence when feeling ashamed. Whether these mechanisms may also explain the presence of high psychopathic traits remains a clinically valid theoretical hypothesis, which lacks empirical support.

Objective To investigate whether maladaptive strategies to cope with shame feelings were associated with psychopathic traits.

Aims To examine the association between four maladaptive shame coping were positively related with psychopathic traits.

Methods A sample of male offenders incarcerated in Italian jails completed the Self-Report Psychopathy Scale (Paulhus et al., 2015) and the Compass of Shame Scale (Elison et al., 2006).

Results As hypothesized, maladaptive shame regulation strategies did predict psychopathic traits in the offender sample examined. Specifically, significant and meaningful associations occurred between avoidance and attack other coping styles and psychopathic traits.

Conclusions The present study is among the first in providing evidence of a possible relationship between maladaptive strategies to cope with shame feelings and psychopathic traits, and such link can be informative to tailor treatment programs for these hard-to-treat patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV708

Increasing polyvalent illicit drug abuse and increasing dropout rates in forensic in-patient treatment – is there a link?

F. Wedegaertner^{1,*}, A. Weber², M. von der Haar³

¹ Medizinische Hochschule Hannover, Psychiatry, Hannover, Germany

² MRVZN Bad Rehburg, Forensic Psychiatry, Rehburg, Germany

³ MRVZN Bad Rehburg, Forensic Psychiatry, Bad Rehburg, Germany

* Corresponding author.

For a cross-sectional survey of forensic treatment of substance use disorders in Germany, 77,220 patient records were collected between 1994 and 2012. Results show that polyvalent illicit drug abuse is an increasing phenomenon in patients referred to forensic treatment by the courts in Germany. The percentage of these patients has risen from 32 to 68%. Patients drop out of forensic treatment as not successfully treatable because of relapses or repetitive disciplinary infractions or if the maximum duration of imprisonment is reached without positive medical and/or legal prognosis. While dropout rates because of ill treatment success have risen from 34% to 47%, so has the average length of stay in cross-sectional samples from 10 to 15 months. The percentage of those released at maximum duration without positive prognosis has more than doubled. The length of parallel prison terms pronounced by the courts has risen from 31 to 44 months during the period of observation. This has led to high occupancy in forensic institutions. High occupancy poses a challenge for the individuality and thoroughness of the treatment approach and may influence success rates. Changing legislation and public pressure need to be considered when lengths of stay are interpreted. We are going to discuss the role of changing morbidity in the treatment of substance use disorders in the general population and in the forensic sample between 1994 and 2012 and how institutions prepare for the specific needs of the changing clientele.

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Genetics & molecular neurobiology

EV709

Differential binding of CREB, USF, and c-Myc to the calreticulin human specific –220C may be linked with the evolution of higher brain functions in human

S. Farashi

University Medical Center Utrecht, Translational Neuroscience, Utrecht, Netherlands

Introduction We have previously reported a human-specific nucleotide in the promoter sequence of the calreticulin (*CALR*) gene at position –220C, which is the site of action of valproic acid.

Objectives Reversion of this nucleotide to the ancestral type, –220A, co-occurs with severe deficit in higher brain cognitive functions.

Aims In the current study, we compare the pattern of protein binding between –220C and –220A.

Methods Antibodies reactive against transcription factors CREB, USF, and c-Myc were used to identify the specific proteins involved



in complexes with DNA using electrophoretic mobility shift assay (EMSA).

Results Significant increase was observed in the overall protein complexes binding to the –220C allele vs. –220A. The transcription factors, CREB, USF, and c-Myc, were differentially bound to –220C, represented by supershifts.

Conclusions We propose that differential binding of CREB, USF, and c-Myc to CALR nucleotide –220C may be linked with the evolution of higher brain functions in human.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV710

The epigenetic regulation of GATA4-dependent brain natriuretic peptide expression during alcohol withdrawal



A. Glahn*, S. Bleich, M. Muschler, M. Rhein, H. Frieling, T. Hillemacher

Medizinische Hochschule Hannover, Psychiatry, Psychotherapy, Social Psychiatry, Hannover, Germany

* Corresponding author.

Introduction Natriuretic peptides participate in the complex collection of metabolic effects in reaction to chronic alcohol drinking. Brain natriuretic peptide (BNP) is a specific member of this family known to be expressed in heart and brain.

Objectives Having witnessed modulation of other natriuretic peptides in a longitudinal cohort of alcohol-dependent patients undergoing detoxification treatment, we were interested how BNP methylation would be altered in correlation to protein expression and major clinical markers for craving.

Aim The epigenetic regulation of BNP in the context of alcoholism is unknown to this date.

Methods Ninety-nine male patients were subjected to a longitudinal investigation (days 1, 7 and 14 of detoxification treatment) and compared with 101 healthy controls concerning epigenetic regulation and protein expression of BNP.

Results Serum levels of BNP are significantly decreasing during withdrawal. Global OCS scores are decreasing significantly. Focusing on the two CpGs that are between GATA transcription factor binding sites, detailed statistical analysis reveals a reversely proportional methylation pattern, significantly increasing with ongoing detoxification and thereby supporting the observed serum level changes, accordingly. With BNP expression being GATA4-dependent, we observed a correlation of GATA4 binding site methylation and protein expression during alcohol withdrawal.

Conclusion Without the functional knowledge about the crucial regulation of BNP expression via the GATA transcription factor, it would have been easy to take the mean results of the global CpG data and propose a direct relationship between methylation and expression. Thus, these findings are also a voice for functionally and mechanistically approved results.

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EV711

Pharmacogenetic technology in psychiatric practice



T. Dokukina^{1,*}, M. Makhrov¹, P. Korolevich¹, I. Gaidukevich², A. Gilep²

¹ Republican Scientific and Practical Center for Mental Health, Department of mental and behavioral disorders, Minsk, Belarus

² Institute of Bioorganic Chemistry of the National Academy of Sciences, Laboratory of Molecular Diagnostics and Biotechnology, Minsk, Belarus

* Corresponding author.

Pharmacogenetic tests allow to predict the speed and features of a metabolism of antipsychotics depending on activity of the fermental systems involved in its metabolism, proteins carriers. They are directed as on an assessment of efficiency of therapy by antipsychotics, and studying of shipping and predictive risk of formation of side effects depending on a genotype.

The studied material Tests of a buccal epithelium.

Techniques Release of nucleic acids, extraction of metabolites, PCR-analysis, release of recombinant proteins, reconstruction of fermental activity, mass and spectrometer analysis. Methods of diagnostics and additional researches include complex clinical inspection – objective survey, collecting of the anamnestic data, the analysis of experience of treatment by psychotropic medicines. Additional criteria of inclusion in research group: age from 18 to 35 years, lack of secondary resistance, absence of any associated diseases, Belarusians on a nationality, not relatives each other, with hospitalization prospect not less than 4 weeks, signed “the informed consent” to participation in the project. Neurophysiological inspection – visual and computer EEG.

Results Sixty-nine patients with schizophrenia were examined. Genomic DNA was used further for identification of mutant alleles of genes of CYP2C9 (*2/*3), CYP2C19 (*2/*3), CYP1A2, CYP2D6. Personal medical recommendations were made to all of patients. The dosage of a neuroleptic was changed depending on result of genotyping. Eighty-five percent of patients received good therapeutic effect in the form of a full reduction of psychotic symptoms. Preliminary results show efficiency and prospects of pharmacogenetic technologies in psychiatric practice.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV712

Neurofarmagen® testing and drug side effects: An evaluation of its use among a real-world case series



F. Oliva^{1,*}, A. Portigliatti Pomeri², G. Nibbio³, M. Giuseppe²

¹ University of Turin, Department of Biological and Clinical Sciences, Orbassano, TO, Italy

² University of Turin, Department of Neurosciences “Rita Levi Montalcini”, Orbassano, TO, Italy

³ University of Turin, Department Biological and Clinical Sciences, Orbassano, TO, Italy

* Corresponding author.

Introduction Various pharmacokinetic and pharmacodynamics features have proven to be involved in the development of drug-induced side effects in psychiatry and thus pharmacogenetic profiling should be considered during drug selection to avoid the onset of side effects.

Aim To explore the usefulness of Neurofarmagen® testing in clinical practice by evaluating whether the genetic profile given by the tool could properly explain the onset of side effects during antipsychotic treatment.

Methods The pharmacogenetic profile of ten patients having a history of side effect appeared during to specific a psychopharmacologic treatment was determined by Neurofarmagen® testing tool. The relationship between genetic profile and side effects was evaluated and classified.

Results Sixty percent of the sample showed a genomic alteration related to an increased likelihood of having any side effects, one half of which presented pharmacokinetic alteration (slow or intermediate phenotype for the implicated cytochrome) whereas the other

half had a pharmacodynamic gene variant (related to dopamine or serotonin pathway).

Conclusion the Neurofarmagen® testing tool may be useful in the clinical practice in order to avoid drug-induced side effects.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV713

Psychiatric manifestations of Niemann-Pick type C disease – two case reports



J. Rebelo*, M. Oliveira, P. Nunes

Centro Hospitalar de São João, E.P.E., Psychiatry, Porto, Portugal

* Corresponding author.

Introduction Niemann-Pick type C disease (NPCD) is a rare metabolic illness, with autosomal recessive inheritance. NPCD has a heterogeneous presentation, with non-specific psychiatric symptoms, mostly affective and psychotic features and also cognitive deficits.

Objectives and methods We present the case reports of two brothers with an adolescent-adult onset and discuss the evolution of their neuropsychiatric manifestations.

Results The patients have now 35 and 31 years old and the youngest was the first to develop clinical manifestations of the disease. From 16 years old, he developed unspecified neurological impairment with gait imbalance. In the next years, the neurologic manifestations exacerbated, with dysarthria, ataxic gait, and his academic performance declined. With 24 years old, he presented acute psychosis, with unstructured delusion and auditory hallucinations. The acute psychotic symptomatology remitted with olanzapine but he revealed social withdrawal, apathy and progressive cognitive decline that persist until now. His brother, whose diagnosis was made in the course of the family genetic study, developed the first signs of the NPCD with 19 years old. He presented neuropsychiatric compromise, with impaired learning, social isolation and insomnia. They are receiving specific treatment with miglustat and symptomatic treatment for the psychiatric manifestations.

Conclusions NPCD is a rare metabolic disease, with neuropsychiatric compromise. No general psychopathological profile has been associated to NPCD. Sometimes psychiatric symptoms dominate the initial clinical presentation, with neuro-visceral signs appearing later. An atypical psychiatric symptomatology should be extensively investigated in order to exclude organic causes, including metabolic diseases like NPCD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV714

Psychiatric disturbances in a patient with melas syndrome: A case report



M.C. Rizza^{1,*}, S. Di Marco¹, C. Delicato¹, C. Vecchi¹,

C. Gramaglia¹, P. Prosperini², R. Cantello¹, P. Zeppego¹

¹ Università del Piemonte Orientale, Traslational Medicine, Novara, Italy

² Azienda Ospedaliera Universitaria “Maggiore della Carità”, Traslational Medicine, Novara, Italy

* Corresponding author.

Introduction Mitochondrial disorders of energetic metabolism (MD) represent a heterogeneous group of diseases manifesting at any age and its one of a number of mitochondria syndromes that share the common characteristics of encephalopathy and myopathy. The clinical expression of MELAS (Mitochondrial Myopathy,

Encephalopathy, Lactic Acidosis and Stroke-like episodes) is highly variable and psychiatric symptoms are rarely reported in literature even if are more common in MELAS syndrome than in the general population.

Objective The first aim of the study is describing the clinically observed primary psychiatric symptoms in a patient affected by MELAS syndrome admitted to the Psychiatric ward. The second aim is to go back over the diagnostic process, which led, from the uncommon psychiatric symptoms and signs to the final genetic diagnosis of MD.

Methods and results We report the case of a 44-year-old male with MELAS in whom psychiatric symptoms preceded the establishment of the clinical diagnosis for several months. Diagnosis was initially based on the neuroimaging and metabolic findings and subsequently confirmed with genetic analysis.

Conclusions In case of aggressive and paranoid behaviour with delusions of persecution and disorganised behaviour mitochondrial disorders deserve consideration as part of the differential diagnosis, especially if there is suspected involvement of other organ groups or positive family history of MD. There is no specific consensus approach for treating MELAS syndrome. Management is largely symptomatic and should involve a multidisciplinary team.

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EV715

Implications of DNA copy number variations in attention-deficit/hyperactivity disorder: An update review



M.E. Palmeira^{1,*}, L.B. De Mesquita Gouveia²

¹ Escola Bahiana de Medicina e Saúde Pública, Medicine, Salvador, Brazil

² Federal University of Alagoas, Medicine, Maceió, Brazil

* Corresponding author.

Introduction Attention deficit hyperactivity disorder (ADHD) is a highly heritable disorder. Rare genetic variants, specifically large, rare copy number variants (CNVs) play an important role in ADHD and others neurodevelopmental disorders.

Objectives Identify previous studied correlations between CNVs and ADHD, analysing physiological and genetic pathways in association with another neuropsychiatric disorders.

Aims Identify most commons CNVs variations present in ADHD; evaluate similarity between results found in researches in relation to pleiotropy and ADHD phenotypes.

Methods A scientific originals articles research was conducted on PubMed. Used keywords ‘Attention Deficit Disorder with Hyperactivity’ and ‘DNA Copy Number Variations’. Among twenty articles found, published in the last ten years, sixteen articles were selected based on relevance of information.

Results Rare CNVs were described in association with ADHD. Almost 44% of the articles reviewed screened CNV regions possibly linked with ADHD pathologic pathways, especially to metabotropic glutamate receptor and genes related to others psychiatric disorders, like *PARK2* and *SHANK3*. The case control studies also indicate some coexistence of rare and common forms ADHD. Nevertheless, there is not a consensus about relations between CNVs in ADHD samples and intellectual disability. Moreover, all articles suggest a pleiotropic effect related to CNVs in ADHD patients and others neuropsychiatric disorders.

Conclusion The relevance of CNVs in ADHD patients is clearly supported by the current findings. However, further research is necessary to analyse CNVs influence in IQ of ADHD individuals. In addition, genotype association studies to clarify the pleiotropies stated are required.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV716

Serine racemase in inhibitory neurons at striatum and it might be involved in schizophrenia's pathophysiology with D1 and D2 receptors



S. Takagi^{1,*}, D. Balu², J. Coyle²

¹ Tokyo Medical and Dental University, Psychiatry, Tokyo, Japan

² Harvard Medical School, Department of Psychiatry, Boston, USA

* Corresponding author.

Introduction There is substantial evidence that hypofunction of the N-methyl-D-aspartate receptor (NMDAR) is a core pathophysiological mechanism underlying schizophrenia. D-serine and serine racemase (SR) (NMDAR co-agonist and its producer) are thought to be involved in schizophrenia's pathophysiology as NMDAR function moderators. Our laboratory showed that excitatory neuron specific SR knock out (SRKO) mice still have just 50% reduction of SR whereas full SRKO mice had no SR. Furthermore D-serine and SR are found in inhibitory neurons not only in excitatory neurons with immunohistochemistry methods. Because NMDAR has excitatory functions, the existence of D-serine and SR in inhibitory neurons and their functions are of interest.

Aims To elucidate the existence and roles of D-serine and SR in inhibitory neurons.

Methods Inhibitory neuron marker, GAD65, specific conditional SRKO (GAD65 SRKO) mice were made by Cre-lox recombination method. The GAD65 SRKO mice were analyzed by HPLC for D-serine concentration, western blotting for SR expression, immunohistochemistry for SR positive cell's character identification and behavioral testing.

Results GAD65 SRKO had about 50% reduction of SR in striatum but no reduction in hippocampus and frontal cortex. D-serine of GAD65 SRKO mice was not different from WT mice. Immunohistochemistry works revealed SR is in medium spiny neuron of striatum and has colocalization with DARRP-32, D1 receptor, and D2 receptor.

Conclusions SR is expressed in inhibitory neurons at least in striatum. It might be involved in schizophrenia's pathophysiology because it colocalizes with D1 and D2 receptors.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Geriatric psychiatry

EV717

Catatonia and dementia

M. Almeida*, C. Gama Pereira

Centro Hospitalar Baixo Vouga, Departamento de Psiquiatria e Saúde Mental, Aveiro, Portugal

* Corresponding author.



Introduction Catatonia, described by Kahlbaum in 1874, is usually seen as a type of schizophrenia, but it can also occur in a wide range of other psychiatric/organic disturbances. There is a documented association between dementia and catatonia, in all phases of cognitive impairment.

Aims Literature review and discussion about Catatonia, regarding a case report.

Methods Clinical interviews and literature review in PUBMED database.

Results (case report) Female patient, 89 years old, without psychiatric history, was diagnosed with dementia 5 months prior to episode. On admission, she presents with prostration, mutism and refusal to eat/drink. Laboratory studies were normal and TC-CE shows signs of an old stroke in left temporo-parietal region and diffuse signs of ischemic leucoencephalopathy. At psychiatric evaluation, she was stuporous, unreactive to pain, mute, not following verbal commands, keeping her eyes closed and resisting attempts to open her eyelids. She had global rigidity, axial and limbs, and maintains the postures the examiner puts her into for long periods. She was already given chlorpromazine, without improvement. Then she takes diazepam 10 mg iv, with remission of the state.

Conclusions Although catatonia usually presents with drama, clinicians often forget to consider it in differential diagnosis, probably because of its traditional association with schizophrenia. A promptly diagnostic is crucial to provide adequate treatment, avoiding drugs that can worsen/perpetuate the clinical state. Some authors even support the idea that motor features associated with end-line dementias may correspond to lorazepam-responsive catatonia, in which treatment may have a tremendous impact worldwide.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV718

Mini-Mental State (MMS) evaluation of dementia in psychiatric patients admitted to a long stay ward



N. Amel*, L.P. Isabelle, G. Aurelie, H. Marc, A. Mohammed, I. Ziad

USLD La Roseraie, EPS Maison-blanche, Seine-Saint-Denis, Neuilly-Sur-Marne, France

* Corresponding author.

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MMS scores for 41 psychiatric patients were analyzed at admission and regularly throughout their stay.

Results Their average age at admission was 65.7. Thirty-six patients had a diagnosis of chronic psychosis, two with bipolar disorders, one with frontotemporal dementia, two with Korsakoff syndrome.

At admission, 21 (51%) patients showed mild cognitive deterioration (score = 18–26), 12 (29%) moderate deterioration (12–17), 6 severe deterioration (0–11), 2 had normal scores (27–30). Over the following years, 28 patients were reassessed:

– 12 (42%) were stable, 7 (25%) had a fluctuating score, 5 (18%) improved;

– 4 (14%) deteriorated over their successive MMS evaluations;

– age, socio-cultural level and psychiatric diagnosis were not associated with change in MMS scores;

– average change between initial and final assessment was +6.0 points for patients with improved score, –7.75 for those showing deterioration;

– 1.28 for those with fluctuating scores, –1.0 for stable patients.

Analysis Unstable psychiatric disorders associated with somatic pathologies influenced MMS scores for all patients, particularly for those with MMS deterioration or fluctuation even if this phenomenon could also be observed to a lesser extent in stable patients. By contrast, patients whose MMS scores improved over time were more mentally stable and had no current somatic problems. Multidisciplinary teamwork is important for patients with deteriorating MMS scores.

Conclusion By illustrating the impact of somatic and psychiatric factors on dementia, the present study underlines the value of

multidisciplinary professional care, the role of the family and the importance of long-stay wards.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV719

Depressive symptoms in older people in Greece and Cyprus



K. Argyropoulos^{1,*}, G. Panteli², G. Charalambous², A. Argyropoulou³, P. Gourzis⁴, E. Jelastopulu¹

¹ Medical School, University of Patras, Public Health, Patras, Greece

² Frederick University, Postgraduate Program Health Management, Nicosia, Cyprus

³ Health Center of Andravida, General Practice, Andravida, Greece

⁴ University Hospital of Patras, Psychiatry, Patras, Greece

* Corresponding author.

Introduction Depression is fast becoming a major public health problem with a very high prevalence rate in the 65 and over age group.

Objectives The aim of the present study was to estimate the prevalence of depression in Greeks and Cypriots older adults.

Methods A cross-sectional study was conducted among the 445 participants, 239 members of three day care centers for older people, in the municipality of Patras, West-Greece and 206 older adults (110 in the community, 65 in outpatient clinics, 31 in nursing homes) in Cyprus, aged >60 years. A questionnaire was administered including socio-demographic characteristics. Depression was assessed using the Greek version of Geriatric Depression Scale (GDS-15).

Results The overall prevalence of depression according to GDS-15 was 33% (28% moderate, 5% severe type). Depressive symptoms were more frequent in women (41,6% vs. 28,3%, $P < 0,001$), in not married (43,0% vs. 29,3%, $P < 0,001$), in elderly with chronic diseases (36,8% vs. 25,0%, $P = 0,007$), in older people dwellers of urban areas compared to rural (36,3% vs. 26,4%, $P = 0,028$) and in ages between 70 to 80 years old (38,7% vs. 31,6%, $P = 0,038$). Moreover, higher prevalence of depression was measured in Greeks compared to Cypriots (44,3% vs. 20,6%, $P < 0,001$). In a univariate analysis, the following variables were significantly associated with depression: female gender ($P < 0,001$), co-morbidity ($P = 0,004$), higher age group ($P = 0,018$), place of living ($P = 0,022$) and Greek nationality ($P < 0,001$).

Conclusions High prevalence and several risk factors are strongly associated with depression, whereas Greeks are in higher danger of developing depressive symptoms in late life, than Cypriots.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV720

Treatment of Charles Bonnet syndrome with continuous positive airway pressure in an older adult



M. Arts^{1,*}, P. Michielsen², S. Petrykiv³, L. de Jonge¹, R. Oude Voshaar¹

¹ UMCG, Old Age Psychiatry, Groningen, Netherlands

² GGZWNB, Psychiatry, Bergen op Zoom, Netherlands

³ GGZ Friesland, Emergency Psychiatry, Leeuwarden, Netherlands

* Corresponding author.

Introduction Charles Bonnet syndrome (CBS) is a disorder in older adults, and is characterized by a triad of recurrent vivid visual hallucinations, ocular pathology causing visual impairment due to lesions in central or peripheral visual pathways, and normal cognitive status. It is often misdiagnosed as a psychosis, early dementia

or a drug related condition. Hypoxemia was anecdotally reported as a cause of CBS.

Objectives We present an older adult with CBS caused by severe obstructive sleep apnea syndrome.

Aims To report a case study, describing treatment of obstructive sleep apnea syndrome as a cause of CBS.

Methods A case study is presented and discussed.

Results An older male adult was admitted to hospital for persistent vivid visual hallucinations. There was no personal or family history of mental illness. Neurological examination was normal, except for visual impairment due to age related macular degeneration. The remainder of his physical examination was normal. Previous treatment with antipsychotics proved not to be effective. Severe hypoxemia (SaO₂ 79%) was diagnosed with overnight pulse oximetry and subsequent polysomnography revealed an obstructive sleep apnea syndrome. After three nights of nasal continuous positive airway pressure, the vivid hallucinations ceased.

Conclusion Physicians need to understand the underlying causes and mechanisms of CBS. One should be aware of the importance of a full clinical examination and sleep apnea research in elderly persons with visual impairment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV721

Management of late-life insomnia



S. Bravo Herrero^{1,*}, C. Moreno Menguiano², R. Martín Aragón¹, M. Gutiérrez Rodríguez², J.F. Cruz Fourcade¹, N. Rodríguez Criado¹, P. Muñoz-Calero Franco¹, B. Sánchez Sánchez¹

¹ Hospital Universitario de Móstoles, UHB Psiquiatría, Móstoles, Spain

² Hospital Universitario de Móstoles, CSM Móstoles, Móstoles, Spain

* Corresponding author.

Introduction Insomnia is the most frequent sleep disorder in late life. Forty-two percent of elderly people in the United States often complain about difficulties to get or maintain sleep, or awakening too early. Insomnia is frequent in old people greatly due to frequency of concomitant medical illnesses and polypharmacy, rather than because of age.

Objectives The objective of our research was to revise the current state of knowledge about management of insomnia in people above 65 years of age.

Methodology For that, a bibliographical search through PubMed.gov has been made. From the obtained results, the 14 which best suited for our goals were selected, 10 of them dealing with people above 65 years and the rest with people above 75 or 80 years of age.

Results Based on the literature reviewed, the current options of management of late-life insomnia are based on behavioral or pharmacological therapy. The combination of behavioral therapies shows results and is currently considered as an option, especially given the possibility of medicine interaction and the secondary effects hypnotic and sedative medicines might produce. There is a paucity of long-term safety and efficacy data for the use of non-benzodiazepine sedative-hypnotics. There are no criteria for the use of antidepressant sedatives in elderly people without diagnosed depression, although they are still used in practice.

Conclusion Possibility of using behavioral therapy as first option. In case of polymedicated or multi-pathological patients, pay special attention when starting a pharmacological treatment, choose the most suitable one and supervise it closely.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV722

Late-life depression and dementia risk

N. Cherbuin*, S. Kim, K.J. Anstey

Australian National University, Centre for Research on Ageing-Health and Wellbeing, Canberra, Australia

* Corresponding author.



Introduction A substantial body of evidence linking late-life depression and dementia is now available. However, precise estimates of the relative risk attributable to late-life depression assessed with specific screening instruments at specified thresholds have not been previously produced.

Objective Summarise dementia risks associated with depression.

Aims Conduct a systematic review of the literature to produce precise and specific risk estimates for all cause dementia, Alzheimer's disease (AD), and vascular dementia (VaD).

Methods The PubMed, PsycInfo, and Cochrane databases were systematically searched. Studies assessing incident dementia using validated measures of clinical depression or depressive symptomatology from prospective population studies were selected. The most specific analyses were conducted using both continuous symptomatology ratings and categorical measures of clinical depression based on single instruments with defined cut-offs.

Results The literature search yielded 121,301 articles, of which 36 were eligible. Included studies provided a combined sample size of 66,532 individuals including 6593 dementia, 2797 AD, and 585 VaD cases. Random-effects summary estimates showed that the risk associated with depression did not differ by type of dementia. The most widely used instrument was the CES-D. A clinical threshold of 20 produced similar estimates for all-cause dementia (HR 1.83, 95% CI 0.95–3.52) and for AD (HR 1.97, 95% CI 0.96–4.04). Estimates based on other thresholds and continuous measures produced consistent results.

Conclusion Reliable dementia risk estimates associated with late-life depression can be produced and do not differ between dementia types. Such estimates should be used in evidence-based medicine practice to assess individual risk and to inform policy on interventions to decrease risk in the population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV723

The mosaic of life: Integrating attachment and trauma theory in the treatment of challenging behavior in elderly with dementia

D. D'Hooghe

Traumacentre, Brugge, Belgium



Elderly with dementia are aware people who think and feel. Suffering from dementia made them feel unsafe. This lack of safety can result in attachment behavior (e.g. proximity seeking) or challenging behavior resulting from posttraumatic symptoms, triggered by the experience of insecurity. We can use the symbol of a mosaic to illustrate that the elderly is the sum of all his different life experiences which make him a unique person. I want to emphasize the importance of a holistic assessment in which the attachment history and traumatic experiences of the person are integrated. In this workshop, I want to present a treatment model, wherein different important features such as mentalization, self-regulation, internal working model... are highlighted. The model integrates neuroscience to facilitate growth and change. By bringing together the environmental aspects with the interpersonal aspects, a safe haven is created.

The staff was trained in person-centered care, attachment and trauma theory and tailor made treatment. The blend of attachment

and trauma theory with neuroscience brings us new therapeutic possibilities in working with this specific part of the population.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV724

Syndrome of inappropriate antidiuretic hormone secretion associated with desvenlafaxineE. García Fernández^{1,*}, D.M.I. Ramos García²¹ University Hospital, Psychiatry, Leon, Spain² San Carlos University Hospital, Psychiatry, Madrid, Spain

* Corresponding author.



Introduction Desvenlafaxine is a prescription medication approved for the treatment of major depressive disorder in adults. Hyponatremia secondary to inappropriate secretion of antidiuretic hormone (SIADH) is a possible side effect in patients receiving serotonin-norepinephrine reuptake inhibitors (SNRIS)

Method To report a case of SIADH associated with desvenlafaxine.

Results We present a 80-year-old female patient who required hospitalization due to an episode of psychotic depression. During the hospitalization, the patient developed hyponatremia after commencing treatment with desvenlafaxine. The serum sodium at this time was 117 mmol/L, serum osmolality was 249 mosmol/kg, urine osmolality 395 mosmol/kg and urine sodium 160 mmol/L, consistent with a diagnosis of SIADH. Desvenlafaxine was ceased and fluid restriction implemented. The mental status improved, and electrolyte studies 6 days later revealed serum sodium and osmolality values of 135 mEq/L during treatment with duoxetine.

Conclusions SIADH has been reported with a range of antidepressants in elderly patients. This case report suggests that desvenlafaxine might cause clinically significant hyponatremia. Close monitoring is recommended in patients starting therapy with antidepressant treatment to study and prevent possible adverse effects.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV725

Informal caregivers of Alzheimer's patients and socio-economic burdenF. Ghali^{1,*}, M. Karoui², M. Zghal², L. Robbana², I. Ben Ghzaeil³, R. Rarafi⁴¹ Ariana, Tunisia² Razi Hospital, Psychiatry, Mannouba, Tunisia³ Razi Hospital, Neurology, Mannouba, Tunisia⁴ Mongi Slim Hospital, Psychiatry, Tunis, Tunisia

* Corresponding author.



Introduction Tunisia is knowing a significant increase of the elderly population, this phenomenon comes along with an increase of the incidence of degenerative pathologies "dependent on the age" as the Alzheimer's disease. The physical and psychic consequences of the disease and also the behavior of family members are an important determinant of quality of life and economic activities of both patients and informal caregivers.

Objectives and methods Our aims are to establish characteristic-60 informal caregivers of Alzheimer's patients followed in the department of neurology in Razi's Hospital and to estimate their socioeconomic burden through a descriptive study.

Results Our sample of caregivers was predominantly female with a moderate socio-economic conditions in 36,66%. The support was provided in 2/3 of cases exclusively by the informal caregivers.

22,66% ($n = 13$) of them lost their profession since the beginning of assistance's relationship. Among caregivers, 8% were forced to leave their homes to be closer to their ailing sibling.

Conclusion Our results reflect the distress of informal caregivers of Alzheimer's patients, the importance of their involvement and the adverse consequences on their quality of life and professional activities.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV726

Mistreatment of Alzheimer's patients: Predictive factors



F. Ghali^{1,*}, L. Robbana², G. Jmii², M. Karoui², F. Medini², I. Ben Ghzaeil³, R. Rafrafi⁴

¹ Ariana, Tunisia

² Razi Hospital, Psychiatry, Mannouba, Tunisia

³ Razi Hospital, Neurology, Mannouba, Tunisia

⁴ Mongi Slim Hospital, Psychiatry, Tunis, Tunisia

* Corresponding author.

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 helpers' sociodemographic 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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EV727

Questions about dementia with Lewy bodies, personal beliefs and real performance for financial capacity tasks



V. Giannouli*, M. Tsolaki

Aristotle University of Thessaloniki, School of Medicine, Thessaloniki, Greece

* Corresponding author.

Introduction Although cognitive impairment occurs early in the course of dementia with Lewy bodies, little is known about DLB and its impact on more complex civil capacities, such as financial capacity.

Method Three patients (mild DLB, severe DLB and MCI in DLB) were examined. Their total scores and (sub)scores on a financial capacity test revealed below normal (more than 1.5–2 SDs below) performance in contrast to cognitive intact elders (see Table 1).

Results This is in contrast with their personal beliefs of financial capacity, which reflect a tendency to overestimate their level of financial capacity as recorded on a Likert-scale questionnaire.

Conclusions The findings prompt a need for further research for an emerging problem in forensic psychiatry, that takes the form of the question: do all DLB patients – even in the stage of MCI – have the capacity for financial transactions?

Table 1

	Patient A	Patient B	Patient C	Healthy elders ($n = 146$)
Sex	Female	Female	Female	
Age	78	72	83	
Education	6	12	2	
MMSE or HINDI	17	27	21	> 26
FRSSD	13	1	7	< 5
GDS	6	5	2	< 6 or 7
Legal Capacity for Property Law Transactions Assessment Scale (LCPLTAS total score)	88	124	77	207.56 (13.64)
Basic monetary skills	4	12	4	13.78 (.95)
Cash transactions	1	4	0	7.84 (.54)
Bank statement management	1	4	0	7.69 (.94)
Bill payment	3	7	3	7.81 (.62)
Financial conceptual knowledge	15	27	9	31.36 (2.10)
Financial decision making	44	50	47	111.43 (7.88)
Knowledge of personal assets	20	20	14	27.62 (1.41)

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV728

Partial nephrectomy after oncocyoma causing repeated lithium poisoning with normal renal function



C. Gómez Sánchez-Lafuente^{1,*}, R. Reina Gonzalez², A. Gonzalez Moreno¹, F. Moreno de Lara¹, E. Mateos Carrasco¹, A. De Severac Cano¹

¹ Hospital Universitario Virgen de la Victoria, Psychiatry, Málaga, Spain

² Hospital Regional Universitario, General Practitioner, Málaga, Spain

* Corresponding author.

Introduction Lithium has been widely used as mood stabilizer in bipolar disease, despite its narrow therapeutic range and its side effects. Sodium levels and water consumption could affect lithium renal elimination.

Aims Describe a lithium intoxication without risk factors and normal kidney function.

Methods A 71-year-old female, diagnosed with bipolar disorder, current episode euthymic. On treatment with lithium 800 mg/day,

6 months ago she started with hematuria and urologist found a multifocal oncocytoma in left kidney. She was operated with double lumpectomy and partial nephrectomy without complications. Normal preoperative and postoperative renal function. Two months ago, she started with dysarthria, dystonia and coarse tremor, and T wave inversion on the electrocardiogram. In the blood test, lythemia was 1.67 mEq/L. Creatinine was 0.65 mg/dL. She was admitted to Internal Medicine Unit. She was treated with rehydration by serum. All psychoactive drugs were removed. Twenty days later, lithemia was undetectable in the blood analysis.

Results Two weeks ago, the patient was transferred to the mental health unit due to worsening her mood. Lithium was reintroduced 3 days ago, at doses of 200 mg per day. Today, the patient starts again with symptoms of poisoning by lithium. Lithemia was 1.78.

Conclusions On this occasion, partial nephrectomy due to oncocytoma is the most likely cause two consecutive lithium poisonings. Although creatinine and glomerular filtration are in normal range, patients after partial nephrectomy may have a reduced sodium reabsorption in proximal convoluted tubule, which may cause lithium compensatory resorption. This could cause rising in blood lithium levels.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV729

Delusional of parasitosis in geriatric patients



M. Gutierrez Rodriguez*, C. Moreno Menguiano, F. Garcia Sanchez, R. Martin Aragon

Hospital Universitario de Móstoles, Psiquiatría, Móstoles, Spain

* Corresponding author.

Introduction Delusional of parasitosis or Ekbom's syndrome (ES) is a psychiatric disorder in which the patient has a fixed and false belief that small organisms infest the body. The belief is often accompanied by hallucinations. It is an uncommon condition that was initially studied by dermatologists, more prevalent in the elderly and typically observed in women older than 50 years although isolated cases among men have been reported.

Objective To review current knowledge about delusional of parasitosis in elderly patients through literature systematic review and the analysis of a case report.

Methodology We performed a literature search using electronic manuscripts available in PubMed database published during the last five years, following the description and discussion of a clinical case. We report a case of an 85-year-old man who presented a delusional parasitosis as a primary disorder.

Results The literature on ES consists mostly of case reports and limited series. In this paper, we analyze the etiology, demographic characteristics, clinical features and treatment in geriatric patients with delusional parasitosis.

Conclusion International classifications have included this syndrome in non-schizophrenic delusions. However, it has also been reported in schizophrenia, affective disorders, and organic or induced psychosis. Treatment is based on antipsychotic agents, psychotherapy and cooperation between dermatologists and psychiatrists.

Keywords Dermatzoic delusion; Ekbom syndrome; Infestation; Parasitosis

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV730

To investigate quality of life in elderly persons with dementia residing in assisting living facility



Y.C. Hsu^{1,*}, W.C. Ouyang², W.S. Huang³

¹ Chang Jung Christian University, Nursing, Tainan city, Taiwan

² Lutung Christian Hospital and Changhua Christian Healthcare System, Psychiatry, Changhua, Taiwan

³ Chang Jung Christian University, Health Care Administration, Tainan City, Taiwan

* Corresponding author.

Introduction With constantly increasing aged populations, quality of life (QOL) in persons with dementia has become a significant research concern. The Alzheimer's Disease Related Quality of Life (ADRQL) is a high-validated, theory-derived, and multidimensional instrument developed by Rabins et al. (1997, 2009) that has widely utilized in many countries, except in Taiwan. However, diverse results of quality of life from different countries by using the same measurement can provide the potential to help understand the impact of cultural contributor on QOL.

Objective To investigate the extent to which quality of life on older adults with dementia in Taiwan.

Methods Cross-sectional, descriptive study conducted in an assisting living facility affiliated with daycare center in southern Taiwan. A purposeful sample of 34 participants was recruited. Inclusion criteria: at least 65 years old, able to communicate, and diagnosed with mild to moderate dementia. The QOL was measured by Chinese version ADRQL. This observational instrument consists of 30 items that is divided to five subscales with the full range of each subscale scores from 0 to 100.0. Higher scores indicate better QOL.

Results The means for subscales of the Social Interaction, Awareness of Self, Feelings and Mood, Enjoyment of Activities, and Response to Surroundings were 87.9, 74.7, 91.3, 64.5, and 90.3, respectively. The overall mean for the scale of ADQOL was 0.83.

Conclusion Findings suggest that the level of enjoyment of activities is the lowest and may convey information about a need of evaluation on arrangement of facility's activities.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV731

Comparative efficacy and safety of antidepressive mono- and multimodal therapy with citicoline in elderly patients with depression in psychogeriatric unit



Y. Kalyn*, S. Gavrilova, T. Safarova, E. Shipilova

Mental Health Research Center of the Russian Academy of Medical Sciences, geriatricpsychiatry, Moscow, Russia

* Corresponding author.

Introduction Citicoline is a choline donor involved in the biosynthesis of brain phospholipids and acetylcholine, used for treating neurodegenerative disorders. Several studies have shown its beneficial effects both in degenerative and vascular cognitive decline. Due to its effects on the adrenergic and dopaminergic CNS activity, citicoline can also be used as an adjuvant in depression treatment.

Objectives and aims Comparative evaluation of efficacy and safety of a multimodal antidepressive therapy with ceraxone (citicoline) plus one of the antidepressants (venlafaxine, agomelatine, or fluvoxamine) and monotherapy with the same antidepressant for the treatment of depression in the elderly. Two groups of patients were included in the study (21 patients in each group) aged from 60 to 79 years old, comparable to the main clinical characteristics.

Methods First group patients were treated with a single antidepressant, patients of the second group – with the same antidepressant and intravenous infusions of ceraxone: 10 infusions (500 mg in 100 mL isotonic sodium chloride solution) during 2 weeks, followed by transfer to the drug in solution at 3 mL per os two times a day for six weeks.

Results A multimodal therapy with ceraxone leads to more rapid and significant therapeutic response along with the reduction of adverse events compared to antidepressant monotherapy.

Conclusion Obtained data allows to recommend a multimodal antidepressive therapy with ceraxone (citicoline) for the treatment of elderly depressive patients to reduce the risk of adverse effects of antidepressants and to shorten hospitalization period.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV732

A case report of Charles Bonnet syndrome – the silent doubt: Am I crazy?

A. Lopes*, P. Sales

Hospital Garcia de Orta, Psichiatria, Almada, Portugal

* Corresponding author.

Introduction The Charles Bonnet syndrome refers to symptoms of visual hallucinations that occur in patients with visual acuity or visual field loss. These are often called release hallucinations, reflecting the most widely accepted theory about their pathogenesis. The syndrome is most found in elderly patients, 70–85 years, and this probably reflect the mean age at which the most common underlying conditions are seen. It is probably more common than is thought and because either it is misdiagnosed as psychosis and/or dementia or it is not reported by patients because they fear that the hallucinations represent psychiatric disease.

Objective and method The authors present the clinical case of a 89-year-old woman, with no previous psychiatric disease, admitted to hospital because of visual hallucinations in form of children and animals. She experienced them during months until she told someone. No psychiatric symptoms were found. The lady had a serious cataract on the left eye with total loss of the visual acuity, as documented by ophthalmologic examination.

Results The patient initiated quetiapine 300 mg and will have period appointments with a neurologist. Further future information will be presented.

Conclusions A correct diagnosis is essential to treat these patients and explaining them the meaning of the hallucinations is generally relieving. Many author disagree with antipsychotic agents, while others report benefit.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV733

Very late-onset schizophrenia-like psychosis: Case report and current status of the issue

R. Martín Aragón*, M. Gutiérrez Rodríguez, S. Bravo Herrero, C. Moreno Menguián, N. Rodríguez Criado, J.F. Cruz Fourcade, P. Muñoz-Calero Franco, B. Sánchez Sánchez

Hospital Universitario de Móstoles, Psichiatria, Móstoles, Spain

* Corresponding author.

Introduction Schizophrenia has traditionally been considered to strictly be an early-onset disorder. Current nosologies, including DSMV, are not restrictive with age of onset in schizophrenia and all patients that satisfy diagnostic criteria fall into the

same category. Since 1998, International Late-Onset Schizophrenia Group consensus, patients after 60 are classified as very-late onset schizophrenia-like psychosis. Female overrepresentation, low prevalence of formal thought disorder, and a higher prevalence of visual hallucinations are associated with later age at onset. Atypical antipsychotics represent the election treatment because of the reduced likelihood of EPS and tardive dyskinesias, and should be started at very low doses, with slow increases.

Objective To review the current knowledge about very late-onset schizophrenia through systematic review of the literature and the analysis of a case.

Methods Case Report. Review. Literature sources were obtained through electronic search in PubMed database of last fifteen years.

Results We present a case of a 86-year-old woman suffering from delusions and hallucinations, diagnosed with very late-onset schizophrenia-like psychosis, after differential diagnosis with other disorders. We analyze etiology, epidemiology, clinical features and treatment in geriatric patients with schizophrenia.

Conclusions Reluctance to diagnose schizophrenia in old people is still present today, probably in relation with the inconsistency in diagnostic systems and nomenclature, and consideration of medical conditions in the diagnosis. Identification of these patients is really important in order to start an appropriate treatment, which can lead to patient clinical stability.

Keywords Very-late onset; Schizophrenia; Case report; Review

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV734

Paliperidone palmitate in psychogeriatric patients and new criteria STOPP-START

I. Martínez Pérez^{1,*}, F. García Sánchez², M.R. Raposo Hernandez³, A. Gil Sánchez⁴, A.L. Gonzalez Galdamez³, M.D. Piqueras Acevedo³, J.M. Lujan Rico¹, A. Belmar Simo³, C.J. García Briñol³

¹ Residencia Psicogeriatrica Virgen del Valle, Psiquiatría, Murcia, Spain

² Hospital Universitario Viren de la Salud, Anestesia, Elda, Spain

³ Hospital Universitario Santa Lucia, Psiquiatría, Cartagena, Spain

⁴ Centro Salud Mental Vicente Campillo, Psiquiatría, Murcia, Spain

* Corresponding author.

The treatment of psychosis in the elderly should ensure effectiveness and avoid side effects from combination therapy. Long acting antipsychotic as paliperidone palmitate facilitates this work. Furthermore, STOPP-START criteria, first published in 2008 (in Spanish in 2009), are being adopted as reference criteria throughout Europe. The Spanish version of the new 2014 edition is also recently published [1]. A descriptive study of a total of 53 institutionalized patients in psychogeriatric residence (> 60 to 97 years) with psychotic disorder diagnosis and treatment with various neuroleptics is done. In total, 26.4% of the sample admitted to treatment with three different antipsychotics, and 47.1% with combination of two antipsychotics. Only 26.4% worked with antipsychotic monotherapy. In these patients, treatment with paliperidone palmitate starts or sets the previous dose. A CGI scale is applied after six months of treatment. Antipsychotic monotherapy in 66.66% of patients on neuroleptic combination therapy was achieved, so that 75% of the sample currently maintains monotherapy with paliperidone palmitate. The paliperidone palmitate has shown effectiveness in the symptomatic control and reducing the risk of inappropriate prescribing in older patients with psychosis. The paliperidone palmitate allows antipsychotic monotherapy in the psychogeriatric patient with severe mental illness polymedicated as the STOPP-START criteria recommends.

Reference not available.

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EV735

Comorbidity and polypharmacy in elderly living in nursing homes

A.R. Ferreira^{1,*}, S. Martins², L. Fernandes³

¹ PhD Program in Clinical and Health Services Research/PDICC, Health Information and Decision Sciences Department, Faculty of Medicine of University of Porto, Porto, Portugal

² Center for Health Technology and Services Research/CINTESIS, Faculty of Medicine of University of Porto, Porto, Portugal

³ Center for Health Technology and Services Research/CINTESIS, Faculty of Medicine of University of Porto, Psychiatry Service - CHSJ Porto, Porto, Portugal

* Corresponding author.

Introduction The ageing process is characterized by a high level of complexity, due to the co-occurrence of multiple chronic diseases (comorbidity) that often results in the concomitant use of multiple drug therapies (polypharmacy) for treatment and prophylaxis. Institutionalized elderly may be regarded as the paradigm of this complexity because of their multiple chronic diseases and decreased functional and cognitive functions.

Objective To explore and characterize the prevalence of comorbidity and polypharmacy in a sample of institutionalized elderly.

Methods A cross-sectional study was conducted with an elderly sample recruited from three Portuguese nursing homes. Clinical information was obtained through interview and by review of residents' medical records. The Anatomical Therapeutic Chemical/ATC classification was used to indicate the main group of medicines used, and polypharmacy was categorized into minor (2–4 medicines) or major (≥ 5). Comorbidities were coded using the individual body systems of Cumulative Illness Rating Scale for Geriatrics/CIRS-G.

Results The sample included 175 elderly with a mean age of 81 (sd = 10) years and institutionalized for an average of 7 (sd = 11) years. Residents presented a mean of 9 (sd = 4) co-morbid medical conditions, mostly psychiatric (80.8%), vascular (76.7%) and endocrine/metabolic (70.3%). Major polypharmacy was verified for 73.9% of residents. The mean number of medicines was 7 (sd = 3), most commonly for cardiovascular (86.0%) and nervous system (79.1%) and for blood and blood-forming organs (69.2%).

Conclusions As in other studies in similar settings, polypharmacy was fairly common. These results convey an important message considering that polypharmacy has been associated with negative clinical outcomes that could otherwise be preventable by reducing the number of prescribed medicines.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV736

A case report of a Capgras' syndrome in elderly

C. Moreno Menguiano*, M. Gutierrez Rodriguez, F. Garcia Sanchez, S. Bravo Herrero

Hospital Universitario de Móstoles, Psiquiatría, Móstoles, Spain

* Corresponding author.

Introduction Capgras syndrome is the most frequent delusional misidentification syndrome (DMS) which was first described in 1923 by Capgras and Reboul-Lachaux as 'L'illusion des sosies'. Consists of believe that close relatives have been replaced by nearly identical impostors. It can occur in the context of psychiatric disorders (schizophrenia, major depression) such organic, in which

onset of delirium is usually later coinciding with neurological damage or neurodegenerative disease.

Case report Woman 73-year-old diagnosed of schizophrenia since more than thirty years ago. Her family talk about general impairment of the patient in the last two years. She needed a couple of psychiatric hospitalizations because of her psychiatric disease, and probably onset of cognitive impairment. In this context, we objectified the presence of a Capgras syndrome.

Objectives To review the literature available about Capgras syndrome in elderly and illustrate it with a clinical case.

Methods Review of literature about Capgras syndrome in elderly by searching of articles in the PubMed database of the last five years to illustrate the exposure of a single case report.

Results The etiology of this syndrome is not yet well understood. Advanced age is frequently found Capgras syndrome with or without the concomitant presence of an obvious cognitive impairment. **Conclusions** Since it is a complex process an etiological model that combines cognitive and perceptual deficits, organic impairment and psychodynamic factors should be proposed. And it is important to make a correct differential diagnosis that allows us to carry out the best possible treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV737

From the Asperger's syndrome to the Diogenes syndrome

C. Padovan^{1,*}, J. Laurent¹, Dr M. Herrmann², G. Chesnoy-Servanin¹, Dr J.M. Dorey³

¹ Centre hospitalier Le Vinatier, pôle Est, Consultation Mémoire, service du Dr Dorey, Bron, France

² Centre hospitalier Le Vinatier, pôle Est, service de psychiatrie du sujet âgé, service du Dr Dorey, Bron, France

³ Centre hospitalier Le Vinatier, pôle Est, Consultation Mémoire, service de psychiatrie du sujet âgé, service du Dr Dorey, Bron, France

* Corresponding author.

The Diogenes and Asperger's syndromes share social cognition deficits and a disturbance in social functioning. Our objective is to discuss the close relationship between these two clinical entities. In routine clinical practice of aging people, the Asperger's syndrome is rarely seen in medical consultation because symptoms may be confused with other psychiatric diseases more prevalent in aging population. The aim is to discover if Asperger's syndrome could be the comorbidity of another symptom, such as Diogenes syndrome or if it is a primary syndrome engendering other symptoms, such as Diogenes syndrome. In this perspective, the Asperger's syndrome could be seen as a misunderstood syndrome in aging people. We report the case of a patient whose Diogenes syndrome was discovered during a social intervention visit by a nurse, following a medical consultation for a breach of trust issue and behavioural disorders. The neuropsychological assessment of this patient revealed:

- normal intellectual, memory and instrumental functioning;
- a difficulty in a problem solving task only for the task involving the use of a context to answer;
- an impairment in an emotional recognition task.

During the psychiatric examination, the relationship was strange. The patient exhibited symptoms that mimic those of people having an Asperger's syndrome. In aging people, the Asperger's syndrome should be routinely screened in case of self-neglect, domestic squalor, excessive social withdrawal, hoarding, a lack of concern for one's living condition and a lack of shame.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV738

Depression in geriatric inpatients: Correlations with nutritional state and cognitive functions



I. Bonfitto¹, G. Moniello², L. Ariano², M. Pascucci^{1,*}, M.D. Zanasi², A. Bellomo¹

¹ University of Foggia, Institute of Psychiatry, Foggia, Italy

² Ospedali Riuniti di Foggia, Department of Geriatric Medicine, Foggia, Italy

* Corresponding author.

Background Although the prevalence of malnutrition is relatively low among elderly people, the risk increases significantly among inpatients and even more in those with mental deterioration.

Aims To evaluate the possible association between the severity of depressive symptoms, the nutritional status and the cognitive decline in a sample of geriatric inpatients.

Methods Fifty-one geriatric inpatients completed the following tests:

- Hamilton Depression Rating Scale (HAM-D), to assess the severity of depressive symptoms;
- Mini Nutritional Assessment (MNA), as a nutrition screening and assessment tool;
- Mini Mental State Examination (MMSE), to assess the cognitive impairment.

Results There is a negative proportional relationship between HAM-D and MMSE scores ($P=0.001$) and between HAM-D and MNA scores ($P=0.023$). Depressed patients found to have a greater cognitive impairment and a worse nutritional status. Considering a HAM-D cut-off point of 14, distinguishing mild than moderate depression, it shows a significant correlation with the MNA scores ($P=0.008$). Patients with HAM-D scores ≥ 14 have an average MNA score of 19.8, while patients with HAM-D scores < 14 have an MNA average score of 23.6. Euthymic or mildly depressed patients are not at risk of malnutrition, while those with moderate or severe depression have an increased risk of malnutrition.

Conclusions Our study shows significant correlations between the severity of depressive symptoms and the risk of malnutrition or cognitive impairment. A mild depression state does not seem to be associated with an increased risk of malnutrition.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV739

Neuropsychological and motivational factors of cognitive efficiency in elderly patients with essential arterial hypertension



E. Pervichko^{1,*}, Y. Zinchenko¹, O. Ostroumova²

¹ Lomonosov Moscow State University, Faculty of Psychology, Moscow, Russia

² Moscow State University of Medicine and Dentistry, Faculty of General Medicine, Moscow, Russia

* Corresponding author.

Introduction The diagnostics of cognitive disorders (CD) in patients with essential arterial hypertension (EAH) is often necessary for the choice of treatment strategy.

Objective To assess the role of neuropsychological and motivational factors in cognitive efficiency of elderly EAH patients.

Materials and methods Twenty-five patients with EAH took part in the study, stage 1–2, mean age was 67.6 ± 6.1 . The assessment of cognitive functions embraced a quantitative measurement of intelligence quotient (IQ) with the Wechsler Adult Intelligence

Scale (Wechsler, 1955), and investigation into qualitative features of cognitive processes with Luria's neuropsychological assessment scheme (Luria, 1980) and Zeigarnik's procedure of pathopsychological study (Zeigarnik, 1972).

Results Within the psychological syndrome structure of CD in EAH patients the leading part is played by the neuro-dynamic factor, manifested in general lability, slowing down, and sudden exhaustion caused by reduction in energy of mental activity. The conclusion is supported by the high frequency of described symptoms among EAH patients and low dynamics of their reduction against the antihypertensive therapy (Pervichko et al., 2014, 2015). However, performance of experimental tasks makes 30% of EAH patients reveal reduced motivation. They would achieve poor results in general scoring, if compared with the group of highly motivated participants. Correlation analysis data show the interconnection between frequency disturbances in motivation and frequency in occurrence of various signs of cognitive decline, such as low efficiency in memorization and delayed recall, as well as low IQ indices.

Conclusions The data provide a strong argument to support the hypothesis of particular importance of motivational factor of cognitive efficiency in elderly EAH patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV740

Case-report and review of selective serotonin reuptake inhibitors-induced delirium in older adults



S. Petrykiv^{1,*}, L. de Jonge², M. Arts³

¹ GGZ Friesland, Psychiatric Emergency, Leeuwarden, Netherlands

² UMC Groningen, Epidemiology, Groningen, Netherlands

³ UMC Groningen, Old Age Psychiatry, Groningen, Netherlands

* Corresponding author.

Introduction Selective serotonin reuptake inhibitors (SSRIs) are the most widely prescribed antidepressants with generally fewer side effects than most other types of antidepressants. However, in frail elderly, the use of SSRIs was anecdotally reported as a potential cause of a delirium.

Objectives To present a case of citalopram-induced delirium in an older adult diagnosed with late-life depression.

Aims To review available literature on SSRI-induced delirium.

Methods A case report is presented and discussed, followed by a literature review.

Results Seven published cases of SSRI-induced delirium in older adults (>60 years) were found while searching through Pubmed and Embase. Our case of a 75-year-old female is also included in this report. This patient was ambulatory treated with citalopram 20 mg per os against depressive symptoms and she developed a delirium four days after the initiation of the therapy. Blood tests were normal and CT scan showed no significant findings. No other medical evidence was found that could explain her delirium. Her symptoms finally resolved after discontinuation of citalopram.

Conclusion The on- and off-treatment side-effect correlation by a segregate oral use of citalopram strongly suggests that SSRIs may have the potential to cause a delirium, especially in frail elderly. Further research on this topic is needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV741

The frequency of anxiety and depressive symptoms in Iranian older patients with serious and persistent psychiatric disorders admitted to long-term care in Razi Psychiatric Hospital



V. Rashedi^{1,*}, B. Maghsodlou-Estarabadi², S. Zamaninejad³, M. Foroughan¹

¹ University of Social Welfare and Rehabilitation Sciences, Iranian Research Center on Aging, Tehran, Iran

² University of Social Welfare and Rehabilitation Sciences, Department of Psychiatry, Tehran, Iran

³ Gorgan University of Medical Science, Department of Dentistry, Golestan, Iran

* Corresponding author.

Introduction Anxiety and depressive symptoms occur commonly in older adults and are associated with several negative outcomes including personal distress, disability burden, and increased use of health services.

Objective To determine the frequency of anxiety and depressive symptoms in Iranian older adults with persistent psychiatric disorders admitted to Razi Psychiatric Hospital.

Aims To indicate the importance of in-current prevention and therapeutic interventions in psychiatric long-term care units by giving an estimation of the frequency of depressive and anxiety symptoms in older residents.

Methods A cross-sectional, hospital-based study was performed which included male older people admitted to Razi Psychiatric Hospital, Tehran, Iran. The Hospital Anxiety and Depression Scale (HADS), Abbreviated Mental Test score (AMTs) and a demographic questionnaire were used to gather the data.

Results Ninety-four male patients were recruited into the study. The mean age of the sample was 65.65 years (SD: 3.50), mean years of hospitalization was 21.17 (SD: 10.89), and mean years of education was 5.27 (SD: 5.28). Based on the results, mean of AMT score was 6 ± 2.92 . Mean score of anxiety and depression were 8.29 (SD: 4.61) and 9.40 (SD: 3.75), and the frequency of anxiety and depressive symptoms were 29.8% and 42.6%, respectively.

Conclusions Anxiety and depressive symptoms are common in older aged care residents of psychiatric hospitals; therefore, providing hospital-based programs focused on prevention and therapeutic interventions to manage these symptoms in psychiatric older patients is needed. Using appropriate screening instruments, periodically, may help the recognition of anxiety and depression in geriatric-psychiatric population.

Keywords Older adults; Anxiety; Depression; Hospital

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV742

Differential diagnosis based on age. Diagnostic difficulties



S. Rodríguez Vargas
Almería, Spain

Introduction Following a case presented in our inpatient unit as well as various interdepartmental from internal medicine and other emergencies, we decided to conduct a literature review on the different organic causes that can trigger the onset of psychotic symptoms in elderly.

Objectives A correct differential diagnosis of psychiatric symptoms in elderly.

Aims Literature review of the literature on the presentation of psychotic symptoms in the elderly.

Methods Description of a clinical case and development of diagnostic hypotheses.

Results and conclusions For several decades are experiencing a gradual aging of the population, which means that we are at the onset of clinical symptoms not described by classical authors. Furthermore, scientific advances make infectious causes (such as neurosyphilis was our first diagnostic hypothesis) are increasingly rare. The elderly usually has multiple comorbidities, which are receiving various treatments that must be ruled out possible adverse effects.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV743

Spousal caregiving for Parkinson's disease: Life changing dynamics



P. Seibert

Saint Alphonsus Regional Medical Center, Research Institute, Boise, USA

Although worldwide estimates of the prevalence of Parkinson's disease (PD) have been difficult to obtain, it is agreed that the frequency of cases is rising with the increase in human life expectancy. Spouses often assume the primary responsibility for individuals with PD and this considerable burden impacts all aspects of the caregivers' (CG) and their families' lives. Few have formal training in administering health care; yet they are required by necessity to undertake the CG role. We constructed two questionnaires specified for PD (84 items) and their CG (81 items). Both were either mailed or emailed to 256 people from a PD association list. We also conducted in person interviews with 8 pairs of PD and CG. The questionnaires and interviews included a wide range of topics such as health history and change, physiological health, social engagement, support availability, stressors, emotional health, sleep, financial concerns, and overall QoL. Fifty-nine participants responded to the questionnaire (PD: 20 males, mean age 73.42; 11 females, mean age 77.73; (CG: 4 males, mean age 85.25; 24 females, mean age 69.13). We analyzed data specific to CG and also made comparisons between the CD and PD groups. Findings revealed increasingly significant physiological and psychiatric issues for both the PD and CG. PD reported greater satisfaction with support systems while CG expressed concern regarding the paucity of support for themselves. The presence of PD creates a multifaceted exponential increase in challenges to QoL for both PD and their CG with the latter receiving little support.

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EV744

Collaborative care between clinical pharmacists and general practitioners in patients with Alzheimer's disease in Slovenia



M. Stuhec^{1,*}, A. Premus Marusic²

¹ Ormoz's Psychiatric Hospital, Clinical Pharmacy, Ormoz, Slovenia

² General Hospital Murska Sobota, Clinical Pharmacy, Murska Sobota, Slovenia, Slovenia

* Corresponding author.

Background Alzheimer's disease (AD) patients are often treated with inadequate doses of AD's medications, which can lead to harms and additional costs.

Objective In most European countries, there is no data on inappropriate prescribing (IP) in patients with AD in terms of inadequate doses. In Slovenia, the interest for a collaborative care between

clinical pharmacists and physicians is increasing, mainly because of payer's interest to reduce several additional costs.

Aim The main aim of this paper was to present the benefits of clinical pharmacist interventions in AD patients in community health centres in Eastern Slovenia.

Methods All included outpatients with AD in 2013 were included, where clinical pharmacists' interventions were ordered by the general practitioners (GPs). All study data from the patients' records were obtained from the clinical pharmacists' reports and patients' charts. Main outcome measures were obtained from the summary of the patients' treatments and the questionnaires.

Results Six hundred and twenty-nine patients were included. Before the clinical pharmacist medications review, 39 patients were treated with AD medications (10 without established AD). In 51.0% of these cases, the suggestions to GPs were provided (mainly dose adjustment). In 70.0% of all cases, the recommendations were accepted by GPs, which led to a total reduction in the number of patients with IP (before 20 and after 6).

Conclusions A clinical pharmacist could help GPs in recognizing IP in patients with AD. These data will guide health system directors and clinical coordinators in allocating resources to establish this cooperation in more European countries.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV745

Weathering the silver tsunami: Dementia community services in Singapore

C.H. Ting*, W.P. Lim

Tan Tock Seng Hospital, Psychological Medicine, Singapore, Singapore

* Corresponding author.

Introduction The prevalence of dementia rises with the rapidly increasing elderly population in developed world. In Singapore, 10% of the elderly population is estimated to have dementia. Other than physical and psychological needs, social welfare should also be addressed with the support of specialised geriatric care sources to improve their quality of life.

Objective To study a case of an elderly with dementia, who was identified and managed through a multi-agency approach and to describe different services involved for dementia care.

Aim To highlight the various elderly care organizations available in Singapore to address healthcare and social needs in dementia.

Method Through a case report of an elderly who presented to hospital for medical issues with dementia, the social needs were identified and multiple agencies were involved to provide holistic care in dementia.

Result A 77-year-old gentleman was brought by a community social worker to hospital as he was found ill during home visit. During admission, the concern for poor self-care and cognition decline was raised by his family. Mini-mental state examination was 16/30. He was diagnosed with vascular dementia with clinical and MRI Brain finding. With active multidisciplinary intervention, his medical issues were addressed, and family and social needs were attended by several voluntary welfare organizations. Access to memory clinic service was also arranged for. This intervention also provided opportunity for his long-term care and welfare.

Conclusion Multi-agency approach is crucial in dementia care to identify their unmet needs and plan for long-term care in Singapore.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV746

Hostility and emotional load of Tunisian caregivers of Alzheimer patients and its impact on the patient

M. Zghal^{1,*}, L. Robbena², F. El Ghali², I. Ben Ghzael², R. Rafrafi³

¹ Tunis, Tunisia

² Hôpital Razi, Mannouba, Tunis, Tunisia

³ Hôpital Razi, Mannouba, Tunis, Tunisia

* Corresponding author.

Introduction The studies on Alzheimer disease highlight the family caregivers burden and his consequences on hostility. Few authors study the burden and the mental health of the caregivers of a demented relative.

Aims This study aims at assessing the hostility and emotional load of caregivers of Alzheimer patients and determining the relation between the burden and the psychic health caregivers and its impact on the patient.

Methods It is a descriptive cross-sectional study. Patients were recruited from the neurology department of Razi hospital Tunisia between January and June 2013. Consenting caregivers participating in the study were interviewed with a structured survey focused on their socio-demographic characteristics, the characteristics of the aid relationship and the emotional burden felt valued by the Family Attitude Scale (FAS).

Results The caregiver was in nearly 60% a child. He lived under the same roof in 78.3% of cases. In 65% of cases, it passes between 12 and 24 hours with the patient. FAS score was 52.4 ± 16.16 . Thirty-five percent of caregivers had a significant emotional burden (score > 60). FAS score was not correlated with the age of the helping relationship, cohabitation with the patient or the number of hours spent with him. The children had a greater emotional charge than spouses ($P=0.001$). The wickedness against the patient and abuse, the desire to institutionalize were related to the importance of the emotional charge ($P<0.001$).

Conclusions These hostile thoughts are mostly directed against the patient but it can also be directed against oneself causing depression and guilt.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Guidelines/guidance

EV747

Alcohol intoxication. Emergency management

I. Sevillano^{1,*}, P. Marqués¹, E. Mayor¹, S. Cepedello¹, A. San Román², R. Hernandez¹, S. Gómez¹, C. Noval¹, F. Uribe³

¹ Hospital Clínico Universitario Valladolid, Psiquiatría, Valladolid, Spain

² Complejo Asistencial de Zamora, Psiquiatría, Zamora, Spain

³ Hospital Clínico Universitario Valladolid, Jefe de Servicio de Psiquiatría, Valladolid, Spain

* Corresponding author.

Introduction Intoxications are very frequent in urgencies. Their gravity must be considered. Mild cases must be observed. In serious intoxications, despite the basic measures of support, complementary examinations must be realized to reject complications.

Objectives To unify criteria about general management of alcohol intoxications in urgencies. To propose a guideline that allows taking suitable decisions.



Methods Despite the treatment is individualized, we present some recommendations of action in alcohol poisoning.

General measures Clinical examination and vital signs (blood pressure, temperature, pulse and breathing rates, O₂ sat levels, capillary glycemia). In moderate or severe ones: hemogram, biochemistry, coagulation, acid-base and electrolyte status, electrocardiogram, chest X-ray, urine tox. Initial treatment of basic support (ABC) and complications control. Psychiatric evaluation is necessary when suicidal thoughts are present. Alcohol abuse produces lack of inhibition and common sense, more aggressiveness and impulsivity, and even an increased risk of suicide.

Conclusions These patients are often hostile with health personnel, but when blood alcohol level diminishes, they improve their attitude and they show hopelessness, guilty and self-hate feelings. It is necessary that emergency staff to become aware of the importance of suitable psychiatric evaluation. Psychopathological exploration must be as wide as possible; the patient must be re-evaluated when the poisoning has reverted. These patients are not self-critical and they have reduced their cognitive capacities; some of them have behavioral disturbances that usually disappear when the poisoning is in remission.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV748

Pregnancy: Challenges in psychopharmacological therapy

F. Vieira*, J. Teixeira Silva, A. Vieira Araújo
Centro Hospitalar e Universitário de Coimbra, Psychiatry, Coimbra, Portugal

* Corresponding author.

Introduction The pregnant psychiatric patient on or requiring psychotropic medication presents an unusual clinical dilemma. Clinicians may only rarely treat patients who are pregnant or planning to be pregnant and may be unfamiliar with the current state of the literature and what can and cannot be concluded from it. Although ethical considerations have precluded adequately controlled studies with pregnant woman, the rate of psychotropic use together with the prevalence of certain psychiatric conditions during pregnancy underscore the need for treatment guidelines to help clinicians manage pregnant patients with psychiatric disorders.

Objectives Review the safety, on the mother and fetus, of the use of psychopharmacological therapy during pregnancy.

Aims We aim to provide guidance on the psychopharmacologic treatment of pregnant women.

Methods Pubmed was used to search for relevant Portuguese and English language articles relating to psychopharmacological drug use during pregnancy up to October 2015. The search terms used were “psychopharmacological”, “psychotropic” and “pregnancy”. Reference lists of the identified articles were further used to identify other studies.

Results If treatment is deemed necessary, monotherapy at the lowest possible dose should be prescribed. More robust safety data is available for older psychotropic drugs, which, most of the times, should be employed in preference to newer agents with unestablished safety.

Conclusions Appropriate risk-benefit analysis of untreated mental illness versus medication exposure, within in the context of the available evidence, should guide clinical decision-making.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Intellectual disability

EV749

A case of catatonia, *Klebsiella pneumoniae* lung infection and intellectual disability: Differential diagnosis



A. Ballesteros^{1,*}, L. Montes², W. Jaimes³, B. Cortés⁴, F. Inchausti⁵, P. Alex⁶, J. Collantes⁷

¹ Red de Salud Mental Gobierno de Navarra, CSM Estella, Estella, Spain

² Red de Salud Mental de Navarra Gobierno de Navarra, Complejo Hospitalario de Navarra, Pamplona, Spain

³ Hospital de Donostia Osakidetza, Psychiatry, Donostia, Spain

⁴ Consulta privada Dr. B. Cortés, Psychiatry, Salamanca, Spain

⁵ Proyecto Hombre de Navarra, Comunidad Terapéutica Proyecto Hombre de Estella, Estella, Spain

⁶ Greater Manchester West Mental Health NHS Foundation Trust, Psychiatry, Manchester, United Kingdom

⁷ Consulta privada de psicología, Psicología, Madrid, Spain

* Corresponding author.

Introduction In DSM-V, catatonia is individualized as a disease of its own. The priority is to look first for organic causes like intoxication. We present a clinical case diagnosed with intellectual disability (ID) and catatonia.

Objective To study a case of catatonia which underwent testing using Bush-Francis Catatonia rating scale (BFCS) prior/after clinical intervention. We therefore study catatonia's etiology in ID population.

Aims To study the etiology of catatonia (and its clinical complications) in ID.

Method Our patient is 48-year-old female with DI. Considering her clinical features of catatonia (using BFCS) and clinical examination (fever and hypoxia), the case orientated towards a secondary diagnosis. Work-up tests revealed pneumonia in the lower lobe of the right lung (chest radiography showed opacities and blood tests showed Leukocytosis with a left shift). The case further received a course oral levofloxacin (500 mg/day) and haloperidol was stopped. Valproic acid was also added to a dose of 600 mg/day, which led to clinical improvement. Remaining psychotropic treatment (duloxetine 60 mg/day, lorazepam 15 mg/day, diazepam 35 mg/day) was not modified.

Results After 1 month, the patient improved according to BFCS score.

Conclusions We presented a case of presence of catatonia in other psychiatric conditions and undiagnosed general medical conditions. Haloperidol is contraindicated those circumstances and it may have worsened her clinical state (it should be used cautiously in DI). Other medications (gabaergic drugs) should be considered in such settings and rare causes related to hypoxia cannot be ruled out (Table 1).

Table 1

BFCSR	Prior treatment	After treatment
First 14 items	23 points	14 points
Total score	29 points	18 points

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV750

Challenging behaviour in people with intellectual disabilities: The assessment and intervention team



K. Courtenay^{1,*}, S. Jaydeokar²

¹ UCL, Department Mental Health Sciences, London, United Kingdom

² Barnet Enfield Haringey Mental Health NHS Trust, Intellectual Disabilities, London, United Kingdom

* Corresponding author.

Objectives People with intellectual disabilities (ID) present with behaviours that challenge community services. Community models of care as alternatives to hospital care exist but are often vary in their function. Certain strategies have been developed to manage challenging behaviour in people with ID. Data from a three-year period on a community-based service for people with ID and challenging behaviour that uses an objective, multi-disciplinary approach is presented.

Methods A case note survey of adults with ID under the care of the Assessment and Intervention Team (AIT), a challenging behaviour service in the London Borough of Haringey.

Results Over the three-year period, 65 adults were managed by AIT. Forty-four were male and 21 were female. The age range was 21–64 years of age. The level of ID was mild ID 61%, moderate 39%. Diagnoses included psychotic disorder (25%); mood disorder (20%); developmental disorder (40%); dementia (10%); challenging behaviour (45%). Six people (11%) were admitted to hospital during their time with AIT. The length of care under AIT ranged from four to fourteen months.

Conclusions AIT managed effectively people with ID living in the community who presented with complex problems putting their placement at risk. The rate of hospital admission was reduced in this period compared with the previous three years. The length of stay in in-patient services was reduced. The most common reasons for the behaviours included mental illness and ‘challenging behaviour’. People with developmental disorders were a large proportion. Community alternatives are effective with positive benefits to the person.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV751

Evaluation of DBT manual adapted for people with intellectual and developmental disabilities (IDD): First results



S. Elstner

Ev. Krankenhaus Königin Elisabeth Herzberge, Psychiatry, Psychotherapy and Psychosomatics, Berlin, Germany

Introduction In contrast to psychopharmacological treatment, the current evidence base in psychotherapy for people with IDD is limited. But psychotherapeutic approaches offer an alternative treatment modality in people with IDD.

Objectives Orientated on the “Dialectic-Behaviour-Therapy” concept, we developed an adapted manual for people with IDD and impulsive behaviour.

Aims This study presents the first results of an evaluation our adapted DBT manual.

Methods Three closed groups with 11 patients in total were prospectively included in a six-week in-patient psychotherapeutic DBT-programme. There was no randomisation or control group. Typical borderline symptoms (BS) were recorded using the “Borderline Symptom List” (BSL) and a short screening version for personality disorders (PSS-K). Impulsivity and behaviour in general were observed with the scale for impulsiveness and emotional deregulation (IES) and the German Developmental Behavioural

Checklist (VFE). Special tendencies to self-harm were assessed using the scale for self-harm behaviour (IEFAS). From these scales, the means were observed during the course of our hospital therapy program over 6 weeks.

Results There were 19 patients in total in 3 different groups. Eight dropped out for a variety of reasons. The mean scores for the remaining 11 patients in the BSL and PSS-K reduced significantly. The scores for impulsivity and self-harm improved. Overall, there was no significant change in behaviour.

Conclusion This study presents the results of a trial of a DBT manual for people with IDD and BS. In general the BS declined, the impulsivity improved. The study is limited by the small numbers in the patient sample and the absence of a control group.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV752

Psychotherapy for ADHD in people with IDD



S. Elstner

Ev. Krankenhaus Königin Elisabeth Herzberge, Psychiatry, Psychotherapy and Psychosomatics, Berlin, Germany

Introduction Psychopharmacology and psychotherapy in children with ADHD is still well established and has been studied for many years. There has been a growing interest in treatment of ADHD in adults for some years. Whereas meanwhile the psychopharmacological treatment is well studied, the psychotherapeutic interventions are still to optimize.

Objective Since the acceptance of the diagnosis of “ADHD” in adults, there has been a growing interest in using medication as the first-line therapy. There is an established evidence base for psychopharmacological treatment in ADHD. The current therapeutic recommendations for the general population apply to people with ADHD and IDD. The study is a review of psychotherapeutic interventions in the treatment of ADHD in adults with and without IDD supported by a case study.

Methods A literature search was conducted in “Pubmed” and “PsycInfo” using the keywords “Psychotherapy”, “ADHD”, “Adults” and further “Psychotherapy”, “ADHD”, “Adults”, “intellectual”, “disabilities”. Exclusion criterion was ADHD as a sub-syndrome in the presence of other syndromes.

Results Only 2–3 publications on psychotherapy in adults with ADHD were found. Very little was found on people with IDD, and these were especially combined with the Fragile X Syndrome.

Conclusion Psychotherapy in adults with ADHD is not yet well elaborated in the scientific literature. There are some common used intervention strategies like psycho-education, cognitive behavioural therapy, and attention focusing interventions such as mindfulness-strategies. Using the principles of Easy-to-Read language and modifying the general therapeutic settings as recommended by NICE, an adaptation of these interventions in the treatment of adults with ADHD and IDD has potential.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV753

Think fast, treat faster – a case of a treatable rapidly progressive dementia



V. Espirito Santo^{1,*}, A.R. Figueiredo², R. Almendra¹, A. Almeida³, P. Guimaraes¹, A.G. Velon¹

¹ Centro Hospitalar Trás-os-Montes e Alto Douro, Serviço de Neurologia, Vila Real, Portugal

² Centro Hospitalar Trás-os-Montes e Alto Douro, Serviço de Psiquiatria, Vila Real, Portugal

³ Centro Hospitalar Trás-os-Montes e Alto Douro, Serviço de Neurologia, Neuropsicologia,, Vila Real, Portugal

* Corresponding author.

Introduction Rapidly progressive dementias (RPD) are conditions that develop over days, weeks or months, which could be treatable if diagnosed in the acute phase.

Clinical case A 62-year-old man with personal history of type 2 diabetes, started complaining of fronto-temporal headache, nausea and sub-febrile temperature. He went to his family doctor who prescribed ciprofloxacin 500 mg bid. Later on, he had difficulty to sleep and referred complex visual hallucinations. His family noted involuntary movements of the left upper limb and that he became more clumsy needing help for daily life activities. He went to our hospital one week later. He was apyretic and hemodynamically stable. On neurological examination, he had executive and visuospatial dysfunction, left limbs bradykinesia and ipsilateral limb ataxia. Involuntary movements of his left upper limb resembled alien limb phenomena. Complete blood count, complete metabolic panel, iron, folic acid, vitamin B12, anti-neuronal antibodies were normal. HIV, hepatitis B and C serologies were negative. Cerebrospinal fluid study showed 4 cells (100% mononuclear), normal glucose and protein levels, negative bacteriological exam but positive Herpes Simplex-1 Virus (HSV) DNA. Brain CT and MRI showed signs of ischemic microangiopathic leukoencephalopathy. He started treatment with acyclovir 30 mg/kg/d IV and quetiapine 100 mg id. His symptoms improved but he remained with a mild mnemonic cognitive deficit and bradykinesia that stayed stable 3 years later.

Conclusion This case exemplifies atypical HSV-1 encephalitis, one cause of RPD, that an early recognition is essential to reduce its associated morbidity.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV754

Effectiveness of cognitive behavioral therapy in the treatment of a phobic disorder in a patient with Down syndrome and early Alzheimer's disease



J. Mallet^{1,*}, V. Guillard², O. Huillard³, C. Dubertret¹, F. Limosin⁴

¹ AP-HP, Louis-Mourier Hospital, Psychiatry, Colombes, France

² Groupe ERIC, Psychiatry, Plaisir, France

³ AP-HP, Cochin Hospital, Medical oncology and ethics, Paris, France

⁴ AP-HP, Coirentin-Celton Hospital, Psychiatry, Issy-les-Moulineaux, France

* Corresponding author.

Introduction Down syndrome was clinically described the first time in France by Esquirol (1838) followed by Down (England, 1866), to the identification of a chromosomal abnormality in 1959 (trisomy 21), which is the most common abnormality in neurodevelopmental disorders. Life expectancy increased from 9 years in 1929 to 55 currently. This is a common cause of mental retardation, and few tools are suitable for the care of these patients, including patients with Alzheimer's disease (prevalence of 55% between 50 and 59) or depression (prevalence 30%). No study evaluates the effectiveness of cognitive and behavioral therapy (CBT) in patients with Down syndrome but it is known to be effective in Alzheimer's patients. Some cases have been reported on the efficacy of CBT on phobias in patients with intellectual disability.

Objectives and aims To evaluate the efficacy of CBT in the treatment of a specific phobia in a patient with Down syndrome and early Alzheimer's disease.

Method Literature review and clinical case of a 51-year-old patient, hospitalized under constraints for behavioral disorders (agitation, body treatments refusals).

Results By adapting CBT techniques to the problem of intellectual disability, treatment against the phobia was effective with clinical improvement, which allowed a return home.

Conclusion The tools provided by CBT are suitable for the treatment of anxiety disorders in patients with intellectual disability, especially in patients with Down syndrome. Psychiatric disorders are under-diagnosed in these patients and under-treated. CBT is an aid to the treatment. It may allow the dismantling of symptoms and reduce behavioral problems.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV755

Cretinism muscular hypertrophy: An unorthodox reflection



H. Mohsin*, A. Channa

Liaquat National Hospital, Psychiatry, Karachi, Pakistan

* Corresponding author.

The Kocher Debre Semelaigne Syndrome (KDSS) is also known as cretinism muscular hypertrophy. It is an unusual presentation in intellectually deficit children, commonly associated with congenital or iatrogenic hypothyroidism. The incidence of KDSS is less than 10%. It is more common in males, consanguineous marriage and age range from 18 months to 10 years [4]. The creatinine phosphokinase (CPK) is usually elevated [5]. It might be misdiagnosed particularly when other classical features of hypothyroidism are not dominant at first presentation. We present a case of 15-year-old intellectually deficit female. Her epilepsy had been managed on phenytoin for a decade. She had rigidity, leg cramps, malaise, oliguria, fever, myxedema, delayed deep tendon reflexes, calf muscle hypertrophy and agitation. Her agitation was controlled by haloperidol, which worsened the condition by altering her mental status. The patient was initially managed on line of Neuroleptic Malignant Syndrome due to raised CPK of 40,680 IU/L and mixed presentation. Nevertheless, no significant change was noticed until thyroid profile was done to exclude alternative resources. Thyroid stimulating hormone (TSH) was 74.5 IU, free T3 1.22 ng/dL, and free T4 0.43 ng/dL. Thyroxine was started along with change in anti-epileptic and recovery was observed within five days. This case report highlights the inconsistent finding from previously reported cases of KDSS. The female gender, non-consanguineous marriage, slightly delayed onset with primarily neuromuscular symptoms, and raised CPK is not the frequent demonstration in KDSS. On parallel, thyroid work-up is not routinely done, which can lead to misdiagnosis and mismanagement.

References not available.

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EV756

Pathologic aerophagia in patients with intellectual disability: A review of its pathophysiology, clinical features and management



S. Sajith*, W. Wong

Institute of Mental Health, General Psychiatry, Singapore, Singapore

* Corresponding author.

Background Pathologic aerophagia is characterised by excessive swallowing of air resulting in significant abdominal distension or belching. This is a relatively rare condition in general population but

has been reported in up to 8.8% of institutionalized patients with intellectual disability (ID). In severe cases, this can cause volvulus and ileus, and even intestinal perforation. Currently, there is limited information on this potentially life-threatening condition, particularly for people with ID.

Aim To review the up to date literature on the pathophysiology, clinical features and management strategies of pathologic aerophagia in relation to people with ID.

Methods A literature search of electronic database was performed using specific keywords. Review articles were selected using pre-defined criteria.

Results Apart from a few small controlled trials on pharmacotherapy, most of the studies were case series or uncontrolled studies. The understanding on pathophysiology is incomplete but is thought to involve a reflex-induced movement of upper oesophageal sphincter and may be associated with anxiety or stress. A comprehensive history and physical examination as well as an abdominal radiograph may be helpful in diagnosis. The mainstay of treatment is reassurance and behaviour therapy. Medications that are helpful include antacids, anti-reflux drugs and benzodiazepines. Surgical treatment is recommended for patients who do not respond to conservative treatment.

Conclusions Pathologic aerophagia is not uncommon in people with ID and can present with severe challenges in the assessment and management. Further studies are necessary to provide evidence-based treatment guidelines for the management of this condition particularly in patients with ID.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Mental Health Care

EV757

Real-life experience of mentally ill in the seclusion room



C. Aarab*, R. Aalouane, I. Rammouz

Psychiatrist Hospital Ibn Alhassan, Psychiatry, Fès, Morocco

* Corresponding author.

Introduction Seclusion room (SR) is part of coercive interventions in psychiatric hospitals.

Aims Describe the clinical data, and practical modalities of the seclusion room in a psychiatric inpatient unit. Evaluating the experience of patients just after, and away from their exit from the seclusion room to improve their management.

Methodology It is a cross-sectional study evaluating the experiences of patients placed in seclusion room during their hospitalization. Data were collected by interviewing patients directly and by consulting their medical records using an established farm return. The patient placed in a seclusion room was evaluated on day 1, day 7 and out.

Results Of the 120 patients, 57.7% had schizophrenia, 20% of a mood disorder, 14.2% of acute psychotic access and 4.2% a personality disorder. The average duration of the seclusion room was 3.4 days. Seventy-eight percent of patients felt that the conditions of this measure were unbearable. After exiting the room, 60% of patients maintained a good relationship with the team health care, 28% do not trust especially *vis-à-vis* the nurses and 18% experienced a feeling of hatred and resentment.

Conclusion This work has allowed us to take into consideration the experience of patients to promote the care of the mentally ill.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV758

The quality of life of chronic mental patients



I. Adric^{1,*}, B. Dragan², M. Pavlovic², R. Babić², M. Martinac²

¹ University of Mostar, Faculty of Medicine, Mostar, Bosnia and Herzegovina

² University Clinical Hospital Mostar, Department of Psychiatry, Mostar, Bosnia and Herzegovina

* Corresponding author.

Objective Examine the quality of life (QOL) of chronic mental patients due to the socio-demographic characteristics and compare it with the QOL of chronic somatic patients.

Methods and subjects The focus group consisted of 100 chronic mental patients tested at the Department of Psychiatry at the University Clinical Hospital Mostar, and the control group made 60 chronic somatic patients tested at the Family Medicine medical clinic at the Health Center in Mostar. The survey was conducted with a socio-demographic questionnaire and a standardized questionnaire on the QOL of the World Health Organization WHOQOL-BREF.

Results In the mental patients group dominated male population of unemployed individuals, which were living in rural areas. In the somatic patients group, there were more married females of a higher economic status. More than 70% of mental patients smoked cigarettes, while in the second group, less than half of patients smoked. Drinking alcohol was more prominent in the somatic patient group. Nearly all mental patients have been hospitalized at least once, while in the other group only half of the respondents were hospitalized. The QOL of chronic mental patients was inferior to the QOL of chronic somatic patients in all sub-categories: physical health, psychological health, social relationships and environment. The lowest rated subgroup of chronic mental patients was social relations, while for chronic somatic patients that was the environment.

Conclusion The QOL of chronic mental patients was inferior to the QOL of chronic somatic patients.

Keywords Chronic mental patients; Chronic somatic patients; Quality of life

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV759

Psychosocial factors associated with frequent rehospitalization of patients with mental health disorders



T. Amirejibi*, N. Zavrashvili

Ilia State University, Faculty of Arts and Sciences, Tbilisi, Georgia

* Corresponding author.

International research, which focuses on frequent users of the psychiatric services and on the psychosocial factors that are associated with frequent rehospitalization, emphasize that the problem of revolving door patient still stands and is severe. Research concerning the above mentioned issue has not been conducted in Georgia, therefore, this study aimed to explore the revolving door patients and psychosocial factors that contribute to their relapse and frequent readmission to acute psychiatric unit. Study was conducted at psychiatric department of Ghudushauri National Medical Center. Qualitative and quantitative analysis based on medical files of 34 adult patients with psychotic disorders, rehospitalized in acute psychiatric unit 60 days after their last discharge in 2012–2014

years, was conducted. Results of the study are in line with international research findings concerning the psychosocial factors that contribute to frequent rehospitalization of patients with psychotic disorders, such as: unemployment (97%), lack of support system (76.5%), non-compliance with treatment (91.2%), emotional reactivity to stressful life events, etc. However, according to the study, family atmosphere turned out to be the central problem which influences the index of conflict and expressed aggression in the family, has impact on the size of patient's support system, on substance abuse, on patient's relapse and on their emergency rehospitalization. According to the results of the study, family atmosphere is one of the most active and multifaceted factors that contribute to patient's relapse and frequent rehospitalization in Georgia. Therefore, implementing and developing interventions discussed in the research paper that will target this factor is essential.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV760

Social representations about the “mad” and the “madness”: Primary care professionals concepts and practices



E. Scherer^{1,*}, N. Sartory², Z. Scherer²

¹ Ribeirão Preto Medical School Hospital of the University of São Paulo, Neurosciences and Behavioral Sciences, Ribeirão Preto, Brazil

² University of São Paulo at Ribeirão Preto College of Nursing, Psychiatric Nursing and Human Sciences Department, Ribeirão Preto, São Paulo, Brazil

* Corresponding author.

Introduction In Brazil, mental health care is based in asylum perspective and centered in the illness fragmenting the individual and their needs.

Objectives The goal of this study was to know the social representations of primary care health professionals about mental disorder and also the assistance provided to the mentally ill.

Methods This is an exploratory-descriptive field study, whose theoretical background of investigation was the Social Representation Theory. Twelve health professionals took part on this study.

Results We identified that social representations about the “mad” are based on discerning incapability, dangerousness, aggressiveness, incapability of interpersonal relationships. The stigmatizing and excluding view were direct and indirectly present throughout the speeches. Some professionals manage to be able to live with mental disorder patients in social environments but not private ones. Lack of autonomy has been related with the mentally disordered patient, because of their dependency, incapability of choosing and possibility of overcoming. “Madness” was represented as having a psychological, biological, spiritual, social or multiple cause background. The therapeutic approach conceived by most professionals as efficient and possible at the health centers was drug prescription. The doctors presence, medicalization, alienation of the subject, stigma and lack of capability were the weaknesses presented by the study.

Conclusion We conclude that stigma is the biggest barrier for patients to acquire autonomy and citizenship, that professional practices are grounded in our social representations being only possible to transform social process and practices when we admit that our representations recognize these people as different and marginalized.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV761

A three-month follow-up study evaluating changes in clinical profile and attitudes towards involuntary admission



E. Bainbridge^{1,*}, B. Hallahan², D. McGuinness³, A. Higgins⁴, K. Murphy⁵, P. Gunning⁶, J. Newell⁶, C. McDonald³

¹ Galway, Ireland

² National University of Ireland, Department of psychiatry, Galway, Ireland

³ National University of Ireland, Psychiatry, Galway, Ireland

⁴ Trinity College Dublin, School of nursing and midwifery, Dublin, Ireland

⁵ National University of Ireland, Nursing and midwifery, Galway, Ireland

⁶ National University of Ireland, Biostatistics Department, Galway, Ireland

* Corresponding author.

Introduction Involuntary admission and treatment is often a traumatic experience for patients and there is a wide variation in attitudes towards care even when patients are recovered.

Objectives/aims The purpose of this large prospective study was to identify clinical predictors of attitudes towards care during involuntary admission.

Methods Three hundred and ninety-one consecutively admitted involuntarily patients to three psychiatric inpatient units over a 30-month period were invited to participate in the study. Comprehensive assessments at admission and 3 months after discharge were attained including measures of symptoms, insight, functioning, attitudes towards involuntary admission and coercive experiences. Multiple linear regression modelling was used to determine the optimal explanatory variables for attitudes towards care.

Results Two hundred and sixty-three individuals participated at baseline and 156 (59%) successfully completed follow-up assessments. Individuals improved significantly over time clinically and in their attitudes towards their care. At baseline greater insight ($P < 0.001$) and less symptoms ($P = 0.02$) were associated with more positive attitudes towards care as was older age ($P = 0.001$). At follow-up, greater insight ($P < 0.001$), less symptoms ($P = 0.02$) and being older ($P = 0.04$) were associated with more positive attitudes towards care. More positive attitudes towards care at follow-up were associated with greater improvements in insight over time ($P < 0.001$) and having a diagnosis of an affective psychosis ($P = 0.0009$).

Conclusions The best predictors of positive attitudes towards care during and after involuntary admission are illness related factors, such as levels of insight and improvement in insight, rather than service or legislation related factors, such as the use of coercive measures, seclusion and restraint.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV762

Academic burnout and hope as predictors of mental health



A.A. Bayani

Azadshahr Branch, Islamic Azad University, Psychology, Azadshahr, Iran

Introduction and objectives With increasing understanding of health concept, the importance of mental health becomes more apparent, because mental health provides effective functionality of

individuals, families, and society. This study had two major objectives:

- to examine the relationship between academic burnout, hope and mental health in an Iranian sample;
- to examine to what extent academic burnout and hope predict mental health among secondary school students.

Method Participants of this study were 250 (130 female, 120 male) students. They completed the School Burnout Inventory (BDI, Salmela-Aro et al., 2009), the General Health Questionnaire (GHQ, Goldberg, 1978) and Adult Hope Scale (AHS, Snyder et al., 1991). Correlational analyses indicated that academic burnout and hope were significantly involved in student mental health.

Results The results of multiple regression analysis indicated that mental health was affected differently from two predictor variables.

Conclusion Academic burnout and hope in students endangers their mental health. The model obtained is appropriate for explaining mental health students.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV763

Mental pain expression in psychopathology and its assessment as a therapeutic outcome measurement



G. Becker^{1,2,*}, E. Steiner³, U. Nitzan⁴, A. Grossman-Giron⁵

¹ Shalvata Mental Health Center, Outpatient Clinic, Hod Hasharon, Israel

² The Center for Academic Studies, Psychology, Or Yehuda, Israel

³ Shalvata Mental Health Center, Head Manager of the Notrim Outpatient Clinic, Hod Hasharon, Israel

⁴ Shalvata Mental Health Center, Deputy Director of the Open Ward, Hod Hasharon, Israel

⁵ Shalvata Mental Health Center, Research Manager, Hod Hasharon, Israel

* Corresponding author.

Introduction Every theory that explains psychopathology refers to different aspects of mental pain whether it regards annihilation anxiety, fragmentation of the self or feelings of intolerable anguish. The concept of mental pain has proved to be an important symptom in mood disorders in general and suicide in particular (Orbach et al., 2004; Levi et al., 2010; Levinger et al., 2015). Combining the understanding that mental pain is as a part of all forms of psychopathology with the growing interest in assessing therapeutic processes via outcome measures has led to the assumption that the tolerance and severity of mental pain could become powerful outcome measurement. The aim of this study is to assess the Mental Pain Scale (OMMP) and Tolerance to Mental Pain Scale (TMPS) as outcome measurement and to learn about their capabilities to distinguish between different psychopathologies.

Objective The first objective would be to examine patterns of mental pain subscales in different psychopathologies. The second objective is to assess the OMMP and TMPS as outcome measurements.

Method Two hundred and thirty outpatients were administered a clinical questionnaire battery composed of eight questionnaires. The patients were to fill these questionnaires every 3 months for one year or until the end of their therapy.

Results We will present preliminary findings regarding the expressions of mental pain in different kinds of psychopathology and results of 3 months follow-up.

Conclusion Tolerance and severity of mental pain are a vital to the assessment of psychopathology and should be used as outcome measurement of therapeutic process.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV764

Assessing medication beliefs of mental health professionals: The Portuguese version of the Medication Alliance Beliefs Questionnaire



A. Cardoso^{1,*}, P. Aguiar², M. Byrne³, M. Xavier⁴

¹ Faculty of Medical Sciences, Mental health, CEDOC, Lisbon, Portugal

² National School of Public Health, Public Health, Lisbon, Portugal

³ University of Wollongong, Psychology, Wollongong, Australia

⁴ Nova Medical School, Mental health- CEDOC, Lisbon, Portugal

* Corresponding author.

Introduction Clinician's attitudes are an important consideration in implementing adherence strategies and that these attitudes can be successfully improved as a result of training. The 22-item Medication Alliance Beliefs Questionnaire (MABQ; Byrne et al.2008) was used to assess clinician attitudes towards non-adherence. The MABQ contains five subscales reflecting the clinician's self-efficacy (adequacy), the satisfaction (work satisfaction); their appraisal of their self-worth (self-esteem), their outcome expectancies (pessimism) in relation to non-adherent patients, and the extent to which they understand the difficulties patients might experience in trying to adhere to treatment (empathy).

Aims/objectives To develop the Portuguese version of the MABQ. **Methods** The MABQ was translated and adapted for Portuguese language. The translation was done by the first author (AC). The accuracy of this translation was discussed in a two focus group of experts, providing opinion on face and content validity. After pre-testing, the final version of the Portuguese translation was produced.

Results A convenience sample of 65 mental health professionals working in a variety of settings is being collected. The average score in MABQ was 80.06 (SD 9.5). The value of internal reliability coefficient α was 0.80. The intraclass correlation coefficient of total MABQ score was 0.35. The *t*-test showed that there were no statistically significant differences between the mean values of the measurement scale at two different times (80.4 vs.76.2; $P=0.02$).

Conclusion The attitudes of mental health professionals may have a predictive relationship with treatment outcomes of patients with mental health disorders. The validation of the Portuguese version of MABQ will provide professionals with a new tool to evaluate crucial issues related to medication beliefs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV765

Assessing strategies to improve antipsychotic adherence: The Portuguese version of the difficulty implementing adherence strategies



A. Cardoso^{1,*}, P. Aguiar², M. Byrne³, M. Xavier⁴

¹ Faculty of Medical Sciences, Mental health, Lisbon, Portugal

² National School of Public Health, Public Health, Lisbon, Portugal

³ University of Wollongong, Psychology, Wollongong, Australia

⁴ Nova Medical School, Mental Health, Lisbon, Portugal

* Corresponding author.

Introduction Non-adherence is a problem throughout medicine and there are many strategies that are used to improve antipsychotic adherence. A review of the literature identified 33 commonly cited strategies for enhancing consumer adherence. Three core

themes were identified: Information/Education; Behavioural strategies; and Cognitive/Motivational strategies.

Aims/objectives To develop the Portuguese version of the DIAS.

Methods The DIAS was translated and adapted for Portuguese language. The translation was done by the first author (AC). The accuracy of this translation was discussed in a two focus group of experts, providing opinion on face and content validity. The participants were asked to rate how often they had difficulties using each of the 33 strategies with consumers who were non-adherent. A four point Likert scale was used (1 = never; 4 = always) such that higher scores indicated more frequent difficulty using the strategy.

Results A convenience sample of 65 mental health professionals working in a variety of settings is being collected. The average score in DIAS was 85.0 (SD14.6). The value of internal reliability coefficient α was 0.93. The intraclass correlation coefficient of total MABQ score was 0.45. The *t*-test showed that there were no statistically significant differences between the mean values of the measurement scale at two different times (84.5 vs.90.5; $P=0.04$).

Conclusion Interventions to improve antipsychotic adherence would benefit from further research. However, it is important always to bear in mind that none of these strategies can be a substitute a positive therapeutic alliance. The Portuguese version of DIAS will provide professionals with a new tool to evaluate the frequency how strategies are implemented and the impact of each strategy in treatment adherence.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV766

Atypical gender identity and eating disorder: A clinical case report

D. Celona^{1,*}, F. Sandri², E. Pascolo Fabrici³

¹ *Psychiatric clinic, Trieste, Italy*

² *Psychiatric Clinic, Unità degli Studi di Trieste, Trieste, Italy*

³ *Psychiatric Clinic, Università degli Studi di Trieste, Trieste, Italy*

* *Corresponding author.*

Gender identity disorder is a rare disorder of uncertain etiology (1:30,000 M to F; 1:100,000 F to M). The emphasis of body shape in this disorder suggests that there may be an association with anorexia nervosa. Previous research suggests that eating disorders are related to homosexuality in men although links with female sexual orientation is less clear. This report describes the case of an adolescent 19-year-old biological female transgender patient presented to a Mental Health Center in Trieste. Diagnostically, this patient presents with prominent restricting, purging anorexia that was wed by the desire to obtain and then maintain an idealized prototypical masculine shape. The failure of the realization of this project involves in a self-destructive conduct. The case offers an important opportunity to explore the comorbidity about eating disorders and gender identity disorder. The patient completed this measures: a background measure of his sexual orientation, the Millon Clinical Multiaxial Inventory III (MCMI-III), the Minnesota multiphasic personality inventory (MMPI-2), the Bem Sex Role Inventory, the Eating Disorder Inventory and the Eating Attitude test. This report suggests that the divergence of body image psychopathology may be impacted by gender role orientation, which is consistent with a developing body of research.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV767

Epidemiological characteristics and role of socializing activities in a sample of women in Mental Health Centre

D. Celona^{1,*}, F. Sandri², D. Garino², V. Botter³, E. Pascolo Fabrici²

¹ *Psychiatric clinic, Trieste, Italy*

² *Psychiatric Clinic, Università degli Studi di Trieste, Trieste, Italy*

³ *Mental Health Center, Mental Health Centre, Trieste, Italy*

* *Corresponding author.*

Introduction From Charcot studies on Hysteria to recent analysis of the World Health Organization (WHO), mental illness seems to be a matter in which sex and gender play a non-negligible role. In the WHO data on neuropsychiatric disorders, women are prevalent in almost all types of disorder.

Objective Primary prevention can only refer to the recognition of social, educational, relational, environmental factors. Few studies have been conducted on the socio-demographic characteristics of the female population relating to psychiatric services.

Aims The aims of our research are to evaluate both the demographic and clinical characteristics of women related to mental health services in Trieste and their adherence to rehabilitation programs.

Methods The study was conducted by collecting the personal data of clinical users women from the four mental health centers in Trieste and the psychiatric service for diagnosis and treatment (SPDC). In the year 2014, the user attending the mental health department are 4952.

Results Data analysis showed that women in charge at the Department of Mental Health is 2731, representing 55% of all users. The predominant age group is between 46 and 65 years (between 17% and 23% for each CSM). The number of women taking part at rehabilitation activities is of 1332 (49%).

Conclusions It is considered necessary that the services for mental health sponsor prevention, treatment and rehabilitation around the specific needs of women.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV768

Decisional trust and regret mediate the HRQL in work-related hand injury patients

H.H. Liao¹, S.L. Cheng², C.C. Chang^{3,*}, C.H. Lin⁴, F.C. Liu⁵, C.S. Cheng⁵

¹ *Chung Shan Medical University Hospital, Department of Surgery, Taichung, Taiwan*

² *Chung Shan Medical University Hospital, Department of Orthopedic Surgery, Taichung, Taiwan*

³ *Chung Shan Medical University & Chung Shan Medical University Hospital, School of Medical Informatics & IT Office, Taichung, Taiwan*

⁴ *Chung Shan Medical University, School of Medical Informatics, Taichung, Taiwan*

⁵ *Jen-Ai Hospital, Department of Pediatrics, Taichung, Taiwan*

* *Corresponding author.*

Background Despite mounting evidence that non-injury-related factors have an important role in recovery from injury; specific variables associated with surgery outcomes are poorly understood. This lack of knowledge complicates efforts to improve the care of work-related hand injury (WRHI) patients. However, substantial research and investigation have still not clarified these underlying relationships, which merit further attention.

Objective The purpose of this study was to evaluate the Health-Related Quality of Life (HRQL) outcome for WRHI patients after



the impact of event and to investigate the moderated mediation analysis associated with their decision trust and regret.

Methods A cross sectional study design was used to investigate the impact of event and the associated HRQL in 53 WRHI patients following severe and major hand injury. All consenting patients completed the Impact of Event Scale Revised, the Symptom Checklist-90-Revised, Decisional Trust scale, Decisional Regret scale and Short Form-36.

Anticipated achievement In the result of mediation analysis, patients affected HRQL via decisional trust and decisional regret, respectively. In addition, our data suggest that certain decisional trust and decisional regret (partial) characteristics significantly moderate this association. These findings may aid in the development of clinical interventions to enhance HRQL for WRHI patients. Overall, it is important for clinicians to consider the notion that more decisional trust or less decisional regret may sometimes, but not always, be better.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV769

Domiciliary care service in psychiatry – who's getting our help?

I. Coelho*, G. Sobreira, J. Oliveira, F. Gomes

Centro Hospitalar Psiquiátrico de Lisboa, Clínica 5 - Affective Disorders and OCD, Lisbon, Portugal

* Corresponding author.

Introduction Community psychiatry projects in Lisbon still do not provide the necessary response; to provide care for those who cannot reach our institution we created a domiciliary care unit, PreTrarCa.

Objectives Characterization of patients followed by PreTrarCa.

Aims Study and define our patient-type, facilitating future referrals.

Methods Selection of all active-patients followed by PreTrarCA in 2015 ($n=94$); those with social/demographic information were selected ($n=90$). Information concerning age, gender, education, marital status, family and social support, diagnosis and purpose of integration were retrospectively collected. Data analyses were performed via SPSS program.

Results Fifty-one percent of our population are male, with a mean age of 58.2 years. Although most patients are single ($n=45$), the majority does not live alone ($n=54$) or has a strong family support ($n=52$). Regarding education, most patients had only 4 years of scholarship ($n=16$). Only 31 have an active social support, usually as a day care center ($n=4$) or nursing home ($n=9$). Most patients are diagnosed with a psychotic disorder [F20–29, $n=48$], F20 (Schizophrenia) being the most common diagnosis ($n=40$). Most ($n=48$) are on LAI (long-acting injectable medication) or have supervised preparation of their weekly-fortnightly medication ($n=26$). LAI is mostly given to patients with diagnosis F20–29 ($n=37$).

Conclusions Our patient-type is a middle-age, single male with schizophrenia in need of supervision regarding medication adherence (LAI/medication preparation). By recognizing our patient-type we can more easily focus on who to help, rapidly intervening in crisis when necessary and providing a kind of support inexistent elsewhere.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV770

An empirical study of the working conditions in the drug prevention centers of Attika, Greece: New prospects and possibilities in an era of uncertainty

I. Dritsas*, M. Theodoratou, T. Margaris, S. Christodoulidis, O. Valsami

Tei of Western Greece, Social Work, Patras, Greece

* Corresponding author.

Introduction Studies have documented that drug prevention centers in Greece have been through an era of turmoil and uncertainty (EKTEPN, 2015, Tsounis, 2012, Kiritsi and Tsiotra, 2004) underlining the staff's hard work all over Greece.

Purpose The aim of this study was to investigate the effects of the current fiscal crisis on the operating conditions as described by the staff of the Attika substance prevention centers with the emphasis on main problem areas and solutions.

Material Statistically reliable questionnaires were used by the research team investigating participants views on the aforementioned areas of enquiry.

Method Two Questionnaires were administered to 59 psychologists and social workers working at the centers of Attika, Greece during the summer of 2015.

Results The majority (85%) of those working at the centers mentioned the main problems as following:

- issues concerning the institutional role of the centers, the education and supervision of the staff;
- fiscal issues as a result of the economic austerity, which undermine the operation of the centers and the morale of the staff.

Conclusions Our empirical study is actually the first one which delves into the inner workings of the drug prevention centers in Attika, Greece:

- the extent the phenomenon of drug dependence in Greece, examining the epidemiology and the influence of the financial crisis, as well as the strategies and action plans developed in a national and EU level;
- the most significant innovative and standard European and Greek prevention programs.

Finally, research methodological issues are discussed in the light of the main findings of the empirical research.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV771

Mobility in psychiatry: A personal experience in Swiss addictology

C. Feteanu

Centre hospitalo-universitaire Vaudois CHUV, service de psychiatrie communautaire, Centre Saint-Martin, Lausanne, Switzerland

Introduction Switzerland is a very attractive country for workforce brain drain in the field of psychiatry, with work, academic and financial conditions identified as pull factors; resulting in long-term migration and high level of satisfaction [1].

Objectives To enlight the phenomenon by reporting a personal experience of migration from France to Switzerland for work reasons as a psychiatrist.

Aims To describe the main characteristics of the Swiss Mental Health Care in the Canton of Vaud focused on ambulatory cares in addictology.

Methods Self-report description from the Centre Saint-Martin for drug addictions of the Community Psychiatry Department in Vaudois Teaching Hospital (CHUV) of Lausanne.

Results The Centre Saint-Martin is an ambulatory center providing cares, support, treatment and harm reduction for adult drug



addictions within a multidisciplinary team. The striking point of this model is the intense support made towards the community (general practitioners, somatic and psychiatric cares) in order to maintain and develop addiction cares in the general health system. The case management model, still rare in France, is being implemented in the center resources management. Detailed descriptions are proposed.

Lack of psychiatrists in the French speaking Canton of Vaud makes it very attractive for European specialists. Work and academic facilities, including psychotherapy training are accessible to foreign psychiatrists.

Conclusions Work migration is a unique way to experience different practices in psychiatry within Europe. Living and working conditions in Switzerland make it a country particularly attractive.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

Reference

[1] Pinto da Costa M. EFPT International Brain Drain Study. *IJCNMH* 2015;2(Suppl. 1):L9.

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EV772

Outcomes for assertive outreach service users when the specialist team has closed – findings from a series of ‘dismantling’ studies



M. Firn*, M. Alonso-Vicente

South West London & St George's Mental Health NHS Trust, Springfield Consultancy, London, United Kingdom

* Corresponding author.

Introduction Specialist assertive outreach (AO) teams, for hard to engage patients with psychosis, are closing due to financial imperatives and a disappointing evidence base.

Objectives Compare patient outcomes, experience and service use before and for up to 4 years after closure of 3 specialised assertive outreach (AO) teams in London, UK.

Aims Flexible assertive community treatment (FACT) was adopted as the service model for the standard care community mental health team replacing AO care. We aimed to demonstrate non-inferiority in clinical effectiveness and thereby show cost efficiencies.

Method Observational mirror-image studies of the closure of 3 teams with service utilisation data, cost-consequence analysis and service user experience interviews both before and after team closure using satisfaction with services and team attachment instruments.

Results The FACT 1 study, with 112 patients, was published in 2013 and surprisingly showed a significant reduction in bed use following AO closure, with no significant change in the use of crisis services as an alternative to admission. A new 4 year pre-post analysis (in press) shows lower use of beds and crisis services is maintained despite fewer contacts and higher caseloads. We will report on the FACT2 replication study from a separate locality with the additional patient experience findings.

Conclusions AO patients are remarkably resilient to significant reductions in the intensity of care and this holds for up to 4 years. Enhancing multi-disciplinary CMHTs with FACT appears to provide a clinically effective and integrated alternative to orthodox AO teams. FACT offers a cost-effective model compared to AO.

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EV773

The development of a novel, automated smartphone application for treating depression



C. Giosan*, V. Muresan, O. Cobeanu, A. Szentagotai, C. Mogoase Babe-Bolyai University, Cluj-Napoca, Romania

* Corresponding author.

In the recent years, automated CBT (interventions delivered on the computer, or online, which use no or minimal therapist support) has emerged as a solution that can, on some dimensions, be as effective as the classical CBT. However, the existing computerized interventions for depression also come with less desirable outcomes, such as high dropout rates (50–60%), limited endurance of long-term benefits, or limited improvement in functioning. We believe that these limitations characterizing the existing computerized solutions are caused by:

- reduced or non-existent personalization of the intervention (e.g., same standard intervention delivered to various people, making some unable to identify with the treatment);
- reduced immersion (and attractiveness) of the treatment experience (e.g., compared to other online activities, some intervention platforms may be perceived as uninteresting or repetitive);
- lack of a customized, personalized manner of providing feedback (most solutions present total scores for quizzes and scales).

Recognizing these shortcomings, we plan to use insights from graphic design (e.g., user interfaces), gamification theories (e.g., “serious games”) and artificial intelligence to develop an automated application aimed at both prevention and intervention for depression, which will substantially increase the quality of the user experience, thus leading to better outcomes (e.g., reduced attrition rates, more stable improvements, increased functioning).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV774

Review of outcome domains in European Mental Healthcare



I. Großimlinghaus

LVR-Institute for Mental Healthcare Research, Department of Psychiatry and Psychotherapy, Düsseldorf, Germany

Introduction Quality in mental healthcare is a complex, multi-faceted construct. It can be categorized into structures, processes and outcomes. In the past decade, there have been many initiatives on the assurance and improvement of process quality through the development, evaluation and implementation of process indicators for several important process domains including, for example, continuity and coordination of care. Moreover, outcome measurement, focusing on the extend to which intended outcomes of mental health service provision are achieved, is receiving growing interest and should be pursued through a systematic approach.

Objectives Systematic compilation of outcome domains in mental healthcare.

Aims Identification of the full range of outcome domains in mental healthcare.

Methods Systematic literature review on outcome domains in mental healthcare.

Results A whole range of outcome domains can be identified and categorized onto a continuum ranging from ‘traditional’, objective outcome domains, such as mortality and symptomatology, to more subjective outcome domains, such as quality of life and well-being. Moreover, outcome measures in different outcome domains can be assessed taking different perspectives into account, including either the provider or the patient.

Conclusions In order to develop and implement systematic outcome measurement in mental healthcare, a first step is the

identification and systematization of outcome domains in mental healthcare. This will provide a basis for identifying important outcome domains from the perspectives of both, patients and professionals. In a next step, appropriate and important outcome measures can be identified.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV775

Collaborative space using the andalousian integrated care process of anxiety, depression and somatization

M. Guerrero Jiménez^{1,*}, J.A. Rodrigo Manzano², C.M. Carrillo de Albornoz Calahorra², B.M. Girela Serrano²

¹ University Hospital San Cecilio, Psychiatry, Granada, Spain

² Santa Ana Hospital, Mental Health, Motril, Spain

* Corresponding author.

Introduction/objectives The Integrated Care Process of Anxiety, Depression and Somatization (ICP-ADS) lays out the cooperation between primary care (PC) and mental health (MH) as basic premises. Showing this model improves patient detection, inadequate patient referrals, adherence and response to medical treatment.

Aims The Therapeutic Program (TP) established in PC includes low intensity psychological and psychosocial interventions, pharmacological treatment, and use of collaborative space with MH combining consultations, case tracking and educational activities. Our rotation as MH residents in the Community Mental Health Unit (CMHU) has focused on this framework, encouraging the use of a collaborative space.

Methods Three training sessions were used to deal with the process as a whole. PC professionals were given self-help handbooks for low intensity interventions and clinical practice handbooks for psychopharmacological treatment. The referral space was established afterwards, where we took part in the TP founded by the PC doctor. In case the demand would continue, we opened consultation one day a week for co-therapy. With brief interventions of 3–4 sessions we continued the work with self-help guides, which also optimized psychopharmacotherapy.

Results Referrals were sufficient in many cases. Sixteen procedures were completed in co-therapy, half of which required referrals to encourage adherence. Only a referral to MH had to be done. Three months later, a follow-up showed that no patient in co-therapy had to be referred to specialized care.

Conclusions The amount of referrals was reduced in comparison to previous months, adherence to interventions of low intensity was improved and was useful in both detection and prevention of new cases.

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EV776

The burnout severity level was significantly higher amongst Imams in Republic of Srpska than amongst Imams in Federation of Bosnia-Herzegovina in the postwar Bosnia-Herzegovina

L. Mehmedić¹, M. Hasanovic^{2,*}, P. Izet¹, A. Isić¹

¹ University of Zenica, Department of Social Pedagogy, Islamic Pedagogical Faculty, Zenica, Bosnia and Herzegovina

² Tuzla, Bosnia and Herzegovina

* Corresponding author.



Introduction Modern researches suggested that the burnout syndrome of workers employed in the social services increased and this term is taken as a working diagnosis to indicate a particular form of psychological (mental and emotional) exhaustion due to overload at work.

Objective To investigate the differences of burnout syndrome severity amongst Imams (Islamic priests) in the Republic of Srpska (RS) and amongst Imams in the Federation of Bosnia-Herzegovina (FBH) in the postwar Bosnia-Herzegovina (BH).

Methods The sample was consisted from 148 Imams (68 from RS) of age (mean ± standard deviation) 40.2 ± 10.7 years (RS = 39.7 ± 11.1 years and FBH = 40.6 ± 10.2 years, *t*-test = 0.5, *P* = 0.6). We used the standardized – Burnout test of Archibald Hart from 2009.

Results The obtained results indicate that the level of burnout syndrome severity was significantly higher amongst Imams in the Republic of Srpska (mean ± standard deviation = 3.0 ± 1.5 on the Lickert scale 1–5) than amongst Imams in the Federation of Bosnia-Herzegovina (2.2 ± 1.3) (Student's *t*-test = 4.757, *P* < 0.001) in the postwar Bosnia-Herzegovina.

Conclusion The level of burnout syndrome severity was significantly higher amongst Imams in the Republic of Srpska than amongst Imams in the Federation of Bosnia-Herzegovina in the postwar Bosnia-Herzegovina.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV777

Fifteen-month follow-up of an assertive community treatment program for chronic patients with mental illness

J.H. Jeong^{1,*}, K.H. Lee², D.I. Jon³

¹ St. Vincent's Hospital The Catholic University of Korea, Psychiatry, Suwon, Republic of Korea

² College of Medicine, Dongguk University, Psychiatry, Gyeongju, Republic of Korea

³ Sacred Heart Hospital, College of Medicine- Hallym University, Psychiatry, Anyang, Republic of Korea

* Corresponding author.

Objective This study was to evaluate the effect of an assertive community treatment (ACT) program on psychiatric symptoms, global functioning, life satisfaction, and recovery-promoting relationships among individuals with mental illness.

Methods Thirty-two patients were part of the ACT program and 32 patients matched for age, sex, and mental illness were in a standard case-management program and served as a control group. Follow-up with patients occurred every 3 months during the 15 months after a baseline interview. Participants completed the Brief Psychiatric Rating Scale (BPRS), Global Assessment of Functioning (GAF) Scale, Life Satisfaction Scale, and Recovery-Promoting Relationship Scale (RPRS).

Results According to the BPRS, the ACT group showed a significant reduction in symptom severity, but the ACT program was not significantly more effective at reducing psychiatric symptoms from baseline to the 15-month follow-up compared to the case-management approach. The ACT group showed more significant improvement than the control group in terms of the GAF Scale. Both groups showed no significant differences in the change of life satisfaction and in the change of recovery-promoting relationships. We observed a significant increase in recovery-promoting relationships in the control group, but the group × time interactions between groups were not statistically significant.

Conclusions In this study, we observed that ACT was significantly better at improving the GAF than case management. However, ACT did not demonstrate an absolute superiority over the standard



case-management approach in terms of the BPRS and the measures of life satisfaction and recovery-promoting relationships. ACT, however, may have some advantages over a standard-case management approach.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV778

Can physician incentives improve continuity of care for patients receiving depression treatment in the primary care setting?



P. Joseph^{1,*}, A. Kazanjian²

¹ School of Population & Public Health, Vancouver, Canada

² School of Population & Public Health, Faculty of Medicine, Vancouver, Canada

* Corresponding author.

Introduction In 2008, the province of British Columbia, Canada introduced financial incentives to encourage general practitioners (GPs) to assume the role of major source of care for patients seeking mental health treatment in primary care. If successful, this intervention could strengthen GP–patient attachment and consequently improve continuity of care. The impact of this intervention, however, has never been investigated.

Aim To estimate the population level impact of physician incentives on continuity of care (COC).

Method This retrospective study examined linked health administrative data from physician claims, hospital separations, vital statistics, and insurance plan registries. Monthly cohorts of individuals with depression were identified and their GP visits tracked for 12 months, following receipt of initial diagnosis. COC indices were created, one for any visits (AV) and another for mental health visits (MHV) only. COC (range: 0–100) was calculated using published formula that accounts for the number of visits and number of GPs visited. Interrupted time series analysis was used to estimate the changes in COC before (01/2005–12/2007) and after (01/2008–12/2012) the introduction of physician incentives.

Results The monthly number of people diagnosed with depression ranged from 7497 to 10,575; yearly rates remained stable throughout the study period. At the start of the study period, mean COC for AV and MHV were 75.6 and 82.2 respectively, with slopes of –0.11 and –0.06. Post-intervention, the downward trend was disrupted but did not reverse.

Conclusions Physician incentives failed to enhance COC. However, results suggest that COC could have been worse without the incentives.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV779

An innovative day centre in Athens with expertise in children neglect and abuse. A unique therapeutic intervention through the fog of economic crisis



A. Kanellopoulou^{1,*}, E. Marini², X. Antoniou², G. Nikolaidis²

¹ National Kapodistrian University of Athens, Evgenidion Therapeutirion, Mental Health Care Unit, Athens, Greece

² Smile of the Child- Athens, Day Care Centre- The House of the Child, Athens, Greece

* Corresponding author.

The Day Centre “THE HOUSE OF THE CHILD” is a unique in Greece community unit providing customized clinical mental health

services for therapeutic treatment and psychosocial rehabilitation of children and adolescents victims of abuse, neglect or domestic violence, as well as children or adolescents involved in cases of bullying. The Day Centre was founded by the non-profit voluntary organisation “THE SMILE OF THE CHILD”. The Day Centre’s services are addressed to children and adolescents up to age of 18 who live either in residential care or in the community having a documented history of exposure to violence of any kind. Services are free of charge and are expanded to the following areas:

- early intervention-evaluation-counselling;
- diagnosis and treatment of the full range of child psychiatry disorders and issues of clinical attention;
- diagnosis and treatment of specific learning deficits and provision of speech therapy, occupational therapy and special education support when needed;
- counselling for parents and carers of victimized children and adolescents;
- registering and statistical analysis of psychosocial rehabilitation needs arising from the child abuse incidents.

More general activities for raising awareness and sensitization of the wider community in order to prevent all forms of child abuse and victimization.

The Day Centre’s personnel comprises from a psychiatrist–scientific coordinator, three child psychiatrists, three clinical psychologists, a special educator, a speech therapist, a social worker, an occupational therapist and two administrators. This interdisciplinary therapeutic team undertakes a comprehensive diagnostic evaluation and therapeutic intervention scheme to address the complex disorders and wider psychosocial needs of children – victims.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV780

Doing more than ACT: The Dutch FACT model, flexible assertive community treatment



R. Keet

GGZ, Noord-Holland -Noord, Community Mental Health Service, Heiloo, Netherlands

Background/objectives Assertive community treatment (ACT) has become the standard for integrated care for people with severe mental illnesses. Limitations of ACT are the lack of flexibility, the limited feasibility in rural areas, the limited population and the time-unlimited nature. These limitations can be overcome by flexible assertive community treatment (Flexible ACT), developed in the Netherlands and introduced in several European countries.

Methods Three studies were done between 2006 and 2015 on the results of the introduction of Flexible ACT, two in The Netherlands and one in the UK.

Results The outcomes in the Netherlands data show the effectiveness of Flexible ACT. Remission of schizophrenia increased from 19% to 31%. Bed use was reduced and quality of life increased. Effectiveness of FACT was also shown in the UK, where total patient time in hospital declined by half, even though the average time service providers spent with patients also declined. Collected data of the digitalized boards show that the board is used in accordance with the FACT model. Transition rate to primary care is 5–10% per year.

Discussion/conclusion The introduction of Flexible ACT has been shown to benefit patients with severe mental illness and indicate the ability of to allocate human resources in mental health care more efficiently. Introduction to other countries will be accompanied by research on the effectiveness and feasibility within other cultures.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV781

The social representations of aggravating factors living conditions and their connection to their psychological profile

E. Kotrotsiou^{1,*}, M. Gouva², E. Briseniou², E. Dragioti², N. Skenteris²

¹ Post Graduate Programme Primary Health Care, Nursing, Larissa, Greece

² Post Graduate Programme Primary Health Care, Medicine, Larissa, Greece

* Corresponding author.

Objective To investigate the Greek social representations towards harmful factors of health.

Design Cross-sectional questionnaire survey.

Method Two hundred and eighty healthy individuals participated to the present study from different region in Greece. The age range was 19–65 years old. The questionnaire included:

- question for the recording of social representations based on free association methods;
- The Greek version of the Revised Experiences in Close Relationships (ECRI);
- The Symptom Checklist 90-revised (SCL-90);
- question for the social-demographic parameters.

Results One factor and multifactor analysis was used for statistical analysis. Results showed significant differences in social representation of diet in terms of age and marital status. Place of region and chronic disease were found to affect the development social representations, such as exercise and disease, respectively. Exercise, night out and health were found like positive social representations, smoking and disease were characterized as negatives, whereas diet, alcohol and lifestyle were found controversial enough. Moreover, the results highlight the significant relationship between social representations towards harmful factors of health, psychopathology and attachment style ($P < .05$).

Conclusion The results of the current study highlighted the importance of studying on social representations and provided more support to the representations theory context. But more crucially, our study highlighted functional domains of them related to psychopathology.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV782

How are you?: A culturally sensitive group therapy program for Latinos

M. Paris^{1,*}, M. Lopez¹, L. León-Quismondo², M. Silva¹, L. Añez¹

¹ Yale University School of Medicine, Department of Psychiatry, New Haven, Connecticut, USA

² "Príncipe de Asturias" University Hospital, Department of Psychiatry, Alcalá de Henares, Madrid, Spain

* Corresponding author.

Introduction An ongoing challenge for the behavioral health field in the United States is ensuring access to culturally and linguistically responsive treatments for the growing number of monolingual Spanish speakers. The limited availability of services further compromises mental health outcomes given the unique psychosocial stressors often experienced in this population, such as language barriers, family separation and inadequate social support, unemployment, trauma, and poverty.

Objective In response to the local demand for services, the authors describe a specialized group program for monolingual Spanish speaking adults with chronic and persistent mental illness.

Aims The program aims are two-fold:

- to reduce exacerbation of psychiatric symptoms for individuals presenting in an acute state of distress through the provision of recovery-oriented mental health services in a familiar setting and preferred language;
- to offer a specialized behavioral health training experience for bilingual psychology doctoral students.

Methods The group is led by the psychology fellow and is offered twice per week for a total of six hours, and includes elements of interpersonal and cognitive behavioral therapy; motivational interviewing; spirituality; coping skills training; and art/music.

Results The described mental health group program is the only one available in Spanish in the local community and has reduced utilization of the hospital emergency room. Consequently, it fills an important gap in the service system and offers care that would otherwise be unavailable for individuals in need.

Conclusions The program is a cost-effective alternative to hospitalization for Spanish speaking Latinos and a unique professional experience for psychologists in-training interested in a career in the public sector.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV783

Perceptions of treatment and adherence during hospitalization in psychiatric patients

G. Lyrakos^{*}, G. Totorou, D. Sittas, A. Dimitriou, M. Ypofanti, V. Spinaris, I. Spyropoulos

General Hospital Nikaia "Ag. Panteleimon", Psychiatric, Nikaia, Greece

* Corresponding author.

Background Treatment adherence has a vital role in the patient's health outcome as poor adherence rates can reduce, even diminish, the effectiveness of the treatment as well as lead to a waste of the health care system's valuable resources. Previous research has shown that perceptions of treatment strongly affect adherence in psychiatric patients.

Aim To investigate how the perceptions of treatment affect adherence during hospitalization in psychiatric patients.

Method Fifty psychiatric patients participated in this research, 21 (42%) males and 29 (58%) females. Out of them, 25 (50%) had been diagnosed with depression, 15 (30%) with psychosis, 6 (12%) with psychosis and depressive symptomatology and 4 (8%) with bipolar disorder.

Results The findings showed a significant effect of psychotherapy on treatment adherence ($\chi^2 = 4.915$, $P = 0.027$), with 7 out of 11 patients who undertook psychotherapy reporting good adherence rates compared to 12 out of 39 patients who did not. Gender had a significant effect on adherence ($\chi^2 = 5.96$, $P = 0.05$), with females reporting better adherence compared to males. Perception of treatment did not correlate significantly with adherence ($\chi^2 = 0.439$, $P > 0.05$) and neither did education ($\chi^2 = 2.22$, $P > 0.05$). Also, neither age ($F(2,47) = 1.535$, $P > 0.05$) nor hospitalization time ($F(2,47) = 1.131$, $P > 0.05$) correlated significantly with adherence to treatment.

Conclusion Even though there was no significant correlation between perceptions of treatment and adherence, psychotherapy seems to improve adherence to therapy during hospitalization and is also correlated with positive perceptions of treatment, something which will be valuable for the patient even after the hospitalization.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV784

Preserving control: Understanding people's experiences before, during and after detention under the Irish Mental Health Act 2001

D. McGuinness^{1,2,*}, A. Higgins³, B. Hallahan^{2,4}, E. Bainbridge⁴, C. McDonald^{2,4}, K. Murphy¹

¹ National University of Ireland, School of Nursing and Midwifery, Galway, Ireland

² University Hospital Galway, Mental Health Services, Galway, Ireland

³ Trinity College Dublin, The University of Dublin, School of Nursing and Midwifery, Dublin, Ireland

⁴ National University of Ireland, Psychiatry, Galway, Ireland

* Corresponding author.

Introduction The Mental Health Act 2001 provides a legal framework for the involuntary admission and treatment of individuals deemed to have a mental disorder to psychiatric units. The perspectives of people who have been detained are relatively poorly understood.

Objective To develop a theoretical understanding of individual's experiences throughout the trajectory of their detention and to understand the psychological and social processes that individuals use to cope before, during and after detention.

Methods Fifty individuals subject to detention across three psychiatric units consented to be interviewed three months after their detention. Using a semi-structured interview people recounted their experiences. Interviews were analysed using the principles underpinning Grounded Theory.

Results The theory 'Preserving Control' encapsulates individuals' experiences and consists of three related themes: 'Losing Control', 'Regaining Control' and 'Maintaining Control'. 'Losing Control' describes individuals' experiences of losing their autonomy and liberty through the process of detention and hospitalisation. 'Regaining Control' describes the strategies individuals used in an attempt to restore their loss of autonomy and control. 'Maintaining Control' describes how individuals lived with the consequences of detention and contended with impact on discharge.

Conclusions Whilst a large variation existed in relation to the subjective experience of being detained, the characteristic process that individuals tend to experience related to identifiable phases of preserving control in the face of this loss of autonomy. Findings from this study highlight the importance of more sensitive interactions support and information during and after the detention process.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV785

Implementation of Health of the Nation Outcome Scale (HoNOS) in Outpatient Clinic, Sligo Mental Health Services: Feasibility and Agreement with Global Assessment of Functioning Scale

O. Mulligan^{1,*}, L. Helmi², D. Adamis¹, E. O'Mahony¹, G. McCarthy¹, A. MacDonald³

¹ Sligo Mental Health Services, Psychiatry, Sligo, Ireland

² Sligo Medical Academy- NUI Galway, Medicine, Galway, Ireland

³ Institute of Psychiatry, Kings College London, London, United Kingdom

* Corresponding author.



Introduction Outcome measurements in mental health services is beneficial in allowing healthcare providers in determining the effectiveness of their treatment plan. Health of the Nation Outcome Scale (HoNOS) and Global Assessment of Functioning (GAF) are two well-established instruments to measure patients' outcome.

Aims and objectives To measure the correlation of these two scales, and the feasibility of HoNOS.

Methods Prospective longitudinal study of psychiatric outpatients attending a clinic in Sligo. Patients were assessed using HoNOS and GAF by trained doctors during the consultation. Feedback from doctors using HoNOS during the research was taken as a measure for feasibility.

Results Total of 441 HoNOS and 237 GAF completed on 280 patients (53.2% female, mean age 46.23; SD=14.89). The correlation between HoNOS and GAF was ($r=-0.696$, $P<0.001$). In reassessment, we found significant reduction in HoNOS score when comparing the first assessment with the second ($t=4.590$, $df=110$, $P<0.01$) and the third ($t=2.876$, $df=37$, $P<0.01$). Using a linear mixed-effects model, it was found that patients with diagnosis of schizophrenia, mood affective disorder, neurotic disorder, personality disorder and younger in age are more likely to improve during the follow-up compared to those with organic mental disorders, alcohol related problems and older age.

Conclusions HoNOS is a feasible scale and can be potentially used as an outcome measurement in the mental health services. Can help in deciding better management plan for patient and improvement of the service. HoNOS can also be used for comparison of outcomes between services in national and international level.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV786

Psychiatrist's mental health: A look at burnout in a psychiatry department in Portugal

S. Neves^{1,*}, F. Vieira², N. Madeira², J. Santos³, P. Garrido², A. Craveiro², F. Veiga², C.B. Saraiva²

¹ Portugal

² Coimbra Hospital and University Centre, Psychiatry Department, Coimbra, Portugal

³ Coimbra Nursing College, Coimbra Nursing College, Coimbra, Portugal

* Corresponding author.

Introduction Mental ill health is common among doctors. Fast, efficient diagnosis and treatment are needed as mentally ill doctors pose a safety risk to themselves and to patients, yet they are often reluctant to seek help. Focusing on psychiatry, it is known that psychiatrists as a professional group are prone to stress burnout and suicide. Thus, it seems relevant and current to address on the burnout in this professional group.

Objectives/aim To analyze the burnout levels and the existence of psychopathology in a Portugal psychiatry department.

Methods Anonymous self-completion questionnaire, prepared by the Suicide Prevention Consultation (also using MBI-Maslach Burnout Inventory and QIS-Suicide Ideation Questionnaire) and distributed by e-mail and online submitted for all psychiatrists in the department.

Results Forty-two percent of psychiatrists responded, mostly women. Although the percentages of responses related to fatigue/amount of work are significant, there were not high levels of emotional exhaustion and depersonalisation, but before satisfactory levels of personal fulfilment.

Conclusions High levels of "burnout" are associated with high scores of emotional exhaustion and depersonalisation, but also with low scores of personal fulfilment. Despite the preliminary results of this study, it is important to remember important



prevention strategies. Further studies directed to psychiatry trainees seem important, as this represents an important risk group, where an early intervention can make a difference.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV787

Qualitative evaluation of a couple-based cognitive-behavioral intervention on postnatal depression

F.W. Ngai

The Hong Kong Polytechnic University, School of Nursing, Kowloon, Hong Kong, China



Introduction Postnatal depression is a significant public health problem, which has long-term sequelae on the family and the infant's psychosocial development. Cognitive behavioral therapy is one of the most effective interventions for postnatal depression. However, there is limited qualitative evaluation of the impacts of delivering couple-based cognitive behavioral therapy during the perinatal period.

Objectives/aims The purpose of this study was to explore Chinese mothers' perceptions of a couple-based cognitive-behavioral intervention at early postpartum.

Methods This study used an exploratory qualitative design. A purposeful sample of 30 first-time Chinese mothers who had participated in a couple-based cognitive-behavioral intervention was interviewed at 6 weeks postpartum. Content analysis was used to analyze the data.

Results The results revealed that Chinese mothers perceived the couple-based cognitive-behavioral intervention to be helpful in enhancing their emotional control, increasing sense of support and well-being in taking up the maternal role.

Conclusions The findings provide empirical support for the feasibility of the couple-based cognitive-behavioral intervention in facilitating maternal adaptation during the transition to parenthood. The results could be utilized to make continued improvement of perinatal services to promote maternal well-being during the transition to new parenthood.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV788

A retrospective study of the impact of antipsychotic medication on readmission in patients followed by a domiciliary care unit

J. Oliveira^{1,*}, G. Sobreira², I. Capeto Coelho³, F. Gomes², A. Nobre³

¹ Centro Hospitalar Psiquiátrico de Lisboa, Neuropsychiatry Unit, Lisbon, Portugal

² Centro Hospitalar Psiquiátrico de Lisboa, First Psychotic Episode Unit, Lisbon, Portugal

³ Centro Hospitalar Psiquiátrico de Lisboa, Mood Disorders and OCD Unit, Lisbon, Portugal

* Corresponding author.

Introduction Domiciliary care services' patients have severe psychiatric disorders, challenging social contexts and physical comorbidities. These influence outcome but are difficult to modify. Conversely, antipsychotic medication is changeable and has been shown to be related to number of readmissions and length of stay.

Objectives To assess whether injectable or oral and first or second generation antipsychotics (FGAP and SGAP) are associated with readmission and contact with mental health services.

Aims To improve the quality of care in our domiciliary care unit (PreTrarCa) and its efficacy.

Methods Active patients in PreTrarCa in 2015 with schizophrenia, schizoaffective, delusional or bipolar disorders were included ($n = 64$). Information regarding medication and average number of hospitalizations, appointments and missed appointments per year was retrospectively collected.

Results Patients were mostly male (37), with mean age of 54, and mean follow-up of 41.20 months; 23 were prescribed injectable antipsychotics alone, 21 oral antipsychotics alone and 20 both; 36 were on injectable FGAP and 7 on SGAP. Oral medication was significantly related with missed appointments per year, but not with number of actual appointments. No other significant relation was found; although patients on SGAP had more hospitalizations (0.9 vs. 0.3 per year) and longer length of stay (21.9 vs. 6.3 days) these differences were not statistically significant.

Conclusion Type of antipsychotic was not associated with readmission rates or contact with mental health services. Confounding variables and clinical outcome measures were not included and the effect of medication changes during follow up was not addressed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV789

Mental illness and sexual disease transmission. A case report

I. Peñuelas Calvo^{1,*}, J. Sevilla Llewellyn-Jones², A. Sareen³, C. Cervesi⁴, A. Gonzalez Moreno⁵

¹ Hospital Universitario Virgen de la Victoria, Psychiatry, Málaga, Spain

² Hospital Universitario Virgen de la Victoria, Psychology, Málaga, Spain

³ The Zucker Hillside Hospital-North Shore, Long Island Jewish Health System, Psychiatry Research, New York, USA

⁴ Institute for Maternal and Child Health-IRCCS "Burlo Garofolo", Psychiatry, Trieste, Italy

⁵ Hospital Universitario Virgen de la Victoria, Psychiatry, Málaga, Spain

* Corresponding author.

Introduction Published rates of HIV infection among psychiatric patients are 3.1% to 23.9%, at least eight times higher than general population. (Nebhinan et al., 2013)

Aims Defects in judgment and insight in patients with psychosis is often associated with lot of anger and impulsiveness, risky behavior and lower treatment adherence. This often led to worsening of clinical status and prognosis. (Uruchurtu, 2013)

Methods A 31-year-old man diagnosed with schizophrenia and HIV four years ago. At the beginning of last year, the patient was hospitalized in the Acute Psychiatry Hospital Unit because of decompensation. Two years after diagnosis of HIV, he stopped taking his medications and was arrested several times because misdemeanors. Furthermore, patient was highly sexually active in the form of unprotected sex with multiple partners, as he had no concept of his disease. In addition to this, he made a delusional interpretation about HIV (known as VIH in Spanish) as Immortal human life (Vida Immortal Humana). He was admitted in the hospital for a month and was treated with medications and psychotherapy, which led to good stabilization, and he gained insight of both of his illnesses. At the moment, one year after this episode, the patient is stable, taking both medications regularly and followed up by his psychiatrist in the Mental Health team.



Conclusion It is of extreme importance that psychotic patients with HIV receive a good follow-up during life, as decompensation can affect the patients' health and health of others, with the implicit consequences that it carries. (Uruchurtu, 2013)

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV790

Mindfulness, self-compassion and psychological distress in pregnant women



S. Xavier^{1,*}, J. Azevedo¹, E. Bento¹, M. Marques^{1,2}, M. Soares¹, M.J. Martins^{1,3}, P. Castilho³, V. Nogueira^{1,2}, A. Macedo^{1,2}, A.T. Pereira¹

¹ Faculty of Medicine, University of Coimbra, Psychological Medicine, Coimbra, Portugal

² Coimbra Hospital and University Centre, Psychology, Coimbra, Portugal

³ Faculty of Psychology and Educational Sciences, University of Coimbra, CINEICC, Coimbra, Portugal

* Corresponding author.

Introduction Anxiety, depression, and stress in pregnancy are risk factors for adverse outcomes for mothers and children (Glover, 2014). There is good evidence showing a decrease in psychological distress when pregnant women participate in interventions comprising mindfulness and self-compassion practices (Dunn et al., 2012). However, there are few studies on the relationship between mindfulness, self-compassion and psychological distress variables in pregnancy, without being within the scope of intervention trials (Cohen, 2010; Zoeterman, 2014).

Objective To explore the association between mindfulness, self-compassion and psychological distress/PD in pregnant women.

Methods Four hundred and twenty-seven pregnant women (mean age: 32.56 ± 4.785 years) in their second trimester of pregnancy (17.34 ± 4.790 weeks of gestation) completed the Facets of Mindfulness Questionnaire-10 (FMQ-10; Azevedo et al., 2015; to evaluate Non-udging of experience/NJ, acting with awareness/AA and observing and describing), Self-Compassion Scale (SCS; Bento et al., 2015; to evaluate self-kindness/SK, self-judgment, common humanity, isolation, mindfulness and over-identification) and Depression Anxiety and Stress Scale-21 (DASS-21; Xavier et al., 2015). Only variables significantly correlated with the outcomes (Total DASS-21, Stress, Anxiety and Depression) were entered in the multiple regression models.

Results FMQ-10 and SCS Total scores were both significant predictors of DASS-21 ($B = -.335, -.296$). Stress predictors were NJ, AA, SK and isolation ($B = -.164; -.196; -.087; .353$); Anxiety predictors were NJ, SK and isolation ($B = -.198; -.124; .268$); depression predictors were NJ, SK and Isolation ($B = -.277; -.128; .232$) (all $P < .01$).

Conclusions Mindfulness and self-compassion dimensions, particularly non-udging of experience and self-Kindness are protective for PD in pregnancy. Isolation is a correlate of PD in pregnancy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV791

Primary Care Mental Health Pilot

H. Rahmanian

Sutton, United Kingdom



Improving access to mental health in primary care is a national priority A stated priority is to improve the integration between mental and physical health services and to close the gap between people

with mental health problems and the population as a whole by ensuring that mental health is treated with as much priority as physical health. Integrated working between GPs, primary and secondary care mental health services, will be key to delivering these shared priorities and to meet local commissioning objectives that will improve the health and well-being of our population, reduce inequalities and maximise value in terms of outcomes, quality and efficiency from services provided to patients. The Barnet South Primary Care Mental Health Pilot commenced on 30th June 2014 (initially for 9 months, then extended for another 3 months). The service has been commissioned to offer advice to GPs and mental health assessments in the primary care setting. The pilot provides a responsive and flexible service for the 17 practices in the South Barnet Locality. The pilot offers an assessment service for mental health referrals. People seen for assessment are aged 18 years and older and must be registered with a GP in the Barnet South Locality. They are people with diagnoses of moderate or severe depression and/or anxiety disorders, mild eating disorders who do not meet the criteria for referral to specialist services, or medically unexplained symptoms with no currently known physical cause.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV792

Non-Attendance at initial appointments in an Outpatient Mental Health Centre



S. Ramos Perdigues^{1,*}, S. Gasque Llopis², S. Castillo Magaña², Y. Nuesta Abad², M. Forner Martínez², M. Gárriz Vera²

¹ Nuestra Señora de Jesus, Spain

² Institut de Neuropsiquiatria I Addiccions, Parc de Salut Mar, Barcelona, Spain

* Corresponding author.

Introduction Non-attendance at initial appointments is an important problem in outpatient settings and has consequences, such as decreased efficient use of resources and delayed attention to patients who attend their visits, and that compromises quality of care.

Objectives To identify and describe the characteristics of patients who do not attend the first appointment in an adult outpatient mental health center, located in Barcelona.

Method Retrospective study. The sample was made up from all patients who had a first appointment during 2014 in our outpatient mental health centre. Socio-demographic and clinical data (type of first appointment, reason for consultation, origin of derivation, priority, history of mental health problems) were described. The results were analyzed using the SPSS statistical package.

Results A total of 272 patients were included. Twenty-six per cent did not attend their first appointment; with mean age 39.75 years and 51.4% were male. Most frequent problems were anxiety (41.7%), depression (26.4%) and psychosis and behavioural problems (11.2%). The origin was primary care (83.3%), social services (4.2%) and emergencies (2.8%). Most of them were not preferent or urgent (86.1%). The 51.4% of non-attendees had history or psychiatric problems and 13.9% nowadays are patients of our mental health centre.

Conclusions It is important to develop mechanisms that can reduce the incidence of first non-attended appointments. In our case, most of them are attended by primary care so we can establish better communication with our colleagues and try to contact to the patients prior to the date of the appointment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV793

The comparison of the quality of life and determination of Multidimensional Health Locus of Control (MHLC) in the healthy people and the people with hypertension

H. Sabbaghpour

Islamic Azad University Branch Amol, Clinical Psychology, Babol, Iran

The main purpose of this research is the comparison of the quality of life and determination of multidimensional health locus of control (MHLC) in the healthy people and the people with hypertension. The statistical population of this research includes of all healthy people (the fellows of patients) and patients with hypertension that have referred to Babol Cilinic and Mehregan hospitals during the first three months of 92. The volume of samples based on the Gerjci and Morgan tables including of 240 people were selected by the method of non-random sampling. The research methodology is comparative causative for data collection, the questionnaire of the quality of life (short form) and multidimensional health locus of control questionnaire were used. For data analysis and the generalization of results, *T*-test of independent samples was used. The achieved results are indicative of this matter that the quality of life in the physical and social dimension and psychological dimension and multidimensional health locus of control in the healthy people and the patients with hypertension are different but the quality of life in and the health of environment, any meaningful difference has not been observed.

Keywords Quality of life; Multidimensional health locus of control; Hypertension

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV794

Assertive community treatment in mental health: Experience in Ibiza, Balearic Islands

B.E. Pinilla Santos^{1,*}, I. Moreno Encabo², M. Tur Roig²,

V. Gutiérrez Mellado², N. Rodríguez Criado¹, R. Martín Aragón¹

¹ Hospital Universitario de Móstoles, Psiquiatría, Madrid, Spain

² Área de Salud Mental de Ibiza y Formentera, Hospital Can Misses, Ibiza, Spain

* Corresponding author.

Introduction In the 1970s emerges in Madison (United States) the assertive community treatment (ACT) and since then it has emerged as the standard model of comprehensive, intensive community treatment for patients with severe mental illness. Multiple studies support its effectiveness and efficiency reducing hospital stay and phenomena revolving door.

In 2007, it begins in Ibiza the ATC, as a form of treatment for patients who, due to a problem of geographical isolation or mental disorder, remain detached from the mental health services.

Objectives Evaluate and share the experience of the ATC in Ibiza's population as a way to improve the linkage of patients to the resources of health, their community integration and avoid abandonment of treatment and hospitalizations.

Method We compiled records from ATC activity in Ibiza since creation. This paper describes and analyzes a sample of 35 patients followed for 2014, and hospitalizations compared before and after start the ATC.

Results In the sample studied, the leading diagnoses are paranoid schizophrenia and delusional disorder. A significant decline is detected in the number and duration of hospitalizations after initiation of treatment in the ATC.



Conclusion The results observed in the sample match those reported in the literature, showing the ATC as an effective recourse for the care of patients with severe mental disorder.

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EV795

Medical comorbidity related risk factors for hospital-based mortality in psychiatric disorders of ICD-10 classes F1–F4: A comparative overview of five studies in general hospital admissions

D. Schoepf^{1,*}, R. Heun²

¹ University Hospital of Bonn, Psychiatry, Bonn, Germany

² Royal Derby Hospital, Radbourne Unit, Derby, United Kingdom

* Corresponding author.

Introduction Up to 60% of the non-suicide related premature mortality of individuals with major psychiatric disorders is said to be mainly due to medical diseases.

Objectives and aims Based on five representative studies in general hospital admissions over 12.5-year observation, we will represent a comparative overview of medical comorbidity related risk factors for general hospital-based mortality in prevalent psychiatric disorders of ICD-10 major classes F1–F4.

Methods In the original studies, medical comorbidities that increased the risk for hospital-based mortality were identified using multivariate forward logistic regression analysis. In secondary analysis, independent risk factors for general hospital-based mortality were compared between studies using the OR and the 95% CI.

Results A total of fifteen medical comorbidities represented independent risk factors for general hospital-based mortality in more than one psychiatric disorder of ICD-10 major classes F1–F4. Infectious lung diseases and chronic obstructive pulmonary disease were mortality risk factors in all diagnostic classes. Type 2 diabetes mellitus represented a risk factor for general hospital-based mortality in individuals with schizophrenia (SCH), bipolar disorder (BD), and major depressive disorder (MDD). Atrial fibrillation was a mortality risk factor in individuals with MDD, anxiety disorder (ANX), and alcohol dependence (AD). In addition, nineteen medical comorbidities represented independent mortality risk factors in only one of the diagnostic classes, i.e. two in individuals with SCH, three in individuals with MDD, three in ANX, and eleven in AD.

Conclusions In general hospitals, the pattern of medical comorbidities that explain the outcome of in-hospital deaths differs considerably between psychiatric disorders of ICD-10 major classes F1–F4.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV796

Mental health staff: To promote resilience, to reduce the risk of burnout

N. Semenova^{1,*}, A. Palin², I. Gurovich¹

¹ Moscow Research Institute of Psychiatry MoH RF, Outpatient Psychiatry, Moscow, Russia

² Psychiatric hospital No. 4 named after P.B. Gannushkin, Medico-rehabilitation Unit, Moscow, Russia

* Corresponding author.



Introduction Stress and burnout are clearly problems for mental health workers. In this paper, we present data from research study on moderators of burnout in mental health staff.

Objectives/aims The purpose of this study was to explore the phenomenon of resilience as experienced by Russian mental health clinicians working in a highly demanding, specialized and stressful environment (e.g., staff shortages, health service shortages, not being notified of changes before they occurred).

Methods The study used a range of self report questionnaires. Measures included a demographic checklist, the Hardiness Survey (Maddi 1984), and the GCOS – The General Causality Orientation Scale (Deci & Ryan 1985). The participants for this study were drawn from Medico-rehabilitation Unit, Psychiatric hospital, – the disciplines of psychiatry, clinical psychology and nursing. In all, 10 ward based mental health professionals were surveyed.

Results This paper outlines the results of these measures. This in turn allows us to develop intervention strategy to ensure an effective provision, which depends on satisfied professionals, who have a sense of ownership over what they do and an ability to shape the direction of their endeavours.

Conclusions The study's findings have the potential to inform organizations in mental health to promote resilience in clinicians, to deliver stress management interventions for staff with the potential to reduce the risk of burnout and hence staff attrition, staff retention and mental health.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV797

Depressive and anxiety symptoms in youth mental health outpatients: An observational study



J. Silva Ribeiro^{1,*}, S. Morais^{1,2}, E. Mendes¹, A. Botelho¹, G. Helena¹, V. Luísa¹, B. Aida¹, N. Madeira^{1,2}

¹ Coimbra Hospital and University Centre, Psychiatry Department, Coimbra, Portugal

² University of Coimbra, Faculty of Medicine, Coimbra, Portugal

* Corresponding author.

Introduction There is an increased risk to develop mental disorder during adolescence and early adulthood. Given this vulnerability, and in order to facilitate the transition from child and adolescent to adult mental health services, specific services for this age group have been developed in the last years, focusing on accessibility and early referral of young mental patients. Our Psychiatry Department (Coimbra Hospital and University Centre, Portugal) created a specific unit for young adults in order to provide better care, in accordance with the specificities of this subpopulation. The team consists of psychiatrists, psychiatry residents, nurses and a clinical psychologist. Referred patients are under 20 years old, presenting clinically relevant psychopathology or behavior disturbances.

Objectives/aims We aimed to characterize help-seeking outpatients regarding socio-demographic variables and its relation to depressive and anxiety symptoms.

Methods Socio-demographic characterization was undertaken with young adult psychiatric outpatients observed during eleven months (1st January to 30th November 2015). Multivariate analyses were performed to identify a relationship among socio-demographic and psychopathology variables (assessed with the Portuguese version of Brief Symptom Inventory–53 items).

Results/conclusions One hundred and sixty-two outpatients were observed: 97 females (59,9%) and 65 males (40,1%), ages between 17 and 31 years old (average: 19,9; median: 20). We found a positive correlation between depressive and anxiety symptoms and the education level. A negative correlation was found between

depressive and anxiety symptoms and male gender and presence of mental illness in the family.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV798

Factors related to disability pensions – a cross-sectional analysis from a university hospital in Istanbul



E. Sönmez*, D. Tunca, Y. Akvardar

Marmara University Pendik Training and Research Hospital, Psychiatry, Istanbul, Turkey

* Corresponding author.

Introduction Mental disorders are one of the leading reasons for disability-related retirement and payment of associated long-term benefits in many countries.

Objectives To explore the characteristics of psychiatric outpatients who apply for disability pensions and to investigate the factors associated with making an application.

Methods A four-month cross-sectional evaluation of disability pension and retirement applications to the psychiatry outpatient clinic in a university hospital in Istanbul.

Results The majority of 144 patients were male ($n = 102$, 70.8%), based in Istanbul, married, living with their families and had no occupation at the time of inquiry. Excluding applications for individuals with a diagnosis of intellectual disability ($n = 44$), most applicants were primary school graduates ($n = 31$, 32.3%). For the whole group, the median age of application was 34. 60%, ($n = 87$) had an established psychiatric diagnosis before the application, with average duration since diagnosis of approximately 8 years. The most frequent diagnoses were intellectual disability, followed by schizophrenia and depression. More than half of the patients were treated only outpatiently, with no hospitalization ($n = 55$, 58%). Thirty-two of them (22.4%) had a comorbid psychiatric diagnosis and 58 (40.3%) had at least one comorbid medical diagnosis.

Conclusions There are some similarities between our findings and findings from other countries, such as low educational level and frequent comorbid somatic diseases among patients applying for disability pension. In contrast with the literature and as an indicator of social inequality, most patients applied for disability pension were male. The results are reflecting the specificities of different health systems and cultural perceptions of disability.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV799

Changing pattern of clinical profile of first contact patients attending outpatient Services at the General Hospital Psychiatric Units in India over the last 50 years



M. Sood*, R. Ranjan, R.K. Chadda, S. Khandelwal

All India Institute of Medical Sciences, Psychiatry, Delhi, India

* Corresponding author.

Introduction Over the last eight decades, general hospital psychiatric units (GHPUs) have become important mental health service set-ups in India. This period has seen a large number of radical changes in the Indian society. In this background, it is important to know if it had any effects on the patients attending the GHPUs.

Methodology A total of five hundred subjects, attending a GHPU were recruited prospectively for the study. The subjects were assessed using a semi-structured proforma. A comparison was

made with similar studies conducted in GHPU settings over the last 5 decades.

Results Neurotic, stress related and somatoform disorders was the commonest diagnostic group (33%) followed by psychotic disorders (17%) and mood disorders (15%). The finding is broadly similar to the studies done at different times in the last 5 decades. However, there were lesser number of patients with mental retardation, organic brain syndrome and seizure disorder.

Conclusion The study highlights the strengths of GHPU set-ups like inter-speciality referrals, fewer stigmas, patients travelling from far off places to seek treatment and involvement of family in the care of mentally ill.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV800

Seven years of occupational psychiatry in a Portuguese university hospital



L. Sousa*, A. Antunes, L. Bastos

Hospital de Santa Maria, Lisbon Academic Medical Center, Psychiatry and Mental Health, Lisbon, Portugal

* Corresponding author.

Introduction Occupational psychiatry is the field of psychiatry that focuses on work, its importance in the lives of individuals and work organizations. It gained visibility in the 2000 decade, after the creation of the Academy of Occupational and Organizational Psychiatry. Following that trend, occupational psychiatry outpatient started in 2008 at Hospital de Santa Maria.

Objective To describe the structure and functioning of that project; to characterize the population that has been referred to this subspecialty, as well as the main motives for referral; and to highlight some paradigmatic cases that deserve special attention.

Aims Call attention to the importance of occupational psychiatry at the individual and institutional level.

Methods All the patients ever referred to the occupational psychiatry consultation were considered for the analysis. Clinical information was obtained through medical records and interviews with the patients. Bibliographic research was conducted through the PubMed in the Medline library.

Results In our hospital, the prototype patient referred to occupational psychiatry is a middle-aged woman working as a medical assistant. The most frequent motives for referral were related to difficulties in accomplishing job duties and definite psychiatric diagnosis corresponded more often to the common mental disorders (anxiety, depression and adjustment disorders). At the institutional level, the initiative was received with great enthusiasm.

Conclusions As Freud stated “To Love and work are the cornerstone of our humanness”, in line with that we consider that occupational psychiatry should be taken as a priority in what concerns to mental health policies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV801

Stigma and poor mental health literacy as barriers to service use among unemployed people with mental illness – a qualitative study



T. Staiger^{1,*}, T. Waldmann¹, S. Krumm², N. Rüschi¹

¹ Ulm University, Department of Psychiatry II, Ulm, Germany

² Bezirkskrankenhaus Günzburg, Department of Psychiatry II, Günzburg, Germany

* Corresponding author.

Introduction/objectives Mental health problems were shown by different studies to be both: results of and risk factors for unemployment. However, unemployed people with mental health problems often have difficulties in finding and using mental health services and therefore do not benefit from therapies. Because unemployed individuals outside the healthcare system are a hard-to-reach group, barriers to but also facilities for mental health services are poorly understood.

Aims The aim of the study is to identify barriers and facilitators of help seeking and service use, based on experiences of unemployed people with mental health strains.

Methods We conducted 15 qualitative semi-structured interviews with unemployed individuals, facing self-reported mental health problems or mental illness. Topics included individual experiences with help-seeking and mental health service use, with a focus on barriers and facilitators. Interviews were audiotaped and transcribed verbatim. Transcripts were analyzed using qualitative content analysis and major themes were identified.

Results Patients fear adverse reactions of psychiatric medication. They report to be treated as “different” by their social environment and health professionals, which leads to a lack of self-esteem and inhibits them in their help seeking efforts. Social support and desire for change on the other hand can be strong motivational factors in searching for help.

Conclusion Perception of GPs towards mental health issues of their patients, and especially unemployed patients, has to be raised. Stigmatization of mental illnesses and help seeking should be reduced in practical context.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV802

Big data analysis for improved mental healthcare: A population-based perspective



K. Suzuki^{1,*}, J.C. Muria Tarazon², B. Hu³

¹ Japan

² Fujitsu, Business Consulting Unit, Valencia, Spain

³ Fujitsu Laboratory of Europe, Data Analytic Department, London, United Kingdom

* Corresponding author.

Introduction Mental disorder is a key public health challenge due to its high levels of disability and mortality and a leading cause of DALYs (Disability adjusted life years). Therefore, a small improvement on mental care provision and management could generate solid benefits on relieving the social burden of mental diseases.

Objective Long-term vision of collaboration between Fujitsu Laboratories, Fujitsu Spain, and Hospital Clinico San Carlos is to generate value through predictive and preventive medicine improving healthcare outcomes for every clinical area, benefiting managers, clinicians, and patients.

Aims The aim is to enable a data centric approach towards a value-based healthcare system via health informatics. The project fuses knowledge from heterogeneous sources for obtaining patterns for clinical decision-making.

Methods This project leverages a data analytic platform named HIKARI (“light” in Japanese) to deliver the “right” information, to the “right” people, at the “right” time. HIKARI consists of a data-driven and evidence-based Decision Support and Recommendation System (DSRS), facilitating identification of patterns in large-scale datasets and linking of data from different sources and types.

Results Using multiple, heterogeneous datasets, HIKARI detects correlations from data retrospectively and conducts early intervention when signs and symptoms prompt immediate actions. HIKARI also highlights resource consumption patterns and suggests future resource allocation, using real-life data.

Conclusions With the advance of ICT, especially data-intensive computing paradigm, approaches mixing individual risk assessment and environmental conditions become increasingly prevalent. HIKARI DSRS can serve as a key tool for individuals and clinicians daily management of mental disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV803

Mental health improvement through physical therapy: Polish perspective



A.R. Szczegielniak^{1,*}, J. Szczegielniak²

¹ Medical University of Silesia, Department of Psychiatry and Psychotherapy, Katowice, Poland

² Opole University of Technology, Faculty of Physical Education and Physiotherapy, Opole, Poland

* Corresponding author.

Among people suffering from mental conditions increased prevalence of diabetes, cardiovascular disease, hypertension and respiratory disease is observed, with considerably higher levels of morbidity and mortality. Still, mental conditions are neglected and not treated equally to other medical states in Poland. It is commonly believed that psychiatric patients are violent and unpredictable, even though they are more likely to be a victim of violence themselves. This attitude, reinforced by media coverage and observed also among health care workers, results in unwillingness to have any relations with mental patients due to fear of them being aggressive. Connection between physical well-being and mental health is well known. Physical therapists have necessary knowledge and skills to support development of individual independence, anxiety management and lifestyle control in order to keep patients healthier. It can be done by specially designed treatment programmes consisting of exercises, manual techniques and physical medicine procedures. Lack of understanding of this valuable connection results in insufficient emphasis on the presence of physiotherapist in the multidisciplinary therapeutic team on psychiatric wards nationwide. The study focuses on summary of the current situation in Poland and starts discussion on possible areas of improvements.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV804

Experience of burnout syndrome in resident physicians



P. Cigarroa-Vázquez¹, I. Vargas-Huicochea^{2,*}

¹ National Autonomous University of Mexico UNAM, Program of Masters in Mental Health, Mexico City, Mexico

² Instituto Nacional de Psiquiatría “Ramón de la Fuente Muñiz”, Division of Clinical Research, Mexico City, Mexico

* Corresponding author.

Medical residents, as a population that is in formation and that represents the workforce in public hospitals, are in a particularly vulnerable situation for the development of burnout syndrome (BOS), defined as a psychosocial disease in response to chronic stress in the work environment. This study analyzed the impact of BOS on a personal level, residents' ways of coping, and the perceived needs to prevent it.

Objectives To analyze the experience of BOS in medical residents of Mexico City.

Methods Qualitative design with a phenomenological approach. Semi-structured interviews were conducted. Participants were medical residents in training who agreed to participate. Data analysis was based meaning categorization and condensation, as well as some elements of discourse analysis.

Results We had interviews with residents of gynaecology, otorhinolaryngology, family medicine and psychiatry. We have found that there are some specific aspects that contribute to the development BOS:

- the hidden curriculum that has become evident through unnecessary punishments;
- various roles to be met simultaneously by residents;
- the basic needs like sleeping and eating right are not being met due to excessive workload.
- impact in general health.

Conclusions It is necessary to make visible the complexity of the BOS and its impact on trainees to prevent deterioration in the quality of life and overall health status. It would be to achieve the satisfaction of basic needs as essential conditions for physical and mental well-being of all human beings, and more so for those whose task is to contribute to the health of others.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Mental health policies

EV805

Improving Ghana's mental health care through task shifting – psychiatrists and health policy directors views



V. Agyapong^{1,*}, E. McAuliffe², C. Farren³

¹ University of Alberta, Department of Psychiatry, Fort McMurray, Canada

² University College Dublin, School of Nursing, Midwifery and Health Systems, Dublin, Ireland

³ University of Dublin, Trinity College, Department of Psychiatry, Dublin, Ireland

* Corresponding author.

Background Currently, Ghana has only twelfth psychiatrists in active service providing for the mental health needs of a population of nearly 25 million people. Ghana has therefore adopted a system of task-shifting to address the critical shortage of psychiatrists.

Aim To examine the perception of psychiatrists and health policy directors about the government's policy to expand mental health care delivery in Ghana through a system of task-shifting from psychiatrists to community mental health workers (CMHWs).

Methods A self-administered semi-structured questionnaire was developed and administered to 11 psychiatrists and 29 health policy directors.

Results Only one psychiatrist and 3 (10.3%) health policy directors reported they were not aware of task-shifting within Ghana's mental health delivery system. Ten (91.1%) psychiatrists and 23 (79.3%) health policy directors were aware of a policy of the Government of Ghana to improve on the human resource base within mental health through a system task-shifting. Overall, 5 (45.5%) of the psychiatrists and 9 (31%) health policy directors perceived there are some resistance to the implementation of a policy of task shifting including resistance from traditional and spiritual healers, some psychiatrists, some community psychiatric nurses and psychologists. The majority of psychiatrists and health policy directors were of the view that CMHWs should be allowed to assess, diagnose and treat most of the common mental disorders.

Conclusion Psychiatrists and health policy directors in Ghana support Governments policy to expand on mental health care delivery through a system of task-shifting despite their knowledge of resistance from certain professionals.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV806

Towards new models of care: Developing a curriculum for interprofessional mental health training



C. Attoe^{1,*}, Z. Jabur¹, M. Lavelle², S. Cross¹

¹ South London & Maudsley NHS Foundation Trust, Maudsley Simulation, London, United Kingdom

² King's College London, Florence Nightingale Faculty of Nursing & Midwifery, London, United Kingdom

* Corresponding author.

Introduction Interprofessional training remains rare in mental health and psychiatry, yet this is an ideal area to benefit from this approach. Traditionally clinicians from various specialities have trained 'in silos', with knowledge expansion the focus rather than experiential team-based learning. There is no unifying mental health curriculum to meet training needs of healthcare workforces, particularly in light of New Models of Care. A move towards reducing traditional barriers between disciplines, and more collaborative patient-focused care, must be reflected in training strategies as well as service structure.

Aims To develop a comprehensive mental health curriculum relating to New Models of Care with an interprofessional focus, having recognised gaps in existing provision.

Methods A literature, strategy, and policy review identified best practice in interprofessional training for mental health. A scoping exercise collected current training plans for mental health across professions, mental health trusts, primary care and others within Community Education Provider Networks. Focus groups were held with key stakeholders across professions, trusts, and institutions to further develop the curriculum structure and pilot ideas. The curriculum was drafted and reviewed with local education leads, before being finalised.

Results The final interprofessional mental health curriculum presents a clearly structured, innovative approach to mental health training applicable to all professions and organisations, with an interprofessional focus to facilitate the transition to New Models of Care and improved patient experience and outcomes.

Conclusion We hope this curriculum will be adopted by local education leads and departments, and will have significant, wide-reaching impact on mental health training and subsequently patient care.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV807

Task-shifting and organization of psychiatric services in a low-resource context: Using peer therapy at a mental rehabilitation center in Fès as a case study



H. Khabbache¹, N. Bragazzi^{2,*}, I. Rammouz³

¹ Faculté des lettres et des sciences humaines, Sais, laboratoire études théologiques, sciences cognitives et sociales, University of Fez Sidi Mohamed Ben Abdellah, Fès, Morocco

² University of Genoa, Department of Health Sciences DISSAL, Genoa, Italy

³ University of Fez Sidi Mohamed Ben Abdellah, Department of Psychiatry, University Hospital of Fez, centre psychiatrique

universitaire, CHU Hassan II, hôpital Ibn Alhassan, Clinical Neuroscience Laboratory, Fès, Morocco

* Corresponding author.

In this contribution, we will address the challenges that psychological and psychiatric services have to face in a low-resource context. Despite its large and young population made up of approximately thirty million inhabitants, Morocco has no more than 350 psychiatrists, 60 clinical psychologists, about 400 nurses specializing in psychiatry, and social workers. According to the World Health Organization (WHO), in Morocco there are an average of about 9 health-workers in the field of mental health per 100,000 persons. This shortage of specialized health-workers dramatically contrasts with the burden of mental disorders (which have a prevalence of 48.9% in Morocco, with depression affecting an estimated 26.5% of the general population). Psychiatric cures can be ensured, notwithstanding these hurdles, if a public health perspective is assumed. In resource limited settings, working in the field of mental health calls up for putting oneself on the line, exposing to new experiences and re-organizing one's own skills and expertise. The Italian scholar Camillo Golgi, a prominent researcher of the brain, was used to say that a poor laboratory but rich of ideas is preferable to a rich laboratory without ideas. In particular, in the present contribution we will use our clinical experience at a rehabilitation center in Fès (the association NOUR) as a case study and we will show how to use peer therapy in order to overcome the drawbacks that we daily encounter in a setting of limited resources.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV808

Nurses in mental health – Case of Albania



A. Como^{1,*}, F. Elezi², F. Dobi³, S. Tomori⁴, E. Sotiri²

¹ University Hospital Center "Mother Teresa", Neuroscience, Tirana, Albania

² University Hospital Center "Mother Teresa", Psychiatric Service, Tirana, Albania

³ Tirana Mental Health Community Center, Community Center, Tirana, Albania

⁴ University Hospital Center "Mother Teresa", Pediatric Service, Tirana, Albania

* Corresponding author.

Human resources in mental health in Albania, a three million population LMIC, are essentially scarce as presented in a number of WHO publications over the last decade. The 'Reform' of the system of care in mental health is much spoken about during the last 20 years using 'community mental health care' as a basic keyword in national official documents describing short and long-term plans. The objective of the presentation is to describe the shortcomings in a developmental agenda when priority in building capacities is missing, pointing to nurses in mental health as a particularly important component.

Data from different WHO and other UN publications are organized to offer a contextualized picture of the situation compare to other countries in the region too. Results are presented to fuel a discussion on how to prioritize the possible education activities/strategies in the way that the huge gap is starting being filled in a meaningful way for the benefit of the existing network of mental health institutions/services and future developments considering financial constrains and massive migratory trends on educated nurses. Establishing and strengthening the system of continuing education for nurses is presented as possibly the best solution besides other paths need being taken.

Keywords Mental health nurses; LMIC; Community mental health

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EV809

In France, the 5th July 2011 law changed the rights and the protection of individuals given psychiatric treatment and the conditions of their medical care



F. Cornic*, M.N. Vacheron

Sainte-Anne Hospital Center, Secteur 75G13, Paris cedex 14, France

* Corresponding author.

The principle of non-consensual care has existed in France since 1838, with significant change more than a hundred years later in 1990, triggered by advancements in medical care and the establishment of a psychiatric care in the community. The 1990 law had to evolve quickly in order to comply with European standards. The 5th July 2011 law's three main objectives were: to insure mental care accessibility and continuity, to adapt advancements in medical care to better protect the patients and their support network, and to reinforce the rights and individual freedom of patients.

The 27th September 2013 law sought to reform the previous act following feedback from both the medical and judicial sectors. The law is based on three innovative principles: control by the liberty and custody judge at the twelfth day of full hospitalisation and at the sixth month point of full hospitalisation, the possibility to arrange for the patient to have a community treatment order within the framework of an individual care plan, the possibility to section a patient without a third party, in case of clear and urgent need. As a result of these new laws, the way in which patients were looked after had to change. The choices medical staff have now, are limited by the need to respect the patients' rights in the eyes of the law and the obligation to guarantee continuous and adapted medical care. This law means that an individual's needs must be continuously assessed, substantially changing the therapeutic landscape.

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EV810

Mental health systems development in UAE



A. Haque

UAE University, Psychology and Counseling, Al-Ain, United Arab Emirates

Background This paper examines the historical development of mental health services in the UAE including formation of federal laws associated with mental health and ministerial decrees. It also discusses cultural considerations in mental health practice in a society that is highly pluralistic and populated mainly by foreigners. The sharia aspects of mental health are also addressed.

Aims The aims of the paper are to familiarize readers in above areas and encourage further work in the area of mental health in UAE.

Methods The research is based on literature review.

Results All federal laws and ministerial decrees are listed and local cultural considerations and sharia laws discussed, as they are unique to his country and region.

Conclusion Although mental health is traditionally neglected in this country it is developing very fast and it is essential to keep track of and encourage such growth for the benefit of consumers and mental health professionals.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV811

How to relate two specific concepts: Sexual health and sexual minority?



F. Jurysta^{1,2}

¹ Centres Hospitaliers Jolimont asbl, Psychiatrie, Haine-Saint-Paul, Belgium

² ULB-Hôpital Erasme, Brussels, Belgium

Introduction WHO defines Sexual Health as “a state of physical, emotional, mental and social well-being in relation to sexuality... and requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence”.

OCD-10 defines Transsexualism as “the desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment. The transsexual identity has been present persistently for at least two years. The disorder is not a symptom of another mental disorder or a chromosomal abnormality”.

Objective We developed an integrative model in 4 axes to approach Sexual Health concept and Transsexualism.

Aims Holistic and integrative model of transsexualism gives a better understanding of this disorder and ameliorates global treatment. Moreover, this model should be applied to each sexual minority.

Results 1. Etiology integrates psychological, biological and neuro-developmental aspects. 2. Clinical features for treatment imply large and multidisciplinary approach. 3. Scientific literature includes more than thousand papers on Transsexualism and numerous expertises as endocrinology, psychiatry, cardiology, sleep... 4. Social networks are developed in hospitals, associations... as well as between patients themselves.

Conclusions Holistic and integrative approach of Sexual Minority as Transsexualism could reach Sexual Health concept defined by WHO.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV812

Mental health legislation and policy: Dignity, humanity and practice



A. Persaud

Devizes, United Kingdom

Introduction In many countries, the civil and political rights of people with mental health problems are violated: they are often subjected to serious abuse, such as chaining, and in many countries are denied fundamental human rights and protections through discriminatory laws. Too often, politicians, policy-makers, professionals and others with the authority and duty to protect and provide for them, fail to do so. Sixty-eight percent of WHO Member States have a stand-alone policy or plan for mental health; 51% have a standalone mental health law. In many countries, however, policies and laws are not fully in line with human rights instruments, implementation is weak and persons with mental disorders and family members are only partially involved; Where there has been progress, it has been slow but nevertheless welcomed; Some countries integrate legislation with policy, other have included cultural mediation into clinical practice, whilst others have developed mental health legislation alongside traditional forms of medicine.

Objective and conclusion This presentation will provide an overview of global mental health legislation, describe some practical examples where progress are being made and proposition some new progressive options where legislation can interact with policy and clinical practice to provide humane care.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV813

The Portuguese mental health law – The criteria for compulsory internment



H. Prata-Ribeiro
Coimbra, Portugal

The Portuguese Mental Health Law is complex, aiming to ensure patients liberties and basic civil rights are respected. A specific part of this law regards the compulsory internment and its criteria, being as protective as possible, in order to prevent wrongful internments for people against their will.

The aim of this study is to analyze the mechanisms available to ensure liberty, in a law apparently about coercion.

The methods used consisted in analyzing the law and interpreting its most important details, mentioning them so they can be read and used as examples.

It can be concluded that the Portuguese law has a very strict list of mandatory criteria for the possibility of the compulsory internment, as a way of ensuring no people suffer it wrongfully. The most important being that no person can be interned compulsory if not considered to suffer from a severe mental disease, not being that enough and having to at least present risk for themselves or others, or to juridical goods of high value. Thus, reevaluation of the patient is mandatory only five days after the internment by two different doctors, being the same process assured from then on every two months. Only possible flaw lays on the fact that there is no maximum amount of time predicted for internment, being that always dependent of the revaluations made. Although, the law is considered to be good and prevent abusive use of the compulsory internments.

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EV814

Preliminary evaluation of the Italian version of the INSPIRE measure of staff support for personal recovery



N. Ratti^{1,*}, B. Mattioli¹, L. Mellini¹, I. Negri², A. Mastrocola¹

¹ AUSL Romagna, Dipartimento di Salute Mentale, DSMDP, Ravenna, Italy

² Università di Bologna, Dipartimento di Psicologia, Bologna, Italy

* Corresponding author.

Introduction Supporting personal recovery has become the main aim for mental health services in many countries nowadays. In particular, the relationship between individual service users and staff members can be the key issue in supporting recovery and this requires specific measures in order to identify and evaluate the orientation of services in this process of change. INSPIRE is a standardized questionnaire developed by King's College, London that represents a service user-rated measure of staff support for personal recovery in the UK.

Objective Although there is a number of instruments aimed at monitoring recovery in the clinical and functional features, there is still lack of measures for personal recovery and recovery orientation of services in the Italian background.

Aims The aim of this study is to evaluate the psychometric properties of the Italian version of INSPIRE as it is applied in the Italian mental health services.

Methods Two rounds of data were collected from a sample of 79 inpatients and outpatients of rehabilitation centers and consultant service of the municipality of Ravenna. Analysis was undertaken using SPSS. The main issues investigated were internal consistency, test-retest reliability and exploratory factor analysis.

Results The results in the present studies indicate that the Italian version of the INSPIRE measure had a very good internal consistency and a satisfactory test-retest reliability.

Conclusions While further studies testing the instrument in larger and more diverse clinical contexts are needed, INSPIRE can be considered a relevant and feasible instrument to use in supporting the development of a recovery-oriented system in Italy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Migration and mental health of immigrants

EV815

Anxiety and depression in European immigrants in Africa: Spaniards in South Africa



L. Aguado^{1,2,*}, A. Porras¹, P. Calvo¹, A. Tomita², J. Burns², J.E. Muñoz-Negro¹

¹ San Cecilio University Hospital, Mental Health Unit, Granada, Spain

² University of kwazulu-Natal, Psychiatry, Durban, South Africa

* Corresponding author.

Introduction It is easy to find texts, in scientific literature, studying the adaptation of immigrants from developing countries in western countries. However, in these globalization times that we are living, few are the studies performed on members from developed countries emigrating to the third world.

Objectives/Aims To evaluate the factors predisposing to the onset of anxiety or depression symptoms in Spanish immigrants living in South Africa.

Methods This is an exploratory study with a sample of 51 Spanish residents in South Africa between 24 and 57 years (44% male, 56% female), 44% of which were living there for more than two years. An online survey was administered, collecting data related to reasons and conditions for their moving to the country and traumatic events living during the stay. For the screening of depression and anxiety symptoms Hopkins Symptom Scale (HSCL-25) was used. Finally, we carried about several analysis using Chi² test. For statistical analysis SPSS was utilized.

Results Thirty percent of the sample showed positive scores on anxiety symptoms scale, and 24% scored positive for depression. Job related items as being unemployed ($P < 0.001$) was associated to symptoms of depression. Insecurity/violence ($P < 0.021$) and race discrimination ($P < 0.009$) were the main factors related to anxiety symptoms.

Conclusions Factor related to employment, security and discrimination, has been significantly associated to the onset of anxiety and depression symptoms. Other factors related to the moving to the country or social relationships have shown no relations. More studies are needed to provide information about adaptation and factors related to mental health in Occidental immigrants in developing countries.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV816

Early intervention in psychosis in hospital Santa Ana AGS. A transcultural vision



B. Girela Serrano^{1,*}, M. Guerrerón Jiménez¹,
C.M. Carrillo de Albornoz Calahorra¹, J.A. Rodrigo Manzano²,
O.B. Martínez García¹

¹ Hospital Santa Ana Motril, Psiquiatría, Motril, Granada, Spain

² Hospital Santa Ana Motril, Psicología, Motril, Granada, Spain

* Corresponding author.

Introduction The aim of this paper is to study the profile of Moroccan users to contextualize interventions and to identify if specific requirements are observed.

Methods A descriptive statistical analysis of sociodemographic and clinical variables are performed to acknowledge the differences between Moroccan users ($n=6$) compared to the group of Spanish users ($n=12$).

Results The following was found in the Moroccan users: the average age was 7 years higher. The percentage of Toxic abuse was slightly higher (83% vs 75%), although in comparison to the Spanish users the Moroccan users had double the percentage of patients treated in the Addictions center.

There were no significant differences in the duration of untreated psychosis (DUP) and in the duration of untreated illness (DUI). According to the referral, the Moroccan users were better detected in Primary care (50%/8%).

Regarding the PANSS negative symptoms predominated in Moroccan (45/20 percentile) and general psychopathology (65/35 percentile).

In the Social Functioning Scale (SFS), there are only differences in Autonomy Execution (T score = 104/ T = 92).

The Family Questionnaire (FQ) shows that families reported greater frequency and discomfort of symptoms and the user as less capable of controlling themselves. Finally, the Global Assessment of Functioning (GAF) offers an average of nearly 15 points lower.

Discussion The training area stands out as a handicap in the rehabilitation process. Clinically negative symptoms and general discomfort are factors that limit the overall functioning. More specific interventions are also required for the families of these users.

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EV817

Transcultural approach in early psychosis interventions



M. Guerrero Jiménez^{1,*}, J.A. Rodrigo Manzano²,
C.M. Carrillo de Albornoz Calahorra², B.M. Girela Serrano²

¹ University Hospital San Cecilio, Psychiatry, Granada, Spain

² Santa Ana Hospital, Mental Health, Motril, Spain

* Corresponding author.

Introduction The Early Psychosis Intervention Programme (EPIP) in South Granada serves a population with a first psychotic episode. In 2014, 16 patients entered the program, 6 of whom were North Africans.

Aims It is justified by clinical and health care needs to adapt and contextualize care plans and interventions to the specific necessities of this population: considering its suffering meaning and interpretation.

Methods A descriptive study of the data obtained in this population with the Scale of Positive and Negative Syndrome of Schizophrenia (PANSS) arises.

Results In the positive scale, the 6 subjects score in the low range (between 6–25th percentile).

On the negative 2 score in the low range and 4 in the middle (between 26–74th percentile).

In the compound scale in 3 cases, the predominance of negative symptoms is in the low range scale, the rest is in the middle range. Finally, in general psychopathology scale, 2 subjects scored in the low range, the same who scored in the same range in the negative scale. Two subjects scored in the midrange and 2 in the high.

Conclusions According to data, positive symptoms do not stand out among this group of patients. As for negative symptoms, if the range is low, so is the measure of general psychopathology. If the range is average, general psychopathology is medium-high. Also, when the range is average in negative symptoms, means the compound profile reflects predominance of negative syndrome. This reveals the importance of emphasizing a negative symptoms approach and its relationship with general psychopathology.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV818

Investigating physical, psychological and social wellbeing among children of Syrian refugees in Jordan



A. Hamdan-Mansour

The University of Jordan, Faculty of Nursing-community health Nursing, Amman, Jordan

Background Several man-made situations that are documented in the literature showed to jeopardize mental health of people. Amongst is war that has direct effect on mental health of children, and consequently; their health and wellbeing in future.

Objective The study aims at investigating the psychological and social wellbeing (adaptation, anxiety, perception of social support, anger, and strength and difficulties in life) among children of Syrian refugees in Jordan.

Methods A total of 250 children of Syrian refugees residing in host community been interviewed for their psychological disorders from three different areas of Jordan. Data collected in regards to adaptation, anxiety, perception of social support, psychosomatic symptoms, and.

Results About 30% ($n=77$) of children had problems in teeth and 50% had headache. Psychosocially, 25% ($n=63$) suffering loneliness, 24% ($n=59$) feeling depressed, and about 26% ($n=64$) spent times alone. Results also showed that 78.0% of children reported that they were satisfied with the ways in handling their problems, and 80.2% had a perception that the way they were managing their problems were better than their counterparts. Regarding social anxiety, the mean score was 20.2 (SD = 9.2) indicating that children suffer mild social anxiety. Also, children had mild to moderate level of anger. In particular, 75% of children had moderate score of anger subscales. Also children have moderate perception of their emotional, behavioral and social functions. About 75% of children had high score of functional disabilities.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV819

Psychiatry trainees in Turkey considers leaving the country



O. Kilic^{1,*}, E. Sonmez², S. Guloksuz³, M. Pinto da Costa⁴

¹ Beykent University, Psychology, Istanbul, Turkey

² Marmara University School of Medicine, Psychiatry, Istanbul, Turkey

³ Yale University Medical School, Psychiatry, New Haven, CT, USA

⁴ Hospital de Magalhaes Lemos, University of Porto, Psychiatry, Porto, Portugal

* Corresponding author.

Introduction The brain drain of mental health professionals is an important issue especially for developing countries with inadequate recruitment rates. The European Federation of Psychiatric Trainees (EFPT) investigated the extent of migration among trainees across Europe by Brain Drain research project. Results from a non-EU country, with the lowest number of mental health professionals per 100 000 population across OECD countries might provide important clues.

Objective To identify attitudes towards and behaviors towards international migration among psychiatry trainees from Turkey.

Method An online survey was conducted among psychiatry trainees from Turkey in 2013, as part of the EFPT Brain Drain Research Project.

Results Of 107 trainees surveyed, 74% considered living abroad. However, the rate of having even short mobility experience was just 13%, and these were mainly educational visits. More than half of those who visited a foreign country reported to have a satisfactory experience, which might explain the positive influence of these visits on attitudes towards migration. Responders perceived academic conditions as the most important aspect of training that needs to be improved, in line with the fact that inadequate training programs were important reasons for migrating.

Conclusion Overall, psychiatry trainees in Turkey tend to remain in their country of origin, which may protect healthcare system against the detriment of workforce loss. The relatively low rate of migration may also reflect the legislative barriers (e.g. being a non-EU country) impeding migrating. Our findings also suggest that the unmet educational needs of trainees require immediate attention.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV820

The onset of psychotic disorders and the immigration status – A look into a growing reality

L. Maia^{1,*}, I. Carvalho², D. Silva², L. Carneiro²

¹ Vila Nova de Gaia, Portugal

² Hospital Center of Vila Nova de Gaia e Espinho, Mental Health Service, Vila Nova de Gaia, Portugal

* Corresponding author.

Introduction Recent studies point for an increased incidence of psychotic disorders among immigrants when compared to non-immigrant population, with a substantial risk variation being observed among different ethnic minority groups and diverse host countries/societies.

Objective This communication explores the relation between immigration and the onset of psychosis disease, namely the individual and socio-environmental factors implicated in this association.

Aims Accessing the implications of immigration in the establishment of psychotic disorders.

Methods The authors conducted a literary search on Medline and PsychInfo databases regarding the subject immigration and psychotic disorders, elaborating a bibliographic review of the topic.

Results A greater incidence of psychotic disorders in immigrants (in comparison to non-immigrant population) has been established. In actuality a range of studies carried out in different socio-demographic contexts and with different ethnic groups (of immigrants) identify ethnicity, neighbourhood characteristics (namely level ethnic density), discrimination and refugee status, as some of the probable factors that modulate the rate of psychotic disorder and influence its incidence in immigrants.

Conclusions With regard to the relationship between immigration and the development of psychosis, much is still to be understood. Future studies with focuses on different individual, social, cultural and demographic aspects need to be developed in order to better understand and address this phenomenon.



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EV821

Peculiarities of depressive disorders in emigrants and re-emigrants

N.O. Maruta*, O.P. Venger, T.V. Panko, I.O. Yavdak
Institute of Neurology, Psychiatry, and Narcology of the NAMS of Ukraine, Department of Neuroses and Borderline Conditions, Kharkov, Ukraine

* Corresponding author.

Introduction Emigration and remigration are one of the greatest modern problems and considered as a factor provoking manifestation and exacerbation of mental disorders as well as pathocharacterological personality changes. In emigrants and re-emigrants peculiarities of course of depressive disorders with different genesis are not investigated, that impedes a development of adequate therapeutic methods.

Aim To study clinical-psychopathological peculiarities of depressive disorders in emigrants and re-emigrants patients with psychogenic (F43.21, F43.22) (69 non-emigrants, 68 emigrants, 67 re-emigrants), endogenous (F31.3, F31.4, F32.1, F32.2, F33.1, F33.2) (65, 66 and 63 patients, respectively) and organic depressive disorders (F06.3) (64, 62 and 61 patients, respectively) were examined.

Methods A clinical-psychopathological investigation, Standardized Personality Examination Method, Lusher's Method of Color Choices, HDRS, HARS, MADRS, and SCL-90-R.

Results The highest level of severity of depressive disorders in re-emigrants and the lowest level in non-emigrants were registered. Re-emigrants had predominantly depressive, asthenic-depressive and apathic-depressive forms, whereas emigrants had mainly anxious-depressive ones. According to SCL-90-R data, emigrants had higher indexes of somatization, obsessive-compulsive disorders, anxiety, whereas re-emigrants had higher indexes of depression and interpersonal sensitivity as well as an index of distress expression. In patients examined it was determined a predomination of dysthymic personality traits manifested in the frameworks of the leading depressive of anxious-depressive syndromes. An influence of emigration and remigration factors was the greatest in psychogenic depressions and the lowest in organic depressive disorders.

Conclusions The abovementioned regularities should be taken into account in pharmacotherapy and a social-psychological support for such patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV822

Sociocultural factors in mental illness: Biopsychosocial model

S. Rodríguez Vargas*, M.J. Navarro Clemente, A.R. Ivorra Mayoral
Complejo Hospitalario Torrecárdenas, Salud Mental, Almería, Spain

* Corresponding author.

Every human being needs to acquire by interacting with peers, learning and gradually adapted to their socio-cultural environment, attitudes, group, class, gender, provided it fits the circumstances of the environment, personal values to their. They come again, a reference system which is considered to be "culture". You cannot assess psychiatric disorders in isolation, so it is essential to study the socio-cultural context in which it occurs. It is dynamic, its historic time and not everyone integrates alike. Through a case we try to show how culture influences the expression of psychiatric pathology. Specifically, in this patient it is evident that we are beings bio-psycho-social. It is a continuation and must integrate



these three areas when assessing a patient. Here we start with a family history unrelated to the Mental Health so that adherence to antipsychotic treatment is guaranteed with monthly administration depot preparation. These socio-cultural factors are the main trigger for the breakdown of the subject that cause the patient psicotización (exacerbations related to stressful situations).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV823

Portuguese junior doctors exchanging in the UK – Reflections from the experience



H. Salgado^{1,2,*}, M. Pinto da Costa^{1,3}, H. Walker⁴, J. Powell⁴, L. Potter⁴, H. Ryland⁵, A. Kjellstenius⁶, C. Feteanu⁷

¹ Hospital de Magalhães Lemos, Porto, Portugal

² University of Porto, Faculty of Medicine, Department of Neurosciences and Mental Health, Porto, Portugal

³ University of Porto, Institute of Biomedical Sciences Abel Salazar, Psychiatry Department, Porto, Portugal

⁴ South London and Maudsley NHS Foundation Trust, London, United Kingdom

⁵ Forensic Psychiatry Registrar, London, United Kingdom

⁶ Child and Adolescent Psychiatric Trainee, Gothenburg, Sweden

⁷ Psychiatric Trainee, Paris, France

* Corresponding author.

Introduction The interest in experiencing training abroad has grown and its benefits have been progressively recognized. For these reasons, several psychiatric trainees seek to extend their competencies, skills and knowledge through these exchange opportunities, such as the European Federation of Psychiatric Trainees (EFPT) Exchange Programme.

Objectives With this work we intend to describe these international experiences of being acquainted with a different health system and psychiatry training programme.

Aims Reflect on the impact of these experiences, considering on how these can be used to benefit the patient care provided across countries, further to the professional and personal individual benefits that colleagues gain.

Methods Presenting the testimonials of junior doctors from abroad that have had the opportunity to observe and collaborate in the current system of the United Kingdom.

Results The EFPT Exchange Programme is an excellent opportunity for psychiatry trainees to share experiences, knowledge and good practices. The cultural and social framework of psychiatry certainly has an impact on the approach to mental health problems, and being knowledgeable of these differences can provide benefits not only to the junior doctors who complete these exchanges abroad, but also to their colleagues working at their hosting institutions that become acquainted with different realities through their presence and feedback.

Conclusions The benefits of these exchange mobility experiences are unequivocal. Therefore, it is fundamental to share these experiences and promote these opportunities.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV824

Where to be in 5 years? Brain drain of psychiatric trainees – Case of Albania



S. Tomori^{1,*}, M. Pinto da Costa², European Federation of Psychiatric Trainees³

¹ University Hospital Center “Mother Teresa”, Pediatric Service, Tirana, Albania

² Hospital de Magalhães Lemos, University of Porto, Porto, Portugal

³ European Federation of Psychiatric Trainees, European Federation of Psychiatric Trainees, Brussels, Belgium

* Corresponding author.

Introduction The brain drain of psychiatrists is considered as a mental health care damaging phenomenon in low- and middle-income countries. Albania currently has one of the world's highest emigration rates, relative to its population and a total emigrant population of more than 1.25 millions in 2014. More than 50% of the lecturers and researchers in Albania left the country during 1991–2005. Nevertheless, the data on healthcare workers migration is very limited.

Objectives Assessing the migration profile and migratory trends of psychiatry trainees in Albania as part of EFPT Brain Drain study in Europe.

Methods Data collection was accomplished by an anonymous online survey and hard-copy questionnaire in University Hospital Center “Mother Teresa”, to all psychiatric residents in Psychiatric Clinic in Tirana, during May–October 2013.

Results More than 2/3 respondents are very dissatisfied with their income but the main reasons for leaving the country are personal and family composition. A minority did have a short term or long term experience abroad respectively 8,3% and 16,7% during which 50% of them considered to have the same opportunities as the locals. A total of 66% of residents consider leaving the country after the residency training.

Conclusions Losing large numbers of skilled psychiatrists contributes to decreasing of quality of mental health services. Since it can be considered “brain waste” in terms of a loss of investment into human resource development, Albania needs to establish policies to promote returnees.

Keywords Migration; Brain Drain; Psychiatry residents; Albania

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Neuroimaging

EV825

Psychosis and mega cisterna magna: Case report



G. Erzin^{1,*}, A. Demirci¹, D. Cılız², S. Göka¹, Ç. Aydemir¹, E. Göka¹

¹ Ministry of Health, Ankara Numune Training and Research Hospital, psychiatry, Ankara, Turkey

² Ministry of Health, Ankara Numune Training and Research Hospital, radiology, Ankara, Turkey

* Corresponding author.

Introduction Mega cisterna magna is a developmental variation of the posterior fossa characterized by the enlargement of the cisterna magna, morphologically intact vermis and cerebellar hemispheres [1]. Cerebellar structures, especially the vermis, are considered to be associated with the pathophysiology of psychiatric disorders such as schizophrenia [2]. We present a case of psychosis with in a patient with ‘mega-cisterna magna’.

Case A 21-year-old male with a three-day history of psychotic symptoms presented with disinhibited behavior, delusions of persecution and grandeur and labil affect. He neglected personal hygiene and grooming activities. He had dropped out of school a few weeks ago and functioned poorly. The patient admitted to the service. The patient's problems have regressed after 4 mg Pimozid treatment. Neurological examination and EEG were normal. CT and MRI scans disclosed ‘mega-cisterna magna’.

Conclusion This report presents a case of cerebellar lesions presenting with neuropsychiatric symptomatology. As in this case, cerebellar pathologies such as mega cisterna magna that could have a role in development psychotic symptoms should be paid attention.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV826

Neuroimaging biomarker of major depressive disorder



N. Ichikawa^{1,*}, Y. Okamoto¹, G. Okada¹, G. Lisi², N. Yahata³, J. Morimoto², M. Kawato⁴, K. Matsuo⁵, H. Yamagata⁵, Y. Watanabe⁵, S. Yamawaki¹

¹ Hiroshima University Graduate School of Biomedical & Health Sciences, Psychiatry and Neurosciences, Hiroshima, Japan

² ATR Computational Neuroscience Labs, Department of Brain Robot Interface, Kyoto, Japan

³ National Institute of Radiological Sciences, Molecular Imaging Center, Chiba, Japan

⁴ ATR, Brain Information Communication research Laboratory Group, Kyoto, Japan

⁵ Yamaguchi University Graduate School of Medicine, Division of Neuropsychiatry, Department of Neuroscience, Ube, Japan

* Corresponding author.

Introduction Recent studies have shown that it is important to understand the brain mechanism specifically by focusing on the common and unique functional connectivity in each disorder including depression.

Objectives To specify the biomarker of major depressive disorder (MDD), we applied the sparse machine learning algorithm to classify several types of affective disorders using the resting state fMRI data collected in multiple sites, and this study shows the results of depression as a part of those results.

Aims The aim of this study is to understand some specific pattern of functional connectivity in MDD, which would support diagnosis of depression and development of focused and personalized treatments in the future.

Methods The neuroimaging data from patients with major depressive disorder (MDD, $n = 100$) and healthy control adults (HC: $n = 100$) from multiple sites were used for the training dataset. A completely separate dataset ($n = 16$) was kept aside for testing. After all preprocessing of fMRI data, based on one hundred and forty anatomical region of interests (ROIs), 9730 functional connectivities during resting states were prepared as the input of the sparse machine-learning algorithm.

Results As results, 20 functional connectivities were selected with the classification performance of Accuracy: 83.0% (Sensitivity: 81.0%, Specificity: 85.0%). The test data, which was completely separate from the training data, showed the performance accuracy of 83.3%.

Conclusions The selected functional connectivities based on the sparse machine learning algorithm included the brain regions which have been associated with depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV827

Keypy – An open source library for EEG microstate analysis



P. Milz

The KEY Institute for Brain-Mind Research, Department of Psychiatry, Psychotherapy and Psychosomatics, University Hospital of Psychiatry, Zurich, Switzerland

The brain's electric field configuration reflects its momentary, global functional state. The fluctuations of these states can be analyzed at millisecond resolution by the EEG microstate analysis. This analysis reportedly allowed the detection of brain state duration, occurrence, and sequence aberrations in psychiatric disorders such as schizophrenia, dementia, and depression. Several existing software solutions implement the microstate analysis, but they all require extensive user-interaction. This represents a major obstacle to time-efficient automated analyses and parameter exploration of large EEG datasets. Scriptable programming languages such as Python provide a means to efficiently automate such analysis workflows.

For this reason, I developed the KEY EEG Python Library keypy. This library implements all steps necessary to compute the microstate analysis based on artefact free segments of EEG. It includes functions to carry out the necessary preprocessing (data loading, filtering, average referencing), modified k-means clustering based microstate identification, principal component based mean computation (across recording runs, conditions, participants, and or participant groups), and to retrieve the microstate class based statistics necessary to compare microstate parameters between groups and/or conditions. Keypy is an open source library and freely available from <https://www.github.com/keyinst/keypy>.

Keypy provides a platform for automated microstate analysis of large-scale EEG datasets from psychiatric patient populations and their comparison to healthy controls. It is easily applicable and allows efficient identification of deviant brain states in clinical conditions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV828

Agenesis of the corpus callosum in a patient with bipolar disorder



J. Nogueira*, R. Ribeiro, J. Vieira, R. Sousa, S. Mendes, B. Ribeiro, M. Salta, B. Barata, A. Gamito, R. Mendes
Centro Hospitalar de Setúbal, Psiquiatria e Saúde Mental, Setúbal, Portugal

* Corresponding author.

Background The corpus callosum (CC) is the largest white matter structure in the brain, which plays a crucial role in interhemispheric communication. Agenesis of the CC is a rare development anomaly, with unknown cause. It could be asymptomatic or associated with mental retardation and neurologic symptoms. Some case reports, post-mortem studies and image studies have linked thickness reduction and agenesis of CC with psychotic symptoms, mainly in schizophrenia patients. Lately, anatomical abnormalities in the CC have been reported in patients with Bipolar Disorder (BD).
Case report A 52-year-old woman was brought to the emergency room by the authorities after being physically aggressive to her 13-year-old daughter and inappropriate behavior in public. At the emergency department her mood was elevated with emotional lability, dispersible attention, slight increase of motor activity, pressured and difficult to interrupt speech, grandious and self-referent delusional ideas.

Her past history revealed hypomanic episodes characterized by periods of excessive shopping and hyperphagia. In 2008, she had a major depressive episode.

Head CT-SCAN revealed agenesis of CC. She received the diagnosis of Manic Episode with mixed features and was treated with valproic acid, flurazepam and olanzapine.

Conclusion This case reinforces the fact that changes in CC, probably due to deficiency in myelination, could have a crucial importance in the pathophysiology of Bipolar Disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV829

Relationship between corpus callosum and anterior commissure size in brain MRI and human intelligence

R. Zareii^{1,*}, A. Alaei²

¹ Shiraz, Iran

² Mazandaran University of Medical Sciences, Department of Radiology, Sari, Iran

* Corresponding author.

Introduction and aims After Parieto-frontal integration theory of intelligence, a new area of investigations was began to examine how performance networks associate with structural networks and the results highlighted the role of brain commissures such as corpus callosum (CC) and anterior commissure (AC) in intelligence. So we investigated the relationship between CC and AC size, as the most important interhemispheric commissure, and intelligence.

Methods and materials Healthy volunteers who their MRI images lack any pathological entity were chosen. Height, length and thickness of CC and transverse, sagittal and superior-inferior diameter of AC were acquired on a 1.5-tesla MRI and a T2-weighted sequences. intelligence quotient(IQ) was measured using the Wechsler intelligence quotient scale too.

Results Our results showed that the length of the CC had a negative correlation and height of the CC had a positive correlation with IQ. However, the thickness of genu, body and splenium of CC did not show any significant correlation with IQ. Superior-inferior diameter of AC, before and after excluding the effect of age, and sagittal diameter of AC only after excluding the effect of age, showed a significant negative correlation with IQ but no significant correlation was realized between the transverse diameter of AC and IQ.

Conclusions Based on our findings, at an early age higher intelligence of the men is because of stronger intrahemispheric communication and with aging, it is due to interhemispheric communications through CC. In contrast, it seems that higher intelligence in women, resulting from stronger interactions between the hemispheres through both AC and CC.

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Obsessive-compulsive disorder

EV830

Co-morbid obsessive compulsive and hypochondriac disorders complicated by tardive dyskinesia in a Nigerian man

C. Aghukwa

Bayero University Kano/Aminu Kano Teaching Hospital, Psychiatry, Kano, Nigeria



Introduction Obsessive-compulsive disorder is a group of disorders with unwanted repetition of either mind or physical acts, or both acts manifesting in an insightful sufferer. The pharmacological treatment of this group of disorders could lead to the use of more than one class of drug with resulting negative consequences such as tardive dyskinesia.

Objective The objective was to report a case of obsessive-compulsive disorder (OCD) with comorbid somatic symptoms that was complicated by movement disorders.

Method A literature search on related issues was done online with Google Scholar, followed by a chronological report of the index case.

Result This case presents a 52-year-old man who presented with intrusive, disturbing, and unreasonable thoughts at the mid adolescent time. Following these were complaints of multiple somatic symptoms, which the patient labeled with different disease terms. The illness affected his academic, occupational, social, and marital role obligations. And lately, in the illness due to underlying predispositions, developed drug-related movement problems that worsened his state of handicap.

Conclusion This case attempts to point out the importance of early detection and cautious use of medications in patients, who present with OCDs with or without other psychiatric comorbidities.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV831

The nose – A case report of body dysmorphic disorder and a literature review



C. Agostinho^{1,*}, S. Henriques², I. Coelho²

¹ Centro Hospitalar Psiquiátrico de Lisboa, Centro Hospitalar Psiquiátrico de Lisboa, LRS Bobadela, Portugal

² Centro Hospitalar Psiquiátrico de Lisboa, Centro Hospitalar Psiquiátrico de Lisboa, Lisboa, Portugal

* Corresponding author.

Introduction Body Dysmorphic Disorder (BDD) is relatively common disorder. Patients with delusional beliefs seem to show greater morbidity (more suicidal attempts and drug abuse or dependence) and less likelihood of receiving treatment.

Objectives and aims In this study, we intended to report a case of BDD followed in psychiatric consultation from 2 years ago, and to make a review of the literature, namely presentation, treatment and prognosis of BDD.

Methods We conducted a description of a BDD case and a research using “Body Dysmorphic Disorder” keywords on Pubmed. **Results** J.F., 45 years old, unemployed, living with his father, referred to the Psychiatric consultation by his GP. The disorder started in the adolescence with an excessive preoccupation with hair loss and nose length, but in early adulthood these concerns became more important. Around 30 years old he was followed in Psychiatry but abandoned. Years later he underwent nose plastic surgery. He tried underwent other nose surgeries, but was refused. He was advised to look for psychiatric care. From the initial observation I highlight the appearance (thin, with a wig, adhesive tape connecting the tip of the nose to the forehead pulling up the nose), delusional ideas regarding the appearance of the nose, overvalued hypochondriac ideas, and no insight for the disease. The patient was reluctant in taking psychotropic drugs. He was referred to day hospital, which he attended with great irregularity.

Conclusions BDD is a disorder with poor prognosis, especially when delusional variant is present, probably in relation to the lack of insight.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV832

From obsessivity to bipolarity and vice versa. A literature review

P. Cano Ruiz^{1,*}, S. Cañas Fraile¹, A. Gómez Peinado¹, P. Sanmartín Salinas²

¹ HNSPS, Psychiatric, Albacete, Spain

² Universidad de Alcalá, Systems Biology, Alcalá de Henares, Spain

* Corresponding author.

Introduction The prevalence of obsessive symptoms in bipolar patients is currently under discussion. Last years, different cases of antidepressant-induced mania and hypomania in patients with OCD have been described.

Several authors have reported that patients with OCD and bipolar disorder have more depressive episodes than patients with only OCD.

Objective To know the relationship between OCD and other bipolar spectrum disorders.

Method Bibliographical review on comorbidity between obsessive symptoms and bipolarity.

Results Some longitudinal analysis have shown that patients firstly diagnosed with OCD have an increased risk for subsequent diagnosis of all other conditions, especially for bipolar and schizoaffective disorder, for those whose risk is of up to 13 times higher. The handling of a patient with bipolar disorder and OCD implies some difficulty, because of the main treatment of anxiety disorders, the antidepressants, alters the course of manic-depressive illness, accelerating cycles.

Conclusions OCD is etiologically related to bipolar spectrum disorders and schizophrenia. Therefore, it is necessary to continue the investigation of possible involved genes and approaches for clinical practice.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Further readings

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EV833

Dual target repetitive transcranial magnetic stimulation in the treatment of comorbid obsessive-compulsive disorder in patients with anorexia nervosa: Preliminary results of two case reports

N. De Schryver*, G.M.D. Lemmens, C. Baeken, D. Van den Abbeele

Universitair Ziekenhuis Gent, Psychiatry, Gent, Belgium

* Corresponding author.

Introduction Obsessive-compulsive disorder (OCD) is a frequently reported comorbid disorder (20–30%) in patients with anorexia nervosa (AN). Increasing evidence suggests that repetitive transcranial magnetic stimulation (r-TMS) may be effective in the treatment of refractory OCD and to a lesser extent in AN. Hereby, different target areas: supplemental motor area (SMA) and orbitofrontal cortex (OFC) and dorsolateral prefrontal cortex in AN.

We report two patients with enduring AN and comorbid treatment resistant OCD treated with r-TMS.

Methods Both female patients (34 and 26 years respectively) were hospitalized at the Eating Disorder Unit at the Ghent University Hospital. Treatment responses were evaluated with Yale Brown Obsessive Compulsive Scale (Y-BOCS) and weight gain. Inhibitory continuous thurst stimulation (cTBS) of the SMA followed by cTBS of the OFC was conducted during 20 sessions, 5 sessions a week, during 4 weeks. Stimulation intensity was respectively 100% and 80% of the motor threshold.

Results After cTBS treatment Y-BOCS score of both patients decreased (31 to 24 and 31 to 23 respectively). Only one patient showed a 10% increase of weight. The treatment was well tolerated. No significant side effects were reported.

Conclusion Treatment resistant comorbid OCD in patients with AN may be successfully treated with cTBS.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV834

Reactive anxiety to ruminations of thinking

T. Delgado Durán^{1,*}, F.J. Márquez Ligeró²

¹ Hospital Costa de la Luz, Psychiatry, Huelva, Spain

² Unidad de Gestión clínica Huelva, Psychiatry, Huelva, Spain

* Corresponding author.

The anxiety that accompanies an obsessive-compulsive disorder with predominance of ruminations of thinking, is a symptom of elevated prevalence in the population that makes up abstract labor which accesses for an opposition of hard consecution. The characteristics of the personality of such patients, like perfectionism, control, the analysis of every minimal step they take and of every decision they make, the difficulty for them to find an unexpected event, collaborates so they can have a greater accessibility to accomplish objectives they contemplate, like the case of oppositions for a position in a farm, court or education. However, as such objectives are being met, everything evolves correctly, the fact of not being able to accomplish given purposes, carry on to the appearance of the symptom. The majority of these patients, such symptom is anxiety, reaching such intensity, which limits the development of their daily activities in a correct manner, and in many cases, it obligates them to resign their position. To develop this case, I will expose the case of a 50 year old male, a justice professional, with clinical anxiety of growing intensity in the months previous to the first interview, appears with a reactive character a ruminations of thinking by the impossibility of an adequate agreement of the given working activity. The poster explains how the symptoms appear, how they are treated and what the evolution of the clinical profile is.

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EV835

Obsession or delusion

T. Delgado Durán^{1,*}, F.J. Márquez Ligeró²,

E. Romero Guerrero²

¹ Huelva, Spain

² Unidad de Gestión Clínica Huelva, Psychiatry, Huelva, Spain

* Corresponding author.

Obsession, in cases, reaches an elevated intensity creating part of a clear obsessive compulsive disorder with predominance in ruminations of thinking, accompanied by reactive anxiety that such alterations cause. A narrow line exists that separates such disorder with its symptoms accompanied by alterations in the content of thinking that exists in another syndrome like the persistent

delusional disorders. Through two clinic cases and in a comparative form, it is analyzed what are the aspects that make it difficult to come up with an adequate distinguishing diagnostic, which are the marks to point out in order to achieve it, once established, what similarities and differences we observe in the adequate treatment of both disorders. It is about a proposal not usual in our daily practice of a consultation outpatient of a psychiatrist, but in these moments it is what is presented, we have to stand up, to not fall for the error.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV836

Skin picking – A case report

A. Fonseca*, A. Poças, A. Batista, R. Araújo
Centro Hospitalar de Leiria, Psiquiatria, Leiria, Portugal

* Corresponding author.

Introduction Compulsive skin picking and trichotillomania are both impulse control disorders, characterized by the need or urge to touch, scratch, scrub, friction, rub, bite, press or dig in the skin; it is often an answer to minimum skin defects or to mild acne. The resulting tissue damage can be moderate to severe.

Objective Case report of a woman with Skin picking resistant to treatment.

Methods Clinical observation.

Results 43-year-old woman who was admitted in emergency in June 2014 because of her skin lesions. After observation by Dermatologist she was sent to the Psychiatric due to injuries caused by her. She referring compulsion to scratch, bite and tear the skin since she was 3 years old. After introduction of psychotropic drugs, the patient was referred to the Psychiatric consultations. After 1 year consultation there is some clinical improvement.

Conclusion Despite clinical advances in psychiatry, the Skin Picking disease is still little known today, requiring more research and knowledge in terms of phenomenology and of treatment.

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EV837

Obsessive-compulsive disorder in childhood and adolescence

C. Freitas^{1,*}, M.C. Ferreira², T. Correia³, I. Portinha³, Z. Correia³
¹ Centro Hospitalar do Tâmega e Sousa, Departamento de Psiquiatria e Saúde Mental, Penafiel, Portugal

² Hospital de Braga, Serviço de Psiquiatria, Braga, Portugal

³ Centro Hospitalar do Porto, Departamento de Psiquiatria da Infância e da Adolescência, Porto, Portugal

* Corresponding author.

Obsessive-compulsive disorder (OCD) is a severe mental illness that causes significant stress in children and adolescents. It is possible to infer three distinct etiologies – neurobiology, environment and dysfunctional interpretative patterns. Certain characteristics are attributable to OCD with onset in childhood or adolescence as higher prevalence in males, increased frequency of isolated compulsions (more cleaning, repeating and checking), higher rate of aggressive obsessions and more common accumulation behaviors. There are several psychiatric comorbidities associated with OCD like anxiety disorder and major depression. The first-line treatment in OCD is the association of a selective serotonin reuptake inhibitor (SSRI) and individual psychotherapy.

The authors reviewed the clinical records of patients diagnosed with OCD observed in a child and adolescence psychiatry liaison consultation between April and September 2015, inclusive, aiming to characterize the sample, to describe the typical clinical picture

and to evaluate the existence of physical and/or psychiatric comorbidities, comparing the results with those expected in literature. The typical patient profile found was a 12-year-old male, living with relatives, with no neonatal complications, with stable home environment, without family psychiatric history, with associated medical comorbidities, with age of onset symptoms at 10.5 years-old, with only an obsession (contamination), with only a compulsion (cleaning or checking), with psychiatric comorbidities, treated with SSRI and without psychology accompaniment.

There are some limitations that must be taken into account because the sample was taken from a liaison psychiatry consultation, but in general terms, the results were similar to those described in the literature.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV838

An approach to comorbidity between obsessive-compulsive disorder and schizophrenia

A. Gomez Peinado*, S. Cañas Fraile, P. Cano Ruiz
Hospital Nuestra Señora del Perpetuo Socorro, Psychiatry, Albacete, Spain

* Corresponding author.

Introduction An association has been observed between obsessive symptoms in Obsessive Compulsive Disorder (OCD) and psychotic symptoms in schizophrenia, being sometimes difficult to establish a clear limit between them. The term “schizo-obsessive disorder” was proposed to describe the resulting disorder of comorbidity of OCD and schizophrenia, although it has not been definitely settled.

Objective To analyze the incidence of coexistence of OCD and schizophrenia symptoms and the way it modifies the treatment and prognosis of the illness.

Method Review of some articles published in Mental Health journals such as “Salud Mental” and “Actas Españolas de Psiquiatria”.

Results Some studies about psychotic patients have determined 15% as the average of comorbidity of OCD and schizophrenia. The probability of having OCD is six times bigger if there is psychotic pathology associated.

The fact that obsessive and psychotic symptoms get together in some patients shades the prognosis bringing more negative symptoms, more depressive humor, a larger cognitive impairment, more resistance to treatment and more relapses than we can observe in OCD and schizophrenia isolated.

The pharmacological treatment usually consists in neuroleptic plus anti-obsessive drugs, together with cognitive-behavioral therapy. Sometimes, when there is a very bad evolution, it is required to consider psychosurgery as one necessary option, even though its use in this context is not much widespread.

Conclusions The simultaneous presence of OCD and schizophrenia is more common than we could expect only by chance and makes the prognosis worse, being difficult to find a truly effective treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV839

Childhood OCD: The importance of an integrated approach

M.F. Molina López^{1,*}, J.M. Hernández Sánchez², M.C. Cancino Botello², A. Peña Serrano²

¹ Valencia, Spain

² Hospital General Universitario de Valencia, Psiquiatría, Valencia, Spain

* Corresponding author.

Introduction OCD is one of the most frequently diagnosed disorders during childhood. A prevalence of 1% is estimated, but according to the literature is an underdiagnosed pathology.

Aims To differentiate pathological rituals from those that children can have as normal behavior during their natural development. To perform a differential diagnosis and a current review of the literature.

Methods Descriptive analysis of a patient's medical record diagnosed of OCD and Tourette syndrome.

Case report Eight years old male diagnosed of Tourette syndrome (vocal and motor tics). Obsessive thoughts cancer related, self-examinations with compulsive pattern and anxiety with social and academic interference. Family history of tics in both parents during childhood. Currently, father with order rituals and mother with an Anxiety Disorder in treatment. Treatment with Sertraline 25 mg/day was tested with poor tolerance. Currently, the patient is being treated with Aripiprazole 1 mg/day with an important improvement of his symptoms and quality of life. OCD has comorbidity with affective and anxiety disorders, as well as Tourette syndrome. It's essential to differentiate pathology from certain behaviors considered normal during a child's development. For example, some children can have certain level of meticulousness, insecurity or a lucky object, but these behaviors shouldn't be confused with OCD symptoms. The treatment of choice is a combination of CBT with pharmacological therapy.

Conclusions An early diagnosis during childhood together with an appropriate comorbidity detection can reduce the tendency towards chronicity of this disorder leading to a better quality of life in these patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV840

Koro syndrome in an obsessive-compulsive disorder patient

L. Silva¹, C. Raposo-Lima², C. Soares^{1,2}, J.J. Cerqueira², P. Morgado^{1,2,*}

¹ Hospital de Braga, Departamento de Psiquiatria e Saúde Mental, Braga, Portugal

² Life and Health Sciences Research Institute ICVS, University of Minho, Braga, Portugal

* Corresponding author.

Introduction Koro syndrome is a culturally related disorder characterized by intense anxiety that the penis (vulva or nipples in females) is shrinking or retracting and will recede into the body. Usually it occurs in epidemics in Southeastern Asia, being extremely rare in western countries. The condition is more common in males and is classified within Obsessive Compulsive and Related Disorders.

Case report A 27-year-old single man was referred to the psychiatric department. By the age of 23, he began worrying that his penis was shrinking and retracting into the abdomen. He described these thoughts as intrusive, ridiculous and repetitive. During the first months the thoughts were not very disturbing but he progressively developed an urge to verify the length of his penis several times a day. To diminish the anxiety provoked by the obsessive doubts on penis length, he started to have repetitive thoughts and mental images about sexual acts, to consume pornography compulsively and to increase his masturbatory behaviors (from some times a week to several times a day). He described those thoughts and behaviors as unpleasant and uniquely driven to reduce anxiety provoked by obsessions.

He was prescribed fluvoxamine 200 mg/day and initiated cognitive behavioral therapy with good response. Y-BOCS score decreased from 30 at initial evaluation to 18 after 3 months of treatment.

Conclusions Koro syndrome is a very rare condition in psychiatry in western countries, usually presenting secondarily to other psychiatric disorders. Awareness of this diagnosis and knowledge on its management are critical to provide optimal care to patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV841

Exploring the role of dissociation dimensions in obsessive compulsive disorder

A. Pozza^{1,*}, N. Giaquinta², D. Dèttore³

¹ University of Florence, Department of Experimental and Clinical Medicine, Florence, Italy

² Centre of Cognitive and Behavioural Therapy CTCC, Centre of Cognitive and Behavioural Therapy CTCC, Florence, Italy

³ University of Florence, Department of Health Sciences, Florence, Italy

* Corresponding author.

Introduction In the last decade, accumulating evidence has been produced on the role of dissociation in Obsessive Compulsive Disorder (OCD). Understanding which dissociation dimensions are specific to OCD could suggest the integration of therapeutic strategies for dissociation in the treatment of patients with OCD.

Objectives The current study explored the role of dissociation in a sample of patients with OCD, patients with anxiety disorders and healthy controls with the aim to understand which dissociation dimensions could be specific to OCD.

Method One hundred seventy-one participants were included in the study (56% females, mean age = 35.96, SD = 12.61), of which 52 were patients with primary OCD, 59 were patients with Anxiety Disorders (AD), and 60 were healthy controls. The Dissociative Experiences Scale (DES), Beck Depression Inventory-II (BDI-II), Beck Anxiety Inventory (BAI), Yale-Brown Obsessive Compulsive Scale (Y-BOCS) were administered.

Results Patients with OCD had significantly higher dissociative amnesia symptoms than patients with AD and health controls ($F = 6.08, P < 0.01$) and higher depersonalization/derealization symptoms than healthy controls but not than patients with AD. Patients with OCD did not report significantly higher dissociative absorption than healthy controls and patients with AD.

Conclusions Strategies targeting dissociative amnesia and depersonalization/derealization symptoms in OCD are discussed. Future studies should examine which OCD subtypes are more strongly associated to dissociation dimensions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV842

Mindfulness skills deficits in pathological skin picking behaviours

A. Pozza^{1,*}, D. Dèttore²

¹ University of Florence, Department of Experimental and Clinical Medicine, Florence, Italy

² University of Florence, Department of Health Sciences, Florence, Italy

* Corresponding author.

Introduction Pathological Skin Picking (SP) is a psychiatric condition with a 2–5% prevalence in the community and consists of repetitive picking behaviours associated to marked distress,



which can cause significant skin damage. Research has evidenced a Focused SP subtype, typically occurring in response to negative emotions, an Automatic subtype, occurring without awareness during activities not related to the picking behavior, and a Mixed one. Mindfulness skills have been studied as a protective factor involved in the treatment of several psychiatric disorders. Studying Mindfulness deficits in SP might help to identify interventions tailored for specific subtypes of SP behaviours.

Objectives The current study examined the relationship between Mindfulness skills and pathological SP behaviours.

Aims The study aimed to investigate whether Mindfulness skills deficits uniquely predicted SP subtypes behaviours after controlling for general distress in a community sample.

Methods Ninety-seven community individuals (mean age = 39.71, SD = 16.37, 59% females) completed measures of SP, Mindfulness skills and general distress (anxiety and depression).

Results Lower Mindfulness skills of Describing Internal Experiences ($B = -0.12, P < 0.05$) and higher anxiety ($B = 0.08, P < 0.05$) predicted more severe Automatic SP. Lower Mindfulness skills of Non-judging Inner Experiences ($B = -0.12, P < 0.05$), higher anxiety ($B = -0.12, P < 0.05$) and higher depression ($B = -0.12, P < 0.05$) predicted more severe Mixed SP. Focused SP was not associated to Mindfulness skills and general distress.

Conclusions Mindfulness skills deficits could be associated to Automatic and Mixed but not Focused SP. Future studies should investigate whether Mindfulness programs are effective for individuals reporting Automatic or Mixed SP behaviours.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV843

Obsessive-compulsive disorder with comorbid schizotypal personality disorder: A novel clinical form?



F. Perris, M. Fabrizio, V. Prisco*, D. Giacco, F. Catapano
University of Naples SUN, Department of Psychiatry, Naples, Italy
* Corresponding author.

Different studies have identified specific clinical characteristics of patients with obsessive-compulsive disorder (OCD) in comorbidity with schizotypal personality disorder (SPD), although no perspective evaluations of prognosis and response to treatment have been conducted so far. The aims of the present study were to evaluate: (1) the clinical and demographic correlates of OCD patients with comorbid SPD (OCD-SPD) using standardized instruments; (2) the response of OCD-SPD patients to long-term naturalistic pharmacological treatment. Socio-demographic and clinical characteristics of patients with OCD-SPD were compared to patients with "pure OCD". OCD-SPD patients were characterized by a greater severity of obsessive-compulsive symptomatology, earlier age at onset, a higher rate of schizophrenia spectrum disorders in their first-degree relatives and a poorer insight. During the observational period, OCD-SPD patients were less likely to achieve remission of their symptomatology and required a greater number of trials with different antipsychotic drugs or received more frequently augmentation with antipsychotics. Our findings suggested that comorbidity with SPD is correlated to a poor treatment response in OCD patients and a reduced likelihood to recover from OCD symptoms, following standard pharmacological treatments. Further research is needed to identify alternative strategies for the management of this cohort of patients.

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EV844

The comorbidity of traumatic life events in childhood age with adult obsessive-compulsive disorder



S. Kivilcim¹, H. Erensoy^{2,*}, D.B. Tonguç³, G. Sarıdoğan⁴, K. Ebru⁵

¹ Uskudar University, clinical psychology, Istanbul, Turkey

² Uskudar university, psychology department, Istanbul, Turkey

³ Dışkapı Yıldırım Beyazıt Training and Research Hospital, psychiatry, Ankara, Turkey

⁴ Erenköy Mental and Neurological Disease Training and Research Hospital, psychiatry, Istanbul, Turkey

⁵ Arnavutkoy State Hospital, psychiatry, Istanbul, Turkey

* Corresponding author.

Purpose Obsessive-Compulsive Disorder (OCD) is a mental disorder characterized by obsessions and/or compulsions. Although some epidemiological studies take part in literature, which claim that traumatic life events in childhood ages are observed more in patients with OCD compared to healthy population, the number of these studies is limited. In this study, it is aimed to compare OCD patients with healthy volunteers in terms of traumatic life events in childhood ages.

Method With 25 consecutive patients who are diagnosed as OCD and whose treatment continues, 25 healthy controls equivalent in terms of sociodemographic features are included in the study. Sociodemographic Data Form, Childhood Age Trauma Quarter (CTQ) and Maudsley Obsessive Compulsive Question List (MOCQL) are applied to the participants. Significance Value in statistical level is accepted as $P < 0.05$.

Findings In OCD patient group, CTQ scores are found high in statistical level compared to healthy controls. It has been determined that there is a significant relationship between total score of MOCQL slowness subscale scores, subscale scores of sexual and emotional abuse, MOCQL rumination subscale scores and CTQ sexual abuse scores.

Result Compared to healthy controls, more findings of traumatic life event in childhood age are observed within OCD patients.

Keywords Traumas in childhood age; Obsession; Compulsion

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Oncology and psychiatry

EV845

Psycho-oncology in Portugal: It is different from the rest of the world?



G. Da Ponte^{1,*}, M. Lobo², T. Neves¹, A. Paiva¹

¹ Centro Hospitalar Barreiro-Montijo, Psychiatry and Mental Health, Barreiro, Portugal

² Instituto Politécnico de Setúbal, Escola Superior de Saúde, Setúbal, Portugal

* Corresponding author.

Introduction Psycho-Oncology (PO) is a specific psychiatric approach to cancer patients. The main psychiatric disorders observed are delirium and adjustment disorders (AD) and the most frequent treatments used are pharmacologic and psychotherapeutic.

With regard to the type of cancer, the most frequent in Portugal are breast, digestive and prostate.

Objective Analyze the activity of PO in a district general hospital in Portugal.

Aims Demonstrate that the main core in PO is similar in the world.

Methods Prospective longitudinal study, during one year.

Results The sample had 130 patients (369 evaluations), mainly male, with the mean age of 64.22 years. The most frequent psychiatric diagnoses were delirium (56 cases; 43%) and AD (44; 34%) and the main interventions used were pharmacologic and psycho-education. The most common frequent cancers were digestive (54; 42%), urologic (16; 12%) and breast (15; 11%). This high frequency of urologic cancer was interpreted as a consequence of the sample and its geographic location, but it was also a reflection of the large number of requests made by this specialty. The majority of cancers had an advanced stage (84% vs 16%) that can be explained by the sample but also by health culture in Portugal, which is reflected in the inpatient services: Oncology (51; 39%) and Palliative Care (25; 19%).

Conclusions The type of psychiatric disorders and treatments offered in PO is preserved around the world. The authors propose to do more studies, namely if the relation with others specialties affects psychiatric treatment of the patient.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV846

Lack of occupation and depression onset in oncology patient – Case report



L. Filipovic-Grcic¹, F. Đerke^{1,*}, M. Braš², V. Djordjevic²

¹ University of Zagreb School of Medicine, Student Society for Neuroscience, Zagreb, Croatia

² University of Zagreb School of Medicine, Centre for Palliative Medicine, Medical Ethics and Communication Skills, Zagreb, Croatia

* Corresponding author.

Being able to live an active and meaningful life is important for mental health of every individual. In this case report we examine the life of an oncology patient who developed depression six years ago. The patient is a fifty seven year old woman who has been suffering from Von Hippel-Lindau syndrome for the last forty years. Her father and two uncles died from the same disease. She had her first operation when she was seventeen years old and has had numerous operations since then. During this time she has undergone four neurosurgical operations, nephrectomy, spine and pancreas operation and eye enucleation. Despite the fact that by being a chronic oncology patient she was prone to depression, she did not develop depressive symptoms. It did not happen even as her husband went to war and left her to take care of their child. It did not come afterwards as they struggled financially. Only after they moved to a new apartment and as she finished decorating it, did depression finally occur. During entire life she was an active, outgoing person, who took pleasure in socialising and various hobbies. She only developed depression after she was pensioned, left with the responsibility to care for her old mother. Following the psychiatric treatment she regained interest in people and become active in different cancer support groups. This example accentuates the importance of every-day pleasurable activities as a defence mechanism against depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV847

Caregiving experience of multiple myeloma patients



M. Gonçalves*, J. Teixeira Silva, A. Cabral, Z. Santos
Centro Hospitalar e Universitário de Coimbra, Centro de Responsabilidade Integrado em Psiquiatria, Coimbra, Portugal

* Corresponding author.

Introduction Multiple Myeloma (MM) is a cancer formed by malignant plasma cells. On a worldwide scale, it is estimated that about 86,000 incident cases occur annually. The aim of this report is to investigate the experience among multiple myeloma caregivers, assessing the mental adjustment to cancer diagnosis and the most prevalent psychopathology in the caregivers. This paper also attempts to establish the influence of the symptoms has in the caregiving experience.

Methods All eligible caregivers will be approached during a regularly scheduled patient clinic visit and informed consent will be obtained prior to study participation. Data will be collected using the Mental Adjustment Scale to the Cancer Scale Partner (EAMC-F), Memorial Symptom Assessment Scale – Short Form, and Depression, Anxiety and Stress Scale (DASS-21).

Results According to the literature caring for patients with MM can be different comparing with another form of cancer. It is an incurable form of cancer, although treatments improve life expectancy and quality of life. The authors are expecting to find high rates of depression, anxiety, unmet needs, and burden of care. The symptoms of the patients will probably influence the caregiving experience.

Conclusion MM accounts for about 14% of all newly diagnosed hematological cancer, and it is estimated that its incidence will rise. The importance of psychiatric intervention in the multidimensional approach is becoming a recognized reality. This is essential in the treatment of psychiatric disorders, to improve prognosis and quality of life but also to reduce side effects of treatments and symptoms related to cancer.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV848

Portugal's history of psycho-oncology



A. Fonseca*, A. Batista, F. Malheiro, A. Poças,
R. Araújo
Centro Hospitalar de Leiria, Psiquiatria, Leiria, Portugal

* Corresponding author.

The psycho-oncology represents an interface between psychology and oncology. In Portugal, the creation of Psycho-oncology was due to the collaboration between oncologists with psychiatrists and psychologists. This partnership led to the creation of first Portuguese research works in Psycho-oncology, contributing to the enrichment of this discipline.

Objective Describe the history of psycho-oncology in Portugal. Research articles and theses related to Psycho-oncology in Portugal and do his description statistics.

Material and methods Literature review of articles and theses on Psycho-oncology made in Portugal, using the following search engines: "Pubmed", "Medline", "SciELOPortugal" and scientific repositories of Portuguese universities.

Results Until 1997, psycho-oncology did not arouse the interest of researchers; however, since then, the Psycho-oncology has grown exponentially, with regard to the investigation. There was a period of increase in publications between 2005 and 2012 as well as, increase in the number of undergraduate theses, master's and doctorate. Disclosure of publications within the Psycho-oncology lies spread by various magazines in different specialties, demonstrating that this area arouses the interest not only of psychiatrists and psychologists, but also of other health professionals.

Conclusion Despite growing research in Psycho-oncology and growing interest among clinicians and researchers, there is still some shortcomings, warning that the psychological support is also scarce in some Portuguese institutions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV849

Experience: Liaison program

S. Gorette^{1,*}, A. Chinchilla Rodriguez²,
M.C. Sanchez Sanchez³, M.T. Lorente Molina³,
M.D. Hurtado Montiel³

¹ Almeria, Spain

² USMI-J, Almeria, Spain

³ Spain

* Corresponding author.



Introduction Multiple factors make children with oncological processes-and their families-as a population with a special psychological risk. Because of this matter, they are likely to benefit from an integrated approach in their assessment and treatment. Under this premise, for the last year it is been implemented a Consultation and Liaison Program between Clinic Psychology and Oncohematological Pediatrics at the Torrecardenas Hospital in Almería (Spain). **Objective** To facilitate the adaptation of the child and his family to the disease process; and to prevent possible future changes in the developmental and socioemotional development of the child. **Method** It is a coordinated effort between the pediatric ward and mental health services, and it is conducted by a clinical psychologist. It is performed in a hospital setting, and is directed to all pediatric patients that may require admission to the oncohematology plant and its closest relatives.

Results During the time of application, it was possible to make an initial assessment of each of the new revenues with cancer diagnosis and developed an initial plan of psychological intervention. The interventions have been individually designed, based on the needs identified in each case, including: family interventions, coordination and direction to health professionals, direct approach with children.

Conclusions Throughout this year we have seen the emotional impact of a cancer diagnosis means for a child and high psychological wear that brings the long process of treatment. There is a clear need presented by this population to receive a specialized care that takes into account the psychological and contextual aspect.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV850

A brief exploration of the psychological support available for cancer victims/survivors and relatives in health system in Riga, Latvia

S. Kumar^{1,*}, E. Stengrevica²

¹ Liverpool, United Kingdom

² NA, Psychology, Riga, Latvia

* Corresponding author.



Introduction In Riga, Latvia, people who have been diagnosed with cancer at various stages, are not offered any group or individual psychological intervention. This applies for the immediate relatives as well.

Aim The aim of the study was to collate a homogenous understanding of the resources and standards of extant practice in psychological needs of patients and their family diagnosed with cancer. Further aims include to identify any deficiencies in the service delivery and make appropriate recommendations.

Method The collective survey tool is devised to reflect the psychological needs of the aforementioned patients were devised by the authors, one a practicing psychiatrist in UK and the other with background in group work and support in Riga. The tool extended to ask coping skills, understanding, impact on relationship, work and general well-being of patients and carers and their family members alike. The collated survey was distributed and results collated.

Discussion The results of the survey indicate number of deficiencies in the organization and service delivery. There is also a huge lack of psychological support to family members who have been affected by a diagnosis of cancer or loss to cancer in the family. We also discuss means of improving service delivery in groups for this sample.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV851

Influence of family dynamics in the development and recovery of patients with cancer diagnosis. Report of two cases



L. Leon-quismondo*, M.F. Dieguez-porres

"Principe de Asturias" University Hospital, Psychiatry, Alcala de Henares, Spain

* Corresponding author.

Introduction Nowadays, it is well known that a cancer diagnosis has an important impact on the patient and his family. Given a stressful life event, such as cancer, the family is in crisis, so it is crucial how they facing the process. Two families with different adaptation process at the time of diagnosis are presented and the differences are analyzed.

Cases Family 1: Woman, diagnosis of breast cancer. She lives with her husband and she has two children. Troubled family relationships before the diagnosis. Following the cancer diagnosis, family conflicts increase, both with their children and with her husband. The family is not able to adapt to the new situation and the patient perception is that her family do not care what is happening to her.

Family 2: Woman, diagnosis of breast cancer. She lives with her boyfriend, she has no children. She has a good relationship with her family before the diagnosis, without unresolved conflicts in the past. Since cancer diagnosis the whole family has turned to the patient, being more available for her needs, physically and emotionally. She is feeling supported by them and this is making the adaptation process and family adjustment easier, feeling the patient stronger to cope with illness.

Conclusions In families with unresolved crisis before the disease, the psychological stress increases after diagnosis. The family finds it difficult to react and adapt to the changes caused by the disease and the relationships between its members deteriorate. Conversely, if the family dynamic is good, it is a positive factor in the recovery.

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EV852

Psychiatric presentations of central nervous system tumors



L. Maia^{1,*}, A. Sofia Coutinho², G.C. Irina², L. Carneiro²

¹ Vila Nova de Gaia, Portugal

² Hospital Center of Vila Nova de Gaia e Espinho, Mental Health Service, Vila Nova de Gaia, Portugal

* Corresponding author.

Introduction For the most part, central nervous system (CNS) tumors present themselves with focal neurologic signs or manifestations resulting from increased intracranial pressure. However, in particular cases, these tumors may present exclusively psychiatric symptoms.

Objective This communication explores importance of CNS tumors as differential diagnosis of various psychiatric disorders.

Aims Highlight the need of acknowledging this important differential diagnosis (CNS tumors) in current psychiatry practice, while presenting a clinical case as an example of the subject.

Methods It is exposed a bibliographic review of the topic, followed by the description of a clinical case regarding a patient with pituitary adenoma and simultaneous installation of psychotic symptoms namely delusional paranoid ideation.

Results The authors present a case report of a 66-year-old patient admitted compulsively in a Psychiatric ward in the context of behavioral changes associated with delusional ideation of paranoid content. Multidisciplinary assessed by specialties of Psychiatry, Neurology, Neurosurgery, Endocrinology and Psychology, concluded by the presence of nonfunctioning pituitary adenoma associated with cognitive major disturbance.

Conclusions The tumors of the CNS can be associated with a whole variety of psychiatric symptoms such as psychosis, anxiety, depression or cognitive impairment, even in the absence of organic/neurological symptoms. Its role in the genesis of psychiatric symptomatology makes these neoplasias an important differential diagnosis, whose clinical approach should include different medical specialties integrated as a multidisciplinary team.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV853

Pancreatic cancer associated with psychotic depression – A case report



M.E. Perfene-Banu*, A.M. Cristache, I.A. Andrei, M.C. Tudorache, R.E. Popa, M. Manea

Psychiatry Clinical Hospital "Prof. Dr. Alexandru Obregia", IV, Bucuresti, Romania

* Corresponding author.

Pancreatic cancer is an aggressive form of cancer with increasing incidence and a 5-year survival rate of 4% for all stages. Depression and anxiety have a higher prevalence than the general population in all cancer types. Also, rates of depression in patients with pancreatic cancer are higher than in patients with other types of gastrointestinal neoplasms. Depression in pancreatic cancer has also been shown to impair quality of life, so early and adequate antidepressant treatment is an essential component of comprehensive supportive care.

We would like to report the case of a 67-year-old female patient, with no previous psychiatric history, brought to the psychiatry emergency unit by her husband for psycho-motor agitation, persecutory delusions, delusional jealousy and bizarre behavior. According to her husband, the symptoms started insidiously over the last few weeks and that she attempted suicide by drug overdose three days before admission to our clinic, which she denies. Three years prior to her hospitalization the patient received surgical, radiotherapy and chemotherapy treatment for a base of tongue tumor and 6 months prior to her psychiatric admission, the was diagnosed with cephalic pancreatic neoplasm for which she received seven cycles of chemotherapy. Treatment with mirtazapine, risperidone, and lorazepam was initiated. The evolution was favorable and the patient was discharged one week later.

Early recognition and treatment of mood disorders associated with cancer are important because, left untreated, they may lead to difficulty in managing symptoms, increased demand for health services and low adherence to treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV854

Characterization of a referral to psycho-oncology liaison consults in a general hospital



J. Ramos*, A. Oliveira

Centro Hospitalar Tondela-Viseu, Psychiatry, Viseu, Portugal

* Corresponding author.

Introduction Liaison psychiatry is based on a practice that lies on the interface between psychological, sociological and biological factors of illness. Cancer is a devastating disease. For many patients the occurrence of it is synonymous of chronic, severe or lethal outcome. It is important for health professionals to be aware of the psychological suffering of these patients and promote a proper use of specialized consultations in order to increase and improve adherence to treatment.

Aims To make known the reality of referral to a Psycho-Oncology Liaison consult and its context in literature.

Methods Data collection on applications for the 1st request to Psycho-Oncology liaison consults occurred between 2010–2012 in the variables, gender, age, reason for referral, psychiatric history, cancer diagnosis, knowledge of the referral and who does (patient/family/service) and psychiatric diagnosis. Statistical analysis with Microsoft Excel 2010®.

Results It was found that there were 83 applications during the three years, 24 men and 59 women. The most prevalent cancer diagnoses were breast cancer (29.89%) and colorectal carcinoma (19.28%). Most patients had knowledge of the request (75.9%). The reason was mostly for Anxiety and Depression (33.73%).

Conclusion Cancer disease coupled with feelings of loss of autonomy, hopelessness and pain can lead the patient to develop psychopathology of anxious-depressive disorders. This condition may hamper the normal recovery of the patient. The promotion of mental well-being in cancer patients is critical to recovery and leads to a better adherence to treatment, inclusive can influence survival.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV855

Cognitive decline induced by cerebral radiotherapy: What to do?



T. Silva*, T. Carvalhão, M. Fernandes, J. Silva

Hospitalar and University Center of Coimbra, Psychiatry, Coimbra, Portugal

* Corresponding author.

Introduction Each year about 200 000 individuals undergo radiotherapy treatment to primary brain cancer or brain metastasis. The number of survivor has been rising with the improvement of treatment and techniques. The current evidence suggest a progressive cognitive decline in the years following brain irradiation, and show that 50% of the people that survive longer than 6 months are most affected.

Aim The authors propose to make a literature review, trying to expose the cognitive decline profile after cerebral brain therapy and how to choose the best therapeutic option.

Methodology Literature review using the data base available in the Documentation Service of the Central Library of the Centro Hospitalar e Universitário de Coimbra.

Results and conclusions The severity profile of cognitive decline influences the therapeutic options. The use of donepezil and

memantine presents as good therapeutic option, showing improvement in several cognitive domains. Methylphenidate still needs investigation but the evidence is that has positive impact in the improvement of fatigue and concentration. There are lack of studies using Gingko Biloba, but reveals high toxicity inducing gastrointestinal symptoms and risk of intracranial haemorrhage.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV856

The sedation could consist in a therapeutic strategy in advanced cancer conditions



A. Tamarindo¹, C. Vogel², G. Hida³, D. Malheiros³, J. Ropero⁴, S. Taniguchi^{1,*}

¹ Albert Einstein Hospital, Basic Sciences, Brazil

² Albert Einstein Hospital, Oncology, Brazil

³ Albert Einstein Hospital, Health Economics, Brazil

⁴ University Federal of ABC, Department of Mathematics

Computation and Cognition, Brazil

* Corresponding author.

Introduction The sedation could consist in a therapeutic strategy in advanced cancer conditions.

Objective To study the drugs administered to patients under Palliative Care Sedation (PCS) audits effects on vital signs.

Methods Our retrospective study included 101 oncological patients with mean age of 66.5 ± 13.4 years old and mean weight of 48.5 ± 3.36 kg, under PCS. The data were analysed applying the test of Wilcoxon.

Results The drugs administered to these patients under PCS were morphine 55 mg/kg/day associated to midazolam 52.5 mg/kg/day (Morph/Midazo) or the association of morphine 55 mg/kg/day, midazolam 52.5 mg/kg/day and neuroleptics such as chlorpromazine 54.5 mg/kg/day or haloperidol 13.25 mg/kg/day (Morph/Midazo/Neuro). The values of vital signs of these patients when the sedation was initiated were: systolic blood pressure 116.55 ± 16.98 mmHg, diastolic blood pressure 73.17 ± 10.55 mmHg, heart rate 83.41 ± 16.25 bpm, respiratory rate 19.39 ± 3.97 rpm and body temperature 35.91 ± 0.57 °C. No significant differences between these groups were observed. Vital signs measures were collected 48 hours before the patient's death. Significant reduction in systolic blood pressure 77.5 mmHg, diastolic blood pressure 43.3 mmHg were observed in the group (Morph/Benzo/Neuro). The Wilcoxon test for independent samples to a significance level of 5% we obtain a *P*-value of 0.01. The sedation period was 2.56 ± 0.23 days.

Conclusion Neuroleptic, a central nervous system (CNS) depressant drug, when associated to other two depressants (morphine/midazolam), conducted to the patient's vital signs reduction. Considering the short period of time between the beginning of sedation and the patients' death; and that palliative sedation should not include the hastening of patients' death, we suggest a better drug association criteria.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV857

Symptom burden in cancer patients and caregiving experience



J. Teixeira Silva*, M. Gonçalves, Z. Santos
Centro Hospitalar e Universitário de Coimbra, Psychiatry, Coimbra, Portugal

* Corresponding author.

Introduction Cancer patients typically experience multiple physical and psychological symptoms that may result from the disease or from treatment. The most common are pain, depression, anxiety, fatigue, insomnia, breathlessness, nausea, constipation, diarrhea and anorexia. The high symptom burden profoundly affects the patient but also the caregiver, which frequently experiences anxiety and depression.

Objectives Identify a correlation between patient symptoms and caregiver emotional disturbances.

Aims The aim of the present study was to improve the identification of vulnerable family caregivers who could require psychotherapeutic and psychopharmacological support.

Methods For this purpose, all eligible patients and caregivers were approached during a regularly scheduled patient clinic visit at a Portuguese psycho-oncology unit. Data was collected using the Memorial Symptom Assessment Scale-Short Form and Depression Anxiety Stress Scale-21. Sociodemographic and clinical data were also collected. Statistics were performed with SPSS.

Results High levels of psychopathology in caregivers were associated with female caregiver sex and worse patient physical and emotional well-being. Uncontrolled pain was related with high scores in DASS-21.

Conclusions Cancer patient's caregivers experienced high levels of anxiety and depression associated with worse patient well-being. The psychological stress of caregiving has a negative impact not only on the health of the caregivers but also on cancer patients. Early interventions directed at patient symptoms and caregiver support may improve quality of life in this population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Pain and treatment options

EV858

Pain management in context of emotionally unstable personality disorder



E. Dobrzynska^{1,*}, N. Clementi²

¹ Cygnet Health Care, Cygnet Hospital Kewstoke, Weston-super-Mare, United Kingdom

² NHS Grampian, Royal Cornhill Hospital, Aberdeen, United Kingdom

* Corresponding author.

Introduction Emotionally unstable personality disorder (EUPD) is characterised by Pain Paradox. The response for acute, self-induced pain seems to be attenuated while chronic, endogenous pain is usually intolerable. Pain management of this group of patients poses many difficulties, including discrepancies between subjective and objective pain assessment, patients' demands for strong analgesics and impact on relationship with other professionals.

Objectives and aims The purpose of the study was to review pain management options for persons diagnosed with EUPD and complaining of chronic pain.

Methods MEDLINE and PsycINFO databases were searched for all English-language articles containing the keywords "chronic pain", "pain management", "borderline personality disorder", and "emotionally unstable personality disorder".

Results Seventeen relevant papers were identified. Suggested first step in pain management was ongoing clarification with EUPD patients that analgesics are unlikely to fully treat their pain and support of non-pharmacological approaches to pain, including cognitive-behavioural strategies. Regarding pharmacology, liberal use of non-addicting analgesics was recommended with highly

conservative use of opioid analgesics. Importance of evaluation and treatment of any underlying mood and/or anxiety syndromes was stressed as well as liaison with other professionals (e.g. psychologists, neurologists, orthopaedics, and physiotherapists).

Conclusions Patients with EUPD often report chronic pain, which can only be managed by close collaboration of professionals from different disciplines.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV859

Duloxetine added to tramadol in chronic pain syndrome

M. Domijan^{1,*}, Z. Lončar¹, S. Udovičić²

¹ "Sestre milosrdnice" University Hospital Center- Clinic for Traumatology, Department of Anaesthesiology, Reanimatology and Intensive Care, Zagreb, Croatia

² "Rebro" University Hospital Center- Psychiatric Clinic, Center for Crisis Intervention, Zagreb, Croatia

* Corresponding author.

Introduction About 15–20% of the population suffering from the chronic pain. Over time, chronic pain can result in different emotional problems, social isolation, sleep disturbances, which reduce the quality of life. Chronic pain syndrome (CPS) indicates persistent pain, subjective symptoms in excess of objective findings, associated dysfunctional pain behaviour and self-limitation in activities of daily living. Duloxetine is a potent antidepressant approved by the Food and Drug Administration for the chronic musculoskeletal disorder, diabetic neuropathic pain, fibromyalgia, generalized anxiety disorder and major depressive disorder.

Objective To determine the effect of duloxetine on the reduction of pain and psychosocial suffering.

Aims The goal of the treatment should be to effectively reduce pain while improving function and reducing psychosocial suffering.

Methods Thirty-six adult, nondepressed patients, already on tramadol therapy were included. Patients with VAS (visual analogue scale) ≥ 4 were treated with duloxetine for 13 weeks. We measured pain intensity with the McGill Pain Questionnaire-Short Form (MPQ-SF) and compared VAS before starting the treatment with duloxetine and weekly for 13 weeks.

Results Pain response was defined as a 30% decrease in the MPQ-SF. A total of 62.5% of the sample met these criteria for response. Among them, 13.8% of patients were discontinued because of adverse effects. Duloxetine significantly improved functioning and the quality of life in patients with CPS.

Conclusions Because of its analgesic properties, duloxetine in the lower antidepressant doses (60 mg taken once daily) combined with tramadol (another analgesic agent) can be useful in CPS for patients who do not respond satisfactorily to monotherapy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV860

Prevalence of different pain categories based on pain spreading in older adults in Sweden: A multilevel association with socio-demographic characteristics, comorbidities and drug consumption (Pain S65+)

E. Dragioti*, B. Larsson, L. Bernfort, L.Å. Levin, B. Gerdle
Linköping University, Department of Medical and Health Sciences,
Linköping, Sweden

* Corresponding author.



Introduction Understanding of factors related to chronic pain in elderly is limited.

Objectives and aims To estimate the prevalence of pain categories based on spreading of pain on the body and to investigate how such spreading is related to demographic variables, pain intensity, comorbidities and medication in an elderly general population in southeastern Sweden.

Methods A total of 6611 adults aged ≥ 65 years participated (mean age = 76.2; SD = 7.4). Pain categories were assessed by a self-reported postal questionnaire covering 45 anatomical predefined pain regions along with demographics, pain intensity during previous seven days, comorbidities and medication. Poisson regression models with robust error variance were used for data analyzing.

Results The prevalence of pain spreading categories was: chronic local pain (CLP) 16%; chronic regional pain medium (CRP-Medium) 17%; chronic regional pain heavy (CRP-Heavy) 5% and chronic widespread pain (CWSP) 2%. Overall, increased prevalence for CRP-Heavy and CWSP in subjects 75–79 years old compared to those 65–69, 70–74, 80–84 and ≥ 85 years were revealed. In men, 75–79 years old, CRP-Heavy was more common than in the other pain categories. In women, 75–79 years old CWSP, was more common than in the other pain categories. Pain intensity was strongly associated with all pain categories ($P < 0.001$). CLP was associated with trauma, rheumatoid arthritis, cancer, prescribed and non-prescribed analgesics. CRP-Medium was associated with rheumatoid arthritis, CRP-Heavy with rheumatoid arthritis and lung diseases and CWSP with rheumatoid arthritis and prescribed analgesics ($P < 0.001$).

Conclusions Our findings elucidate heterogeneity of pain in elderly which has to be further investigated.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV861

Distinct subgroups derived by cluster analysis based on pain characteristics and anxiety-depression symptoms in Swedish older adults with chronic pain (PainS65+)

E. Dragioti*, B. Gerdle, B. Larsson, L. Bernfort, L.Å. Levin
Linköping university, department of medical and health sciences,
Linköping university, Sweden

* Corresponding author.

Introduction There is a lack of research on subtypes of chronic pain (CP) characteristics in the elderly.

Objective To scrutinize major subgroups based on pain aspects and psychological factors on an elderly population.

Aims To determine possible differences between the derived subgroups with respect to pain aspects and anxiety-depression symptoms, health aspects and health care costs.

Methods A cross-sectional study was implemented. A large sample of 2300 individuals (M = 75.9 years, SD = 7.4) participated. Self-reported postal measurements regarding pain intensity, spreading of pain, anxiety and depression (General well-being schedule [GWBS]), and pain catastrophizing [PCS]) were used as classification variables. A two-step cluster analysis was employed. We further investigated whether the derived subgroups experienced different quality of life and general health. Calculations regarding health care costs were also performed.

Results Two major subgroups were identified: one low symptom severity subgroup (Cluster 1; $n = 1326$; 58%) and one high symptom severity subgroup (Cluster 2; $n = 974$; 42%). There were statistical significant differences on pain intensity, spreading of pain, anxiety, depression and pain catastrophizing between the two subgroups ($P < 0.001$). Significant lower levels for quality of life and general health ($P < 0.001$) were found for the high symptom severity



subgroup. Health care costs in the high symptom severity subgroup were significantly higher than those of the low symptom severity subgroup ($P < 0.001$).

Conclusions Our findings exhibit the necessity for subgroup-specific treatment services for improving pain management and reducing health care costs in the elderly.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV862

Ziconotide and amnesia: A case report

S. Marini^{1,*}, V. Lalli², A. Costantini², F. Gambi¹

¹ University G. d'Annunzio, neurosciences and imaging, Chieti, Italy

² SS Annunziata hospital, health urgent and emergency care, Chieti, Italy

* Corresponding author.



Introduction Ziconotide is a new class of non-opioid analgesic that selectively blocks the neuron-specific (N-type), voltage-gated calcium channels, preventing the release of substance P and calcitonin gene-related peptide.

Methods A literature search was conducted in September 2015 using Pubmed and Scopus databases. No articles speaking about the direct correlation between ziconotide and amnesia were found.

Discussion A 56-year-old female patient, in treatment with ziconotide for chronic phantom pain syndrome, reported amnesia and dysgeusia symptoms. No psychiatric pathologies were diagnosed except for the high anxiety state correlated to the amnesia for recent events. The ziconotide treatment was reduced from 2.4 µg/day to 1.5 µg/day. Clonazepam was prescribed to treat the anxiety state. The subject clinical conditions did not require hospitalization.

Conclusions It is recommended that patients in treatment with ziconotide be monitored for changes in mood, suicidality ideation, thoughts or consciousness. Ziconotide could have serious neurological or psychiatric signs/symptoms (Table 1). Amnesia is a rare side effect of intrathecal administration of ziconotide. Severe psychiatric adverse effects may require ziconotide discontinuation, treatment with psychotropic agents and/or acute hospitalization.

Table 1

Psychiatric disorders	Nervous system disorders
Hallucinations	Dysgeusia
Delusions	Dizziness
Confusional state	Dysarthria
Anxiety	Ataxia
Insomnia	Nystagmus
Cognitive disorder	Areflexia
Mood disorder	Burning sensation
Suicidality ideation	Hypoaesthesia, paraesthesia

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV863

Psychiatric disorders in patients with atypical facial pain

V. Medvedev^{1,*}, V. Frolova¹, Y. Fofanova¹, A. Drobyshev²

¹ People's Friendship university of Russia, Chair of psychiatry-psychotherapy and psychosomatic pathology, Moscow, Russia

² Moscow State university of medicine and dentistry, Chair of maxillofacial and plastic surgery, Moscow, Russia

* Corresponding author.



Objective Maxillofacial surgeons and dentists often (up to 10%) deal with the phenomenon of atypical facial pain (AFP) – painful condition of maxillofacial area without clear organic pathology. Psychiatric studies of this disorder are almost lacking.

Aim The aim of this study was to define psychopathological disorders in patients with AFP and to set up psychopharmacological treatment strategies.

Methods The study used clinical psychopathological and psychometric (Pain measurement scales: Brief Pain Inventory, VAS, Pain Catastrophizing Scale) methods. We included patients with AFP examined in the clinic in December 2014 - September 2015.

Results Study sample consists of 54 patients with AFP: 45 women (83.3%), 9 men (16.7%), 18–70 years old (39.5 ± 14.7 years). In 67.8% of patients (33 women, 4 men), AFP was associated with affective disorders; among them, recurrent major depressive disorder was verified in 9.2% (4 women, 1 man), single depressive episode – in 33.6% (15 women, 3 man), bipolar II depression – in 3.6% (2 women), cyclothymic disorder – in 7.1% (4 women), dysthymia – in 14.3% (8 women). In 10.8% of patients (6 women), AFP was considered as a symptom of somatoform pain disorder. In 21.4% (6 women, 5 men), AFP was related with schizotypal personality disorder. Psychopharmacological agents used were SSRIs (fluvoxamine, escitalopram), SNRIs (venlafaxine, duloxetine), agomelatine and antipsychotics (quetiapine, amisulpride, alimemazine). The pain subsides in 87.04% of patients and the severity of pain decreased in 12.96% of patients.

Conclusion Patients with AFP should be examined by psychiatrist in order to determine psychopathological disorders and to elaborate psychopharmacological treatment strategies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV864

Psychosemantics of pain in patients with coronary artery disease

E. Pervichko^{1,*}, Y. Zinchenko¹, L. Pak²

¹ Lomonosov Moscow State university, faculty of psychology, Moscow, Russia

² Moscow State university of medicine and dentistry, faculty of general medicine, Moscow, Russia

* Corresponding author.



Introduction It is known for a fact that a number of psychological factors may affect heart pain perception in patients with coronary artery disease (CAD). However, psychosemantics of pain in CAD patients was hardly ever explored.

Objective To study the features of pain psychosemantics in CAD patients.

Methods There were applied McGill Pain Questionnaire (Melzack, 1975); the psychosemantic technique "Classification of sensations" (Tkhostov, Efremova, 1989); the 20-item Toronto Alexithymia Scale (Bagby, Taylor, Parker, 1994); and State-Trait Anxiety Inventory (Spielberger et al., 1983). Fifty-four CAD patients took part in the study, the mean age was 55.9 ± 7.6 years. CAD duration was 5.8 ± 2.6 years.

Results CAD patients with the high level of trait anxiety (28%) choose greater variety of descriptors for pain definition, revealing an impaired ability to differentiate between emotional states and physical sensations. They show higher scale values for McGill Pain Questionnaire. Patients with high indices of alexithymia (31%) require significantly fewer words for description of painful and dangerous perceptions within the "Classification of sensations". This may testify to a certain bafflement in verbal description of the pain. With that, intensity of alexithymia does not correlate significantly with the high level of state and trait anxiety ($P > 0.05$). The method of "Classification of sensations" revealed that patients with trait anxiety, as well as those with alexithymia, define the pain with

significantly more numerous metaphorical and affective descriptors (Pervichko, Zinchenko, 2013).

Conclusions Received results prove an important role of psychological factors in etiology of chest pain in CAD patients with the high level of trait anxiety and alexithymia, which supports the urgency of psychotherapy for them.

References not available.

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EV865

The analgesic efficacy of ketamine-magnesium combination is influenced by the order of medication administration



K. Savic Vujovic^{1,*}, S. Vuckovic¹, A. Vujovic², M. Prostran¹

¹ Medical faculty, department of pharmacology, clinical pharmacology and toxicology, faculty of medicine, university of Belgrade, Belgrade, Serbia

² Medical faculty, university of Belgrade, hospital for ENT- KBC Dragiša Mišević, Belgrade, Serbia

* Corresponding author.

Introduction Magnesium is an endogenous voltage-dependent NMDA receptor channel blocker and ketamine is a non-competitive NMDA receptor antagonist. Magnesium may potentiate the effect of ketamine in analgesia and anaesthesia, but may also interact in an opposing manner. This study aimed at evaluating type of the interaction between magnesium sulphate and ketamine administered systemically in rats with an acute nociceptive pain (tail-immersion test).

Materials and methods Analgesic activity was assessed by tail-immersion test in male Wistar rats (200–250 g). The distal 5 cm of the tail was immersed in a warm water bath (55 ± 0.5 °C) and the time for tail-withdrawal was measured as response latency.

Results Magnesium sulphate (2.5–30 mg/kg, s.c.) and ketamine (2.5–30 mg/kg, i.p.) administered alone did not produce any effect. However, significant antinociception (synergistic interaction) was revealed at the following doses of ketamine: magnesium sulphate of 5:5 mg/kg, 2.5:5 mg/kg and 10:5 mg/kg. The effect was not dose-dependent, and a greater response was obtained when ketamine was administered before magnesium sulphate.

Conclusions This study revealed that (1) magnesium sulphate and ketamine given alone were not effective against acute nociceptive pain in rats, but (2) a combination of both drugs resulted in synergistically inhibited nociception, (3) which occurred only at selected low doses and proportions of the medications in a combination and (4) suggested the importance of the order of drug administration.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV866

Labor pain management: Effect of pelvic tilt by birth ball, sacrum-perineal heat therapy, and combined use of them, a randomized controlled trial



S. Taavoni^{1,*}, S. Abdollahian², L. Neisani², H. Hamid³

¹ Iran university of medical sciences IUMS, Tehran university of medical sciences TUMS, research institute for islamic & complementary medicine RICM-IUMS, faculty of medicine TUMS, Tehran, Iran

² Iran university of medical sciences IUMS, nursing and midwifery faculty, Tehran, Iran

³ Iran university of medical sciences IUMS, management faculty, Tehran, Iran

* Corresponding author.

There are various safe non-pharmacologic methods for labor pain management, which mostly decrease suffering of mother and some of them significantly decrease pain too.

Aim To assess effect of pelvic tilt by birth ball, sacrum-perineal heat therapy and combination use of them on active phase of physiologic labor.

Method In this randomized control trial, 120 primiparous volunteer with age 18–35 years, gestational age of 38–40 weeks, in one of hospitals of Iran university of medical sciences were randomly selected and divided in four groups: Pelvic tilt by using birth ball, sacrum perineal heat therapy, combined use of two mentioned methods and control group. Tools had 3 main parts of personal characteristic, client examination form and pain visual analogue scale (VAS). All ethical points were considered.

Results Equality of four groups had been checked before intervention. Lowest pain score first belong to pelvic tilt by birth ball then combined group and finally in heat therapy, which all were significantly less than control group. Significant decrease of pain had been seen in birth ball group and combined group during after 30 minutes intervention, but in the heat therapy group, it was seen after 60 minutes intervention (P -value < 0.05).

Conclusion All three interventions of this study had significant effect and decreased labor pain during active phase, but highest decrease was in pelvic tilt by birth ball group and its effect started after 30 minutes intervention. It is suggested that that Obstetrics and Midwives consider these safe methods for labor pain management.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV867

Chronic pain and alcoholism – A descriptive analysis of alcohol dependent inpatients



T. Van der Kleij^{*}, R. Lawrence

Royal Edinburgh hospital, psychiatry, Edinburgh, United Kingdom

* Corresponding author.

Introduction The co-existence of chronic pain and alcohol dependence has been demonstrated in the literature. This population has high rates of injury, and chronic pain may be a direct result of conditions such as pancreatitis and neuropathy. Management may be complicated by pharmacological and behavioural challenges, potentially leaving patients with suboptimal treatment.

Aims The aims of this survey were to: establish the prevalence of chronic pain within the study population, evaluate the multidimensional impact it had on their lives, and quantify levels of satisfaction with current treatment.

Methods Over a 2-month period, 30 consecutive patients within the Ritson Clinic with Alcohol Dependence Syndrome were recruited. Using a modified version of the Brief Pain Inventory, each patient was interviewed by a member of the study group.

Results The frequency of chronic pain within this population was 47% (14/30) of which the majority was due to back pain (57% [8/14]), followed by pain of the feet and hands (43% [6/14]). We found that 64% (9/14) of patients were receiving treatment, and the average levels of satisfaction (% relief of pain) within this group was 57%.

Conclusions Chronic pain and alcohol dependence are multifactorial and interlinked, with our analysis showing higher frequencies of chronic pain compared to the general population. We hypothesize that treating pain may lead to better outcomes as regards abstinence from alcohol as well as improved quality of life. Larger

studies are required to establish prevalence, and better service delivery to this population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Personality and personality disorders

EV868

Gender differences in Hofstede's cultural dimensions among a Kuwaiti sample

A. AlAnezi*, B. Alansari

Kuwait university, psychology, Kuwait, Kuwait

* Corresponding author.

Introduction Hofstede's model of cultural dimensions has become the most widely accepted and most frequently cited model for cross-cultural research. His cultural dimensions included power distance index (PDI), individualism vs. collectivism (IDV), masculinity vs. femininity (MAS), uncertainty avoidance index (UAI), and long-term vs. short-term orientation (LTO).

Objective The objective of this study is to explore gender related differences in the Hofstede's five dimensions of national culture for work-related values among a sample from Kuwait.

Methods The participants were 540 first year secondary school Kuwaiti teachers (270 males: mean age = 28.95 ± 2.47; 270 females: mean age = 28.20 ± 2.04). The Arabic version of the Values Survey Module, VSM 08 was administered to participants. Data analysis include independent sample *t*-test was used to examine gender differences in Hofstede's five dimensions of national culture.

Results Internal consistency was satisfactory for the Power Distance, Individualism vs. Collectivism, Masculinity vs. Femininity, Uncertainty Avoidance, and Long-term vs. Short-term Orientation subscales respectively (Cronbach's alpha = 0.82, 0.84, 0.90, 0.74, 0.87) for males and (Cronbach's alpha = 0.77, 0.90, 0.83, 0.80, 0.88) for females. The results revealed significant gender differences where the males obtained a higher score than females on individualism ($t = 2.95, P < 0.002$), and masculinity ($t = 2.77, P < 0.005$), while females obtained a higher score than males on power distance ($t = 4.48, P < 0.000$), and long-term orientation ($t = 4.13, P < 0.000$).

Conclusion These findings suggest that the gender differences exist for cultural dimensions, and provide insight on leadership characteristics.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV869

Differentiating between bipolar affective disorder (BD) and borderline personality disorder (BPD) – A clinical case

A. Ballesteros^{1,*}, A. Petcu², B. Cortés³, L. Montes⁴, F. Inchausti⁵, W. Jaimes⁶, J. Collantes⁷, B. Zubizarreta¹

¹ Red de Salud Mental Gobierno de Navarra, Centro de Salud Mental Estella, Estella, Spain

² Greater Manchester West Mental Health NHS Foundation Trust, psychiatry, Manchester, United Kingdom

³ Consultas Dr. B. Cortés, Psychiatry, Salamanca, Spain



⁴ Red de Salud Mental Gobierno de Navarra, Complejo Hospitalario de Navarra, Pamplona, Spain

⁵ Centro Proyecto Hombre, Comunidad terapéutica Proyecto Hombre de Estella, Estella, Spain

⁶ Hospital de Donostia Osakidetza, Psiquiatría, Donostia, Spain

⁷ Consulta privada, Psicología, Madrid, Spain

* Corresponding author.

Introduction Recent studies suggest that Borderline Personality Disorder (BPD) could be regarded as an affective disorder within the Bipolar Affective Disorder (BP) spectrum. This is supported by evidence suggesting a clinical/neurobiological overlap between these two disorders. The Temperament and Character Inventory Revised (TCI-R) may help differentiate between the two disorders and orientate the clinical approach, considering the evidence of the medium-term temporal stability of TCI-R in a clinical population.

Objective We present a clinical case diagnosed with BD which underwent testing using TCI-R. TCI-R orientated towards a secondary diagnosis of BPD and the case further received a course of Dialectical Behavior Therapy (DBT) which led to clinical improvement. We therefore study the usefulness of TCI-R in this clinical setting.

Aims To study whether TCI-R may help differentiate between BD and BPD in mood stabilized patients.

Method Our patient is a 52-year-old married male diagnosed with BD. Considering his clinical features of impulsivity/instability of behaviors and pathological interpersonal relationships, patient was started on individual DBT (fortnightly, 4 months). Psychotropic treatment (paroxetine 30 mg/day, lithium 1000 mg/day, aripiprazole 15 mg/day) was not modified.

Results TCI-R scores: harm avoidance (100%), novelty seeking (53%), reward dependence (20%), persistence (18%), self-directedness (1%), cooperativeness (2%) and self-transcendence (48%). After 4 months of therapy, the patient improved in distress tolerance, acceptance, behavioral activation and assertiveness.

Conclusions TCI-R is an inventory for personality traits in which character scores differ markedly between PD and non-PD patients. It is a useful tool in BPD patients orientating the clinician in the differential diagnosis and the treatment approach.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV870

Age and sex differences in temperament and character dimensions in a french non-clinical population

B. Calvet^{1,2,3,*}, M. Péricaud¹, M. Parneix⁴, A. Jouette¹, M. Bricaud⁴, J.P. Clément^{1,2,3}

¹ CH Esquirol, pôle universitaire de psychiatrie de l'adulte et de la personne âgée, Limoges, France

² Université de Limoges, faculté de médecine, Limoges, France

³ Inserm, UMR 1094, Limoges, France

⁴ CH Esquirol, pôle de territoire, Limoges, France

* Corresponding author.

The authors examined age and sex trends on the seven dimensions and 25 facets assessed by the Temperament and Character Inventory collected between 2006 and 2014. This cross-sectional study sought to better understand personality differences according to age and sex cohorts in a French non-clinical community sample (1181 participants). Our results show significant differences in age groups in Novelty seeking, reward dependence, harm avoidance and self-transcendence. Women scored higher than men in Harm avoidance, reward dependence and cooperativeness. Men between 18 and 29 years old reported higher Novelty seeking whereas older women had higher Harm avoidance. Among all the



dimensions of the TCI, only self-directedness presents a consistent gender \times age interaction. Our study confirmed that there were personality specific features in men and women. In addition, there were personality changes with age in both temperament and character dimensions. Our research highlighted the need to take into account both age and gender of subjects in the future analyses and interpretations of findings from the temperament and character inventories.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV871

Psychometric properties of the French version of the TCI-125 in peer-report assessments

B. Calvet^{1,2,3,*}, M. Bricaud⁴, J.P. Clément^{1,2,3}

¹ CH Esquirol, pôle universitaire de psychiatrie de l'adulte et de la personne âgée, Limoges, France

² Inserm, UMR 1094, Limoges, France

³ Université de Limoges, faculté de médecine, Limoges, France

⁴ CH Esquirol, pôle de territoire, Limoges, France

* Corresponding author.

Many theories of personality have emerged, but currently, only dimensional approaches seem able to fully capture the complexity of this concept. The Cloninger psychobiological model is organized according to temperament and character from a psychobiological perspective that these variables would be related to individual differences. This model is evaluated by the Temperament and Character Inventory (TCI). Unfortunately, most of versions of this inventory are in the self-report form. Thus, these inventories cannot be used in a certain number of cases, especially in situations where the subjects cannot respond by themselves. This presentation describes the psychometric properties (internal consistency reliability, structural validity, concurrent validity, interrater reliability and test-retest reliability) of the French TCI-125 in peer-report form or hetero-questionnaire (TCI-125-HQ). Studies have shown satisfactory properties for internal consistency reliability, test-retest reliability and concurrent validity of the TCI-125-HQ. Temperament factorial analysis found a structure in three factors and not four, as in the theoretical model. Interrater reliability highlighted that the character dimensions seemed harder to assess compared with temperament dimensions, by the close entourage. The TCI-125-HQ will be useful when subjects cannot answer the TCI in self-report form because they have neurocognitive disorders, in particular, memory impairment or language disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV872

Recurrent depression over an schizoid personality. Case report

M.C. Cancino Botello*, F. Molina López, J.M. Hernández Sánchez, A. Peña Serrano, M.D.L.A. Canseco Navarro

Consorcio hospital general universitario, psychiatry, Valencia, Spain

* Corresponding author.

Introduction According to Millon, personality is a “complex pattern of psychological factors, which are mostly unconscious and express themselves automatically in almost every functional dimension of the subject”. It has been described how personality traits can modify the expression of other mental diseases, leading to confusion in diagnosis and treatment of the patient.

Method Systematic review of the literature in English (PubMed) and clinical history of the patient. Keywords: “recurrent depression disorder”; “schizoid personality”.

Objective To highlight the importance of making an accurate and detailed diagnostic formulation, in patients with both mental and personality disorders.

Case Sixty-seven-year-old woman, with many psychiatric hospitalizations, secondary to a recurrent depression disorder with psychotic symptoms and schizoid personality disorder. Both psychiatric monitoring and pharmacological treatment have been erratic. Initially, depressive episodes were considered as symptoms of her personality disorder. However, over the years, it was possible to make a more accurate diagnosis and a better treatment adjustment. In this case, lack of adherence is probably due to multiple factors, but no awareness of illness and personality disorder itself are the most important ones. This fact makes the patient less concerned about her personal care, leading to irregular treatment.

Conclusions People with schizoid, schizotypal or paranoid personality traits usually have a worse outcome, and they interfere with the functionality of the patient. This explains the importance of making an accurate and detailed diagnostic formulation, in order to benefit the course of the underlying mental disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV873

Without awareness of what I am

T. Casanova*, J.A. Blanco Garrote, G. Isidro García, R. Hernández Antón, S. Gómez Sanchez, M. Hernández García, L. Rodríguez Andrés, A. Rodríguez Campos, C. Noval Canga, S. Cepedello Pérez

Hospital clínico universitario de Valladolid, Psiquiatría, Valladolid, Spain

* Corresponding author.

Introduction Fifty-year-old male. As a summary note that has a history of psychotic disorder from 25 years to coincide with the theological studies and your income as a priest. It has continued since then reviews and consultations in psychiatry, with two previous hospitalizations in private hospitals. It was stable with low doses of risperidone. Apparently, it makes a routine life linked to the activities of the church. Two months ago, he began to be irritable, suspicious, with discussions and problems at work, coinciding with the abandonment of treatment. Since the death of her mother a year ago has presented worsening.

Objectives It presents the case of a patient who has no awareness of illness.

Methods Psychopathological examination: conscious, oriented, scarcely manageable. Psychomotor restlessness. Expansive while maintaining distances, dysphoric and irritable. Verbiage. Ideas prejudice family-centered. There appears to be perceptual disturbances. Sleep-wake rhythms preserved.

Results Treatment was initiated with injectable paliperidone administered dose of 150 mg and 100 mg, with 12 mg of oral paliperidone with good response progressively. At high partial remission of symptoms, it is factual.

Conclusions The lack of awareness of the disease is non-pharmacological factors that can make it difficult to comply with neuroleptic treatment. These patients do not calibrate well how important that medication has on the evolution of his illness. Therefore, the therapeutic substance of such failure worsens the quality of life of patients and their families, as well as the prognosis of their disease presenting increasingly severe relapses.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV874

How strange is everything

T. Casanova*, J.A. Blanco Garrote, R. Hernández Antón, A. Rodríguez Campos, S. Cepedello Pérez, S. Gómez Sánchez, G. Isidro García, L. Rodríguez Andrés, M. Hernández García, C. Noval Canga, A. Alvarez Astorga, H. De la Red Gallego
Hospital Clínico Universitario de Valladolid, Psiquiatría, Valladolid, Spain

* Corresponding author.

Introduction Twenty-year-old woman. In summary, we noted that a year ago, she had an episode of psychotic features secondary to cannabis in London. She then presented a depressing picture. In the current episode, the patient is anxious to be in a kind of dream. She says it is able to communicate through thought, and says his mind thinks fast. Make interpretations, giving meaning to everything that is new. Refer to hear voices in his head of his children. It is told with great emotional impact. Absence of previous consumption.

Objectives It presents the case of a patient with psychotic symptoms treated early.

Methods Psychopathological examination: conscious, oriented, collaborative. Good looks and touch. Tachypsychia and tachylalia. Speech inconsistent with loose associations of ideas. Dysphoria with emotional lability and continuous crying, feelings of guilt. Great anxiety component. Phenomena of derealization and depersonalization. Delusional interpretations of objects. Alterations of the experience of self. Possible auditory hallucinations. Insomnia.

Results During treatment with olanzapine, income starts to 20 mg and then proceeds to therapeutic change aripiprazole with good response, objectifying a partial remission of symptoms, quiet and adequate meeting, being aware of what happened.

Conclusions Schizoaffective disorder describes a mental disorder characterized by recurrent episodes of mood changes underway in all cases with psychotic symptoms. People with schizoaffective disorder are more likely to return to their previous level of function than do people with other psychotic disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV875

Gut feeling

C. Cotta^{1,*}, G. Jesus², V. Vila Nova³, C. Moreira²
¹ Centro Hospitalar Barreiro-Montijo, Psychiatry, Barreiro, Portugal
² Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisbon, Portugal

³ Centro Hospitalar Barreiro Montijo, Psychiatry, Barreiro, Portugal

* Corresponding author.

Introduction There is growing evidence of the importance of nutrition in mental disorders. Gut microbiota, influenced by environmental factors such as diet and stress, has been proposed as one of the players on a dynamic called gut-brain axis, which is thought to have an influence on behaviour and mental health.

Objectives and aims To summarize recent evidence on the topic, and its potential role in psychiatric interventions.

Methods The authors review updated literature collected from online scientific databases.

Results The development of the brain itself has been shown to be influenced by the gut microbiome. Research demonstrates that the composition of the microbiota has influence on behaviour through neuroendocrine and other neuroactive messengers production by the bacteria within the gut lumen. Studies in germ-free animals, animals exposed to bacterial infections, probiotic supplements or antibiotic drugs suggest a role for the gut microbiota in the regulation of anxiety, mood, cognition and pain. The gut microbiome has been implicated in brain disorders including anxiety

and depression, multiple sclerosis, Alzheimer's disease, Parkinson's disease, and autism.

Conclusions The treatment of mental disorders is usually based on pharmacological and psychotherapeutic interventions, and little attention is given to dietary interventions. The emerging field of research focused on the human microbiome suggests an important role for the gut microbiota in influencing brain development, behaviour and mood in humans, and points new strategies for developing novel therapeutics for mental disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV876

Borderline personality disorder and automatic processing of valence and self-other relevance information

U.S. Donges*, B. Dukalski, A. Kersting, T. Suslow
University of Leipzig, psychosomatic medicine and psychotherapy, Leipzig, Germany

* Corresponding author.

Introduction Enhanced sensitivity to emotion stimuli and poor differentiation between self and others have been proposed to be important features of borderline personality disorder (BPD). Automatic processing of affective stimuli provides information about valence (positive vs. negative) and relevance of valence (self vs. other).

Aims The objectives of our study were to investigate efficiency of automatic processing of valence and relevance at a semantic level in BPD compared to healthy individuals.

Methods A masked affective priming task, varying valence and relevance of prime and target adjectives, was administered to 33 women with BPD and 33 healthy women. The forward and backward masked primes were shown for 50 ms. Subjects had the task to evaluate target words.

Results In the whole sample, a significant affective priming effect and a significant relevance priming effect occurred. Presence of comorbid depressive disorder was positively correlated with extent of affective priming. BPD patients did not differ in affective priming from healthy individuals but they exhibited less relevance priming.

Conclusions According to our data efficiency of automatic recognition and processing of valence information at a semantic level is not impaired in BPD compared to healthy individuals. However, BPD patients appear to be less able to perceive and differentiate automatically self- vs. other-relevance during the perception of affective information than healthy controls. The present results indicate that patients with BPD could manifest impairments of self-other differentiation already at a very early or basic stage of emotion processing.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV877

A life tiptoeing: Being a significant other to persons with borderline personality disorder

S. Ekdahl^{1,*}, I. Ewa¹, P. Kent-Inge², S. Mats³

¹ Malmö university, faculty of health & society, the department of care science, Malmö, Sweden

² Red Cross university college, psychiatric nursing, Stockholm, Sweden

³ Karolinska institute, department of neurobiology- care sciences and society, Stockholm, Sweden

* Corresponding author.

Introduction Borderline Personality Disorder (BPD) is a severe psychiatric health problem with a reputation of being difficult to deal with and to treat. Significant Others (SOs) of patients with BPD show higher levels of psychological distress compared with the general population. Strengthening the coping strategies of SOs has been shown to play an important role in the recovery of the person with psychiatric health problems. Research around SOs of persons with BPD is, to our knowledge, scarce, especially qualitative research exploring their experiences.

Objective We believe that if the personnel working in health care and psychiatric care are able to better understand SOs experiences and life situation, it could be an important step toward improved care.

Aim The aim of this study was to describe SOs experiences of living close to a person with BPD and their experience of encounter with psychiatric care.

Methods Data were collected by free-text questionnaires and group interviews and were analyzed by qualitative content analysis.

Results and conclusion The results revealed four categories: a life tiptoeing; powerlessness, guilt, and lifelong grief; feeling left out and abandoned; and lost trust. The first two categories describe the experience of living close to a person with BPD, and the last two categories describe encounter with psychiatric care.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV878

Borderline personality disorder in adolescence. Prevention and early intervention from a cognitive analytic approach

E. Gimeno*, C. Chiclana

University CEU San Pablo, department of psychology, Madrid, Spain

* Corresponding author.

Introduction Borderline personality disorder begins in adolescence, however, its diagnosis is subject to some controversy and tends to be underdiagnosed. Stigma associated with its diagnosis, comorbidity with other axis I disorders or the changeable sense of identity during adolescence are some of the elements that obscure the diagnosis. Increasingly, recent studies have shown the utility of prevention programs as well as instituting early intervention in adolescents, with very hopeful outcomes.

Objectives The aim of this study is to review the benefits derived from early prevention and intervention programs in adolescents with borderline symptoms from a cognitive analytic approach.

Methods A systematic review for scientific articles extracted from research databases including Dialnet, EBSCO, Pubmed, Unika and Scholar Google was conducted. Other high-impact studies in the field were also included.

Results Evidence reported by reviewed articles supports Cognitive analytical therapy as one of the most successful approaches, the same as Mentalization based therapy, in the treatment of Borderline personality disorder. From this approach, prevention and early intervention have shown their effectiveness in reducing borderline symptoms and risk factors besides they contribute to interpersonal functioning improvement.

Conclusions Prevention and early intervention constitute the main pillars to prevent the potential development of Borderline personality disorder or its evolution in more complex and irreversible forms. But this intervention must be carried not only in young already diagnosed, but also in those who are on the diagnostic threshold, presenting risk factors for further development.

Keywords Cognitive analytic therapy; Borderline personality disorder; Adolescents; Early intervention; Prevention



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EV879

Paliperidone palmitate study in patients with personality disorder

M.A. Gutierrez Ortega^{1,*}, D.P. María Dolores¹, M.A. Manuel², M.M. Esther²

¹ University hospital of Burgos, Residente medical of psychiatry, department of psychiatry, university hospital of Burgos, Burgos, Spain

² Divino Vallés hospital, department of psychiatry, Burgos, Spain

* Corresponding author.



Introduction Personality disorders are chronic affectation of mood, impulsivity, aggression and anxiety. It is thought to have biological factors related to the development of personality disorders.

Aims To evaluate and compare the efficacy of injectable paliperidone in actual clinical practice of patients diagnosed with Personality Disorder, compared to other treatments.

Methods We conducted a descriptive, retrospective and observational study from January 2012 to June 2015 including all the patients who are treated with paliperidone palmitate extended-release injectable suspension with a diagnosis of Personality Disorder according to DSM 5. We included patients with at least 12 months of treatment and the results were compared with respect to the 12 months prior to taking said drug. Variables studied: medical diagnosis, hospital admissions, average length of stay, total number of emergency visits or other devices, maintenance doses.

Results We recruited 14 patients (7 women and 7 men) with a mean age of 36.2. 64.29% of patients had borderline personality disorder; 21.43% unspecified personality disorder. The mean dose of maintenance treatment is 105.357. Before the treatment, the quantity of total number of hospital admission are 1.14 versus 0.429 after treatment. The number of stay is also decreased from 13.7 to 3.5; like emergency room visits or to other devices. 78.57% of patients continue to psychopharmacological treatment. Fifty percent of patients undergoing treatment with another antipsychotic ($P < 0.05$).

Conclusions The present results show that paliperidone palmitate can be an effective way to control the most characteristic symptoms of Personality Disorders, and reducing emergency visits, hospitalisations and other devices.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV880

Malignant narcissism: The notorious case of Jean-Claude Romand

Y. Lazaro^{1,*}, I. Mesian², A. Perez³, I. Madrazo⁴, R. Baena¹

¹ Hospital Clínico San Carlos, psychiatry, Madrid, Spain

² Hospital Universitario Infantil Niño Jesús, psychiatry, Madrid, Spain

³ Centro de Atención Integral al Drogodependiente Mostoles, psychiatry, Madrid, Spain

⁴ Hospital Universitario Marqués de Valdecilla, psychiatry, Santander, Spain

* Corresponding author.



Introduction Twenty-two years ago, the murder of the wife, the parents and the children of a doctor shook France. Some time later, it was discovered that the doctor was the murderer and that he had been faking his profession and social status. The prospect of being caught determined his decision of killing all his close relatives and trying – unsuccessfully – to commit suicide.

Objectives Review of the literature on the concept of pathological narcissism from the analysis of the notorious case of Jean-Claude

Romand and establish its differences from mythomania and psychopathy.

Aims Gaining a better understanding of the mechanisms and defenses of narcissism that determine certain behaviours and actions.

Methods Study of the biography and the psychopathological features of Jean-Claud Romand from books and interviews in relation to the concepts of pathological and malignant narcissism proposed by Otto Kernberg.

Results Features such as grandiosity, aggressive behaviors, hostility or paranoid traits can be found in both psychopathy and malignant narcissism. In Romand's case, the final diagnosis fits to malignant narcissism due to the ability to internalize the social contexts and to maintain constant representative and relational figures.

Conclusions It is important not to fall into reductionism habits and to study deeply each case to a better understanding of all the factors that contribute to the development of these kinds of personalities.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Further reading

Kernberg O. Factors in the psychoanalytic treatment of narcissistic personalities J Am Psychoanal Assoc 1970;18:51–85.

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EV881

Defensive misperception of the emotional contents of self/other communication

S. Movahedi

University of Massachusetts, Boston, USA

In this paper, I will be discussing a group of narcissistic patients who are not autistic, or psychotic but exhibit some autistic like symptoms in that they tend to misinterpret emotional communications and fail to detect aggression and attack in their own provocative language and behavior. As a result, they have very few friends, and often feel disrespected, discarded, and alienated by others. They easily feel insulted and get involved in interpersonal altercation. They fail to appreciate humor and show an inability to properly decode metaphoric language. They fit Piaget's description of developmental pathology in a paradoxical way, in that they exhibit an "absence of both self-perception and objectivity, whereas acquiring possession of the object as such is on a par with the acquisition of self-perception". Very similar to cases of autism, these patients show a relative incapacity to participate in an intersubjective field.

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EV882

Personality disorders and suicide attempts

O.W. Muquebil Ali Al Shaban Rodriguez^{1,*}, J.R. López Fernández², C. Huergo Lora², S. Ocio León¹, M.J. Hernández González¹, A. Alonso Huerta¹, M. Gómez Simón³, I. Abad Acevedo⁴, L. Rubio Rodríguez⁵, G. García Álvarez⁶, A. González Suárez¹

¹ Centro de Salud Mental de Mieres, *Psichiatry, Mieres del Camino, Spain*

² Hospital Vital Álvarez-Buylla, *Psichiatry, Mieres del Camino, Spain*

³ Centro de Salud Mental de Mieres, *Psychology, Mieres del Camino, Spain*

⁴ Hospital Universitario Central de Asturias, *Psichiatry, Oviedo, Spain*

⁵ Hospital de Jove, *Psichiatry, Gijón, Spain*

⁶ Hospital San Agustín, *Psichiatry, Avilés, Spain*

* Corresponding author.

Introduction The personality disorders are defined according to the DSM-5 like "an enduring maladaptive patterns of behavior, cognition and inner experience, exhibited across many contexts and deviating markedly from those accepted by the individual's cultures. These patterns develop in adolescence and the beginning of adulthood, and are associated with significant distress or disability". The personality disorders can be a risk factor for different processes of the psychiatric pathology like suicide. The personality disorders are classified in 3 groups according to the DSM-5:

- cluster A (strange subjects): paranoid, schizoid and schizotypal;
- cluster B (immature subjects): antisocial, borderline, histrionic and narcissistic;
- cluster C (frightened subjects): avoidant, dependent and obsessive-compulsive.

Aims To describe the influence of personality disorders in suicide attempts.

Methodology Exhibition of clinical cases.

Results In this case report, we exhibit three clinical cases of suicide attempts which correspond to a type of personality disorder belonging to each of the three big groups of the DSM-5 classification, specifically the paranoid disorder of the cluster A, the disorder borderline of cluster B and the obsessive compulsive of cluster C.

Conclusions The personality disorders have a clear relation with the suicide attempts, increasing this influence in some of them, especially the borderline personality disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV883

A new look at personality disorders treatments

S. Neves^{1,*}, J. Tudela²

¹ Portugal

² Coimbra, Portugal

* Corresponding author.

Introduction Mental illness develops and is inseparable from the sociocultural context. The Disturbances may exhibit different symptoms in different cultures. In personality disorders, there is a pathological expansion of normal traits that often demonstrate a sociocultural change. The quality of life of these patients can improve with certain treatments, which appears to be relevant to be achieved.

Method Search on Pubmed and Medline for original research or review articles published in English or Portuguese in the last 10 years. It used a combination of terms: "personality", "treatment", "personality disorder", "borderline", "antisocial", "pharmacotherapy", and other named personality disorders.

Objectives/Aim Search the evidence base and the new perspectives for the effective treatment of personality disorders.

Results The same personality traits may be adaptive or non-adaptive in different contexts. So, without changing these characteristics, patients can learn to use them more effectively. In other words, although the therapy did not change the personality traits, it can be modified in the way they affect the behavioral expression.

Conclusions Psychological or psychosocial intervention is recommended as the primary treatment for borderline personality disorder and pharmacotherapy is only advised as an adjunctive treatment. The amount of research about the underlying, abnormal, psychological or biological processes leading to the manifestation of a disordered personality is increasing, which could lead to more effective interventions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV884

Belle de jour: A case of hysteria

C. Noval Canga^{1,*}, S. Gómez Sánchez²,
S. Cepedello Pérez², R. Hernández Antón², I. Sevillano Benito²,
L. Rodríguez Andrés², L. Gallardo Borge², G. Medina Ojeda²,
H. De la Red Gallego², A. Portilla Fernández³

¹ Valladolid, Spain

² Hospital Clínico Universitario, Hospital Clínico Universitario,
Valladolid, Spain

³ Hospital de Navarra, Hospital de Navarra, Pamplona, Spain

* Corresponding author.

Introduction Histrionic Personality Disorder is one of the most common personality disorders diagnosed in Psychiatry. This disorder has been known to be present in more than 40% of patients. There is also a high tendency for those diagnosed with this disorder to be female.

Objectives The case is to show all the difficulties caused by this pathology, 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-year-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. After that, she suffered several depressive episodes. At the moment, all the clinical symptoms support the diagnosis of histrionic personality disorder.

Results Histrionic Personality Disorder can be found in the cluster B group of personality disorders. They often present in an overly dramatic, erratic or emotional manner. They may fulfil their need for attention through speech and behaviour that draws one's focus of attention toward themselves, and also demanding and manipulative in interpersonal relationships. There are high comorbidity rates in those who suffer from HPD with other diagnoses.

Conclusions Histrionic Personality Disorder appears to be one of the least threatening diagnosis among personality disorders as those affected are high functioning and do not seek relief for the disorder itself. There is also very little research on HPD which makes treatment options limitless.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV885

Influence of temperamental and character traits on antidepressant response in patients affected by major depressive disorder

V. Prisco*, C. Di Puerto, M. Fabrizio

University of Naples SUN, department of psychiatry, Naples, Italy

* Corresponding author.

Several studies have been conducted to evaluate personality characteristics in patients affected by major depressive disorder. Temperamental and character traits may help clinicians to identify responders to antidepressive therapy. The aim of our study was to evaluate these characteristics as possible predictive indices of response to SSRIs or SNRIs. A cohort of 41 patients was included (30 F and 11 M), whose diagnosis was made according to DSM-IV criteria. Subjects were interviewed using the HAM-D and the HAM-A scale in basal condition (T0) and after 4 weeks (T1) of antidepressive treatment. Patients with a $\geq 50\%$ reduction of HAM-D and HAM-A score, have been considered as responders, when compared to basal conditions. All subjects were in monotherapy and evaluated using the TCI-R scale. In patients affected by major depressive disorder, personality assessment was characterised, from a temperamental point of view, by high levels of Persistence



and Reward Dependence and, from a character one, by high levels of Self Directiveness and Cooperativity. After 4 weeks of antidepressive treatment, responders to HAM-D had higher levels of Responsibility versus Guilt, which could be considered as a predictor of positive response to SSRIs or SNRIs. Conversely, responders to HAM-A showed higher values of Responsibility versus Guilt and of Safety versus Fear of uncertainty. These values were predictive of a recovery of anxious symptomatology associated with depressive disorder. Our results are in line with those reported in the literature, indicating that character dimensions "Self Directiveness" and "Cooperativity" could be important predictors of response to antidepressants.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV886

Organic personality disorder and diogenes symptoms: Case report and current status of the issue

N. Rodríguez Criado*, J.F. Cruz Fourcade,
P. Muñoz-Calero Franco, B. Sánchez Sánchez, R. Martín Aragón,
S. Bravo Herrero, G.E.M. Manuel, M. García-Poggio Fernandez,
B.E. Pinilla Santos, M. Gutiérrez Rodríguez

Hospital Universitario de Móstoles, Psychiatry, Móstoles, Spain

* Corresponding author.

Objective To review the current knowledge about Diogenes symptoms and organic personality disorder through systematic review of the literature and the analysis of a case.

Methods Case report. Review. Literature sources were obtained through electronic search in PubMed.gov database of 10 last years.

Results Background: Diogenes syndrome is a behavioral disorder characterized by severe self-neglect, hoarding, domestic dirt, and lack of shame regarding one's living state. Patients may present due to a range of reasons, few studies has been described hoarding symptoms secondary to brain injury. Early management could reduce their high-mortality condition.

Case presentation We present a case of a 67-year-old Caucasian female known with an organic personality disorder secondary to a head trauma with obsessive hoarding symptoms. After being hospitalized, we were authorized to explore her personal items through photographs. Her handbag and her house were filled with rubbish and rotting food. Our patient had no insight into any self-hygiene or public health problems.

Conclusions Information of the characteristics of Diogenes syndrome can help in earlier recognition of such persons, in order to decrease their morbidity and mortality.

Keywords Search; Organic personality disorder; Brain injuries; Personality disorders; Diogenes syndrome; Obsessive hoarding; Collector's mania

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV887

Borderline man

T. Santos^{1,*}, E. Conde², R. Almeida Leite², V. Santos³,
J. Alcaface²

¹ Centro Hospitalar Baixo Vouga, Aveiro, Portugal

² Centro Hospitalar Baixo Vouga, Psychiatry and Mental Health Department, Aveiro, Portugal

³ Coimbra, Coimbra Hospitalar and University Center, Coimbra, Portugal

* Corresponding author.

Introduction As it has been for the last 30 years, male borderline personality are still misdiagnosed and herded into substance



treatment, anger management and prison. Gender matters from the failure of clinicians to identify it in men to the failure of researchers to study how it affects men differently and the treatment implications of those dissimilarities.

Methods The authors propose a retrospective study investigating all patients hospitalized with Borderline Personality Disorder diagnosis from 2000 to 2015 in Baixo Vouga Hospitalar Center.

Results From an average of 500 patients admitted per year, in the considered period, the number of men with this psychiatric diagnosis was irrelevant.

Conclusions Taking into account the results, it is important recognise some gender differences in borderline personality disorder with respect to specific types of self-harm behavior, such as self-cutting or levels of psychological distress at clinical presentation in order to prevent clinical diagnosis failure.

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EV888

The concept of time perspective within a psychiatric context



P. Stefanatou^{1,*}, E. Giannouli¹, Z. Antonopoulou², P. Tsellos¹, G. Vaslamatzis¹, M. Typaldou¹

¹ Eginition hospital, medical school, university of Athens, 1st department of psychiatry, Athens, Greece

² Panteion university of Athens, department of psychology, Athens, Greece

* Corresponding author.

Introduction According to time perspective (TP), theory behaviour is influenced by the individual's perception of his/her past, present and future. Boyd and Zimbardo postulate that a healthy balance between orientation to the past, present and future exists.

Objectives Investigation of TP in the context of psychopathology.

Aims To investigate and compare TP in Obsessive Compulsive (OCD) and Borderline Personality Disorder (BPD).

Method Twenty-eight OCD and 28 BPD patients (36% of men), matched for age and education, completed the Greek version of the Zimbardo Time Perspective Inventory (ZTPI); a 56-item self-administered questionnaire measuring individuals' orientations to the past, present, and future. ZTPI consists of five factors: Past Negative (PN), Past Positive (PP), Present Hedonistic (PH), Present Fatalistic (PF) and Future (F).

Results BPD patients scored significantly higher in PH and PF and significantly lower in PP factors than OCD patients. No significant gender differences emerged for either group. In the BPD group, age correlated significantly negatively with PH, while education correlated positively with F.

Conclusion The study's findings suggest that BPD patients have a hedonistic orientation towards time and life and a helpless/hopeless attitude towards the future to a significantly greater degree than OCD patients, whereas OCD patients seem to have a more positive and nostalgic attitude towards the past than BPD patients. Further research would provide additional information concerning the role of TP in OCD and BPD patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV889

Anger in personality disorders – catalyser of violence – bio-psycho-social mechanisms



A. Ciubară^{1,*}, I. Săcuiu², R.A. Untu³, D.A. Radu¹, I. Untu¹, V. Poroh³, C. Ștefănescu¹

¹ UMF Iasi, Psychiatry, Iasi, Romania

² Socola- Institute of Psychiatry, Iasi, Romania

³ UMF Iasi, Iasi, Romania

* Corresponding author.

Introduction Personality disorders designate a series of personality traits involving a behavioural pattern characterized by the recurrent violation of social norms, the importance of medico-legal implications associated to personality disorders being incontestable.

Objective This study aims to obtain a clear image regarding the particularities of violent behaviour, and also the mechanisms of anger in personality disorders, in relation with the legal implications of those reactions.

Methods The present study is a synthesis of recent literature (2012-2014) regarding the role of anger in violent behaviour with legal implications, in personality disorders. The research was made on PubMed, by the following keywords: personality disorder; violence in personality disorders; anger.

Results The core element that determines violent behaviour is anger. The physical effects of anger include increased heart rate and blood pressure, as well as an increase in the level of epinephrine and norepinephrine. Therefore, anger can be considered an integrant part of the response to a potential aggression or a potentially dangerous environment. Several general circumstances can activate anger. A strong example in supporting this theory is the bidirectional relation between anger within personality disorders and the use of alcohol and psychoactive substances. The individual gets extra stimulation, including through their psychopharmacological properties, thus exacerbating anger.

Conclusions In conclusion, it is necessary to conduct future studies focusing on the underlying causes of violence in personality disorders, as well as on the warning signs of potential violent acts, considering that personality disorders alone often cannot explain criminality.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV890

Occurrence of addictions, self-harm behaviours, suicidal attempts in patients with personality disorder (PD)



M. Wypiór^{1,*}, A. Ziola², A. Sobieraj², K. Krysta²

¹ Katowice, Poland

² Medical university of Silesia, department of psychiatry and psychotherapy, Katowice, Poland

* Corresponding author.

Introduction According to previous researches, the risk of addictions and self-harm or suicidal behaviours seems to be higher in patients with personality disorders (PD) than in general population.

Objective To prove that patients with the diagnosis of PD are in the group of risk of addictions, self-harm behaviours and suicidal attempts.

Aims Analysis the occurrence of addictions, autoaggressive behaviours and suicidal attempts in patients with PD.

Methods Retrospective analysis of 123 patients diagnosed with PD and hospitalized over the years 2012–2015 in the Department of psychiatry and psychotherapy, medical university of Silesia, Katowice. Statistic analysis of variables and comparing with previous studies.

Results Three quarters of hospitalized patients were females. Average age in analysed population was about 48.5 years old. The frequency of suicidal attempts history was 38% among these patients.

Most popular method of suicidal attempts was drugs overuse. Nineteen percent of PD patients has revealed self-harm behaviours history.

PD's population have 46% risk of addictions.

Conclusion Hospitalized patients with personality disorders are in the group of risk of addictions, self-harming behaviours and suicidal attempts.

Care should be taken with patients revealing any risk of autoregressive behaviours and they should be advised accordingly. Preventive actions should be taken with these patients when any life-threatening behaviours suspecting.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV891

Family and professional functioning in patients with personality disorders

A. Ziola^{1,*}, M. Wypiór², A. Sobieraj², K. Krysta²

¹ Katowice, Poland

² Medical university of Silesia, department of psychiatry and psychotherapy, Katowice, Poland

* Corresponding author.

Introduction Personality disorders (PD) are weight group of conditions. As possible causes of PD, literatures indicates being victim/witness of domestic violent. There is valid suspicion that PDs may have influence on marital status, education level and professional activity.

Objective Studying the PD influence on patients quality of life concerning both personal and professional areas of life.

Aim Analysis of the exposition to the violence in relation to PD diagnosis. Evaluation of the education level and professional activity in studied group, furthermore marital status.

Methods Retrospective analysis of 123 patients diagnosed with PD hospitalized over the years 2012–2015 in the Department of psychiatry and psychotherapy, medical university of Silesia hospital. Statistic analysis of variables and comparing with previous researches.

Results Three quarters of hospitalized patients were females. Average age was about 50 years old. Proximal martial status: 40% single, 60% formalized relationship (about 20% were divorced).

Among participants, 50% were employed, and 80% have completed at least 12 years of education.

About 40% had been victim/witness of domestic violence.

Conclusions The patients with PD had often experienced the domestic violence in childhood. Higher risk of impaired personality development with patients, who had been violence victim or witness is possible and they need to be advised accordingly. Research did not reveal PDs' influence on the education level. To define correlation between employment or marital status and PD further researches are needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Philosophy and psychiatry

EV892

Vulnerability and psychopathology. Reviewing a model in theory of psychiatry

I. Bone-Pina

Universidad Pontificia Comillas, psychology, Madrid, Spain



Introduction The vulnerability model is prevalent in the current Theory of Psychiatry. Systematic reflection after reviewing the historical proposition of this model can enrich its contents.

Objectives Complete and deepen the meaning of the concept “vulnerability” in Psychiatry.

Aims Review historical approaches to the concept of vulnerability in Psychopathology. The study starts with Zubin & Spring and reaches contemporary approaches especially in the writings of Giovanni Stanghellini.

Seek sources to deepen its meaning looking back to Karl Jaspers and Ludwig Binswanger's classical Psychiatry. They offer psychopathological notions that can be used to enrich a model of vulnerability.

Methods This is research in the context of Theory of Psychiatry, its method implies a historical literature review and a systematic philosophical reflection.

Results Vulnerability is still revealed to be the best concept to organize a model of mental illness. This study proposes to avoid any simple identification of vulnerability with statistical or genetic risk. Vulnerability in psychopathology should always be confronted with the horizon of human subjectivity. To keep in view this horizon – a limit impossible to grasp – is indispensable for clinicians and researchers if they want to understand patients who suffer mental illness. This process is helpful to avoid any reductionism about the image of mental illness and about the human being who suffers that illness.

Conclusion “Vulnerability” is shown as a concept that needs to be thought over thoroughly and to be present in psychopathology to overcome reductionism and to understand the very possibility of psychiatric illness.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV893

The Bipolar II construct from the perspective of hacking's historical ontology framework

C. Cabrera Abreu

Queen's university, department of psychiatry, Kingston, Canada



Objective This oral presentation has two objectives: (a) to trace the origin of the contemporary criteria (DSM-III and its iterations) of the Bipolar II construct; (b) to highlight some conceptual problems in the context of its checkered contemporary history.

Methods In this oral presentation/paper, some of Ian Hacking's ideas and methods are applied, *sui generis*, to the Bipolar II disorder category. In particular, the “Historical ontology” framework, which has been applied with some success in historical studies concerning “Transient mental illness”.

Results The Bipolar II disorder construct is an intriguing DSM-IV category/construct that comfortably piggybacks on the category manic-depressive psychosis. Tracing the recent history of this construct is complex; its birth is associated with the Unipolar/Bipolar dichotomy suggested more or less simultaneously by Jules Angst and by Carlo Perlis in 1966 and in two different publications. The fundamental dichotomy introduced by them, has partially hidden some of the limitations of the construct Bipolar II. Its recent history

will be reviewed and some conclusions regarding the difficulties and limitations of this concept will be highlighted.

Conclusions (a) Hacking's "Historical Ontology" methodology suggest that attempts to differentiate Bipolar I and Bipolar II disorders by severity will always risk misdiagnosis, coinciding with Gordon Parker's *state of the art* conclusions; (b) the emergence of the man-made Bipolar II construct appears to be one of the end products – an unintended consequence – of Nancy Andreasen's "Death of phenomenology in America".

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EV894

From DSM-5 to anthropopsychiatry: (Re)search for a renewed psychiatry

M. Calmeyn

Loppem Zedelgem, Belgium



Introduction "DSM is the Esperanto of psychiatry". Let it be? If DSM is to be considered as a symptom of contemporary psychiatry, the time for a change has come.

Objectives An important candidate towards an in depth move is anthropopsychiatry. Anthropopsychiatry is the original confluence of classical psychiatry, philosophy (phenomenology and structuralism) and psychoanalysis. An elegant evidence-based investigation (Roelandts and Schotte, 1999) exemplifies its importance.

Methods A search in literature with authors like Frances, Edward Shorter, Vanheule, Verhaeghe and Feys reveals several flaws in the DSM construction. A four-fold analysis by means of the epistemological terms nosography, nosotaxy, nosology and nosognosy makes clear that the DSM is a thinking under construction, culturally "child of its time". The concerns from the British Psychological Society and the objection by the NIMH are first moves towards another psychiatric classification, and consequently another vision on psychiatric theory and praxis.

Results Foregoing reveals anthropopsychiatry as an appeal towards present day psychiatry. It grounds modern psychiatry as an "autological" psychiatry (Kronfeld) with its own conceptualization and not "heterological" as an assemblage of all kinds of influences coming from neurobiological sources and human psychological findings.

Conclusion Anthropopsychiatry can be considered to be a serious candidate in the development towards a renewed psychiatry evidently based on clinical anthropology (Geyskens).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV895

Mental health stigma: What's been done? Where to go?

P. Macedo*, A. Fornelos, A.R. Figueiredo, S. Nunes, M. Silva, F. Veríssimo

CHTMAD, Departamento de Psiquiatria e Saúde Mental, Vila Real, Portugal

* Corresponding author.

Introduction Negative attitudes towards psychiatric patients still exists 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.

Objective To characterize anti-stigma initiatives and its effects on diminishing negative consequences of stigma.

Methods Bibliographical research on PubMed using 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 for change.

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EV896

Veiling existence with clothing

O. Molina-Andreu^{1,*}, A. González-Rodríguez², H. Pelegrina Cetrán³

¹ Hospital Universitari Mútua de Terrassa, Psychiatry, Terrassa, Spain

² Fundació Clínic, Recerca Biomèdica, Barcelona, Spain

³ Universidad Autónoma de Madrid, Facultad de Filosofía y Letras, Madrid, Spain

* Corresponding author.

Our aim is to discuss the notion of freedom in severe depression. We will address it considering several phenomenological conceptions of the matter, from Binswanger's *nicht können* to more recent Ratcliffe's loss of existential feelings and also by clinging to our own clinical experience, in particular a case of melancholic depression in a 67-year-old woman.

Our patient suffered a clear melancholic syndrome, with an intense psychomotor inhibition, she felt incapable of doing anything, spent hours brooding over menial tasks and thought much about dying, because she sensed the world as being devoid of possibilities and the future closed, experiences she considered "not related to disease" but to her own "incurable moral failure".

In order to discuss the notion of freedom in depression, we will particularly focus on one of her psychopathologic phenomena, the impoverishment delusion-like experience of having run-out of proper clothing, which we consider was based on an inhibited "perception" of reality, an unreflective experience of corporeal "not being able", a loss of the motivational force of intentionality. However, we will argue that this unreflective, pre-given experience showed striking connections to the patient's sub-depressive personhood, a classical Tellenbach's *typus melancholicus*.

An hermeneutical analysis of her existence will be performed using the anthropologic person-centered dialectic model developed by one of the authors, and building on it, we will introduce the distinction between lived experience (*Erlebnis*) and factual experience (*Erfahrung*) which we consider it is essential to enlighten the nature of the loss of freedom that severe depression entails.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV897

On becoming ill: An exploration of the concept of “transition” to a mental disorder

B. Moura

Lisboa, Portugal

Introduction As a general problem in nosology, the moment when one becomes ill may be hard to define. In Psychiatry, the boundaries of disease may be more difficult to establish. In the last decade, we've been observing a growing interest in early diagnosis in this field, and the concept of “transition” to a mental illness became an important topic of discussion with implications in clinical practice.

Objective To review different author's models of evolution of symptoms and transition to mental illness and discuss their advantages and limitations in the actual context of Psychiatry research and clinical practice.

Aim To increase understanding on the different paradigms of becoming ill and their relevance to present and future psychiatric practice.

Methods Non-systematic review of literature devoted to the creation of models that describe the establishment of a mental disorder.

Results One of the first accounts of becoming mentally ill was developed by K. Jaspers within a phenomenological life-history analysis. Nonetheless, a cross-sectional approach to diagnosis has dominated Psychiatry for most of the time. With the advent of early intervention studies, longitudinal models of disease have been emphasized. The concept of a transition to disease was then operationalized but also highly criticized. Recently, McGorry proposed a staging model for psychiatric disorders in continuum with the non-clinical population. Finally, a dynamic systems approach to diagnosis in Psychiatry will be discussed.

Conclusion Driven by research in early phases of mental illnesses, current models of disease propose a longitudinal approach that emphasizes the complex and non-linear course of symptom clusters.

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EV898

Justice in psychotherapy

J. Vyskocilova (Mgr. et Mgr.)¹, J. Prasko^{2,*},
M. Slepecky (Dr, PhD)³, R. Hruby (Dr, PhD)⁴,
K. Latalova (prof, Dr)⁵, M. Holubova (Mgr.)⁶,
M. Marackova (Mgr.)⁷

¹ Charles university Prague, faculty of humanities, Prague, Czech Republic

² University hospital Olomouc, faculty of medicine and dentistry, university Palacky Olomouc, department of psychiatry, Olomouc, Czech Republic

³ Faculty of social science and health care, Constantine the Philosopher university, department of psychology sciences, Nitra, Slovakia

⁴ Psychiatric outpatient department, psychiatric outpatient department, Martin, Slovakia

⁵ Faculty of medicine and dentistry, university Palacky Olomouc, university hospital Olomouc, department of psychiatry, Olomouc, Czech Republic

⁶ Hospital Liberec, faculty of medicine and dentistry, university Palacky Olomouc, department of psychiatry, Liberec, Czech Republic

⁷ Faculty of medicine and dentistry, university Palacky Olomouc, department of psychiatry, Olomouc, Czech Republic

* Corresponding author.

Introduction Justice is one of the fundamental concepts of right ordering of human relationships. Justice is a regulative idea for the arrangement of society preceding the law and already seen in animals; the sense of justice is observed as early as in young children. The ability to altruistic behavior, sense of fairness, reciprocity and mutual help are probably genetically determined as a disposition, which may further develop or be deformed by education. Although justice issues are common in psychotherapy, they may not be reflected and processed in the course of therapy.

Method Review of psychotherapeutic text and reflection of experiences of the authors.

Results In psychotherapy, justice issues appear directly in what the client says (mostly about injustice), but more frequently, the issues are implicitly contained in complaints and stories against a background of conflicts and problems. They may be related to the client's story, his or her problems with other people, and the therapeutic process itself, including client's selection of therapy, therapeutic relationship, and therapeutic change strategies. Problems with justice between the therapist and the client may be revealed by honest therapist self-reflection or high-quality supervision.

Conclusions Although justice issues are common in psychotherapy, they may not be reflected and processed in therapy. By increasing receptiveness to the issue of justice, the therapist may improve the therapeutic process.

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EV899

Phenomenology of ADHD

C. Sanahuja^{1,*}, A. Suarez², C. Fernandez¹

¹ Hospital universitaria de Fuenlabrada, Mental health, Fuenlabrada, Spain

² Instituto Psiquiátrico José Germain, Mental health, Leganés, Spain

* Corresponding author.

Introduction Phenomenology is a term borrowed from philosophy which refers to the study of the structures of experience and consciousness. Founded as a school by Edmund Husserl in the early 20th century, it was later expanded and modified by many others, including Martin Heidegger, to include the analysis of existence and hermeneutics.

Objectives and aims To explain the clinic phenomenology of ADHD based on the historical bibliography regarding this term, making references to the heterogeneity of its phenomenological presentation depending on social context, age and gender.

Methods To go over the historical considerations of phenomenology and its evolution, as well as its clinical applications, in order to use this knowledge in a clinical context based on the observation of different cases in clinical practice.

Results We try to apply the phenomenological method as first inaugurated by Karl Jaspers' General Psychopathology (1913) to analyse the different clinical phenomena that can be observed in patients diagnosed with ADHD.

Conclusions We think that watching the psychiatric conditions, in this case ADHD, through the phenomenological lens can lead to a better understanding of the heterogeneity of their appearance in the clinical practice.

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EV900

Wittengstein's private language argument: Does it pass the schizophrenic mind challenge?

G. Santos

Hospital Magalhães Lemos, Psiquiatria, Porto, Portugal

Introduction The private language argument was introduced by Ludwig Wittengstein in his *Philosophical Investigations* (1953). For Wittengstein, language is a rule-governed activity and a language in principle unintelligible to anyone but its originating user is impossible, as even the originator would fail to establish meanings for its putative signs. The private language argument is of paramount significance in modern debates about the nature of language and mind and continues to be disputed. Language disorder has been described since the first accounts of Schizophrenia. Multiple studies have reported anomalies at multiple levels of language processing, from lexical and syntactic particularities to the discourse field, as well as structural and functional abnormalities in brain regions that are involved with language perception and processing.

Objectives and aims We aim to critically assess the Wittengstein's argument in the light of recent developments in neuroscience of language.

Results and conclusions We conclude that in some patients diagnosed with schizophrenia, presenting a significant language impairment, one can infer a dysfunctional process, in which the language becomes progressively more private and the meaning of utterances harder to ascertain in the realm of interpersonal communication. The privatization of language might contribute to the social cognition deficits and the so-called negative symptomatology of these patients.

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EV901

The mechanistic property cluster view of mental disorder: A tenable form of non-reductionist realism?

D. Strijbos

Dimence, centre for developmental disorders, Deventer, Netherlands

Introduction The question what mental disorders are lies at the heart of the philosophy of psychiatry. In search of a valid taxonomy of mental disorders, it is a question that needs a proper answer. In recent work, Kenneth Kendler et al. (2011) have put forward the “mechanistic property cluster” (MPC) model of mental disorder. On this view, mental disorders are mechanistically mediated clusters of multi-level (bio-psycho-social) properties. Kendler et al. present the MPC-model as a non-reductionist form of realism – realist because it tries to account for mental disorders in terms of the causal structure of the natural world, non-reductionist because it views mental disorders as clusters of multi-level properties. For the project of psychiatric nosology, such non-reductionist realism would be a great step forward and indeed preferable to pragmatist and constructionist models of mental disorder.

Objective To critically assess the MPC-model in light of arguments against realism about mental disorders presented in the philosophical literature.

Aims To achieve a proper understanding of the ontology of mental disorders that can inform future psychiatric nosology.

Methods Literature study and conceptual analysis.

Results Despite appearances, the MPC-view fails to take into account the various (societal, practical, scientific) values that determine the delineation of mental disorders. It ultimately faces philosophical problems similar to those of more reductionist forms of realism.

Conclusions The MPC-model fails as a realist model of mental disorders. Its non-reductionism, however, is an important contribution to theories of explanation in psychiatry.

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EV902

On the Carlos Castilla Del Pino “Axiom of behavioral significance” and its relevance in philosophy of psychiatry: The unification of clinical neuroscience

M. Vargas

Complejo Asistencial de Segovia, Grupo de Investigación en Neurociencia Clínica de Segovia GINCS, Psychiatry, Segovia, Spain

Carlos Castilla del Pino (1922-2009) was a Spanish psychiatrist and essayist with a wide work ranging from neuropsychiatry to social psychiatry. His essays include interesting psychopathological, anthropological and semiotic ideas.

The “axiom of behavioural significance” proposes that human behaviour is not an objective event but a meaningful act. As the objective of human behaviour is relation between human beings, it must be studied only under this communicative perspective.

Based in this axiomatic approach of Castilla del Pino, some arguments of interest to philosophy of psychiatry will be exposed:

- Mind is based in language and language is a communicative acts system in need of a dialogic community, namely, in need of a group of interacting brains. So, referring to the “brains-mind problem” is proposed to be preferred instead of referring to the “brain-mind problem”. Mind is a language-based emergent property of the social group, not a property of a single brain.

- The intention of human behaviour and the content of mental subjective phenomena should not be taken as a sign of any brain disease. Human behavior and mental representations always refers to a social group and a social context, not to a single brain. The only disease indicators we can take as disease signs are the formal aspects of behaviour and mind contents, as disexecutive syndrome or mental automatism are.

- As a corollary, it is proposed that neurology and psychiatry do not have any epistemic difference, leading to defence the unification of clinical neuroscience.

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EV903

The other, role theory, key elements on the development of one-self and psychopathology

Associate prof F.I.Z. *, Dr. C.Z., Dr. J.V.

Clinica Psiquiátrica Universitaria, Universidad de Chile, Psychiatry, Santiago, Chile

* Corresponding author.

We plan to analyze the psychological and sociological concepts of the other and the role theory. We would describe the roles in psychopathology differentiating between the identity of the role and the identity of oneself and its entailment with the other, with respect to the development of the individual and its difficulties in the acquisition of roles, leading to different clinical entities. These pathologies show phenomenological differences observed in clinical situations such as schizophrenia, depression, bipolar disease, personality disorders and in psychopathological manifestations of epilepsy. We analyze the difficulties schizophrenic patients have in assuming roles, as well as in the recognition of “the other”,

depressive patients and their over identification of roles, the link to manic states, and a poor identity observed in patients with hysteria. Special considerations are made in the social interactions of epileptic patients with “the other” which takes the form of “being with”, and the dynamics established by epileptics in their social roles. These characteristics are also found in epileptic psychoses. When a psychotic state ends, and patients recover from a clear or lucid epileptic psychoses, they return to work recovering their social roles and interaction with others. In the case of cognitive impairment and organic dementia, there is a difficult adaptation due to this disability. Experiences lived under the psychotic episode are maintained, even reinforced and influence how they consider themselves and the others, in particular in terms of moral and religious ideas.

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Posttraumatic stress disorder

EV904

Childhood physical punishment as risk factor for combat-related PTSD

E. Becirovic^{1,*}, R. Softic¹, M. Mirkovic Hajdukovic¹, A. Becirovic²

¹ UKC Tuzla, Klinika za psihijatriju, Tuzla, Bosnia and Herzegovina

² UKC Tuzla, Poliklinika za laboratorijsku dijagnostiku, Tuzla, Bosnia and Herzegovina

* Corresponding author.

Introduction Risk and protective factors for PTSD can be grouped into pretraumatic, peritraumatic, and posttraumatic. Reported childhood abuse has predictive risk effects for PTSD than most other pretraumatic risk factors.

Objective To examine childhood physical abuse history in war veterans.

Aims To determine whether childhood physical abuse is risk factor for PTSD in war veterans.

Methods Cross-sectional study of 205 war veterans tested by Harvard Trauma Questionnaire and sociobiographic Questionnaire (with data of childhood physical punishment).

Results A significant difference in reported childhood physical punishment between war veterans with and without PTSD was found. Veterans with PTSD were identified as recipients of childhood physical punishment.

Conclusions Childhood physical punishment has positive correlation with development of PTSD in war veterans.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV905

Metamorphosing histories: The narrative as a tool for psychological trauma's recovery

J. Becker

Coimbra, Portugal

Considering psychological traumatism as a subject in constant discussion, this study approaches the recovery of the patients that suffered violent events. Based on studies about the reflection of disasters and wars, we present trauma as a consequence of the unexpected event from where is originated intense fear. Trauma is a violation, an abruption, which disorganizes and incapacitates the victim. When a violence situation is experienced, the physical and

verbal abuses are not alone as the elements that interfere in the trauma's establishment, but also their representations. Thereby, the event that produces trauma is imposed, although its meaning depends of the history and beliefs of the subject. Understanding that the accident's representation is the cause of the trauma's establishment, we introduce the narrative as tool for psychological trauma's recovery, because it allows the victims relive their past and reframe their feelings. Regarding it, we highlight the relevance of the sociocultural context – before, during and after the trauma –, once it has direct influence over the way the person deals with adversities, as it can stimulate or stop a resilience process. This study takes in consideration that resilience is not something static, a faculty that the subject has or not, but a process that can be developed, improved or reduced. Thus, the narrative is presented as essential to initiate a resilience process, empowering the victims to confront the trauma and to rewrite their history and their return to life.

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EV906

Prevalence of post-traumatic stress disorder and associated events in adults victim of displacement in the Colombian Caribbean

K. Cabas-Hoyos^{1,*}, J. Ospina-Buelvas², M.A. Lopez-Sierra¹, A. Ochoa-Reyes¹, A. Uribe-Urzola¹, I. Villamil-Benitez¹, C. Otero-Suarez¹, G. Cardenas-Lopez³

¹ Grupo Cavida, Facultad de Psicología, Universidad Pontificia Bolivariana, Cra. 6 No. 97 A 99. Montería- Colombia, Psicología, Montería, Colombia

² Programa de Escuela de la Convivencia, Alcaldía de Montería, Psicóloga, Montería, Colombia

³ Universidad Nacional Autónoma de México, Ciudad de México, Facultad de Psicología, Ciudad de México, Mexico

* Corresponding author.

The forced displacement in Montería, a region from the Colombian Caribbean could become a risk factor for the existence of Post-Traumatic Stress Disorder (PTSD), nevertheless, there isn't data of the prevalence of this disorder.

Aim To identify the prevalence of the PTSD and associated events in adults victims of the displacement in the city of Montería.

Method Transversal and explorative study, 117 adults (M: 40,41; SD: 13,14). The PTSD was verified with the checklist for PTSD (Weathers, Litz, Herman, Huska & Keane, 1993) and according to criteria of DSM-5 (APA, 2014). The 3 factors associated with the disorder were analyzed according to age groups. To evaluate the events associated to the disorder was used the checklist of events (Blake, Weathers & Nagy, 1990). Occurred and witnessed by the subject events were analyzed. Descriptive were used to determine the existence of the PTSD and an ANOVA to contrast the symptomatology of the PTSD by age groups.

Results The 26,49% (n=31) of the sample had the clinic criteria of PTSD. An ANOVA of a factor evidenced that the activation was present in a biggest proportion in the range of 53-59 years old (M= 18.73); intrusion and avoidance was shown mostly in the range of 60-71 years old (intrusion M= 14.00; avoidance M= 14.85). In relation to the associated events occurred to the subjects, there was found that the highest incidence were: natural disasters (42.7%) and unexpected death (35.9%); the witnessed events with higher percentage where: unexpected death (19.70%) and traffic accidents (15.4%).

References not available.

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EV907

Posttraumatic stress disorder, violence and warM.A. Dos Santos^{1,2}¹ Instituto de Higiene e Medicina Tropical da Universidade Nova de Lisboa, Unidade de Ensino e Investigação de Saúde Pública Internacional e Bioestatística - Doutorado em Saúde Internacional, Lisboa, Portugal² Mestrado em Psiquiatria Social e Cultural, Faculdade de Medicina da Universidade de Coimbra, Coimbra, Portugal

Introduction In a globalized world, violence, present in all forms and in all places, is a public health problem with serious early or late consequences for the mental health of those who are direct or indirect victims. Violence is avoidable and preventable and is not evenly distributed by population groups or regions being among the top 20 causes worldwide of years lost due to disability and with a projected increase by 2030 according to the World Health Organization (Mathers, Fat & Boerma, 2008).

Methodology The search was made on ScienceDirect database, using the following keywords: posttraumatic stress disorder; violence and war. It was included documents in English published between 2004 and 2015; as well as textbooks and documents officers.

Discussion Violence is a risk factor for the disorder of post-traumatic stress disorder (PTSD) which, in turn, is also a risk factor for perpetrating violence. The PTSD can occur when a person faces or faces an unexpected traumatic stressor, such as war, violent personal assault, have been held hostage or kidnapped confinement as a prisoner of war, torture, terrorist attack, or serious car accidents (Javidi & Yadollahie, 2012). The costs of violence are high and its routinization for a living have important effects on mental health.

Considerations Studies in relation to PTSD and violence are necessary for us to have a better understanding of the phenomenon and its consequences for public health, as well as to promote the mental health of all.

References not available.

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EV908

Cognitive behavioral therapy in a group of militaries with posttraumatic stress disorder

H. El Kefi*, W. Abdelghaffar, A. Baatout, C. Bechikh Brahim, W. Krir, S. Eddif, A. Oumaya

Hôpital Militaire Principal D'instruction de Tunis, Psychiatry, Tunis, Tunisia

* Corresponding author.



Introduction Posttraumatic stress disorder (PTSD) has a high prevalence and severe impact in military populations. Cognitive behavioral therapy (CBT) is indicated in this condition but it is a structured therapy that requires patients' motivation and doctors' availability.

Objectives and aims Assess feasibility and effectiveness of CBT in a military group with PTSD.

Methods A group of six militaries that witnessed the same traumatic event (an armed attack) and were diagnosed with PTSD were involved in a structured individual session CBT with one therapist. An assessment using the PTSD checklist for DSM (PCL) was performed initially and in halfway therapy. The therapy included an education about PTSD, a cognitive restructuring, a behavioral approach via home tasks and relaxation techniques.

Results The initial PCL scores varied from 25 to 55. All patients were initially on sick leave. Five patients had adjunctive antidepressant medications and one patient was only on therapy. Three

patients showed no motivation and were excluded after 3 sessions. Two patients have had 7 weekly sessions and were able to return to work in the same place. One patient with severe PTSD had 2 sessions monthly, he had slight clinical improvement and could not come back to military work. The three patients who are still in therapy have improved PCL scores.

Conclusions CBT can be effective in PTSD. The outcome depends on initial severity of PTSD and assiduity.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV909

Challenging MCMI-III results with in-depth psychometric assessment and Lacter & Lehmann (2008) complex trauma guidelines

R. Kurz

Cubiks, IPT, Guildford, United Kingdom



Introduction Complex trauma resulting from neglect and abuse in early childhood is frequently misdiagnosed.

Objective This presentation shares emerging "best assessment practices" that help to differentiate complex trauma from Schizophrenia.

Aims The case study demonstrates that a wide-ranging psychometric assessment and the application of Lacter & Lehmann (2008) guidelines provide accurate results while MCMI-III results can be spurious.

Method "Unbelievable" disclosures of an adult survivor prompted a search for scientific references, experiences in the survivor scene and historical examples. Work-related personality questionnaires, in-depth ability tests and Lacter & Lehmann (2008) guidelines were deployed to differentiate complex trauma from an erroneous diagnosis based largely on MCMI-III results.

Results The research identified measurement issues with the MCMI-III clinical personality questionnaire that generated spurious elevations on Narcissistic, Delusional and Paranoid scales. Work-related personality questionnaires provided much more useful information showing no "personality disorder" risks at all. WAIS results confirmed an earlier "Twice Exceptional" ability pattern with very high verbal IQ (95%ile) and extraordinarily poor auditory working memory (2nd%ile) i.e. a "Dyslexia" performance pattern. Lacter & Lehmann (2008) guidelines showed that none of the 42 schizophrenia indicators applied and only 1/3 of the complex trauma indicators.

Conclusion Mental health professionals must remain cognizant to the chilling notion that extreme abusers may "frame" victims in order to make them "appear" schizophrenic. As MCMI-III was developed originally for those seeking therapy, its use in forensic settings with the general population should be avoided. Tests do not diagnose people – people do!

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EV910

PTSD and quality of life among firefighters and municipal police forcesC. Lima^{1,*}, Â. Maia², R. Ferreira¹, A. Magalhães¹, H. Nunes¹, S. Pinheiro¹, L. Ribeiro¹, C. Rodrigues¹, P. Santos¹, V. Santos¹, R. Teles¹¹ Portuguese Red Cross, Vila Nova de Gaia, psychology, Vila Nova de Gaia, Portugal

² University of Minho, department of applied psychology, Braga, Portugal

* Corresponding author.

Research has shown that PTSD is prevalent among firefighters and police forces and that Quality of Life (QoL) is seriously compromised in individuals suffering from PTSD. However, QoL studies with these professionals are scarce. This study results from a screening program held by the Portuguese Red Cross (PRC) aiming to analyze predictors of QoL. Participants were 95 firefighters and municipal police officers. They answered the Posttraumatic Stress Disorder Checklist (PCL-5) in order to evaluate the prevalence of PTSD symptoms, as well as measures of social support (3-Item Oslo Social Support Scale) and QoL (EUROHIS-QOL-8). From the results, there were no group differences regarding total PTSD, social support or QoL and 10% of participants reported enough symptoms to PTSD diagnostic. Social Support and PTSD explained 25% of QoL variance, PTSD symptoms explaining 10% (negative beta) and, in the second step, social support explained 15%. The results suggest that it would be important to include QoL as an outcome measure in clinical and research work in these populations, with special attention to PTSD and social support.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV911

Posttraumatic stress disorder, anxiety and depression in victims of road traffic accidents



K. Medhaffar^{1,*}, I. Feki¹, I. Baati¹, R. Sellami¹, D. Trigui¹, S. Moalla², H. Keskes², J. Masmoudi¹

¹ Hédi Chaker university hospital, Psychiatry "A", Sfax, Tunisia

² Habib Bourguiba university hospital, orthopaedic, Sfax, Tunisia

* Corresponding author.

Introduction Road Traffic Accidents (RTA) are most probably the leading cause of post-traumatic stress disorder (PTSD) in developed countries but it remains under-estimated.

Objective – To determine the prevalence of PTSD in our population.

– To determine the relationship between PTSD, anxiety and depression.

Method This is a cross-sectional study which involved 120 road traffic accidents victims, followed in the outpatient orthopedic department of Sfax in Tunisia. We assessed the severity of the injuries by the AIS scale, post-traumatic stress by the PCL-S and anxiety and depression by the HADS scale.

Results Our population was relatively young (average age ≈ 37 ans). In our population, AIS score (assessment of the severity of injuries) was higher than 3 in 62.5%. According to the HADS score, 36.7% suffer from depression and 27.5% from anxiety. In our series, the prevalence of PTSD in road accident victims was important: 54.17%. The risk factors identified were: female gender ($P=0.043$); rural origin ($P=0.015$); and the handicap caused by the accident ($P=0.013$). Concerning comorbidities, anxiety and depressive disorders were significantly associated with PTSD ($P=0.000$).

Conclusion Psychological consequences of RTA such as PTSD, depression and anxiety are not easily apparent. These people who have suffered from the most severe emotional shock are often neglected and/or forgotten.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV912

Emotional disorders in displaced residents from antiterroristic operation territory



V. Mykhaylov^{1,*}, A. Kogyna²

¹ Kharkov, Ukraine

² Kharkiv National medical university, psychiatry, Kharkiv, Ukraine

* Corresponding author.

Objective To study developmental peculiarities of emotional disorders in displaced residents from Antiterroristic Operation Territory (ATOT).

For conducting of research, 60 persons who were transferred from ATOT were involved.

Methods of research Clinical methods, psycho-diagnosical methods (Hamilton scale of depression [HDRS], Spylberger scale of anxiety, Mini-Mental State Examination [MMSE]), quality of life test (Mezzych I., Cohen N., Ruiperez M., 1999), statistical methods. The results that we got showed patho-psychological syndromes diagnosed in the persons of displaced residents from ATOT: astheno-depressive (75.9%), astheno-anxiety (82.5%), astheno-phobic (13.2%), astheno-hypochondriacal (3.3%). Results of the psycho-diagnostic investigations showed up that in men the indices of a reactive anxiety (average score: 37.7 ± 3.0) were higher than the indices of a personal anxiety (average score: 32.6 ± 2.9). In women, the indices of a personal anxiety (average score: 38.6 ± 2.9) were higher than the indices of a reactive anxiety (average score: 34.7 ± 3.0). An average score on the HDRS in men: 17.0 ± 2.3 points, in women: 18.0 ± 2.3 points. On the life quality scale, investigation of the individuals did not reveal any substantial differences among men and women. In the lowest level, the scales were evaluated as follows: "Psychoemotional state", "Interpersonal interaction" and "Overall comprehension of the life quality".

Conclusion The multimodal based system of psychotherapeutic correction of depressive spectrum disorders and associated disorders in persons who were transferred from ATOT were developed which demonstrated a significant improvement in 73,3% of patients.

Reference not available.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV913

The relationship between internal and external resources, coping strategies, PTS and death-anxiety of elderly caregivers' Philippine immigrants and local workers after the Gaza war



P. Ron

University of Haifa, school of social work, Haifa, Israel

Introduction Wars are a part of the Israelis' population daily experience along the years. The immediate victims of such events, the general population, as well as the work immigrants, are at high risk of suffering distress, acute stress disorder etc. as a reaction to the traumatic events.

Objective There would be a relationship between internal resources, social support, and reduction of the participants' PTS and death anxiety levels. The tendency to use problem-focused coping strategies would reduce the participants' PTS, and the death anxiety levels.

Aims To examine the relationship between internal resources, social support, coping strategies and the PTS and death anxiety of Philippine immigrants in comparison to those of local workers taking care for the elderly after the Gaza War.

Methods A self-reported questionnaire of 147 immigrants' workers and 126 Israeli' local workers was collected. The study participants agreed to undergo assessments of their PTS and death anxiety levels after the Gaza war as well as internal resources and social support.

Results The study SEM design indicated that the Philippine work immigrants had experienced higher levels of PTS and death anxiety than the local workers did. Internal resources and social support were found to be associated with lower levels of PTS and higher levels of death anxiety within the entire sample.

Conclusion The study emphasizes the importance of internal and external resources and coping strategies in the reduction of PTS severity while broadening an understanding of the death anxiety in the context of wars and military events.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV914

Differences in psychiatrists' and psychologists' classification of trauma-related changes of consciousness in PTSD

T. Schmidt^{1,*}, S.W. Uldall², J. Carlsson², P. Munk-Jørgensen³, K. Andersen⁴

¹ Psychiatric hospital and university of Southern Denmark, research unit of psychiatry, Odense, Denmark

² Mental health centre ballerup, competence centre for transcultural psychiatry, Ballerup, Denmark

³ Psychiatric hospital and university of Southern Denmark, psychiatric research academy Odense, Odense, Denmark

⁴ Psychiatric hospital and university of Southern Denmark, research unit of psychiatry Odense, Odense, Denmark

* Corresponding author.

Introduction Mental trauma may precede persistent changes in a person's mental health in the form of psychosis and dissociation. Presently, there are no subtypes to the diagnosis of PTSD. A psychotic subtype of PTSD has been proposed, and studies show that these patients differ as well in symptoms as biologically from patients with non-psychotic PTSD. Dissociation and psychosis are generally viewed as different phenomena. Where dissociation is understood as a disintegration of the mind, psychosis is viewed as a neurodegenerative disorder on a mainly biological/genetic basis. The delineation of psychotic and dissociative symptoms is not clear however.

Objectives Our objective is to clarify, whether psychologists and psychiatrists describe trauma-related changes of consciousness (TCC) differently as dissociative or psychotic. Furthermore, we wish to compare scientific journals, and look for differences in how psychiatrists' and psychologists' make use of the terms dissociation and psychosis in relation to TCC.

Aims We aim to investigate whether TCC are interpreted differently among psychiatrists and psychologists.

Methods This study is a systematic critical review of the literature. The databases PubMed, Embase and PsychInfo will be used. Articles involving PTSD with TCC will be included. Studies will be classified as viewing TCC's as either psychotic or dissociative, based on the terms the authors use to describe the observed phenomena.

Results The results will be presented at the EPA in March 2016 in Madrid.

Conclusion The study will reveal differences in how psychiatrists and psychologists classify TCC's in PTSD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV915

The psychological and psychiatric services in emergencies

S. Shport

V.P. national research center for social and forensic psychiatry, administration, Moscow, Russia



The department of psychological and psychiatric care in emergencies is functioning more than 20 years. The department organized emergency care in 22 emergency situations for last 10 years. There are air crashes, fire, acts of terrorism, natural disasters, technological disasters, accidents in transport, military operations. In air crashes is an important work with families, assisting in the formal procedures (identification of dead bodies), social issues. Support of the psychiatrist is necessary at all stages of the identification dead bodies and completion of the different forms. In case of fire are emergency concerns relatives of victims and injured in clinics. Burns is the cause of intoxication and changing the behavior of patients. The main help is an ensure bed rest and medication help to correct the behavior. Specialized help is diverse in the terrorist attacks. Psychiatrists serve as a link between the injured and relatives. Psychiatrists help investigators during questioning injured. Help is organized in hospitals, ambulances, telephone and interaction with the media. Natural disasters are of special character. They are always sudden and incorrect organization help can bring a lot of casualties. Psychiatrists decide health issues and are involved social issues injured. Helping to refugees is a special character. Medical care is complicated. They are citizens of another country. Organization of psychological and psychiatric care to the population in emergency situations involves the creation of psychological and psychiatric services, which provide the necessary measures at the federal, regional and local levels and in epicenter of emergency.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV916

Dimensions of DSM-5 posttraumatic stress disorder (PTSD) symptoms

C. Soberón*, M. Crespo, M. Gómez-Gutiérrez, V. Fernández-Lansac

Complutense university, clinical psychology, Madrid, Spain

* Corresponding author.



Introduction Despite the four factor model of PTSD proposed in the DSM-5 (APA, 2013) has received a better empirical support than three factor model of DSM-IV (APA, 1994), some alternative models proposed can provide a better representation of PTSD's latent structure.

Objective The current study tested the fit of seven models, including the 3-factor DSM-IV model (APA, 1994), the 4-factor DSM-5 model (APA, 2000), the 4-factor dysphoria model (Simms, Watson & Doebbeling, 2002), the 5-factor dysphoric arousal model (Elhai et al., 2012), the 6-factor anhedonia model (Liu et al., 2014), the 6-factor externalizing behaviors model (Tsai et al., 2014) and the 7-factor hybrid model (Armour et al., 2015) that combines key features of the anhedonia and externalizing behaviors models.

Aim It expected that the 7-factor hybrid model (Armour et al., 2015) would be the best fitting model.

Methods PTSD symptoms were assessed using the Global Assessment of Posttraumatic Stress Disorder (EGEP-5; Crespo, Gómez & Soberón, 2016) in a sample of 165 victims of different traumatic events. Confirmatory Factor Analysis (CFA_s) were conducted on each of the seven models using Maximum Likelihood (ML) estimation method.

Results All the models tested (except for DSM-IV model) yielded an adequate fit to the data. However, 7-factor hybrid model

(Armour et al., 2015) provided a better fit than other competing models.

Conclusions The current findings suggest that the dimensional structure of DSM-5 PTSD symptoms may be best represented by the 7 factors proposed in the hybrid model instead of 4 factors of DSM-5.

References not available.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Prevention of mental disorders

EV917

Adaptation skill improvement through communication skills analysis of individuals with over-adaptation

Y. Aida

Meijigakuin university, clinical psychology, Tokyo, Japan

Japanese society, which culturally focuses more on harmony rather than individuals, tends to promote making society members to have over-adaptation, one of the psychological characteristics. The research embraced the definition of over-adaptation, as “the tendency to lose the authority due to one’s excessive efforts to meet others’ expectations rather than their own needs”. Individuals with over-adaptation have higher risks for suffering depression, violent behaviors, and psychosomatic disorders, potentially creates risks for suicide and death from over-work.

The recent Japanese studies mostly focused on examining the methods that balance internal adaptation by lowering external adaptation. However, this method has risks such as inducing resistance and coincidentally making professional helps more difficult. Our research focused on one of the internal maladjustment, self-inhibition, which is the necessary communication skill.

The research focused on individuals with over-adaptation, and set the objectives to reveal their imbalance of communication skills including self-inhibition. It farther aimed to examine the preventing methods the over-adaptation, which induce people to have another psychological maladjustments.

The research conducted a questionnaire to students in a university and high school. It suggested that individuals with over-adaptation tendency were less skillful in representation and self-assertion, and that they had stronger skill in other areas, such as capability for others, empathy, internal relationship adjustment skill, and self-control. Since these skills were high, they coincidentally made total balance worth. Additionally, their bad physical conditions were noted.

The research suggested the effectiveness of the self-expression and assertion training to improve adaptation, which coincidentally prevents physical problems.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV918

The influence of attachment styles on romantic love

B. Batinic^{1,*}, M. Milosavljevic², J. Barisic³

¹ *Clinic of psychiatry-clinical centre of Serbia, faculty of philosophy-department of psychology, Belgrade, Serbia*

² *Faculty of philosophy, department of psychology, Belgrade, Serbia*



³ *Clinic of psychiatry, clinical centre of Serbia, Belgrade, Serbia*

* *Corresponding author.*

Introduction The triangular theory of love posits intimacy, passion and commitment as the necessary components of romantic love (RL). Different attachment styles – secure, preoccupied, fearful-avoidant and dismissive – may influence the psychological variables of (RL).

Aims To explore the relationship between the different attachment styles and intimacy, passion and commitment in RL in a sample of the general population in Serbia; and to ascertain the attachment style which correlates most closely with the components of RL.

Method Attachment style was assessed by the Experiences in close relationships scale, and the components of RL by the Sternberg’s Triangular love scale. The study sample comprised 312 persons of both sexes, aged between 18 and 50 years old, and who had been in RL for at least 3 months.

Results The most frequent attachment style was secure (70.8%), followed by dismissive (14.4%), preoccupied (11.5%) and fearful-avoidant (3.2%). Persons with secure attachment style expressed a higher level of intimacy in RL as compared with persons with preoccupied and dismissive attachment styles ($P < 0.001$); persons with preoccupied attachment style expressed a higher level of intimacy in RL as compared with persons with fearful-avoidant attachment style ($P < 0.05$). There were no significant differences with regard to the passion and commitment scores.

Conclusion Persons with secure attachment style realize the highest levels of intimacy in RL, while those with fearful-avoidant the lowest. Passion and commitment were not influenced by attachment style. The psychotherapeutic intervention dealing with fearful-avoidant attachment style may have influence on realization of intimacy in RL.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV919

Understanding discrepancies in the prediction of mental health, substance use and dual disorders. Implications from a multi-site international study

R. Carmona Camacho^{1,*}, L. Chavez², A. Villar³, C. Vidal¹, R. Polo¹, E. Baca-García¹, M. Alegria⁴

¹ *IIS- Fundacion Jiménez Díaz, department of psychiatry, Madrid, Spain*

² *University of Puerto Rico medical sciences campus, behavioral sciences research institute, San Juan, Puerto Rico*

³ *Vall d’Hebron university hospital, Universidad Autónoma de Barcelona, department of psychiatry and forensic medicine, Barcelona, Spain*

⁴ *Massachusetts general hospital and Harvard medical school, department of psychiatry, disparities research unit, department of medicine, Boston, USA*

* *Corresponding author.*

Introduction The use of valid and practical screening scales might ease the burden for greatly needed universal testing for mental health, substance use and dual disorders, but do they work well with all populations? Do they miss correct identification of certain groups?

Objective To understand discrepancies in diagnostic prediction using the AC-OK screen in conjunction with other standardized assessment scales.

Methods Two hundred and twenty-six Latino participants were recruited from primary care and community clinics in Madrid, Barcelona and Boston and assessed with standardized mental health and substance abuse measures including the AC-OK screen



and with a Computerized adaptive test for mental health (CAT-MH). A measure of frequency of discrepancies and an adjusted and unadjusted comparison of results and demographic characteristics or respondents were made for mental health, substance abuse or for discrepancies in both categories.

Results 35.4% of cases were discrepant in mental health (AC-OK-Mental Health vs. Patient Health Questionnaire-9, Generalized Anxiety Disorder 7 or PTSD Checklist) and 14.2% in substance abuse (AC-OK-substance abuse vs. drug abuse screening test or Alcohol use disorders identification test). When CAT-MH scale was incorporated, discrepant results were found in 24.3% and 14.2%, respectively. No association was found between substance abuse discrepancies and patient demographics. In logit regressions being from Barcelona, of younger age and male were significant predictors of discrepancies.

Conclusions Discrepancies were observed in the diagnostic prediction, with differences detected for site and sociodemographic characteristics of participants suggesting the importance of testing screeners for site and population differences. Evidence for the misclassification of young males is discussed. Caution is warranted in the implementation of screeners for at risk populations.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV920

Emotional regulation of mothers bringing up children with burn injury



D. Dovbysh

Moscow state university, clinical psychology, Moscow, Russia

Introduction Burn injuries occupy 11th place in the list of causes of infant mortality and 5th in the list of the most common non-fatal childhood injuries (WHO, 2014). The situation of getting a burn injury, prolonged hospitalization, painful medical procedures, the threat of a child's life results in mother's unusual and heavy emotional experience. Adequate processing of this experience will be an important factor in her future mental health. The study involved 35 mothers hospitalized with their children because of burn trauma.

Objectives The aim of the study was to describe the characteristics of emotional regulation and emotional response of mothers bringing up children with burn injury.

Goals (1) Describe the phenomena of emotional regulation, found in mothers whose children have experienced a burn injury; (2) determine factors that cause appearance of special emotional phenomena among these mothers.

Methods Clinical interview, Beck Depression Inventory, State Trait Anxiety Inventor, Cognitive Emotion Regulation Questionnaire (CERQ).

Results A significant numbers of mothers shows a high level of anxiety and depression, which may be predictive of the development of PTSD. The main cognitive strategies of emotion regulation – self-blame and disasterization are maladaptive. An important role played by unconscious strategy of emotion regulation, basically – situation selection and attentional deployment, as well as the social regulation of emotions: the availability of a good support from family members with adaptive strategies of emotional regulation, adequate reactions of other mothers in hospital associated with less emotional distress above mothers. There is no correlation between the severity of burn injury and the emotional response of the mother.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV921

Preventing attachment disorder (AD): Attachment-focused dyadic group therapy with borderline personality disorder – and former AD – mothers



C. Compés, A. Iniesta, V. Pereira, C. Martínez, C. Justo, M.E. Herrero*

Proyecto Sirio, H. Menchu Herrero, Madrid, Spain

* Corresponding author.

Children with mothers with Borderline Personality Disorder (BPD) have a high risk of developing attachment difficulties, and this risk is like to grow when their mothers experienced severe neglect and/or abuse in their childhood and early adolescence. Our objective was to clinically assess and lend support to a small group of young mothers at risk. We recruited mothers aged 18–25, with 1–12 month-old children. None was married, had a stable residence and sexual partner, and most were unemployed. All had early diagnosis of AD, had at present BPD, and had received extended global and residential psychiatric treatment in our Therapeutic Community (SIRIO Project) along their adolescence. We conducted six consecutive 4 h weekly sessions, which were attended by mothers with their babies in the familiar setting of the Community. The explicit aim proposed to them was: “to come to be listened and accompanied and to share their motherhood experiences” with members of our multidisciplinary team (nurse, social worker, therapeutic educator, psychologist and psychiatrist), who were known to them. Fears, somatizations, more-or-less concealed rejection of her baby, apathy, sadness, suspiciousness, jealousy, relational difficulties with their couples and family figures... were common findings that were addressed in the sessions.

Main conclusion Minor but positive changes occurred in the dyadic mother-baby relationship. This was more patent concerning breastfeeding, relationships with their couple and extended family and pediatricians, and attitudes toward job seeking. In addition, the frequent contact with these mothers elicited markedly positive reactions in the 8–9 children/adolescents currently residing in our community.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV922

Psychiatric re-hospitalization in mental disorders



P. Hervías Higuera^{1,*}, L. Maroto Martín¹, P. Jimenez de los Galanes Marchán², A. San Román Uría³, N. Nuñez Morales⁴

¹ Hospital Dr. R. Lafora, Psiquiatría, Madrid, Spain

² Centro San Juan de Dios, Psiquiatría, Psiquiatría, Spain

³ Complejo Asistencial de Zamora. Sacyl., Psiquiatría, Zamora, Spain

⁴ Hospital Universitario de Álava, Psiquiatría, Vitoria-Gasteiz, Spain

* Corresponding author.

Many patients with severe mental illness are admission in hospital; but little is known about psychiatric re-hospitalization in this population. Our objective was to identify motives of psychiatric re-hospitalization in Dr. Rodríguez Lafora hospital. It is an observational, descriptive and retrospective study. We collected information about patients aged 18 to 64 who were hospitalized during the month of January of 2015 in the acute psychiatric hospitalization by Selene software. We reviewed psychiatric re-hospitalization for 6 months later and the results were analyzed by SPSS software. The percentage of inpatients with a diagnosis of

schizophrenia spectrum and other psychotic disorders was 29.4%, 13.7% bipolar disorders, 13.7% personality disorders, 11.8% depressive disorders, 9.8% alcohol use disorders, 3.9% schizoaffective disorders, 3.9% intellectual disabilities, 3.9% adjustment disorders with depressed mood, 3.9% obsessive-compulsive and related disorders, 2% substance-related and addictive disorders, 2% feeding and eating disorders and 2% adjustment disorders with mixed anxiety and depressed mood. The percentage of psychiatric re-hospitalization in patients with alcohol use disorders was 60%, 57.1% personality disorders, 50% obsessive-compulsive and related disorders, 50% schizoaffective disorders, 28.6% bipolar disorders, 26.7% schizophrenia spectrum and other psychotic disorders and 0% in the other inpatients. Why the percentage of psychiatric re-hospitalization is higher in patients diagnosed with personality disorder and alcohol use disorders? It would be important to establish an approach through more appropriate units as alcoholic detoxification unit and personality disorders unit.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV923

Sub-types of childhood trauma predicts depressive and anxiety symptoms in the general population

N. Maric^{1,*}, S. Andric², M. Mihaljevic², T. Mirjanic³, Z. Pavlovic¹

¹ Clinical centre of Serbia, school of medicine, university of Belgrade, Belgrade, Serbia

² Clinical centre of Serbia, clinic for psyhiatry, Belgrade, Serbia

³ Specialized psychiatric hospital, Kovin, Serbia

* Corresponding author.

Background Ubiquitous negative emotional states such as depression, anxiety and stress in adulthood are related to individual life scenario, particularly influenced by exposure to environmental risk factors. Here, we investigated if sub-threshold negative emotional states in general population can be predicted by experience of trauma in the childhood.

Method A sample of 106 healthy young adult participants from Belgrade and surroundings (43.4% male, age 29.2 ± 6.6 years, mean IQ 106.4 ± 15.9) fulfilled Childhood Trauma Questionnaire (CTQ) to identify emotional or physical abuse/neglect or sexual abuse. Present level of negative affectivity was measured by Depression Anxiety Stress Scale (DASS). Hierarchical linear regression analysis was conducted to identify subtypes of trauma as predictors of the negative affectivity.

Results Mean CTQ and DASS scores were 31.2 ± 6.7 and 16.4 ± 16.8 , respectively. An exposure to given risk factors in the past correlated significantly with intensity of the present negative affective states ($r=0.290$, $P=0.004$). For the prediction of anxiety, the most important traumatism subtypes were emotional abuse, emotional neglect and physical abuse ($P=0.001$; 0.028 ; and 0.041 , respectively). Depressive symptoms were predicted only by the emotional abuse in the past ($P=0.008$).

Conclusion Based on clinical samples, findings from the literature yielded greater risk for mood and anxiety disorders after exposure to emotional, in comparison to the physical trauma. We confirmed the same pattern of correlations in the healthy subject's sample, who had no history mental disorders. Evaluation of the interaction effects among emotional trauma and genotype is strongly recommended in the identification of subjects at risk and for the prevention.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV924

Clinical-psychopathological peculiarities of the prodromal stage of psychosis

N.O. Maruta*, O.Y. Kutikov, V.S. Bilous, K.Y. Zakal, S.O. Yaroslavtsev

Institute of neurology, psychiatry and narcology, NAMS of Ukraine, department of neuroses and borderline conditions, Kharkov, Ukraine

* Corresponding author.

Introduction Under conditions of growing of mental pathology in population, the European Psychiatric Association proposes an early detection of such pathology and timely medical interventions as the main strategy. First of all, this concerns psychoses at whole, and schizophrenia particularly, as the most disabling mental disorders. Here, a special role belongs to early interventions in the prodromal stage of psychosis (PSP). Such interventions might prevent development of the pathological process, promote solving of everyday and financial problems of patients, an early restoring of cognitive deficits and social functioning.

Aim To investigate clinical-psychopathological peculiarities and quality of life (QoL) of patients with PSP 72 patients (first hospitalization) with acute polymorph psychotic disorder (F23.0, F23.1) were examined both in the format of real time and retrospectively.

Methods A clinical-psychopathological and psychometric (PANSS, Scale of Suicidal Risk, SOPS, Scale for Detection of Clinical-Dynamic Variant of Course of Prodromal Period, PAS-SI) methods; the Method for Assessment of Integrative QoL Index.

Results In the patients clinical-psychopathological impairments in the PSP period manifested in form of a lowered stress tolerability (80.5%), agitation (40.2%), anxious conditions (72.2%), tension, concentration and attention problems (68.0%), sleep disorders (93.0%), contents of thoughts (56.9%). The patients had low QoL indexes on scales of personality realization (81.9%), psychological well-being (87.5%), and a general QoL impression (95.8%).

Conclusions The abovementioned clinical manifestations should be considered as PSP diagnostic criteria, which open possibilities for an early interventions and prevention of consequences of this pathology.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV925

Low intensity microwave frequency electromagnetic fields (EMFs) produce extensive brain damage and widespread neuropsychiatric effects

M. Pall

Portland, USA

Low intensity microwave/lower frequency EMFs have been shown to act via activation of voltage-gated calcium channels (VGCCs). Pathophysiological effects of such exposures are produced through excessive Ca²⁺ signaling and elevated peroxynitrite. VGCCs are found at very high densities in neurons and such EMFs produce diverse effects in animal brains. Elevated VGCC activity increases susceptibility to various neuropsychiatric effects in humans. Fourteen different neuropsychiatric effects in humans, considered established, have been repeatedly reported to occur following exposures to microwave frequency EMFs: Sleep disturbance/insomnia, headache, fatigue/tiredness, depression/depressive symptoms, dysesthesia, concentration/attention/cognitive dysfunction, dizziness/vertigo, memory changes, restlessness/tension/anxiety/stress/agitation/feeling



of discomfort, irritability, loss of appetite/body weight, skin tingling/burning/inflammation/dermographism, nausea, EEG changes. Twenty additional apparent neuropsychiatric effects of such exposures will be listed (not considered established); these 20 suggest, however, that the neuropsychiatric effects go well beyond the 14 established effects. Various types of EMFs have been reported to produce neuropsychiatric effects including living near cell phone antennae, heavy cell phone usage, occupational exposure to radar, UHF or VHF transmission, smart meter radiation, WiFi field exposure, digital television signal exposure, living near a radio station antenna, or living near a short wave broadcasting antenna.

Conclusions The ever-increasing human exposures to such EMFs threatens us with near universal widespread neuropsychiatric effects and should be viewed as a major threat to the survival of human civilization. Current safety guidelines are based only on thermal effects and are therefore without any scientific merit.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Further reading

Pall ML, 2015 PMID: 26300312.

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EV926

Dietary pattern and mental health: review of literature



A. Tarelho*, M. Duarte, J. Melim, A. Batista, S. Almeida
Centro hospitalar de Leiria, EPE, psychiatry service, Leiria, Portugal
* Corresponding author.

Introduction If we are what we eat, are we eating ourselves into depression and anxiety? There has been an emerge evidence supporting a role for lifestyle factors in the development of these conditions.

Objective To review evolving concepts and gain insight on the phenomenon of dietary pattern and mental health.

Methods Bibliographic search in Pubmed for articles published between 2010 and 2015, using the keywords words mental health, diet and depression, from the 220 articles found, 68 were included.

Results From the 68 selected articles, 19 were reviews, 3 randomized controlled trials and 2 meta-analysis. The scientific community agrees that substantial global changes in the food system have had a highly detrimental impact on dietary patterns. Thirty-three articles found a positive correlation between unhealthy dietary patterns and poorer mental health or better mental health with healthy eating habits, such as a potential protective role of mediterranean diet (or similar) with regard to the prevention of depressive disorders. A recent systematic review by Baskin et al (2015) revealed positive associations between poor quality and unhealthy diets and antenatal depressive and stress symptoms. Healthy diets were inversely associated with antenatal depressive and anxiety symptoms.

Conclusion Although there is some evidence on the association between dietary quality and mental health, we can't tell if it's a casual linkage or what are the biological pathways that mediate these relationships. Therefore, randomized control trials of diet are necessary to disentangle the effects of multiple health behaviors on mental health.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Promotion of mental health

EV927

A mental health promotion program among Iranian female high school students



H. Heizomi, H. Allahverdipour*

Tabriz university of medical sciences, health education & promotion, Tabriz, Iran

* Corresponding author.

Background Female adolescents have a higher prevalence of psychological disorder especially in the developing countries and tradition communities. Adolescence is due to accompanied with puberty and transitional age are suffering of mental health problems. Main purpose of this study was to assess the effectiveness of "psychological well-being promotion program" on the mental health status of female high school students in Iran.

Methods The non equivalent group, pretest-posttest design was applied to conduct this study from November 2013 to December 2013 in Tabriz, Iran on 289 participants (148 in the experimental and 141 in the control groups). One of the sub-regions of Tabriz city was chosen randomly and within the area two high schools were selected with almost same environmental conditions randomly as the experimental and control groups. Participants who were in the 9th grade were recruited randomly and classified in the both groups of intervention and control. After diagnostic evaluation, the planned program was performed based on two approaches of: (1) environmental changes (playing music during breaks, sports competitions, and interior decorating classes); (2) stress management skills development program.

Results The results were indicative of the intervention's positive impact. Based on the findings, the mean scores of the happiness significantly increased in the intervention group ($P \leq 0.001$). The mean scores of the stress significantly decreased in the intervention group ($P \leq 0.001$).

Conclusion The study results suggested that implementation mental health promotion program improved mental health indices which indicates effectiveness of comprehensive school health programs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV928

Attitude toward mental health in the Republic of Georgia



E. Chkonia^{1,*}, O. Nino², S. Morgoshia³, G. Nino⁴

¹ Tbilisi mental health centre, psychiatry and drug abuse, Tbilisi, Georgia

² Tbilisi state university, department of psychiatry, Tbilisi, Georgia

³ Ministry of labour, health and social affairs of Georgia, mental health, Tbilisi, Georgia

⁴ Council of Europe Office in Georgia, Senior Project Officer, Tbilisi, Georgia

* Corresponding author.

The stigma, discrimination and human rights violations that individuals and families affected by mental disorders suffer are intense and pervasive.

In order to study attitude toward mental health problems, more than 1000 population from the different region of Georgia have been interviewed within 3 months (May-July 2015) in their household.

The scope of questions used in the survey were based on the questionnaire proposed by the NHS Information Centre, Mental Health and Community.

The population of Georgia showed high levels of understanding and tolerance of mental disorders. Despite of this, the fear and exclusion toward people with mental illness were almost twice as more, compare to the countries, where community mental health services are developed. More than half of the interviewed reported that institutional care is quite sufficient for providing treatment and suggested that person with mental disorder should not have rights to a job. Social status, income and occupation did not play any role in terms of attitude.

Majority of the respondents thought that mentally ill patient is a person who is violent or who need isolation due to the disturbed or inadequate behavior.

The survey revealed that the attitude toward persons with mental disorders in the republic of Georgia less likely is based on evidence and objective information. The lack of knowledge and awareness of mental health issues increase stigma and discrimination regarding the people with mental health problems and prevent them from the integration into the society.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV929

Relationship between attitude toward spirituality and attitude and performance of spiritual care among nurses



M. Farahaninia^{1,*}, N. seyedfatemi², M. Abbasi¹

¹ Iran university of medical sciences, community health nursing, Tehran, Iran

² Iran university of medical sciences, nursing care research center, Tehran, Iran

* Corresponding author.

Introduction Although spiritual care is commonly regarded as a nursing task, in practice, it is often provided inadequately.

Objective The purpose of this study was to examine relationship between attitude toward spirituality and the attitude and performance of spiritual care among nurses who working in hospitals of Iran university of medical sciences.

Methods This was a correlative-descriptive study. Spiritual Perspective Scale (SPS) and Nursing Spiritual Care Perspective Scale (NSCPS) were used to gather the data. A number of 166 nurses participated in this study.

Results Findings showed that of nurses' spirituality attitude score was 4.98 ± 1.1 which indicated high attitude toward spirituality. The total average of nurses' attitude about spiritual practices was 3.67 ± 0.51 , which signified the positive attitude of nurses about spiritual practices. Findings revealed that positive spiritual attitude had a significant correlation with 6 out of 12 expressed spiritual interventions. In addition, spiritual attitude generally had a significant positive correlation with spiritual interventions. The positive spiritual attitude had a significant correlation with only 3 items out of 11 for the attitude toward spiritual practices. There was no correlation between spiritual attitude and the attitude toward spiritual practices.

Conclusion In spite of the positive attitude, nurses did not perform half of the spiritual interventions which most of them were in line with fulfilling the patients' religious needs. Establishment of in-service education program regarding spiritual care practice by role play and modeling methods are recommended.

Keywords Nurse's attitude; Spirituality; Spiritual care practice

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV930

Resilience, coping, personality traits, self-esteem and quality of life in mood disorders



A. Feggi^{1,*}, C. Gramaglia¹, C. Guerriero¹, F. Bert², R. Siliquini², P. Zeppego¹

¹ Università degli Studi del Piemonte Orientale "A. Avogadro", department of translational medicine, Novara, Italy

² Università degli Studi di Torino, dipartimento di scienze della Sanità Pubblica e Pediatriche, Torino, Italy

* Corresponding author.

Introduction Resilience is a dynamic, context- and time-specific process that refers to positive adaptation or ability to maintain or regain mental health despite experiencing adversity. Pathways to resilience include biological, psychological, social and dispositional attributes. In mood disorders, resilience may influence frequency of relapse, severity of episodes and response to treatment.

Aims To evaluate resilience as well as personality features, coping abilities, self-esteem and quality of life in a sample of mood disorder patients.

Methods We recruited mood disorder patients at the Psychiatry institute AOU Maggiore della Carità, Novara. Socio-demographic data were gathered and patients filled in the following self-administered scales: Resilience Scale for Adult (RSA), Brief Cope, Rosenberg Self-Esteem Scale (RSES), Paykel list of stressful events, Temperamental and Character Inventory (TCI), Quality of life (SF-36).

Results We collected data from 61 patients. Statistical analysis was performed by calculating the Pearson Correlation Coefficient between the RSA and the other tests. We observed a positive correlation between RSA and coping "Emotion" and coping "Problem". A negative correlation was found between RSA and coping "Avoidance". Resilience was also positively related to self-esteem and physical, mental and general health. As far as personality traits are concerned, resilience was positively correlated with Reward dependence, persistence, self transcendence, self directedness and cooperativeness.

Conclusions Since higher resilience levels are related with better physical and mental health, constructive coping and self-esteem, strategies aimed at enhancing resilience could improve treatment and quality of life in patients with mood disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV931

The impact of early affiliative memories on psychological health: The mediator role of external shame and cognitive fusion



C. Ferreira^{*}, A.L. Mendes, J. Marta-Simões, I.A. Trindade
Faculty of psychology and educational sciences, university of Coimbra, CINEICC, cognitive behavioural centre for research and intervention, Coimbra, Portugal

* Corresponding author.

Early positive interactions have been positively associated with positive mental health outcomes. In contrast, the lack of these early affiliative experiences of warmth and safeness can have negative consequences on the individual's physical, emotional and social development.

The current study tests a mediation model that examines the mediator effect of external shame and cognitive fusion on the association between early affiliative memories with attachment figures and

with peers, and psychological quality of life. These analyses were conducted using a sample of 453 participants from the community. The final model explained 47% of psychological quality of life and presented excellent model fit indices. Results from path analysis showed that both early affiliative memories of warmth and safeness with peers and attachment figures present a significant impact on psychological quality of life through the indirect effect of external shame and cognitive fusion. In fact, although early affiliative memories with peers also presented a direct effect on psychological quality of life, the impact of early affiliative memories with attachment figures on this outcome was totally mediated through the mechanisms of external shame and cognitive fusion.

These findings seem to provide an important contribution to the field of early affiliative memories of warmth and safeness with attachment figures and with peers by uncovering the mediating role of external shame and cognitive fusion. Furthermore, these data highlighted the relevance of developing intervention programs in the community, especially in a context of early adverse experiences, for the promotion of mental health well-being.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV932

Image of psychiatric hospitals among general population in 2015, views from four countries



A. Fontaine

Lille 2 university of health and law, psychiatry, Lille, France

Introduction In recent years, numerous studies about the image of psychiatry have been conducted. However, to our knowledge, a significant part of psychiatry has been very little explored: the vision of psychiatric hospitals (PsH). For instance, “PsH” on google images reveals a long list of frightening pictures of ravaged places.

Objectives/Aims With such an image spread by the medias, we wanted to evaluate the vision of PsH and treatment modalities among general population in 2015, in 4 countries: France, Spain, England, and Brazil.

Methods An online survey in 4 languages has been sent via facebook and emails. Two hundred and fifteen responses were collected during September 2015: 178 French, 11 Spanish, 17 Brazilians, 9 English.

Results Thirty-nine percent of participants consider PsH as a place of care, and 16% as an asylum. There were differences among countries: for example, asylum is more represented in France than Spain. Regarding patients admitted in PsH, they are not all dangerous (90%), nor all irresponsible (94%) and have specific rights (66%). Concerning diseases: delirium, bipolar disorders, and perversity are to be treated in PsH, while depression, addiction, and autism are to be cured in psychiatric structures other than hospital. Moreover, 2% of participants believe abuses are common practice, whereas a majority consider therapeutic activities instead.

Conclusions These results are quite different from the studies based on the perception of mental illness and patients. Here, on the overall, they are quite encouraging. So, PsH could lead the path on the improvement of the image of psychiatry.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV933

Acceptability and feasibility of the mindfulness based program for infertility (PBMI)



A. Galhardo^{1,2,*}, M. Cunha^{1,2}, J. Pinto-Gouveia²

¹ Miguel Torga institute, psychology, Coimbra, Portugal

² Faculty of psychology and educational sciences, university of Coimbra, CINEICC, Coimbra, Portugal

* Corresponding author.

Introduction Infertility is described as a low-control stressor that may induce psychopathological symptoms. The Mindfulness Based Program for Infertility (MBPI) is a structured intervention targeting infertile women that aims to cultivate mindfulness and acceptance skills. The MBPI efficacy was tested in 55 infertile women who completed the program and 37 women in a control group. By the end of the MBPI, women who attended the program revealed a significant decrease in depressive symptoms, internal and external shame, entrapment and defeat. Inversely, they showed significant improvement in mindfulness skills and self-efficacy to deal with infertility.

Aims Determine the MBPI feasibility and acceptability.

Methods The MBPI includes 10 weekly sessions, in a group format, with the duration of about 2 hours each. Participants' recruitment was supported by the Portuguese Fertility Association. Fifty-five female participants with an infertility diagnosis who were pursuing medical treatment for infertility completed a questionnaire specifically developed to address the acceptability and satisfaction with the MBPI at the end of the 10th session.

Results Participants scored as “very useful” most of the MBPI components (mindfulness practice, acceptance skills, values clarification, psychoeducation on stress and fertility-related lifestyle factors), except for the yoga component. The same pattern was found for the utility information, group support, small group exercises, contact with the therapist, progress notes and MBPI materials. The mean score for satisfaction with the therapist knowledge/competence was 9.55 (maximum: 10), the MBPI quality 8.91 and the MBPI global utility 8.95.

Conclusions The MBPI showed to be feasible and well accepted by participants.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV934

Applications of classical and traditional folk music in psychiatric settings



V. Giannouli*, N. Syrmos

Aristotle university of Thessaloniki, school of medicine, Thessaloniki, Greece

* Corresponding author.

Introduction Although there is an augmenting interest for the applications of classical music in psychiatry, traditional folk music is not properly highlighted in the literature.

Objective In this paper, we examine the possible benefits that psychiatric patients who attend music therapy in psychiatric settings may have when traditional folk music and/or classical music are used in the process of rehabilitation.

Method A literature search of the electronic databases was performed to identify relevant studies published before June 2015.

Results A meta-analysis of the existing research revealed the positive influence of passive and active music listening on different groups of neurological and psychiatric patients' anxiety, pain, tension and stress, and a series of cognitive and emotional changes that occur due to music interventions on patients and doctors alike. A general finding from the 700 diverse retrieved articles is that classical music has a positive influence on psychiatric patients. In contrast to that, there is scarce research for traditional music in psychiatric settings.

Conclusions Music has a strong influence on psychiatric patients. Future research should focus on different questions such as how the knowledge of the varieties of the different types of (folk) music can enrich the music therapy in psychiatric settings.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV935

Burnout Y health professionals

S. Goretti^{1,*}, M.C. Sanchez Sanchez¹,
M.T. Lorente Molina¹, A. Rodriguez Chinchilla²,
B. Gongora Oliver³, P. Ortega Gutierrez¹

¹ U.G.C Almeria, UHSM Torrecardenas, Almeria, Spain

² U.G.C. Almeria, USMI-J Almeria, Almeria, Spain

³ U.G.C. Almeria, Aecc Almeria, Almeria, Spain

* Corresponding author.



Introduction The “Burn-out” syndrome is a kind of labour stress produced in professions that require constant and direct relationship with other people. Health professionals, and particularly especial-care services such as Oncology, live under stressful labour conditions linked to the great responsibility that goes with their job. The emotional attachment with the patient, which may be in grave conditions and could even die, or a professional care which may not bring about improvement for the patient, represent a source of burn-out for many professionals resulting in psychopathological symptomatology.

Objective If we know the triggers and sources of burnout, we can find several coping strategies that facilitate the management of stress in health professionals.

Method Managing stress entails being aware and handling the various factors that intervene in the relationship of the professional with people and the social and labour environments.

Results The control of the patient, professional and contextual factors is of paramount importance in order to avoid the direct consequences of the burn-out of health professionals and health institutions themselves. This control over the factors which trigger off the burn-out will provide the preventive aspect that an advanced society pursues for the improvement of health and quality of life.

Conclusions The burn-out is an inappropriate confrontation or a failure of the adjustment responses to the demands that exceed the capacity of the individual. This syndrome give rises to negative attitudes towards work, life and people.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV936

Exploratory study about the image of mental illness in health professionals

S. Goretti^{*}, M.T. Lorente Molina, P. Ortega Gutierrez,
M.C. Sanchez Sanchez

U.G.C. Almeria, UHSM Torrecardenas, Almeria, Spain

* Corresponding author.



Introduction Stigma towards people diagnosed with a mental disorder is a phenomenon that has been observed in different contexts (labor, health, social, media), affecting therefore to different walks of life of the person who has it. One area where greater negative impact exerted by the stigma and discrimination associated is in health care.

Objective Knowing what is the image of mental disorders and people who experience them by health professionals from different specialist who don't work in mental health area.

Method Exploratory, observational, cross-sectional study.

Participants One hundred and fifty medical professionals from different specialties Torrecardenas CH.

Instruments Castilian translation of the Opening Minds Stigma Scale for Health Care Providers, developed by the Mental Health

Commission of Canada. Score from 0 to 80. Higher scores indicate a stigmatizing attitude.

Results Of established comparisons have only found statistically significant differences between men and women in attitudes towards disclosure of diagnosis and seeking help.

Conclusions Despite the study's limitations, the data show a trend of response points to a positive attitude towards people diagnosed mental disorder in the health field, while being reflected as feelings of guilt and fear of a possible employment discrimination continue to differentiate mental illness with respect to other diseases.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV937

“The wounded healer” challenging the stigma attached to mental health conditions in medical students and doctors

A. Hankir^{*}, R. Zaman

Cambridge university, psychiatry, Cambridge, United Kingdom

* Corresponding author.



Despite the perception that medical students and doctors should be “invincible”, mental illness is over-represented in this group. Fear of exposure to stigma is a major barrier to accessing the health services and many people with mental illness continue to suffer in silence despite the availability of effective treatment. In 2014, we conceived the contact-based, anti-stigma intervention, “The Wounded Healer” (TWH) which has been described as an innovative method of pedagogy that blends science with art. The main aims of TWH are to engage, enthuse, enthrall and to educate in order to challenge mental health stigma, debunk myths and encourage help-seeking. Hitherto, TWH has been delivered to more than 10,000 people in 15 medical schools throughout the UK and worldwide in USA, Canada, Colombia, Portugal, Italy, Slovenia and Lebanon. TWH has been integrated into the curricula of several UK medical schools and filmmakers from the London College of Communication have successfully secured funding to commission the production of TWH film. The written feedback received from audiences (which has been published in peer-review journals and book chapters) is that TWH is inspirational and the best performance they have ever experienced. Moreover, TWH was delivered in the 2015 iMed 7.0 Congress in Lisbon, Portugal (the largest medical student congress in Europe, $n = 1000$) alongside a Noble Laureate and students report that it inspired them to consider a career in psychiatry. AH is the only early-career psychiatrist to have been shortlisted for the 2015 RCPsych Communicator of the Year Award in recognition of TWH.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV938

A creative experience in the treatment of patients in mental health

J. Jaber^{*}, S. Humel, B. Reys

Clínica Jorge Jaber, Saúde Mental, Rio de Janeiro, Brazil

* Corresponding author.



Introduction The work describes a well-succeeded experience in the utilization of art therapy in a psychiatric clinic in the city of Rio de Janeiro, Rio de Janeiro, Brazil. The clinic is concentrated on the treatment of diverse mental disorders, in special, the disorder due to the use of psychoactive substances.

Objective To present new and creative therapeutic ways inside the hospital for the treatment of patients having diverse psychiatric

disorders, especially disorders due to the use of psychoactive substances.

Aims Demonstrate the decrease of resistance to the treatment under the hospital system, the strengthening of the therapeutic alliance, the appreciation of the therapeutic space and the well-being promotion during the treatment.

Methods One hundred and twenty patients, in a clinic for psychiatric treatment, participated in this therapeutic project, which offered psychological treatment through artistic and creative processes, promoting the possibility of experiencing their recovery through the realization of a Carnival programming inside the therapeutic setting.

Results All patients showed good acceptance to the workshops and participated in the presentations. Over the workshops, the patients also received therapeutic approaches and worked personal difficulties, which came up along the therapeutic process.

Conclusions Through the project development, the patients showed excellent investment and appreciation of the alliance and therapeutic space, demonstrating the great potential of the psychological treatment, through the creative processes of art therapy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV939

Mental health, self-compassion, organizational virtuosity and commitment in workers from local administration

D. Simões, S. Simões, H. Espírito-Santo, D. Simões, M. Marques, L. Lemos*

Miguel Torga institute, psychology, Coimbra, Portugal

* Corresponding author.

Introduction Positive and organizational psychology can offer an important contribution to strengthen human virtues that protects intra- and interpersonal functioning, which, in turn, might enhance worker's well-being and the success of organizations.

Objective To study the associations between a psychological construct, self-compassion, and some organizational constructs, organizational commitment and organizational virtuosity and to explore differences in each construct by gender, age, working time (in the organization), type of employment bond and professional group.

Aims Positive actions inside organizations promote positive emotional states.

Method One hundred and thirty workers from local administration (men, $n = 78$; 60%; age, $M = 44,22$; $SD = 8,67$; range = 19-63 years old) filled in the Self-Compassion Scale, the Organizational Commitment Questionnaire, the Organizational Virtuosity Questionnaire and the Depression, Anxiety and Stress Scales.

Results There was a positive association between organizational commitment and organizational virtuosity. Optimism and integrity (organizational virtuosity dimensions) positively correlated with the self-criticism dimension and with self-compassion total score. Some dimensions of mental health (depression and stress) were negatively associated with organizational virtuosity. Employees with less education, belonging to a professional group less qualified or with an unfavourable employment bond perceived the organization as less virtuous, and were less committed.

Conclusion Promoting positive actions inside organizations seem to encourage positive emotional states in individuals. The development of a compassionate capacity, by self-compassion and mindfulness, humanize both individuals and organizations. These workers, with their leaders, can promote affective and normatively committed workforces, presenting positive perceptions about organizational virtues.



Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV940

Tests get me nervous: A case of pharmacological enhancement



O.W. Muquebil Ali Al Shaban Rodriguez^{1,*}, S. Ocio León¹, M. Gómez Simón², M.J. Hernández González¹, E. Álvarez de Morales Gómez-Moreno³, J.R. López Fernández⁴, D.F. Frías Ortiz⁵, A. Barrio Nespereira⁶, G. Gutiérrez Vázquez⁷, L. Pérez Gómez⁸, L. Tuñón Gorgojo⁹

¹ *Centro de Salud Mental Mieres, Psichiatria, Mieres del Camino, Spain*

² *Centro de Salud Mental Mieres, Psycology, Mieres del Camino, Spain*

³ *CSM Puerta de la Villa, Psichiatria, Gijón, Spain*

⁴ *Hospital Vital Álvarez-Buylla, Psichiatria, Mieres del Camino, Spain*

⁵ *Hospital de Jove, Psichiatria, Gijón, Spain*

⁶ *CSM La Calzada, Psycology, Gijón, Spain*

⁷ *CSM El Quirinal, Psichiatria, Avilés, Spain*

⁸ *CSM El Coto, Psichiatria, Gijón, Spain*

⁹ *Centro de Salud Mieres Sur, Nursing, Mieres del Camino, Spain*

* Corresponding author.

Introduction The use of drugs to improve cognitive performance (pharmacological enhancement) is a practice that increases in frequency, especially in individuals with a high degree of academic education, university students, and workforce with high responsibilities. Legal substances such as alcohol and caffeine, prescription drugs such as modafinil or methylphenidate and some illegal drugs such as amphetamines or cannabis are utilized to improve cognitive performance, maintain wakefulness, or induce sleep. Perception of risk is low in many cases. Internet has facilitated the illicit access to prescription drugs with astonishing ease.

Objective and methods We want to exemplify through a clinical case, how the access to some of these substances through internet is very easy, and how, in this case, the use of Modafinil (drug indicated for narcolepsy) with the objective of maintaining academic performance aggravates symptoms of anxiety in a 22-year university patient.

Results Exposition of clinical case in the poster.

Conclusions The use of substances ("smart drugs") presents risks for both physical and psychological health that sometimes are not perceived by the user. It is surprising that a highly educated individual has taken Modafinil without researching for a deep understanding of the side effects of the drug.

Internet access of regulated substances that should only be prescribed by a physician to be used on very concrete symptoms is extremely easy. In the case of the Modafinil, it is possible to access its purchase by simply searching the words "purchase/buy Modafinil" in any internet browser.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV941

Mental health and empathy: Do nursing students have better attitudes to psychiatric patients?



M. Pascucci^{1,*}, F. Capobianco¹, M. La Montagna¹, E. Stella¹, A. Ventriglio¹, G. Rubini¹, A. De Angelis², P. Parente³, L. Janiri², G. Pozzi², V. Di Nunzio¹, G. Piemontese¹, A. Bellomo¹

¹ *University of Foggia, institute of psychiatry, Foggia, Italy*

² *Catholic university of the Sacred Heart, department of psychiatry, Rome, Italy*

³ *Catholic university of the Sacred Heart, institute of hygiene and public health, Rome, Italy*

* Corresponding author.

Background Stigma towards mental illness has a major impact on the quality of life and the health care of psychiatric patients. Several studies have reported that health professionals have more negative attitudes than general population.

Aims To explore empathy and attitudes towards mental illness in nursing students (NS) and non-health university students. Our purpose is to see how NS have more empathic and less stigmatizing attitudes towards psychiatric patients, compared to other university students.

Methods We tested 96 university students (50 NS and 46 non-health university students), with the following questionnaires anonymously filled out:

- Community attitudes towards mental ill (CAMI), to evaluate the different students' attitudes towards mental illness;
- Empathy quotient (EQ), to assess empathy.

Results NS differs from the other group in 5 items of CAMI ($P < 0.05$ in 3 items and $P < 0.01$ in 2 items), and Authoritarianism subscale ($P = 0.023$). This shows that NS have a greater general awareness and less stigmatizing attitudes about the need to hospitalize the mentally ill, the difference between psychiatric patients and general population, the wrong need of segregation and the real causes of mental illness. There is also a significant difference in EQ (items 6, 21, 25, 44, 59): future nurses seem to have a slightly higher empathy, even though the EQ total score does not differ in the two groups.

Conclusions These results suggest that there is a difference with respect to the attitudes towards psychiatric patients in NS and students who do not follow health-care courses: NS have more empathetic and less stigmatizing attitudes.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV942

Different attitudes toward psychiatry and psychiatric patients in nursing students: Can personal experiences reduce stigma?



M. Pascucci^{1,*}, G. Rubini¹, E. Stella¹, M. La Montagna¹, F. Capobianco¹, A. Ventriglio¹, A. De Angelis², P. Parente³, L. Janiri², G. Pozzi², V. Di Nunzio¹, G. Piemontese¹, A. Bellomo¹

¹ University of Foggia, institute of psychiatry, Foggia, Italy

² Catholic university of the Sacred Heart, department of psychiatry, Rome, Italy

³ Catholic university of the Sacred Heart, institute of hygiene and public health, Rome, Italy

* Corresponding author.

Background Psychiatric patients often do not receive the same health treatment reserved for patients with no mental disorders. Stigma in mental-health nurses can worsen the patients' healing time and quality of care.

Objective To explore the different attitudes towards mental illness and psychiatry in nursing students (NS) of the first and the final year of university, and the importance of having visited a psychiatric ward and having known a psychiatric patient.

Methods Fifty NS completed the following tests:

- Community attitudes towards mental ill (CAMI);
- Attitudes towards psychiatry (ATP-30);
- Empathy quotient (EQ).

Results NS of the final year differ significantly from those of the first year in 4 CAMI items, in Authoritarianism subscale ($P = 0.041$), Social Restrictiveness ($P = 0.029$) and Community Mental Health Ideology ($P = 0.045$), indicating a more mature and responsible approach to psychiatric patients, without considering them a threat to be secluded. EQ does not show a significant difference in empathy, not even considering the individual items. Final year NS also have more positive attitudes toward Psychiatry in 3 ATP-30 items

and total score ($P = 0.01$). Those who visited a psychiatric ward have more positive attitudes towards mental illness and Psychiatry, in 6 CAMI items and 3 ATP-30 items. Having personally known a psychiatric patient leads to positive attitudes in only a few CAMI items.

Conclusions Last-year NS, who have had more direct relationships with patients through practical training, have more empathetic and less stigmatizing attitudes. It is also very useful to attend a psychiatric ward during the nursing training.

Normal 0 14 false false false IT X-NONE X-NONE.

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EV943

The development of headucate in mental health awareness



A. Patel*, V. Soundararajan, J. Beezhald
University of East Anglia, Norfolk and Suffolk NHS foundation trust,
Norwich, United Kingdom

* Corresponding author.

Introduction Headucate is a pioneering student-led society at the University of East Anglia (UEA), founded in 2012. Mental health stigma exists widely and is a well-known barrier to accessing support. This presents a need for education and raising awareness about mental illness.

Objectives The goal is to spread mental health awareness locally, measured by school outreach and events organised. This is achievable through Headucate's collaboration with the university and schools to convey the message each year.

Aims Headucate aims to raise mental health awareness and tackle stigma, with the intention of reaching the university, schools locally and communities nationally.

Methods Headucate delivers workshops for secondary schools. This involves interactive sessions to stimulate discussions about mental health and illness, and where to find help. Additionally, there are university-held talks from a variety of guest speakers who are experts in this field.

Results It has expanded beyond medical students to involve the whole university, with a shared interest in mental health awareness. Research conducted by Headucate in 2014-2015 has indicated there is a statistically significant ($P < 0.001$) increase in the knowledge about mental illness and knowing where to get help following school workshops.

Conclusions The success has transformed from starting as an idea into one of UEA's largest student societies which will continue to expand. Future goals include a mental health awareness campaign and collaborating with student groups at the university, to host events that link mental health to other causes. Furthermore, Headucate is hoping to expand outreach to the elderly community.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV944

Factors influencing attitudes towards seeking professional psychological help: Findings from a multi-ethnic Asian population-based study



L. Picco*, E. Abdin, S.A. Chong, S. Pang, S. Shafie, J. Vaingankar, M. Subramaniam

Institute of mental health, research, Singapore, Singapore

* Corresponding author.

Introduction Various socio-demographic variables have been shown to influence attitudes towards seeking professional

psychological help (ATSPPH), while negative ATSPPH can act as a barrier to mental healthcare, resulting in under-utilization of psychological services.

Aims and objectives To explore the factor structure of the ATSPPH scale and determine whether any significant socio-demographic differences exist in relation to ATSPPH among a nationally representative sample.

Methods Data was extracted from a population-based, cross-sectional survey conducted between March 2014 and March 2015 among Singapore Residents aged 18–65 years ($n = 3006$). Respondents completed the 10-item ATSPPH scale and also provided socio-demographic information. Exploratory factor analysis (EFA) was performed to establish the factor structure of the ATSPPH scale. Multivariable linear regression analyses were conducted to examine socio-demographic factors associated with ATSPPH.

Results EFA revealed that the ATSPPH scale formed three distinct dimensions comprising “Openness to seeking professional help”, “Value in seeking professional help” and “Preference to cope on your own”. Higher “Openness to seeking professional help” scores were significantly associated with 18–34-year-olds and unmarried respondents, whilst Malay ethnicity and lower education were significantly associated with lower openness scores. Malays, Indians and lower education were significantly associated with lower “Value in seeking professional help” scores, whereas higher “Preference to cope on your own” scores were significantly associated with lower education.

Conclusion Population subgroups including those with lower educational levels and different ethnic groups have more negative ATSPPH. Tailored, culturally appropriate educational interventions which reduce negative ATSPPH are needed, which effectively target these populations.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV945

Risk factors for mental health in higher education students of health sciences

R. Porta-Nova

Escola Superior de Saúde da Cruz Vermelha Portuguesa, Lisbon, Portugal



Introduction The mental health of students, attending higher education in the area of Health Sciences, may be conditioned by factors which may affect them as a person, their relationships and their academic performance, placing in cause its adaptation.

Objectives Identify the main risk factors for mental health, associated with the academic life experiences in students of Health Sciences.

Aims Contribute to the implementation of prevention strategies of mental health problems in these students.

Methods The research dealt with a sample of 620 people, medical students, nursing students and allied health students: physiotherapy, cardiopulmonary technology and radiographer, whose average age is 20.3 and ranges between 18 and 25 years old, being 81% female. The instruments used were a Demographic Questionnaire; Academic Life Experiences Questionnaire (Almeida & Ferreira, 1997, 1999) and Mental Health Inventory (Veit & Ware, 1983).

Results The results show that attend the 1st year in the course of physiotherapy, belong to the female gender, being displaced, have a lower expectation of career, not be autonomous, show a negative perception of their cognitive skills, lower self-confidence, decreased of psychological and/or physical well-being, academic difficulties resulting from deficient knowledge bases and high levels of anxiety in the evaluation situations, are associated with poorer mental health.

Conclusions Calls up a special attention from the different structures of Higher Education institutions, namely, governing bodies, teachers and academic services, to reduce the negative impact of these risk factors and implementing strategies to prevent the incidence of mental health problems in this population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV946

Dermatologists, acne and psychological counseling

C. Rebelo-Neves^{1,*}, C. Amaral Dias², J. Torgal³

¹ Lisboa, Portugal

² ISMT, psychology, Coimbra, Portugal

³ FCM-UNL, Public Health, Lisboa, Portugal

* Corresponding author.



Introduction In psychotherapeutic clinic, patients without visible marks of acne report this experience with great emotional charge, even when it occurred many years before.

Objectives This observation arose the interest in investigating the psychological impact of acne, which led us to find out what acneic subjects think of their disease, how they deal with it and, simultaneously, evaluate the beliefs of dermatologists on it. The present work is part of an investigation whose aim is to develop a program for the promotion of skills to deal with acne and its effects.

Methods The inventory of beliefs, behaviours and treatment of acne – ICA – was developed through the content analysis of non-structured interviews to health care professionals and to patients with acne and/or who had it. This inventory was applied to a convenience sample ($n = 367$), to a university sample ($n = 1666$) and to a sample of 95 dermatologists – the 16 questions related to the beliefs on acne.

Results We found general agreement with some statements. Most respondents agree with a group of statements, though opinions are divided. Most respondents “disagree” or “disagree more than agree” with “...ingestion of chocolates or dairy products would cause acne”. Finally, there is no consensus about “...caused by the combination of psychological and hormonal factors”.

Conclusions Further studies are needed, on the impact of acne in patient’s quality of life. We also found great interest of promoting a close collaboration between dermatologists and psychology.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV947

The perceived problem solving skill of Iranian nursing students: A cross-sectional study

Z. Moshirabadi^{1,*}, H. Haghani², L. Borimnejad³

¹ Iran university of medical sciences, faculty of nursing and midwifery, Tehran, Iran

² Iran university of medical sciences, biostatistics, Tehran, Iran

³ Iran university of medical sciences, nursing care research center, Tehran, Iran

* Corresponding author.



Background The ability to solve problems and make decisions creatively has become paramount to new nursing graduates, as these skills assist them with recognizing and evaluating situations that require prompt attention. The purpose of this study was to determine and compare nursing student’s perceived levels of own problem solving skills in various years of their 4-year program.

Methods This is a cross-sectional study. Three hundred and twenty-two undergraduate nursing students in BSc nursing

program participated in this study. The study setting was nursing School of Iran university of medical sciences. The Problem solving inventory (PSI) was used to data gathering. The scale was divided into three subscales including: problem-solving confidence (PSC), approaching avoidance style (AAS), and personal control (SC). Students involved in the study signed the study Informed consent.

Results Findings showed that the mean score of total problem solving skill was 89.52 ± 21.58 . The mean score of the 4th year students in PSI was less than other year students (84.18 ± 27.47 vs 89.13 ± 18.71 , 91.57 ± 21.87 , and 91.52 ± 20.8). This study finding revealed that 4th year students in 3 factors of problem solving (PSC, AAS, PC) considered themselves more successful than others. Meanwhile, when the results are compared according, no significant differences occurred among the student in different years ($F: 1.46, P \leq 0.22$).

Conclusion Educating should help students to reach the desired levels of problem solving skills by allowing them to acquire and practice these abilities in the field. Nursing students with advanced problem solving skills will be essential for this changing society.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV948

Stigma: Dimensions and correlates in a multi-ethnic population



M. Subramaniam^{1,*}, E. Abdin¹, L. Picco¹, S. Pang¹, S. Shafie¹, J. Vaingankar¹, K.W. Kwok², K. Verma¹, S.A. Chong¹

¹ Institute of mental health, research, Singapore, Singapore

² Nanyang technological institute, sociology, Singapore, Singapore

* Corresponding author.

Introduction Mental health stigma is a multidimensional concept that encompasses many different themes and definitions. Public stigma is defined as the degree to which the general public holds negative views and discriminates against a specific group.

Objective To understand the context and correlates of stigma in multi-ethnic Singapore.

Aims The current study aimed to (i) explore the factor structure of the Depression Stigma Scale and the Social Distance Scale using an exploratory structural equation modelling approach and (ii) examine the correlates of the identified dimensions of stigma in the general population of Singapore.

Methods Data for the current study came from a larger nationwide cross-sectional study of mental health literacy conducted in Singapore. All respondents were administered the Personal and Perceived scales of the Depression Stigma Scale and the Social Distance scale to measure personal stigma and social distance respectively.

Results The findings from the factor analysis revealed that personal stigma formed two distinct dimensions comprising "Weak-not-Sick" and "Dangerous/Unpredictable" components while social distance stigma items loaded strongly into a single factor. Those of Malay and Indian ethnicity, lower education, lower income status and those who were administered the depression and alcohol abuse vignette were significantly associated with higher weak-not-sick scores. Those of Indian ethnicity, 6 years of education and below, lower income status and those who were administered the alcohol abuse vignette were significantly associated with higher dangerous/unpredictable scores.

Conclusion There is a need for well-planned and culturally relevant anti-stigma campaigns in this population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV949

Hospitalization durations and remission rates of patients in a psychiatry clinic



R. Tutuncu*, H. Kullakçı, B. Hakan, A. Algul, A. Ates, C. Basoglu
Gulhane military medical academy, Haydarpaşa research and training hospital, psychiatry, Istanbul, Turkey

* Corresponding author.

Objective The duration of hospitalization is related to many well-documented factors in literature. However, little is known about psychiatric patients and psychiatric service delivery in non-Western developing countries. It is supposed that major contributing factors in discharge are remission rates and functional levels. Therefore, this naturalistic preliminary study aimed at analyzing and describing the hospitalization duration and remission rates of a psychiatric population treated in the mental health inpatient facility.

Methods A total of 88 male patients, who were hospitalized in a psychiatry clinic were included in the study. They were evaluated at admission and before discharge using the Brief Psychiatric Rating Scale (BPRS) and the Clinic Global Impression Scale (CGI). Other variables, including length of stay, number of previous admissions, demographic characteristics, and diagnosis were also assessed.

Results Mean of the total scores on BPRS were declined from 24.95 to 13, and the mean CGI scores were declined from 3.85 to 2.04 during hospitalization period. Mean length of hospitalization was 7.91 days.

Conclusion Our study shows that patients are discharged from the hospital with approximately 50% decrease in symptom severity. Such research can contribute to understand better, the needs of psychiatric patients, and help to develop continuously improved service delivery and optimize therapeutic options.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV950

Positive mental health in individuals with mental disorders



J. Vaingankar*, M. Subramaniam, E. Abdin, R. Sambasivam, A. Jeyagurunathan, E. Seow, S. Pang, L. Picco, S.A. Chong
Institute of mental health, research division, Singapore, Singapore

* Corresponding author.

Introduction Given the emphasis on inclusion of well-being interventions in the treatment and rehabilitation of individuals with mental disorders, it is important to understand the level and determinants of positive mental health (PMH) among them.

Objective To conduct a cross-sectional study among patients with schizophrenia, depression and anxiety spectrum disorders to estimate PMH.

Aims (i) To estimate the level of PMH among patients with mental disorders and compare these with the established general population estimates; (ii) to identify socio-demographic and clinical determinants of PMH.

Methods Following ethics approval, 353 patients aged 21-65 years, receiving treatment at a psychiatric hospital in Singapore for schizophrenia, depression or anxiety spectrum disorders were included. Patients provided socio-demographic information and completed the multidimensional PMH instrument that provides total and domain-specific scores ranging from 1 to 6; higher scores indicate better PMH. Functioning was assessed with the Global Assessment of Functioning (GAF) scale and clinical data were obtained from administrative databases.

Results Sample comprised 142, 139 and 72 patients with schizophrenia, depression and anxiety spectrum disorders respectively, with a mean age of 39.2 years. Mean total PMH scores among them were 4.2, 3.7 and 3.8 respectively which were significantly lower than the general population mean of 4.5 ($P < 0.001$). Patients of Chinese ethnicity, with lower education, depression or anxiety, and lower GAF scores were more likely to have lower PMH.

Conclusions This study identified patient subgroups that are likely to have poorer PMH. Interventions facilitating PMH among these patient groups would be beneficial and are needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV951

To the question of destigmatization of psychiatry and mentally ill persons in the modern society



S. Vladimirova^{1,*}, V. Lebedeva², E. Gutkevich³, A. Semke³, N. Bokhan⁴, N. Garganeeva⁵

¹ Mental health research institute, department of coordination of scientific research, Tomsk, Russia

² Mental health research institute, clinics, Tomsk, Russia

³ Mental health research institute, endogenous disorders department, Tomsk, Russia

⁴ Mental health research institute, addictive states department, Tomsk, Russia

⁵ Siberian state medical university, department of primary care therapy, Tomsk, Russia

* Corresponding author.

In recent decades, new medications have been developed that entailed possibility of rehabilitation and socialization of mentally ill persons.

Purpose To consider a phenomenon of destigmatization of mentally ill persons on the example of the analysis of screening-questioning in mental health service.

Methods Randomized screening-questioning of participants of Open Doors Day in the clinics of Mental Health Research Institute (Tomsk, Russia) in connection with World Mental Health Day in October, 2015.

Results One hundred and forty-six residents of Tomsk and inhabitants of the Tomsk Region as well as other cities visited Mental Health Research Institute. 76.5% of them visited mental health service for the first time. More than a half of visitors (51%) was the most able-bodied age group – 20–50 years old; elderly people – 20%. According to many-year observation of authors of the work, there is a gradual destigmatization of people with mental health problems. Process of destigmatization will develop further, and mass media should also be engaged in it. One more moment should be emphasized – reduction of self-stigmatization. Though people do not still aim to seek for psychiatric help at the appropriate institutions (they prefer to visit the psychiatrist of the catchment area polyclinic), they after all started recognizing presence of the problem, understanding the need of its overcoming, and possibility of its correction.

Conclusion The attitude of society towards people with mental health problems and towards psychiatry reasonably changes, and this promotes further development in the field of help to patients and their relatives.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV952

Effectiveness of a school-based universal prevention program for enhancing self-confidence: Considering the extended effects associated with achievement of the direct purposes of the program



K. Yamasaki^{1,*}, Y. Murakami², T. Yokoshima², K. Uchida¹

¹ Naruto university of education, department of human development, Naruto, Japan

² Naruto university of education, center for the science of prevention education, Naruto, Japan

* Corresponding author.

Introduction We have developed a group of school-based universal prevention programs for children's health and adjustment. The programs are characterized by new theories such as the somatic-marker hypothesis and enjoyable methods that utilize animated stories and games. This study adopted one of the programs for the development of self-confidence.

Objective The aim was to examine the effectiveness of the program. In addition to the direct purposes of the program, children's adjustments at school and homeroom class were evaluated as extended effects.

Methods Participants were third grade children in six public elementary schools in Japan. The final sample included 442 children (219 boys and 223 girls). The program was implemented weekly in one regular 45-minute class over 8 weeks. Participants completed a battery of three questionnaires three times, 1 month before the start of the program (T1), 1 week before the start of the program (T2), and during 1 week after the last class of the program (T3).

Results Results showed that all of the main endpoints of the program significantly improved in the intervention condition (i.e., changes from T2 to T3), compared to the control condition (i.e., changes from T1 to T2). Moreover, children's adjustment at school and homeroom class increased in the intervention condition, compared to the control condition. However, implicit affect was unchanged.

Conclusion This study suggests that the program is effective for enhancing self-confidence, along with adjustments at school and in class. Future research that examines the sustainability of the effectiveness of the program is planned.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Psychoneuroimmunology

EV953

Adverse childhood experiences and the risk of allergic diseases: Prospective analyses on a nationwide representative sample



N. Andersson^{1,*}, M. Hansen², V. Schlänsen³, K.S. Hougaard³

¹ Statens Serum institut, department of epidemiology research, Copenhagen, Denmark

² University of Copenhagen, faculty of medicine, Copenhagen, Denmark

³ The National research centre for the working environment, department of public health, Copenhagen, Denmark

* Corresponding author.

Introduction The prevalence and impact of allergic diseases continues to grow, yet the etiology remains unclear. Adverse childhood experiences (ACEs) have shown to influence the risk of various chronic diseases, but little research has been done on the risk of allergic diseases, and only on asthma.

Objective To conduct a prospective study that assess the relationship between ACE and risk of various allergic diseases.

Aims To examine the association between ACE and risk of allergic diseases in the context of: (1) relevant ACE and allergic disorder grouping; (2) temporal association; (3) dose-response relationship.

Methods A prospective population-based study linking Danish register data on 1.1 mio parent-child pairs. With objectives, measures of ACE and allergic diseases survival analyses with relevant covariates adjusting will be used to estimate relative risk of allergic diseases when exposed to ACE.

Results This study will provide results on the relative risk of allergic diseases when exposed to ACE compared to those without, while also describing the temporal and dose-reponse of the relationship.

Conclusion This preliminary study will help to further advance our understanding on ACE influence on physical health, specifically in regards to immune-related disorders. As such, this study may help to build a framework for future prevention and treatment initiatives of allergic disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV954

Isolated psychiatric presentation of anti N-methyl-D-aspartate receptor encephalitis: A case report

P. Azevedo^{1,*}, F. Monteiro¹, A.P. Correia², A. Norton¹, A.M. Moreira¹

¹ Magalhães Lemos hospital, inpatient unit C, Porto, Portugal

² Magalhães Lemos hospital, department of neurology, Porto, Portugal

* Corresponding author.

Introduction Anti N-Methyl-D-Aspartate receptor (NMDAR) encephalitis is an autoimmune disorder with a presentation that includes acute behavioral changes, psychosis, cognitive impairment and autonomic instability. In some cases, there are isolated psychiatric symptoms without neurological involvement.

Aims To raise awareness of the disorder among psychiatrists, considering it a differential diagnosis in a first psychotic episode since a prompt diagnosis and treatment can dramatically affect the outcome.

Objectives To summarize the latest literature about this field and to present a case report.

Methods A brief review of the latest literature was performed on PubMed using the keywords “anti N-methyl-D-aspartate receptor encephalitis”, “anti-NMDA encephalitis”, “psychiatric symptoms”.

Results A 20-year-old male was admitted to our inpatient unit with bizarre delusions of grandious and religious content, somatic hallucinations, sleep cycle inversion and strange behaviour. These symptoms had been present for 1 week and remitted after 10 days of treatment with risperidone. On follow-up, he developed anhedonia, apathy and blunt affect. Brain MRI showed multiple hyperintense changes in T2 and T2-FLAIR, highly suggestive of demyelinating lesions. The cerebrospinal fluid showed mild lymphocytic pleocytosis, mildly increased proteins, oligoclonal bands and anti-NMDAR antibodies of intrathecal production. He was treated with corticoids and the antipsychotic was discontinued. No neurologic symptoms were ever present.

Conclusion This is an atypical case of anti-NMDAR encephalitis because of its isolated psychiatric presentation. Most patients develop neurological symptoms 2 to 3 weeks after onset of psychiatric symptoms. Monosymptomatic syndromes arise in less than 5% of patients.



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EV955

A phenotype of resiliency? Cross-sectional psychobiological differences between caregivers who are vulnerable vs. resilient to depression, and controls

F.S. Bersani^{1,*}, O. Wolkowitz², E. Epel²

¹ Sapienza university of Rome, department of neurology and psychiatry, Roma, Italy

² University of California San Francisco, department of psychiatry, San Francisco, USA

* Corresponding author.

Introduction Being a caregiver of chronically ill children is a source of chronic-psychological stress affecting general physical and mental health. However, there is tremendous variance among caregivers: some may develop stress-related depression, whereas others are more “resilient”. The objective of the study was to phenotypically differentiate on psychobiology caregivers who developed depressive symptoms (“vulnerable”) vs. those who did not (“resilient”) from each other and from age-matched controls.

Methods Forty-five mothers of chronically-ill children and 18 controls have been examined. Caregivers were divided via a median split of Center for Epidemiological Studies Depression Scale scores in “resilient” (RCs) and “vulnerable” (VCs). We assessed cognitive, affective, metabolic, neuroendocrine and oxidative markers at rest and in response to a laboratory social stressor. ANCOVAs and Bonferroni post-hoc tests were used to examine between-group differences.

Results Although RCs compared to VCs had similar levels of objective parenting-related burden ($P=0.51$), they had lower subjective distress ($P<0.01$) and higher levels of positive affect ($P=0.04$). Although RCs compared to controls had higher levels of objective parenting-related burden ($P=0.04$), they had greater cortisol suppression post-dexamethasone ($P=0.05$), lower F2-isoprostanol/vitamin E ratio ($P<0.01$) and lower fasting insulin levels ($P=0.06$).

Discussion Our results suggest that caregivers with higher resiliency demonstrate more salutary stress-related functioning in comparison with less resilient caregivers and, more surprisingly, non-caregiver controls. These findings might be interpreted in the spirit of Nietzsche’s quote “What does not kill me, makes me stronger” and of the idea that successfully overcoming adversity may be more psychobiologically beneficial than not having been exposed to any adversity.

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EV956

Psychiatric symptoms as onset of anti-NMDAR encephalitis

M.C. Cancino Botello^{1,*}, A. Cercos López², V. Chavarria Romero³, G. Sugranyes Ernest⁴

¹ Consorcio hospital general universitario, psychiatry, Valencia, Spain

² Hospital universitario de Santa María, psychiatry, Lleida, Spain

³ Hospital del Mar, psychiatry, Barcelona, Spain

⁴ Hospital clinic, psychiatry, Barcelona, Spain

* Corresponding author.

Introduction Every more often, there is evidence that shows a relationship between psychiatric symptoms and autoimmune disorders. Such is the case of anti-NMDAR encephalitis, in which it



has been recently described the development of psychotic symptoms. Anti-NMDAR encephalitis is an autoimmune disorder that involves IgG autoantibodies against the NMDA receptor subunit GluN1. This last fact could support the relationship with the glutamatergic model of schizophrenia.

Objective To conduct a current review to deepen the detection and management of anti-NMDAR encephalitis, due to the frequent existence of psychiatric symptoms at onset, which have contributed to the difficulty of diagnose.

Method Systematic review of the literature in English (PubMed), with the following keywords: “Autoimmune encephalitis”, “psychosis”, and “NMDA receptor”.

Results Autoimmune encephalitis appears more frequently in children and young adults and it is characterized by a prodromal period, in which there usually are non-specific symptoms of headaches or fever. Next, it could progress to cognitive deficits, seizures, catatonic symptoms and psychosis. However, sometimes in the rarest clinical presentations, there is nothing but psychiatric symptoms at the onset of encephalitis, which leads to misdiagnose and lack of proper treatment. This fact has stimulated the curiosity of the psychiatry scientific community, since the anti-NMDAR encephalitis may mimic the glutamatergic model of schizophrenia.

Conclusions To make an accurate and detailed diagnostic formulation in people with psychiatric symptoms as onset of any disorder is essential to determine whether it is a primary psychiatric disorder or symptoms associated to another disease.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV957

New-onset psychosis in patient with untreated HIV



A.T. Carter (MD)*, A. Bulbena (MD), N. Dunn (MD), R. Gersh (MD), R.G. Swift (MD)

Metropolitan hospital center, psychiatry, New York City, USA

* Corresponding author.

Introduction An infection by the human immunodeficiency virus (HIV) causes damage to the central nervous system directly and indirectly which can result in different psychiatric syndromes associated with the onset and progression of the infection including cognitive impairment, dementia, depression, mania, obsessive-compulsive disorder, and psychosis. We present the case of a patient that came to the outpatient psychiatric clinic with acute psychotic symptoms in the context of HIV infection and antiretroviral treatment non-adherence. She reported new onset of disruptive auditory hallucinations and paranoid delusions; at that time, all her laboratories (including for infectious disease) were within normal limits except for decreased level of CD4+ T cells and high viral load. She denied any illicit substance use and her head CT was negative for any acute disease. Patient required a brief psychiatric hospitalization where she was started on low doses of risperidone and her symptoms resolved after her CD4+ T cells and the viral load values improved secondary to the antiretroviral treatment. A review of the literature shows that psychiatric symptoms are common in patients infected with HIV. Whether these complications are due to the direct or indirect effects of HIV careful diagnosis and treatment are necessary.

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EV958

Limbic encephalitis – notes for psychiatric clinical practice



F. Couto Gomes

Centro hospitalar psiquiátrico de Lisboa, psychiatry, Lisboa, Portugal

Introduction Limbic encephalitis is a neuropsychiatric syndrome with an autoimmune basis, treated with. Differential diagnosis with psychotic and mood disorders is thus essential for effective treatment and the best outcome possible.

Objectives To systematize up-to-date clinical procedures to identify possible limbic encephalitis cases and conduct proper evaluation and treatment of those cases.

Aims To improve differential diagnosis between limbic encephalitis and psychotic and mood disorders, in psychiatric clinical practice.

Methods Systematic review.

Results Limbic encephalitis presents sub-acutely with convulsions and mood, cognitive and perceptive alterations. EEG, neuroimaging, antibody testing and liquor analysis can be useful in diagnosis, and the later also in treatment response prediction. TPO, NMDA receptor, AMPA receptor, GABA-B receptor and K+ channel antibodies are etiological factors for this neuropsychiatric syndrome. Treatment consists of corticoids, immunoglobulin, plasmapheresis, rituximab, cyclophosphamide, azathioprine, mycophenolate, or the treatment of an underlying tumor.

Conclusion Proper diagnosis of limbic encephalitis may prevent disease progression and may improve outcome, according to its etiology.

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EV959

Psychoneuroimmunology alternations as a comorbidity of post-traumatic stress disorder in veterans – case report



F. Đerke^{1,*}, L. Filipovic-Grcic¹, M. Braš², V. Djordjevic²

¹ University of Zagreb school of medicine, student society for neuroscience, Zagreb, Croatia

² University of Zagreb school of medicine, centre for paliative medicine, medical ethics and communication skills, Zagreb, Croatia

* Corresponding author.

Post Traumatic Stress Disorder (PTSD) is defined as an extensive response to a major traumatic event. Psychoneuroimmunology represents an integrative approach in tackling and understanding various human diseases and disorders such as cardiovascular, autoimmune and physical complaints/chronic pain. Psychosocial context influences brain stress response pathways and modifies stress-related behavior. In this case report, we observed 5 patients, veterans from Croatian War of Independence (1990-1995), who suffer from PTSD. They have altered stress reactivity, as well as distinct expression for genes involved in immune activation. Those patients have been found to exhibit a number of immune changes including increased circulating inflammatory markers, increased reactivity to antigen skin tests, lower natural killer cell activity, and lower total T lymphocyte counts. The traumatic event (Croatian War of Independence) generates downstream alterations in immune function. This case report imply that immune dysfunction caused by PTSD may mediate or facilitate somatic conditions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV960

Possible anti-inflammatory role of perivascular macrophages in a model of depression induced by chronic mild stress in rats



A. Sayd^{1,*}, K. MacDowell¹, L. Monteagudo¹, D. Martin¹, J.L. Madrigal¹, J.C. Leza¹, J.R. Caso¹, L. Orío², B. Garcia-Bueno¹

¹ Complutense university, pharmacology, Madrid, Spain

² Complutense university, psychobiology, Madrid, Spain

* Corresponding author.

Perivascular macrophages (PVM) are hematopoietic cells that migrate to the brain perivascular space modulating the interactions between the immune and central nervous systems (CNS). Previously, their depletion with the icv administration of the proapoptotic drug clodronate encapsulated in liposomes increased the vascular production of the proinflammatory prostaglandin E₂ (PGE₂), the release of ACTH, corticosterone and fever, induced by the intravenous administration of Lipopolysaccharide (LPS). Further studies also demonstrated a decrease in the synthesis of the anti-inflammatory prostaglandin 15d-PGJ₂.

With this background, we decide to deeper explore the mechanisms involved in the anti-inflammatory profile of PVM by depleting them in a model of depression induced by chronic mild stress (CMS) exposure in rats.

Our results showed an increase of the proinflammatory cytokines TNF α , IL-1 and IL-6 at mRNA levels in the prefrontal cortex of the groups of animals where the PVM were depleted, as well as in the protein levels of the pro-inflammatory nuclear factor NF- κ B, the enzymatic pro-inflammatory enzymatic sources iNOS, COX-2 and m-PGES-1 and their product PGE₂. A concomitant decrease of the 15d-PGJ₂ mediator was also observed. In addition, we also checked whether the depletion of PVMs could regulate the expression of molecules implicated in the leukocyte traffic and infiltration in the CNS in our CMS model. Thus, the mRNA levels of the chemokines MCP-1, fractalkine and the adhesion molecule VCAM appeared increased in the animals without PVMs.

In summary, our results could suggest a potential anti-inflammatory role for PVMs in a depression model chronic stress-induced as CMS.

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EV961

Management and psychiatric manifestations of anti-NMDA receptor encephalitis, a case report



R. Gallego*, A. Flores

La Paz hospital, psychiatry, Madrid, Spain

* Corresponding author.

Introduction Anti-NMDA receptor (NMDAR) encephalitis, formally recognized in 2007 by Dalmau et al, is an autoimmune disorder with a complex presentation that includes psychiatric symptoms, memory deficits, and autonomic instability. The exact incidence is unknown but age, gender, and ethnicity may all play a role. Presence of antibodies against the GluN1 subunit of the NMDAR in the CSF and serum confirm the diagnosis of NMDAR encephalitis.

Case report We report the case of a previously healthy, 19-year-old woman, 6 weeks pregnant. She had a generalized tonic-clonic seizure followed by psychiatric symptoms, including insomnia, emotional lability, delusions, and disorganized behavior. During the course of the disease, she demonstrated speech impairments and catatonic features associated with abnormal movements. She was provided lorazepam 1 mg twice a day to treat her catatonic symptoms, her insomnia and her speech improved. Olanzapine was

introduced, reaching a dose of 20 mg/day for managing psychosis and agitation.

Discussion NMDA-R encephalitis is a novel disorder with prominent psychiatric manifestations that is widely underdiagnosed. Neuroleptics may be helpful for managing psychosis and agitation, but may exacerbate movement abnormalities. Benzodiazepines are helpful for agitation, insomnia and catatonia associated with this condition.

Conclusion Earlier recognition of this illness is crucial as prompt diagnosis and multidisciplinary treatment, can potentially improve prognosis. There is an increasing need for psychiatrists to become aware of the disorder and consider it in their differential diagnosis, specially in patients with new onset psychosis, history of encephalitis or subtle neurological symptoms. Careful selection of psychopharmacological interventions may reduce suffering.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV962

Psychiatric correlates in deficit of immunoglobulins



R. Hernandez Anton^{1,*}, S. Gomez Sanchez¹, G. Isidro Garcia¹, E. Rybak Koite¹, A. San Roman Uria², T. Ballesta Casanova¹, J.A. Blanco Garrote¹, C. Noval Canga¹, M. Hernandez Garcia¹, L. Rodriguez Andres¹, P. Gutierrez Garcia³, A. Alonso Sanchez¹

¹ HCUV, PSQ, Valladolid, Spain

² Complejo asistencial de Zamora, PSQ, Zamora, Spain

³ Hurh, MFYC, Valladolid, Spain

* Corresponding author.

Introduction Many neurological, oncological and autoimmune diseases may have psychiatric symptoms; these diseases sometimes start with these symptoms, so the diagnosis may be confused and the treatment is delayed.

Objective Review the relationship between the secondary immune deficiency and increased predisposition to infectious processes and the psychopathological conditions which manifest themselves in some cases in these situations.

Methods A 17-year-old male patient, who began psychiatry consultations when he was 3 years old due to psychomotor delay and behavior disorders. He was diagnosed with ADHD and mild mental retardation. Medical history: Viral encephalitis; Perthes disease; recurrent urinary tract infections; intestinal giardiasis; Alport syndrome. He's being treated with aripiprazole 5 mg (1/2-0-0).

The patient presents an episode of perplexity, psychotic anguish, auditory hallucinations and paranoid delusion. The patient presented an infectious process with general malaise, diarrhea and vomiting during previous days.

Results The patient was assessed by the Departments of internal medicine, neurology and psychiatry. A cerebral TAC, lumbar puncture, EEG and urine porphyrins were requested. The secondary immune deficiency makes the patient more vulnerable in an infectious process.

Discussion The diagnosis of psychotic disorder due to medical condition may be transient or recurrent. Treating of the medical condition often gets resolution of psychosis, although the symptoms can persist in some cases. There is often a prodromo of viral syndrome weeks before the rest of symptoms appear. The differential diagnosis should be made with primary psychotic disorders, affective disorders, confusional syndromes, impulse control disorder or sleep disorders, neuroleptic malignant syndrome, serotonin syndrome and substance-induced psychotic disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV963

Depression among HIV-infected patients—a reality that must not be forgotten



M. Marinho^{1,*}, M. Mota-Oliveira¹, M.J. Peixoto¹, J. Marques^{2,3}, M. Bragança^{1,3}

¹ São João hospital centre, clinic of psychiatry and mental health, Porto, Portugal

² Local healthcare unit of Matosinhos, clinic of psychiatry, Matosinhos, Portugal

³ Faculty of medicine of Porto university, department of clinical neurosciences and mental health, Porto, Portugal

* Corresponding author.

Introduction HIV-infection is a very stigmatized, chronic disease with increased rates of psychiatric disorders, being major depression the most common.

Objective To review the recent research related to depression in HIV-infected patients.

Methods Literature review based on PubMed/Medline, using the keywords “HIV” and “depression”.

Results HIV-infected patients have a chance 2–7 times higher of developing major depression, around the time of diagnosis or during the course of their illness. However, only fewer than 50% of the cases are recognized clinically. Several factors contribute to its under-recognition and under-treatment, such as the overlap between the neurovegetative symptoms of depression, the somatic symptoms of HIV disease, and the effects of comorbid diseases; the mistaken belief that depressive symptoms are expected in this group; the neuropsychiatric side effects associated with some antiretrovirals. Besides, major depression presents important diagnostic challenges due to biological, psychological, and social components associated with the infection. The authors will analyze the clinical presentation.

Depression has been associated with a negative impact on quality of life, poorer HAART adherence, faster HIV disease progression and increased mortality risk. Importantly, however, appropriate psychiatric intervention can do it over. In fact, studies suggest that patients receiving SSRI treatments for depression have rates of adherence and CD4⁺ T-cell counts similar to non-depressed patients receiving HAART.

Conclusions The high prevalence of major depression in HIV-positive individuals and its serious consequences if untreated, increase even further the importance of its effective identification and subsequent treatment in this group of patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV964

Anxiety among HIV-infected patients – when anxiety is a disorder and not simply a natural reaction to a life-threatening illness



M. Marinho^{1,*}, A. Amaral¹, E. Pereira¹, J. Marques^{2,3}, M. Bragança^{1,3}

¹ São João hospital centre, clinic of psychiatry and mental health, Porto, Portugal

² Local healthcare unit of Matosinhos, clinic of psychiatry, Matosinhos, Portugal

³ Faculty of medicine of Porto university, department of clinical neurosciences and mental health, Porto, Portugal

* Corresponding author.

Introduction HIV infection is a chronic disease characterized by a great deal of uncertainty and unpredictability, being anxiety disorders a frequent psychiatric problem.

Objective To provide an overview of anxiety in HIV-infected patients.

Methods Literature review based on PubMed/Medline, using the keywords “HIV” and “anxiety disorders”.

Results HIV-infected individuals can experience symptoms of anxiety across the spectrum of anxiety disorders. Adjustment disorder with anxious mood is the most common diagnosis, followed by generalized anxiety disorder and panic disorder. Some patients present with these disorders prior to notification, others develop them during the course of their illness, mainly at key moments. In HIV-infected patients, anxiety can be a manifestation of side effects of medication; a symptom of an illness associated with HIV disease; or, most commonly, the psychological response to the stressors of the illness. In fact, many issues are responsible for the anxiety experienced by people living with HIV. The authors will analyze them. Besides the distress of anxiety disorders, these lead to a decrease in adherence to antiretroviral treatments, resulting in adverse progression of HIV disease and increased risk of mortality. Importantly, however, appropriate psychiatric intervention can do it over.

Conclusions Careful diagnosis and treatment of anxiety disorders in the context of HIV disease is even important, given the serious effects if untreated. Thus, anxiety should never be seen simply as a natural reaction to a life-threatening illness.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV965

AIDS mania – is it a potential indicator to initiate HAART?



M. Marinho^{1,*}, J. Marques^{2,3}, M. Bragança^{1,3}

¹ São João hospital centre, clinic of psychiatry and mental health, Porto, Portugal

² Local healthcare unit of Matosinhos, clinic of psychiatry, Matosinhos, Portugal

³ Faculty of medicine of Porto university, department of clinical neurosciences and mental health, Porto, Portugal

* Corresponding author.

Introduction Mania occurs in higher rates among individuals with HIV/AIDS, especially with the progression of HIV infection, and constitutes an additional risk factor for facilitate the HIV spread.

Objective To provide an overview of secondary mania in HIV-infected patients.

Methods Literature review based on PubMed/Medline, using the keywords “HIV”, “AIDS” and “mania”.

Results Secondary mania or AIDS mania may be due to illicit or prescribed drugs, CNS infection with HIV, medical illness, including opportunistic infections. Of these, HIV neurotoxicity has been proposed to be the most important factor in its pathogenesis. Mania AIDS differs from primary mania with regard to clinical presentation, course, management and prognosis. The authors will analyze them. Besides decrease to treatment adherence, manic symptoms also predispose to HIV risk behaviors, which may lead to further HIV transmission. Importantly, the occurrence of HIV mania may announce the transition from HIV infection to AIDS perhaps before other clinical signs are evident. Early recognition and treatment of manic symptoms with mood stabilisers, antipsychotics and HAART improve quality of life, protect from further cognitive deterioration and decrease mortality. In these patients, medication side-effects toxicity, drug interactions, and adherence require special attention.

Conclusions Mania has been associated with HIV/AIDS and in many instances acts as a barrier to achieving best treatment outcomes. Thus, psychiatrists need to be aware of the complexities involved in the emergence of manic episodes in HIV-infected patients in order to deal with them in the most appropriate and effective manner.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV966

Modulation of the nuclear factor (erythroid 2-derived)-like 2 pathway by antidepressants in rats



D. Martín Hernández*, Á.G. Bris, K.S. MacDowell, A. Sayd, D. Azpiazu, M.T. Alba, G. Torres, B. García-Bueno, J.L.M. Madrigal, J.C. Leza, J.R. Caso
Complutense university of Madrid, school of medicine, CIBERSAM, pharmacology, Madrid, Spain

* Corresponding author.

Introduction Patients with major depression who are otherwise medically healthy have activated inflammatory pathways. It has been described that depression is not only escorted by inflammation but also by induction of multiple oxidative/nitrosative stress pathways. Nevertheless, there are finely regulated mechanisms involved in preserving cells from damage, such as the nuclear factor Nrf2.

Aims To explore in a depression-like model the Nrf2 pathway in the prefrontal cortex (PFC) and the hippocampus of rats and to analyze which classic antidepressants affect the antioxidant activity of the Nrf2 pathway.

Methods Male Wistar rats were exposed to chronic mild stress (CMS) and some of them were treated with desipramine, escitalopram or duloxetine. We studied the expression in the PFC and hippocampus of upstream and downstream elements of the Nrf2 pathway and the oxidative damage induced by the CMS.

Results After exposure to a CMS protocol, in the PFC, there is an inhibition of upstream and downstream elements of the Nrf2 pathway. Moreover, antidepressant treatments, particularly desipramine and duloxetine, are able to recover some of these elements and to reduce the oxidative damage induced by the depression model. In the hippocampus however, Nrf2 pathways are not that affected and antidepressants do not have many actions.

Conclusions Nrf2 pathway is differentially regulated by antidepressants in the PFC and hippocampus. The Nrf2 pathway is involved in the oxidative/nitrosative damage detected in the PFC after CMS exposure. However, it seems that Nrf2 is not very involved in the effects caused by the CMS in the hippocampus.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Psychopathology

EV967

Auditory hallucinations in a deaf patient? – A clinical report



M.A. Aleixo^{1,*}, C.A. Moreira², G. Sobreira¹, J. Oliveira³, L. Carvalhão Gil²

¹ Centro hospitalar psiquiátrico de Lisboa, Ward 1, first psychotic episode unit, Lisboa, Portugal

² Centro hospitalar psiquiátrico de Lisboa, Ward 6, schizophrenia and schizoaffective disorders unit, Lisboa, Portugal

³ Centro hospitalar psiquiátrico de Lisboa, Ward 2, neuropsychiatry and dementia unit, Lisboa, Portugal

* Corresponding author.

Introduction According to some studies, deaf psychiatric inpatients have prevalence rates of psychotic disorders ranging from 20 to 54%. There are descriptions of the paradoxical finding that prelingually deaf patients with psychosis may hear voices.

Objectives To present a case report and conduct a database review in order to understand if deaf patients with psychosis can have auditory hallucinations.

Aims The authors' aim is to describe a case, highlight the clinical and scientific relevance of auditory hallucinations in deaf patients and the difficulties and limitations of this process.

Methods A Pubmed database search using as keywords “auditory hallucinations”, “deaf” and “deafness” and retrieved papers were selected according to their relevance.

Results The authors report a case of a 47-year-old female patient apparently suffering from congenital deafness. The patient had no previous psychiatric history until 4 months prior to her admission at our institution, when she started having psychotic symptoms. The patient was admitted into a Neurology ward but because no neurological sign was found psychiatric liaison consultation was requested. Four months later, she had the same symptoms, describing a voice that said to “shut up” and was admitted to a psychiatric hospital. After medication, the symptoms relapsed and now she is followed in an outpatient setting.

The presence and nature of auditory hallucinations in deaf patients is not fully elucidated and there are methodological problems in the investigation of this subject.

Conclusions Current evidence is still inconclusive and the fact that prelingually deaf patient hear voices needs further research.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV968

“Yo Soy La Desintegración”: Helplessness and sublimation through Frida Kahlo's history



J. Becker
Coimbra, Portugal

Considering the relevance of studying the pathologies of emptiness for contemporaneous clinic, this work approaches the correlation between helplessness and sublimation concepts. Helplessness is considered a new theory, developed by David Maldavsky that uses the term *desvalimiento* to define a clinical condition described by the feeling of emptiness. To understand this concept, it is necessary to return to a primitive period, when the baby is beginning to qualify his affections. Thus, using historical construction, we start at Freud's works (focusing in the primitive period and the affections qualification), explore the “good-enough mother” importance, from Winnicott, and reaching the helplessness from the present-days Maldavsky's studies. The Frida Kahlo's history illustrates this work as much because of her toxic current as because of her talent to sublimate. The maternal failure, the toxic relationships, the trauma's imposition, the abuse of alcohol and drugs and the viscosity denounce her helplessness. Nevertheless, the art expresses her fight for life. The Frida Kahlo's works represent her suffering, but they also are her attempts to understand her feelings and to reframe her traumatic events. Therefore, we introduce the sublimation as an alternative to the helplessness. Although helplessness is the lack of the symbolic life, we present the art as an opportunity to confront experiences, which can allow the representation of the traumas and the qualification of affections. Through the sublimation, Frida Kahlo recreated her inner world and returned to life.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV969

Psychopathology and spiritual experiences: Criteria for differential assessment

I. Bone-Pina

Universidad Pontificia Comillas, Psychology, Madrid, Spain



Introduction There is a plurality of differing opinions defining borders between mental disorders and spiritual experiences. This research proposes criteria for clarifying those boundaries.

Objectives Summarize practical criteria for clinicians to assess psychopathological symptoms with spiritual content and to attain a differential diagnosis from healthy spiritual experiences.

Aims Merge different approaches from psychopathology, psychology of religion and religious studies to attain practical criteria.

Methods Literature review using a phenomenological and critical approach.

Results 1. Severe psychiatric symptoms with religious content: (1) are usually in the context of personal impoverishment; (2) appear odd in cultural environments and within a person's biography; (3) do not enhance action or, in the phenomenological tradition, (4) these symptoms come from a weakening of the "intentional arc". 2. A guiding map is suggested to evaluate spiritual expressions and their relationships with mild or moderate mental disorders and with mental health and personal growth. This map is developed by combining different traditions from the psychology of religion. 3. Psychiatric and psychological judgment of religious/spiritual experiences should be self-limited. There is a judgment about its content and about its validity or truth, which is only possible within the different spiritual traditions.

Conclusions Psychopathology establishes principles to discriminate some psychotic symptoms from healthy spiritual experiences. Psychology of religion offers some general rules to guide the psychological evaluation of spiritual beliefs and their influence on mental well-being and personal growth. This review opens fields for future research in relating psychopathology and the study of religious experience.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV970

"... I just wanted to report me, I went into the subway without paying 9 times..."

M. Canseco Navarro*, M.M. Machado Vera, A. Peña Serrano, S. Alonso Gutiérrez, F. Molina López, H.S. Juan Miguel, M. Cancino Botello

Consorcio Hospital General Universitario, Conselleria de Sanitat, Valencia, Spain

* Corresponding author.



A clinical case is presented. The reason for admission was for behavioral disturbances and agitation psicomotriz episode in the street: she had gone to a library to "denounce" the police for entering the subway without paying several times. The patient was very distraught because she was heavily guarded (someone had tapped her phone, entered her house, changed objects place, she was chased down the street. . .). In the psychopathological examination revealed the sphere of language, her speech was fluid, with pressured speech, full of details, with loss of thread and highlighted the presence of neologisms and grammatical errors (changes of subject and predicate. . .) and changes some letters by others in the same word. She often used sayings incorrectly and, when you are exploring about this fact, objectively presenting alteration in abstract thinking. In addition, it presents self-references on television. The diagnostic impression was chronic psychotic process of years of evolution. In this case, it was decided to administer intramuscular

antipsychotic treatment because she was not aware of the disease but presenting good tolerability profile because, otherwise, leave the track and also a good social functioning was sought. Currently, she continues in mental health, she has not reported new crisis and a progressive scan objective improvement in the organization of thought and speech, leaving the psychotic symptoms.

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EV971

Emotion dysregulation: A review of the concept and implications for clinical practice

A. D'Agostino^{1,*}, S. Covanti¹, M. Rossi Monti¹, V. Starcevic²¹ University of Urbino, Department of Human Sciences, Urbino, Italy² University of Sydney, Discipline of Psychiatry–Sydney Medical School, Sydney, Australia

* Corresponding author.



Introduction Over the past decade, emotion dysregulation has become a very popular term in the psychiatric and clinical psychology literature and it has been described as a key component in a range of mental disorders. For this reason, it has been recently called the "hallmark of psychopathology" (Beauchaine et al., 2007). However, many issues make this concept controversial.

Objectives To explore emotion dysregulation, focusing on problems related to its definition, meanings and role in many psychiatric disorders.

Aims To clarify the psychopathological core of emotion dysregulation and to discuss potential implications for clinical practice.

Methods A literature review was carried out by examining articles published in English between January 2003 and June 2015. A search of the databases PubMed, PsycINFO, Science Direct, Medline, EMBASE and Google Scholar was performed to identify the relevant papers.

Results Although, there is no agreement about the definition of emotion dysregulation, the following five overlapping, not mutually exclusive dimensions were identified: decreased emotional awareness, inadequate emotional reactivity, intense experience and expression of emotions, emotional rigidity and cognitive reappraisal difficulty. These dimensions characterise a number of psychiatric disorders in different proportions, with borderline personality disorder and eating disorders seemingly more affected than other conditions.

Conclusions This review highlights a discrepancy between the widespread clinical use of emotion dysregulation and inadequate conceptual status of this construct. Better understanding of the various dimensions of emotion dysregulation has implications for treatment. Future research needs to address emotion dysregulation in all its multifaceted complexity.

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EV972

Ice bucket at first. . . and then? – Psychopathology in amyotrophic lateral sclerosis patients and their caregivers, a review

A.R. Figueiredo^{1,*}, V. Espírito Santo², R. Almendra², A. Costa²¹ Centro Hospitalar Trás-os-Montes e Alto Douro, Psychiatry and Mental Health Department, Vila Real, Portugal² Centro Hospitalar Trás-os-Montes e Alto Douro, Neurology Department, Vila Real, Portugal

* Corresponding author.



Introduction Amyotrophic lateral sclerosis (ALS) is a progressive and fatal neurodegenerative disorder that affects motor neurons in the cerebral cortex, brainstem and spinal cord. The progressive loss of motor function creates profound changes on patient's lives and their caregivers.

Objective Assessment of eventual existence of psychopathology in ALS patients and their caregivers.

Methods Literature review using the terms: ALS, Amyotrophic Lateral Sclerosis, psychopathology, psychiatric disorder; depression; anxiety, caregivers.

Results Moderate depressive or anxious symptoms are often observed. The results are not consistent, some studies showing that major depression is less common than in general population, others that is mildly increased. Some studies show that depressive symptoms are related to poorer QoL and with faster disease progression, others suggests no correlations. Coping strategies, cognitive appraisal and social support are important factors to psychological adaptation to ALS. After the diagnosis, high levels of anxiety can be observed. Psychopathological features are observed at this time, and generally depression does not increase as death approaches. Beyond loss of physical functions, it seems that patients' neurobehavioral symptoms, such as aggressiveness, disinhibition and impulsivity, cognitive impairment, and also lack of social support have a negative effect on caregivers' mental health. Concordance between patient and caregiver distress was found.

Conclusions It is important to assess potential psychological distress in ALS patients and their caregivers, given that cope with disease can affect its course. Caregivers' needs should be addressed, to benefit their well-being and consequently patients' QoL. There are few studies about psychopharmacotherapy and/or psychotherapy in these patients.

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EV973

Paraphrenia: Evolution of the concept

C. Freitas^{1,*}, A.R. Figueiredo², T. Abreu¹, S. Queirós¹

¹ Centro Hospitalar do Tâmega e Sousa, Departamento de Psiquiatria e Saude Mental, Penafiel, Portugal

² Centro Hospitalar de Trás-os-Montes e Alto Douro, Departamento de Psiquiatria e Saúde Mental, Vila Real, Portugal

* Corresponding author.

Paraphrenia was identified as a psychopathological entity characterized by chronic delirium, described next to schizophrenia, but with rich and fanciful elaborations, without social and cognitive impairment associated. Despite having been extensively described, paraphrenia fell into disuse. With this work, the authors intend to carry out a literature review on the concept of paraphrenia, since its first report to the extinction from the current practice of psychiatry. The term paraphrenia (para "near" phrenia "pathological mental state") was first noted by Kahlbaum in 1863, who identified dementia and subdivided it into three types: "neofrenia", "paraphrenia hebética" and "senilis paraphrenia"). Magnan and Manager suggested the concept of "chronic hallucinatory psychosis" in 1963, while Kraepelin started jobs with similar characteristics, defining the concept of paraphrenia. Kraepelin distinguished dementia praecox from the later onset dementia, despite considering them closer to one another than any of them to paranoia. Paraphrenia would be characterized by less formal disturbances of thought and greater preservation of affection. In 1911, with "schizophrenia" expression, Bleuler broke with Kraepelin concept, as Mayer, who reviewed Kraepelin patients, concluding that more than half had progressed to a diagnosis of schizophrenia. At this time, paraphrenia was virtually abolished from the practice of psychiatry. Despite the observations made over the years, the concept of paraphrenia have revealed that the description proposal does not correspond

to an isolated and distinct psychiatric condition, several times, in clinical practice we have encountered with patients presenting diagnostic criteria for schizophrenia but with the evolution of the disease showing no significant deterioration in several areas.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV974

Folie à deux: Shared or "infected" madness? About a case report

M.Á. Soriano^{1,*}, C. Garcia²

¹ University Hospital, Mental Health service, Málaga, Spain

² Valle del Guadalhorce Mental Health Center, University Hospital, Málaga, Spain

* Corresponding author.

The shared madness or *Folie à deux* was described in France in the nineteenth century by Charles Lasage and Pierre Falret, as a condition where a person (the primary) builds a delusional system, sharing it with another (the secondary), who must be very close to the first affected, becoming delirious with the same subject. Several theories attempt to explain the phenomenon that challenges theories of personality structures, rooted in relational and/or environmental features of psychosis. Theoretically, there are many attempts to classify this psychotic experience: in some manuals they distinguish various types of partners: the simultaneous psychosis, where the two people start to become delirious at once; imposed psychosis, in which the disorder arises first with one, then going on to "healthy" individual and symptomatology disappears after being separated; and communicated psychosis, where the first transmitted the psychotic experience to the second, and he or she develops his or her own delusion not interrupted even while separated. Other classifications about shared madness not only between two people, but three, and four, even a whole family show us how complicated the delirium systems can become. In our paper, we will discuss the different theories explaining this rare psychiatric condition based on a case about two brothers of 35 and 37, who live together with the rest of the family, and also come together to the same mental health center, although with different psychiatrists.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV975

Which type of management is most suited for patients with a diagnosis of false self personality (FSP) within a psychodynamically-oriented institutional day hospital? A study

G. Giorgio*, F. Marmo

Fondazione Villa Camaldoli, Psychodynamic Day Hospital Integrated Psychodynamic Psychiatric Department, Naples, Italy

* Corresponding author.

Introduction Our work team have already found that our Institutional Psychiatric Open Light Treatment (IPOLT) model allows the patient affected by severe mental illness (SMI) to more easily express her/his personal coping skills rather than behaving passively thanks to the "real free spaces" separating a structured intervention from another. Our work consisted in evaluating how patients with FSP respond to IPOLT.

Objectives This paper describes observations of psychotic patients operating from the position of FSP in order to evaluate how they respond to IPOLT compared with other patients according to three standards (day hospital attendance, psychotic episodes and hospital admissions).

Aims Identify the core factors for management of patients with FSP in the context of IPOLT.

Methods We isolated a sample including patients affected by severe mental illness (SMI); within this sample, we selected a small group of patients with FSP. During the last three years, we have been evaluating patients with FSP in terms of day hospital attendance, number of psychotic episodes and number of hospital admissions compared with data obtained from other patients with SMI without diagnosis of FSP.

Results The two data sets revealed no statistically significant differences in terms of the three standards.

Conclusions Our preliminary study showed a good effect for IPOLT treatment on patients with SMI. We expected that patients affected by SMI with FSP would have a different response to IPOLT, but it was not. We do not know whether such results depend on a too small sample of patients or inappropriate descriptors.

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EV976

Hypertensive patients and minor psychopathology profile



M. Henry^{1,*}, A.A. Henry-Gonzalez², A. Morera-Fumero³, L. Huerga-García⁴, A.A. Perez-Morell⁵

¹ University of La Laguna, Department of Internal Medicine-Dermatology and Psychiatry, Santa Cruz de Tenerife, Spain

² Gerencia de Atención Primaria, Health Care Department, Santa Cruz de Tenerife, Spain

³ University of La Laguna, Department of Internal Medicine-Dermatology and Psychiatry, Santa Cruz de Tenerife, Spain

⁴ University of La Laguna, Medical School, Health Sciences Campus, Santa Cruz de Tenerife, Spain

⁵ University of La Laguna, Medical School-Health Sciences Campus, Santa Cruz de Tenerife, Spain

* Corresponding author.

Introduction Nowadays, observation reinforces earlier research suggesting that psychological factors may be one of the many contributory factors to the initiation of the disease. Initial blood pressure increases may impact cognitive and/or affective function. There is some evidence for an impact of blood pressure on the perception and experience of affect. On the other hand, essential hypertension so far is often symptomless, so screening is vital before damage is done.

Objectives and aim This study aims at studying minor psychopathology profile in a sample of hypertensive outpatients in a primary health care facility setting.

Methods The psychopathology profile pattern in a sample of 46 hypertensive patients in a primary healthcare setting, mean age: 48.16 (SD: 9.32), 18 males/30 females, is studied. Derogatis SCL-90-R Self-Report Questionnaire was used. The Statistical Package for Social Science was applied.

Results The psychopathology profile in the overall sample is marked by a main score in the dimensions of Anxiety (1.88), Depression (1.72) and Interpersonal Sensitivity (1.62), and lower scores recorded in Obsession-Compulsion (1.42) and Hostility (1.38). These scores mainly portrait the minor psychopathology pattern in our hypertensive patients. A significant relationship between the Global Severity Index (GSI) and hypertension recorded figures was observed as well ($r = .886$).

Discussion and conclusions Anxiety and affective symptoms are highlighted in our sample as the main psychopathology complaints alongside with other studies. Management implications of the outlined psychopathology profile should be considered in understanding and treating hypertensive patients regarding their lifestyle and therapeutic assessments.

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EV977

Late onset psychosis. Review



J.M. Hernández Sánchez^{1,*}, M.Á. Canseco Navarro², M. Machado Vera², C. Garay Bravo², D. Peña Serrano³

¹ Valencia, Spain

² Hospital General de Valencia, Psychiatry, Valencia, Spain

³ Hospital General de Valencia, Psychiatry, Valencia, Spain

* Corresponding author.

Introduction Several risk factors make older adults more prone to psychosis. The persistent growth in the elderly population makes important the necessity of accurate diagnosis of psychosis, since this population has special features especially regarding to the pharmacotherapy and side effects.

Objectives To review the medical literature related to late-life psychosis.

Methods Medline search and ulterior review of the related literature.

Results Reinhard et al. [1] highlight the fact that up to 60% of patients with late onset psychosis have a secondary psychosis, including: metabolic (electrolyte abnormalities, vitamins deficiency...); infections (meningitides, encephalites...); neurological (dementia, epilepsy...); endocrine (hypoglycemia...); and intoxication. Colijn et al. [2] describe the epidemiological and clinical features of the following disorders: schizophrenia (0.3% lifetime prevalence > 65 years); delusional disorder (0.18% lifetime prevalence); psychotic depression (0.35% lifetime prevalence); schizoaffective disorder (0.32% lifetime prevalence); Alzheimer disease (41.1% prevalence of psychotic symptoms); Parkinson's disease (43% prevalence of psychotic symptoms); Parkinson's disease dementia (89% prevalence of visual hallucinations); Lewy body dementia (up to 78% prevalence of hallucinations) and vascular dementia (variable estimates of psychotic symptoms). Recommendations for treatment include risperidone, olanzapine, quetiapine, aripiprazole, clozapine, donepezil and rivastigmine.

Conclusions Differential diagnosis is tremendously important in elderly people, as late-life psychosis can be a manifestation of organic disturbances. Mental disorders such as schizophrenia or psychotic depression may have different manifestations in comparison with early onset psychosis.

Keywords "Psychosis"; "Elderly"; "Late onset schizophrenia"

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV978

Late onset schizophrenia. A case report



J.M. Hernández Sánchez^{1,*}, M.C. Cancino Botello², M.F. Molina Lopez², M. Muñoz Carril³, S. Arnés González³, J.A. Monzó⁴

¹ Valencia, Spain

² Hospital General de Valencia, Psychiatry, Valencia, Spain

³ Hospital General de Valencia, Emergency Medicine, Valencia, Spain

⁴ Hospital General de Valencia, Internal Medicine, Valencia, Spain

* Corresponding author.

Introduction The presence of elderly people is more and more common in developed countries. Unlike other medical conditions,

late onset psychosis includes organic and mental precipitants in its differential diagnosis.

Objectives To present a case of late onset schizophrenia.

Methods Medline search and review of the clinical history and the related literature.

Results We present the case of a 71-year-old woman with organic medical history of rectum adenocarcinoma in 2008 that underwent radiotherapy, chemotherapy and surgical resection with successful results. According to the psychiatric history, this patient has needed two admissions to the psychiatry ward, the first of them in 2012, (when the delusional symptoms started), due to deregulated behaviour in relation to persecutory delusions and auditory pseudo-hallucinations. In 2012, she was diagnosed with late onset schizophrenia. Blood tests (hemogramme, biochemistry) and brain image were normal. Despite treatment with oral amisulpride and oral paliperidone and due to low compliance, delusional symptoms have remained. We started treatment with long-acting injectable papiiperidone 75 mg/28 days having reached clinical stability.

Conclusions Late onset psychosis is due to a wide range of clinical conditions. In this case, our patient had no organic precipitants. The evolution and presentation of delusional symptoms in this patient made us think of late onset schizophrenia as main diagnosis.

Keywords “Schizophrenia” ; “Psychosis” ; “Late onset schizophrenia”

Disclosure of interest The authors have not supplied their declaration of competing interest.

Further reading

Colijn MA et al. Psychosis in later life: a review and update. *Harv Rev Psychiatry* 2015;23(5):354-67.

Reinhard MM. Late-life psychosis: diagnosis and treatment. *Curr Psychiatry Rep* 2015;17(2):1.

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EV979

Major depressive disorder with psychotic symptoms in elderly. A case report



J.M. Hernández Sánchez^{1,*}, M.C. Cancino Botello², M.F. Molina Lopez², M.Á. Canseco Navarro², S. Arnés González³, M. Muñoz Carril³, J.A. Monzó⁴

¹ Valencia, Spain

² Hospital General de Valencia, Psychiatry, Valencia, Spain

³ Hospital General de Valencia, Emergency Medicine, Valencia, Spain

⁴ Hospital General de Valencia, Internal Medicine, Valencia, Spain

* Corresponding author.

Introduction The proportion of elderly people and affective syndromes are more and more common in developed countries. Elderly people have physiological conditions that may limit our intervention.

Objectives To present a case of a major depressive disorder with psychotic symptoms in a 72-year-old woman.

Methods Medline search and review of the clinical history and the related literature.

Results We present the case of a 72-year-old woman with psychiatric history of a major depressive disorder 14 years ago with ad integrum restitution after pharmacological treatment. In 2015, our patient was admitted to the psychiatry ward due to major depressive symptomatology (apathy, anhedonia, global insomnia, weight loss) that associated mood-congruent delusions (nihilistic, ruin, guilt, catastrophic) with deregulated behaviour. The patient was resistant to combined pharmacological treatment with aripiprazole, desvenlafaxine, mirtazapine and lorazepam, therefore, we decided to administer ECT, with successful results after 5 sessions. Brain tomography, blood and urine tests were normal. Clinical signs of dementia were not present.

Conclusions Inpatients with deregulated behaviour; it is important to rule out organic causes, especially in elderly, in whom

dementia, brain tumors or metabolic disturbances may simulate psychiatric syndromes.

Keywords “Major depressive disorder” ; “Psychosis” ; “Late onset psychosis”

Disclosure of interest The authors have not supplied their declaration of competing interest.

Further readings

Colijn MA et al. Psychosis in later life: a review and update. *Harv Rev Psychiatry* 2015;23(5):354-67.

Reinhard MM. Late-life psychosis: diagnosis and treatment. *Curr Psychiatry Rep* 2015;17(2):1.

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EV980

The interpretation of anhedonia in a structure of affective disorders and schizophrenia



P. Kananovich

Mental Health Research Center of the Russian Academy of Medical Sciences, Department of endogenous mental disorders and affective states, Moscow, Russia

Objective To identify clinical and psychopathological features of anhedonia in the framework of affective disorders or schizophrenia, as well as patterns of a process, development of the criteria of differential diagnosis and prognosis.

Material and methods Using psychopathological method, we examined 37 patients (average age was 27.6 + 1.2 years).

Results It was studied that anhedonia appears to be a non-specific symptom, but with differences in terms of its dynamics and characteristics, which are realized in differences regarding to prognostic significance of the phenomenon. We selected 3 main types of anhedonia: an anhedonia in the framework of depression in affective disorders (1), in the framework of depression at the prodromal stages of schizophrenia with preservation and further intensification its particular components (2), an anhedonia without associated mood disorders (or their minor expression) in the framework of schizophrenia, registered at initial stage and persisted in the future (3). In affective pathology, anhedonia was observed in a structure of a manifest depressive state with its further reduction in remission. In schizophrenia, anhedonia appeared at prodromal stages as a structural part of depression or without associated mood disorders, with a following persisting retention of its components at the later non-manifestation states, suggesting reflection affinity of anhedonia to schizophrenia. Anhedonia without concomitant mood disorders in schizophrenia correlated with a poorer outcome and more severe psychotic symptoms.

Conclusions The presented differences in a structure of anhedonia allow to speak about its correlation with a risk of manifestation of endogenic psychosis, the course of illness and its prognosis.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV981

Obsessive versus delusional jealousy: Destruction in a form of creation – A review



R. Almeida Leite*, E. Conde, T. Queirós Santos, M. Almeida, T. Azevedo Santos, A. Mesquita Figueiredo

Baixo Vouga Hospital Centre, Psychiatry and Mental Health Department, Aveiro, Portugal

* Corresponding author.

Introduction Jealousy is a complex emotional state and some degree is considered normal in mature love, but when does it become destructive in a relationship? There's a thin line between

what is normal and what is pathologic. Pathological jealousy differs from normal by its intensity and irrationality. Obsessive and delusional jealousies are different types of pathological jealousy, difficult to distinguish, which is important, since they have different treatment. Despite the differences, both result in significant distress and carry the risk of homicide/suicide, so it's a matter deserving the psychiatrists' attention.

Objective Explore the psychopathological differences between obsessive and delusional jealousy and list the characteristics and difficulties in the approach to pathological jealousy.

Methods The results were obtained searching literature included on the PubMed and Google Scholar platforms.

Results Delusional jealousy is characterized by strong and false beliefs that the partner is unfaithful. Individuals with obsessive jealousy suffer from unpleasant and irrational jealous ruminations that the partner could be unfaithful, accompanied by compulsive checking of partners' behavior. This jealousy resembles obsessive-compulsive phenomenology and should be treated with SSRIs and cognitive-behavioral therapy. Delusional jealousy is a psychotic disorder and should be treated with antipsychotics.

Conclusion The common issue in pathological jealousy is the problem of adherence to treatment and bad prognosis. In order to achieve better treatment outcomes, we should follow-up the patient regularly. One key factor is to explore the psychopathology and motivate the sufferer for the proper pharmacological and psychotherapeutic interventions, trying to reduce the suffering caused by ideas of unfaithfulness.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV982

Differential diagnosis between schizophrenia and in major depression: The importance of abnormal bodily phenomena

M. Mancini^{1,*}, G. Stanghellini²

¹ University "G. D'Annunzio", Department of Psychological – Humanistic and Territorial Sciences, Chieti, Italy

² University "G. d' Annunzio", Department of Psychological – Humanistic and Territorial Sciences, Chieti, Italy

* Corresponding author.

Introduction Anomalies of bodily experience have for long been described as relevant features of schizophrenia and major depression, yet such experiences are usually neglected in clinical examination. Bodily experience is the implicit background of our experiences against which we develop a coherent sense of self as a unified, bounded entity, naturally immersed in a social world of meaningful others. Such tacit experiential background is often perturbed in schizophrenia and major depression. Empirical research shows that patients with schizophrenia and major depression frequently present many different kinds of anomalies of bodily experience in the course of their illness.

Objective To characterize the abnormal bodily phenomena in both schizophrenia and major depression.

Aim To improve differential diagnosis based on the identification of typical features of abnormal bodily experiences in persons affected by schizophrenia and major depression and to provide supplementary diagnostic criteria.

Method Analysis of empirical and theoretical research published in the last 25 years.

Result Ongoing bodily feelings of disintegration/violation and nothingness/mechanization (e.g. one's body experienced as a object-like mechanism) are the most typical experiences in people with schizophrenia whereas major depressives are not able to detach themselves from the experience of bodily failure or chrematization (from chrema = corpse, i.e., feeling like a corpse) and

therefore, feel worthless, guilty, or decaying. They feel chrematized in their very self.

Conclusion These experiences might be considered as specific and they can contribute to differential diagnosis of somatic complaints in schizophrenia and in major depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV983

Psychosis in a blindness patient: A case report

M. Marinho*, C. Moreira, F. Catarina

Centro Hospitalar Psiquiátrico de Lisboa, Lisbon, Portugal

* Corresponding author.

Introduction Using a clinical case as illustration, the present work engages the different psychopathologic alterations that blindness patients could present.

Methods The presentation and discussion of a clinical case of psychosis in a blind patient are addressed. The scientific documentation used as support was obtained from PubMed/Medline search engines using as keywords blindness and psychosis.

Results A 43-years-old male patient, with a medical history of arterial hypertension, heroine dependence (presently with methadone schema) and bilateral blindness caused by a bilateral retinal detachment 20 years ago, was admitted in the psychiatric ward. The patient's historical record includes a previous personality with paranoid characteristics, as well as a hospitalization due to persecutory and auto-reference ideas and kinaesthetic hallucinations with 1 month of evolution, coincident with address changes. Lab tests revealed the following results: haemoglobin 13.8; Leucocytosis 13,400; CRP: 6.2; ALT > AST. Positive results were obtained in the drug tests for cannabinoids, as well as for the anti-HCV antibody (IgG). Finally, the patient was medicated with an antipsychotic and humour stabilizer, achieving a significant improvement after 10 days of hospitalization.

Conclusions Although studies reveal that mental and behavioural disorders, especially those with symptoms of psychosis and mental retardation, are common among people with congenital blindness, more knowledge of the prevalence and aetiology of mental and behavioural disorders among people suffering from blindness is needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV984

Cycloid psychosis: A case report

G. Martinez-Ales*, I. Louzao, A. Irimia, M.F. Bravo,

J. Marin

Hospital Universitario La Paz, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction Episodes of time-limited acute psychosis, with full recovery in between, are categorized as acute polymorphic psychotic or brief psychotic disorders. Leonhard described the three forms of cycloid psychosis (CP). Perry considers it a separate entity.

Case report We report the case of a 54-year-old male, with a 9-year history of brief psychotic disorders. He was admitted to an inpatient unit after a 4-day episode of persecutory delusion, leading to high emotional repercussions and isolation at home. Euthymia was present. Previous admissions, 9 and 5 years before, presented similar clinical pictures. Treatment with low dose paliperidone during 6-month periods had led to the complete resolution of the episodes (restitutio ad integrum: no psychotic manifestations and the ability to run his business). In this episode, 8 days after the reintroduction of 12 mg of paliperidone per day, cessation of the



symptoms took place. Careful reconstruction of the clinical history showed no stressors or drug consumption. And immediately previous 5-day phase of insomnia, hyperactivity and expenditure was described by the patient's wife.

Discussion Three inpatient admissions, a careful clinical history and a thorough review of the evidence regarding Perris criteria led to a diagnosis of CP.

Conclusion CP, a classical nosological approach, is helpful in a clinical setting, as it might imply different prognosis and treatment. Recognition of CP, not included as an entity by the major diagnostic systems, requires a high index of suspicion.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV985

Cryptococcal meningitis in acute onset psychosis: A case-study

P. Michielsens^{1,*}, M. Arts²

¹ Mental Health Western Northern Brabant, Halsteren, Netherlands

² University Medical Center Groningen, Old Age Psychiatry, Groningen, Netherlands

* Corresponding author.



Introduction Cryptococcal meningitis is a frequently observed opportunistic infection in patients with late-stage HIV-infection, especially among people living in South-East Asia and Central Africa. The worldwide incidence is estimated at one million cases. The worldwide mortality of HIV-associated cryptococcal meningitis remains high (10–30%), due to the inadequacy of antifungal treatments and complications of increased intracranial pressure. Clinical symptoms of cryptococcal meningitis are fever, headache, vomiting, and altered mental status. Neck stiffness, papilledema, and focal neurological symptoms are sometimes present.

Objectives We describe the case of a patient who first developed a delirium, and a few months later an acute-onset psychosis, after a past cryptococcal infection.

Aims To report a case-study describing acute-onset psychosis as a neuropsychiatric consequence of HIV-infection.

Methods A case-study is presented and discussed, followed by a literature review.

Results A 49-year-old African-born male was admitted to hospital with an acute psychosis. He had been treated by an internist after being found to have HIV. As a result of non-compliance over a period of about four months, his cd4-count had dropped to 40. Six months earlier he had developed cryptococcal meningitis, which left him a number of neurological and psychiatric symptoms. During his stay in hospital, there had to be good collaboration with the specialist in internal medicine whose dual task was to manage the patient's dramatically low cd4-count as well as his psychosis.

Conclusion Cryptococcal meningitis is a risk factor for psychiatric disorders and mortality in HIV-infected persons.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV986

“Bouffée délirante” induced by meditation

R.A. Baena Mures^{1,*}, L. Niell Galmes², Y. Lázaro Pascual², M.D. Saiz Gonzalez²

¹ Hospital Clinico San Carlos, Psychiatry, Madrid, Spain

² Hospital Clinico San Carlos, Psychiatry, Madrid, Spain

* Corresponding author.



Introduction Meditation is frequently applied in Western as well as non-Western countries for different purposes; we know little about adverse events. The symptomatology of a meditation-related

psychosis appears to show similarities with that we call “bouffée délirante”.

Methods A female patient is described who developed an acute and transient psychosis with polymorphic symptomatology after meditating (Bikram-yoga). We made a literature search for psychotic states related to meditation.

Results There are some case reports of psychosis disorder induced by meditation. Some cultural syndromes like Qi-gong appear on DSM-IV as psychotic reaction. In this case, the syndrome is not culture bound.

Conclusions Meditation can act as a stressor in vulnerable patients who may develop a transient psychosis with polymorphic symptomatology (confusion, panxiety, mood swings and mood dystonic psychotic symptoms) with a short duration.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV987

Erotomania – A review of De Clérambault's syndrome

C. Oliveira*, S. Alves, C. Ferreira, C. Agostinho, M.J. Avelino
Centro Hospitalar Psiquiátrico de Lisboa, SETA, Lisbon, Portugal

* Corresponding author.



Introduction Erotomania (also known as De Clerambault's syndrome) is usually described as a rare delusional syndrome characteristically involving an individual who believes that another person, typically of higher social, economic or political status, is in love with the individual. De Clerambault's syndrome remains a ubiquitous nosological psychiatric entity with uncertain prognosis that remains recognised as a subtype of delusional disorder in DSM 5.

Objectives and aims To review the history of Erotomania as a nosological psychiatric entity, its clinical characteristics and course. Also to report some selected clinical cases.

Methods The authors have conducted an online search on PubMed with MeSH words “erotomania”, “erotomaniac delusion” and “Clérambault” and systematically reviewed some case reports.

Results Erotomania is a relatively uncommon and misunderstood disorder characterised by the presence of a persistent erotic delusion. The individual (usually described as a woman) has had little or no contact with the other person who is perceived as watching over, protecting or following the individual. Despite various authors have described and named this syndrome, it was Clérambault who first classed the symptoms into the disorder he referred to as “psychose Passionelli” (1942). There are numerous theories as to the aetiology of this illness that is not uniquely associated with any specific disorder. We reviewed some clinical cases.

Conclusions Erotomania is a relatively uncommon psychiatric disorder. An increased awareness and understanding of this illness will assist in the recognition of patients affected, opening doors for future progress on its aetiology and, therefore, the development of new treatment options.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV988

ADHD-associated risk-taking: The role of benefit and risk perceptions

Y. Pollak^{1,*}, H. Aloni², R. Shoham^{2,3}

¹ Hebrew University, School of Education, Jerusalem, Israel

² Hebrew University, Psychology, Jerusalem, Israel

³ Talpiot College, Special Education, Holon, Israel

* Corresponding author.



Attention deficit and hyperactivity disorder (ADHD) is associated with increased engagement in risk-taking behaviors. The present study aimed to further our knowledge regarding the extent and the reasons for the association between ADHD symptoms and risk-taking, using a theory-driven behavioral economy theory. The Domain Specific Risk-Taking scale was used, on which 244 adults rated the likelihood of engagement in a range of risky behaviors, across five real life domains, as well as the magnitude of perceived benefit and risk they ascribed to these behaviors. Level of ADHD symptoms was positively correlated with engagement in risky behaviors and benefit perception, but not with risk perception. Mediation analysis confirmed that benefit perception, but not risk perception, mediated the association between ADHD symptoms and engagement in risk-taking behaviors (Fig. 1). These findings emphasize the role of benefit perception in facilitating risk-taking by people with ADHD symptoms.

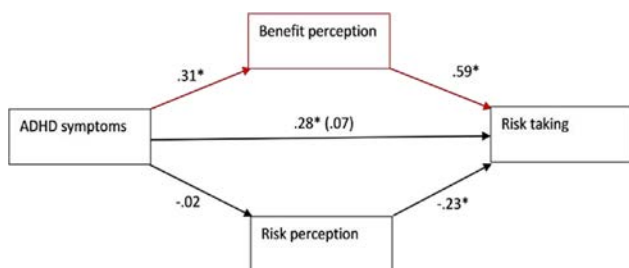


Fig. 1

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV989

The delusion of aurora (a structural and dynamic analysis)

D. Porta Pelayo^{1,*}, L. López Alonso²

¹ Hermanas Hospitalarias, Mental Health Area, Málaga, Spain

² Psiquiatría, Psiquiatría, Las Palmas de Gran Canarias, Spain

* Corresponding author.

Introduction The classical authors associate the insanity with delusions, without delusions there was not insanity. This axiom has changed nowadays, and it's also accepted that insanity can exist without delusions.

Aim We aim to know and describe which factors are involved in the development of the delusion. Use these conclusions to drive the patient to the comprehension and acceptance of the reality.

Objective (a) Unravel the mechanism of delusion, (b) seek the causes, (c) find out an explanation about the origin and development of the delusional thematic.

Method Clinical biographic review, carried on in 2 steps: (a) review the delusions store in the Hermanas Hospitalarias Spanish hospitals (17 centres), (b) choose one of them, (c) use the inductive method for analyzing the details and for making conclusions in order to be apply in the delusional process.

Results (a) Understand the internal dynamic of delusion and how the delusion becomes the main axis of the patient life. (b) The patient finds on the delusion a life motive, which did not exist before.

Conclusion Paraphrasing Dr.Castilla del Pino, "the delusion is a necessary mistake". From the emotional point of view, it can be said "the delusion is a cry of a captured heart".

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV990

The psychopathology scan from the phenomenology

S. Rodríguez Vargas

Almería, Spain



Introduction This is a doctrinal movement that seeks to analyze mental illness without reductionism and seeks to grasp the nearest as possible to the reality of the patient.

Aims This is the analysis of an event, a concept, a feeling, trying to grasp as it is lived by the subject and in the direction you may have for him.

Methods Review of literature.

Results It was the first approach to the knowledge of the pathological experience and was the first scientific model to characterize the mental pathology. It was the central doctrine of psychiatry until the end of World War II, when the hegemony of the German psychiatric science gave way to the views that are primarily developed in Anglo-Saxon countries (psychoanalysis and behavioral psychology), although some European countries such as Germany and Spain continued growing until the 1980s, when it culminated in the publication of the DSM-III (1980).

Conclusions These approaches are "old fashioned" but are essential to understand and know the reality of human sick, "mentally ill man."

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV991

Late paraphrenia. A case report

B. Serván Rendón-Luna^{1,*}, L. Reyes Molón¹,

R. Fernández García-Andrade¹, J. Fernández Aurrecochea²

¹ Hospital Clínico San Carlos, Psychiatry, Madrid, Spain

² Hospital Rey Juan Carlos, Psychiatry, Madrid, Spain

* Corresponding author.



Introduction Paraphrenia is a chronic delusion, which may or may not be accompanied by hallucinations, usually with a late onset, and whose chronic course, unlike what it usually happens in schizophrenia, is not typically associated to the schizophrenic defect. When it appears in over 60-years-old people, we talk about late paraphrenia.

Objective Highlighting relevant aspects of paraphrenic symptoms and excluding entities such as dementia.

Methods Bibliographical review in literature and pub med using as keywords: "paraphrenia"; "megalomania"; "mystic-religious"; "late psychosis".

Results We present the case of a 69-years-old woman who showed megalomania, mystic-religious delusions, demonic presence and kinaesthetic and visual hallucinations. Brain SPECT: data within normal limits, neuropsychological study: possible mild cognitive impairment. First contact with psychiatry at age 63. History of 3 psychiatric income with different diagnoses: "dissociative state", "acute polymorphic psychotic disorder" and "frontotemporal dementia". The patient has been treated with different treatments (lithium, neuroleptics and benzodiazepines). Along the track has never been asymptomatic, presenting psychotic and affective semiology.

Conclusions A late paraphrenia case is shown. The study of senile psychoses has been traditionally full of controversies. Entities such as paraphrenia have been relegated in the current, however, it is a disorder with differential characteristics within the psychotic spectrum, so it seems wrong to do without the diagnosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV992

Comparisons of psychological characteristics between schizophrenia, bipolar disorder and depressive disorder patients

M.S. Shin

Seoul National University College of Medicine, Psychiatry, Seoul, Korea



Introduction and objectives This study was conducted to examine the psychological characteristics of the schizophrenia ($n=20$), bipolar disorder ($n=20$) and depressive disorder ($n=13$) patients on MMPI-2 and Rorschach responses.

Methods MMPI-2 and Rorschach was individually administered to all patients, and their Rorschach responses were scored by Exner's comprehensive scoring system. The means of T scores of MMPI-2 subscales and Rorschach scores were compared among the three groups.

Results The schizophrenic and bipolar disorder groups showed significantly higher scores on the MMPI-2 K scale than the depressive group, while the depressive group showed significantly higher score on MMPI-2 Si scale than the schizophrenic and bipolar groups. In Rorschach responses, the bipolar and depressive groups obtained significantly higher scores on two variables (FM + m, m) than the schizophrenic group. The bipolar group obtained significantly higher scores on three variables (es, CP, a), suggesting hyperactivity and mood dysregulation.

Conclusions These results suggested that patients with depressive disorder might subjectively suffer from more severe emotional and social discomfort than patients with the schizophrenia and bipolar disorder, while patients with bipolar disorder and schizophrenia would be more defensive than the depressive patients.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV993

Cotard's syndrome in the context of psychotic depression can be successfully treated with electroconvulsive therapy (ECT): A case report

R.F. Soldatos, E. Tzavellas*, D. Karaiskos, E. Oikonomou, T. Paparrigopoulos

Eginition Hospital of Athens, Psychiatry, Athens, Greece

* Corresponding author.



Introduction Cotard's syndrome is the delusional belief that one is dead or missing organs. Cotard's syndrome has been observed in mentally ill persons with psychotic disorders (such as schizophrenia and psychotic depression). Electroconvulsive therapy (ECT) was originally used for the treatment of catatonic schizophrenia. Additionally, case reports have suggested a possible role for ECT in two specific atypical psychotic disorders: Cotard's syndrome and cycloid psychosis.

Aim The aim of our study was the evaluation of ECT in situation such as Cotard's syndrome.

Methods-results We report a case of Cotard's syndrome associated with depressive symptoms. A 57-year-old man was admitted to our department with the diagnosis of psychotic depression. His presenting symptoms, which had started eight months before hospital admission, were somatic delusions of gastrointestinal and cardiovascular malfunction and the absence of brain. Head Magnetic Resonance Imaging had been occurred. The patient did not respond to antipsychotic therapies, so he started with

electroconvulsive therapy. After two months (ECT three times per week), the patient was successfully treated.

Conclusion This report emphasizes that electroconvulsive therapy could be the first-line therapy in such patients with psychotic disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1978>

EV994

A case report: Sanchís-Banús syndrome

J. Valdés Valdazo*, C.M. Franch Pato, C. Martínez Martínez, A. Serrano García, J. De Santiago Sastre, A. Ugidos Fernández, J. Min Kim

Caule, Psychiatry, Leon, Spain

* Corresponding author.



Introduction There are few reported cases relating visual acuity and psychosis. The Spanish psychiatrist Sanchís-Banús focused on two patients who became blind and who, due to stress developed paranoid and jealousy delusional ideas. He called it "Sanchís-Banús syndrome" (SBS) that is mentioned in the psychiatry literature.

Methodology A case report. We present a case of "paranoid delusion of the blind" (SBS), quite similar in its clinical characteristics to those of the original patients of the valencian psychiatrist Sanchís-Banús. In our case, we met a 46-years-old woman, who worked as a lottery seller because she had a visual problem: retinitis pigmentosa. She had had her first psychotic decompensation when the blindness started. In spite of having achieved good social and work performance with quetiapine 400 mg/daily, laboral conflicts and stress caused her delusional ideas again. She began to think that her mother was not her real mother (Capgras syndrome) and that she was being persecuted. She also did not eat the meal and did not drink water because she thought that they were contaminated.

Results We started treatment with clozapine at doses of 300 mg every day (50-50-200) combined with aripiprazole 15 mg/day tolerating the medication without notable effects. After this adjustment of medication, remission and good criticism of hallucinatory and delusional clinical course. The nosological, clinical, and prognostic features of SBS are discussed in light of the current literature.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1979>

EV995

Preliminary data from a longitudinal 3-year study of patients with adjustment disorder

B. Vallejo-Sánchez^{1,*}, J. Martínez Arnaiz², C. García Blanco², A.M. Pérez-García³¹ Santa Bárbara Hospital, Mental Health Unit, Puertollano-Ciudad Real, Spain² Santa Barbara Hospital, Mental Health Unit, Puertollano-Ciudad Real, Spain³ UNED, Psychology Faculty, Madrid, Spain

* Corresponding author.



Introduction Adjustment disorder (AD) is a common diagnosis, but there are relatively few studies, in part because the current definition is still poorly specified, inadequate and controversial. Some clinicians and researchers have pointed out that a psychiatric diagnosis should present a clinical description, as well as date based on psychological, biological and/or sociofamiliar studies, and follow-up investigation about outcome and prognosis, to increase the reliability and validity diagnosis and permits exclusion of other possible disorders and normality. There is much empirical evidence

to indicate that AD is a transient disorder with a tendency to spontaneous remission. However, some studies have shown that patients with AD often develop major psychiatric disorders, presenting a higher rate of psychiatric morbidity, e.g., higher suicide rates.

Aim The aim of this study was to analyze the clinical and sociodemographic characteristics, as well as some possible personal vulnerability factors in patients with AD.

Method This longitudinal study was carried out on 80 outpatients diagnoses with AD at a Mental Health Unit, who were followed up for 3 years. It was analyzed different clinical and sociodemographic characteristics.

Results Significant differences between groups were found in some of the variables considered.

Conclusions The results add empirical evidence to a controversial and little-researched diagnostic category and provide guidelines for assessment and intervention. They also may contribute to improve diagnostic classifications.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1980>

EV996

Soft neurological signs in schizoaffective disorder – Indicator of psychotic spectrum or diagnostic bias (case report)



V. Vukovic^{1,*}, S. Nikolic Lalic¹, J. Mitic², M. Stojanovic³

¹ Special hospital for psychiatric disorders “dr Slavoljub Bakalovic”, Affective disorders and borderline states unit, Vršac, Serbia

² Special hospital for psychiatric disorders “dr Slavoljub Bakalovic”, Unit for geriatric psychiatry, Vršac, Serbia

³ Special hospital for psychiatric disorders “dr Slavoljub Bakalovic”, Acute psychosis unit “P”, Vršac, Serbia

* Corresponding author.

Introduction Neurological soft signs (NSS) refer to a group of neurological deficits with no apparent pathognomonic substrate and comprise phenomena such as disorders of simple motor coordination, sensory integration, as well as disinhibition signs. Schizophrenia and other neuropsychiatric disorders are associated with a higher prevalence of NSS.

Case summary A 21-year-old male presented to our hospital with symptoms including anxiety, delusions, mood alterations, insomnia, and hypomania. Neurological assessment revealed presence of soft neurological signs. Personal history was positive for hypoxic birth injury and psychiatric heredity. During his stay, the patient showed not only partial response to treatment during several months, but also extrapyramidal symptomatology (limb hypertonia, decreased associated movements during walking, arm dropping, and rigidity of the neck, as well as elevated blood levels of CK, CRP, and high body temperature). There was no progression of NSS. The addition of valproate to antipsychotic treatment led to mild improvement. An MRI exam indicated presence of lesions in the white mass.

Discussion Although NSS have been more frequently associated with schizophrenia, especially in patients with dominant negative symptoms, there are findings, which suggest their presence in schizoaffective and bipolar disorders. Their presence is often an indicator of poor outcome, they can resemble EPS, and their association with frequency and severity of EPS is unclear.

Conclusion The presence of NSS is not enough to discriminate schizoaffective disorder, a “vague” diagnosis from others in what is considered the psychotic spectrum.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV997

Kraepelin’s ghost: Late onset schizophrenia, dementia (non)praecox, or paraphrenia? (case report)



V. Vukovic^{1,*}, S. Nikolić Lalić², T. Voskresenski³, S. Jokić⁴

¹ Belgrade, Serbia

² Special hospital for psychiatric disorders “dr Slavoljub Bakalovic”, Affective disorders and borderline states unit, Vrsac, Serbia

³ Special hospital for psychiatric disorders “dr Slavoljub Bakalovic”, Neurology unit, Vrsac, Serbia

⁴ Special hospital for psychiatric disorders “dr Slavoljub Bakalovic”, Acute psychosis unit, Vrsac, Serbia

* Corresponding author.

Introduction It is difficult to establish whether a patient has late onset schizophrenia or frontotemporal dementia. The object of the following case report is to point out the difficulty of making a differential diagnosis between these two entities.

Case summary A 49-year-old female patient was admitted to our hospital after presenting with auditory and visual hallucinations, formal thought disorder, persecutory delusions, ideas of reference, insomnia. Memory, executive function and attentional tasks were severely compromised. Computerized tomography showed incipient frontal lobe atrophy. There were no significant abnormalities found in blood and urine samples or physical and neurological examinations. After showing no response to olanzapine, and extrapyramidal side effects to fluphenazine, risperidone was initiated which subsequently led to complete withdrawal of positive symptoms.

Discussion Patients presenting with psychotic symptoms after the age of 40 presented a diagnostic quandary, as they were less likely to present with negative symptoms, formal thought disorder or affective blunting, and more likely to have systematised delusions and visual hallucinations. Frontotemporal dementia is a disorder that can present itself with cognitive decline and a large range of psychiatric symptoms. The risk of late onset schizophrenia is greater in women, possibly implicating a causative role of female sex hormones. Atypical antipsychotics risperidone and olanzapine seem to be an adequate treatment.

Conclusion Schizophrenia is a heterogeneous disease with a large variety of clinical manifestations. Special care should be given to patients with age over 40, including neurocognitive assessment, laboratory and hormone tests, and a long-term follow-up.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV998

The importance of descriptive psychopathology in differential diagnosis of dissociative disorders: A case report



C.A. Welte-Santana*, L. Oliveira, L. Carvalho de Toledo,

N. Merola Fontoura, M. Ribeiro Garcia de Rezende,

C. Lima de Melo, A.F. Macedo de Queiroz

Hospital Municipal Jurandyr Manfredini, Ambulatório de Psiquiatria, Rio de Janeiro, Brazil

* Corresponding author.

Introduction Some kinds of hallucinations are misdiagnosed due to primary psychotic disorders. Hallucinations can be classified into 3 categories: true hallucinations, pseudo-hallucinations and hallucinosis. True hallucinations are different from the others due to incapacity of insight of the unreal and pathologic character of the phenomenon.

Objectives This study reports a case initially diagnosed as psychotic depression that after a rigorous psychopathologic investigation revealed to be an unspecified dissociative disorder.

Case presentation Twenty-four-year-old female, with a past of psychiatric treatment since 18-years-old, reports brief dysphoric episodes associated with visions of bleeding clowns and skulls that were always connected to a psychosocial stressor. At the interview she asserts that she understands those symptoms as pathological and caused by her mind, and associate them with external stressors. These episodes were brief and remitted spontaneously. The mental state examination did not show any psychopathological disturbance. The reduction and suspension of antipsychotics did not result in worsening of these symptoms.

Results The psychopathological disturbances reported by the patient did not represent a true hallucination. The presence of insight, the evolution and duration of the symptoms, and the association with psychosocial stressors has shown that the phenomena and symptoms are associated to a dissociative disorder. Therefore, the prescription of antipsychotics involves unnecessary pharmacological and clinical risks for this patient at the moment.

Conclusion Despite the use of psychopathology is considered by some as outdated, it is still an important semiological instrument for an accurate diagnosis and planning therapeutic conduct.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV999

Atypical cognitive dysfunction due to brain damage: A case report

C.A. Welte-Santana*, A.F. Macedo de Queiroz, N. Merola Fontoura, C. Lima de Melo,

M. Ribeiro Garcia de Rezende, P.C. Ferreira da Silva, L. Oliveira, L. Carvalho de Toledo

Hospital Municipal Jurandyr Manfredini, Ambulatório de Psiquiatria, Rio de Janeiro, Brazil

* Corresponding author.

Introduction The diagnosis of a primary psychiatric disorder requires the exclusion of an organic etiology. However, Brazilian public hospitals commonly lack resources. Diagnostic precision requires also the congruence of the clinical history and the natural history of the investigated disorder.

Objectives This study reports a rare case of hallucinations and retrograde amnesia, due to organic brain lesion but without other cognitive impairments.

Case presentation Fifty-three-years-old male Brazilian, was evaluated after one year in Brazil after being missing for 25 years in USA. Encountering his family, he did not recognize his mother, did not remember his life in Brazil, including his infancy, nationality and mother language. He was found as a homeless in poor hygiene. In the exam, he only presented retrograde amnesia, without any disturbances of fixation memory, intelligence, formal thought, affect or psychomotor function. Patient reported hallucinations. Blood tests showed no abnormalities. EEG showed diffuse slow rhythms. Brain MRI showed cortical and hippocampal atrophy. After weekly evaluations for 5 months, he remained stable despite lack of prescription. Some weeks after MRI, patient reported frequent alcohol and inhalant use when missing. No hints of secondary gain were found until present.

Discussion Organic etiology was suspected due to atypical presentation: hallucinations, evocative amnesia, with no further cognitive and affect disturbances. This is not compatible with schizophrenia, dementia or dissociative disorder. The brain

abnormalities and recent data highly suggest this etiological hypothesis.

Conclusion Since this clinical presentation does not fit into any specific psychiatric category, the case will continue to be studied.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Psychopharmacology and pharmacoeconomics

EV1000

Atypical antipsychotic switching versus atypical antipsychotic combination in schizoaffective disorder – A clinical case

A. Ballesteros^{1,*}, B. Cortés², A. Petcu³, L. Montes⁴, W. Jaimes⁵, F. Inchausti⁶

¹ Red de Salud Mental Gobierno de Navarra, CSM Estella, Estella, Spain

² Consulta Dr. B. Cortés, Psychiatry, Salamanca, Spain

³ Greater Manchester West Mental Health NHS Foundation Trust, Psychiatry, Manchester, United Kingdom

⁴ Red de Salud Mental Gobierno de Navarra, Complejo Hospitalario de Navarra, Pamplona, Spain

⁵ Hospital de Donostia Osakidetza, Psychiatry, Donostia, Spain

⁶ Proyecto Hombre de Navarra, Comunidad terapéutica Proyecto Hombre de Estella, Estella, Spain

* Corresponding author.

Introduction Recent studies suggest that aripiprazole (ARP) shows a better profile in terms of mental state and extrapyramidal symptoms (EPS) in psychosis. However, other studies consider that a combination of atypical antipsychotics (AAP) may also be an option for some refractory patients. We present a case of a schizoaffective disorder, manic type (SAFM) (F25.0, ICD-10 criteria) that improved in terms of EPS adverse effects after switching from long-term fluphenazine (LTF) to Long-acting injectable aripiprazole (LAIA) but showed relapse symptoms.

Objective We present a clinical case of SAFM that improved clinically in our outpatient clinic after 1 month of bi-therapy with low doses of oral risperidone and standard dose of LAIA. We study oral AAP-LAIA drug combination utility in this clinical setting.

Aims To study "oral AAP-LAIA combo" benefits in refractory SAFM cases.

Methods Our patient is a 68-year-old female diagnosed of SAFM clinically stable with a combination of lithium and LTF. She presented severe cogwheel stiffness in the upper limbs and postural tremor. We switched from long-term fluphenazine to LAIA and 4 weeks later, she showed discrete cogwheel stiffness but also persecutory delusions and dysphoria.

Results We maintained LAIA (400 mg/28 days) and lithium (800 mg/day) doses and added-on risperidone 1 mg/day. She presented clinical relapse 1 month later. She kept her better EPS tolerance as she only had discrete cogwheel in upper limbs only by using attention distraction techniques.

Conclusions Oral risperidone-LAIA drug combination appears as an effective and well-tolerated treatment in refractory SAFM cases.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1001

The practitioner cope with adverse events on atypical antipsychotics: About 63 patients with schizophrenia



I. Berrahal^{1,*}, R. Triki¹, R. Chebbi², B. Ghanjati¹, R. Ghachem¹

¹ Razi Hospital, Pinel, Mannouba, Tunisia

² Centre Hospitalier Universitaire Vaudois, Médecine et psychiatrie pénitentiaires, Lausanne, Switzerland

* Corresponding author.

Introduction The propensity of atypical antipsychotics (AAP) for having a therapeutic effect with fewer side effects and the balancing of these supposed benefits with tolerance are the subject of many studies.

Aims and objectives We focused on adverse drug events (ADEs), occurred under AAP, in a population of patients with schizophrenia to assess the prevalences and describe how the practitioner deal with these ADEs.

Methods We have used a retrospective and descriptive study of 63 Tunisian patients with schizophrenia, consulting in the adult outpatient of Razi hospital and treated by one type of AAP. The study period was 6 months from the 1st January 2015. We used the Birchwood Insight Scale (BIS), Positive and Negative Syndrome Scale (PANSS) and Udvalg for Kliniske Undersogelser (UKU) to assess the insight, psychotic symptoms and ADEs.

Results Twenty-four patients were on risperidone, 22 on olanzapine, 8 on amisulpride and 9 on clozapine. Antiparkinsonism drug (15.9%) was associated because of neurological ADEs mainly Parkinsonism. Asthenia had a prevalence of 20.6%. Hypersalivation and palpitation were estimated at 7.9% both. Weight gain's prevalence was 25.4%, including 1 case associated with hypercholesterolemia and 1 case of unbalanced non-insulin-dependent diabetes. The erectile dysfunction's prevalence was 36.3% and decreased libido 27%. There were 2 cases of neutropenia and thrombocytopenia. The management of these ADEs was observed when they moderately began to influence the patient's daily activity.

Conclusion ADEs must be subject to an appropriate treatment and if necessary resort to a specialist consultation to confirm or deny imputability to AAP.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1002

Do I need treatment? Insight and therapy adherence in a group of patients in treatment with aripiprazole long acting injectable



S. Berta^{1,*}, C. Víctor¹, T. Ivan², M. Julia¹, O. Silvia³, C. Sandra³, M. Estanislao³, M. Luis Miguel⁴, B. Noelia⁵

¹ Parc de Salut Mar, INAD, Hospital del Mar, Barcelona, Spain

² Parc de Salut Mar, INAD, Barcelona, Spain

³ Parc de Salut Mar, INAD-CSMA, Santa Coloma de Gramanet, Spain

⁴ Parc de Salut Mar, INAD-CSMA, Barcelona, Spain

⁵ Parc de Salut Mar, INAD-CAEM, Santa Coloma de Gramanet, Spain

* Corresponding author.

Introduction Relapse prevention is one of the major goals in psychiatry because it will mark the prognosis and quality of life in patients. In this aspect, plays a very important role insight and adherence to treatment. Some studies show that long acting injectable treatments improve adherence as compared with oral medications.

Objective The objective of this study is to analyse the degree of insight and adherence to treatment of a group of patients with aripiprazole long acting injectable ALAI treatment.

Methodology Descriptive study in a group of patients treated with ALAI. Three months of follow-up. To assess the insight we had use the 3 first items of the Unawareness of Mental Disorder SUMD. Adherence to treatment is evaluated by monitoring if patients come to administrate ALAI.

Results $n=6$, 2 women (33.3%) and 4 men (66.7%). The mean age of the sample was 37 years. Diagnoses were 4 patients with psychotic disorder (66.7%); 2 with bipolar disorder (33.3%). At the SUMD, mean score for the items consciousness of having a disorder and awareness of the effects of medication was 3, and for the item awareness of the social consequences of mental disorder 4. The mean score for the total punctuation was 10. Five (83.3%) had a 100% of adherence, just 1 patient discontinued de treatment on the third month.

Conclusions On our sample adherence, it was almost complete in all patients. To highlight the scores for SUMD which means low insight. A large sample is required to increase the reliability of the study.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1003

Assessing quality of life following long-acting injection treatment: 4 cases register



C.M. Calahorro^{*}, M. Guerrero Jiménez, J.C. Navarro Barrios
Hospital Santa Ana, Unidad de Salud Mental, Motril, Spain

* Corresponding author.

Introduction Quality of life is defined by the World Health Organization as "Individuals' perceptions of their position in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards, and concerns." Schizophrenia is a severe, disabling, lifelong disorder, associated with severe social and occupational dysfunction. Aripiprazole Long Acting Injection (LAI) is indicated for maintenance schizophrenia treatment in adult patients stabilised with oral aripiprazole. It is the fourth second-generation antipsychotic depot formulation approved for treating schizophrenia.

Objectives Assessing quality of life in 4 patients treated with aripiprazole LAI.

Methods In this paper, we evaluate of quality of life in 4 subjects with diagnosis of paranoid schizophrenia (less 10 years of diagnostic), male, age between 42 and 50 years, with poor adherence to oral treatment. These patients received aripiprazol LAI 400 mg/month. We evaluate quality of life at baseline and after 3 months. We used the Quality of Life Scale (QOLS) and WHO-Quality of Life-Bref (WHOQOL-BREF).

Results Results demonstrated significant greater improvements in all QLS scores. No significant changes in the WHOQOL-BREF total, but improvement in subscale scores.

Conclusion Quality of life in schizophrenia is adversely influenced by the presence of clinical symptoms, especially negative and depressive. Depot medications can improve treatment adherence, however, long-term antipsychotic use can lead to irreversible adverse effects (dyskinesias), which in some cases were reduced by using newer antipsychotics (risperidone, paliperidone, aripiprazole). Aripiprazole LAI can be useful to improve quality of life. Further methodologically robust studies are needed to generate evidence-based conclusions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1004

Treating ADHD in people with intellectual disabilities

K. Courtenay

UCL, Department Mental Health Sciences, London, United Kingdom



Objectives Attention Deficit Hyperactivity Disorder (ADHD) is more prevalent in people with intellectual disabilities (ID). Drug therapy is the primary treatment for ADHD targeting the core signs of inattention, impulsivity, and hyperactivity (NICE 2013). Knowledge on ADHD has been gleaned from studies in children and children with ID. People with ID have comorbid disorders for example, autism and epilepsy that can complicate the management of ADHD. Knowledge of the effects of treatment is essential in managing ADHD in people with ID. The current evidence on the application of drug therapy for ADHD in ID is described.

Method A literature review of publications in English language was undertaken.

Results Using medication to treat ADHD is effective in treating the signs of ADHD in people with ID. The response rates in ID to drug therapy for ADHD approximates to 55% that is lower than in the general population. People with ID experience more side effects from medication that can lead to withdrawal from treatment. Guidelines exist internationally on the appropriate prescribing of medication. Methylphenidate, a psycho-stimulant drug is the drug of first choice. Atomoxetine, a non-stimulant drug, is effective in people with ID.

Conclusions ADHD in people with ID is treatable but clinicians need to be knowledgeable and skilled in managing the disorder in people with ID. Newer drugs could offer more because of their different profile of more tolerable side effects.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1005

Analysis of the diagnoses of patients treated with palmitate paliperidone

C. Diago Labrador*, A.M. Álvarez Montoya, T. Ruano Hernández

Clínica privada, Clínica privada, Algeciras, Spain

* Corresponding author.



Objectives Review of the diagnoses of the treated patients with palmitate paliperidone for one year in a mental health unit, as well as some of their key sociodemographic characteristics, the length of the hospital stay and the average treatment according to clinical diagnosis.

Methods Descriptive epidemiological study including patients admitted to our hospital. It covers the period from January 2014 to December 2014.

Results For the period between January and December, a total of 315 patients were admitted in our mental health hospital unit, of which 45 were treated with paliperidone palmitate. The diagnosis were: schizophrenia (25 patients; 55.56%), schizoaffective disorder (7 patients; 15.56%), delusional disorder (5 patients; 11.11%), bipolar disorder (1 patient; 2.22%), personality disorder (2 patients; 4.44%), obsessive-compulsive disorder (1 patient; 2.22%), organic brain disorder (1 patient; 2.22%), schizophreniform disorder (1 patient; 2.22%) and mental retardation (1 patient; 2.22%). The mean age of patients was 35.7 years old. The most common marital status was unmarried state (30 patients; 66.6%). The average stay per hospital admission was 19.33 days. The most abused drugs were tobacco (31 patients; 68.8%). The mean dose of paliperidone palmitate was 137.5 mg. Schizophrenic patients need higher doses of treatment.

Conclusions A significant improvement in functionality was observed in our patients. What's proven efficacy and good

tolerability and adherence, so we consider paliperidone palmitate as a drug of first choice in the treatment of schizophrenia.

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EV1006

Nalmefene and alcohol use disorder

M.D. Díaz Piñeiro*, M.A. Gutiérrez Ortega, M. Mateos Agut, E. Martín Martínez, B. Sanz Cid

University Hospital of Burgos, Psychiatry, Burgos, Spain

* Corresponding author.



Introduction Psychopharmacology study.

Objective To evaluate Nalmefene effectiveness in clinical practice in patients diagnosed with alcohol use disorder.

Method Descriptive, prospective and observational study with patients diagnosed with alcohol use disorder, treated with Nalmefene during 6 months.

Results Twenty-seven patients (9 women and 18 men); average age: 47.92. A total of 64.28% with F10 as an exclusive main diagnosis. Drink urge perception at the beginning: 6.37 points over 10.6 months later, 3.25 points. Loss of alcohol drinking control perception at the beginning: 6.03 points over 10. Six months later, it is reduced down to 2.37 points. GGT reduction (from 107.18 to 36.5 U.I./L) and Mean Corpuscular Volume reduction (from 90.2 to 88.9 fl). The average of days/month with binge drinking at the beginning was 16.18 SD (standard drinks); and monthly total of alcohol consumption is 182.75 SD. After a month: 4.6 days and 66.52 SD. After 6 months, it decreases to 4 days/month and 63.3 SD. The results of the Rhode Island Change Assessment scale are: 7.4% in pre-contemplation stage, 70.37% contemplation stage, 3.7% action stage and 18.5% in maintenance stage. Six months later: 75% contemplation, 12.5% action and 12.5% maintenance stage. The main side effects were: nausea and vomiting, 22.22% at the beginning and 12.5% that persist with intakes; sexual side effects in 22.22% throughout the treatment; the 14.8% report increased sleeping and dreaming, 14.8% report restlessness, after six months drowsiness prevails with a 18%. At first, orthostatic dizziness appears in a 14.8%, disappearing 4 weeks later.

Conclusion Nalmefene is effective in reducing alcohol consumption, with few side effects and good acceptance.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1007

Antipsychotic polypharmacy at the clinic of psychiatry, clinical centre of SerbiaN. Divac^{1,*}, A. Damjanovic², R. Stojanovic¹, K. Savic Vujovic¹, B. Letunica³, M. Prostran¹¹ Faculty of Medicine, University of Belgrade, Department of Pharmacology-Clinical Pharmacology and Toxicology, Belgrade, Serbia² Clinical Centre of Serbia, Clinic of Psychiatry, Belgrade, Serbia³ University of Belgrade, Faculty of Medicine, Belgrade, Serbia

* Corresponding author.



Introduction Antipsychotic polypharmacy is not supported by current guidelines. However, it is often present in practice. A common reason for this is to gain a greater, faster therapeutic response and reduce the doses of individual drugs, thus reducing the adverse effects.

Aims and Objectives The aim of this study is to analyze the prevalence of antipsychotic polypharmacy at the Clinic of Psychiatry,

Clinical Centre of Serbia and to compare it with the data from 10 years ago when similar research was conducted.

Material and methods This is a cross-sectional study conducted in 2015. The data were obtained from the patients' charts and compared with the results of a more extensive study conducted at the same hospital during 2002–2005 period. Statistics was performed using standard statistical methods.

Results Of the total number of patients ($n=44$), 81.8% ($n=36$) were on antipsychotic monotherapy, while in the previous study, which included 198 patients, monotherapy was noted in just 32.3% hospitalizations ($n=64$) ($\chi^2=34.5$; $P<0.001$). Among patients treated with polypharmacy, the majority was prescribed the combination of a first- and second-generation antipsychotic ($n=7$, 87.5%), while just one patient was treated with two first-generation antipsychotics ($n=1$, 12.5%). In the 2002–2005 period, the combination of two first-generation antipsychotics was dominant (58.9%, $n=79$).

Conclusion This study indicates that in Serbian psychiatry there is a strong tendency towards reduction of antipsychotic polypharmacy. However, this is a single-centre study with a relatively small number of participants and more extensive research on the national level is warranted to confirm this trend.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1008

Lithium-induced acute intermittent dystonia in a patient with schizoaffective disorder

A. Engel*, T. Bilbruck, S. Hossain, R. Leahy
University of Tennessee, Psychiatry, Memphis, USA

* Corresponding author.

While lithium is well known for its neurotoxicity, there are very few publications about lithium-induced acute dystonic reaction. We are presenting a clinical case of lithium-induced acute intermittent dystonic reaction in a patient with schizoaffective disorder (SAD). The patient is a 69-year-old African-American male with a long history of SAD, who was treated for many years with ziprasidone and divalproex and was admitted with SAD exacerbation. Due to increased QTC interval, we switched patient to lurasidone. After 2 weeks, due to increased ammonia level, divalproex was switched to lithium (600 mg loading dose and then 450 mg twice/day). Three days later, patient developed a series of intermittent episodes of acute dystonia, manifested as mutism, dysarthria, upper and lower extremity muscle rigidity, dysphagia, and tremor (Table 1). Dystonic reactions responded to benztropine. Eventually, lithium was discontinued and patient did well on a combination of carbamazepine and olanzapine. In this case, we would like to emphasize not only the intermittent but also the atypical presentation of acute dystonic reactions with involvement of large muscle groups, the resemblance to NMS, and a "spectrum" of dystonic reactions rather than one clear-cut presentation. We can only speculate the role lurasidone played in this presentation but reoccurrence of dysarthria on day 54 after lithium was restarted points to its major role.

Table not available.

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EV1009

Tolerability and side effects of an extended-release injectable suspension of aripiprazole in a series of inpatients in a dual diagnosis unit

A. Farre*, A. Palma, G. Mateu, J.L. Perez de Heredia, R. Martinez, C. Castillo, M.G. Hurtado, J. Martí, R. Sanchez, M.T. Campillo, M. Torrens

Parc de Salut Mar, Institut Hospital del Mar d'Investigacions Mèdiques-IMIM-UAB, Institut de Neuropsiquiatria i Addiccions, Barcelona, Spain

* Corresponding author.

Introduction The integrated care in dual diagnosis units involves selecting pharmacological treatment strategies for both substance use disorder and the non-addictive psychiatric disorder. It is recommended to choose drugs with a favorable balance between efficacy/tolerability, an adequate side effects profile and the minimal drug interactions.

Objectives and aims To evaluate the tolerability and side effects after first administration—first dose of an extended-release injectable suspension of aripiprazole in a group of patients admitted to an acute dual diagnosis unit.

Methods The study included a series of patients admitted in our unit from May to August 2015 that received the first dose of the aripiprazole preparation (400 mg). Evaluations included different scales for side effects (SAS, ESRS, UKU) and the clinical global impression scale (CGI).

Results A total of 9 patients were included and evaluated (all men, mean age: 39-years-old). Diagnoses were: bipolar disorder (5/9), schizophrenia (2/9), schizoaffective disorder (1/9) and delusional disorder (1/9) with concomitant substance use disorder (6 cannabis, 2 alcohol, 1 cocaine). All of them without outpatient control and treatment at admission. The results of the clinical scales conclude that none of them had significant side effects, including extrapyramidal, with an improvement in the ICG scale.

Conclusion Tolerability of extended-release injectable suspension of aripiprazole was good in all cases. In the future, new cases should be included to extend the sample and to evaluate other aspects such as the craving for substances.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1010

Treatment efficacy with paliperidone palmitate in patients after the first psychotic episode

S. Galiano Rus^{1,*}, A. Soler Iborte², S. García Marín³

¹ Servicio Andaluz de Salud-UGC Jaén Norte, Unidad de Salud Mental Hospitalaria San Juan de la Cruz, Úbeda-Jaén, Spain

² Servicio Andaluz de Salud-UGC Jaén Norte, Unidad de Salud Mental Comunitaria Linares, Linares-Jaén, Spain

³ Servicio Murciano de Salud, Unidad de Salud Mental Comunitaria Lorca, Lorca-Murcia, Spain

* Corresponding author.

Objectives To evaluate factors of therapeutic efficacy of paliperidone palmitate, such as the speed of action and its maintenance in patients who experienced a first psychotic episode that led to a hospital admission in the acute unit.



Materials and methods Two-year observational and descriptive study. Patients admitted to the Mental Health Hospital Unit (MHU) from January 2013 to July 2014, with a first psychotic episode and under paliperidone palmitate treatment. Monitoring and evaluation six months after hospital discharge. They were evaluated using the PANSS and BPRS scales at four different time points of the evolutionary process.

Results Average scores of the BPRS scale: 39 on admission day, 27 on day of discharge, 23 on the third month and 20 on the sixth month. Average score of PANSS scale: PANSS-PG: 64 on admission day, 48 on day of discharge, 25 on the 3rd month, and 20 on the 6th month. PANSS-P: 41 on admission day, 21 on day of discharge, 12 on the 3rd month, and 10 on the 6th month. PANSS-N: 21 on admission, 11 at discharge, 8 on 3rd month and 7 on 6th month. No clinically significant side effects were observed that would lead to the modification of the doses or the abandonment of the treatment in this period.

Conclusion The results of this observational study show that the start of the treatment with PAP is associated with an observable clinical response on the 4th day. The evaluation scales at the 3rd and 6th months also suggest the maintenance of efficacy of the treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1011

Effective doses of paliperidone palmitate (PAP): Retrospective analysis from three years of treatment

S. Galiano Rus^{1,*}, A. Soler Iborte², C. Quesada González³

¹ Servicio Andaluz de Salud-UGC Jaén Norte, Unidad de Salud Mental Hospitalaria, Úbeda-Jaén, Spain

² Servicio Andaluz de Salud-UGC Jaén Norte, Unidad de Salud Mental Comunitaria, Linares-Jaén, Spain

³ Servicio Andaluz de Salud-UGC Jaén, Unidad de Salud Mental Hospitalaria, Jaén, Spain

* Corresponding author.

Introduction The use of PAP is already much extended in general. The recommended doses in the technical specifications of the drugs, as the result of trial studies, differ from the doses administered in habitual clinical practice. Therefore, the justification of this study is to monitor the average doses prescribed, to be able to reach an agreement on the best doses. To retrospectively analyze the first 32 patients in our area of healthcare, who were prescribed PAP, the doses used at the start of treatment and after 3 years.

Materials and methods Two initial doses of PAP were analyzed, maximum and current (outpatient) in 32 patients attended in the area of mental health of North Jaen, who started the treatment with PAP between 2012 and 2013, with an average length of time of 2.55 years (SD 2.02). We evaluated the diagnosis (schizophrenia and related disorders, ICD-10 F20), the number of hospital admissions previous and posterior to the start of the treatment and change in weight.

Results Average doses: initial: 110.15 mg (SD 32.83), maximum: 165.51 mg (SD 29.76) and maintenance: 146.81 mg (SD 29.59). Average hospital admissions: prior and posterior to the start of treatment: 1.5 and 0.83. An average reduction of 44.06% in admissions was observed.

Conclusions The data obtained suggests that a dose of 75–200 mg could be effective in the maintenance of patients with schizophrenia and for decreasing the number of new hospital admissions. Fifty percent of the cases can be compensated with long acting paliperidone as a monotherapy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1012

Discontinuation, readmissions and polytherapy with long-acting antipsychotics: An observational study

I. García Cabeza^{*}, P. Pérez Marín, H. De Diego

Hospital General Universitario Gregorio Marañón, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction and aim Long-acting antipsychotics (LAIs) provide certain advantages over oral medications. The aim of our study is to determine whether there are differences between the various long-acting injectable antipsychotics available in our environment. **Methods** A retrospective observational study with psychotic patients discharged with LAIs was designed. Data on discontinuation, relapses and associated drugs in the discharge and in a year follow-up were collected. Fifty-seven patients were included: 21 risperidone (RLAI), 20 paliperidone palmitate (PP) and 16 first-generation LAIs (FG). Odds ratio was used to compare discontinuation, χ^2 test for categorical variables and Kruskal-Wallis test for independent samples.

Results Discontinuation was lower with PP: $OR_{RLAI/PP} = 2.74$ and $OR_{FG/PP} = 3.09$. There were significant differences in readmissions: rehospitalizations ($\chi^2 = 7.072$, $P = 0.029$) and days of stay ($\chi^2 = 8.251$; $P = 0.016$), both lower in the PP group. We found less use of psychoactive drugs with PP, with significant differences in the discharge ($\chi^2 = 11.518$; $P = 0.003$) and in the follow-up ($\chi^2 = 7.097$; $P = 0.029$). There were also significant differences in the use of oral antipsychotics in the discharge ($\chi^2 = 27.049$, $P = 0.000$); anticholinergic drugs in the discharge ($\chi^2 = 7.001$, $P = 0.03$) and in the follow-up ($\chi^2 = 11.699$, $P = 0.003$) and benzodiazepines in the follow-up ($\chi^2 = 8.493$, $P = 0.014$), always lower in the group of patients treated with PP.

Conclusions Treatment with paliperidone palmitate may be more suitable than other long acting antipsychotics when it starts during the acute episode.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1013

Economic evaluation of long acting aripiprazole as maintenance therapy for paranoid schizophrenia

C. Gómez Sánchez-Lafuente^{1,*}, R. Reina Gonzalez²,

E. Mateos Carrasco¹, F. Moreno De Lara¹, A. De Severac Cano¹

¹ Hospital Universitario Virgen de la Victoria, Psychiatry, Málaga, Spain

² Hospital Regional Universitario, General Practitioner, Málaga, Spain

* Corresponding author.

Introduction Patient adherence to a treatment regimen is of utmost importance for successful outcomes in schizophrenia. Long acting aripiprazole (LAA) is a new drug of depot antipsychotic type placed in the market recently that could prevent non-adherence and in reducing relapse in schizophrenia administered every 28 days.

Objective A descriptive, observational study designed to explore the efficacy and tolerability of long acting aripiprazole in a sample of patients diagnosed with paranoid schizophrenia that were admitted to Acute Unit in 2014. LAA was introduced on the admission.

Methods Sociodemographic variables: age, sex, and marital status. Clinical variables: average time since diagnosis, concomitant consumption of toxic substances, reason to change medication, subsequent readmissions after LAA was introduced, evaluation of



the modification of the oral regimen. PANSS and CGI. Metabolic profile: weight, glycaemia, and total cholesterol, LDL and HDL, triglycerides. Cost at the beginning and after 6 months.

Results Mean age: 44.50 years, 54% women. Marital status: 54% single, 27% married, 27% divorced. Mean time from diagnosis: 11 years. Toxic consumption: 27% active, 18% ex-drug users. Three patients were readmitted after introducing LAA, 2 of them were for abandoning medication (including LAA). PANSS at 6 months showed statistically significant differences in negative subscale (3 points). No statistical differences in positive and general psychopathology subscales. No metabolic side effect was found. Average saving per patient 37.05 euros per month (Fig. 1).

Conclusion This study signalizes that LAA is an effective treatment. Clinically, it has been shown that our patients improve adherence and prevent relapse. Moreover, no metabolic side effects were found. Besides, LAA is also efficient and we would save 407,55 euros per month.

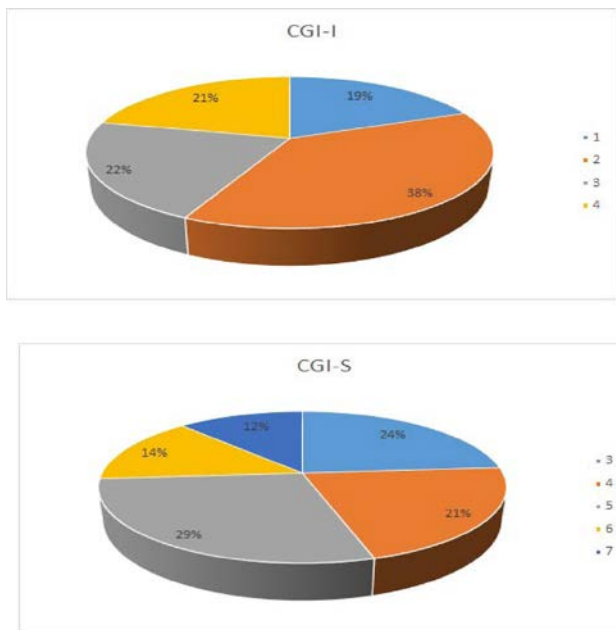


Fig. 1

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1014

Twenty-four months experience of paliperidone long-acting injection in a Spanish psychiatric service: A mirror image analysis



C. Gómez Sánchez-Lafuente^{1,*}, R. Reina Gonzalez², F. Moreno De Lara¹, A. De Severac Cano¹, E. Mateo Carrasco¹, A. González Moreno¹

¹ Hospital Universitario Virgen de la Victoria, Psychiatry, Málaga, Spain

² Hospital Regional Universitario, General Practitioner, Málaga, Spain

* Corresponding author.

Introduction Lack of adherence is a common cause of relapse in schizophrenia. Long-acting antipsychotics have shown in recent

studies that they improve compliance. However, some randomised controlled trials showed no difference in relapse rates between oral medication and long-acting injections.

Objective To report the use of paliperidone palmitate in an Acute Psychiatrist Unit in Spain.

Method Retrospective observational study of 42 patients prescribed paliperidone palmitate (PLAI) during an admission at Acute Psychiatric unit in Málaga. In the mirror image analysis, the main outcome measure was the total number of days of psychiatric inpatient care twelve months before and after patients started Paliperidone palmitate.

Results Most common reason for starting paliperidone palmitate was lack of adherence to oral medication (54%) followed by lack of efficacy on previous medication (31%). Olanzapine (47%) and risperidone (41%) were most commonly antipsychotics prescribed before PLAI. Thirty-four patients continued PLAI over twelve months (80%). Poor compliance was the most common reason of withdrawal. Three patients had a movement disorder adverse effect. Only one was lost because adverse effects. Total admissions and inpatient days were significantly reduced from the previous treatment to PLAI-treatment period (Table 1).

Conclusion PLAI was associated with a reduction in total inpatient days. The financial saving from reduced admissions stays exceeded the acquisition and administration cost of PLAI. Improved compliance because of PLAI is the most plausible explanation of this result (Fig. 1).

Table 1

	Previous treatment period	PLAI period
Total Admissions	81	45
Inpatient stays in days	943	516
Mean reduction in inpatient stays		10 days
Financial saving (euro/patient/year)		2905

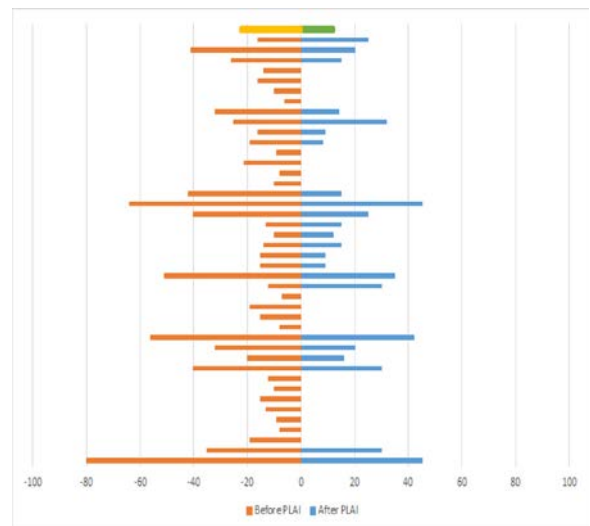


Fig. 1

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1999>

EV1015

The psychotropic effects of anti-epileptic drugs: A review

A. Guerra*, D. Ferreira, C. Pereira, M. Carvalho

Hospital de Santa Maria – Centro Hospitalar Lisboa Norte, Psychiatry and Mental Health Department, Lisbon, Portugal

* Corresponding author.



Anti-epileptic drugs (AEDs) are psychotropic agents that are widely used for the treatment of a variety of neurological conditions and psychiatric disorders. Although the association between psychopathology and AED therapy has long been recognized, a systematic evaluation of its effects on mood and behaviour has taken place only more recently. A literature review, based on a PubMed research, takes stock of the studies that have investigated this subject in the latest years. Depending on the drug, its efficacy and the individual's biological and psychological predisposition, all AEDs may lead to positive or negative psychotropic effects. The exact frequency of psychiatric adverse events related to AEDs is difficult to estimate, but behavioural problems seem to be the most common, followed by depressive disorders. Psychosis is a relatively rare, although severe, complication. The AEDs' potential psychotropic effects will be addressed in detail, with special focus on their mood, behavioural and cognitive profile, as well as the mechanisms underlying these events. When recognized at an early stage, psychiatric complications are in most cases mild and reversible. Risk factors are not a strict indication for any particular drug, but side effect profiles, including negative and positive psychotropic effects, must be considered in the choice of the optimal drug for the individual patient. The studies regarding this subject are limited as they are designed to test anti-epileptic efficacy and psychiatric adverse events are not systematically reported. This subject also warrants further research since many relevant aspects concerning pathological mechanisms, frequency, psychopathology and prognosis are not well understood.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1016

Antipsychotic medications and cardiometabolic risk – A review of current literatureS. Gunturu^{1,*}, K. Shah², P. Korenis², S. Lawler³, M. Kucheria²¹ New York, USA² Bronx Lebanon Hospital Centre, Psychiatry, New York, USA³ American University of Caribbean, Psychiatry, Sint Maarten, Trinidad and Tobago

* Corresponding author.



In the USA, 68% of adults and 31% of children are overweight or obese. Obesity doubles mortality rates and has significant associated medical costs with an average obese person spending \$1500 or more per year. In addition, 10% of all adults and 23% of adults over 60 years have type 2 diabetes, with an average person spending \$2257 or more per year. In 2009, 1 out of every 10 healthcare dollars was spent on type 2 diabetes, totalling \$174 billion. People with serious and persistent mental illness die on average 25 years earlier than the general population. Cardiovascular disease is the primary cause of death in persons with mental illness and accounts for 60% of the increased mortality. Furthermore, 46.24% of individuals with cardiometabolic risk factors who are also on antipsychotic medications take high- to moderate-risk antipsychotics. The cluster of cardiometabolic syndrome includes: type 2 diabetes, hypertension, dyslipidemia, obesity and pre-existing cardiovascular disease. There are, however, modifiable risk factors including smoking cessation, diet change, physical activity, medical care and choice of antipsychotic medication (on which

the physician has direct control). More information is therefore needed on various antipsychotic medications and their associated cardiometabolic risk factors in order to educate physicians. In this review article, we examined 10 articles on antipsychotic medications, and their effect on the 5 domains, including type 2 diabetes, hypertension, dyslipidemia, obesity and pre-existing cardiovascular disease. Overall, there was a clear trend, which found a significant difference in the associated risk factors amongst various antipsychotic medications.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1017

Clinical predictors of clozapine responseK. Hajji^{1,*}, I. Laajmi², I. Marrag², S. Fathallah², M. Nasr²¹ Boulogne Billancourt, France² Hospital of Mahdia of Psychiatry Mahdia, Mahdia, Tunisia

* Corresponding author.



Introduction Schizophrenia is a chronic, severe, and disabling mental disorder. An evaluation of clinical predictors to clozapine was described.

Object Identify clinical predicting factors to clozapine.

Methods This is a cross-sectional study including patients diagnosed with schizophrenia or schizoaffective disorder according to the DSM 5 criteria and treated with clozapine.

Results Of the 33 patients, 78.8% were males and 69.7% of them were single. The mean age was 36 years old. The mean age at the onset of the disorder was 24 years old. The mean number of hospitalizations was 6. The beginning of the mental disorder was acute in 21.2% of the cases. The mean duration of the disease course before starting clozapine treatment was 11 years. The mean duration of treatment was 19 months. The diagnosis according to DSM 5 criteria was schizophrenia in 87.9 and schizoaffective disorder in 12.1% of cases. The outcome was assessed by PANSS and BPRS scales with a symptomatic remission in 63.63% of cases. The analytical study revealed a significant correlation between favorable evolution and the latest onset of the disorder ($P=0.04$), the number of previous hospitalizations ($P=0.009$), disorder's duration ($P=0.032$), male sex ($P=0.0004$) and secondary resistance ($P<10^{-3}$).

Conclusion The evaluation of clinical factors is important in our practice in order to improve the response to clozapine. Otherwise, adherence to treatment and quality of insight are determining factors of the treatment response.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1018

Paliperidone palmitate versus other antipsychoticsP. Hervías Higuera^{1,*}, L. Maroto Martín¹, S. Raffo Moncloa¹, M. Leonor del Pozo²¹ Hospital Dr. R. Lafora, Psiquiatria, Madrid, Spain² Hospital Dr. R. Lafora, UHB Psiquiatria, Madrid, Spain

* Corresponding author.



The aim of the study was to describe the psychopharmacological treatments received by inpatients diagnosed with spectrum disorders schizophrenia and other psychotic disorders in Dr. Rodriguez Lafora Hospital. It is an observational, descriptive and retrospective study. We collected information about patients aged 18 to 64 who were hospitalized during the month of January of 2015 in the acute psychiatric hospitalization by Selene software. We reviewed treatments and number of psychiatric re-hospitalization six months later and we analyzed the results by SPSS software.

From a sample of 51 inpatients, 15 of them were diagnosed with disorders of the spectrum of schizophrenia and other psychotic disorders. Of the patients, 13.3% was treated with haloperidol, 26.7% with olanzapine, 26.7% with risperidone although it was modified by paliperidone in mental health center, 6.7% with quetiapine, 6.7% with amisulpride, 13.3% with oral paliperidone and 13.3% patients with intramuscular paliperidone. Of these, 40% are readmitted to hospital. Patients were readmitted due to ineffectiveness and adverse effects of haloperidol, olanzapine, risperidone. 73.3% of inpatients were treated with monotherapy. Of the patients, 26.7% were treated with polytherapy, who received olanzapine, risperidone and amisulpride. It would be important to use psychoactive substances that allow monotherapy to reduce adverse effects and psychiatric re-hospitalization.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1019

Effects of using psychotropic drugs in the etiology and prevention of deviant behavior



S. Ibrahim

Albanian University, Psychology, Tirana, Albania

Objective The objective of the article is to explore the main features of the relationship between these components that produce the effect in the etiology of deviant behavior.

Methods The study is a comprehensive and comparative of data in the pharmaco-epidemiology groups of Mental Health Care and Community Centers in Albania in 2014–2015. The methods used are explorative, qualitative and epidemiologic as to the reports of subjects and official data.

Results The psychiatry of changing behavior is certainly a milestone of the nowadays health. Data collected from a 6-month follow-up of new cases of youth with an uncontrolled impulse and a low ego resilience on a psychotropic prescription have given a clear view of connection between the type of psychotropic drug used and the level of reaction the drug has created in the prevention of a further development of deviant behavior.

Conclusions In the end of this approach, we could reach to confirm that the more the knowledge on the usage and effects of psychotropic drugs, the better will be the preventive efforts to their effects over the deviant behavior in the individual.

Keywords Psychotropic; Deviant behavior; Etiology; Prevention; Adverse effect

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2004>

EV1020

New models for research and development in the treatment of mental illness



J.N. Kjær

Aarhus University Hospital, 1 Department of Organic Psychiatric Disorders and Emergency Ward, Risskov, Denmark

The pharmaceutical industry's investments in research and development of novel treatments for mental illness have heavily declined in the past decade. Major private investments are, by most experts, seen as necessary to develop new treatments. However, psychiatry is not the only area overlooked by the industry. For decades infectious diseases have also lacked investments in research and development.

Aims The aims of this study were to investigate the new models of research and development in infectious diseases that emerged

after the pharmaceutical industry ceased their investments and to model how these can be used in psychiatry.

Method A systematic review. We searched PubMed, EMBASE and Web of Science for the keywords “infectious diseases”, “research and development” and “pharmaceutical industry”.

Preliminary results The searches gave a total of 248 references. Among the findings, we want to highlight the Drugs for Neglected Diseases initiative (DNDi) and the WHO Research and Development Treaty (R&D Treaty). DNDi is a non-profit organization that has developed six new drugs since 2003. The development costs were €150 millions per drug, which is considerably below the costs for drug development claimed by the pharmaceutical industry. The R&D Treaty will commit member states of the WHO to fund development for neglected health needs using alternative incentives like milestone prizes, patent pools and direct grants. The treaty has not yet been agreed upon.

Conclusions Though a low priority from the pharmaceutical industry, other funding models have proven able to deliver new treatments. This could also lead to more development of non-patentable treatments, e.g. psychotherapy.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1021

Clinical and socio-demographic characteristics of a sample of outpatients with long-acting injectable antipsychotic treatment



J. Moreno Monmany*, I. Tinoco Calero, N. Bagué Gomez, B. Samsó Buxareu, V. Chavarria Romero, S. Castillo Magaña, S. Oller Canet

Parc de Salut Mar, INAD, Barcelona, Spain

* Corresponding author.

Introduction There are relatively few studies of Long-acting injectable antipsychotics (LAI), although poor adherence to treatment is one of the main problems in patients with psychotic disorders.

Objectives The aim of the study is to describe socio-demographic and clinical characteristics of a sample of outpatients with LAI treatment.

Methods This is a cross-sectional study. A randomized sampling was performed among the outpatients that were receiving LAI in an outpatient clinic in Barcelona (Spain). For each patient, socio-demographic, clinical and pharmacotherapeutic data were collected through interviews and clinical history.

Results The sample consisted of 30 subjects (50% men, average age 48 years). Most of the patients in the sample have basic education (50%) and are unemployed, receiving permanent disability pension (39.3%). In addition, 44.8% of the subjects were living with family members and were not married (56.7%). Of the patients, 70% were diagnosed with schizophrenia, 13.3% schizoaffective, 10% bipolar and 6.7% delusional disorder. The main reason to initiate LAI treatment was due to non-compliance of the prescribed oral treatment (85.7%). The 40% of patients were also with oral antipsychotic treatment. Average punctuation in the 3 first items of the Scale to Assess Unawareness of Mental Disorder: 11. Average punctuation in the short version of the Simpson-Angus Scale: 1.68.

Conclusions In our sample, the outpatients with LAI treatment had a low functioning and disease awareness. Although the main reason to start LAI is the non-compliance, 40% of the patients were concurrently treated with oral antipsychotics. The extrapyramidal side effects are mild.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1022

Delay in initiating clozapine therapy in a Sri Lankan setting

C. Kapugama*, W. Kotalawala

National Hospital of Sri Lanka, Department of Psychological Medicine – Ward 59, Colombo, Sri Lanka

* Corresponding author.



Introduction Treatment resistance occurs in one third of patients with schizophrenia. The only licensed drug for this is clozapine. Guidelines recommend that clozapine be offered at the earliest opportunity for patients with treatment resistance. Sometimes, delays occur in initiating clozapine.

Objectives and aims To study the delay in offering clozapine to patients with resistant schizophrenia.

Methods Descriptive study. Random sample of patients on clozapine attending NHSL, 'clozapine clinic' were interviewed, and their clinical records reviewed.

Results Sample 63 (25 males, 39.68%). Mean age: 34.95 years; mean duration of illness: 13.42 years. Clinical diagnosis in all was schizophrenia. Mean duration on treatment with clozapine was 6.80 years. In 28 (44.44%), two drug trials were tried prior to clozapine; three drug trials in 26 (41.26%); four drug trials in 9 (14.28%). In 49 (77.77%) patients, two second-generation antipsychotics (SGAs) tried prior to clozapine while in 14 (22.22%) three SGAs tried. Entire sample was given both risperidone and olanzapine. Antipsychotic polypharmacy was used in 18 (28.57%). Higher than recommended doses of antipsychotics either alone or in combination, were used in 36 (57.14%). Olanzapine up to 30 mg daily was tried in 25 (39.68%).

Conclusion There is a considerable delay in offering clozapine to patients with resistant schizophrenia. Multiple drug trials, antipsychotic polypharmacy and administration of higher than recommended drug doses seem to precede clozapine in a large percentage of patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2007>

EV1023

Aripiprazole is effective for the improvement of psychotic symptoms in patients with dementia with lewy bodies

Y. Kikuchi*, T. Kanbayashi, T. Shimizu

Akita University School of Medicine, Neuropsychiatry, Akita, Japan

* Corresponding author.



Objective Dementia with lewy bodies (DLB) is commonly considered the second most common form of dementia. The purpose of this study is to investigate the treatment effects of aripiprazole in patients with DLB.

Methods Eleven patients who had meet the criteria for DLB participated in this study. The presence of psychotic symptoms was confirmed by scores of either the delusions or hallucinations items of the Neuropsychiatric Inventory (NPI) score. Patients who had 25 or more on the Mini-mental State Examination Scale (MMSE) at the entry or having brain damage were excluded. Aripiprazole was initiated at a low dose (3 or 6 mg/day) and titrated to higher doses at 2-weeks intervals or more rapidly based on investigator's judgment. Previous medications prior to aripiprazole administration were not changed through this trial. Patient's clinical status was assessed at baseline, then 2 weeks during the study by using NPI, Clinical Global Impression (CGI) and Brief Psychiatric Rating Scale (BPRS) to measure psychotic behavioral symptoms, and Simpson-Angus Scale (SAS) to measure parkinsonism symptoms. Clinical Dementia Rating (CDR) and MMSE were carried out at screening and end point to evaluate cognitive function.

Results The mean scores of the SAS and CDR were significantly decreased at the study endpoint compared to baseline. The mean scores of the NPI and BPRS improved up until 4 weeks after having started aripiprazole. After 4 weeks, improvements slowed. The mean score of the CGI-S was decreased up until 8 weeks.

Conclusion This study shows that aripiprazole may be effective for the treatment of psychotic symptoms in patients with DLB.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2008>

EV1024

Tropicamide eye drops reduce clozapine-induced hypersalivation: A case reportO. Kilic^{1,*}, H.M. Ozturk², E. Ata²¹ Beykent University, Psychology, Istanbul, Turkey² Abant Izzet Baysal University Izzet Baysal Mental Health Research and Training Hospital, Psychiatry, Bolu, Turkey

* Corresponding author.



Introduction Clozapine-induced sialorrhea (CIS) is a common, treatment-limiting and stigmatizing side effect. All systemic agents that are used for hypersalivation may increase clozapine side effects such as blood pressure changes, constipation, or arrhythmias. Oral application of topical anti-muscarinic agents may be a low side effect option for treatment of CIS.

Objective The aim of this case report was to propose an off-label treatment of tropicamide drops to CIS and to stimulate further investigation.

Case report A 33-year-old male inpatient with schizophrenia has been on clozapine 800 mg and amisulpride 600 mg/day. His drooling was occasional and severe as drool drips off his chin during the day and night. Wet area over the pillow, visual analog scale (VAS), the short form of health survey (SF-36), UKU side effect rating scale, scale for the assessment of negative symptoms (SANS), scale for the assessment of positive symptoms (SAPS) were applied at baseline and in one-week intervals. Oral application of one drop of tropicamide % 0.5 (5 mg/mL) to left and one drop to right side before going to bed in the first week and two drops to each side were administered subsequently. Informed consent was given by the patient.

Results No psychological, neurological, autonomic and other side effects were observed associated with tropicamide. On VAS, the patient rated hypersalivation 5/7 at baseline, 4/7 after one drop each, 3/7 after two drops each.

Conclusions The reduction of CIS by oral use of tropicamide eye drops is promising and should be explored with randomized controlled trials.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1025

The therapeutic potential of natural compounds against Alzheimer's disease: A preclinical pharmacological study in both sexesN. Kokras^{1,2,*}, M. Dimitriadou², I. Sotiropoulos^{2,3},A.L. Skaltsounis⁴, A. Tsarbopoulos^{2,5}, C. Dalla²¹ Medical School, University of Athens, First Department of Psychiatry, Athens, Greece² Medical School, University of Athens, Department of Pharmacology, Athens, Greece³ School of Health Sciences, University of Minho, Life and Health Sciences Research Institute ICVS, Braga, Portugal

⁴ Faculty of Pharmacy, University of Athens, Department of Pharmacognosy and Natural Products Chemistry, Athens, Greece

⁵ GAIA Research Center, The Goulandris Natural History Museum, Bioanalytical Department, Kifissia, Greece

* Corresponding author.

Alzheimer's disease (AD), a neurodegenerative neuropsychiatric disorder, is often comorbid with depression and anxiety. Neuropsychiatric disorders are also characterized by sex differences. However, most preclinical pharmacological studies are conducted using only males. Herein, we used male and female twelve-month-old mice (3xTg) expressing mutated forms of human proteins Tau, APP and Presenilin1. These mice are considered a valid animal model of AD. We investigated the effects of the natural compound trans-crocin-4 (TC-4), which is derived from *Crocus sativus* and the olive compound oleuropein on the cognitive, depressive and anxious profile of 3xTg mice. We found that male and female 3xTg mice exhibited reduced locomotor activity and oleuropein treatment (100 mg/kg i.p., for 21 days) did not reverse this phenotype. In addition, anxiety- and depressive-like behaviors were not affected by genotype, sex or oleuropein treatment. Interestingly, oleuropein exhibited a tendency to enhance cognitive performance in male 3xTg mice. Treatment with TC-4 (50 and 150 mg/kg, i.p., acutely or chronically for 10 days) affected locomotor activity in a sex-differentiated manner. Interestingly, acute TC-4 clearly enhanced cognitive performance in all groups although it reduced center entries in the open field. Additionally, chronic TC-4 treatment enhanced novel object discrimination mainly in male 3xTg mice. Our findings highlight the potential of those natural compounds, which warrant further investigation but also emphasize the benefits of including both males and females in preclinical pharmacological studies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2010>

EV1026

A comparison of risperidone and olanzapine in the acute treatment of persistent delusional disorder: Data from a retrospective chart review

K. Kulkarni^{1,*}, R. Arasappa¹, K. Prasad¹, A. Zutshi², P. Chand¹, K. Muralidharan¹, P. Murthy¹

¹ National Institute of Mental Health & Neurosciences, Psychiatry, Bangalore, India

² Epworth Hospital, Psychiatry, Melbourne, Australia

* Corresponding author.

Introduction There is a lack of pharmacological trials studying drug response in Persistent Delusional Disorder (PDD) to guide clinical practice. Available reviews of retrospective data indicate good response to second-generation antipsychotics, but even such data from India is sparse.

Objectives and aims We aimed to compare the response of acute PDD to risperidone and olanzapine in our retrospective review.

Methods We conducted a retrospective chart review of patients diagnosed with PDD (ICD-10) from 2000 to 2014 ($n=455$) at our Center. We selected the data of patients prescribed either olanzapine or risperidone for the purpose of this analysis. We extracted data about dose, drug compliance and response, adverse effects, number of follow-up visits and hospitalizations. The study was approved by the Institute Ethics Committee.

Results A total of 280/455 (61%) were prescribed risperidone and 86/455 (19%) olanzapine. The remaining ($n=89$; 20%) had received other antipsychotics. The two groups were comparable in socio-demographic and clinical characteristics of PDD. Compliance was good and comparable in both groups ($>80\%$, $P=0.2$). Response to treatment was comparable in both groups (85% partial response

and $>52\%$ good response, all $P>0.3$). Olanzapine was effective at lower mean chlorpromazine equivalents than risperidone (240 vs. 391, $P<0.05$).

Conclusion Our study indicates a good response to both risperidone and olanzapine, if compliance to treatment can be ensured. In the absence of specific treatment guidelines for PDD, second-generation antipsychotics like risperidone and olanzapine offer good treatment options for this infrequently encountered and difficult to treat psychiatric disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1027

Effects of typical and atypical antipsychotics on spontaneous neuronal network activity in vitro

C. Lange-Asschenfeldt*, U. Henning, P. Görtz
Heinrich-Heine-University Duesseldorf, Psychiatry and Psychotherapy, Duesseldorf, Germany

* Corresponding author.

Introduction Microelectrode arrays (MEAs) with cultured neuronal networks are highly suitable to quantify neuroactive activity and neurotoxicity of applied substances.

Objective Multiparametric characterization of functional alterations of in vitro-neuronal network activity by different typical and atypical antipsychotics.

Aims To identify differential effects of antipsychotics on spontaneous neuronal network activity as a functional readout.

Methods Cultured networks of dissociated cortical cells of post-partial mice coupled to MEAs were exposed to increasing doses of aripiprazole, clozapine, haloperidol, olanzapine, raclopride, and risperidone.

Results We found a concentration-dependent inhibition of firing patterns for all substances except olanzapine. All other substances mediated a concomitant irreversible suppression of burst and spike rates, a decrease of the burst duration and the number of spikes in bursts as well as dose-dependent network desynchronization (decrease of Cohen's kappa). The comparison of the different antipsychotics with regard to their half-maximal effective dose values (EC_{50}) for inhibiting the spike rate yielded an increasing order of EC_{50} values, i.e. a declining order of toxic potency, of aripiprazole ($8.77 \mu\text{M}$) < clozapine ($9.36 \mu\text{M}$) < haloperidol ($9.77 \mu\text{M}$) < risperidone ($15.9 \mu\text{M}$) < raclopride ($22.7 \mu\text{M}$). No significant correlations were identified between EC_{50} values of the distinct antipsychotics and their binding affinity to the dopamine D(2), the serotonin 5-HT(1A), 5-HT(2A), 5-HT(2C), and the M(1) and M(2) muscarinic acetylcholine receptors.

Conclusion In MEAs, a dose-dependent neurotoxic effect of typical and atypical antipsychotics alike occurred at supratherapeutic doses via a yet unknown mechanism that did not involve actions on major receptor targets of these compounds.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2012>

EV1028

Increased libido as a bupropion-SR side effect: Clinical description of a case

L. Gallardo Borge*, C. Noval Canga, L. Rodríguez Andrés, I. Sevillano Benito, M. Hernández García, A. Álvarez Astorga, R. Hernández Antón, S. Gómez Sánchez, G. Isidro García, P. Marqués Cabezas

Hospital Clínico Universitario, Servicio de Psiquiatría, Valladolid, Spain

* Corresponding author.



Introduction Bupropion is a dual antidepressant, a norepinephrine and dopamine reuptake inhibitor. Its main use is in affective disorders as major depression. Antidepressants have been commonly associated with sexual side effects in the libido, sexual arousal, orgasm and erectile function. Bupropion has negative influence in sexual function, even it could increase the libido. Due to this, it could be a good option in patients with active sexual life and affective disorder.

Clinical report A 58-year-old female with a long history of depression disorder for 5 years. History of lots of side effects with different treatments, sexual dysfunction with serotonin-antidepressants. Treated with bupropion SR 150 mg/day and alprazolam, she suffered a relapse. The bupropion was increased to 300 mg/day. Three days later she appeared in the consultation room, presented a sense of pre-orgasmic of 72 hours of evolution, high increased libido, tiredness, muscle tension and insomnia. This sense did not improve after the sexual act. It had never happened previously. The side effect improved when the bupropion was reduced to 150 mg/day and disappeared with its withdrawal.

Conclusions The case made a relationship between the increased of bupropion's dose and the appearance of unusual sexual side effects (increased of libido and pre-orgasmic sense). Not only bupropion is one of the antidepressants that do not cause sexual dysfunction, if not it was reported in some trials that could be a treatment against this dysfunction due to its prosexual effects. The mechanism is unknown but could be related with norepinephrine or dopamine transmission.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1029

Lithium treatment and thyroid dysfunction – data from an inpatient psychiatric department



M. Lázaro^{1,*}, A. Mota¹, A. Moreira², R. Alves¹, M.A. Nobre¹

¹ Centro Hospitalar Psiquiátrico de Lisboa, Clínica 5, Lisbon, Portugal

² Área de Pedopsiquiatria, Centro Hospitalar Lisboa Central, H.D.

Estefânia, Lisboa, Portugal

* Corresponding author.

Introduction Lithium is among the most effective therapies for bipolar disorder. Lithium treatment may cause hypothyroidism, goiter or to a lesser extent hyperthyroidism, since it can affect several aspects of thyroid functioning. The prevalence of lithium-associated hypothyroidism varies extensively between studies, reaching up to 47%, and affecting more females than males (5:1).

Objective Determine the prevalence of thyroid dysfunction in an acute inpatient psychiatric department dedicated to affective disorders and its association with lithium therapy.

Aims To review the relation between lithium treatment and thyroid dysfunction.

Methods Observational, descriptive and retrospective study with clinical and laboratorial data concerning all inpatient episodes of 2015 in our Psychiatric Department. A non-systematic literature search was performed in PubMed.

Results The present study documented a high prevalence of thyroid dysfunction, particularly in women. Most cases were due to either hypothyroidism or subclinical hypothyroidism. Patients treated with lithium were more often under thyroid hormone replacement therapy (levothyroxine).

Conclusions The evidence that lithium treatment is associated with hypothyroidism is well established and this condition is easily treatable with levothyroxine. This study highlights the importance of baseline screening of thyroid function and regular long-term monitoring in patients treated with lithium.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1030

Do patients with psychotic disorders who smoke need higher dose of antipsychotic?



G. Ledesma-Iparraguirre^{1,*}, S. Lopez-Romeo¹, A. Ahicart-Rosell¹, N. Pastrana-Rocher¹, G. Saenz-Navarrete¹, N. Del Cacho¹, V. Barneda¹, J. Usall^{1,2,3}, E. Rubio-Abadal^{1,2,3}

¹ Research and Development Unit, Parc Sanitari Sant Joan de Déu, Sant Boi de Llobregat, Barcelona, Spain

² Grup de Treball de Dona i Salut Mental, GTRDSM, Barcelona, Spain

³ Centro de investigación biomédica en red de salud mental, CIBERSAM, Barcelona, Spain

* Corresponding author.

Introduction Prevalence of tobacco use in patients with psychotic disorders (PD) is 40–70%. It has been described use of tobacco induces Cytochrome P450 activity, increasing some antipsychotic drugs metabolism, thus reduces their plasma levels.

Aim We carried out the present study to analyze the association between tobacco use and doses of antipsychotics in patients with PD and to determine whether patients suffering from PD who smoke may require antipsychotic dose adjustments.

Methods We designed a cross-sectional study of patients between 18 and 55 years, with a PD, treated with the same antipsychotic and dose for the last 6 months:

- consumption of cigarettes per day was determined;
- the doses of the used antipsychotic drugs were converted into chlorpromazine equivalents;
- statistical analysis was performed with STATA.

Results The sample consisted of 30 women (29.7%) and 71 men (70.3%). Mean age was 43.7 years old (SD: 8.0). Sixty-three patients were smokers (63.6%), being the other 36 non-smokers (36.4%). Mean dose of chlorpromazine in smokers was 1088.04 mg/day (SD: 697.17 mg/day) whether in non-smokers was 699.16 mg/day (SD: 556.07 mg/day). Mean differences of antipsychotic dose were statistically significant between the two groups of smokers and non-smokers ($P=0.005$). We also found significant association between consumption of cigarettes and antipsychotics doses ($P=0.0001$), so that, per each cigarette/day, dose of Chlorpromazine increased 19.81 mg/day.

Conclusion Patients suffering from PD smoke required higher doses of antipsychotics. These results suggest that patients who smoke might need higher doses of antipsychotic and that, if consumption of tobacco varies, antipsychotics doses might need to be adjusted.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1031

Metabolic syndrome and its association with psychotropic medications in psychiatric patients from CAISM-IGSS (Center for Comprehensive Care Mental Health/Guatemalan Institute of Social Security)



J. Lopez
Guatemala

Introduction The use of antipsychotics represents an integral part of the psychiatric practice, unfortunately the use seems to

be associated with an elevated frequency of metabolic alterations causing an important weight disorder and glucose and lipid homeostasis, diminishing life expectations for these patients, likely to develop metabolic syndrome without proper control.

Objectives This study intended to find the association between metabolic syndrome in patients with psychotropic treatments used in the Guatemalan Institute of Social Security (IGSS).

Methodology Cohort Study ($n=43$ patients) who were treated combined with antipsychotics and mood stabilizers or antidepressants, conducting checkups at the beginning, then two to four months after, evaluating diagnosis of metabolic syndrome according to the criteria stated by the International Diabetes Federation (IDF).

Results Risk factor with the use of clozapine and valproic acid was revealed after four months of exposure ($RR=2.32$). With the use of clozapine and mood stabilizers a risk factor was prevalent with exposure after four months ($RR=2.67$), and with the use of antidepressants a protective factor for the development of metabolic syndrome was revealed at four months of exposure ($RR=0.3741$).

Conclusions the use of antipsychotics in combination with mood stabilizers represents a risk factor for developing metabolic syndrome, especially the association with valproic acid.

Keywords Metabolic syndrome; Clozapine; Stabilizers; Antidepressants

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV1032

Antipsychotics-induced leukopenia and neutropenia: A case report and review of literature

H. Maatallah*, H. Ben Ammar, M. Said, A. Aissa
Razi Hospital, Tunis, Tunisia

* Corresponding author.

Introduction Antipsychotic drugs effectively control psychotic symptoms, but may cause important side effects, significantly increasing morbidity and mortality. Hematologic abnormalities are frequent and may be life-threatening in some patients. Many prospective investigations confirmed neutropenia as a frequent occurrence with virtually all atypical antipsychotics.

Objective and methods Define epidemiological, clinical and therapeutic characteristics of antipsychotics – induced leukopenia and neutropenia through a case report and a review of literature.

Case report Patient 28 years old native of Tunis, with family history: brother who suffer of undifferentiated schizophrenia. Since the age of 16 years he has been followed for disorganized schizophrenia (DSM IV). He was initially put under Haldol Decanoate (2 months), fluphenazine (2 months), amisulpride (3 months), sulpride (2 months), olanzapine (3 months), Risperidone (1 month), aripiprazole (5 months) leukopenia/neutropenia is occurring during treatment with each molecule and which promptly resolved after discontinuation. Reduced white blood cell count has also been reported after addition of lithium. Actually an ECT is proposed for this patient.

Conclusion This case report shows the importance of hematological monitoring during the course of typical or atypical treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1033

Sociodemographic variables and efficacy study in psychotic patients after 12 months of outpatient treatment with paliperidone palmitate (PP)

P. Manzur Rojas*, P. Botias Cegarra, M.R. Raposo Hernandez, M.I. Ibernón Caballero, A. Sanchez Bahillo, A.L. Gonzalez Galdamez, M.J. Martinez Mirete, A. Belmar Simo, M.A. Carrillo Cordoba

Centro de Salud Mental de Cartagena, Psiquiatria, Cartagena, Spain

* Corresponding author.

Introduction Psychotic disorders are serious mental illnesses that compromise the quality of life of patients. It is important to know the characteristics of the affected population, seek to improve the adhesion and functionality.

Objectives To describe the sociodemographic characteristics of patients treated with Palmitato Paliperidona (PP). Analyze the efficacy variables, adherence to treatment.

Methods Cross-sectional study of 15 patients in outpatient follow-up after 12 months of treatment with PP. Sociodemographic characteristics are collected, mean dose of PP, through a mirror study. Scales to measure the functionality, clinical status and attitude towards medication apply: Scale of personal and social functioning (PSP), Brief Psychiatric Rating Scale (BPRS), Clinical Global Impression Scale (CGI-SI) and attitudes toward Inventory Medication (DAI).

Results The sample consists of 15 patients (54% male). 81% are single; 77% live alone and 94% not working. The mean dose of PP is 147 mg/month. DAI shows a good attitude to the treatment (80%). The PSP shows that 22% of patients have serious difficulties in its development. The CGI-SI shows that 67% are moderately sick and the BPRS that 33% of patients have a serious disorder.

Conclusions The demographic profile of patients after 12 months of treatment with PP coincides with male, unmarried, unemployed, living alone. Most have good adherence. The variables measured by the CGI-SI, BPRS and PSP, displayed moderately ill patients with severe difficulties or marked on their autonomy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1034

About existence of overmedication in patients with depressive symptoms and the appearance of un-induced movement disorder

P. Manzur Rojas*, M.A. Carrillo Cordoba, A. Sanchez Bahillo, M.R. Raposo Hernandez, P. Botias Cegarra, M.I. Ibernón Caballero
Centro de Salud Mental de Cartagena, Psiquiatria, Cartagena, Spain

* Corresponding author.

Overmedication and the combined use of various antidepressants while increasingly seen in daily clinical practice. The drug-induced Parkinsonism, often presented as tremor, rigidity, bradykinesia and impaired postural reflexes. The syndrome is caused by multiple drug drugs can be classified into high risk, intermediate and low. This case is a 75-year-old woman diagnosed with recurrent depressive disorder, which after several adjustments in medication for depressive symptoms with poor response to treatment. It is referred by her family doctor to the neurologist at the onset of tremors in limbs, dyskinesia orolinguales, rigidity and bradykinesia. After studies to rule out organic neurology disease, is derived psychiatry for changing inducing drugs parkinsonism. The last scheduled treatment was: Mirtazapine 15 mg/day, quetiapine 25 mg/day, Clonazepam 2 mg/day, paroxetine 40 mg/day, Sulpiride



50–150 mg daily. After confirming parkinsonism signs, psychiatry proceeds to changing pharmacology, with slow decline until suspension of antipsychotics, paroxetine by venlafaxine change, and also change of antihypertensive (captopril). After review at 2 months it is seen signs of improvement parkinsonism, appreciating the mental patient improvement with decreased physical discomfort and keeping the improvement in the last review (4 month) with venlafaxine 150 mg/day, Lorazepam 1 mg casual. The prevalence of drug-induced Parkinson's can go from 15 to 32% of the population. Risk factors identified are: advanced age, family predisposition, doses and drug power inductor, female gender and the presence of brain atrophy. The main objective should be to prevent the onset of Parkinson drug, to monitor patients that may be at higher risk of developing it.

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EV1035

Doctor I have painful erections

F. Medini*, L. Menif, G. Jmii, F. Ghali, M. Zeghal, L. Robbana, S. Derouiche, W. Melki

Hospital razi, psychiatry D, Jardin D El Menzah, Tunisia

* Corresponding author.

Introduction Ischemic (veno-occlusive, low flow) priapism is a painful and persistent penile erection unrelated to sexual desire or stimulation. In some cases, it is an adverse event of antipsychotic medications.

Materials and methods An Internet search was initiated using the search engines: Direct Sciences; Medline and keywords "Penile erection; priapism; Antipsychotic agents; Side effects" and we illustrated our literature review by a clinical vignette of a man aged 38 years followed for schizophrenia placed under Fluphenazine 125 mg/month from 5 years who consulted us in may 2015 because of priapism and he described painful and prolonged erection episodes evolving for approximately 5 days.

Discussion Medical literature mentions many cases of venous priapism in patients treated by conventional or atypical neuroleptics. About 30% of venous priapisms could be related to drugs of which approximately 50% to neuroleptics. This side effect is related to alpha1-adrenergic blocking properties of these treatments, more or less important depending on the drugs in this class. After emergency treatment, the priapism is the problem of the continued neuroleptic treatment. The substitution of one molecule by another alpha-1 blocking properties to the less marked is recommended.

Conclusion The venous priapism is a uro-andrological emergency requiring prompt treatment to prevent erectile sequelae.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1036

Modulation of corticospinal excitability by valerian officinalis root extract: A neuropharmacological Transcranial Magnetic Stimulation (TMS) study

L. Mineo^{1,*}, C. Concerto¹, Y. Sarraf², E. Giokas², M. Paula², D. Coira³, C. Ellen², E. Aguglia¹, F. Battaglia⁴

¹ Unit of Psychiatry, Department of clinical and experimental medicine, Catania, Italy

² New York College of Podiatric Medicine, Department of Preclinical Sciences, New York, USA

³ Hackensack University Medical Center, Psychiatry and Behavioral Medicine, Hackensack, NJ, USA



⁴ Seton Hall University, Health and medical sciences, South Orange, USA

* Corresponding author.

Introduction Valerian officinalis roots extract is a popular medication for insomnia and anxiety treatment. Sedative effect of Valerian is mainly attributed to the modulation of gabaergic transmission, but its pharmacodynamics has not been fully elucidated. **Objects** To investigate the acute effects of Valerian Officinalis extracts intake on corticoexcitability as measured by TMS.

Aims To obtain further data on Valerian pharmacodynamics.

Methods Twelve healthy volunteers participated in a double-blind randomized crossover placebo-controlled study. They were required to take either 900 mg of Valerian officinalis extract (valerenic acid 0.8%) or placebo. Focal TMS of the hand area of left motor cortex was used to test Resting motor threshold (RMT), Motor evoked potentials (MEPs) amplitude and silent period duration (SP). We also tested Short-interval Intracortical Inhibition (SICI), Intracortical facilitation (ICF), Short and Long afferent Inhibition (SAI and LAI). All parameters were investigated at baseline, 1 hour and 6 hours after drug intake. After a 3-week washout period the subjects switched to the alternate arm of the study.

Results A mixed RMANOVA revealed a significant main effect of "time" [$F_{(1,22)} = 4.03, P = 0.02$] and a significant "treatment × time" interaction [$F_{(1,22)} = 6.3, P = 0.003$]. Post-hoc analysis indicated that the amount of ICF was significantly reduced 1 hour after Valerian intake ($P = 0.01$) returning to baseline values after 6 hours. No significant changes between the Valerian and placebo groups were observed for the other parameters investigated.

Conclusions The modulation of ICF induced by Valerian officinalis is likely due to glutamatergic antagonism and might underlie the anti-anxiety therapeutic effects.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1037

Tolerability of desvenlafaxine in clinical practice: An observational phase-IV study

B. Navarro^{1,*}, I. Perez², L. Perez¹, L. Erkoreka¹, A. Arroita¹

¹ Red de Salud Mental de Bizkaia, CSM Barakaldo, Bilbao, Spain

² Hospital Universitario Cruces, psiquiatría, Barakaldo, Spain

* Corresponding author.

Introduction Desvenlafaxine is a SNRI which presents low affinity for muscarinic, H1 and $\alpha 1$ in vitro receptors and a marginal hepatic metabolism. Different studies have shown effectiveness and a favorable tolerability profile, but only a few of them have been realized independently.

Objectives and aims To study the incidence and characteristics of short-term desvenlafaxine side effects (SE) in daily clinical practice.

Methods A total of 123 patients with recently introduced desvenlafaxine treatment are recruited from Barakaldo and Uribe-Kosta Mental Health Centers, and UKU scale is administered to measure SE. Descriptive data are calculated using SPSS v.22.

Results SE are observed in 30.09%. Among these, 5.69% experienced improvement or disappearance of SE with dose reduction, whereas 16.26% had to stop DVF treatment. The most frequent SE was nausea/vomiting (7.3%), followed by dry mouth (4.9%), blurred vision (4.9%), tachycardia (4.1%), sexual SE (4.1%) and tension/inner unrest (4.1%). Among the patients with anxiety disorders, 27.78% present SE versus 30.47% of patients with other diagnoses.

Conclusions The characteristics of SE with DVF in daily clinical practice are comparable to those found in previous studies, and the overall profile is more benign than other AD. Aspects such as gender and sexual function must be considered. In patients with anxious symptoms DVF is also effective and ES are presented



similarly, opening a new line of research and treatment of conditions with these characteristics.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1038

The role of long-acting antipsychotic treatment in schizophrenia with comorbid drug use. The case of paliperidone palmitate



A. Portilla Fernández¹, L. Reula², E. Manrique Astiz³, L.A. Núñez Domínguez^{4,*}, O. Arbo Ruiz⁵, M. García Nicolás⁶, O. Fernández de la Vega⁷

¹ *Clínica de Rehabilitación, Psychiatry, Pamplona/Iruña, Spain*

² *Hospital de Día, Psychiatry, Pamplona/Iruña, Spain*

³ *Mental Health Center, Psychiatry, Tafalla, Spain*

⁴ *Centro Médico, Psychiatry, Pamplona, Spain*

⁵ *Centro de Día Zuria, Psychiatry, Pamplona/Iruña, Spain*

⁶ *Mental Health Center, Psychiatry, Tudela, Spain*

⁷ *Mental Health Center, Psychiatry, Pamplona/Iruña, Spain*

* *Corresponding author.*

The patient suffering a schizophrenic disorder with a comorbid drug use is a challenge for the technical team of psychiatrists who provide to control this disorder. In some guides that include a revision of the efficacy of several psychopharmacological and/or psychological treatment shows that there any treatment has no efficacy in this group of patients. But it suggests that long-acting antipsychotic may play a role in some cases with no adherence. We study prospectively some data in a group of patients of these characteristics treated with paliperidone palmitate as main psychopharmacological treatment, using as measurements of outcome the number of psychiatric admissions, dosage of oral treatment, use of drug before and after the beginning of Paliperidone Palmitate. Our results show that it exists a decrease of number of admissions, dosage of oral concomitant treatment and drug use, with a very good adherence and no dropouts in the follow-up. We conclude that Paliperidone Palmitate may be a very good alternative for the psychopharmacological treatment in schizophrenic patients with comorbid drug use.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1039

Heavy cannabis use impairs verbal memory of first psychotic episode patients



C. Nuñez¹, S. Ochoa¹, E. Huerta-Ramos², I. Baños¹, A. Barajas³, M. Dolz⁴, B. Sanchez⁵, N. Del Cacho⁶, G. Genipe⁷, J. Usall^{6,*}

¹ *Parc Sanitari Sant Joan de Déu, CIBERSAM, Research Unit, Sant Boi de Llobregat, Spain*

² *Parc Sanitari Sant Joan de Déu, CIBERSAM, Research Unit, Sant Boi de Llobregat, Spain*

³ *Centre d' Higiene Mental Les Corts, Research Unit, Barcelona, Spain*

⁴ *Hospital Materno Infantil Sant Joan de Déu- Esplugues, Psychiatry Department, Esplugues de Llobregat, Spain*

⁵ *Hospital Materno Infantil Sant Joan de Déu, Psychiatry Department, Esplugues de Llobregat, Spain*

⁶ *Parc Sanitari Sant Joan de Déu, Research Unit, Sant Boi de Llobregat, Spain*

⁷ *Parc Sanitari Sant Joan de Déu, Psychiatry Research, Sant Boi de Llobregat, Spain*

* *Corresponding author.*

Introduction Cannabis consumption is known to be increased in both schizophrenic and first psychotic episode patients. Contrary to what has been reported in studies with healthy people, all published studies so far have reported no impairments or even beneficial effects on neurocognition associated with cannabis consumption in schizophrenia and first psychotic episode patients. However, these studies did not address the effects of very high cannabis consumption.

Objective Our aim in this study was to assess the effects on neurocognition of regular and heavy cannabis consumption in first psychotic episode patients.

Methods A total of 74 patients were included in the study and assigned to 3 different groups according to their mean cannabis consumption during the last year (non-users, regular users, and heavy users). Participants were administered verbal memory, attention, processing speed, working memory, vocabulary, arithmetic and spatial orientation tasks.

Results Our results showed the heavy cannabis group of first psychotic episode patients to be significantly impaired in all the verbal memory measures with respect to the non-users group. There were no significant differences between regular users and non-users. Moreover, regular cannabis consumption was associated with an improvement in some attention and processing speed measures.

Conclusions Our data showed heavy cannabis consumption to impair verbal memory in first psychotic episode patients and suggest a dose-related effect of cannabis consumption, since regular consumption did not impair verbal memory and may be beneficial for other tasks.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1040

Choosing an antipsychotic on a case of late-onset psychosis – A challenge on everyday practice



M. Oliveira^{*}, M.J. Peixoto, C. Novais, C. Santos

Centro Hospitalar São João, EPE, Psychiatry and Mental Health Clinic, Porto, Portugal

* *Corresponding author.*

Introduction Psychosis with onset in late adulthood already constitutes a challenge on the differential diagnosis and treatment, especially in polypharmacy patients.

Methods and aims We present a case report of a 61-year old woman with a late-onset psychosis and discuss the clinical evolution and the pharmacological treatment.

Results The patient suffered from obesity, type II diabetes mellitus with poor glycemic control, and hypertension. She had a first psychotic episode at the age of 56, having persecutory delusional ideas and auditory hallucinations with psychomotor agitation and insomnia. She was first medicated with an atypical antipsychotic (olanzapine) with little response and worsening of the glycemic control. A switch was performed to haloperidol with remission of symptomatology with low doses (4mg/day). Through follow-up the doses of haloperidol was decreased and eventually suspended, but having a relapse a few months later. Haloperidol was again introduced and the symptoms remitted. Stability was maintained, but the patient started to show lower limbs symmetrical rigidity and psychomotor retardation. It was decided to switch haloperidol to risperidone, but the patient reported side effects with its use, and had to stop it. Haloperidol was again introduced, but had to be discontinued after motor symptoms got worse. Again the patient had another recurrence of psychotic symptoms and it was decided to introduce paliperidone (6 mg/day) with good response and tolerability.

Conclusions The safety and tolerability of antipsychotic medication is variable. When choosing a treatment in a patient with

comorbid medical conditions, it can severely influence the desirable outcome.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1041

Subacute psychiatric hospitalization unit: The role of clozapine



O. Orejas*, C. Masferrer Herrera, C. Macías Castellví, P. Flores Martínez

Neuropsychiatry and Addictions Institute INAD, Parc de salut Mar, Psychiatry Hospitalization, Barcelona, Spain

* Corresponding author.

Introduction Several studies report that Clozapine is more effective in reducing symptoms of schizophrenia, producing clinically meaningful improvements and postponing relapse than other antipsychotic strategies.

Objectives To analyze the prescription of Clozapine in a sample of 88 inpatients admitted to a subacute psychiatric hospitalization unit.

Methods This is a transversal study. All patients admitted for a medium-term psychiatric treatment since 01/06/2014 to 30/11/2015 were included. Data about socio-demographical status and clinical situation were obtained and compiled in a database. This study compares patients receiving clozapine treatment with those who receive other psychopharmacologic treatment. Statistics were performed using SPSS Software.

Results Eighty-eight patients (52% men; mean age: 48.6 years) composed the sample. In 58% of cases, schizophrenia and schizoaffective disorder were the diagnoses motivating the admission. Within the 51 patients with Schizophrenia or Schizoaffective Disorder, 16 of them (31.4%) received Clozapine. Comparing clozapine group vs non-clozapine group, there were no significant differences between the groups in terms of sex, civil state or working state. Instead, Clozapine group patients were older, had a major number of previous hospitalization admissions and had a larger trajectory of their disorder.

Conclusions Patients requiring treatment with Clozapine had a major number of hospital admissions and had more often committed suicide attempts, suggesting a more severe course of the disorder. They were older than the non-clozapine group. Clozapine is delayed in its use among resistant-treatment patients. It is worth highlighting that only 16 cases of Schizophrenia inpatients received Clozapine. It could mean that Clozapine is underprescribed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1042

The treatment of autism with pipamperone: A case report



B. Petrosino^{1,*}, M.S. Signorelli², F. Magnano di San Lio², C. Petrosino³, E. Aguglia²

¹ Psichiatria, Medicina clinica e sperimentale, Caltagirone, Italy

² Psichiatria, Medicina Clinica e sperimentale, Catania, Italy

³ Psichiatria, ASP Catania, Caltagirone, Italy

* Corresponding author.

Introduction Adults with autism spectrum disorders (ASD) often have behavioral disorders, like aggression, agitation and self-injury. These problems are frequently severe enough to limit educational and developmental progress. Only risperidone and aripiprazole have so far been approved by the FDA for the treatment of behavioral disturbance associated with autism. These drugs are not very effective in the long term, with little benefits to the social

functioning and they are associated with side effects. This case report describes the use of pipamperone, in treating behavioral disorders of a patient with autism spectrum disorder and severe mental retardation.

Case presentation Here is presented the case of a 32-year-old man with autism spectrum disorder, severe mental retardation (caused by undiagnosed phenylketonuria for the first 3 years of life) treated with antipsychotics since childhood. He showed numerous episodes of psychomotor agitation, hetero-direct physical aggression and self-injury, and movement disorders induced by drugs. Treatment with pipamperone reduced drastically crises of psychomotor agitation, and behavioral disorders, without extrapyramidal side effects, and led to an improvement in social functioning. The control of behavioral symptoms associated with adherence to treatment was maintained for 6-month follow up. These clinical observations are supported by ratings using: ABC, CGI-S and CGI-I, VABS, SAS, AIMS.

Conclusion This case report provides the first potential evidence that pipamperone may be effective in treating behavioral problems associated with autism spectrum disorders. Moreover, the improvement of social functioning and the lack of extrapyramidal side effects make this drug notable for its effectiveness and tolerability.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1043

Effect of metformin treatment on metabolic parameters in atypical antipsychotic-treated schizophrenic patients



V. Prisco^{1,*}, S. Sorice¹, F. Franza², M. Fabrazzo¹

¹ University of Naples SUN, Department of Psychiatry, Naples, Italy

² Neuropsychiatric nursing home "Villa dei pini", Avellino, Department of Neuropsychiatry, Avellino, Italy

* Corresponding author.

Few studies have compared the effect of Metformin treatment on metabolic parameters in atypical antipsychotic-treated schizophrenic patients. The present study examined metabolic abnormalities due to clozapine or olanzapine in schizophrenic patients and, secondly, the effect of metformin treatment on these parameters. Twenty-six patients (19 M and 7 F) from neuropsychiatric nursing home "Villa dei pini" (Avellino) were enrolled, in collaboration with our Department of Psychiatry, University of Naples SUN. All patients had been diagnosed according to DSM-IV criteria. They were recruited from July 2013 to January 2015. Clozapine or olanzapine-related hyperglycemia required metformin introduction in therapy. All prescribed drugs were maintained at the same therapeutic daily dose during our study. We performed 1, 3 and 6 months follow up after metformin initiation. For each patient fasting cholesterol, glucose, triglycerides, body weight (BW), body mass index (BMI), systolic and diastolic blood pressure (BP) were evaluated. SPSS 16.0 (Statistical Package for Social Science) was used for data analysis. After antipsychotic treatment BMI, fasting glucose and triglycerides were significantly higher respect to basal values ($P < 0.01$, $P < 0.0001$, $P < 0.05$, respectively). After metformin treatment, a significant improvement in fasting glucose, cholesterol and triglycerides was registered ($P < 0.001$). Conversely, BMI values, although not significant ($P < 0.168$), showed a trend in increasing. This observational study underlines that metformin in antipsychotic-treated patients could be useful in preventing clozapine or olanzapine related metabolic abnormalities in schizophrenic patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1044

Pro-BNP as a biomarker of asymptomatic clozapine-related heart dysfunction: Possible usefulness for clozapine management



V. Prisco^{1,*}, M. Petrosino², M. Fabrazzo¹

¹ University of Naples SUN, Department of Psychiatry, Naples, Italy

² ASL Salerno- Department of Mercato San Severino, Department of Psychiatry, Mercato San Severino, Italy

* Corresponding author.

Cardiovascular clozapine-related side effects such as tachycardia and orthostatic hypotension are well recognized, but are rarely clinically important. However, the increasing number of life-threatening drug-related complications are giving rise to concerns about cardiac adverse reactions (myocarditis, cardiomyopathy, pericarditis and heart failure). The diagnosis is usually made considering patient's symptoms, such as tachycardia, slightly increased body temperature, subjective chest pain, dyspnea. However, this symptomatology is not always present in a clozapine-related pericarditis. Some authors suggest measuring BNP levels to detect early and asymptomatic cardiac dysfunction. We here report the clinical cases of two women, respectively 22 and 28 years old. They both suffered from an early onset resistant schizophrenia. Clozapine was gradually introduced, at a dose of 200 mg/day, in both patients. After about one month in both cases, while the first patient was nearly asymptomatic, apart from the intermittent fever (only PCR and pro-BNP values were elevated, 16.88 mg/dL and 1004 pg/mL, respectively), the second one showed a classic symptomatology suggestive of pericarditis. Clozapine was discontinued in both patients, resulting in progressive resolution of pericarditis. Interestingly, in the patient in which pro-BNP was elevated, after clozapine cessation, the pro-BNP fell down dramatically. Pro-BNP plasma levels appears to be an interesting test in identifying subjects with asymptomatic cardiac impairment. It would be useful to evaluate if early treatment with beta-blockers and ACE-inhibitors may allow the prosecution of clozapine treatment after developing of mild signs of cardiac toxicity in drug resistant schizophrenic patients responsive to clozapine.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1045

Pseudoakathisia in a patient with clotiapine abuse: Report of a case



P. Quandt*, M.D.R. Cejas Méndez

Hospital Universitario de Canarias, Psiquiatría, La Laguna, Spain

* Corresponding author.

Introduction Objective symptoms of akathisia in the absence of subjective symptoms is known as pseudoakathisia, more often diagnosed in older patients with long-term antipsychotic treatment.

Objective To describe a case of pseudoakathisia in a patient with clotiapine abuse.

Aims Pseudoakathisia management.

Methods X is a 47-year-old male with chronic insomnia treated with clotiapine 40 mg/day for four years. He admits abusive neuroleptic consumption in the past eight months (160 mg/day), without any psychiatric control for years. In recent months he has experienced different organic complications, requiring multiple hospitalizations. During psychiatric examinations due to confusional states, repeated lower limbs movements were objectified. X reported he presented these movements for at least six months, without complaints of inner restlessness feeling. Neurological examination showed normal DAT-SCAN result. Clinical progression was evaluated using BARS scale (Barnes Akathisia Rating Scale).

Results Following the results of tests and statements of drug history, X was diagnosed with clotiapine-induced pseudoakathisia. Neuroleptic treatment was suspended, and clonazepam 6 mg/day and propranolol in ascending doses up to 80 mg/day were initiated. In subsequent evaluations, progressive decrease in movement intensity was observed. However, complete remission after four months from clotiapine suspension was not achieved.

Conclusions Pseudoakathisia is a concept not well defined at this moment and different hypotheses about its nature are considered. It has been suggested that it is a form of delayed dyskinesia, or a clinical progression from akathisia, with acquired subjective discomfort tolerance. The most widely used treatment includes benzodiazepines, beta-blockers and anticholinergics, although their effectiveness is limited.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1046

Reduction in medication expenditure: Review of strategies at a children's psychiatric facility



B. Reddy*, M.W. Azeem, J. Smiles, L. Carrabetta

Albert J. Solnit Children's Center, Child and Adolescent Psychiatry, Middletown, CT, USA

* Corresponding author.

Prescription drug costs rise about 15% annually. Solnit Center has been exploring ways to reduce overall expenditure on medications while promoting best practice of care. Lack of facility-based pharmacy has posed specific challenges in ordering medications, optimal usage and minimizing wastage of drugs. Each of these areas were examined and reviewed at Pharmacy and Therapeutics Committee of the facility. This information was shared with the ordering physicians and standard prescribing practices were established. This project was aimed at tracking medication costs over a 11-year period while monitoring supplies and destruction of unused medications.

Aims 1. Reduce overall medication expenditure while maintaining standard of care. 2. Develop a program to return unused medications for refund.

Methods 1. Monthly review of pharmacy cost by facility, patient and medication. 2. Development and legislative approval of a program to return drugs. 3. Collaborate with contracted pharmacy to explore ways to cut costs. 4. Train nurses and physicians to understand optimal ordering practice. 5. Demonstrate medications wasted with associated financial impact to the facility.

Results The expenditure to the facility over 11 years has gradually decreased despite increase in medication costs. In 2004, the facility spent \$ 712,904 and in 2014, the expenditure was \$ 584,022.

Conclusions Awareness about costs and optimal ordering practices led to significant savings to the facility.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1047

Mega-review of meta-analyses investigating the short-term efficacy of pharmacologic augmentation strategies of antipsychotics in patients with schizophrenia



J.M. Rubio^{1,*}, G. Inczedy-Farkas¹, S. Leucht², J.M. Kane^{1,3}, C. Correll^{1,3}

¹ Zucker Hillside Hospital, Department of Psychiatry, Glen Oaks, NY, USA

² *Klinikum rechts der Isar, Technischen Universität München, München, Germany*

³ *Feinstein Institute for Medical Research, Department of Psychiatry, Manhasset, NY, USA*

* *Corresponding author.*

Antipsychotics are the cornerstone of treatment for schizophrenia, but they have limited effectiveness, as most patients require subsequent strategies at some point of their treatment. Despite being widely used, the efficacy of pharmacologic augmentation of antipsychotics is controversial and no combination treatment has been approved for schizophrenia. We conducted a systematic review in PubMed and PsycInfo on June 1st 2015 and a random effects meta-analysis of meta-analyses of short-term, placebo-controlled studies of pharmacological augmentation strategies of antipsychotics in schizophrenia. Methodological quality of meta-analyses was measured using the AMSTAR, plus 6 additional items developed to rate the content quality of the meta-analyzed trials. Out of 3062 publications, we identified 36 eligible augmenting strategies. For total symptom reduction, 25 strategies augmenting antipsychotics and 5 strategies augmenting clozapine were eligible and examined. Eleven strategies were more efficacious than placebo, none of them augmenting clozapine. Significant effect sizes ranged between SMD -1.03 and -0.23 . Efficacy was not correlated with the quality of the meta-analyses. Only the meta-analysis for NSAIDs augmentation had a score greater than half of the possible points for content quality. Only antipsychotics, azapirones, antidepressants and lithium were less discontinued than placebo. Serotonin-3-receptor antagonists, lamotrigine, mirtazapine/mianserine, minocycline and estrogens had large effect sizes augmenting antipsychotics. However the quality of the content of most meta-analyses was low. The NSAIDs augmentation meta-analysis had the best content quality, yet with a low effect size for efficacy. The evidence for short-term augmentation strategies of antipsychotics in schizophrenia is inconclusive, due to the limited quality of the available trials.

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EV1048

California rocket fuel: And what about being a first line treatment?



J. Silva^{1,*}, J. Mota², P. Azevedo¹

¹ *Magalhães Lemos Hospital, Inpatient C Unit, Porto, Portugal*

² *Magalhães Lemos Hospital, Inpatient C Unit, Electroconvulsive therapy Unit, Porto, Portugal*

* *Corresponding author.*

Introduction The association venlafaxine-mirtazapine is currently known as California Rocket Fuel (CRF). Studies show advantage in terms of efficacy and rapid control of depressive symptoms compared to other associations. Venlafaxine is a selective serotonin-noradrenalin reuptake inhibitor and mirtazapine is a noradrenergic-specific serotonergic antidepressant: the result is a potent noradrenergic and serotonergic effect. Studies say that CRF should be performed only for drug-resistant depression; however, there are case reports of its use as a first line treatment, in selected patients.

Objectives To summarize the latest literature about this field and to present a case report.

Aim To explore and critically review the controversies of venlafaxine-mirtazapine association as a first line antidepressants strategy.

Methods A brief review of the latest literature was performed, using PubMed and the keywords “venlafaxine-mirtazapine association”. A case report about a depressed woman is presented.

Results Despite most studies are referent to its utility in drug-resistant depression, there are recent pilot studies that recommend CRF as a first line option.

M., a 64-year-old woman, had her first psychiatric consultation. She had been depressed for 2 years, she lost 10 kg, had total insomnia and suicidal thoughts. CRF was started up to 150/15 mg, daily. An improvement was noticed after two weeks of treatment and the stabilization of depressive symptoms were achieved by the fourth month.

Conclusions CRF seems to be effective and useful. Patients with insomnia and weight loss may benefit from CRF as a first line option. However, more studies are needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1049

The impact of tobacco smoking in patients taking long-action injection drugs – A retrospective comparative study between haloperidol and risperidone



J. Silva^{1,*}, H. Prata-Ribeiro²

¹ *Magalhães Lemos Hospital, Inpatient C Unit, Porto, Portugal*

² *Júlio de Matos Hospital, General and Transcultural Psychiatry Unit, Lisbon, Portugal*

* *Corresponding author.*

Introduction Smoking rate seems to be higher among patients with schizophrenia, comparing to other psychiatric entities, mainly in those who are on typical antipsychotics. Tobacco is known to have enzyme inducer properties, due to cytochrome P450 complex activity: CYP1A1, CYP1A2, CYP2E1 and CYP2D6. CYP2D6 and CYP1A2 play an important role in antipsychotics metabolism, mainly in the first generation ones, like haloperidol, despite its importance in risperidone metabolism.

Aim To analyze the importance of tobacco smoking in patients taking long-action injections.

Objectives To investigate how sexual dysfunction varies with tobacco smoking, in patients taking long-action injections.

Methods Individuals from both sexes, from 18 to 55 years old, taking antipsychotic long-action injections, answered the Arizona Sexual Experience Scale (ASEX).

Results In the studied population ($n = 44$), there were 20 individuals on haloperidol and 24 individuals on risperidone. In a total of 18 (40.9%) positive results for sexual dysfunction, 6 were on haloperidol (30%), 12 (50%) were on risperidone. Seventeen individuals of the 20 who were on haloperidol were smokers, but only 4 were considered to have sexual dysfunction, 35.3%; 12 of the 24 individuals who were on risperidone were smokers, but only 5 were considered to have sexual dysfunction, 41.7%.

Conclusions Patients treated with haloperidol smoke more, comparing to risperidone. Sexual dysfunction is more frequent in patients taking risperidone than in patients taking haloperidol. This data supports that CYP2D6-CYP1A2 induction by tobacco, mainly interacts with haloperidol, which may be helpful for patients to try less side effects.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1050

Interferon-induced psychosis: Myth or reality?

A. Antunes*, L. Sousa

Hospital de Santa Maria, Lisbon Academic Medical Center, Psychiatry and Mental Health, Lisbon, Portugal

* Corresponding author.

Introduction Interferon combined with ribavirin is widely used to decrease the burden of Hepatitis C virus (HCV), but some serious side effects might limit its usefulness. There has been recently a growing awareness about neuropsychiatric complications of many drug treatments. Anecdotal case reports of HCV treatment induced psychosis were published but there seems to be no consensus about the causative relation and no systematic reviews were done to the date.

Objective To describe a paradigmatic case that was managed as an iatrogenic psychotic episode following interferon associated with ribavirin.

Aim Call attention to problems that interfere with the recognition, diagnosis and management of drugs induced psychosis.

Methods Bibliographic research was conducted through the PubMed in the Medline library and clinical information was obtained through medical records and clinical interviews with the patient.

Results A 50-year-old Brazilian woman, with a previous episode of postpartum depression, presented with paranoid psychosis six months after initiating HCV antiviral therapy. Psychotic symptoms consisted of persecutory delusions and auditory hallucinations and developed together with agitation and aggressive behavior. Psychiatric hospitalization was required and psychosis resolved with discontinuation of therapy and initiation of risperidone. Laboratory tests and brain images were of no help in the etiologic investigation.

Conclusions There are many drugs known to possibly cause neuropsychiatric symptoms. It is the job of every physician to be aware of this hypothesis especially in cases with acute onset and atypical presentations.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1051

Use of cannabis components in the treatment of mental disorders

C. Tsopelas*, M. Dimitraka, P. Ntounas, A. Gatos-Gatopoulos, D. Karadima, T. Charalampos

Psychiatric Hospital of Attica, 5th Dept of Acute Admissions, Athens, Greece

* Corresponding author.

Introduction There is evidence that supports the increased risk of developing psychosis or psychotic like symptoms in vulnerable populations after use of cannabis. Cannabis' main psychoactive component, Δ 9-tetrahydrocannabinol (THC), induces acute psychotic effects and cognitive impairment. But there is also evidence to suggest that molecules in the cannabis plant could have an antipsychotic affect.

Aims In this review we are trying to explore the possibilities of cannabis use as a therapeutic agent in mental disorders.

Methods Thorough research of the main databases, and web search engines for relevant studies, using appropriate keywords. We scrutinize them independently, before reaching consensus about appropriateness.

Results In animal models repeated treatment with cannabis constituent cannabidiol CBD or the atypical antipsychotic clozapine attenuates or reverses the schizophrenia-like behavioral disruption.

In humans there are data that CBD counteracts psychotic symptoms and cognitive impairment associated with cannabis use. Also CBD may lower the risk for developing cannabis use associated psychosis. There are opposite effects of CBD and THC on brain activity patterns in key regions implicated in the pathophysiology of schizophrenia, such as the striatum, hippocampus and prefrontal cortex.

Conclusions The possible mechanism of action of CBD is not fully clarified, as it may involve anti-inflammatory or neuroprotective properties. These initial clinical studies with CBD treatment of psychotic symptoms argument the potential of CBD as an effective antipsychotic compound. Mechanisms responsible for these effects need to be further investigated.

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EV1052

Nicotine as therapeutic agent in treatment of mood disorders

C. Tsopelas*, N. Petros, D. Maria, P. Dimitris, G.G. Angelica, K. Dimitra, T. Charalampos

Psychiatric Hospital of Attica, 5th Department of Acute Admissions, Athens, Greece

* Corresponding author.

Introduction The plant that has as active ingredient nicotine was chewed or smoked for many years from American natives, for its therapeutic properties. Nowadays after the extensive negative attitude towards smoking, the main provider of nicotine, researchers are now pointing out the therapeutic possibilities of nicotine in mood disorders, as a substance that is acting in the acetylcholine receptors in the brain.

Aims In this review we are trying to explore the possibilities of nicotine use as a therapeutic agent.

Methods We did a detailed research of the main medical databases, and web search engines for relevant studies. We scrutinize them independently, before reaching consensus about appropriateness for inclusion in the study.

Results Diadermal administration of nicotine has a positive effect in depressive disorder in 3–8 days, an effect that in one study was reversed after cessation of nicotine. Patients with depression and/or healthy subjects show improvement of attention and working memory after diadermal use of nicotine. Research is not conclusive in the sustainability of these positive affects as other researchers emphasize their short effect in mood.

Conclusion Nicotine presents as part of novel and promising therapeutic agents with complex interactions with other neurotransmitters in the brain. Before condemning nicotine along with smoking we should acknowledge the potential use of nicotine as a therapeutic compound since research shows that some of these positive effects appear not only to smokers after abstinence but also to non-smokers.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1053

Awkward movements: Extrapyramidal symptoms in a group of patients treated with aripiprazole long acting injectableC. Victor^{1,*}, S. Berta¹, T. Ivan², O. Silvia³, C. Sandra³, M. Estanislao³, M. Luis Miguel³, J. Moreno¹¹ Parc de Salut Mar, INAD, Hospital del Mar, Barcelona, Spain² Parc de Salut Mar, INAD, Barcelona, Spain

³ Parc de Salut Mar, INAD, CSMA, Santa Coloma de Gramanet, Spain

* Corresponding author.

Introduction Extrapyramidal symptoms are well known as side effects in therapy with antipsychotics. Explore this side effects is mandatory because they normally are a cause of treatment discontinuation or assess a change in medication. Some studies notice how long acting injectable antipsychotic cause less extrapyramidal symptoms than oral treatment, others does not find differences.

Objective The aim of this study is to analyze the extrapyramidal symptoms presented on a group of patients treated with aripiprazole long acting injectable (ALAI) follow-up in a mental health care center.

Methods Descriptive study of a group of patients treated with ALAI. To assess the possible extrapyramidal symptoms due to treatment we have used the Simpson-Angus Scale (SAS). The follow up was 3 months after initiation of treatment.

Results Six patients were included in the study, 2 women (33.3%) and 4 men (66.7%). The mean age of the sample was 37 years old. The different diagnoses of the group were 4 patients with psychotic disorder (66.7%; 2 schizophrenia, 1 schizoaffective disorder and 1 delusional chronic disorder) and the other 2 had an affective disorder (33.3%; both bipolar disorder). The average score for the SAS was 1.2 meaning normal results and therefore no significant extrapyramidal symptoms.

Conclusions In our sample the average of the results obtained by applying the SAS is considered within normal limits. In our case as to extrapyramidal effects ALAI treatment has been well tolerated. A larger sample would be needed to obtain more reliable results.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1054

Neuroleptic prescriptions sequences analysis in relation to cardiovascular medication and death occurrence in Poland

P. Zagodzón^{1,*}, B. Goyke², P. Dorozynski³

¹ Medical University of Gdansk, Department of Hygiene and Epidemiology, Gdansk, Poland

² National Health Fund, Department of Monitoring and Analysis, Gdansk, Poland

³ Gdansk University of Technology, Faculty of Electronics, Telecommunications and Informatics, Gdansk, Poland

* Corresponding author.

Introduction The potential role of antipsychotic treatment in increasing cardiovascular risk and in explaining the increased mortality due to somatic disorders is still debated. The aim of this study was to assess the sequences of atypical and atypical neuroleptic prescriptions in relation to cardiovascular medication and death occurrence.

Methods We conducted a retrospective longitudinal analysis involving 84,881 patients who had drug insurance benefits in Pomeranian voivodship and who were receiving a typical or atypical antipsychotic medication between 2008 and 2012. Data on deaths have been collected from National Death Registry. The sequence creation was performed according to algorithm that iterates over neuroleptic prescriptions in chronological order and appends them to the end of patient's prescriptions sequence. Patients were also assigned to cardiovascular groups depending on the use of cardiovascular or diabetic medications before, simultaneously or after the treatment with neuroleptics.

Results There were 1,095,518 neuroleptic prescriptions and 16,010 deaths among antipsychotic users in analyzed period. The most prevalent sequence was consisting of typical neuroleptics. Less frequent were sequenced with use of both typical and

atypical drugs or only atypical medications. The least frequent were sequenced with clozapine or clozapine with other neuroleptics. The highest occurrence of death and occurrence of cardiovascular drug after introducing antipsychotic treatment was observed for clozapine. There was lower occurrence of death in atypical neuroleptic sequence compared to typical drug sequence but similar prevalence of cardiovascular drugs.

Conclusion These results suggest that conventional antipsychotic medications are associated with increased risk of death compared to atypical drugs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1055

Indication of depot antipsychotic treatment in the view of slovak psychiatrists

M. Zelman

Psychiatricka Nemocnica, Hronovce, Slovakia

With the increasing number of atypical antipsychotics in depot form, there emerges question about plus and cons of their use in schizophrenia patients. We focused on the opinion of Slovak psychiatrists about use of this treatment in some specific situations of schizophrenia treatment. Research was realized via questionnaire on psychiatrists ($n=47$) from ambulant and hospital care, during one conference in June 2015. First part of the questionnaire was focused on the preference of oral or depot form of antipsychotic treatment. Depot form would be indicated by psychiatrists (in more than 89%) when low compliance, anosognosia or frequent episodes. On the contrary, oral antipsychotic treatment is preferred in young patients or employed patients. The type of symptoms (e.g. positive, negative) has relatively small impact on the preference of treatment, where the preferences of each type were the lowest (fewer than 36%). According to the opinion of psychiatrists, depot antipsychotic treatment is not suitable in first episode of disorder (according to 81% of respondents), otherwise in second or third episode it would not be chosen by 6% of asked psychiatrists.

From the aspects of the choice between atypical or typical depot, atypical antipsychotics in depot form were favored when presence of adverse reactions (80%), occurrence of negative symptoms (65%) and short duration of disorder (58%). Typical depot was preferred by psychiatrists in patients with chronic states.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1056

Asenapine modulates nitric oxide release and calcium movements in cardiomyoblasts

P. Zeppego*, C. Gramaglia, E. Gattoni, S. Gili, E. Gambaro, E. Di Tullio, M.C. Rizza, S. Farruggio, L. Camillo, D. Mary, G. Vacca, E. Grossini

University of Eastern Piedmont, Traslatinal Medicine, Novara, Italy

* Corresponding author.

Objective To examine the effects of asenapine on NO release and Ca^{2+} transients in H_9C_2 , which were either subjected to peroxidation or not.

Materials and methods H_9C_2 were treated with asenapine alone or in presence of intracellular kinases blockers, serotonergic and dopaminergic antagonists, and voltage Ca^{2+} channels inhibitors. Experiments were also performed in H_9C_2 treated with hydrogen peroxide. NO release and intracellular Ca^{2+} were measured through specific probes.



Results In H₉C₂, asenapine differently modulated NO release and Ca²⁺ movements depending on the peroxidative condition. The Ca²⁺ pool mobilized by asenapine mainly originated from the extracellular space and was slightly affected by thapsigargin. Moreover, the effects of asenapine were reduced or prevented by kinases blockers, dopaminergic and serotonergic receptors inhibitors and voltage Ca²⁺ channels blockers.

Conclusions On the basis of our findings we can conclude that asenapine by interacting with its specific receptors, exerts dual effects on NO release and Ca²⁺ homeostasis in H₉C₂; this would be of particular clinical relevance, when considering their role in cardiac function modulation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Psychosurgery and stimulation methods (ECT, TMS, VNS, DBS)

EV1057

A tribute to Johann Gottlieb Burckhardt-Heussler (1836–1907), the pioneer of psychosurgery

M. Arts^{1,*}, P. Michielsen², S. Petrykiv³, L. de Jonge¹

¹ UMCG, Old Age Psychiatry, Groningen, Netherlands

² GGZWNB, Psychiatry, Bergen op Zoom, Netherlands

³ GGZ Friesland, Emergency Psychiatry, Leeuwarden, Netherlands

* Corresponding author.

Introduction Johann Gottlieb Burckhardt-Heussler was a Swiss psychiatrist, who pioneered controversial psychosurgical procedures. Burckhardt-Heussler extirpated various brain regions from six chronic psychiatric patients under his care. By removing cortical tissue he aimed to relieve the patients of symptoms, including agitation, rather than effect a cure.

Objectives To present the scientific papers of Johann Gottlieb Burckhardt-Heussler on psychosurgery.

Aims To review available literature and to show evidence that Burckhardt-Heussler 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 The theoretical basis of Burckhardt-Heussler's psychosurgical procedure was influenced by the zeitgeist and based on his belief that psychiatric illnesses were the result of specific brain lesions. His findings were ignored by scientists to make them disappear into the mists of time, while the details of his experiments became murky. Decades later, it was the American neurologist Walter Freeman II, performing prefrontal lobotomies since 1936, who found it inconceivable that the medical community had forgotten Burckhardt-Heussler and who conceded that he was familiar with, and probably even influenced by, Burckhardt's work.

Conclusion It is partly thanks to Burckhardt-Heussler's pioneering work that 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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EV1058

The Introduction of electroshock in the Spanish asylum's practice after the Spanish civil war

A. Conseglieri Gámez^{1,*}, R. Candela Ramírez², P. Vázquez de la Torre Escalera²

¹ Hospital Universitario Infanta Cristina, Psiquiatría, Parla, Madrid, Spain

² Hospital Universitario de Fuenlabrada, Psiquiatría, Fuenlabrada, Madrid, Spain

* Corresponding author.

Introduction During the first decade's of the 20th century, biological therapies in psychiatry were introduced, amongst them electroshock (Cerletti and Bini, 1938). The quick reception received in Spain can be found at the Congreso de la Sociedad Española de Neurología y Psiquiatría (Barcelona, 1942), in journals such as Actas Españolas de Neurología y Psiquiatría, or through the interventions of psychiatrists such as Dr. López Ibor in the Primer Congreso Internacional de Psiquiatría (París, 1950). On a practical level, many asylums after the end of the Spanish war used electroshock (Leganés, Navarra, Santa Águeda en Guipúzcoa, Valladolid y Ciempozuelos) at the same times.

Objectives/aims Study the Introduction of electroshock in the Spanish asylum's practice in the 40s, focusing on the asylum of Leganés, through the analysis of the technique and its repercussion. Review journals in the first electroshock's decade.

Methods We analyzed 615 clinic histories from the Asylum of Leganés (1939–1952), and compared them with other Spanish asylums (SPSSv21). Publications from this decade are reviewed.

Results This therapy was the most used in the Asylum of Leganés (46%) and Navarra, occupying a central place in other asylums (along with Sakel and cardiazoltherapy). Electroshock was easy to use and had low costs, so the use of other shock therapies decreased.

Conclusions After the Spanish civil war, electroshock was introduced and used in most Spanish asylums without a big delay in spite of the war. Many journals have, and continue to, appear regarding this therapy and it is still used nowadays.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1059

Electroconvulsive therapy outpatient program recently established in a psychiatric day hospital

A. Duque Domínguez^{1,*}, R. Duque Domínguez², C. García Montero¹, L. Martín Díaz¹, M. Palomo Monge³,

E. Pérez Arévalo¹, M.D.L.N. Vaquero López¹, A. Barreiro de Lucas¹

¹ Complejo Asistencial de Ávila, Servicio de Psiquiatría, Ávila, Spain

² Hospital Universitario de Fuenlabrada, Servicio de Psiquiatría, Madrid, Spain

³ Complejo Hospitalario de Talavera de la Reina, Servicio de Psiquiatría, Talavera de la Reina Toledo, Spain

* Corresponding author.

Introduction ECT outpatient program recently created in the Psychiatric Day Hospital in Ávila was designed to assess the safety and efficacy of continuation/maintenance electroconvulsive therapy (ECT) in patients after ECT remission.

Objectives Description of the activity and objectives of an ECT outpatient program in a Psychiatric Day Hospital.



Methods Retrospective cross-sectional descriptive Study. The three patients who received the continuation/maintenance electroconvulsive therapy during the 10 months this unit has been opened were chosen as a sample.

Results From the opening of Psychiatric Day Hospital 10 months ago, 58 patients have been admitted; among them, three patients come to the hospital monthly to receive the electroconvulsive therapy, maintaining their psychopathological stability over time.

Conclusions With the creation of this new program we considered three types of objectives:

- therapeutic: a therapy applied in a more comfortable and satisfactory for the patient and family regime. To prevent relapse and exacerbations;
- management: benefits on the best use of existing resources:
 - reduction in hospital admissions and readmissions,
 - decrease in the average stay,
 - reduction in visits to Emergency Services,
 - allow referrals from outpatient department,
 - individual monitoring of patients that complements the check at their Mental Health Team;
- teaching, training and investigation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1060

The use of electroconvulsive therapy (ECT) in the Czech Republic

L. Kalisova*, K. Madlova, J. Albrecht, J. Michalec
1st Medical Faculty and General Hospital, Charles University,
Psychiatric Department, Prague, Czech Republic

* Corresponding author.

Aim The aim of this study was to monitor the use of electroconvulsive therapy (ECT) in the Czech Republic for the purpose of harmonizing national practice.

Method A 13-item questionnaire was sent to all Czech inpatient psychiatric facilities. This questionnaire assessed technical background of ECT, indications for the treatment, procedure in detail, way of documentation and monitoring of side effects.

Results ECT is used 23 centers (10 psychiatric hospitals, 5 university psychiatric departments and 8 psychiatric wards) across the Czech Republic. There is no special legal act regulating the use of ECT in the CR, but there are guidelines issued by the Czech Psychiatric Society available. All centers use instruments delivering brief pulse stimuli. All patients have to be indicated for this treatment and have to sign informed consent form/excluding situation when patient's life is endangered/. Somatic state is assessed/EKG, blood tests, eye check-up regularly and other examinations in individual cases/. Thiopental and succinylcholine are used most often for anesthesia and myorelaxation. Bitemporal electrode placement is the preferred option in all centers. The ECT is provided 2–4 times a week in special ECT rooms in the presence of staff team/psychiatrist, anesthetist, psychiatric and anesthesiological nurses/. Continuation ECT and outpatient ECT is not used. The procedure including side effects is documented in individual patient's documentation, but summarizing documentation is conducted only in some centers.

Conclusion ECT is widely used in the Czech Republic. Procedures in all centers follow national guidelines. There is need to improve documentation system to harmonize national practice.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1061

Public stigma of electroconvulsive therapy (ECT) in the Czech Republic

K. Mádlová*, L. Kališová, M. Zajíčková

General Hospital Prague, Psychiatric Department of the 1, Medical Faculty of Charles University and General Hospital Prague, Praha, Czech Republic

* Corresponding author.

Aims To find out how the use of ECT in psychiatry is perceived by the public in the Czech Republic.

Method The questionnaire (8 questions monitoring awareness, knowledge of ECT and its use in modern psychiatry) created for the purpose of this study was shared through internet and also distributed in paper version to public.

Results The sample consists of 365 respondents – age average 28.9 years, 62% of females, 53% of university graduates, 44% with secondary education, 3% other education, 27% of healthcare professionals outside the field of psychiatry, 20% of medical students before the start of the traineeship at psychiatry, 53% of the public. Among the respondents, 98% have heard about ECT, 7% of them think that ECT is no longer used. Among the respondents, 62% learned about ECT from the media (film, print). Among the respondents, 22% do not believe in the effectiveness of ECT, 30% think that ECT is abused by psychiatrists, 86% believe that ECT has side effects (personality changes, permanent memory disorders, brain damage, epilepsy). Among the respondents, 77% would agree with ECT, if it should be applied to their relative.

Discussion ECT is an effective method in treating of severe mental disorders. But until now the public view is influenced by media. Due to the negative stereotype of the method many people are afraid of this treatment. The interesting fact is that also health professionals and medical students are influenced by public stigma of ECT.

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EV1062

First experience of electroconvulsive therapy in Belarus

T. Dokukina*, A. Pinchuk, M. Makhrov, P. Korolevich, N. Misuk, S. Marchuk

Republican Scientific and Practical Center for Mental Health, Department of mental and behavioral disorders, Minsk, Belarus

* Corresponding author.

Electroconvulsive therapy (ECT) – a method of psychiatric and neurological treatment in which a large epileptiform seizure caused by passing an electric current through the brain of the patient in order to achieve a therapeutic effect. Clinical research of efficiency of application ECT with anesthesia, muscle relaxation and hardware analysis of EEG in patients with resistant forms of mental and behavioral disorders was held in the Republic of Belarus. The duration of the course of ECT, the frequency of sessions, as well as the method of applying electrodes for stimulation were determined by the doctor conducting the sessions of ECT. Sessions were conducted with general anesthesia with the use of muscle relaxants. Analysis of EEG data (Average Seizure Energy Index [ASEI]; Postictal Suppression Index [PSI]; COH–Maximum Sustained Coherence), on the basis of which the dose of stimulation was corrected, was conducted to assess the duration and quality of convulsive seizure during ECT. Significant clinical improvement in patients who underwent ECT sessions was achieved as a result of the study. Application of the method allowed to achieve persistent clinical remission in a short time. The clinical study showed that the

use of ECT with anesthesia, muscle relaxation and hardware analysis of the EEG in the Republic of Belarus may be effective against drug-resistant forms of mental and behavioral disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1063

A review of transcranial magnetic stimulation for treating negative symptoms of schizophrenia

J. Oliveira^{1,*}, G. Sobreira², C.A. Moreira³, M.A. Aleixo², S. Brissos¹

¹ Centro Hospitalar Psiquiátrico de Lisboa, Neuropsychiatric and Dementia Unit, Lisbon, Portugal

² Centro Hospitalar Psiquiátrico de Lisboa, First Psychotic Episode Unit, Lisbon, Portugal

³ Centro Hospitalar Psiquiátrico de Lisboa, Schizophrenia and Schizoaffective Disorders Unit, Lisbon, Portugal

* Corresponding author.

Introduction The finding of prefrontal dysfunction in schizophrenia patients with negative symptoms (NS) has raised interest in using transcranial magnetic stimulation (TMS), which can modulate prefrontal function and dopamine release, as potential treatment for NS.

Objective To briefly review current literature concerning the use of TMS as treatment for NS.

Aims To assess whether current evidence supports the use of TMS for NS.

Methods Narrative review of articles found through a PubMed database search using the keywords “transcranial magnetic stimulation”, “schizophrenia”, and “negative symptoms” between 1998 and 2015.

Results Up to date, reviews of randomized sham-controlled studies found positive effects of TMS in NS. However, they exposed several methodological difficulties. More recent studies, reviewed in this poster, tried to overcome these, using results from multiple centers, larger samples and blinding. Various TMS techniques were studied, differing in frequency, motor threshold (MT), stimulus location, and treatment duration. Overall, TMS continues to show promising results in reducing NS; particularly rTMS 10 Hz, for at least 15 sessions on the left dorsolateral prefrontal cortex (DLPFC) at a 110% MT.

Conclusions TMS may be a useful treatment for NS for patients not responding to pharmacological treatment alone. Studies remain difficult to compare due to different measures of outcome (PANSS and SANS being the most commonly used) and techniques. Furthermore, possible modulators of response include duration of illness, cognitive symptoms amelioration, medication and their dose, and different NS may respond differently to TMS. More studies are needed to better understand the utility of TMS in NS.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1064

Posterior vitreous detachment and electroconvulsive therapy: Insights from a case

F. Pavez*, A. Alcántara, N. López, A. García, M. Sánchez, M. Roca, E. Moral, J. Russo

Hospital General Universitario Reina Sofía, Psychiatry, Murcia, Spain

* Corresponding author.

A case of bilateral posterior vitreous detachment after electroconvulsive therapy (ECT) has been reported previously in the literature.

There is not enough evidence about ocular side effects of this treatment. The literature supports a slight increase in intraocular pressure (IOP), although no ocular complications have been reported in normal, glaucomatous or postsurgical eyes. In this case report, we describe a 73-year-old female patient suffering a recurrent depressive disorder, who was admitted to acute psychiatric unit because a treatment-resistant major depressive episode (after an adequate trial of antidepressant drugs and transcranial magnetic stimulation) and clinical suspicion of visual delusions by her reference psychiatrist. The nonpsychiatric history consisted of hypertension, glaucoma and ulcerative colitis in treatment with azathioprine and mesalazine. After a careful examination in the emergency room, we consulted to ophthalmologist because miodesopsias and glaucoma history. The IOP was normal, but a bilateral posterior vitreous detachment (PVD) was identified. Because this entity is not an absolute contraindication for ECT, and there is scarce evidence, we informed the patient and her family. After that, and through informed consent, we decided to undergo ECT. After fourteen sessions, the patient could be discharged because significant clinical benefit and no ocular complications. Outpatient continuation ECT was indicated.

Conclusions ECT can be a safe treatment choice in cases of PVD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1065

Maintenance electroconvulsive therapy for catatonia

R. Perez*, M.D.L.D. Perez, A. Hidalgo, J. Prados, C.P. Gonzalez, M. Soto, B. Herrejon

Hospital provincial de toledo, Psiquiatría, Toledo, Spain

* Corresponding author.

Introduction We describe a case of a woman admitted to the psychiatric unit with characteristics of excited catatonia. Two years ago she had an episode of catatonia triggered by social and economic problems presented with mutism, psychomotor retardation and compromised oral intake. She recovered with 15 ECT sessions and was discharged in a stable state on quetiapine, divalproex sodium, venlafaxine and diazepam. This time she was treated with 13 ECT sessions and was discharged on previous maintenance treatment. Three weeks after her condition gradually deteriorated again. She recovered with 7 ECT sessions and was derived to our ECT maintenance program.

Objective To describe and discuss the use of maintenance electroconvulsive therapy (m-ECT) in catatonia.

Methods Clinical case report and PubMed search with the keywords “catatonia” and “maintenance electroconvulsive therapy”.

Results Catatonia is characterized by motor disorders, mutism and negativism, autonomic dysfunction is also possible, sharing symptoms and severity with neuroleptic malignant syndrome. In the DSM 5 catatonia is as a specifier of a primary disorder (Tr. Psychotic, affective, substances or unspecified) and not a schizophrenia subtype. Benzodiazepines are most utilized as first-line treatment for catatonia, and/or electroconvulsive therapy (ECT). The role of antipsychotics is unclear. Use of maintenance ECT in responders appears beneficial.

Conclusion Catatonia guidelines recommend ECT treatment if benzodiazepines are not effective. Maintenance ECT is a good option in long-term prevention of recurrent catatonia. More specific research is required.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1066

Electroconvulsive therapy in depressed older adults with unrepaired abdominal aortic aneurysm: Safety first!



S. Petrykiv^{1,*}, M. Arts², L. de Jonge³, P. Michielsens⁴

¹ GGZ Friesland, Emergency Psychiatry, Groningen, Netherlands

² GGZ Friesland, Geriatric Psychiatry, Leeuwarden, Netherlands

³ UMC Groningen, Epidemiology, Groningen, Netherlands

⁴ GGZ Westelijk Noord Brabant, Psychiatry, Bergen op Zoom, Netherlands

* Corresponding author.

Introduction It is not clear whether electroconvulsive therapy (ECT) is a safe procedure in depressed older adults with unrepaired abdominal aortic aneurysm (AAA). ECT is potentially incriminating to the cardiovascular system due to a transiently elevation of blood pressure and heart rate during the seizure.

Objectives To report a case of an older adult presenting a psychotic depression complicated by an unrepaired AAA.

Aims To report a case study, describing the safety of ECT in patients with unrepaired AAA.

Methods A case report and retrospective review was conducted.

Results A 75-year-old male was admitted to hospital for the treatment of a psychotic depression. Treatment was complicated since for one year he was diagnosed with an AAA (diameter 4.7 cm). In collaboration with vascular surgeons and anesthesiologists we decided to start ECT. After fourteen ECTs an improvement of mood was achieved. Post-ECT we noticed an AAA expansion of 0.1 cm.

Conclusions Our findings indicate that ECT may be a safe procedure for patients diagnosed with unrepaired AAA. Published data suggest that the risk for aortic aneurysm rupture during ECT is low. However, multidisciplinary collaboration among psychiatrists, anesthesiologists and vascular surgeons is essential for a positive outcome.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1067

Adverse effects in repetitive transcranial magnetic stimulation – prevention and management



G. Sobreira^{1,*}, M.A. Aleixo¹, C. Moreira², J. Oliveira³

¹ Centro Hospitalar Psiquiátrico de Lisboa, First Psychotic Episode Unit, Lisboa, Portugal

² Centro Hospitalar Psiquiátrico de Lisboa, Schizophrenia and Schizoaffective Disorders Unit, Lisboa, Portugal

³ Centro Hospitalar Psiquiátrico de Lisboa, Neuropsychiatry and Dementia Unit, Lisboa, Portugal

* Corresponding author.

Introduction Repetitive Transcranial Magnetic Stimulation (rTMS), through modulation of cortical activity, has become an invaluable tool in experimental and clinical neurosciences. Although this form of noninvasive treatment is considered safer than other means of brain stimulation it has been associated with adverse effects (AE).

Objective To make a brief review, concerning the AE of rTMS, their prevention and management.

Aims To understand and be able to deal with the most common AE associated with rTMS.

Methods A PubMed database search, using as keywords “Transcranial magnetic stimulation”, “Repetitive Transcranial magnetic stimulation”; “adverse effects”; “management” and “guidelines” between the year 1998 and 2015.

Results AE caused by rTMS are rare. They can be classified into severe (seizures) and mild (syncope, and transient hearing

impairment, acute psychiatric changes, headache, local pain, neck pain, toothache, paresthesia and cognitive/neuropsychological changes) and into early and late AE. In order to obviate and avoid them, guidelines have been created; some state that to apply rTMS the technician needs to obtain the patient’s informed consent and assess the risks/benefit ratio. To meet these criteria, screening tools have been created, and since then the number of AE has reduced.

Conclusions Even though rTMS is considered safer than other forms of brain stimulation it is still associated with AE. In order to avoid them, screening tools have been created allowing the clinician to assess the risks and benefits of applying this technique.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1068

Electroconvulsive therapy (ECT) treatments in late-onset schizophrenia: Report of a case



M. Valverde Barea^{1,*}, F. Cartas Moreno², M.E. Ortigosa Luque¹

¹ USMC-Jaén Sur, Servicio de Psiquiatria, Jaen, Spain

² USMC-Ubeda, Servicio de Psiquiatria, Jaen, Spain

* Corresponding author.

Female patient, 66 years old, who goes to the doctor because of behavioral disorders and delusional injury 8 months of evolution. She showed no personal history of psychiatric disorders. In the psychopathological examination some relevant symptoms are seen delusions of prejudice with their immediate surroundings, self-referential regarding neighbors and walls. Delusional interpretations of sexual content. Punitive pseudo hallucinations hearing which are identifies with her daughters and sex with her son-in-law. Behavioral disorders consisting of going out naked into the street overnight and rebuking pedestrians; furthermore, she showed heteroaggressivity towards objects. Logical psychotropic treatment is initiated as indicated by the guidelines having no effect. Electroconvulsive therapy being tested an effective result. The late-onset schizophrenia symptoms should be taken into account in people with psychotic symptoms start at an advanced age, but is most prevalent at younger ages. Electroconvulsive therapy (ECT) may be used as an adjunct to drug therapy or as second-line treatment in patients with affective or psychotic disorders resistant to treatment with psychotropic drugs. It is essential a differential diagnosis with dementia symptoms previously established, given that part of the late-onset schizophrenia evolves to dementia.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Psychotherapy

EV1069

Social media group parallel to dialectical behavior therapy skills training group, the pros and cons



A. Abdelkarim^{1,*}, D. Nagui Rizk¹, M. Esmail², H. Helal²

¹ Alexandria Faculty of Medicine, Neuropsychiatry, Alexandria, Egypt

² Alexandria Faculty of Arts, Psychology, Alexandria, Egypt

* Corresponding author.

Introduction In the past few years, social media has gained a high popularity as a dynamic and interactive computer-mediated

communication tools. Although it has become a part of everyday life for most of our clients, yet we did not have the opportunity to study its impact on compliance to therapy.

Objective Assessment of impact of parallel social media group to dialectical behavior therapy (DBT) skills training group in a sample of Egyptian patients suffering from borderline personality disorder (BPD).

Aim The aim of the current study was to estimate impact of parallel social media group on compliance to DBT skills training group and its adverse events.

Methods Patients with BPD enrolled to an outpatient comprehensive DBT program in Alexandria were assigned either to group (A) skills training, where a parallel Facebook group was created aiming at increasing to compliance to the original group, or group (B) skills training alone and dropout rates were calculated based on completion of 6 months full skills training. We considered patients out of the group if they missed 4 sessions in a row.

Results Two patients of 15 patients who joined group (A) missed four consecutive sessions with a dropout rate of 13%, whereas group (B) showed 43% drop out rate as 10 out of 23 patients did not complete the group. The difference was statistically significant. We reported only one privacy issue dealt with it immediately.

Conclusion Utilization of social media group could lead to increase patient compliance to DBT skills training group.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1070

Cognitive-behavioral therapy for bipolar disorder

T. Abreu
Penafiel, Portugal



Introduction Bipolar disorder is a chronic disease with a major impact on patient's functioning and quality of life, not only during episodes of mania/hypomania or depression, but also during euthymic periods. In recent years, it has been noticed that pharmacotherapy, albeit its great value, is not enough to prevent recurrences of the disease. Therefore, it has been a greater investment in psychosocial interventions as adjuvant treatment. The utmost studied of these interventions is Cognitive-Behavioral Therapy (CBT).

Objectives and aims Gather information about the efficacy of CBT in bipolar disorder.

Methods Literature review.

Results Several studies have compared groups of bipolar patients submitted to CBT to controls submitted to treatment as usual. The methods and size of samples differ, but the results are in general concordant. Individual or group CBT has had positive results in reducing symptoms, increasing the euthymic periods, decreasing duration of episodes and improving global functioning and quality of life.

Conclusions There are limitations on the application of CBT in bipolar patients, mainly the decrease of its effects over time; less efficiency in patients with more severe disease; major impact on depressive symptoms than manic; and lack of human resources trained to apply these techniques. Notwithstanding these limitations, the demonstrated gain in the use of CBT on bipolar disorder is evident; hence, investment in this area is undoubtedly important.

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EV1071

Can mindfulness bring post-traumatic stress disorder patients to focus on the present?



A.R. Figueiredo^{1,*}, T. Abreu², C. Freitas³

¹ Centro Hospitalar de Trás-os-Montes e Alto Douro, Department of Psychiatry and Mental Health, Vila Real, Portugal

² Centro Hospitalar do Tâmega e Sousa, Department of Psychiatry and Mental Health, Penafiel, Portugal

³ Centro Hospitalar do Tâmega e Sousa, Department of Psychiatry and Mental Health, Amarante, Portugal

* Corresponding author.

Introduction Over the last years, literature has dedicated increased interest to post-traumatic stress disorder (PTSD), a mental disorder that was initially included in Diagnostic and Statistical Manual of mental disorders in 1980. Trauma is any event that overwhelms the individual coping strategies. Patients with PTSD experience symptoms of hyper-vigilance, intrusive thoughts, flashbacks, re-experiencing the trauma event, avoidance of stimuli related with trauma or exaggerated startle response. Mindfulness is the process of being aware, paying attention in the present moment, in a non-judgmental way. Research has been showing that mindfulness has positive effects on mental health.

Objectives and aims Assessment of eventual benefits of mindfulness in patients with PTSD.

Methods Literature research.

Results Many studies have reported on correlations between self-reported mindfulness and mental health. Literature suggests that mindfulness training can enhance life skills and its effectiveness is being studied in several mental disorders. Its positive effects on enhancing emotion regulation and decreasing anxiety, hyperarousal and depressive symptoms, led to investigation in the context of PTSD's treatment. Some studies show decreased perceived stress and post-traumatic avoidance symptoms and increased positive states of mind. Most studies reviewed were related with war veterans with PTSD and showed that mindfulness-based treatments could enhance their quality of life. Other results imply that mindful awareness alone may not be sufficient to help reduce symptoms.

Conclusions Mindfulness based therapies could be useful on improving PTSD symptoms but, to assess its efficacy, further research is needed, in different samples of patients.

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EV1072

Impact of expressive writing on everyday memory functioning



B. Abuhamda*, A. Soliman

Qatar University, Social Sciences, Doha, Qatar

* Corresponding author.

Introduction The suppression of negative feelings and traumatic events has detrimental effect on mental and physical health. One of the promising techniques to reduce stress related to trauma is expressive writing. Expressive writing has been found successful with different types of maladaptive behaviors e.g., pain, depression, anxiety and cognitive dysfunctioning.

Objectives This study investigates the impact of different categories of expressive writing on improving every day memory performance and cognitive functioning.

Aims Examining the impact of cognitive functioning and everyday memory.

Methods A sample of 90 participants took part in this study. The participants aged (21 and 65 yrs.) 47 of them are females aged between average of (21.64 yrs.), and 43 males aged between average of (21, 49 yrs.). The participants were classified randomly into three groups (a control group, and two experimental groups [pen and oral writing]). The three groups were administered the Every Memory Questionnaire and Taranto Alexithymia Scale.

Results The results showed that there were no significant differences among the three groups in each of the Alexithymia and Everyday memory, which indicates random distribution of the three groups. The results showed that both of the experimental groups were improved on everyday memory functioning. More importantly, the results indicated that there were no significant differences between using pen or figures in expressive writing to improve Everyday memory.

Conclusion Study results showed the significant impact of expressive writing on every day memory functioning, furthermore, the study results are used to empathize on the cognitive rehabilitation of the individuals as well as to improve self-esteem on general psychological individual cases.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1073

Patient's outgroup socialization in the psychotherapeutic group



I. Baños Martín^{1,*}, K. Eaton Itúrbide¹, E. Guerra Gómez¹, B. Unzeta Conde¹, P. Vilarinho Besteiro¹, P. Pérez Bustillo¹, J. Sanz Mendoza¹, C. Pérez Franco¹, G. Lahera Forteza²

¹ H. U. Santa Cristina, Eating Disorder Department Psychiatry, Madrid, Spain

² University of Alcalá de Henares, CIBERSAM, Madrid, Spain

* Corresponding author.

Introduction Patient's outgroup socialization may be a problem in the psychotherapeutic group functioning. Disadvantages – and even benefits – of this common issue in psychotherapy have been described (Vinogradov S., Yalom I.). However, the impact of new social networks – that facilitate other ways of immediate and easy communication – on this phenomenon is still unknown.

Aims and objectives To explore the risks of spontaneous “self-help groups” supported by new technologies for the psychotherapeutic group functioning.

Method Course description of a psychotherapeutic group, composed by patients with eating disorders (bulimia nervosa and binge eating disorder) in the context of a specialized hospital day.

Results A patient – who has recently had a breakup – asked help to the group through a non-reported whatsapp chat. Gradually, patients used this new channel to express distress and daily interpersonal difficulties, showing less implication in the supervised group sessions. The patient presented a symptomatic relapse with self-harm injuries and severe eating symptoms. Finally, she left the therapy and, in the next weeks, other patients also left the group, due to different reasons, in a “drag phenomenon”. The analysis showed that the formation of this outgroup socialization changed the relationships between members and new roles were taken.

Conclusions It is necessary to early address the formation of outgroup socialization in the pre-group interview, emphasizing its high risk for the future group functioning. Therapists should consider that out-group communication is common and easy due to new technologies, so the use of specific questionnaires about this issue may prevent or detect pathological events.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1074

Flexible eclectic psychotherapy (FEP): A model for psychotherapy integration



D. Coira*, M. Grady

Hackensack University Medical Center, Psychiatry and Behavioral Medicine, Hackensack, USA

* Corresponding author.

Introduction Most experienced psychotherapists use an eclectic approach in their practice, combining techniques of different schools of psychotherapy to treat their patients. However, there are no good teaching models to train the new generation of psychotherapists in the technique of psychotherapy integration. FEP is a form of psychotherapy that combines techniques from four different psychotherapies: psychodynamics, CBT, IPT and supportive therapy. It also incorporates mindfulness, motivational interviewing, exercise and nutrition. A strong therapeutic alliance is crucial to the success of FEP. Techniques are tailored to the patient's current clinical state. Several techniques from different psychotherapies may be used in the same session. The therapist is empathic, flexible adaptive to the patient's needs and assumes an active role in the therapeutic process.

Objective To present a model of psychotherapy integration that can be used by psychotherapists in their clinical practice.

Aims We aim to present a model of psychotherapy integration that can be taught and implemented by psychotherapists in their clinical practice.

Results We present ten case examples where FEP was effective clinically and we compare it to the standard of care received by these patients and show the savings to the healthcare system.

Conclusion The results of our study suggest that FEP could be a cost effective treatment that could be added to the psychotherapists toolbox. Teaching and training methods, like manuals and workshops can be developed to train the new generation of psychotherapists.

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EV1075

Psychotherapy challenges for a young psychiatrist in a developing country



F. Estilae^{1,*}, S. Estilae², F. Raad³

¹ Neshabur Faculty of Medical Science, Psychiatry, Neshabur, Iran

² Mashhad University of Medical Science, Radiology, Mashhad, Iran

³ Islamic Azad University, Mashhad Branch, Shahinfar Medical Faculty, Mashhad, Iran

* Corresponding author.

In the past century, psychotherapy methods have been improving along with pharmacotherapy methods. Today's psychotherapy treatments are more effective, faster and highly accessible. Psychotherapy is getting more favor by patients and therapists than pharmacotherapy due to its long-term effectiveness and less side effects. However, for a young and recent graduate psychiatrist who works in small city of a developing country, psychotherapy involves more concerns. Here, there is still a social stigma attached to visiting a psychiatrist, even for a very simple adjustment disorder. Also we have an ineffective insurance system and many people are not able to pay the treatment costs. Moreover, psychological mindedness is rare and many people believe that the symptoms like obsession, depression, and anxiety in a person are intentional and have to be

solved by his own, with no need to visit a therapist. Also, most of the times, religious and ethnic beliefs, along with existing micro cultures are interfering with psychiatrist's treatments.

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EV1076

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



A. Golmohammadi Hafshejani¹, N. Farrokhi Namini^{2,*}, S. Ghahari³

¹ University Of Isfahan, Clinical Psychology, Isfahan, Iran

² Payame Noor University, Qazvin, Iran, Psychology, Tehran, Iran

³ Faculty Member of Islamic Azad University Tonkabon, Clinical Psychology, Tehran, Iran

* Corresponding author.

Introduction Systemic lupus erythematus is a chronic inflammatory disease of the multimedia system that appears 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 pretest by observe group. Volume of sample includes 200 women afflicted by lupus and among them about 20 were ready to cooperate and in study duration were in related improvement situation and have 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 has 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) have been performed as pretest 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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EV1077

Integrative psychotherapy model on somatoform disorders patients



B. Fedak

Healthcare Utility Regional Clinical Hospital, Centre of urgent medical care A, chief medical officer, Kharkiv, Ukraine

Last 12 years in Ukraine the special priority has the problem of somatoform disorders.

The most significant role belongs to the patient's self-evaluation of the influence of the disease on their social functioning, influence essential past of the self-picture of the disease and the important point of therapeutic rehabilitation intervention.

On the basis of the examined 300 patients on somatoform disorders and 210 patients on ischemic cordial disease, we have elaborated a formal test that allows evaluating quantitatively the influents of the disease on various spheres of patients' social status.

It was absolutely unrespectable the common for ischemic cordial and somatoform disorders patients rise of significance of personal individual, common life factors in cases of aggravation of the main disease course. We created the integrative psychotherapy system with cognitive-behavioral, suggestive and autosuggestive implementations.

Elucidation of peculiarity of personal perception of the disease served as basis of elaboration of purposeful system of psychotherapy, consulting, psychological support for patients with high-effectiveness 1.5–3 years catamnesis in 85% patients.

The retrospective results showed the necessity the target-oriented integrative models of psychotherapy, parted on stages. On the first stage-sedative-adapting the receptions of cognitive and suggestive psychotherapy are used. There is group therapy on second-main-stage. On the third stage-supportive-elements of the autogenic training mastered.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1078

Group therapy with eating disorders



E. Garcia^{1,*}, R. Martinez², M. Leon², F. Polo²

¹ Ciudad Real, Spain

² Hospital General de Ciudad Real, USMIJ, Ciudad Real, Spain

* Corresponding author.

The aim of this abstract is shown the results obtained working, into a group model, with adolescents that suffer eating disorders.

One issue that is common with that group of patients is a social dysfunction that makes them to isolate or start risk conducts as a way to integrate with partners.

In some cases, isolation or risks conducts are difficult to work in a individual or family therapy model, as both of them are lack of the generational issues that adolescents live daily.

So, although they may accept the need to improve their relations and social functioning, they will argue that it is not possible and that parents or therapists do not know about how difficult is that in their world.

That way, in this group of patients, it is not rare that therapy become a frustrating experience that enworse patients.

One solution could be group therapy because it solves generational issues and let patients help other patients to improve.

The problem is that when we put together patients with eating disorders one risk is that eating conduct hidden other goals.

We analyse our experience with adolescents with eating disorders and group therapy, explaining our model, goals, problems and solutions.

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EV1079

Retrieving and projecting Jung's transcendent function with complexes and the Rosarium Philosophorum



M. Gildersleeve

Brisbane, Australia

This presentation will retrieve Jung's work on the transcendent function and complexes as well as a phenomenological and ontological interpretation of Jung's work on the *Rosarium Philosophorum*


to project a new meaning of the use of the transcendent function in psychotherapy. This presentation enables complexes and the *Rosarium Philosophorum* to be understood in connection to the ontology of the transcendent function that was presented in the author's article *Unconcealing Jung's Transcendent Function with Heidegger*. This presentation will also highlight how Nietzsche's work in *The Gay Science* and *Thus Spoke Zarathustra* inform the use of Jung's transcendent function in psychotherapy.

More specifically, this presentation will demonstrate that stage 1 of the transcendent function involves discovering the meaning of a guilty mood of a complex from having-been. Stage 2 of the transcendent function focuses on removing the obstructiveness of a complex from being in the world by retrieving missing possibilities from the readiness to hand. Stage 3 of the transcendent function involves the practical application of the intellectual discoveries from psychotherapy which can provide further "insight into one's mistakes" which "are not really seen at all, only the idea of them" (Jung, 1966, p. 291). By applying the insights from psychotherapy to everyday relationships where the obstructiveness of a complex is encountered, mistakes and possibilities missing from the readiness to hand are highlighted as they are "noticed by the other person as well as by oneself. Then and then only can they really be felt and their true nature recognized" (Jung, 1966, p. 292). *Disclosure of interest* The author has not supplied his/her declaration of competing interest.

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EV1080

Motivational interview in drug abuse

H. Guillen Rodrigo*, R. Alonso Diaz, E. Cortázar Alonso 
Hospital Juan Ramon Jimenez, Salud Mental, Huelva, Spain
* Corresponding author.

According to the treatment plan from the motivational interviewing model, we have worked with a 25-year-old male, single and childless. He is currently unemployed and he lives with his grandparents. His parents divorced about 20 years ago, he has a paternal brother of two years and his mother lives in Barcelona. He went to the USMC Huelva for the first time in 2014.

The patient and the family reported emotional and behavioral disorders for several years, which were getting worse since 4 months. He has been convicted for rash driving and he resisted to police officers for several times. The patient was also abusing of several substances like cigarettes, cannabis, MDMA and cocaine.

In order to work with the motivational interviewing with this patient, we proposed five clinical principles: express empathy, create discrepancy, avoid discussion, put a spin on his strength and promote self-efficacy.

The clinical evolution of the proposed patient was positive. As we could see, the motivation for change occurred when the patient perceived a discrepancy between the place where he was and the place he wanted to get. As we saw, the important thing was to define acceptable and accessible targets that represented the progress toward recovery.

In this style, we avoid the persuasion based on the discussion with the patient, instead we assume the validity of the experiences and the subjective perspectives of the patient. The motivational interview represents an alternative to unleash the change, instead of direct persuasion and aggressive confrontation.

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EV1081

EMDR training for Bosnia-Herzegovina mental health workers resulted with the founding of Bosnia-Herzegovina EMDR association, which became a full member of EMDR Europe in 2015



M. Hasanović^{1,*}, S. Morgan², S. Oakley², A. Richman², I. Pajević¹, Š. Šabanović³

¹ University Clinical Center Tuzla, Department of Psychiatry, Tuzla, Bosnia and Herzegovina

² Humanitarian Assistance Programmes, HAP UK & Ireland P.O. Box 5301, BN52 9RS Hove, United Kingdom

³ EMDR Europe, EMDR Association of Bosnia-Herzegovina, Sarajevo, Bosnia and Herzegovina

* Corresponding author.

Background The Humanitarian Assistance Programmes UK and Ireland (HAP) work in partnership with mental health professionals in Bosnia-Herzegovina (BH), the country affected by war 1992–1995, providing knowledge and expertise in the treatment of trauma, and specifically in the use of EMDR (eye movement desensitisation and reprocessing).

Aim In this way, we aim to build a body of qualified and experienced professionals who can establish and sustain their own EMDR training and professional associations in BH.

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 and Ireland with non profit, humanitarian approach in sharing skills of EMDR to mental health therapists in BH.

Results HAP UK and Ireland started its Bosnia Project in 2009. This is a long-term project, aiming ultimately to bring BiH to the point where its trauma professionals can continue the training themselves, with their own national EMDR organisation. Since 2009, HAP UK and Ireland has trained over 100 professionals with EMDR. In 2015, the newly founded EMDR Association of Bosnia-Herzegovina became a full member of EMDR Europe. HAP UK and Ireland is continuing to provide training and supervision support in Bosnia and several clinicians are now EMDR Accredited Practitioners.

Conclusion Four training of Bosnia-Herzegovina mental health workers to effectively use EMDR with enthusiastic help of EMDR trainers from HAP UK and Ireland resulted with foundation of Bosnia-Herzegovina EMDR Association, which became a full member of EMDR Europe.

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EV1082

Training Bosnia-Herzegovina mental health workers in group analysis resulted in founding of Bosnia-Herzegovina group analysis association and continual training of new generation from local educators



M. Hasanović^{1,*}, I. Pajević², E. Avdibegović², L. Moro³, T. Frančišković⁴, R. Gregurek³, G. Tocilj³, V. Bilić³

¹ Tuzla, Bosnia and Herzegovina

² University Clinical Center Tuzla, Department of Psychiatry, Tuzla, Bosnia and Herzegovina

³ University of Zagreb, Institute for Group Analysis of Department for Psychology Medicine, School of Medicine, Zagreb, Croatia

⁴ Hospital Clinical Center Rijeka, Department of Psychiatry, Rijeka, Croatia

* Corresponding author.

Background Zagreb Institute for Group Analysis Training Programme took place in Tuzla University Clinical Centre, Department of Psychiatry, in Bosnia-Herzegovina (BH) in response to 1992–1995 war, in helping to train mental health workers in GA to enable them to treat psychological trauma symptoms of war survivors.

Objectives The primary objective focused on educational process in Group Analysis (GA) in post-war BH which resulted with building capacities to continue education of new generation of Group Analysis trainees from national educators.

Method Authors described realization of educational process considering the two Diploma courses and process of supervision, which was provided from the Institute for GA (IGA) Zagreb, Croatia. **Results** Internationally approved IGA trainers provided completed training for trainees: neuropsychiatrists, neurosurgeon, residents, nurses, psychologists, social workers, special educators, paediatrician, and gynaecologist from several different institutions from seven different cities in BH and Croatia. Training started during the war period with introduction courses and continues with two Diploma Courses. Nowadays in BH are nine graduated Group Analysts including three of them who completed training for educators of Group Analysis. They founded Bosnia-Herzegovina Association of Group Analysis, and GA educators, members of this Association started training in GA of new generation of mental health workers.

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EV1083

Family therapy preventing the recurrent major depression with alcohol dependence patient against recurrent episode: A case study of three cases

H.C. Hsu*, F.Y. Lee, Y.C. Chen

Dalin Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation, Department of Psychiatry, Chia-yi county, Taiwan

* Corresponding author.

Major depressive disorder with alcohol dependence is an easily recurrent disorder, and its dysfunction has increased risk of recurrence. The main purpose of the family therapy model at issue is to prevent the recurrent major depression with alcoholism patient against recurrent episode.

All three patients have had more than 10 relapses and hospitalizations during the past 5 years. Focuses of the therapy are on the apples drawn by the patient (DDAA), the patient, the couple, and the patient-child relationship. Keywords are gathered from every participant during the therapy session. Besides, the subjects to have verbalized meaningful ideas or successful experiences are immediately, intensely praised by applause. DAILY DRAW AN APPLE (DDAA) homework is that the patient has drawn an apple on a calendar everyday and shares with family members about the apple as well as the patient's feelings of the day. The participants of the therapy are the patient, wife/husband, children and the therapists (psychiatrist, social worker). The frequency of the model is from once weekly to twice monthly. Each session consists of the 10 minutes pre-session, the 40 minutes therapeutic session, the 10 minutes post-session. All patients have never been relapsed over the past 18 months after receiving our family therapy under medications.

Finally, with the aid of the family therapy, they have been almost free from affective symptoms and the ambivalence, guilty feeling

toward family, frustrations have been steadily gradually improved. To prevent the recurrent major depression with alcohol dependence patient against recurrent episode has been achieved in family therapy presented here.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1084

Influence of art therapy in complex treatment on the quality of remission in patients with recurrent depressive disorder

V. Korostiy*, S. Hmain

Kharkivnational medical university, Psychiatry-narcology and medical psychology, Kharkov, Ukraine

* Corresponding author.

Introduction According to studies done in recent years regarding the treatment of patients with recurrent depressive disorder, a shift of interest from studies evaluating the effectiveness of therapy to the study of remission is seen. According to the literature, complete remission occurs in only 40–50% of patients, in other cases there is residual symptoms.

Aims Evaluating the effectiveness of art therapy in treatment in patients with recurrent 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. We used clinical, psychopathological, psychodiagnostic and statistical methods.

Results The results of the effectiveness of art therapy in complex treatment in patients with recurrent depressive disorder is detected primarily in reducing of the level of anxiety at the early stages of treatment, as well as in reducing of the severity of anhedonia and improving the quality of life in remission period.

Conclusion These results support the use of art therapy in treatment in patients with recurrent 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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EV1085

The effectiveness of mindfulness on motivation and academic achievement and increase confidence in students of Azad University of Kerman City, Iran, 2015

A. Mehdizadeh Zare Anari*, Z. Shafiei

Islamic Azad university of Kerman, psychology, Kerman, Iran

* Corresponding author.

Motivations have a significant impact on the level of academic achievement. Academic achievement and self-confidence have mutual relationship. Mindfulness is attention firmly to the expectations of time that we have considered otherwise. People with conscious mind have a great ability to deal with a wide range of thoughts, emotions and experiences.

Materials and methods The present research is of quasi-experiment type with pretest-posttest design together with control group. The sample consisted of 40 students were studying at the



Azad University of Kerman city and then they were placed in two groups of 20 people (experiment and control) through random assignment and completing the questionnaire academic motivation and self-esteem scale Cooper: the mindfulness approach was trained only in experiment group. For data analysis software SPSS version 20 was used.

Findings The results showed that in the experiment group between the pre-test and post-test scores are confident there is a significant difference ($P=0.0001$), this means that increased confidence in the post-test period. The results showed that the experimental group between pre-test and post-test scores of motivation is also a significant difference ($P=0.002$), this means that motivation has increased during post approach. In this study, individuals with different ages of 18–35 years old and married and single, mindfulness therapy were equally affected.

Discussion and conclusion According to the findings, mindfulness has significant role in academic achievement and increased confidence.

Keywords Mindfulness; Achievement; Confidence; Motivation

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1086

Establishing a therapeutic alliance, can negotiation theory help?



U. Merlone*, A. Caldarera, E. Gerino, L. Rolle', P. Brustia
University of Torino, Psychology, Torino, Italy

* Corresponding author.

Introduction Thompson (2012) defines *negotiation* as “an inter-personal decision-making process, necessary whenever we cannot achieve our objectives single-handedly”. Recent contributions in the psychiatric literature discuss the role of negotiation styles in psychiatric practice (see, for instance, Chaplin et al., 2007).

Aims In this contribution, we explore further how negotiation theory can be useful to mental health professionals when trying to establish a therapeutic alliance with patients.

Methods After providing an introduction to negotiation theory we examine how the integrative negotiation approach can be applied. Specifically we will consider the steps suggested in the seminal contribution by Fisher and Ury (1981) and discuss potentialities and possible shortcomings when applying this approach to psychotherapy.

Results Although applying business negotiation techniques seems, at first sight, a bold step, the approach proposed by Fisher and Ury (1981), being based on “negotiating on principles instead of positions”, offers some interesting suggestions that may expand the relation tools mental health professionals need to use in their practice.

Conclusion Applying business and law negotiation techniques to psychiatric practices presents challenges but, at the same time, may offer new approaches when dealing with patients. In particular some concepts seem to be directly applicable to the psychiatric and psychotherapeutic practice.

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EV1087

Psychotherapy of somatoform disorders



O. Kudinova
Kharkov Medical Academy of Postgraduate Education,
Psychotherapy, Kharkov, Ukraine

In Ukraine there is tendency to increased disease prevalence of somatoform disorders.

The most significant role belongs to the patient's self-evaluation of the influence of the disease on their social status that is an essential part of the self-picture of the disease and the important point of therapeutic rehabilitation intervention.

On the basis of the examined 300 patients on somatoform disorders and 200 patients on psychosomatic diseases, we have elaborated a formal test that allows evaluating quantitatively the influences of the disease on various spheres of patients' social status.

It was absolutely unexpected the common for psychosomatic and somatoform disorders patients rise of significance of personal individual, every day life factors in cases of aggravation of the main disease course. We created the cognitive-behavioral psychotherapy system with suggestive and autosuggestive implementations.

Elucidation of peculiarity of personal perception of the disease served as basis of elaboration of purposeful system of psychotherapy, consulting, psychological support for patients with high-effectiveness 1.5–3 years catamnesis in 85% patients.

Our experience showed the necessity of the use the target-oriented integrative models of psychotherapy, parted on stages. On the first stage-sedative-adapting 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.

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EV1088

Trichotillomania – A case report on online treatment



S. Onrust^{1,*}, V. Nunic²

¹ Dobo, Bosnia and Herzegovina

² Opsta bolnica, Psihijatrija, Dobo, Bosnia and Herzegovina

* Corresponding author.

Introduction ICD-10 classifies trichotillomania (TTM) as one of the habit and impulse disorders. It is characterized by noticeable hair-loss due to a recurrent failure to resist impulses to pull out hairs. The hair pulling is usually preceded by mounting tension and is followed by a sense of relief or gratification. Persons suffering from TTM often hide it. TTM is often unrecognised by doctors, treated by dermatologists or untreated, causing a lot of suffering.

Objective To present treatment of trichotillomania.

Aim To present one case report of trichotillomania treated online.

Methods This is case report of female patient with TTM untreated 13 years. She had earlier been treated for depression and had multiple traumatic experiences. Patient both self-diagnosed TTM and asked for treatment online. During two months, there were 7 sessions and 2 follow-ups. Sessions were online and based on Habit Reversal Training (HRT) and Rational Emotional Behavioural Therapy (REBT). The following issues were addressed: hair pulling, shame, guilt, low self-confidence, assertiveness, low frustration tolerance, panic attacks, sadness. No medications were used.

Results Hair pulling has almost completely stopped. Social functioning and self-acceptance were improved. Guilt and shame have reduced, self-confidence and frustration tolerance have increased.

Conclusion HRT and REBT online treatments have reduced hair pulling and the associated emotional problems.

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EV1089

Introduction to systemic family therapy



I. Peñuelas Calvo^{1,*}, J. Sevilla Llewellyn-Jones², C. Cervesi³, A. Sareen⁴, A. Gonzalez Moreno¹

¹ Hospita Universitario Virgen de la Victoria, Psychiatry, Málaga, Spain

² Hospital Universitario Virgen de la Victoria, Psychology, Malaga, Spain

³ Institute for Maternal and Child Health-IRCCS “Burlo Garofolo”, Psychiatry, Trieste, Italy

⁴ The Zucker Hillside Hospital-North Shore-Long Island Jewish Health System, Psychiatry Research, New York, USA

* Corresponding author.

Introduction In the past six decades, extensive research has been done on family therapy from different areas of knowledge such as psychology, psychiatry and social work. Leading to development of different intervention techniques and optimal clinical evaluation with families.

Aims The systemic perspective focus on the study of the dimensions that contribute to the stability and consistency of the members of the family system. The family is an interrelated system, dependent on each other, where there is an influence of the group over the individual, which is why each of its members plays a pivotal role in family therapy. Throughout all these years of evolution of systemic family therapy, many different concepts and techniques have been used, including the ones currently used today.

Methods Knowing the evolution of the different techniques allows us to understand the functioning of families, for example, their links and the elements that constitute it: their roles, the functions performed by each member in the family, communication, standards and power relations.

Conclusions The descriptive diagnosis of family ties, help us implement intervention strategies that could improve clinical care and diagnostic approach.

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EV1090

Cognitive behavioral approaches to coping with suffering and hardship

J. Vyskocilova¹, J. Prasko^{2,*}, M. Ociskova², Z. Sedlackova³, M. Slepecky⁴, R. Hruby⁵, M. Holubova⁶, M. Marketa²

¹ Charles University Prague, Faculty of Humanities, Prague, Czech Republic

² Faculty of Medicine and Dentistry, University Palacky Olomouc, University Hospital Olomouc, Department of Psychiatry, Olomouc, Czech Republic

³ Faculty of Arts, Palacky University Olomouc, Department of Psychology, Olomouc, Czech Republic

⁴ Faculty of Social Science and Health Care, Constantine the Philosopher University, Department of Psychology Sciences, Nitra, Slovakia

⁵ Psychiatric Outpatient Department, Martin, Slovakia

⁶ Hospital Liberec, Faculty of Medicine and Dentistry, University Palacky Olomouc, Department of Psychiatry, Liberec, Czech Republic

* Corresponding author.

Introduction Low level of ability to endure discomfort, hardship and distress, which are integral parts of adverse life events, may lead to loss of mental stability and maintenance of psychological disorder.

Method Review of literature and case descriptions.

Results The patient often tries to cope with their suffering through avoidance and compensatory behavior which may relieve his suffering immediately; however, in the long term, it leads to the deterioration in the quality of his life and the persistence of suffering. Cognitive behavioral approaches focused on increasing the ability to endure unpleasant and distressful life experiences, allow the patient to better bear the inevitable losses in life, which he is exposed to, endure his anxiety, sadness, and the urge to impulsive action or escape; so the patient have more possibilities to

act more freely, functionally and purposefully. Modern cognitive behavioral approaches, such as Dialectic Behavioral Therapy, Mindfulness Based Cognitive Therapy, Acceptance and Commitment Therapy and Compassion Focused Therapy developed and applied therapeutic methods designed to increase the patient's resistance to suffering and his ability to cope it better. These approaches are applied not only in patients with chronic psychiatric disorders, but also in patients with chronic physical illnesses and permanent disability.

Conclusions The modern CBT strategies can help patients to increase his/her resistance to the distress, discomfort and suffering.

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EV1091

Functional somatic syndromes, mentalizing impairment and psychotherapy as the way to soothe suffering. A group psychotherapy experience in an outpatient setting

J. Ramos^{1,*}, E. Alonso², N. Tur³, P. Sanz-Correcher¹

¹ Unidad de Psicoterapia, Hospital 12 de Octubre, Madrid, Spain

² Servicio de Psiquiatría, Hospital de Fuenlabrada, Madrid, Spain

³ Servicio de Psiquiatría, Hospital Clínico San Carlos, Madrid, Spain

* Corresponding author.

Functional somatic symptoms and syndromes are a major health issue. They are common, costly, persistent and may be disabling. From Mentalization Based Treatment perspective, mentalizing impairments are a key factor in these issues. In that sense, many times, emotional suffering is rendered into physical pain, and it is the body that conveys affects and moods while the patients search frantically for an objective diagnosis and a biological cause for their symptoms and complaints. Taking this premise as a starting point, this poster analyses the importance of working on affects, connecting to them, naming them, and thinking about them. Linking symptoms to emotions, to attachment strategies, and interpersonal issues in order to achieve the recovery of mentalization. Considering this as the main goal to release the body from pain and suffering, we specify a proposal of group psychotherapy developed throughout the last eight years in an outpatient setting.

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EV1092

Definitely, one (therapy) does not fit all (depressions): Mentalization based treatment for resentful self-critical depressive patients who abuse of attachment deactivating strategies

J. Ramos^{1,*}, E. Alonso², N. Tur³, P. Sanz-Correcher¹

¹ Unidad de Psicoterapia, Hospital 12 de Octubre, Madrid, Spain

² Servicio de Psiquiatría, Hospital de Fuenlabrada, Madrid, Spain

³ Servicio de Psiquiatría, Hospital Clínico San Carlos, Madrid, Spain

* Corresponding author.

Depression is one of the most prevalent mental disorders and a notably heterogeneous condition with regard to etiology, symptom expression, course, and treatment response. This is why it is extremely unlikely that a “one size fits all” approach to the treatment of depression will be particularly effective. Quite the contrary, it is clear that the future of the treatment of depression may lie in a combined disorder- and person-centred, tailored-made approach, which takes into account the broader interpersonal context and life



history of the individual. Depressed patients with a characteristic cognitive-affective schema of self-critical perfectionism are prone to typical dysfunctional transactional cycles or dominant interpersonal narratives in which rage, distrust and ambivalence are apparent. In addition to this, in these subtype of depressed patients is common to find the overuse of attachment deactivating strategies, in response to threats to attachment relationships specially, and the inhibition of mentalizing as a defensive response to the feelings of rage, emptiness and sadness that are developmentally linked to attachment experiences. The implications of these findings for treatment, particularly with regard to the nature of the therapeutic relationship, are readily important. In this poster we take several cases in order to detail the main psychodynamics and the dominant interpersonal narratives of this subtype of depressed patients and to specify a therapeutic proposal tailored for them.

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EV1093

False memory syndrome: A review and emerging issues, following a clinical report

G. Santos*, V. Costa

Hospital Magalhães Lemos, Psiquiatria, Porto, Portugal

* Corresponding author.

False Memory Syndrome (FMS) is caused by memories of a traumatic episode, most commonly childhood sexual abuse, which are objectively false, but in which the person strongly believes. These pseudomemories usually arise in the context of adult psychotherapy and are often quite vivid and emotionally charged. FMS is rare and sometimes could be confused with psychotic disorder and malingering. The infrequency with which it is encountered makes this syndrome a diagnostic challenge. Failure to diagnose can lead to significant morbidity.

We studied a 26-year-old female with no prior Psychiatric history who started to recall vivid memories of sexual abuse perpetrated by her father, following few sessions of clinical hypnosis. She presented a low mood, disorganized behaviour and aggressivity towards her father when she was admitted to our ward. After a normal CT brain scan and lab tests and a meticulous clinical history, the clinical diagnosis was made. She was successfully managed with supportive psychotherapy combined with mood stabilizer medications.

This case illustrates the unknown field between memory and confabulation and the value of a complete history. Physicians should be alert and keep an open mind about this iatrogenic disorder. Research is needed on the identification of memory mechanisms, specific situations and personality factors involved in this syndrome.

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EV1094

Entering the therapists's world: Experiences of psychotherapists in India

V. Sharma^{1,*}, R. Gupta²

¹ New Delhi, India

² All India Institute of Medical Sciences, Department of Psychiatry, New Delhi, India

* Corresponding author.

Introduction The arena of therapist's perspectives and experiences has been inadequately represented in psychotherapy

research. Along their professional journey, practitioners often have a myriad of experiences in the therapeutic process that influence their therapeutic interactions.

Aim The present study aims to discuss the personal and clinical experiences of trained psychotherapists that influence their choice of the profession and psychotherapy practice.

Methods Snowball sampling technique was used to recruit 10 trained psychotherapists for the purpose of the study. Audio-recorded interviews were held individually with each of the participant using a semi-structured interview schedule developed for the study. The interview schedule was reviewed by 2 experts with more than 10 years of experience in psychotherapy. Qualitative data was subjected to thematic analysis.

Results All psychotherapists identified an integral relationship between their individual belief systems and psychotherapy practice. Role of training, influence of mentors, significant experiences with family members and peers, significant childhood experiences, client characteristics, therapists' emotional responses to clients and the therapist's own beliefs about mechanisms of change were important factors in the psychotherapy process and were seen as significant internal experiences that underlie the psychotherapy process.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1095

Psychotherapeutic interventions in Tinnitus

M. Silva*, A.R. Figueiredo, A. Fornelos, P. Macedo, S. Nunes
CHTMAD, Psychiatry, Vila Real, Portugal

* Corresponding author.

Introduction Tinnitus is defined as the subjective or objective perception of a hearing sensation in the absence of a corresponding external stimulus. It is a very common medical symptom, and some studies show that 5 to 15% of adults had tinnitus in life. It is a condition that could be chronic and for some patients could be very debilitating. Anxiety and depression are common findings in patients with tinnitus. Tinnitus can also interfere with sleep and concentration and affect the quality of life of patients. The heterogeneity of the etiology, pathophysiology and clinical features of tinnitus probably exacerbate the variability of response to treatment of the population and the decision on the best treatment option could be complex.

Objectives The purpose of this study is try to understand how the psychotherapeutic interventions may be useful in the treatment of tinnitus.

Methods Bibliographic research in Pubmed.

Results Currently there are no available effective pharmacological treatments. In some cases, surgical interventions may be effective with respect to ear pathology, but not to tinnitus. Most studies show that psychological interventions are needed to reduce the distress and the impact caused by tinnitus in patients' lives and the cognitive-behavioral therapy is the primary therapeutic intervention in chronic tinnitus.

Conclusion Although cognitive-behavioral techniques demonstrated to be effective in the treatment of the distress and impact caused by tinnitus, little is known about the mechanisms by which this technique achieves this effect, therefore most authors suggest that further studies should be conducted in this area.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1096

Treating trauma with EMDR in adults with autism spectrum disorders (ASD) – A literature review



B. Sizoo*, E. Lobregt

Dimence, Center for Developmental Disorders, Deventer, Netherlands

* Corresponding author.

Introduction Little is known about trauma or treatment of trauma with Eye Movement Desensitization and Reprocessing (EMDR), in adults with ASD. Neither is it clear on how ASD influences the expression of posttraumatic stress.

Objectives (1) To increase knowledge about treatment of trauma, and trauma related symptoms in adults with ASD. (2) To provide directions for research into the effects of EMDR on the expression of autistic and trauma related symptoms in adults with ASD.

Methods Review of the literature using Cochrane Collaboration Centre, Embase, Medline, PsychINFO, PubMed and Web of Science.

Results Clinicians often overlook trauma related symptoms in people with a severe mental illness like ASD, due to diagnostic overshadowing (Grubaugh, Cusack and Zinzow, 2008), caused by the overlap between Post Traumatic Stress Disorder (PTSD) and ASD. In the case of diagnostic overshadowing, symptoms like avoidance, hyperarousal and reduced ability to mentalize (Plana, Lavoie, Battaglia and Achim, 2014) are attributed to ASD, while in actual fact they are manifestations of stress reactions related to perceived traumatic events. However, when symptoms are correctly attributed to negative experiences, clinicians tend to withhold treatment because of fear of aggravating symptoms (Frueh, Cusack, Grubaugh, Sauvageot and Wells, 2006). The literature suggests that trauma in adults with ASD is undertreated.

Conclusion To our knowledge, the effects of EMDR in adults with ASD have not yet been studied, except at case level. A study protocol will be presented to assess the efficacy of EMDR treatment for trauma related symptoms in adults with ASD.

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EV1097

The birth of Athena – Psychodynamic formulation and case report



M. Skokou*, K. Assimakopoulos, P. Gourzis

University Hospital of Patras, Psychiatry, Patras, Greece

* Corresponding author.

Introduction Athena possesses a special place among the Greek Gods, as she was born from her father, according to an extreme patriarchal model with a marked depreciation of the maternal role. Zeus had swallowed and absorbed the mother of Athena, Mites, because of an oracle that if Mites gave birth to a boy, the boy would take his throne. When the time comes, Zeus commands Hephaestus to cleave his forehead with an axe, and then Athena leaps fully armed and shouting her cry of war, in front of the astonished Gods. The next moment she puts her weapons down, as a token of obedience and devotion. The exceptionally close bond between father and daughter is evident through their uniquely confidential relationship. The ancient myth is paralleled, from a psychodynamic aspect, with the case of a narcissistic patient receiving psychodynamic psychotherapy.

Methods Case report.

Results A case of a woman with narcissistic personality features and depressive symptoms is described, presenting with the complaints of withdrawal, self-depreciation, passivity, and agoraphobia. Psychodynamic factors defining her pathology are her narcissistic and sexualized relationship with her father, whereas the relationship with her mother has been depreciated. The patient experiences an intrapsychic conflict of reciprocal idealization,

against her anger and fear for her father, resulting in the symptoms of agoraphobia and passivity.

Conclusion Like Athena, who puts her weapons down, the patient resigns from her will for autonomy and moves to a passive position, as a result of her entrapment in her idealized relationship with the father.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1098

Emotional avoidance process in patients with schizophrenia and bipolar disorder. New module: Emotional body's sensations and meta-cognitive work on the interpretation of delusional thinking



A. Suchocka Capuano^{1,*}, A. Karar¹, A. Ponseti Gaillochon¹, A. Georjin¹, C. Bungener², G. Dorard², S. Bouyakoub¹

¹ *Centre hospitalier intercommunal de Villeneuve-Saint-Georges, consultations de psychiatrie, Villeneuve-Saint-Georges, France*

² *Université Paris Descartes, institut de psychologie, Boulogne-Billancourt, France*

* Corresponding author.

Introduction Psychological processes play a mediating role in the development of psycho-pathological disorders depending on the Kinderman's model. Excessive use of emotional avoidance becomes, following the model of Barlow and Allen, the booster of emotional distress at long term. Dysfunctional meta-cognitive processes in turn influence the inadequate interpretations of life experiences.

Objective To improve identification, expression and emotional management in patients with schizophrenia (PWS) and patients with bipolar disorder (PWBD).

Aims Introduction of exposition for the emotional body's sensations. This work on emotional awareness by images and sounds prepare to role-playing and to exposure in real life.

Methods Groups of psychotherapy for adults PWS and PWBD was implemented. The techniques used are those of cognitive behavioral therapy CBT (Beck) and emotional therapies (Barlow): columns Beck tailored, role-playing, psycho-emotional and breathing. Four groups of four patients participated in six therapy sessions.

Results An increase in emotional flexibility is observed two weeks after the group work (Wilcoxon $P=0.025$). Work on emotional identification facilitates the relaxation of the avoidance process while promoting social skills. The new format includes nine sessions three additional sessions on the emotional body sensations. Meta-cognitive work on the interpretation of the delusional thinking has been inserted.

Conclusion The experience of this pilot study provides encouraging results. The transdiagnostic approach referring to the alterations of this common psychological process finds use with PWS and PWBD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1099

Significant weight loss related to Briquet syndrome: A case report



C.A. Welte-Santana^{1,*}, F. Trombini Nunes², L. Carvalho de Toledo¹, L. Oliveira¹

¹ *Hospital Municipal Jurandyr Manfredini, Ambulatório de Psiquiatria, Rio de Janeiro, Brazil*

² Instituto Municipal Philippe Pinel, Psiquiatria, Rio de Janeiro, Brazil
* Corresponding author.

Introduction Somatization Disorder is more prevalent in females and is historically known as Briquet Syndrome. It is characterized by complaints in several systems, has early onset and chronic fluctuating course, but without organic substrate. When the duration of symptoms is less than two years or they are less obvious, it is called Undifferentiated Somatoform Disorder.

Objectives This study reports the case of a female patient, previously healthy and with no psychiatric history, which abruptly presented lush somatic symptoms without organic origin.

Case Presentation Case report of a previously healthy woman of 32 years, followed up for 14 months, by a sudden onset frame of profuse diarrhea, tenesmus, fecal incontinence, vomiting, anorexia and weight loss (18 kilos in 2 months), associated with headache and autonomic signs of anxious origin, without clear physical and/or psychogenic trigger. She had only a mild response to drug therapy and excellent improvement in symptoms after psychotherapy.

Results Unconscious triggers came to light only after psychotherapy starts, justifying that the magnitude of autonomic somatoform symptoms surpasses the time period established by ICD-10 for Somatization Disorder. Therefore, the rapid resolution did not allow a diagnosis of Somatization Disorder, according to ICD-10. So, it was diagnosed as Undifferentiated Somatoform Disorder.

Conclusion It is suggested that the grandeur of clinical symptoms in this case is caused by psychogenic factors.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Quality management

EV1100

The challenge of Vitamin D deficiency in an inpatient ward

I. Adamidou^{1,*}, I. Udo²

¹ A & E, Blackpool, United Kingdom

² Merseycare, Psychiatry, Liverpool, United Kingdom

* Corresponding author.

Aims and hypothesis We set out to determine standards that would enable the identification of persons at risk of Vitamin D (VitD) deficiency in our ward; the prevalence of deficiency in at risk patient group on a 25-bedded ward (Brunswick). Deficiencies were identified, managed according to local guidelines and care plans were updated to reflect this change.

Background Low VitD levels have been associated with depression, psychosis, schizophrenia, suicidality, treatment resistance and poor coping. However, serum VitD levels is not a routine investigation on inpatient psychiatric admissions. Factors associated with VitD deficiency include prolonged stay in inpatient units with limited exposure to sun; Inpatients' diet; Self-neglect and social isolation.

Methods Criteria for identifying patients who may be at increased risk was agreed.

These patients were approached, and consented to screening. Results of the investigation were discussed with patients and actioned according to need. Study period May 2015–July 2015.

Results We were unable to identify any criteria in use for identifying persons at risk in psychiatric services. The following criteria were agreed: Hospital stay for > 2 months and limited opportunities of leaving the ward (Detention); Transfer from another unit with a total of hospital stay > 2 months; Admission from the community with severe depression or history of social isolation.

7 patients (28%) were identified to be at increased risk. Of this, 6 patients (85.7%) were deficient and another 1 (14.3%) had insufficient level. Management was instituted.

Conclusions If indicated, psychiatrists ought to consider monitoring VitD levels during inpatient stays and managing as appropriate.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1101

Auditing of discharge summaries Contet at Al Amal medical complex

N. Al Solami

Al Amal Medical Complex, Pharmacy, Riyadh, Saudi Arabia



Introduction and aims Patient's records are the most important clinical assets and tools which are required in consultations. Patient records also support the accurate continuity of care when patients return to other health providers.

Objective Understand the extent of Discharge Summaries, which conform to the set best practise guidelines on the Mental Health Service.

Method A cross-section retrospective study on Discharge Summary contents was conducted at Al Amal Medical Complex. Chart review of randomly selected patient files (200 of a total 495), of Discharge Summaries for Psychiatric Patients in 2014 was performed. The data was statistically analysed using descriptive statistics taking into account proportions and frequencies. Pearson chi square and Fisher's test methodologies were used.

Result This study found of the 200 randomly selected Discharge Summaries that documented data of mental health examination 94% ($n=188$), data of discharge date 100% ($n=200$) while data of social investigation and family work up 82% ($n=164$). The above three categories were the only categories to conform to standard discharge guidelines. The other thirteen items studies were found not conforming to the defined standard guidelines.

Conclusion and recommendation There is an active challenge for clinicians to introduce good clinical practice in Mental Health. Standard guidelines must be followed by clinician's in order to reduce potential areas of concern and achieve a good clinical practise. Regular recurring audits are highly needed & recommended to ensure the alignment with standard guidelines for the writing of Discharge Summaries.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1102

Blackburn with Darwen mental health assessment and treatment team – A service evaluation report

V. Damle*, N. Bhandary

Lancashire Care Mental Health NHS Foundation Trust, Psychiatry, Blackburn, United Kingdom

* Corresponding author.



Introduction Assessment and Treatment Team (ATT) was developed to manage mental health referrals within the borough of Blackburn with Darwen (BwD). The ATT became the main point of initial referral and assessment for adults presenting with mental health needs. It acts as the gateway service for access to specialist mental health services.

Aim To evaluate the effectiveness of ATT against the key performance indicators.

Methods Quantitative data was collected using electronic database from June 2014–May 2015. Feedback was obtained from

GPs and also from patients who attended ATT over a one-week period.

Results The ATT received a total of 2234 referrals. A total of 73% were seen within 10 working days of the referral. Assessment outcome letters were sent to the GPs within 48 h in 47.53% cases. Referral rates to community mental health and Crisis teams were 7% each showing an overall reduction compared to the previous service. GP satisfaction – 70% were 'moderately satisfied' and 30% were 'very satisfied' with ATT. Hundred percent felt the service was easily accessible and 90% felt that the staff were friendly. Patient Satisfaction – 96% of patients rated the team as 'friendly and polite'. Eighty-seven percent reported that they were listened to and 91% felt their concerns were understood. Eighty-three percent felt that ATT involved them in their decision making. Ninety-two percent responded that they were likely/extremely likely to recommend ATT to their friends and family.

Conclusions The establishment of ATT has led to improved satisfaction among GPs and service users and has resulted in reduction in referrals to secondary mental health services.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1103

Factors associated with non-show to first therapeutic appointments in a mental health clinic in Northern Israel

L. Elyashar^{1,2,*}, L. Vadas¹, A. Reshef^{1,2}, B. Bloch^{1,2}

¹ Emek Medical Center, Psychiatry, Afula, Israel

² Technion–Institute of Technology, Faculty of Medicine, Haifa, Israel

* Corresponding author.



Introduction Patient non-show to clinical appointments is a major component of nonadherence, specifically in mental health institutions, being twice that of non-show in other medical specialties, and is associated with a greater risk of morbidity and mortality.

Aims and objectives Our study was conducted to assess the rate and factors associated with missed first appointments in an outpatient mental health clinic, in order to find correlates between the various factors and the probability of non-show among newly referred patients.

Methods This was a retrospective study of 400 consecutive outpatients referred to a single regional mental health clinic in northern Israel during 9 months. Data was collected on sociodemographics, attendance rates, source of referral, the presence of chronic physical illnesses and time elapsed between referral to appointment. The findings were statistically analyzed to identify factors associated with patient non-show rate.

Results Of the 400 patients included in the study, the non-show rate was 39.6%. Patients who missed appointments were significantly more likely to be younger, to belong to the Arab sector and to wait longer for their appointment. They were less likely to be physically ill. Gender, marital status and source of referral were not significantly associated with the non-show rate.

Conclusions Given the problematic potential outcome of non-show to mental health clinics, it is important to identify high-risk factors associated with non-show and unique to the population in question, so that interventions can be targeted at them, thus improving treatment outcome and reducing risk to patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1104

Establishing a physical health monitoring service for patients on depot antipsychotic medication



M. Gill^{1,*}, M. McCauley²

¹ Cavan Monaghan Mental Health Service, Community Rehabilitation Service, Cavan, Ireland

² St Brigid's Hospital, General Adult Psychiatry, Ardee-Co. Louth, Ireland

* Corresponding author.

Introduction Patients with major mental illness are recognised to be at risk of premature death for a multitude of reasons. Those with schizophrenia and bipolar disorder are at highest risk.

Objectives International best practice recommends monitoring of blood tests, physical parameters such as weight, BMI, waist circumference and blood pressure, and side effects of patients prescribed antipsychotic medication. A clinic was established to target these interventions.

Aims This initiative aimed to improve the physical health monitoring of patients prescribed depot antipsychotic medication in a catchment area of approximately 36,000 in Ireland.

Methods A twice-yearly, multidisciplinary monitoring clinic was established. A protocol was drawn up, following a literature review and inspection of current international guidelines, and a proforma assisted as an aide-mémoire. A self-report questionnaire, the Glasgow Antipsychotic Side Effect Scale, was used to enquire about side effects.

Results Evaluation took place in descriptive form with audit used to examine outcomes. Full blood test monitoring improved from 9% of patients to 61% in one year, with 78% of patients having had at least one blood test recorded. Prior to the clinic's establishment, only one patient had had any physical parameters recorded, but this improved to 96% recorded after the clinics were run. Side effect documentation also improved.

Conclusions The clinic was well-received and led to improved teamwork. Future recommendations include organising the clinic so as to include simultaneous blood testing. A similar project is being planned to target all patients attending who are prescribed antipsychotic medication.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1105

How much longer will a patient stay in acute unit if mechanical restraint is required?



M. Grifell^{1,2,*}, L. Galindo^{1,2}, F.N. Dinamarca¹, V. Chavarría¹, E. Pérez¹, P. Salgado¹, V. Pérez^{1,3}

¹ Parc de salut mar, Institut de neuropsiquiatria i addiccions INAD, Barcelona, Spain

² Hospital del Mar medical research institute IMIM, Grup de recerca en addiccions, Barcelona, Spain

³ Centro de Investigación Biomedica en Red de Salud Mental CIBERSAM G21, Psychiatry, Barcelona, Spain

* Corresponding author.

Introduction Mechanical restraint is a therapeutic procedure commonly applied in acute units in response to psychomotor agitation. Its frequency is between 21 and 59% of patients admitted. These patients represent a risk to both themselves and for health workers. In order to implement measures to prevent agitation and therefore mechanical restraint, it is important to quantify the

effects and costs of those procedures. The aim of this study is to determine whether the application of mechanical restraint in psychiatry acute unit is related to a longer stay in hospital.

Material and methods We reviewed retrospectively the informatics record of all the mechanical restraints made and the total discharges of the three acute care units and dual disorders of our institution, between 2012 and 2015. For every discharge, the presence of at least one mechanical restraint was coded, resulting in two groups. The length of stay of the groups was then compared performing a *t*-test.

Results The number of discharges analyzed was 4659 from which 838 had an episode of mechanical restraint associated. There are significant differences between the length of stay of admissions with and without episode of mechanical restraint. The episode of mechanical restraint during an admission is associated with 5 to 9 more days of stay in the unit ($P < 0.001$).

Conclusions The performance of a mechanical restraint is associated with a statistically significant and clinically relevant higher length of stay. These results suggest that preventing agitation, and therefore mechanical restraint, would be possible to decrease length of stay, and therefore costs related to hospitalization.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1106

Predictors and rate for one-year inpatient readmission in the psychiatric hospital of Sarajevo Canton



F. Kovac*, M. Ahmic, P. Bilalovic, M. Tahirovic
Psychiatric Hospital of Canton Sarajevo, General, Sarajevo, Bosnia and Herzegovina

* Corresponding author.

Introduction Number of patients who are again unexpectedly admitted to hospital after a previous hospitalization are used to evaluating the quality of hospital care. Readmission can be represented by the total number and by readmission rate.

Objective Understanding the risk factors that can lead to readmission is a factor for the development of interventions that can improve the quality of care.

Aims The purpose of this study was to examine number and predictors of psychiatric readmission within 14 days, 30 days and, 3 and 6 months.

Methods In this retrospective study, analyses were conducted in a sample of 566 discharge adult patients who were admitted to a Psychiatric Hospital of Sarajevo Canton from 1st January to 31st December 2013.

Result Total number of readmission was 14%. The readmission rate within 30 days was 2.8%, number of readmission quarterly was 9.1%, number of readmission within 6 months after discharge was 13%.

In the study, several factors were significantly associated with increased risk of readmission including non-compliance with drug treatment, social problems, aggressiveness, suicidality.

Conclusion Our study suggesting that the prevention of psychiatric readmission requires continuous multidisciplinary work with patients and family members.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1107

Applying DMAIC to study the improvement of therapeutics for schizophrenia patients



C. Wei Ting^{1,*}, C. Pao-Tiao², W. Chien-Shu¹, L. Wne-Hui³

¹ Zuoying Branch of Kaohsiung Armed Forces General Hospital, psychiatry, Kaohsiung, Taiwan

² National University of Kaohsiung, Department of Asia-Pacific Industrial and Business Management, Kaohsiung, Taiwan

³ Zuoying Branch of Kaohsiung Armed Forces General Hospital, Nursing Department, Kaohsiung, Taiwan

* Corresponding author.

This study is intended to be schizophrenia patients in chronic ward of one southern military hospital. We had based on problem-solving and improvement steps to investigate personal and social function and improve quality of sleep in schizophrenia patients before and after rehabilitation treatment in according with DMAIC. DMAIC is a systematic approach to problem-solving steps and quality improvement, which D represents definitions (Define), M on behalf of measure (Measure), A representative of analysis (Analyze), I on behalf improve (Improve), C representing the control (Control). In this study, first psychiatric professionals completed their PSP in order to identify the severity of psychiatric symptoms in patients. Secondly, we proposed patients in treatment self-administered approach to PSQI to measure and analyze the quality of sleep. In this paper, the subjects respectively accomplished above two assessment scales after they were included in the study and fourth, eight weeks later. Finally, according to problem-solving and improvement steps of DMAIC, we further proposed improvement and solutions of treatment process in chronic psychiatric ward to achieve personal and social function and sleep quality in schizophrenia after series of rehabilitation therapy.

Our study found that sleep quality of most schizophrenia in chronic ward is poor, and often occurs in daytime dysfunction. We should increase gradually the amount of schizophrenia inpatient's physical activity (physical fitness activities, recreation therapy, etc.), and suggest that these patients still need continuous medication and other psychiatric rehabilitation therapy to maintain personal and social function and improve the quality of sleep (Fig. 1).

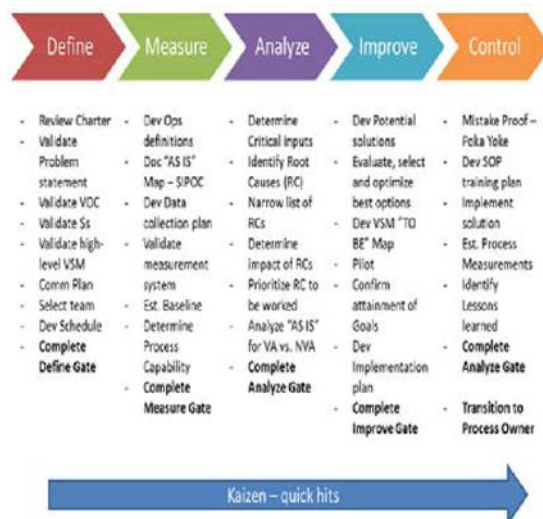


Fig. 1

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EV1108

Quality management and economic downturn. Post-modern topics of community psychiatry



A. Zangrando^{1,*}, F. Babici², E. Pascolo-Fabrizi³, A. Riolo²

¹ University of Trieste, Department of Mental Health, Trieste, Italy

² CSM Domio, Department of Mental Health, Trieste, Italy

³ UCO Clinica Psichiatrica, Department of Mental Health, Trieste, Italy

* Corresponding author.

Introduction The reduction of the budget allocated to community psychiatry is part of financial needs in times of economic crisis. However, the community psychiatry is based on human resources rather than on technological devices and the economic downturn affects the quality of care in a field where the social and relational capital developed by mental health workers is fundamental. Some authors such as Serge Latouche propose to stem the economic decline with the concept of “degrowth”, a constructive idea but difficult to apply.

Objective We would like to analyze whether the economic downturn has consequences only for the organization of psychiatric services or even for people with severe mental disorders. Another issue concerns the possibility that economic downturn increases the social exclusion of vulnerable people.

Results People who live on social welfare or disability pension remain on the margins of society but also those supported by families feel increasingly marginalized with respect to the future.

Conclusions The provision of mental health services may not meet the implicit and explicit wishes in the demand for health by citizens and society. It's therefore necessary to review the quality management within community psychiatry.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Rehabilitation and psychoeducation

EV1109

Economical and social return of psychosocial rehabilitation model based in needs. The SROI project



S. Benabarre^{1,*}, J. Olivera², C. Pelegrín²

¹ Fundación Agustín Serrate, Centro de Día Arcadia, Huesca, Spain

² Servicio Aragonés de Salud SALUD, Servicio Psiquiatría, Hospital San Jorge de Huesca, Huesca, Spain

* Corresponding author.

Introduction Psychosocial Rehabilitation has demonstrated to be a key factor in the process of deinstitutionalisation, recovery and social inclusion of people affected by a Severe Mental Disorder. Nevertheless, there are few studies about social and economical return of this rehabilitation.

The Fundación Agustín Serrate is a Non-Governmental Organization (NGO), which has been working, since 1995, with psychosocial rehabilitation in Huesca, a small province in the north of Spain.

Objective The aim of this study is to determine and recognize the return and the impact that a rehabilitation and intervention model has in people with a severe mental disorder, on their families and on society.

Methods Three services in its model of rehabilitation: day care centre, integration work centre and supervised houses.

The SROI (Social Return Of Investment) methodology is a tool to make decisions based on the optimization of the social and work

impacts of social projects. The study was done by meetings, workshops, interviews and questionnaires with all groups of interest (patients, families, psychiatrist. . .)

Results A total of 208 users were attended in different services (65% men and 35% women). The age average was 45.8 years. Sixty-eight percent of people had a diagnosis of schizophrenia and schizoaffective disorder. For each euro of investment, the organization returned to society 3.15 euros (social return and economic). The users and their families improved their quality of life (individual and familiar).

Conclusions The principal conclusion is that Psychosocial Rehabilitation is financially profitable for the society and governments; and it is useful for improving the quality of life of patients and their families.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1110

An evaluation of the EOLAS psychoeducation programme for service users: An innovative approach to collaboration between clinicians and ‘experts by experience’



P. Gibbons^{1,*}, A. Higgins², D. Hevey³, M. Monahan², C. O'Connor¹

¹ Health Service Executive, Kildare/West Wicklow Mental Health Service, Celbridge, Ireland

² Trinity College Dublin, School of Nursing and Midwifery, Dublin, Ireland

³ Trinity College Dublin, School of Psychology, Dublin, Ireland

* Corresponding author.

Introduction Psychoeducation for service users has been shown in several recent meta-analyses to improve adherence with treatment, decrease rehospitalization rates and improve various measures of quality of life. The 8-week EOLAS Programme for service users with schizophrenia or bipolar disorder is unique in being designed, co-facilitated and evaluated collaboratively by both clinician and peer representatives. EOLAS forms part of the service plan of the national Health Service in Ireland.

Aims and objectives To evaluate the impact of the EOLAS programme on participants' perceived knowledge, confidence, advocacy, recovery attitudes and hope.

Methodology Anonymised questionnaires were administered to participants before and after completion of the EOLAS Programme. All survey participants were invited to attend for interview to examine qualitatively their experience of the programme. Interviews were recorded and subjected to thematic analysis.

Results Forty-five subjects completed pre- and post-programme questionnaires (participation rate = 55%).

Significant improvements ($P < 0.05$) were identified across each of the 5 domains examined (i.e. perceived knowledge, confidence, advocacy, recovery attitudes, hope). Expressed satisfaction with the programme was high (95%).

At interview, participants ($n = 12$) particularly valued:

- the opportunity to ask questions of the psychiatrist e.g. about medication;
- improving self-care skills e.g. monitoring early warning signs of relapse;
- co-facilitation by a peer, which provided extra credibility and inspired hope;
- sharing experiences with peers.

Conclusions The EOLAS programme succeeds in meeting the needs of the participants across the target domains. This success depends on the unique collaboration between clinicians and peer experts on which EOLAS is based.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1111

Attitude toward medication as a predictor of therapeutic adherence. Importance of psychoeducation on treatment



C. González Soria*, C.I. Fombellida Velasco, L.C. Fernández Martín, L. Sánchez Pernas, L. Al Chaal Marcos, L. Alonso León, R. De La Mata Hidalgo, I. Valriberas Herrero
University Hospital, Psychiatry, Salamanca, Spain

* Corresponding author.

Introduction Between 25–50% of psychiatric patients are non-compliant with their pharmacological treatment. When differences between compliant and non-compliant patients were analyzed, differences were found in relation to their beliefs and feelings about medication. The Drug Attitude Inventory (DAI) was created to measure attitudes towards medication in adults. It predicted adherence in schizophrenia and depression studies.

Objective Determine if psychotherapeutic and psychoeducational activities – during a partial hospitalization at the Psychiatric Day Hospital – can improve aspects related to feelings and thoughts about medication.

Method We gathered retrospectively a sample of 151 patients hospitalized at the Psychiatric Day Hospital, from September 2013 to June 2015. Their thoughts and feelings about medication were measured with the DAI before and after the hospitalization. From the sample of 151 patients, 94 completed both tests, excluding who did not have the final DAI score. Differences between initial and final scores were statistically analyzed with the Wilcoxon test for paired samples.

Results Of the 94 patients who completed the study, 52 showed an improvement in their DAI score, whereas the remaining 27 showed an equal or decreased final DAI compared to initial evaluation. The difference was statistically significant ($P \leq 0.05$).

Conclusion It seems that psychoeducational activities related to medication are important in order to reconsider or modify feelings and thoughts about treatment. Information on medication provided to psychiatric patients (to those who need psychopharmacological treatment), carried out in a group context, which facilitates an open and sincere communication, can be a useful strategy to improve compliance with treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1112

Mutual aid program among adults with mental health illness as part of the treatment in a day hospital



M. Guerrero Jiménez^{1,*}, C.M. Carrillo de Albornoz Calahorra¹, J.A. Rodrigo Manzano², B.M. Girela Serrano³

¹ University Hospital San Cecilio, Psychiatry, Granada, Spain

² Santa Ana Hospital, Mental Health, Psychologist, Motril, Spain

³ Santa Ana Hospital, Mental Health Service, Motril, Spain

* Corresponding author.

Introduction/objectives To supervise agents in a mutual aid experience in Motril Mental Health Day Hospital. To perform a supporting role among the agents involved in a mutual aid program to consolidate its operations autonomously.

Methods A multidisciplinary working group, which met every two weeks for 4 months was set. Group sessions were planned. We

selected mutual aid pairs individually and addressed the difficulties in the process. The experiment was performed with 4 agents setting a maximum of 5 interviews. A success criterion of 80% of the meetings planned was established. In between mutual aid group, success criterion was to maintain a 3-month experience held by 5 members. A qualitative analysis of most important issues amongst coordination meetings were also held.

Results Three out of 4 pairs reached 80% of the interviews successfully. The support group was developed weekly during 3 months with an average of 8 participants. The trending topics during coordination meetings were toxic consumption, acute crisis, drug intake and issues to be addressed with the psychiatrist.

Conclusions Mutual aid among users is a way of intervention that needs to be further consolidated. The establishment is still unpretentious and has low weight amongst coordination objectives. The results addressed in number of sessions and satisfaction are favorable, but it is necessary to assess the experience widely and to begin developing specific objectives [1,2].

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1113

Psycho-educational program “+ family” – Pilot program



C. Lima^{1,*}, G. Cunha², F. Brandão³

¹ For All, Desenvolvimento Pessoal e Bem-Estar, Unipessoal, Lda, Psicologia, Porto, Portugal

² Mediare, Mediação, Porto, Portugal

³ CLDS, Couraçção, Paredes de Coura, Portugal

* Corresponding author.

The CLDS + Paredes de Coura integrated in its action plan the implementation of a program for the development of strategies at the level of qualification of the families as it corresponded to one of the needs highlighted by the Social Municipality Action under the Social Diagnosis.

With a Psychologist/Family Therapist and a Conflict Mediator, have formed groups with parents and children separately.

Questionnaires were applied at the beginning and end of the program for evaluation of impact. The results showed that the personal development of children and adults was promoted, were broadcast techniques that facilitate the daily emotional management and improved is communication skills. This program will now be applied to other groups.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1114

Psychosocial therapy in schizophrenia



L. Maroto Martín*, P. Hervías Higuera

Hospital Doctor Rodríguez Lafora, Psiquiatría, Madrid, Spain

* Corresponding author.

Introduction Psychosocial interventions are an essential part of the treatment of schizophrenia and are aimed at promoting the social, family and occupational functioning of the patient and relapse prevention. They are considered proven clinical measures whenever necessary, however they tend to be underused.

Objective Answer the question on psychosocial therapies available today for schizophrenia.

Methods Review through PubMed by entering the following keywords: psychosocial therapy; schizophrenia; cognitive behavioral therapy, and clinical practice guidelines.

Discussion There are several psychosocial therapies used in clinical practice. The main points of approach focus on self-management of the disease, everyday problems, education, crisis intervention, and acquiring insight. The cognitive impairment is an important aspect of schizophrenia to consider. It seems that cognitive remediation therapy has been associated with both neurobiological and cognitive improvement.

Conclusions The combination of different therapies along with psychopharmacological treatment appears to provide better results in the reduction of negative symptoms, positive symptoms and reduced hospital stay.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1115

Voluntary and involuntary admission to a subacute psychiatric hospitalization unit



O. Orejas*, P. Flores Martínez, C. Macías Castellví, M.T. Campillo Sanz, M. Vallvé Elias, A. Casals Arnau, C. Masferrer Herrera

Neuropsychiatry and Addictions Institute INAD, Parc de salut Mar, Psychiatry Hospitalization, Barcelona, Spain

* Corresponding author.

Introduction Involuntary admissions continue to be a controversial topic in psychiatry. However, it is well known that psychosocial rehabilitation treatment is more successful when the patient is involved in it improving awareness and adherence to treatment.

Objectives This study examined admissions patterns, including voluntary, involuntary, and partly voluntary admissions to a subacute psychiatric hospital.

Methods This is a transversal study. All patients admitted for a medium-term psychiatric treatment since 01/06/2014 to 30/11/2015 were included. Patients's basic sociodemographic and clinical data were collected and compiled in a database. Descriptive statistics were performed using SPSS Software.

Results A total of 88 patients (52% men; mean age: 48.6 years) composed the sample. In 58% of cases, schizophrenia and schizoaffective disorder were the diagnoses motivating the admission. Among 88 patients, 44 (50%) had voluntary admissions, 16 (18.2%) had involuntary admissions, 27 (30.7%) had partly voluntary admissions and just one patient (1.1%) had partly involuntary admissions. Seventy-one (80.1%) patients had voluntary admissions at discharge, and only one of them escape from hospital and did not finish the treatment.

Conclusions In the short term involuntary hospitalization has benefits, however also can have adverse long-term consequences for the patient-therapist allegiance, breaking the psychotherapeutic relationship and making the patient abandon treatment. It's important to reassess the condition of admission and work with the patient the need to engage in treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1116

Analysis of the elapsed time since a patients' disease is diagnosed till they come to a rehabilitation center



M. Palomo Monge^{1,*}, D.C. Sandra², A.L. María Fernanda³, T.G. María Fernanda¹, G.M. David¹, S.D.L.P. Silvia³, D.D. Arántzazu⁴, O.B. Rubén¹

¹ Hospital Nuestra Señora del Prado, Psychiatry, 45600 Spain

² Centro de Rehabilitación Psicosocial y Laboral, Psychology, 45600 Spain

³ Hospital Nuestra Señora del Prado, Family Medicine, 45600 Spain

⁴ Hospital General de Ávila, Psychiatry, Avila, Spain

* Corresponding author.

Introduction The elapsed time since a patients' disease is diagnosed till these patients come to rehabilitation centers is usually long. In this study in our sanitary area, we have checked the average length of time since the patient is diagnosed till they come to the rehabilitation center.

Objectives To calculate and analyze the years of evolution of the disease in patients who come to the rehabilitation center in the Talavera area during year 2014. Classify them by sex.

Methods Retrospective cross-sectional descriptive study. We carried out a register of all the patients who come to the Psychosocial and labor Rehabilitation center in 2014. Classified them by sex, and the time lapsed since they were diagnosed until 2014.

Results From all 135 patients: 92 men (68.15%) and 43 women (31.85%). Less than 2 years of evolution: 1 patient (1%) 1 men, 0 women; between 2 and 5 years of evolution: 7 patients (5%) 5 men, 2 women; between 6 and 10 years evolution: 13 patients (10%) 7 men, 6 women; more than 10 years: 114 patients (84%).

Conclusions It is evident that the number of patients increases proportionally to the number of years since the diagnosis. The majority of patients who come to the center (84%) were diagnosed more than 10 years ago. This leads us to wonder why the patients in our sanitary area with recent diagnosis of diseases such as schizophrenia do not come to the mentioned centers earlier.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1117

The social cognition individualized activities lab: Implementation of a new remediation intervention for social cognition



D. Palumbo*, A. Mucci, G. Piegari, M. Chieffi, A. Mazza, R. Giugliano, F. De Riso, V. D'Alise, S. Galderisi
University of Naples SUN, Department of Psychiatry, Naples, Italy

* Corresponding author.

Introduction People with schizophrenia exhibit deficits in neurocognitive and social cognitive (SC) processes which limit their social reintegration. SC was found to mediate in part the impact of neurocognitive dysfunctions on real-life functioning.

Objective The purpose of this study was to implement a new intervention for patients with schizophrenia, the Social Cognition Individualized Activities Lab (So.C.I.A.L.) which trains both social cognition and neurocognitive functions.

Aims To determine the efficacy of the So.C.I.A.L in improving SC by a comparison with a validated cognitive remediation (CR) intervention: the Social Skills And Neurocognitive Individualized Training (SSANIT).

Methods Nine stabilized patients accepted to participate in this pilot study. Five were randomized to So.C.I.A.L. and 4 to SSANIT. The two programs were matched for the overall treatment duration (20 weeks), as well as frequency and duration of the sessions. Both interventions included individual sessions of neurocognitive individualized training; So.C.I.A.L included group sessions on Emotion Recognition and Theory of Mind, while SSANIT group sessions of Social Skills Individualized Training.

Results No group difference was found for changes in neurocognition, while a significant group effect was observed for changes in SC, due to improvement only in the So.C.I.A.L. group.

Conclusions The study results showed a specific effect of the So.C.I.A.L. on SC, beyond the effect on neurocognition. Further studies are needed to assess the impact of So.C.I.A.L. on real-life functioning in a larger group of subjects.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1118

Advantages and obstacles for community based approach using case management method in the work with users that have psychotic disorders – Case study



G. Racetovic^{1,*}, S. Popovic², B. Rosic², S. Grujic Timarac³

¹ Public Health Institution Health Center, Community Mental Health Center, Prijedor, Bosnia and Herzegovina

² Public Health Institution Health Center, Health Center, Prijedor, Bosnia and Herzegovina

³ Public Health Institution Hospital, Psychiatry Department, Prijedor, Bosnia and Herzegovina

* Corresponding author.

Introduction Case management (CM) is accepted as the most recommended approach for the treatment of people with severe mental illnesses (SMI) in Community Mental Health Centers (CMHC) in whole Bosnia and Herzegovina (BH) in the last 3 years.

Objective All team members of CMHC Prijedor are certificated case managers. Part of our daily activities is work with and for the users included in CM (mostly with schizophrenia or similar disorders) using multidisciplinary approach to find best possible solutions of both treatment and rehabilitation for users that we are in charge. In this moment CMHC cares for 12 mostly younger users involved in the CM.

Aims To show advantages as well as obstacles of the CM.

Methods Case study of young user with schizoaffective disorder included in the CM in the last 2 years.

Results Improvements in user's daily activities and using of the remaining capacities with confrontation of partial or entire poor responses of most other community services.

Conclusions CM has many advantages for the user involved in it, mostly medical and psychological (adequate treatment followed by users wishes, avoidance of hospitalization, improving existing or building new skills, use of remaining capacities, planned activities, minimize of the psychopharmacological treatment, social skills and more new contacts with people, etc.). But, still are existing the obstacles in the community mostly considering employment and social care as an part of the stigmatization of the people with SMI.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1119

Crisis in the psychiatric patient: A structured illness-management-oriented group intervention



G. Fucci, N. Ratti*, R. Gattamorta, R. Godoli, S. Randi, M.P. Riccipetioni

AUSL Romagna, Dipartimento di Salute Mentale, DSMDP, Ravenna, Italy

* Corresponding author.

Introduction Crisis prevention and management of the psychiatric patient have obtained a central role in the policies of Mental Health Services. In this context, Mental Health Centre of Ravenna has launched a "Crisis Center", a rehabilitation group project applied to three types of users: users in an early stage of crisis, users in a post-critical stage and users at high risk of crisis. Intervention was based on the Illness Management and Recovery practice, an evidence-based program which consists in social skills training activities, emotions management, symptom management, coping skills training, psycho-education and, more generally, supporting users in their personal recovery process.

Objective Objectives of this project is to prevent crisis and hospitalization and to provide an alternative to institutionalization for mental health users.

Aims The aims of this study was to analyze and show effects and results of the project, in its first three years of life.

Methods Through the database "Infoclin", we analyzed data of 94 users who took part in the project between January 2012 and December 2014.

Results Analysis showed, primarily, that out of 94 users, 64 (68%) have not needed hospitalization in the following two years after intervention. Furthermore, out of 39 users with a history of one or more hospitalizations at time of entry, 22 (56.4%) have not needed hospitalization in the next two years.

Conclusions Despite the low number of users analyzed, it is believed that this study should be considered a further evidence of the positive effects of the IMR practice within mental health services.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1120

The post-traumatic growth: The wisdom of the mind, its clinical and neuropsychanalytic vicissitudes



I. Rozentsvit

Object Relations Institute for Psychotherapy and Psychoanalysis, Parent-Child Development Program, Fresh Meadows, USA

The purpose of this symposium is to bring awareness about and to promote knowledge of the phenomenon of posttraumatic growth (PTG) and its neurobiological mechanisms. The other purpose is to explore neuro-psycho-education as an important tool in understanding trauma and in promoting PTG.

The idea of PTG was pioneered by Calhoun and Tedeschi (1999), who addressed positive psychological change (as they compared it with the "mind's wisdom"), which occurs in some individuals after trauma. PTG happens in the context of and despite of processing traumatic pain and loss. This phenomenon includes five main factors: relating to others with greater compassion; finding new possibilities, personal strength, spiritual change, and a deeper appreciation of life.

Both neuropsychanalysis and neuro-psycho-education offer us the knowledge of neurobiology and its mechanisms of "action" (such as neuroplasticity, neurointegration, mind-body integration, connectomes, 'triune brain', 'bottom up processing' and 'top-down

regulation', etc.) and help modern mental health practitioners to understand their clients from "inside out": to read the cues of their underlying (and not verbalized) patterns of being; to access their undisclosed, untold, emotional-relational history; to understand how this history shapes the present; to appreciate one's unique personal growth, even in the aftermath of trauma, and to understand mindfulness and mentalization as two powerful healing processes which play significant role in PTG.

Both neuropsychanalysis and neuro-psycho-education also help clinicians to be in touch with and to regulate our own emotions and somatic responses to a "difficult client", while maintaining "benevolent curiosity" and empathic stance.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1121

Sexuality and affectivity: Two themes in a psychosocial intervention for psychotics inpatients

A. Vaccaro*, C. Zoppellaro, V. Fusco
Comunità TESEO, Crest, Milan, Italy

* Corresponding author.

The aim of this project is about valuing these themes, not only in order to increase physiological genres knowledge or the responsible use of contraceptives, but is mainly about growing sexual psychosocial features awareness. Treating these themes in a psychoeducational intervention means: minimize sexually-transmitted diseases, prevent psychotic patients from quitting psychopharmacological treatment and favour the birth and the development of intimate relationships that may help patients leaving an unhelpful isolation condition.

Increase the awareness of different sexual and affection aspects: physiological, anatomic and reproductive, relational and communicative, emotional, social and cultural, playful and pleasant ones. The 18 meetings interventions were done using a psychoeducational model; an active leading group manner (role plays and simulations) was used in order to ease the exchange of views between patients and the group leader.

We did a first round of meetings with ten patients who participated actively; we also submitted to them a questionnaire – before and after the intervention – in which we collected knowledge and opinions about different themes (contraceptives, risk awareness, affective relationships etc.).

From a qualitative analysis of the results we saw a knowledge-improvement about the dealt themes, and also, in some cases, we identified a modification in some problematic behaviours. The sample it's still too small for statistical analysis.

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EV1122

Emotional management training in residential mental health services

A. Vaccaro*, V. Fusco, F. Manfrin, E. Forte, G. Petagine
Comunità TESEO, Crest, Milan, Italy

* Corresponding author.

A core element for the treatment of psychiatric patients in mental health services is the Psychosocial Rehabilitation. In this work we mainly refer to a training whose targets are fundamental components of the Emotional Intelligence (EI), which is, according to the original Salovey and Mayer's definition (1990), "a set of skills hypothesized to contribute to the accurate appraisal and expression of emotion in oneself and in others, the effective regulation of

emotion in self and others, and the use of feelings to motivate, plan, and achieve in one's life".

The purpose of this study is to evaluate the efficacy of Emotional Management Training and to compare our emotional management assessment to standardized emotional intelligence assessment instruments.

Twenty adult inpatients (from 18 to 55 years of age) were enrolled: ten subjects were assigned to a one year lasting emotional management training (clinical target group) and ten subjects were assigned to a clinical control group; furthermore twenty subjects were selected and assigned to a non-clinical control group. Outcome measures were: emotional management assessment, Schutte Emotional Intelligence Scale (SEIS) and Toronto Alexithymia Scale (TAS-20).

Emotional management assessment outcomes confirm the efficacy of emotional management training. Preliminary results also confirm the effectiveness of the assessment compared to standardized emotional intelligence scales.

Emotional management training improves psychiatric patient competence in terms of: emotions definition and acknowledgement, self-emotion identification, self-emotion sharing, management of stressing situation and intense emotions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Research methodology

EV1123

The subjective graphic representation as the neural pathway of the information processing: Dyslexia as an example

A. Bernardini
Sinalunga Siena, Italy

Introduction The new theory of the mind by A. Bernardini.

Objective To single out and recover information process's deficits by a new research method.

Aim To demonstrate dyslexia/language can be considered as an answer/neural pathway to what we are able to perceive. This depends on the way in which the C.N.S. elaborates the two aspects 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 supported by a remedial teacher (traditional method). 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 learning depend on perceptive deficits and can be recovered by A. Bernardini's method according to her new theory of the Cognitive Process. This last revolutionizes the principles of the current research method.



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EV1124

Does clinical change always means the same? Comparison of different perspectives



S. Egger*, G. Weniger, S. Prinz, S. Vetter, M. Müller
University Hospital for Psychiatry Zurich, ZIP, Rheinau, Zurich, Switzerland

* Corresponding author.

Introduction In psychiatric practice, the assessment of change from pre- to post-treatment is a key approach for monitoring treatment effects and for the prediction of treatment outcomes. The Health of the Nation Outcome Scales (HoNOS) as a clinician-rated measure and the Brief Symptom Inventory (BSI) as a self-report measure are tools (that are) often incorporated in outcome monitoring. Their usefulness, however, has been questioned by two important issues: their psychometric properties and their lack of concordance.

Aims and objectives The aim of the study is to evaluate the responsiveness of HoNOS and BSI as well as their interactions to predict clinical meaningful change according to the Global Clinical Impression (CGI) as quasi-gold standard for treatment outcome.

Methods A consecutive sample of patients admitted to a Swiss psychiatric hospital for either alcohol use disorders, schizophrenic psychoses, mood disorders, anxiety and somatoform disorders, or personality disorders was assessed with Brief Symptom Inventory (BSI) at admission and discharge. The HoNOS and the CGI were rated by the responsible clinicians at admission and discharge. Ordinal logistic regressions will be conducted using the CGI categories as ordered categorical outcome. HoNOS and BSI scores as well as their interaction terms will be used as independent variables.

Results and conclusion Complete data of admission and discharge is available from approximately 600 cases. Graphical presentations will illustrate the resulting associations.

Keywords Clinical Global Impression; Health of the Nation Outcome Scales; Brief Symptom Inventory; Outcome monitoring; Ordinal regression

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1125

Descriptive study of the treatment of delusional disorder. Survey study DELIRANDA



B. Girela Serrano^{1,*}, L. Aguado Bailón², P. Calvo Rivera², J.E. Muñoz Negro², J. Cervilla Ballesteros²

¹ Hospital Santa Ana Motril, Psiquiatría, Motril, Granada, Spain

² Hospital Universitario San Cecilio Granada, Psiquiatría, Granada, Spain

* Corresponding author.

Introduction We currently lack clinical guidelines for the treatment of Delusional Disorder (DD) F-22, the low prevalence of the disease coupled with no awareness of illness and poor adherence to prescribed treatment make it difficult to study. The limited evidence available for the treatment is based mainly on clinical series.

Objectives This study evaluates the knowledge and preferences in the treatment of the DD, in order to improve clinical practice and

gain information of the DD to conduct clinical studies of effectiveness of the different treatments.

Material and methods A self-administered survey was conducted on a sample of 80 psychiatrists proceeding on a wide array of mental health care services. Participants provided socio-demographic data and information about clinical details, together with their opinions regarding the, epidemiological aspects, clinical management, diagnosis and therapy. Descriptive statistics were subsequently calculated with SPSS.

Results Most of our sample's of Psychiatrists estimated that the DD prevalence was higher than the one previously established. Ninety-three percent of the sample considered the SGAs as the first treatment option in DD, being Aripiprazol 20.7%, Risperidone 17.4% and Paliperidone 15% the first line treatment chosen by our Psychiatrists.

Conclusions and proposals There is an increasing gap between the old standard DD treatment and the clinical practice of Andalusian Psychiatrists, for this reason we emphasize the need of implementing clinical trials and effectiveness clinical studies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1126

Psychiatrists' opinion on treatment adherence in Delusional Disorder



B. Girela Serrano^{1,*}, L. Aguado Bailón², P. Calvo², J.E. Muñoz Negro², J. Cervilla Ballesteros²

¹ Hospital Santa Ana Motril, Psiquiatría, Motril, Granada, Spain

² Hospital Universitario San Cecilio, Psiquiatría, Granada, Spain

* Corresponding author.

Introduction Delusional Disorder (DD) F22 is a disease with low prevalence, probably underdiagnosed by clinical specialists due to the high level of functionality, low awareness of disease, low deterioration of patients and poor adherence to prescribed treatment. Adherence to treatment is considered to be one of the major difficulties that stand in the way of the treatment of DD. The present paper assessed psychiatrists' opinion of the adherence to treatment of patients with DD.

Material and methods A self-administered survey was conducted on a sample of psychiatrists proceeding on a wide array of mental health care services. Participants provided their opinions regarding adherence to treatment. Descriptive statistics were subsequently calculated with SPSS.

Results In the opinion of our participants none of the patients have an active compliance of the treatment, 36% consider that the participation is partial or passive. It is also estimated that 57.5% reject the treatment but not totally and 6.5% believe that rejection is absolute.

Conclusions Literature informs of the association of poor adherence to treatment and little or no improvement of patients, suggesting the need to address the lack of compliance and adherence to treatment as a crucial aspect to improve the prognosis of DD. To address this problem Long Acting Injections (LAIs) of Atypical Antipsychotics are postulated to be a plausible solution as a good treatment strategy. In order to improve the clinical practice in DD and obtain information for further effectiveness we emphasize the need of implementing clinical studies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1127

Internet-based survey applied to experts in schizophrenia: Socio-demographic and professional variables associated to response pattern

G. Guilera¹, M. Barrios¹, O. Pino^{2,*}, D. Salas¹, J. Gómez-Benito¹¹ Faculty of Psychology, University of Barcelona, Department of Behavioural Sciences Methods, Barcelona, Spain² General Hospital of Granollers, Benito Menni CASM, Department of Psychiatry, Granollers, Spain

* Corresponding author.

Introduction In the framework of the development of the International Classification of Functioning, Disability and Health Core Set for schizophrenia, we conducted a cross-sectional, internet-based survey using open-ended questions. An international pool of experts from diverse health care disciplines was surveyed to identify problems in functioning experienced by individuals with schizophrenia.

Objectives The purpose of the study is to explore possible associations between experts' socio-demographic and professional profiles, and whether they answered or not the survey.

Methods Out of 307 invited experts, 189 (61.56%) filled in the survey. However, 37 experts were excluded in the data analysis as they had completed only a part of the questionnaire. Thus, there were 152 of the experts classified as "respondents" and the remaining 155 as "non-respondents". The association between the response pattern and the socio-demographic and professional variables (i.e., gender, World Health Organization region, discipline, and years of experience) was analysed by means of Chi² tests.

Results There was a statistically significant association between the response pattern and the gender of the expert ($\chi^2(1)=4.927$, $P=0.026$; $V=0.127$), showing that 56.3% of female and 43.6% of male experts answered the survey. When comparing the response pattern in terms of discipline, a statistically significant association was also found ($\chi^2(4)=10.101$, $P=0.039$; $V=0.183$), showing that those who tend to answer the survey are occupational therapists (71.4%), followed by psychologists (58.0%), social workers (52.6%), nurses (52.0%), and psychiatrists (41.3%).

Conclusions Females and occupational therapists presented the higher response rate to the expert survey.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1128

Comparing family members' perceptions of the family



M. Kékes Szabó

University of Szeged, Department of Applied Pedagogy and Psychology, Szeged, Hungary

Family organization has arguably a determinative role in our healthy social-emotional and cognitive development, although we may have different perceptions of this system. Its background is in connection with the family members' different experience, knowledge and beliefs about the world. Furthermore, we are also prone to imagine others' mental representations that can help us to understand them better. Sometimes these meta-representations may be more accurate, while other times they may be incorrect. Although theories of mind tasks are well-known tools to explore (meta-) representations, the use of Gehring's (2010) Family System Test (FAST) in this way is less tested. The aim of this study was to compare the family members' perceptions of the family with one another. Children's and parents' family images were explored. In line with Smith, Myron-Wilson and Sutton's (2010) previous findings, my results confirmed the parents' increased ability to assess

the children's perceptions. Finally, growing theory of mind abilities may also be in the background of the results above (Happé, Winner and Bownell, 1998). Subsequent studies have to broaden the focus and involve more methods, age groups in the investigations to know more about human cognitive processes.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1129

Facets Mindfulness Questionnaire-10 – A shorter Portuguese version to evaluate mindfulness dimensions in pregnant women

J. Azevedo^{1,*}, E. Bento¹, S. Xavier¹, M. Marques¹, V. Freitas¹, M.J. Soares¹, A.M. Pinto², A. Oliveira³, A. Macedo¹, A.T. Pereira¹¹ Faculty of Medicine, University of Coimbra, Psychological Medicine, Coimbra, Portugal² Faculty of Psychology and Educational Sciences, University of Coimbra, CINEICC, Coimbra, Portugal³ Coimbra Hospital and University Centre, Psychiatry, Coimbra, Portugal

* Corresponding author.

Introduction Mindfulness refers to the capacity of being present and aware, without feeling the need to react or judge that experience (Kabat Zinn, 1990). This ability is associated with mental health and stress reduction (Baer, 2014; Teasdale et al., 2014). Five Facet Mindfulness Questionnaire (FFMQ) is widely used to measure mindfulness and its relation to psychopathology (Gregorio and Gouveia, 2011).

Objective To analyze the psychometric properties of the Portuguese 15 items FFMQ (Baer; Gregório et al., authors' manuscript) in a Portuguese sample of pregnant women.

Methods A total of 427 pregnant women (Mean age: 32.56 ± 4.785 years) in their second trimester of pregnancy (17.34 ± 4.790 weeks of gestation) completed the Portuguese version of FFMQ-15.

Results The FFMQ-15 Cronbach's alpha was unsatisfactory ($\alpha=0.62$) and five items presented low (<0.20) correlations and had the effect of increasing Cronbach alpha if removed. Without these items, α increased to a satisfactory level (0.72) and all the ten items contributed to internal consistency. The factorial analysis of these ten items resulted in a three factors solution, which explained variance (EV) was of 53.9%. Based on items content, the meaningful three factors were denominated as follows: F1 Nonjudging of experience (EV 27.69%; $\alpha=0.77$), F2 Acting with awareness (18.00%; $\alpha=0.77$) and F3 Observing and describing (8.21%; $\alpha=0.73$).

Conclusions Although the FFMQ-15 has shown good psychometric properties in other samples, in this sample of pregnant women a 10-items FMQ (Facets of Mindfulness Questionnaire) version performed better, presenting good reliability and validity in evaluating three mindfulness facets.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1130

Rosenzweig picture-frustration test modification for a study of emotion regulation strategies among the patients with stress-induced hypertension



E. Pervichko*, Y. Zinchenko

Lomonosov Moscow State University, Faculty of Psychology, Moscow, Russia

* Corresponding author.

Introduction Emotion regulation (ER) efficiency dwells among the most pressing issues of contemporary psychology and psychiatry. Further development of the methods of reliable assessments for ER makes it the task of current importance.

Objective To modify Rosenzweig Picture-Frustration Test for the study of ER in health and in disease.

Methods In the initial stage of testing participants had to look through a succession of Rosenzweig's pictures, and select potentially traumatizing situations.

In the second stage they answered the following questions:

- what would you say in this particular situation?
- what would you have in mind, saying this?
- could you think of an answer that would taper down the traumatizing character of the situation in your own perception? (Zinchenko, Pervichko, 2014).

A total of 85 patients with stress-induced hypertension (mean age was 45.9 ± 2.8) and 82 healthy subjects (mean age was 44.9 ± 3.1) took part in the study.

Results We came to distinguish among four classes of ER strategies: internal, cognitively non-mediated; internal, cognitively transforming; external, cognitively non-mediated; and external, cognitively transforming (Pervichko, 2015). Hypertensive patients significantly more frequently than healthy subjects reveal wider set of emotionally grave events (19.8% vs 11.2%, $P < 0.001$), they are more prone to rumination, disasterization (19.0% vs 11.1%, $P < 0.001$) and suppression in display of their emotions (31.9% vs 20.2%, $P < 0.001$). The patients will seldom employ the strategy of interactive subject–subject transformations; their capability to actualize new meanings in traumatic situations is diminished.

Conclusions Application of the described modification of Rosenzweig Picture-Frustration Test allows to distinguish and classify various ER strategies, and to demonstrate peculiarities in ER related behaviour of hypertensive patients as opposed to healthy subjects.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1131

New methodologies for faster study of new psychoactive substances: A proposal



P. Quintana Mathé^{1,2,*}, M. Grifell^{1,2,3}

¹ Hospital del Mar Medical Research Institute, Grup de Recerca en Addiccions, Barcelona, Spain

² Associació Benestar i Desenvolupament, Energy Control, Barcelona, Spain

³ Parc de Salut Mar, Institut de Neuropsiquiatria i Addiccions, Barcelona, Spain

* Corresponding author.

Introduction New psychoactive substances (NPS) are substances that have recently become available, and are not worldwide regulated. They often intend to mimic the effect of controlled drugs, becoming a public health concern. In 2014, 101 substances were reported for the first time in the EU, which may require to be studied and risk-assessed by the scientific community. The EMCDDA recognizes it as an emerging topic where research is most needed, as the scientific community is struggling to keep pace with the speed at which new substances appear. On the one hand, case reports and internet-based surveys are quickly published but do not provide enough evidence to guide clinical decisions. On the other hand, classical high-reliability methodologies such as Cohort and Clinical studies take too long and their cost is too high to be of much use for the study of NPS. We propose an intermediate methodology to tackle this unmet need.

Rationale González and colleagues described a set of highly educated, experimental users of NPS with extensive knowledge and consumption of substances. These users usually look for drug

checking of the substances they intend to consume. We suggest we could benefit from the collaboration of such users, and the possibility of obtaining analytical confirmation, to retrieve information about NPS in a quick and reliable fashion.

Outline of methodology Recruiting of subjects that submit NPS to a drug checking facility. Analysis of the samples for analytical confirmation. Check inclusion criteria and propose inclusion in the study. Give structured forms for reporting effects and adverse events.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Schizophrenia

EV1132

Self-continuity across time in schizophrenia: An exploration of phenomenological and narrative continuity in the past and future



M. Allé^{1,*}, A. D'Argembeau², P. Schneider¹, J. Potheegadoo¹, R. Coutelle³, J.M. Danion¹, F. Berna¹

¹ Inserm, U1114, Strasbourg, France

² University of Liège, Psychology Department, Liège, Belgium

³ Psychotherapy center of Nancy, Autism Resources Center, Laxou, France

* Corresponding author.

Disorders of the self, such as the “loss of continuity” of the self in time, are a core symptom of schizophrenia, but one, which is still poorly understood. In the present study, we investigated two complementary aspects of self-continuity, namely phenomenological and narrative continuity, in 27 patients with schizophrenia, and compared them with 27 control participants. Participants were asked to identify 7 important past events and to narrate a story taken from their life that included these events. They were then asked to imagine 3 important events that might happen in their personal future and to build a narrative of their future life. The memory vividness of these important life-events and the proportion of self-event connections in the narratives were used as a measure of phenomenological and narrative continuity, respectively. Our results showed that the difficulty for patients to construct vivid representations of personally significant events was observed in both temporal directions, past and future. Patients' ability to establish explicit connections between personal events and attributes of self in life narratives was also impaired, but only in the case of past narratives. Our results yield a fresh understanding of the cognitive mechanisms of self-disorders in schizophrenia. The clinical and therapeutic implications of these findings are discussed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1133

Population pharmacokinetic modeling and simulations of dopamine Dd2 receptor occupancy of long-acting intramuscular risperidone-ISM



J. Llaudó¹, L. Anta¹, I. Ayani^{1,*}, J. Martínez-González¹, I. Gutierro², R. Faelens³, J. Winkler³, E. Snoeck³

¹ Laboratorios Farmacéuticos Rovi-S.A., Medical Department, Madrid, Spain

² Laboratorios Farmacéuticos Rovi-S.A., R&D, Madrid, Spain

³ SGS Exprimio NV, Exprimio, Mechelen, Belgium

* Corresponding author.

Introduction Risperidone-ISM is a new long-acting intramuscular formulation intended to achieve sustained plasma concentrations over 4 weeks without oral supplementation. The clinical efficacy to risperidone has been associated with 65–80% occupancy of dopamine D2 receptor (D2RO) and a mean C_{max} between 7.5 ng/mL and 80 ng/mL.

Aim Use a population PK/PD model to predict the PK and the D2RO for Risperidone-ISM in schizophrenic patients and to characterize the relationship among doses, in order to guide dose selection for a future Phase-III trial.

Methods A population PK/PD analysis for Risperidone-ISM using Monolix software was conducted based on 6641 plasma samples from two Phase-I studies (17 healthy subjects and 31 schizophrenic subjects, respectively) and 1 Phase-II study (60 schizophrenic subjects). Simulations were subsequently undertaken predicting the steady state PK and D2RO after multiple Risperidone-ISM doses administered every 28 days for 12 weeks.

Results Doses of 75 and 100 mg, administered either in gluteal or deltoid muscle, were predicted to result in median C_{max} and C_{trough} that stayed between 7.5 ng/mL and 80 ng/mL. At steady state 75 mg and 100 mg dose (gluteal) achieved a D2RO average [min–max] of 70.8% [61.4–80.4] and 74.3% [66.2–82.1], respectively; a 75-mg and 100-mg dose (deltoid) achieved a D2RO average [min–max] of 69.3% [56.5–80.3] and 73.0% [61.8–82.1], respectively. The model estimated that the 65% D2RO occurs within first 8 h after treatment.

Conclusions Simulations were carried out supporting doses of 75 mg and 100 mg Risperidone-ISM to show the greatest efficacy and safety potential to be assessed in the future Phase-III trial.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1134

Electroconvulsive treatment in Parkinson's disease and psychosis:

A case report

T. Aparicio Reinoso*, S. Gonzalez Parra
Hospital Dr. R Lafora, Psychiatry, Madrid, Spain

* Corresponding author.

Background Drug induced parkinsonism is a common side effect. **Objective** The present report describes the case of a schizophrenic patient who developed a parkinsonism after receiving antipsychotic drugs and who had improved his schizophrenia and parkinsonism after electroconvulsive therapy.

Case summary We report the case of a man, who is 35 years old and was admitted to a psychiatric ward, due to decompensated schizophrenia with psychotic features. The patient developed pronounced parkinsonian features, which did not improve with discontinuation of the drug or with carbidopa/levodopa. After several unsuccessful treatments, the patient was treated with ECT and showed improvement in both diseases.

Results The patient's response to this treatment justifies the use of ECT in patients with both syndromes: a psychosis productive and Parkinson's disease. Even the maintenance therapy can establish the initial response achieved and keep it through time. We should keep in mind that the management of these patients, can be extremely difficult because the medications used to both disorders are antagonistic.

Conclusion ECT can be considered in patients with a psychiatric illness associated with parkinsonism.



Disclosure of interest The authors have not supplied their declaration of competing interest.

Further readings

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EV1135

Intramuscular maintenance treatment with ultra-high-dose long-acting injectable aripiprazole in an elderly patient suffering from chronic refractory schizophrenia:

A case report

L. Bartova*, M. Dold, N. Praschak-Rieder, A. Naderi-Heiden, S. Kasper

Medical University of Vienna, Department of Psychiatry and Psychotherapy, Vienna, Austria

* Corresponding author.

Long-acting injectable (LAI) aripiprazole is increasingly appreciated in the course of a maintenance treatment of schizophrenia due to efficacy in delaying – and decreasing relapse, and low rates of feared side effects. In line with the prescribing information, the maximal starting – as well as maintenance dose was restricted to 400 mg following a 26-day interval between the single doses.

We present a 72-year-old female inpatient (66 kg) with an acute exacerbation of chronic refractory schizophrenia, exhibiting primarily positive symptoms including excessive persecutory delusions, self-care deficit, poor insight and insufficient adherence to continuous intake of oral medication. Since she developed a post-injection syndrome after an accidental intravascular administration of olanzapine LAI 405 mg, the antipsychotic treatment was switched to aripiprazole LAI 300 mg once monthly. Due to insufficient clinical response, aripiprazole LAI was gradually increased up to 1200 mg per month under continuous plasma level monitoring. Here, 2 single injections of aripiprazole LAI 300 mg were delivered into both gluteal muscles concurrently, every 14 days.

Consequently, we observed a clinically meaningful improvement (a total-score reduction from 111 to 75 on the Positive and Negative Syndrome Scale), as well as no objectifiable side effects, assessed by "The Dosage Record Treatment Emergent Symptom Scale" and "The Barnes Akathisia Rating Scale", despite multi-morbidity and rather advanced age of the patient.

Our safe experience with applying the almost threefold higher monthly dose over 12 weeks may encourage researchers to further investigate the efficacy, tolerability as well as handling of highly dosed aripiprazole LAI in refractory schizophrenia.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1136

Neurological symptoms in schizophrenia: A case report

S. Benavente López^{1,*}, N. Salgado Borrego²,
M.I. de la Hera Cabero³, I. Oñoro Carrascal³, L. Flores³,
R. Jiménez Rico³

¹ Hospital Universitario 12 de Octubre, Psychiatry, Madrid, Spain

² Hospital Dr. Rodríguez Lafora, Psychiatry, Madrid, Spain

³ Centro San Juan de Dios Ciempozuelos, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction Patients with epilepsy and schizophrenia could present atypical clinical presentations with neurological symptoms that are not frequently presented in schizophrenia.

Case Report We report the case of a 41-year-old male who was diagnosed of schizophrenia and was admitted into a long-stay psychiatric unit. He started at 33 years old with a depressive disorder. After prescribing venlafaxine, symptoms did not remit and the patient started to present apathy, anhedony, impoverished speech, social isolation and blunted affect. Then, the patient started to present behavioral disturbances consisted in regressive behavior, aggressive behavior, inappropriate language, echolalia, sexual disinhibition, impulsivity, worsening of executive functions and soliloquies. A neurological study was made with CT scan and electroencephalography, and no evidences of neurological abnormalities were found. After that, clozapine was prescribed, with an improvement of some symptoms like apathy, anhedony and aggressive behavior, but persisting the impulsivity, regressive behavior, inappropriate language, sexual disinhibition and echolalia.

Discussion Patients with schizophrenia and epilepsy could not respond appropriately to antipsychotic drugs. In this patient, the psychiatric symptoms more frequently seen in schizophrenia responded well to clozapine, but neurological symptoms did not improve with the standard treatment, causing a severe disability to the patient that was the main reason for his prolonged admission.

Conclusions It is recommended to make a detailed neurological exploration in all psychiatric patients, in order to explore atypical symptoms and comorbidities that could reveal new diagnosis and therapeutic objectives.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1137

Obsessive symptoms in schizophrenia: A case report

S. Benavente López^{1,*}, N. Salgado Borrego²,
M.I. de la Hera Cabero³, I. Oñoro Carrascal³, L. Flores³,
R. Jiménez Rico³

¹ Hospital Universitario 12 de Octubre, Psychiatry, Madrid, Spain

² Hospital Dr. Rodríguez Lafora, Psychiatry, Madrid, Spain

³ Centro San Juan de Dios Ciempozuelos, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction Schizophrenia could be presented with obsessive thoughts or an obsessive-compulsive disorder. It is known that some antipsychotics like clozapine could cause obsessive symptoms or worsen them.

Case Report We report the case of a 53-year-old male who was diagnosed of schizophrenia. The patient was admitted into a long-stay psychiatric unit due to the impossibility of outpatient treatment. He presented a chronic psychosis consisted in delusions of reference, grandiose religious delusions, and auditory pseudohallucinations. He often presented behavioral disturbances



consisted in auto and heteroaggressive behavior, being needed the physical restraint. Various treatments were used, including clozapine, but obsessive and ruminative thoughts went worse. Because of that, clozapine dose was lowered, and it was prescribed sertraline and clomipramine. With this treatment the patient presented a considerable improvement of his symptoms, ceasing the auto and heteroaggressive behavior, presenting a better mood state, and being possible the coexistence with other patients. Psychotic symptoms did not disappear, but the emotional and behavioral impact caused by them was lower.

Discussion This case report shows how a patient with schizophrenia could present severe behavioral disturbances due to obsessive symptoms. If obsessive symptoms are presented, clozapine must be at the minimum effective dose and antidepressants with a good antiobsessive profile.

Conclusions Obsessive symptoms could be presented as a part of schizophrenia. Clozapine could worsen this symptoms and it is necessary to adjust its dose to the minimum effective dose.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1138

Treatment of schizophrenia with aripiprazole may contribute to improved functions

A. Björner^{1,*}, N. Erixon-Lindroth², S. Öberg Jansdotter³,
A. Flatla⁴

¹ Gothenburgh, Sweden

² Otsuka Pharmaceuticals, Scandinavia, Stockholm, Sweden

³ Bristol-Myers Squibb at time of study, Stockholm, Sweden

⁴ Bristol-Myers Squibb, Oslo, Norway

* Corresponding author.

Introduction The goals with modern treatment of schizophrenia are to achieve remission of clinical symptoms, prevent relapse, and to restore the patients' functions.

Objectives/aims The objective of this study was to investigate the impact of treatment with the partial dopamine agonist aripiprazole on functions, measured as time spent for work or studies, in patients with schizophrenia or schizoaffective disorder.

Methods Retrospective data on employment and study activities were collected for all patients between 18–65 years with schizophrenia or schizoaffective disorder at an open care psychosis clinic in Sweden ($n = 104$). Possible impact of treatment with aripiprazole and of other variables, such as age, gender, and disease severity, was analysed.

Results Among patients who worked or studied at Day of admission ($n = 36$), the probability of maintaining or increasing time for work or studies was significantly higher in patients treated with aripiprazole compared with patients who were not (88% versus 53%; $P = 0.020$). This difference remained significant after controlling for severity of symptoms, age and sex. A secondary analysis, including all patients (independent of work or study status at Day of admission) also showed a significant difference in favour of aripiprazole (53% versus 26%, $P = 0.005$).

Conclusions The results indicate that patients treated with aripiprazole (monotherapy or add-on) have higher probability of maintaining functional capacity. A plausible explanation might be aripiprazole's favourable effect on cognitive functions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1139

Depressive syndrome in schizophrenia and cannabis use

S. Bouri^{1,*}, H. zemmama², K. El Ayoubi², M.A. Berraho³, A. Abdellaoui⁴, S. Achour⁵, I. Rammouz²

¹ Faculty of Science, Dhar El Mahraz, Laboratory Physiology, Pharmacology & Environmental Health, Fez, Morocco

² Faculty of medicine, Clinical neurosciences laboratory, Fez, Morocco

³ Faculty of medicine, Epidemiology Public Health, Fez, Morocco

⁴ Faculty of Science, Laboratory Physiology, Pharmacology & Environmental Health, Fez, Morocco

⁵ University Hospital Hassan II, Toxicology Unit, Fez, Morocco

* Corresponding author.

Introduction Cannabis use is frequently observed in schizophrenia. Several medical and organic factors can lead to this comorbidity. These include depressive symptoms.

Objective Assessing the prevalence of depressive symptoms within a population of schizophrenic inpatients and the association with cannabis use.

Method A group of 403 patients diagnosed with schizophrenia according to Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV), were assessed by The Calgary Depression Scale for Schizophrenia (CDSS) scale measure depressive symptom in schizophrenia. Socio-demographic, clinic, and urine toxicology screens testing data were collected.

Results The Schizophrenic patients included in this study have an average age of 33 years. The majority of them are males (90%), single (76%) and unemployed (72%). A total of 38 patients (9.4%) have depressive symptoms (scored 6 or more on the CDSS). Among this group, 16 patients (42.1%) were tested positive for cannabis used. Although there is a high proportion of cannabis use among patients with depression symptoms, there was no significant correlation between the CDSS total score and cannabis use among schizophrenic patients.

Conclusion Depression is well known to occur during the course of schizophrenia in many patients and contributes substantially to the morbidity. Studies are needed that include correlation analyses between depression and cannabis use in schizophrenia.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1140

A comprehensive systematic screening protocol for assessment of medical comorbidities in schizophrenia

P. Bucci^{1,*}, E. Durante Mangoni², P.C. Pafundi², S. De Simone¹, U. Malgeri², A. Mucci¹, S. Galderisi¹, M. Maj¹

¹ University of Naples SUN, Department of Psychiatry, Naples, Italy

² University of Naples SUN, Internal Medicine Section, Department of Cardiothoracic Sciences, and Division of Infectious and Transplant Medicine, Naples, Italy

* Corresponding author.

Introduction Difficult access and low quality of health care are recognized as factors that may account for the excess deaths widely reported in patients with schizophrenia. As a matter of fact, psychiatrists not always possess adequate competences in the assessment of physical health, while non-psychiatric physicians receive little training in psychiatry and are not prepared to take care of subjects with severe mental illnesses.

Objectives We present a comprehensive and systematic algorithm for screening medical comorbidities, conceived to be easy to use for psychiatrists, after a brief training.

Aims The study is aimed to implement an instrument for proper detection and management of physical illnesses in people with schizophrenia.

Methods The screening protocol, developed by internal medicine specialists, was applied to 15 subjects in two independent assessments, one performed by trainees in psychiatry, after a brief training, and one carried out by one specialist and two trainees in internal medicine. The analysis of the inter-rater reliability was carried out by calculating the Cohen's kappa coefficient and the intraclass correlation coefficient as appropriate.

Results The agreement among raters resulted excellent for 61% of items, good for 17%, moderate for 18% and scarce for 4%. The few items showing scarce inter-rater reliability were excluded. The final algorithm is being tested for feasibility in psychiatric settings.

Conclusions The proposed screening protocol resulted in a suitable tool, showing moderate to excellent inter-rater reliability, that can be used in clinical practice by psychiatrists after a brief training.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1141

Depot aripiprazole as an alternative to the oral formula

M.R. Calero Fernandez

Hospital Gutierrez Ortega, Unidad de Salud Mental, Valdepenas, Spain

Background Aripiprazole depot was launched in Spain in March 2015. American double blind studies with placebo showed a significant delay in relapse and a good tolerance profile with injectable aripiprazole, with similar results to those obtained in studies comparing placebo and paliperidone depot.

Objective To compare the self-perceived changes after de substitution of oral paliperidone to depot formula.

Type of study Descriptive, case series.

Sample Ten patients. Age range: 22–62 years (mean age: 41.2 years). Seven men + 3 women. Inclusion criteria: diagnosis of schizophrenia or schizoaffective disorder, no acute psychotic symptoms. Prior treatment with oral aripiprazole (average dose: 17.5 mg) 20% on monotherapy of aripiprazol Oral aripiprazol was switched to the depot formula; 60% received a dose of 400 mg/28 days and 40% received 300 mg/28 days intramuscularly.

Results One patient abandoned the treatment after the first injection. Instrument for Assessment: IAQ scale: consists of 10 items; we did not consider the items "prolactin level" and "akathisia" (no patient showed neither before or after the treatment). The items were rated by the patient: 1 (much better than with oral treatment), 2 (somewhat better), 3 (equal), 4 (worse) and 5 (much worse) averages scores: Positive symptoms: 1.25 Negative Symptoms: 1.75 Drowsiness: 1.875 Weight gain: 1.625 extrapyramidalism: 1.875 Cognition: 1.625 Energy: 1.5 mood: 1.625 total score media: 13.25 out of 40 (corresponding to the worst maximum score), 1.65 average per item.

Conclusion Depot aripiprazole can be an alternative to the oral formula. The sample showed a self perceived improvement of their general state from "much better" to "somewhat better" than with oral treatment.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1142

Internalized stigma, negative symptoms and global functioning in schizophrenia



O.O. Capatina*, I.V. Miclutia

University of Medicine and Pharmacy "Iuliu Hatieganu" Cluj-Napoca, Neuroscience Psychiatry, Cluj-Napoca, Romania

* Corresponding author.

Introduction Negative symptoms (NS) of schizophrenia were usually described as a unitary construct and as a separable domain of pathology; however recent studies suggest, that they encompass 2 separable domains: Diminished Expression (DE) and Avolition-Apathy (AA). Research into the relationship between internalized stigma and NS have yielded mixed results up to present.

Objective The objectives of this study was to assess the factor structure of NS and to examine the relationship between these factors and internalized stigma, global functioning and sociodemographic characteristics.

Aims The broad aim of this study was to gather greater understanding of the relationship between internalized stigma, NS and global functioning.

Methods A sample of 50 consecutive subjects were recruited from outpatient psychiatric hospitals meeting the criteria for schizophrenia according to ICD-10. The patients were evaluated using the Positive and Negative Symptoms Scale (PANSS), Negative Symptoms Assessment-16 items (NSA-16), Global Assessment of Functioning (GAF), Clinical Global Impression-Severity Scale (CGI-s), Internalized Stigma of Mental Illness Scale (ISMI) and were interviewed to assess sociodemographic characteristics.

Results A two-factor structure for the domain of NS was found: an AA and DE profile group. AA and DE subgroups significantly differed on clinically relevant external validators and greater resistance to stigma is related to both fewer AA and DE symptoms in people with schizophrenia.

Conclusions Our findings suggest that the different subdomains of NS can be identified within the broader diagnosis of schizophrenia and that they should be analyzed as distinct domains and that stigma resistance can be a possible intervention target to ameliorate NS.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1143

Hypergraphia: Illustrating clinical pictures



L. Carvalhão Gil*, A. Ponte, J. Gama Marques

Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisboa, Portugal

* Corresponding author.

Introduction Hypergraphia is an extensive writing tendency sometimes coupled with hyperreligiosity and atypical sexuality, completing a syndrome described by Waxman and Geschwind in 1975 during interictal phases of patients with temporal lobe epilepsy. Nevertheless, it may arise from any temporolimbic lesion, usually in the right hemisphere, in contrast to the schizophreniform psychosis more often seen in left-sided lesions.

Objective A review on the lateralizing significance of temporolimbic lesions, highlighting the (un)specificity of hypergraphia, after a case report concerning a patient with both hypergraphia and schizophreniform psychosis.

Methods Analyse patient's clinical records and PubMed review, using hypergraphia, epilepsy and psychosis as keywords.

Results We report a 74-year-old male admitted due to aggressiveness. The patient had a traumatic brain injury in his 20s with secondary left temporal epilepsy. He lived in a psychiatric asylum, for almost 40 years, with the diagnosis of

schizophrenia, showing fluctuant atypical sexual behavior. After being transinstitutionalized to community nursing-home he developed meningoencephalitis, leading to medication change and behavior relapse. He showed viscosity, circumstantiality, soliloquy, euthymic mood and normal cognition. He wrote profusely, e.g. lists of various categories and letters to eminent clerics and politics. His diary was scanned for illustrative purpose.

Conclusions Hypergraphia is an uncommon but easy to find symptom that deserves the full attention of the clinician, especially in the differential diagnosis between schizophreniform psychosis and temporal epilepsy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1144

Schizencephaly and psychosis: A case report



L. Carvalhão Gil*, A. Ponte

Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisboa, Portugal

* Corresponding author.

Introduction Schizencephaly is a rare malformation of the central nervous system, a congenital disorder of cerebral cortical development resulting in the formation of abnormal unilateral or bilateral clefts in the cerebral hemispheres that extends from the pial surface to the ventricle. It often manifests with partial seizures, mental retardation and hemiparesis.

Objective To illustrate a rare case of association between psychosis and schizencephaly and the implication of this association for understanding the biology of the psychosis.

Methods A literature search was performed on PubMed database using the key words schizencephaly, psychosis, brain diseases and retrieved papers were selected according to their relevance. The patient clinical record was reviewed.

Results The authors report a case of a 59-year-old male admitted into a psychiatric hospital with insomnia, disorganized behavior probably secondary to auditory hallucinations and mystic delusions. He also reported epilepsy and strabismus in his right eye since his childhood and right facial paresis. A head CT scan revealed a left deep cortico-ventricular parieto-occipital communication corresponding to schizencephaly.

Conclusions Considering the theory that schizophrenia is associated with abnormal brain development, this case report may provide an example of a neurodevelopment abnormality that manifests as psychosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1145

The evolution of emotional intelligence in schizophrenia: A comparative study of two groups at different times of the disorder



E. Chapela^{1,*}, J. Quintero^{1,2,3}, I. Morales³, M. Félix-Alcántara¹, J. Correas^{2,4}, J. Gómez-Arnau⁴

¹ Hospital Universitario Infanta Leonor, Psychiatry, Madrid, Spain

² Fundación Psiformación, Psychiatry, Madrid, Spain

³ Psikids, Psychiatry, Madrid, Spain

⁴ Hospital del Henares, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction People with schizophrenia show changes in the skills related to emotional intelligence, but little is known about the clinical course of these deficits. Few studies have examined the evolution of emotional intelligence in schizophrenia patients.

Objective To increase knowledge about emotional intelligence deficits in schizophrenia and to study its clinical course and factors related, with particular interest in neurocognitive deficits.

Aims To compare emotional intelligence and other clinical and neurocognitive data in patients with schizophrenia in a different moment of evolution.

Methods Twenty-five patients with schizophrenia for up to 5 years of evolution were compared to 24 patients with schizophrenia for more than 5 years of evolution. The assessment protocol consisted of a questionnaire on socio-demographic and clinical-care data, and a battery of assessment scales, including MSCEIT for emotional intelligence.

Results Both groups show a deterioration of emotional intelligence. Schizophrenia patients over 5 years of evolution have worse performance in emotional intelligence test than schizophrenic lower evolution. In the schizophrenia group of up to 5 years of evolution, none variables correlate with emotional intelligence. In the schizophrenia group of more than 5 years of evolution, there were moderate negative correlations with the severity of symptoms and depressive symptoms, and moderate correlation of positive sign with functionality, but none of the neurocognitive assessment scales.

Conclusions There are arguments for the existence of a progressive deterioration of emotional intelligence in schizophrenia. This deficit in emotional intelligence in schizophrenia appears to be present from the first years of the disease.

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EV1146

Typological characteristics of affective disorders in cases of paranoid schizophrenia

A. Kim, E. Cherapkin*

Kyrgyz-Russian Slavic University named after B.N. Yeltsin, Medical Faculty, Bishkek, Kyrgyz Republic

* Corresponding author.

Introduction There are affective disturbances at any stage of schizophrenia and at any form of its progression. Serious difficulties in diagnostics and treatment are represented by existence of depressive affect against the expressed negative symptomatology.

Objective Studying structure of a rehospitalization phenomenon and its clinical psychological features at paranoid schizophrenia.

Methods Retrospective analysis of frequency of hospitalization by information from epirisis, semiformalized interview, the Positive And Negative Syndrome Scale, the Beck Hopelessness Scale, the Life Style Index, the Zung Self-Rating Depression Scale, the State-Trait Anxiety Inventory.

Results and conclusions The statistical data obtained as a result of research, depression level on a scale of Zung 55.3 ± 0.73 ; 0.71 ($P < 0.01$) testify to interrelation of a negative and depressive symptomatology, existence of depressive affect confirms the high level of hopelessness 14.76 ± 0.35 ; 0.65 ($P < 0.01$). Thus it is possible to note an overlap phenomenon of a depressive and negative symptomatology (Fig. 1). The PANSS-scale is the tool of a multidimensional clinical assessment of schizofrom symptom-complexes, forms at the clinical psychopathological level the register of autistic signs in the form of a secondary negative symptomatology considered by us as personal response to a mental disorder. Allocation of such phenomena as rehospitalization and self-stigmatization with the prevailing negative symptomatology allows diagnosing for patients indirectly a depressive syndrome and promotes optimization of therapy in each separate case.

In clinical practice application of psychometric scales is important for identification of depressive symptoms and expression of positive and negative symptoms.

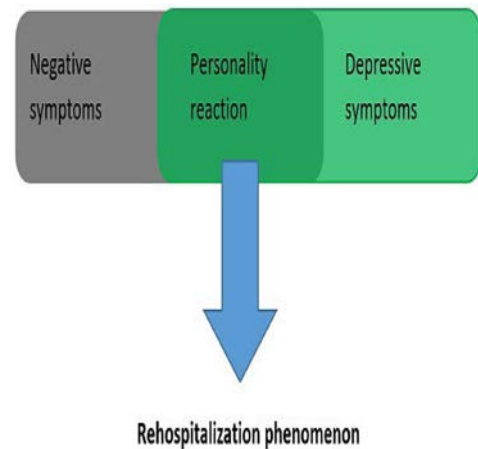


Fig. 1

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EV1147

Integrated treatment in schizophrenia: A psychodynamic approach

M. Cianciulli¹, L. Ciampa^{2,*}, F. Gucci²

¹ ASL Napoli 1centro, Psychiatrist Department of Mental Health, Naples, Italy

² Villa Camaldoli Alma Mater s.p.a., Psychodynamic Integrated Psychiatry Department, Napoli, Italy

* Corresponding author.

Introduction The severe disability of schizophrenia and its impairment in real-life functioning can improve with a treatment that stimulates personal resources such as peer-support by psychologist according to Cordiale and Montinari psychoanalytic model (2012) in a multidisciplinary team.

Objectives Supportive and narcissistic relationships sharing real life experience, according to the cohesion of Self (Kohut 1971), promotes identification processes and improves pharmacological and psychiatrist treatment.

Methods Study participants were recruited for one year, according to diagnostic criteria of DSM V, from schizophrenic patients ($n = 12$) of a Mental Health Department and of a private psychiatric department (DH) in an age between 23 and 36 years, tested by SAT-P and GAF scale.

Results All patients were treated with second generation antipsychotic and an integrated treatment with peer-support, (Galderisi et al., 2014).

Conclusions The valiance of real-life functioning in patients with schizophrenia depends on an integrated intervention that assures a function of flexible and not coercive restraint, allowing to stable relationship with territorial agency (network) (Chiesa, 2008).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1148

Folie à deux

C. Cocho*, M. Baquero, I. Vera, J. Alvarez-arenas

Hospital Universitario Infanta Cristina, Unidad de Psiquiatría, Parla, Spain

* Corresponding author.

Introduction The induced delusional disorder or *folie à deux*, is a rare condition characterized by psychotic symptoms at least in two individuals in close association.

Objectives We report a case of shared psychotic disorder between mother and daughter. We briefly review both classical and current literature.

Methods We summarized the results from articles identified via MEDLINE/PubMed using “induced delusional/shared psychotic disorder” as keywords. We report a case of a woman who develops psychotic symptoms characterized by delusions of persecution. Her daughter started, during the first high school grade with referring sexual threats and having delusions of persecution lived by her mother like a fact. They have very symbiotic relationship. Seven years later, the mother has required hospitalization for chronic delusions.

Results The term *folie à deux* was first coined by Lasègue and Falret, they assume the transmission of delusions was possible when an individual dominated the other and existed relative isolation. Recent studies found no significant differences in age and sex, although described higher comorbidity with other psychiatric diseases. Relative to treatment, separation by itself is insufficient; an effective neuroleptic treatment is required.

Conclusions Our case meets criteria for shared psychotic disorder. The daughter, with a ruling attitude who dominates the relationship, was the inducer. The mother showed no resistance in accepting delusions and remains them active after separation. This leads us to consider the possible predisposition to psychotic illness by both patients.

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EV1149

Headache and schizophrenia – A cross-sectional cohort study on prevalence, characteristics and management

J. Connaughton*, B. Wand

The University of Notre Dame Australia, Physiotherapy, Fremantle, Australia

* Corresponding author.

Introduction Headache is the most common pain reported by people with schizophrenia. Little research has been conducted into the characteristics and management of headaches in this population.

Objectives Determine the prevalence, type and management of headache in people with schizophrenia.

Aims Identify if best practice treatment of headache occurs and if changes are required to assure people receive appropriate management.

Methods One hundred consecutive people with schizophrenia and schizoaffective disorder completed an extensive, reliable and valid headache questionnaire. Based on the questionnaire responses two clinicians independently classified each person's headache as either migraine headache (MH), tension type headache (TTH), cervicogenic headache (CGH) or other headache type (OH). Any discrepancies were resolved by consensus agreement.

Results Twelve-month prevalence of headache (57%) was higher than the general population (46%) with no evidence of relationship between psychiatric clinical characteristics and presence of headache. Prevalence of CGH (5%) and MH (18%) were comparable to the general population. TTH (16%) had a lower prevalence. Nineteen percent of participant's headache was classified as OH type. No participant with MH was prescribed migraine specific medication. Only 1 of the 5 people whose headache was classified as CGH received manual therapy and none had been prescribed exercises.

No people with TTH received manual therapy, exercise prescription or postural review.

Conclusions It is recommended that education is required for patients and mental health workers about headache classification and the appropriate care pathways for different headache types.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1150

15 years and counting – How are schizophrenic patients with long hospitalization time?

M.A. Duarte^{1,*}, B. Lourenço², A. Ponte¹, A. Caixeiro³

¹ Centro Hospitalar Psiquiátrico de Lisboa, CP 6, Lisbon, Portugal

² Centro Hospitalar Psiquiátrico de Lisboa, CP 5, Lisbon, Portugal

³ Centro Hospitalar Psiquiátrico de Lisboa, Reabilitation, Lisbon, Portugal

* Corresponding author.

Introduction Centro Hospitalar Psiquiátrico de Lisboa (C.H.P.L.), in Lisbon, Portugal, is the biggest psychiatric hospital in Portugal and one of the oldest still working. Along with acute inpatient clinics it has long duration inpatient units with 226 patients.

Objectives/aims Characterize and improve the therapeutic approaches in patients committed to the long duration inpatient unit with long hospitalization times and the diagnose of schizophrenia.

Methods During the month of September 2015 all patients, committed before 2000 who fulfilled the diagnosis criteria ICD 10, F20.X (Schizophrenia) were characterized regarding age, gender, time of hospitalization and were evaluated using the Positive and Negative Symptom Scale (PANSS).

Results From the original sample ($n=226$), 31 patients were included in the study. The mean age was 64.4 years (min 50–max 91) and the majority were male (67.7%; $n=21$). The mean years of hospitalization were 28.7 years (min 15–max 60). The average total PANSS score was 99.8 (positive symptoms: 25.4; negative symptoms: 29.9; general symptoms: 44.4).

Conclusions Although in last decades many psychiatric hospitals were closed and community approaches to treatment of the mentally ill were the direction preconized by several international organizations, some patients still “live” in the hospital. Mostly, as we found in our study, have a severe, refractory disease, sometimes with behaviour changes that unable them to be discharged. With the continuous evolution of psychopharmacological drug treatment, this paradigm may change. Meanwhile other therapeutic approaches should be used to improve the disease symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1151

Socio-demographic features of first-episode psychosis associated with an increased likelihood of subsequent schizophrenia in a psychiatric inpatient sample

V.R. Enatescu^{1,*}, R.B. Munteanu², R. Romosan¹, A. Toader²,

I. Papava¹, V.A. Pinzaru¹, A.M. Draghici², I. Enatescu³

¹ “Victor Babes” University of Medicine and Pharmacy Timisoara, Department of Psychiatry, Timisoara, Romania

² Timisoara County Emergency Clinical Hospital, “Eduard Pamfil” Psychiatric Clinic, Timisoara, Romania

³ “Victor Babes” University of Medicine and Pharmacy Timisoara, Department of Neonatology and Puericulture, Timisoara, Romania

* Corresponding author.

Introduction Early diagnosis of schizophrenia is often delayed in first-episode psychosis and this could be viewed as an obstacle for a proper therapeutic approach and optimal clinical management.

Objective Our main objective was to identify baseline socio-demographic variables in first-episode psychosis which are associated with an increased likelihood of diagnosing schizophrenia in the second episode of psychosis. As a secondary objective we aimed to assess the diagnostic stability between first and second episode psychosis.

Material and methods Data belonging to 100 patients that were twice admitted in Timisoara Psychiatric Clinic, between 2010 and 2015, for two distinct and consequent episodes of psychosis, were analyzed. The first admittance had to coincide with first episode psychosis.

Results Logistic binary regression showed that a younger mean age (OR=0.90; 95% CI=0.85–0.95), a more unfavorable professional status (OR=3.75; 95% CI=1.10–12.74) and a lesser quality of social support (OR=3.47; 95% CI=1.11–10.82) at the onset of the first episode of psychosis were associated with an increased likelihood for a subsequent diagnosis of schizophrenia.

Conclusions Identifying an initial socio-demographical profile with a high predictive value for a subsequent outcome towards schizophrenia should encourage using this diagnosis starting with the first episode of psychosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1152

Self-care and insight in chronic psychosis



S. Gallego Villalta*, M. Martinez Roig, A. Ortiz Martin, A. Matias Sanfrutos, L. Duran Sandoval, C. Bestue Felipe, J. Paolini Sanmiguel, I. Martinez Lausin, E. Mayayo Castillejo, P. Bernal Romaguera

Hospital Royo Villanova, Psychiatry, Zaragoza, Spain

* Corresponding author.

Introduction Severe mental health disorders lead to low functionality.

Aim Searching factors that help us to improve functionality in psychosis.

Objective Establish whether there is a connection between different components of functionality and the level of insight in chronic schizophrenic patients.

Methods Forty patients diagnosis of psychosis, attending two day centres where transversally assessed with the scale for unawareness of mental disorders (SUMD) and the personal and social performance scale (PSP). Scores of every of the PSP subscales were compared with the global SUMD score.

Results Global score SUMD was higher in patients scoring more than 50 in PSP. There were no significant differences on the SUM scores between the group of patients with low score (good functionality) and higher score (>4, higher impairment) with the exception of the self-care subscale: PSP self-care <4 (n=21): SUMD 10.43 (3.23) and PSP self-care >4 (n=19): SUMD 6.11 (3.07).

Conclusions Patients with higher impairment in self-care (higher score in PSP A) were more aware of their illness.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1153

Treatment with antipsychotics and sexual dysfunction in a sample of schizophrenic inpatients



M.D.C. García Mahía^{1,*}, Á. Fernández Quintana¹, M. Vidal Millares¹, R. Castro Calvo²

¹ CHU A CORUÑA, Psychiatry, A Coruña, Spain

² CHUS Santiago de Compostela, Admission, Santiago de Compostela, Spain

* Corresponding author.

Introduction Previous studies show association between sexual dysfunction and antipsychotic treatment.

Objectives To study the prevalence and clinical correlates of sexual dysfunction in schizophrenic inpatients treated with antipsychotics. To analyze the influence of sexual complaints in treatment adherence.

Methods Retrospective descriptive study of psychiatric inpatients diagnosed of schizophrenia following DSM-IV-TR criteria and treated in an acute care unit of Psychiatry in a university hospital in a 12-month period. Patients treated with combination of antipsychotics (typical and atypical) were excluded from the analysis (n=60). Sexual side effects were evaluated with Udvalg for Kliniske Undersogelser (UKU) Side Effect Rating Scale and evaluated in two treatment groups: conventional antipsychotics, and atypical antipsychotics. Patients were asked about subjective experience with other treatments.

Results The mean age of subjects was 32.4 (SD=8.7). From the whole sample 38 (63.3%) were men and 22 (36.7%) women. Sexual dysfunction related to treatment was present in 78% of patients. Men were more affected than women and 69% of them related that sexual dysfunction had influenced the decision of treatment withdrawal previous to income. Amenorrhea was more common on risperidone and amisulpride. Analysis of different antipsychotics and its relationship with sexual dysfunction are presented.

Conclusions Sexual dysfunction is a frequent side effect associated with antipsychotics in schizophrenic patients. The sexual side effects may reduce the quality of life and may increase non-compliance that is usually associated to readmissions and worse prognosis of severe mental illness.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1154

The theme of DAECH in delirium of the first psychotic episode



F. Ghali^{1,*}, L. Mnif², F. Medini², A. Tounsi², W. Melki²

¹ Ariana, Tunisia

² Razi Hospital, Psychiatry, Mannouba, Tunisia

* Corresponding author.

Introduction The mediatization of the Islamic State of Iraq and Sham (DAECH), the distribution of its videos of beheading in the social networks and also after the various attacks, which struck in Tunisia and around the world, we noticed an increase of the number of patients whose theme of delirium revolves around the subject of DAECH.

Objectives and methods The objective of our work consists in studying sociodemographic, clinical and therapeutic particularities among patients presenting an acute delirium about the Islamic state, the caliphate and the Jihad, who were hospitalized in our department of psychiatry "D" since March 2015 after the attempt of BARDO MUSEUM.

Results Our sample included 15 patients with an average age of 25.4 years, hospitalized for the first time in a psychiatric institution. They were predominantly male (11 patients). We noted the use of psychoactive substances within 7 patients. The topic of DAECH has

been included in a delirium of persecution in 13 patients, delirium of bewitchment (7 patients), mystical religious ($n=4$) and finally in apart of delusions of greatness ($n=6$) so as to follow a single assignment: to fight terrorism.

Conclusion Delusions focused on the topic of DAECH were observed frequently among young patients and formed an integral part of especially persecution delirium, reflecting the collective fear of this phenomenon.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1155

Analysis of the duration of untreated illness (DUI) in the first episode psychosis Program (FEP) in AGS South Granada



B. Girela Serrano*, M. Guerrero Jiménez, C.M. Carrillo de Albornoz Calahorro, J.A. Rodrigo Manzano, O.B. Martínez García

Hospital Santa Ana Motril, Psiquiatría, Motril, Granada, Spain

* Corresponding author.

Introduction Duration of untreated illness (DUI) has been considered as a relevant variable used to measure the degree of disabilities that are associated with psychotic disorders. In this paper we describe a cluster of patients with a DUI superior to 1 year according to their symptoms and sociofamiliar functioning.

Methods We compare a group with a DUI superior to 1 year ($n=7$) against a group with a DUI inferior to 1 year ($n=17$).

Results The group with a DUI superior to 1 year showed an average age of 4 years younger (21) as the duration of untreated psychosis (DUP) of 1 to 3 months in the 80% of cases and higher percentage of unemployed or without occupation. The 60% were derived from primary care, compared to the 17% of the other group. Although the consumption of toxic substances was similar in both groups, no toxic psychosis were found in comparison with the 35% present in the group with a DUI inferior to 1 year. PANSS' profile scored more positive and less negative symptoms. Both have similar general psychopathology. There were group differences in the Social Functioning Scale (SFS) with lower scores in the superior to 1 year DUI, in the following scales: Prosocial, Autonomy, Execution and Employment. The Global Assessment of Functioning (GAF) gives an average of almost 8 points higher.

Discussion While the SFS shows significant differences in several areas of social functioning, both PANSS' profile and the family questionnaire do not support greater deterioration, as evidenced in the GAF's average score.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1156

Meta-analysis of the effectiveness of the drug in the treatment of schizophrenia



A. Golmohammadi Hafshejani^{1,*}, H. Arizi², A. Abedi², M. Shafiei Amiri³

¹ University of Isfahan, Clinical Psychology, Isfahafan, Iran

² University Faculty of Humanities, University of Esfahan, Clinical Psychology, Esfahan, Iran

³ Young Researchers Club, Azad University Rodehen, Clinical Psychology, Rodehen, Iran

* Corresponding author.

Introduction In recent years, scientists have been looking for the effects of the drug in the treatment of schizophrenia. In this meta-

analysis by integrating the results of various studies, shall specify the size of treatment effect.

Aim The study is based on research using meta-analysis model, the impact of drugs on the treatment of schizophrenia.

Methods For this purpose, nine of which were acceptable in terms of methodology, and meta-analysis was performed on them.

Research tools Meta-analysis checklist was included.

Research findings The rate of drug treatment interventions on the treatment of schizophrenia 2.41 respectively.

Conclusion The study showed the effect of treatments on the interpretation of Cohen in the treatment of schizophrenia high.

Keywords Meta-analysis; Disorder; Schizophrenia; Drug treatment

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1157

Psychosis-related polydipsia and chronic hyponatremia – A case report



F. Gonçalves Godinho*, A.L. Melo, S. Marques, D. Barrocas
Hospital Espírito Santo de Évora, Psychiatry and mental health, Évora, Portugal

* Corresponding author.

Introduction Psychogenic polydipsia has an estimated prevalence of 6–20% in psychiatric population. Although first described in the 1930s, there are few studies addressing this problem and its management. The high water intake can lead to severe hyponatremia with a mortality rate high enough to merit clinical concern.

Aims Report a case of a schizophrenic patient with psychogenic polydipsia and hyponatremia.

Methods Retrospective review of the clinical file and literature research on this topic.

Results A 41-year-old man with a long-term schizophrenia presented to the emergency room (ER) with exacerbation of psychotic symptoms. In the prior 24 months, he had stopped medication and began excessive water intake (5 to 10 L/day). He presented with auditory hallucinations, passivity phenomena and persecutory and other delusional thoughts that justified this behavior – “The water will end; I have to stock it, like camels do”. Presently he had an asymptomatic hyponatremia (128 mg/dL), but 6 months before he had been admitted in the ER with vomiting, altered state of consciousness and convulsions secondary to severe hyponatremia (108 mg/dL). During the present hospitalization, organic causes of hyponatremia were excluded and he was started on behavioral measures and antipsychotics. The psychotic symptoms improved and there was no need for water restriction after the first week, with restored natremia values on discharge.

Conclusions With this case report we intended to raise awareness on this potentially fatal condition that despite its prevalence has no defined diagnostic criteria, nor established controlled trials concerning the effectiveness of treatments.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1158

Schizophrenia spectrum disorders: Focus on social cognition and empathy



C. Gramaglia^{1,*}, E. Gattoni¹, G. Giovanna¹, S. Gili¹, A. Feggi¹, V. Binda², P. Prosperini², P. Zeppego¹

¹ University of Eastern Piedmont, Traslational Medicine, Novara, Italy

² AOU “Maggiore della Carità”, S.C. Psichiatria, Novara, Italy

* Corresponding author.

Background Schizophrenic patients show deficits in social cognition, functioning and in interpreting facial expressions. These disabilities contribute to global impairment in social and relational skills. Data started being collected in the context of the Italian Network of Research on Psychosis headed by Prof. Maj and Prof. Galderisi (Galderisi S et al. The influence of illness-related variables, personal resources and context-related factors on real-life functioning of people with schizophrenia. *World Psychiatry* 2014;275–87. Mucci A et al. The Specific Level of Functioning Scale: Construct validity, internal consistency and factor structure in a large Italian sample of people with schizophrenia living in the community. *Schizophr Res* 2014;159(1):144–50); collection in our centre went on also after the conclusion of the national project.

Aims To identify the correlations among social inference, facial emotion identification and clinical history and therapies in schizophrenic patients.

Material and methods We recruited patients with Schizophrenia referring to our Psychiatry Ward, AOU Maggiore della Carità, Novara, Italy. Socio-demographic characteristics were gathered; assessment of patients included The Awareness of Social Inference Test (TASIT), the Facial Emotion Identification Test (FEIT), the Positive and Negative Syndrome Scale (PANSS) and the Brief Negative Symptom Scale (BNSS).

Results Data collection is still ongoing. In a previous study we pointed out that schizophrenic patients showed social skills deficits and difficulties in identifying facial emotions. These features underlie poor and limited social relationships proper to schizophrenia. Our preliminary results revealed that identification of facial emotions is influenced by psychopathological symptoms especially by avolition, blunted affect and alogia. Implication will be discussed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1159

Feasibility study of culturally adapted cognitive behaviour therapy for psychosis in Pakistan



N. Husain¹, N. Mehmood², M.O. Husain^{3,*}, T. Kiran¹, F. Naeem⁴, I.B. Chaudhry¹

¹ University of Manchester, Psychiatry, Manchester, United Kingdom

² Pakistan Institute of Learning and Living, Research and Development, Karachi, Pakistan

³ Manchester Mental Health and Social Care Trust, General Adult Psychiatry, Manchester, United Kingdom

⁴ Queen's University, Psychiatry, Kingston, Canada

* Corresponding author.

Background It is becoming well established that CBT is both effective and cost efficient in the treatment of positive and negative symptoms of schizophrenia. However, there is a need to adapt CBT to the cultural, linguistic, and socioeconomic context of diverse cultural groups. We aimed to establish the feasibility of culturally adaptive cognitive behavior therapy for treatment of psychosis in a low-income country.

Methods This is a rater-blind, randomized, controlled trial of the use of CBT in patients with psychosis from a low-income country. Patients with a DSM-IV diagnosis of schizophreniform disorder were assessed using Positive and Negative Syndrome Scale for Schizophrenia (PANSS), PSYRATS (Psychotic Symptom Rating Scales), and the Insight Scale. Participants were randomized into the intervention group ($n = 18$) and TAU group ($n = 18$). The intervention group received 12 weekly sessions of culturally adapted CBT for psychosis (CaCBTp).

Results There were no significant differences between the two groups at baseline. At three months follow-up, there was a statistically significant improvement in the CaCBTp group on PANSS general Psychopathology subscale, PANSS overall score and Insight

scale, as compared to the TAU group. The CaCBTp group had lower scores on PANSS positive, PANSS negative sub-scales, and the two subscales of Psychotic Symptom Rating Scale, but differences were not statistically significant.

Conclusion Culturally adapted CBT added to pharmacological treatment as usual was acceptable to patients and was helpful in reduction of severity of psychotic symptoms. Adjunctive culturally adapted CBT should be further investigated in this population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1160

Institutionalization of patients with schizophrenia in the modern era



P. Ifteni^{1,*}, A. Szalontay², A. Teodorescu³

¹ Transilvania University Brasov, Faculty of Medicine, Brasov, Romania

² UMF "Gr.T. Popa" Iasi, Faculty of Medicine, Iasi, Romania

³ Psychiatry and Neurology Hospital Brasov, Psihiatrie Clinica III, Brasov, Romania

* Corresponding author.

Introduction Patients with schizophrenia requiring long-term institutionalization represent cases with poor outcome, often leading to high costs for patients and family and constituting a huge economical burden for society if patients are young.

Aims The aims were the evaluation of patient hospitalized for long period in a psychiatric hospital for chronic patients.

Objectives The objectives of the study were identification of characteristics and predictors of institutionalization in schizophrenia.

Methods Retrospective study of all institutionalized patients with schizophrenia in Brasov County, Romania, with a DSM-IV-TR lifetime diagnosis of schizophrenia institutionalized between 1995 and 2014.

Results Institutionalized patients between 2005 and 2014 ($n = 172$) had lower age (51.15 vs. 57.08, $P < 0.05$) and lower age at institutionalization compared with patients admitted between 1995 and 2004. Lower education level (8.23 vs. 13.22, $P < 0.05$), only one parent, multiple antipsychotics treatments and suboptimal response under first generation long acting antipsychotics are predictors for institutionalization. Haloperidol is the main treatment option (42.54%) followed by olanzapine 17.1% and clozapine 10.24%.

Conclusions Our study showed a tendency to institutionalize patients with schizophrenia at the younger age compared with past decades. Early intervention in psychosis, controlled treatment with SGAs should be solutions to avoid institutionalization of young patients with schizophrenia.

Keywords Schizophrenia; Institutionalization; Predictors; Poor outcome

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1161

Neurorehabilitation in schizophrenia



G.N. Jemar^{1,*}, S.M. Lopez²

¹ Hospital Jose Tiburcio Borda, Guardia Medica, Ciudad Autonoma de Buenos Aires, Argentina

² Hospital Braulio Moyano, Psicologia, Ciudad Autonoma de Buenos Aires, Argentina

* Corresponding author.

Neurorehabilitation in patients with Schizophrenia is a SET of activities capable of maximizing recovery capabilities through the development of it in their family, work and social sphere, and minimize the effects that arise from the chronicity and the natural

course of this disease. This process emphasizes all the cognitive as both individual capacities as motor through an approach to vocational, residential, recreational, social and educational support, tailored to the unique demands of the patient, in every situation and custom mode.

For this, working through concepts such as social cognition and insight, interdisciplinary way, so to SET goals and accomplish them with a specific planning.

Schizophrenia is a chronic disease that occurs in 1 to 2% of the world population, and causes social marginalization and stigmatization in patients who have it. Be treated, then, since the integration of multidimensional therapeutic resources.

In this paper, descriptively explains the techniques and activities developed individually for each professional and interdisciplinary area of building situational and individual patient diagnosis, potential and limitations as well as the specific treatment that may lead to improved cognitive and motor skills of the patient, and from it an improvement in their social inclusion and quality of life.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1162

Effect of switching to long-acting injectable (LAI) aripiprazole on long-lasting antipsychotic-induced hyperprolactinemia: A report of two cases

M. Juncal Ruiz*, B. Fernández-Abascal Puente, R. Landera Rodríguez

Hospital Universitario Marqués de Valdecilla, Psychiatry, Santander, Spain

* Corresponding author.

Introduction Antipsychotic-induced hyperprolactinemia (> 29 ng/ml in women) is associated with relevant side-effects.

Aim We describe the case of two women aged 50 and 54 years, respectively, diagnosed with schizophrenia who were receiving outpatient treatment with paliperidone depot 100 mg/month and risperidone depot 50 mg/2 weeks, respectively and complained of oligoamenorrhoea and amenorrhoea for at least 6 months.

Methods Routine blood tests showed hyperprolactinemia of 203.5 ng/ml and 306.2 ng/ml, respectively. The patients were evaluated by the Endocrinology unit and an MRI was performed discarding the presence of any primary brain condition. Both patients were switched to LAI aripiprazole due to its partial agonism of D2-brain receptors. At the time of switching both patients were stable in terms of psychopathology.

Results Changes in prolactin levels 3 months after switching are shown in the Fig. 1. Two months after switching, both patients regained cyclic menstrual function. After 6 months, they still showed psychopathological stability.

Conclusions Several studies have described an improvement of drug-induced hyperprolactinemia after switching to or adding oral aripiprazole. In these two cases, the normalization of prolactin levels and the resolution of oligoamenorrhoea/amenorrhoea were observed as soon as 2–3 months after switching to LAI aripiprazole. These findings suggest that switching to LAI aripiprazole may be an effective alternative for managing antipsychotic-induced hyperprolactinemia.

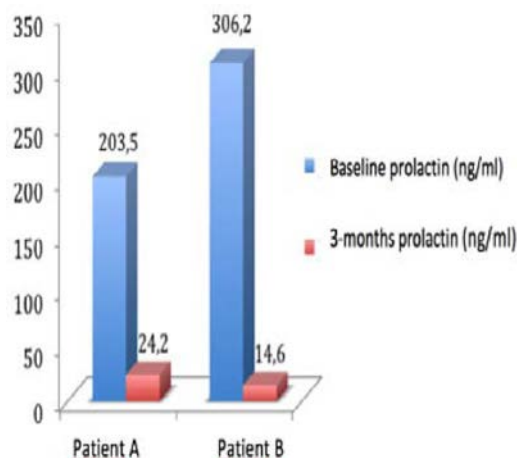


Fig. 1

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EV1163

Capgras-delusion in a female patient with schizophrenia: A case report and study of the literature

P. Kolarov^{1,*}, P. Chumpalova¹, G. Georgiev¹, A. Todorov², M. Stoimenova¹

¹ Medical University, Pleven, Bulgaria, Department of Psychiatry and Medical Psychology, Pleven, Bulgaria

² University Hospital, Pleven, Bulgaria, Psychiatry Clinic, Pleven, Bulgaria

* Corresponding author.

Background The Capgras syndrome is a rarely observed condition in patients with different psychiatric diseases, which is characterized with delusional misidentification of people, places, objects, etc.

Objective In this case report we aim to describe the clinical characteristics and manifestation of Capgras syndrome in a female patient with schizophrenia, perform a literature search on the topic and compare our report to literature findings.

Results and discussion A 50-year-old female patient was verbally and physically aggressive to her family members upon admission to our center. The onset of disease was marked 2 years ago when she first started feeling deserted and isolated and had a prescribed therapy for her condition which she did not follow. During the current admission a psychiatric assessment was performed. Delusional misidentification of her family members was observed and consequent food and sleep self-deprivation due to psychosis was noted. The patient denied being suicidal but was intense and psychotic, and reported different objects to have started disappearing mysteriously from her home. The patient was diagnosed with schizophrenia and was treated with haloperidol, olanzapine, chlorpromazine, and biperiden. The patient was discharged in an improved condition, without episodes of obsessive delusions and improved communication with her relatives.

Conclusion Although according to the literature organic substrate may be found in some patients with Capgras syndrome, in the case presented here it is the dominant psychotic theme, which determined the content of the disease.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1164

The cremation of care ritual: Burning of effigies or human sacrifice murder? The importance of differentiating complex trauma from schizophrenia in extreme abuse settings



R. Kurz

Cubiks, IPT, Guildford, United Kingdom

Introduction This session explores Human Sacrifice killings in extreme abuse cult settings disclosure of which often leads to a misdiagnosis of 'Schizophrenia'.

Objectives The purpose of the paper is to raise awareness and signpost professional development resources regarding extreme abuse 'Death Cults' that operate largely with impunity across the world.

Aims Case study materials and documentary evidence will be utilised to illustrate criminal practices and the impact on survivors.

Method Accounts of extreme abuse and ritual violence were identified in the context of an adult survivor assessment intervention.

Results There are supporters of abuse survivors who bore witness to and believe disclosures of extreme abuse and ritual violence, and 'False Memory' adherents who consider Ritual Abuse an unfounded 'moral panic'. Survivors provide chilling accounts of ritual killings in Scott (2001), Becker, Karriker, Overkamp and Rutz (2008) and Epstein, Schwartz and Schwartz (2011). In the wake of institutional abuse enquiries and the 'unbelievable' child abuse perpetrated by celebrities like Jimmy Saville and Ian Watkins, a 'new reality' is setting in that child abuse is pervasive and knows no limits. Reports of elaborate rituals with 'mock' human sacrifices at the highly secretive annual 'Bohemian Grove' summer festival point towards a pervasive interest in the occult in high society.

Conclusion Mental health professionals have a 'duty of care' towards their service users. Unless clear and irrefutable counter-evidence is available it is inappropriate to claim that disclosures of extreme abuse and/or human sacrifice rituals are 'delusions' and indicative of Schizophrenia.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1165

Autoimmunity in mental disorders: An association known pending development

Y. Lazaro^{1,*}, I. Mesian², A. Perez³, R. Baena¹¹ Hospital Clínico San Carlos, Psychiatry, Madrid, Spain² Hospital Universitario Infantil Niño Jesús, Psychiatry, Madrid, Spain³ Centro de Atención Integral al Drogodependiente Mostoles, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction In the last century, several studies have confirmed the association between schizophrenia and autoimmunity in the patients as well as in their family. This fact has important implications because of the high prevalence of immune disorders in the population, which has been estimated to be about 20%.

Objectives Analyze a clinical case which suggests autoimmunity as a potential cause for developing schizophrenia.

Aims To point out the need to conduct further research in the field of neurobiology of mental diseases to possibly find a new line of treatment.

Methods A 28-year-old woman with no previous history of mental illness, diagnosed at age eight with celiac disorder. Mother affected by Grave's disease. Paternal uncle diagnosed with bipolar

disorder. The first contact with psychiatry took place in 2005 in the emergency room, being diagnosed with a psychotic episode. Due to her family history of autoimmunity she had regular follow-up, which enabled the control of three later new psychotic episodes (2008, 2009, 2012) on an outpatient basis. Diagnosed with paranoid schizophrenia in 2014, she is currently stable with antipsychotic drugs.

Results This case illustrates the importance of keeping in mind autoimmunity history in development and prognosis of mental disorders.

Conclusions Although symptoms of schizophrenia are well known, there is still a great deal to be discovered in its entirety. Progress in the knowledge of pathophysiology may open new lines of treatment, which can provide a better one and thus, a better prognosis [1].

Disclosure of interest The authors have not supplied their declaration of competing interest.

Reference

[1] Uptegrove R, et al. The immune system and schizophrenia: an update for clinicians. *Adv Psychiatr Treat* 2014;20:83–91.

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EV1166

Paraphrenia: Claiming for its diagnosis

Y. Lazaro^{1,*}, R. Baena¹, L. Olivares¹, A. Perez², I. Mesian³¹ Hospital Clínico San Carlos, Psychiatry, Madrid, Spain² Centro de Atención Integral al Drogodependiente Mostoles, Psychiatry, Madrid, Spain³ Hospital Universitario Infantil Niño Jesús, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction Paraphrenia is currently considered as historical disorder. Sometimes included as paranoid schizophrenia and in many other cases as other persistent delusional disorders, its diagnosis is out of the current code list, such as ICD or DSM. Nevertheless it has unique peculiarities, already objectified by Krapelin.

Objectives Claiming the concept of paraphrenia as a clinical entity with its own phenomenological characteristics included in chronic psychotic disorders.

Aims To keep in mind classic psychopathology, not included in current code list, such as ICD and DSM.

Methods A 40-year-old woman with good premorbid adaptation, no previous history of mental disorder. Her first psychotic symptoms appeared at 30, not because drug effect. Father diagnosed with paranoid schizophrenia. Among her first internment, her mood was persistently elevated, expansive and easily irritable. She had bizarre megalomaniac delusions of grandeur, which combined with erotomanic ideas felt as ego-syntonic, supported by auditive hallucinations. There were no other symptoms found in manic episodes in previous historical of affective descompensations.

Results Antipsychotics only had effect in mood, which turned euthymic. Active psychoticism has continually been present for 10 years although different treatment. No major affective descompensations has taken place among this period. Cognitively conserved, without defectual symptoms, is currently working in supported employment.

Conclusions Clinical symptoms of paraphrenia lied between schizophrenia and persistent delusional disorders. Specifically in this case we had to do the differential diagnosis with bipolar disorder, which was ruled out attending to the longitudinal course.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Further reading

Sarró S. *Rev Psiquiatría Fac Med Barna* 2005;32(1):24–9.

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EV1167

Risk-taking and self-medicating contribute to the association between psychometric risk for schizophrenia and smoking



M. Verwey, C. Ruzibiza, R. Linscott*

University of Otago, Department of Psychology, Dunedin, New Zealand

* Corresponding author.

Background There is a robust association between positive symptoms of schizophrenia and smoking. This relationship extends to psychometric risk for schizophrenia (schizotypy). We sought to determine whether smoking in schizotypy is best understood in terms of self-medicating or risk-taking behaviour. The self-medication perspective holds that individuals with schizophrenia smoke to relieve stress. By smoking, cortisol levels increase, stimulating negative feedback circuits that reduce the hypothalamic-pituitary-adrenal (HPA) axis stress response. Increased HPA activation also stimulates dopamine release, promoting the expression of positive schizotypal experiences. In contrast, the risk-taking perspective holds that elevated dopamine promotes risk-taking behaviour, including substance misuse, by reducing reward sensitivity and increasing sensation-seeking.

Method Undergraduates ($n=230$) reported current and past nicotine use and completed the Schizotypal Personality Questionnaire and a self-report measure of stress sensitivity.

Results Consistent with risk-taking, positive features of schizotypy predicted having ever smoked ($OR=1.02$, $P<0.05$) but did not distinguish current smoking from non-smoking ($OR=0.99$). The self-medication hypothesis was examined in two ways. When smoking status was regressed onto positive schizotypy and stress, stress was found to predict current smoking ($OR=1.08$, $P<0.05$) but not having ever smoked ($OR=1.09$). Secondly, stress and current smoking interacted to predict positive schizotypy ($\beta=0.31$, $P<0.05$).

Conclusions Risk-taking and self-medicating each contributed to the relation between smoking and schizotypy, but in different ways. Risk-taking seems to contribute to having ever smoked whereas current smoking seems to reflect self-medicating behaviour.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1168

Clinical effectiveness of Paliperidone Palmitate in schizophrenia



E. Lyubov

Moscow Research Institute of Psychiatry, Moscow, Russia

Introduction Along with numerous randomized controlled trials, little is known about the clinical effectiveness of Paliperidone Palmitate (PP).

Aims to evaluate long-term clinical outcomes of PP treatment in schizophrenia, to assess the reasons of PP treatment, and PP usage patterns.

Methods Retrospective analysis of 152 outpatients with ≥ 1 PP (in total, 1446) injections for 10.2 (9.2–11.1) months.

Results The average maintenance PP dose was 82 ± 1.25 (median 75) mg. PP appointed due to the following reasons: partial instable remissions in “typical” (i.e., with oral antipsychotics and long-acting forms of typical ones) therapy (93.4%), full or partial noncompliance (44.7%), intolerability (27.6%). Doctors take into account the patient preferences (38.1%). Only 7.2% of the cohort discontinued treatment, and 4.2% patients by the doctor decision as “resistant” at PP doses of 75 mg (< recommended maximum). PP reduced the frequency of total adverse action (AEs), especially extrapyramidal ones (p

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EV1169

Specifics of communication with schizophrenic patient



S. Manojlovic*, J. Nikolic-Popovic

University of Nis, Faculty of Medicine, Psychiatry, Nis, Serbia

* Corresponding author.

The precondition of communication with schizophrenics is knowing and understanding of their fragmented and chaotic world. Communication with the schizophrenics should respect their fear of fusion and disintegration, as well as the fear of abandoning. In communication with the schizophrenic two facts are important: the real support is accepting the bizarre existence of the patient, and the other side of the support is the capacity of the psychiatrist to understand and withstand the patient. This capacity is determined through the consistency of therapist's behavior, possibility to accept the patient's right on regression, but also the ability to offer the constancy of himself, too. The therapist is the representative of the reality whose consequence and constant presence enables him to grow up from the internal mixture of the mental presentations into an authentic, independent person, dedicated to the patient. The therapist is expected to tolerate the patient's alienation due to the fears from fusion or disintegration. A constant activity of reestablishing of contact and respect of a specific cognitive style are needed. Communication with the schizophrenics implies an explicit calling to a verbal communication that has to be understandable, and searching for the conceptual framework, which provides understanding. Basic characteristics of the adequate communication are persistence, consequence and simplicity of instructions with the norm of behavior control, as well as the clarity of the “here-and-now” situation. The therapist's understanding of the schizophrenics justifies his actions and allows taking the psychotherapeutic attitude.

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EV1170

Psychogenic polydipsia and schizophrenia



L. Maroto Martín*, P. Hervías Higuera

Hospital Doctor Rodríguez Lafora, Psiquiatría, Madrid, Spain

* Corresponding author.

Introduction Psychogenic Polydipsia is defined as the desire to drink liquid in big quantities with an inappropriate activation of the mechanisms of thirst without loss of liquid for urine. This disorder is frequent enough and can derive in a water poisoning, a clinical presentation of high mortality.

Objective Review of the Psychogenic Polydipsia in patients with schizophrenia and theoretical discussion of a case report.

Methods A case report of a 58-year-old male, admitted in hospital with a clinical presentation of hyponatremia with severe low serum osmolarity secondary to Psychogenic Polydipsia. As psychiatric history he has a diagnosis of Paranoid Schizophrenia for forty years in treatment with Paliperidone 6 mg: 1-0-0, Haloperidol 10 mg: 0-0-0.5, Quetiapina 300 mg: 0-0-1, Trazodona 100 mg: 0-0-1, Ketazolam 30 mg: 0-0-1, Diazepam 10 mg: 0-0-1.

Discussion Psychogenic Polydipsia is not included in any section of current psychiatric classifications as specific diagnosis. There are several psychiatric disorders that may present with psychogenic polydipsia; however, the most common cause appears to be schizophrenia.

Conclusions Mechanisms of hyponatremia in patients with schizophrenia are not well clarified; nevertheless, dopamine seems to be the common link between psychogenic polydipsia and schizophrenia.

Keywords Psychogenic Polydipsia; Hyponatremia; Schizophrenia

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1171

Treatment with intramuscular paliperidone palmitate in schizoaffective disorder

L. Maroto Martin*, P. Hervías Higuera

Hospital Doctor Rodríguez Lafora, Psiquiatría, Madrid, Spain

* Corresponding author.

Introduction Injectable formulations of long acting antipsychotic are a valuable treatment option for patients with psychotic disorders. Schizoaffective Disorder (SAD) is a complex disease; the optimal treatment is not well established yet.

Objective Answer the question about the effectiveness offered by intramuscular Paliperidone Palmitate in SAD versus other injectable antipsychotics. **Keywords:** schizoaffective disorder; paliperidone palmitate injection.

Methods A case report of a 35-year-old male diagnosed with Schizoaffective Disorder six years ago and with personal history of multiple manic decompensation after treatment discontinuation. Throughout his life he has been treated with intramuscular Risperidone 87.5 mg (50+37.5) every 14 days, Olanzapine 20 mg/day, Risperidone 3 mg, Amisulpride 600 mg/day, Valproic acid 1500 mg/day Clonazepam 2 mg/day and Lormetazepam 1 mg. In the last admission one year ago, he started treatment with intramuscular paliperidone palmitate up to 200 mg a month. Currently he receives a monthly dose of 100 mg and concomitant lithium 800 mg/day.

Discussion The use of intramuscular paliperidone palmitate in SAD and its effectiveness against other injectable antipsychotic is discussed.

Conclusions The use of intramuscular paliperidone palmitate appears to constitute an employment opportunity in the treatment of intramuscular maintenance in SAD. It could be effective in stabilizing episodes of acute exacerbation and remissions of psychotic, manic and depressive symptoms.

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EV1172

Characteristics of violent schizophrenic inpatients

R. Masmoudi*, F. Charfeddine, L. Aribi, F. Smaoui, E. Elleuch, J. Aloulou, O. Amami

Hédi Chaker University Hospital, Psychiatry "B", Sfax, Tunisia

* Corresponding author.

Introduction Hetero-aggressive behavior is a frequent reason for psychiatric hospitalization in patients with schizophrenia.

Aim To describe the clinical and socio-demographic characteristics of schizophrenic patients hospitalized following a violent behavior.

Methods It was a cross-sectional and descriptive study. It was conducted in 32 patients diagnosed with schizophrenia, and hospitalized in the psychiatry department "B" at the Hedi Chaker University Hospital of Sfax in Tunisia during the month of August 2014. The reason for hospitalization was hetero aggressiveness.

Results The average age of our patients was 36.19 years with a male predominance (71.9%). Violent schizophrenic patients were single (71.9%) and without occupation (68.8%). They have lived in family in 81.3% of cases. They had a family history of psychiatric disorders in 34.4% of cases, a criminal record in 25% of cases and addictive behaviors in 71.9% of cases. Violent schizophrenics had more than three psychiatric admissions in 50% of cases. They had bad adherence to treatment (62.5%) and poor insight (87.5%). The majority (90.6%) had a previous history of violent behavior. The victim was a member of the patient's family in 90%. At the time of the incident, delusional syndrome was present in 78.1% of cases and a mental automatism syndrome in 21.9% of cases.

Conclusion Violence in patients with schizophrenia depends on several factors such as poor insight, medication non-adherence and a past history of violence. It is essential to assess the risk of violent behavior and act on the associated factors in order to prevent recurrence of violence.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1173

Battery of scales for comprehensive assessment of social cognition, neurocognition and motivation in patients with schizophrenia

M. Minyaycheva*, K. Kiselnikova, O. Papsuev

Moscow Research Institute of Psychiatry, Outpatient Psychiatry and Organization of Psychiatric Care, Moscow, Russia

* Corresponding author.

Introduction There has been a special interest in roles of neurocognition, social cognition and motivation impairments in patients with schizophrenia and possible approaches to remediating these deficits. Clinical practice lacks a comprehensive tool to measure those deficits.

Objective To build a comprehensive assessment battery to measure neurocognitive, social cognitive and motivational deficits in order to form targets for remediation programs and assess their efficiency.

Aims Translation and adaptation for Russian speaking subjects (if needed) of identified assessments upon authors' agreement.

Methods By consensus decision of 5 professionals in the field of clinical psychiatry, psychology and neuroscience a number of assessments were selected with the following criteria: 1. Relevance to domain assessed, 2. Appropriateness for Russian social context, 3. Reference rates in scientific papers, 4. Time consumed by each assessment.

Results Six measures reflecting main domains (neurocognition, Theory of Mind, attributional style, social perception, emotion processing, motivation) were selected: 1. BACS (Brief Assessment of Cognition in Schizophrenia) (R.S. Keefe et al., 2008), 2. Hinting Task (R. Corcoran 1995), 3. AIHQ (Ambiguous Intentions Hostility Questionnaire) (D.R. Combs et al., 2007), 4. RAD-15 (Relationships Across Domains) (M. Sergi et al., 2004), 5. Ekman-60 (P. Ekman et al., 1976), 6. AES (Apathy Evaluation Scale) (R.S. Marin et al., 1991).

Conclusions The battery built encompasses all targeted domains of neurocognition, social cognition and motivation. Time consumed by the battery estimates 130 ± 15 minutes, which is appropriate for clinical practice in a rehabilitation centre. Future research will focus on patients profiling and shaping of rehabilitation programs accordingly.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1174

Aripiprazole once-monthly efficacy in patients with schizophrenia. ReviewM.F. Molina López^{1,*}, M.C. Cancino Botello², A. Peña Serrano², M.D.L.A. Canseco Navarro²¹ Valencia, Spain² Hospital General Universitario de Valencia, Psiquiatría, Valencia, Spain

* Corresponding author.

Introduction long acting injectable formulations of antipsychotics are a valuable option for patients with schizophrenia, offering continuous medication delivery and stable dosage levels. Aripiprazole once-monthly is the first dopamine partial agonist available in long acting formulation approved in Europe for Schizophrenia with excellent results so far.

Aims to conduct a current review of articles related to the use and efficacy of Aripiprazole once monthly in patients with Schizophrenia.

Methods systematic review of the literature in English using the following keywords: “aripiprazole once-monthly”, “aripiprazole long acting formulation”, “schizophrenia”. PubMed database.

Results Aripiprazole once-monthly (AOM) formulation efficacy has been proven in many studies. The importance of maintaining an oral overlap during 14 days is highlighted in all studies that have been reviewed in order to reach therapeutic level; therefore, it can be used in patients with acute decompensations. Recent studies comparing AOM versus Paliperidone Palmitate once monthly (PP) have shown that patients with AOM had greater clinical improvement and, even though both drugs were well tolerated, when Quality of Life Style Scale was analyzed an important improvement in empathy, sense of purpose, emotional interaction and curiosity in the AOM group was observed.

Conclusions long acting injectable antipsychotics increase long-term adherence treatment and reduce risk of relapse. Because of its unique mechanism of action, Aripiprazole once-monthly improves positive and negative symptoms, giving the patient an opportunity to have a better quality of life.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1175

Pharmacological wash out for clozapine induced tics: A case reportA. Morales-Rivero^{1,*}, M. Chavarria-Medina², C.L. Avina-Cervantes¹¹ Instituto1 Nacional de neurología y neurocirugía, psiquiatry, Mexico City, Mexico² Instituto1 Nacional de neurología y neurocirugía, Neurology, Mexico City, Mexico

* Corresponding author.

Introduction Clozapine has been long used for the treatment-resistant schizophrenia. Its effectiveness in the vast schizophrenia symptoms is well established. However, its wide range of adverse effects has limited its use.

Objectives/aims To present a new strategy in order to continue with clozapine treatment despite extrapyramidal adverse effects.

Methods/case report Extrapyramidal symptoms are rarely reported with clozapine. Although, cases of patients with clozapine-induced tics have been described. We report the case of a 28 year-old patient with history of refractory schizophrenia that developed motor tics with clozapine 150 mg total dose. Tics consisted on eye blinking, eyebrow elevation, mouth twitching, facial grimacing, lip licking, tongue protrusion and shoulder shrugging. Reduction of clozapine dose to 50 mg qd was indicated to decrease the motor tics, however exacerbation of psychosis occurred.

We added amisulpride and titrated it up to 600mg qd without response. By using the same principle of levodopa's washout in Parkinson disease and in order to establish a therapeutic threshold, we conducted a one-week clozapine washout.

Results After this therapeutic manoeuvre, tics disappeared and no relapse was observed after clozapine reinitiation along with remission of psychotic symptoms.

Conclusions Wash out might be a new strategy for treatment reinitiation after clozapine induced extrapyramidal side effects in patients with treatment-resistant schizophrenia. To our knowledge no previous report of this strategy has been reported, however further studies are needed to support its effectiveness.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1176

Correlation between childhood trauma and cognitive impairment in patients with schizophrenia

J. Mrizak*, R. Trabelsi, A. Arous, A. Aissa, H. Ben Ammar, Z. El Hechmi

Razi Hospital, Psychiatry F, Mannouba, Tunisia

* Corresponding author.

Introduction Abusive childhood experiences are claimed to be more prevalent in people with schizophrenia (SCZ) than in the general population. The exposure to childhood trauma can have adverse effects on cognitive function.

Objectives To investigate whether there is a relationship between childhood trauma (CT) and cognitive functioning in patients with SCZ.

Methods Fifty-eight outpatients with stable SCZ were recruited. The participants completed the Childhood Trauma Questionnaire retrospectively assessing five types of childhood trauma (emotional, physical and sexual abuse, and emotional and physical neglect). They also completed a neurocognitive battery comprising the following tests: the Hopkins Verbal Learning Test-Revised (HVLT-R), the Letter Digit Substitution Test (LDST), the Stroop Test (ST), the “Double Barrage” of Zazzo (DBZ), the Modified Card Sorting Test (MCST), the Verbal Fluency (VF), the Trail Making Test-Part A (TMT-A) and the Digit Span (DS).

Results The patients with a history of physical abuse ($P=0.03$) or emotional neglect ($P=0.07$) performed worse at the delayed recall of the HVLT-R. A history of emotional neglect was also correlated to a significantly worse performance in the TMT-A ($P<0.0001$), while physical abuse was correlated to worse DS ($P=0.015$). High emotional abuse scores were significantly correlated to poorer efficiency in DBZ ($P=0.025$).

Conclusions The results need replication, but underline the necessity of investigating biological and psychosocial mechanisms underlying these subjects' cognitive impairment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1177

Schizophrenia and sexual desinhibitionM. Palomo Monge^{1,*}, G.M. David¹, D.D. Arántzazu², A.L. Maria Fernanda³, T.G. Maria Fernanda¹, M.M. Gemma³, D.C. Sandra⁴¹ Hospital Nuestra Señora del Prado, Psychiatry, 45600 Spain² Hospital General de Avila, Psychiatry, Avila, Spain³ Hospital Nuestra Señora del Prado, Family Medicine, Talavera de la Reina, Spain

⁴ *Centro de Rehabilitación Psicosocial y Laboral, Psychology, Talavera de la Reina, Spain*

* *Corresponding author.*

Introduction Sexual disinhibition is uncommon in patients with schizophrenia and are included within the behavioral disorders along with others such as agitation, aggression, sleep disorders and circadian rhythm, due to multiple reasons: isolation, rejection, difficulty in personal relationships.

Objectives We report the case of a male patient aged 58 with multiple previous admissions for behavioral alteration symptoms, including exhibitionism. He is referred as irritable, uninhibited and sleeping disorders. There is a risk of flight as he is difficult to be held so it is feared that he can be run over by a car. He shows a marked self-referentiality.

Methodology The patient is admitted. He properly gets used to the rules of the Ward. Pharmacological adjustment is performed. During his admittance he shows no behavior disorders neither episodes of self or hetero aggression and poor impulse. He properly makes comments of what happened during his stay. He responds well to treatment prescribed. Sleep pattern is restored.

Results Schizophrenia (undifferentiated) 295.90 (F.20.3); intellectual disability mild 317 (F70); neurocognitive disorder (possible).

Conclusions This is unusual case because it is normal that the sexual function of such patients is adversely affected, not finding numerous cases of disinhibition in our medical consultation. This is due to the different aspects that are affected, biological (drugs), psychological and social levels. We have different therapeutic alternatives to address this problem. However, they may hinder sociability and patient rehabilitation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1178

Implications of immunity and inflammation in schizophrenia and related psychotic disorders



J. Perestrelo*, D. Mota, A. Coutinho, M. Santos, G. Lapa
Centro Hospitalar de Vila Nova de Gaia/Espinho, Psychiatry, Porto, Portugal

* *Corresponding author.*

Introduction Intricate interactions between the immune system and the brain might have important etiological and therapeutic implications for neuropsychiatric brain disorders. A probable association between schizophrenia and the immune system was postulated over a century ago, and is supported by epidemiological and genetic studies pointing to links with infection and inflammation.

Objective To describe some important areas of research regarding immune response in schizophrenia and related psychotic disorders and discuss potential mechanisms and therapeutic implications of these findings.

Aims Associations between immune response, inflammation and schizophrenia and related psychotic disorders are reviewed.

Methods A literature review of the theme is surveyed. Several articles were search on MEDLINE with the keywords: schizophrenia, psychosis, inflammation, immunity, infection.

Results Schizophrenia is a multifactorial disease. It is associated with multiple genetic loci that confer risk, in addition to developmental and postnatal risk factors. Antipsychotic-naïve first-episode psychosis and acute psychotic relapse seems to be associated with increased serum concentrations of interleukin 6 and other proinflammatory cytokines, which are normalized after remission of symptoms with antipsychotic treatment.

Conclusions Inflammation and immune dysfunction might contribute to cognitive, negative, and positive symptoms in

schizophrenia. Identification of specific inflammatory pathways for neuropsychiatric symptoms would provide novel targets for therapeutic intervention.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1179

Psychosocial interventions for schizophrenia



A. Pestana Santos*, J. Amílcar Teixeira
Centro Hospitalar e Universitário de Coimbra, Psychiatry, Coimbra, Portugal

* *Corresponding author.*

Introduction Schizophrenia is a stress-related neurobiological disorder characterized by disturbances in the form and content of an individual's thought and perceptual processes. People with schizophrenia are faced with social impairment, which affects their global functioning.

Aims The authors aim to clarify the role of psychosocial interventions for the treatment and recovery of people with schizophrenia.

Methods The authors conducted a literature search in MEDLINE, PsycINFO, and Cochrane Library using the following words "psychosocial practices", "illness management and recovery", "rehabilitation" and "schizophrenia".

Results In schizophrenia as in other psychiatric diseases, a multimodal approach will increase the success of the intervention. On psychosocial point of view, the interventions take into consideration three factors: the characteristics of the individuals, the community requirements and the supportiveness of the environment. According to literature psychosocial treatments for schizophrenia is based on the recovery model of mental health and the expanded stress-vulnerability model. Psychosocial evidence-based practices include social skills training which help individuals to practice and acquire behavioral skills in social interactions; cognitive behavior therapy targets maladaptive thoughts and behaviors; cognitive remediation approaches impairment in information processing skills to indirectly improve social functioning. Other psychosocial practices are family psychoeducation, supported employment and assertive community treatment. Although the later improves daily living skills, it has little impact on psychosocial functioning.

Conclusions Psychosocial interventions are important for treatment and recovery of people with schizophrenia. Depending on the used practices, it reduces the number of relapses as well as it improves social functioning of people with schizophrenia.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1180

LAI versus oral antipsychotic maintenance treatment of schizophrenia: A case-control study on subjective experience of treatment



F. Pietrini^{1,*}, M. Spadafora¹, L. Tatini¹, G.A. Talamba¹, E. Burchi¹, E. Calderani¹, S. Gemignani¹, L. Mallardo¹, C. Andrisano², G. Boncompagni³, M. Manetti⁴, A. Ballerini¹, V. Ricca¹

¹ *University of Florence, Department of Neuroscience, Psychology, Drug Research and Child Health, section of Neuroscience, Florence, Italy*

² *University of Bologna, Department of Biomedical and Neuromotor Sciences, Bologna, Italy*

³ *Local Health Trust of Bologna, Department of Mental Health and Substance Abuse, Bologna, Italy*

⁴ *Campo del Vescovo Union, Therapeutic Psychiatric Community, La Spezia, Italy*

* *Corresponding author.*

Introduction Limited research has been devoted to the subjective impact of switching antipsychotic maintenance treatment (AMT) from oral to LAI formulation in schizophrenia.

Objective To compare LAI AMT with oral AMT in terms of subjective experience of treatment, taking into account the effects on psychopathology.

Methods Twenty outpatients (7 males, mean age 40.55 ± 11.00 years) with remitted schizophrenia treated with either olanzapine or paliperidone and switching from oral to LAI AMT were recruited before the switch (LAI-AMT group). A group of 20 remitted schizophrenic subjects with oral AMT and matched for the main socio-demographic, clinical and treatment variables made up the controls (oral-AMT group). All participants were assessed by means of the PANSS and of the SWN-K at baseline (T0) and after 6 months (T1).

Results Between T0 and T1, general psychopathology of the PANSS and all but one of the SWN-K dimensions (except for “social integration”), showed significantly higher percent improvements in the LAI-AMT group compared to the oral-AMT group. After 6 months (T1), the LAI-AMT group showed significantly lower PANSS total and general psychopathology scores, as well as higher mean score of perceived “mental functioning” compared to the oral-AMT group. Item analysis of the general PANSS at T1 showed significant differences between the two groups in anxiety, tension, depression, guilt feelings, poor attention, and active social avoidance.

Conclusions Our data on switching from oral to LAI AMT in remitted schizophrenia suggest a better efficacy of the latter in terms of improvement of general psychopathology and subjective experience of treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1181

LAI versus oral antipsychotic treatment of schizophrenia: A 12-month prospective study on patient's attitude towards treatment and quality of life

F. Pietrini*, A. Ballerini, I. Burian, B. Campone, F. Chiarello, E. Ciampi, E. Corsi, N. Ferruccio, M. Moneglia, L. Poli, A. Santangelo, S. Spitoni, V. Ricca

University of Florence, Department of Neuroscience, Psychology, Drug Research and Child Health, section of Neuroscience, Florence, Italy

* *Corresponding author.*

Introduction It is still a matter of debate whether LAI antipsychotics are able to significantly improve patient's attitude towards treatment.

Objective The aim of this 12-month observational study was to investigate the impact of switching antipsychotic treatment from oral to LAI formulation on patient's attitude towards treatment and quality of life.

Methods A total of 41 schizophrenic patients (25 males, mean age 42.10 ± 11.88 years) were recruited. Patients were expected not to need significant changes in concomitant treatments. All patients were under a stabilized therapy with a single oral antipsychotic (either olanzapine or paliperidone) and were switched to the equivalent maintenance regimen with the long-acting formulation of the same antipsychotic (olanzapine pamoate or paliperidone palmitate). Patients were assessed before the switch (T0), and after 6 (T1) and 12 months (T2) of LAI antipsychotic treatment by means of the YMRS, MADRS, PANSS, DAI-10 and SF-36.



Results Our data evidenced an overall significant improvement of psychopathology, adherence and quality of life over the 12-month period (T0 vs. T2). In particular, while all of the measures significantly improved in the first semester (T0 vs. T1), only YMRS, positive PANSS and DAI-10 improved both in the first and in the second semester (T1 vs. T2), indicating an additional advantage of a prolonged LAI treatment on these clinical dimensions.

Conclusions The switch from oral to long-acting antipsychotic treatment may provide considerable advantages in improving patient's attitude towards (and therefore adherence to) treatment. Part of this improvement could be related with a better efficacy on psychopathology and quality of life.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1182

Depot medication and compulsory treatment

A. Poças^{1,*}, S. Azenha²

¹ *Centro Hospital de Leiria, Serviço de Psiquiatria, Braga, Portugal*

² *Hospital de Braga, Serviço de Psiquiatria, Braga, Portugal*

* *Corresponding author.*



Introduction It is estimated that 90% of patients with schizophrenia only adhere partially to the treatment. The use of depot medication is an option for patients with schizophrenia rather using it in voluntary or compulsory treatment.

Objectives and aims We tried to check on differences in the outpatient treatment of schizophrenia among patients receiving compulsory (involuntary outpatient commitment [IOC]) and voluntary treatment and analyzed the outcomes in patients in IOC taking oral versus depot antipsychotics.

Method We assessed and compared socio-demographic and clinical features, therapeutics likelihood of medication adherence (with Medication adherence rating scale [MARS]), personal and social performance (PSP) scale and predominant kind of symptoms (with Positive and Negative Syndrome Scale [PANSS]).

Results and conclusion All patients were taking antipsychotics, and 63% of compulsive and 33% of volunteers were taking oral and injectable antipsychotics simultaneously. We observed that 21% of compulsive and 30% of the volunteers were simultaneously doing typical and atypical antipsychotics. Depot medication was being taken by 84% of patients in IOC and in just 54% of volunteers. We do not find statistically significant differences in outcomes of patients in IOC with injectable medication ($n=16$) compared to those who were only with oral medication ($n=3$), in terms of probability of adherence to medication, functionality or predominant symptomatic type. Compulsive patients had higher use of typical antipsychotics, perhaps in order to have a more sedative effect in patients with more severe disease. The prevalence of atypical antipsychotics in volunteers focuses on the need of a better cognitive performance and functionality.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1183

Catatonic schizophrenia vs anti-NMDA receptor encephalitis – A video case report

A. Ponte^{1,*}, J. Gama Marques¹, L. Carvalhão Gil¹, C. Nobrega², S. Pinheiro³, A. Brito³

¹ *Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisbon, Portugal*

² *Centro Hospitalar Psiquiátrico de Lisboa, Neurology, Lisbon, Portugal*



³ Hospital de Santo António dos Capuchos, Internal Medicine, Lisbon, Portugal

* Corresponding author.

Introduction Anti-N-methyl-D-aspartate receptor (anti-NMDAR) encephalitis is a treatable autoimmune disease of the CNS with prominent neuropsychiatric features that primarily affects young adults and children.

Objective To present the diagnosis course of a case of anti-NMDAR encephalitis in a patient with previous diagnosis of Schizophrenia.

Methods Analysis of the patient's clinical records and of a PubMed database review, using "anti-NMDAR encephalitis" as keywords.

Results We report a single case of a 33-year-old man diagnosed with Paranoid Schizophrenia in 2009 that after 1 year of treatment abandoned follow-up. Six years later, the patient presented to the psychiatric emergency department with persistent headaches, abnormal behavior and loss of motor skill. He was admitted to the psychiatric ward with a presumptive diagnosis of "Catatonic Schizophrenia" and began to manifest fluctuating catatonic symptoms (captured in video). Neuroleptics and benzodiazepines were tried without success. There was a clinical deterioration with autonomic dysfunction, breathing instability and seizures. Complementary exams revealed: EEG with slow base activity; brain MRI with right temporal pole and right frontobasal lesions compatible with head trauma; CSF with pleocytosis; and positive anti-NMDAR antibodies. Occult neoplasm was excluded. Treatment with high-dose steroids, intravenous immunoglobulins, followed by cyclophosphamide resulted in relevant clinical improvement.

Conclusions As early detection of antibodies may allow for earlier treatment of anti-NMDAR encephalitis, which is associated with better outcomes, we believe the present case underscores the importance of clinicians maintaining vigilance for neuropsychiatric symptoms that have not adequately responded to therapy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1184

Study of the contributory factors to metabolic abnormalities in resistant schizophrenia



S. Ramos Perdígues^{1,*}, A. Mane Santacana², P. Salgado Serrano², E. Jove Badia³, X. Valiente Torrelles³, L. Ortiz Sanz³, J.R. Fortuny Olive³, V. Perez Sola², F. Dinamarca³

¹ Nuestra Señora de Jesús, Spain

² Hospital del Mar, Psychiatry, Barcelona, Spain

³ Centre Dr. Emili Mira, Psychiatry, Santa Coloma de Gramanet, Spain

* Corresponding author.

Introduction Schizophrenia is a developmental disorder that includes non-psychiatric abnormalities [2]. Metabolic abnormalities prior to antipsychotic treatment exist. The clozapine metabolic profile causes clozapine underuse in resistant schizophrenia [1].

Objectives To correlate metabolic profile with psychiatric severity and compare the correlations between clozapine/non-clozapine patients.

Aims To determine possible contributory factors to metabolic abnormalities in schizophrenia.

Methods We cross-sectionally analyzed all patients from a Spanish long-term mental care facility ($n=139$). Schizophrenic/schizoaffective patients were selected ($n=118$). $N=31$ used clozapine. We paired clozapine and non-clozapine patients by sex and age and assessed metabolic and psychopathological variables.

We compared psychopathologic variables between patients with/without cardiometabolic treatment and the differences between clozapine/non-clozapine groups.

Results We analyzed: 27 clozapine/29 non-clozapine patients. A total of 67.9% males with a mean age of 51.3 (SD 9.6) years. In the whole sample TG negatively correlated with Negative-CGI ($r: -0.470, P: 0.049$) and HDL-cholesterol correlates with Global-CGI ($r: 0.505, P: 0.046$). Prolactin correlated with the number of antipsychotics ($r: 0.581, P: 0.023$) and IMC ($r: 0.575, P: 0.025$). Clozapine group took less antipsychotics [Fisher ($P: 0.045$)] and had higher scores in total BRPS scale [t -Student ($P: 0.036$)]. They did not use more cardiometabolic treatment. There were no psychopathological differences between cardiometabolic treated/non-treated patients. In the non-cardiometabolic treated group ($n=35/62,5\%$), IMC negatively correlated with positive and total BPRS, positive, cognitive and global-CGI. We found negative correlations between metabolic parameters and psychopathology in clozapine (40%) and non-clozapine subgroups (60%). In the cardiometabolic treated group ($n=21/37,5\%$), we did not find these correlations in either of clozapine (61.9%) or non-clozapine (38.1%) subgroups.

Conclusions Severity [2], prolactine [3] and treatment [1] could play a role in metabolic parameters. In our sample we found negative correlations between psychopathological and metabolic parameters.

References not available.

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EV1185

Awareness of illness and psychosis



R. Remesal Cobreros^{1,*}, R. Alonso Díaz²,

E. Cortázar Alonso², M. Andrés Villa³

¹ Hospital Juan Ramón Jiménez, Salud Mental, Aljaraque-Huelva, Spain

² Hospital Juan Ramon Jimenez, Salud Mental, Huelva, Spain

³ Universidad de Huelva, Psicología, Huelva, Spain

* Corresponding author.

Introduction One of the characteristics of Karl Jaspers approach to clinical practice was the importance he gave to the subjective experience by the patient. Patient's self-observation is one of the most important sources of knowledge of the psychic life of the patient. The lack of awareness of illness is quite common in psychotic spectrum.

Aim The aim of this paper was to examine and compare a group of patients diagnosed with psychosis disorder with another group with other mental disorders, in relation to their mental and emotional suffering,

Sample The sample was composed by 118 subjects with both sexes. It was divided into two groups: patients with a diagnosis of psychotic disorder and another one with other mental disorders.

Instrument Inventory SCL-90-R, which evaluating a wide range of psychological and psychopathological symptoms was used.

Statistics analysis Two groups were compared with respect to perceived psychopathological symptoms.

Results Statistically significant differences were observed between both groups. Patients with psychotic disorders showed lower scores in most clinical scales. It reflects less emotional suffering and psychological distress perceived in this group against the other. It could be related to the lack of awareness of illness by psychotic patient.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1186

A pilot early psychosis intervention programme in Bolivia

G. Rivera Arroyo

Hospital Universitario Japonés, Mental Health, Santa Cruz, Bolivia

The problem Less than half of the more than 250 adolescents and young adults who are estimated to experience a first episode of psychosis in the city of Santa Cruz each year are ever diagnosed and receive treatment.

Of those patients who are eventually diagnosed, the average duration of their symptoms of psychosis prior to receiving treatment is estimated to be over 2 years.

The opportunity Multiple psychosocial variables, such as the reaction of patients and their families to symptoms of psychosis, which play a vital role in determining long-term outcomes, demonstrate their highest degree of flexibility during the period of early psychosis. Psychological, social and evidence-based pharmacological interventions undertaken during this time frame can have a profound impact on the life-course of an individual with psychosis.

Our solution We propose to establish a pilot early psychosis intervention program that will provide age appropriate biopsychosocial treatment and support for 15–25 years old with first episode psychosis and their families in Santa Cruz. This will improve short and long-term outcomes for those with psychosis, increase speed of recovery, decrease the need for hospitalization, reduce family disruption and decrease rates of relapse.

By utilizing a mobile, multidisciplinary treatment team that emphasizes the roles of trained case managers focused on providing intensive individual and family support in the home, this program will provide culturally appropriate care that will leverage contributions from a limited supply of psychiatrists and shift dependence away from a fragmented medical system.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV1187

Impact of vulnerability to stress in the development and course of first psychotic episodeL. Rossini Gajsak^{1,*}, M. Celic Ruzic¹, M. Rojnic Kuzman²¹ *Neuropsychiatric Hospital Dr. Ivan Barbot, Department of Biological Psychiatry, Popovaca, Croatia*² *University Hospital Centre Zagreb, Department of Psychiatry, Zagreb, Croatia** *Corresponding author.*

Introduction The stress diathesis hypothesis is one of the leading models of etiology of psychotic disorders. Cortisol is one of the most researched stress hormone; yet its role in first psychotic episode is currently subject of many researches. Psychotic disorder occurs when “enough” stress attacks vulnerable personality. Stress response activates HPA axis that results in cascade effects on several body systems (immune, neuroendocrine and inflammatory). Dysregulation of the HPA axis and increased cortisol levels have been implicated in psychotic as well as in other psychiatric disorders.

Objective To follow treatment response through changes in clinical status and stress biomarkers evaluation in longitudinal 18 months research in drug naive FEP.

Aim To assess endocrine and autonomic responses to acute psychosocial stress, their associations with onset of the first psychotic episode and their subsequent remission.

Methods We studied 17 subjects with FEP and age and gender matched controls who were exposed to the Trier Social Stress Test. Other materials have explored clinical status through standardized clinical psychiatric interview and validated psychiatry scales as well as measured laboratory biomarkers (cortisol, prolactin, insulin).

Results Our preliminary findings on a sample of 40 participants indicate a differences between patients and controls in terms of response to stress measured by TSST.

Conclusion In our continued longitudinal research, we plan to further explore the role of hypothalamic-pituitary-adrenal activity in onset and course of psychotic disorder and its relation with other biomarkers.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1188

A case of rare allele T 126, 30,32 base pairs in a schizophrenic patient: A study caseA.I. Sabau^{1,*}, P. Cristina², B. Valerica², P. Delia Marina³¹ *Vasile Goldi, Western University of Arad, Arad, Romania*² *Vasile Goldi, Western University of Arad, the Institute of Life Science, Arad, Romania*³ *Vasile Goldi, Western University of Arad, Psychiatry Department, Emergency County clinical Hospital of Arad, Arad, Romania** *Corresponding author.*

Introduction Schizophrenia is a severe and complex disease clinically characterized by disturbed thought processes, delusions, hallucinations and reduced social skills. Gene coding for neregulin 1 (NRG1) located in 8 p21 chromosome and single nucleotide polymorphism (SNPs) have been identified strongly supporting NRG1 gene as a susceptibility gene for schizophrenia.

Objective The present preliminary study, determines the relationship between polymorphism nucleotide sites (SNPs2) of NRG1 gene and schizophrenia.

Aims Identifying rare allele T of neregulin 1 gene in schizophrenic patients.

Method We analyzed the polymorphism (SNPs2) of NRG1 gene in 20 patients recruited from Psychiatry Department of Emergency Clinical Hospital of Arad diagnosed with schizophrenia according to DSM-5-TM and ICD-10 criteria and 10 healthy controls. From all subjects, we obtained 2 mL of peripheral blood samples. Genomic DNA was extracted using the phenol-chloroform method. Genotyping was performed by PCR-based RFLP analysis for all subjects. The obtained PCR product mixture was completely digested with restriction enzyme, separated on SNP1 and SNP2 agarose gel. We present the case of a 31 years old, male, schizophrenic patient with the SNPs2 polymorphism and rare allele T 126.

Results In both groups, common allele G 127 and 60 base pairs was identified but only 2 schizophrenic patients presented rare allele T 126 and 30,32 base pairs.

Conclusions The polymorphism SNPs2 of NRG1 gene with rare allele T 126 and 30,32 base pairs, may play a role in predisposing an individual to schizophrenia. Further and extended replicating studies with multiple sequencing of NRG1 gene are necessary.

Keywords Schizophrenia; Neregulin 1 (NRG1) gene; Allele T 126

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1189

Role of specialized hospital units in integrative treatment of first and early course psychosis – 10-year experience of Zagreb first psychosis unitA. Savic^{*}, D. Ostojic, A. Silic, A. Bacekovic, V. Jukic
*University Psychiatric Hospital Vrapce, Department of Diagnostics and Intensive Care, First Psychosis Unit, Zagreb, Croatia** *Corresponding author.*

Introduction As programs for prodromal states of psychosis emerge, part of our focus naturally shifts from first psychotic episodes and early course psychotic disorders. Clinical practice will, however, always confront us primarily with psychosis after its onset, and ample evidence still confirms specificity and importance of early stages of psychosis.

Aim Authors aim to present experience and data from Zagreb First Psychosis Unit, only such unit in Croatia and one of rare units of that type in the region, discussing wider role of stationary units in integrative care of first and early psychoses.

Methods Ten-year data from the unit is analyzed. Demographics and illness specificities are presented, along with duration of hospitalization, involuntary treatment rates, diagnoses, rehospitalization rates, subsequent treatment and other variables. Examples of organic causes and specific clinical presentations are presented in the context of necessary first psychotic episodes differential diagnostic process.

Results In the 10-year period Zagreb First Psychosis Unit had over 2000 hospitalizations, 61% of which were first psychotic episodes and the rest cases in early stages of psychosis; 6.8% of first episode cases required involuntary hospitalization; 71.4% of first psychotic episode cases were not re-hospitalized following the diagnostic process and treatment.

Conclusion First psychotic episodes present especially vulnerable periods that might determine following stages of illness and functioning. It is vital to consider role of specialized first psychosis units that initiate structured specific diagnostic, evaluation, and treatment protocols for first episode patients requiring hospitalization, and present a bridge towards equally specialized and congruent outpatient programs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1190

What do we know about treatment-resistant schizophrenia? – A systematic review



A. Seppälä^{1,*}, J. Miettunen¹, N. Hirvonen², M. Isohanni³, J. Moilanen³, H. Koponen⁴, J. Seppälä⁵, E. Jääskeläinen¹

¹ University of Oulu, Center for Life-Course Epidemiology and Systems Medicine, Oulu, Finland

² University of Oulu, Information Studies, Faculty of Humanities, Oulu, Finland

³ University of Oulu and Oulu University Hospital, Research Unit of Clinical Neuroscience, Department of Psychiatry, Oulu, Finland

⁴ University of Helsinki and Helsinki University Hospital, Psychiatry, Helsinki, Finland

⁵ South-Savo Hospital District, Department of Psychiatry, Mikkeli, Finland

* Corresponding author.

Introduction Treatment-resistant schizophrenia (TRS) is a severe form of schizophrenia. From one fifth to one third of all patients with schizophrenia are resistant to treatment.

Objective To determine the knowledge on TRS and to find out the extent and the quality of research on TRS.

Aims To conduct a systematic review of the current literature on TRS.

Methods Original studies and reviews on TRS were systematically collected from PubMed and Scopus databases. The following search strategy was used as a title search; (“ultra-resistant” OR “treatment-refractory” OR “treatment-resistant”) AND (schizophrenia). The search was restricted to English language articles.

Results The literature search identified 403 studies. After abstract and title review, 324 studies were included. The included studies considered medication (*n* 213), electroconvulsive therapy and

repetitive transcranial magnetic stimulation (15), prognosis (15), genetics (15), studies on neurobiology (15), definitions (14), psychotherapy (12), brain structures and functioning (10), cognition (7) and other miscellaneous studies (6) on TRS. Definitions of TRS varied notably and in most of the non-pharmacological studies, the samples were fairly small. Regarding treatments, clozapine, ECT, and cognitive-behavioral therapy have shown effectiveness, though the quality of research on interventions is limited. Very little is known about risk factors and predictors of outcome in TRS.

Conclusions Our findings suggest TRS is poorly studied and understood condition contrasted to its high prevalence, clinical importance and poor prognosis. There is a lack of studies on epidemiology, for example risk factors of TRS, as well as on outcomes and longitudinal course. Most of the studies considered medication.

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EV1191

Psychiatric social work intervention program for “high expressed emotion” among the caregivers of persons with schizophrenia in India – a feasibility study



K. Setty^{1,*}, J. Navaneetham¹, S. Bada Math², P. Marimuthu³

¹ National Institute of Mental Health & Neurosciences, Psychiatric social work, Bangalore, India

² National Institute of Mental Health & Neurosciences, Psychiatry, Bangalore, India

³ National Institute of Mental Health & Neurosciences, Department of Biostatistics, Bangalore, India

* Corresponding author.

Introduction Schizophrenia is a severe mental illness that creates various psychosocial problems among family members. In addition, the family also contributes to psychosocial issues such as, expressed emotion. Expressed emotion (EE) has been found to predict relapse. Literature indicated that psychosocial interventions along with medicines would help in mainstreaming the persons with illness. However, there is paucity of culturally sensitive interventions for EE in India.

Methodology The objective of the study is to test the feasibility of cultural sensitive psychiatric social work intervention package to reduce expressed emotion among the caregivers of persons with schizophrenia in India. Ten caregivers of inpatients with schizophrenia from National Institute of Mental Health and Neurosciences, India, participated in the study. MINI 6.0 was used as screening tool. Socio-demographic profile collected. The Family Emotional Involvement and Criticism Scale was used to elicit the expressed emotion. A standardized 10 session spread over 10 days psychiatric social work package was given to the caregivers. Intervention package included methods of Social work and various techniques.

Results and conclusion Mean score of family income (*M*=3200, *SD*=1.98), onset of illness (*M*=26.0, *SD*=6.56), illness duration (*M*=3.10, *SD*=1.41), duration of care giving (*M*=2.3, *SD*=1.56). Overall ill individual's perception of expressed emotion on their caregivers was found to be decreased in post-assessment (*M*=29.60, *SD*=2.9) when compared to the pre-assessment (*M*=50.0, *SD*=1.9). It was found to be statistically significant (0.000* = *P*<0.05). The standardized psychiatric social work intervention was found to be effective to the caregivers of schizophrenia in India.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1192

Preventable schizophrenia

C.F. Silvia*, A. Gómez Peinado, P. Cano Ruiz
HNSPS, Psiquiatria, Albacete, Spain

* Corresponding author.



Introduction Schizophrenia is a psychiatric disorder with multiple causes, including genetic, immune, environmental causes of various kinds, which all increase the vulnerability and predisposition to the disorder. Among them stand out prenatal infections, thus being a preventable risk potential factor in our daily clinical practice.

Objectives To analyze the relation between prenatal infections and schizophrenia.

Methods Review of the subject and recent articles on schizophrenia in psychiatric guides and magazines.

Results After analyzing several studies, it has been shown that prenatal infections, where the nervous system is not yet fully developed, may be a risk factor for the development of schizophrenia in adults, in relation with genetically predisposed individuals. Infections such as influenza, especially during the first quarter of gestation; rubella, toxoplasma and herpes simplex virus-type 2 are related to potentially increase risk of suffer schizophrenia.

Conclusions Prenatal infections, especially in the first quarter and the periconceptional period, constitute a risk factor in individuals with vulnerability to develop schizophrenia. Awareness and prevention is important in the pregnant population of the influence of these infections on the possible origin of psychotic episodes.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Further readings

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EV1193

Medication adherence in schizophrenia

F. Fatma, I. Baati, S. Omri, R. Sallemi*, J. Masmoudi
Hédi Chaker University Hospital, Psychiatry A, Sfax, Tunisia

* Corresponding author.



Introduction Compliance is a major issue in the treatment of schizophrenia. Many studies have attempted to identify factors that influence it.

Objective To assess treatment adherence in patients with schizophrenia. To identify factors correlated with poor adherence.

Methods It was a cross-sectional, descriptive and analytical study, involving 37 outpatients with DSM-IV diagnosis of schizophrenia, followed in the psychiatry department at the Hédi Chaker University Hospital of Sfax (Tunisia). The questionnaire included socio-demographic, clinical and therapeutic data. We also used the Medication Adherence Rating Scale “MARS”, the Insight Scale “IS” and the Stigma Scale (9 items).

Results The average age was 36.4 years. The majority of patients was male (68.8%), did not exceed the level of secondary education (89.2%) and had a low socioeconomic level (84.4%).

Paranoid schizophrenia was the most frequent type of schizophrenia (54.1%). Atypical antipsychotic were prescribed in 40.5% of cases.

Patients were non-adherent to treatment in 56.8% of cases. The factors correlated with poor adherence were: psychoactive substance use ($P=0.036$), sexual dysfunction ($P=0.036$), complexity of treatment ($P=0.036$), poor insight according to the subscale “awareness

of the need for treatment” of the IS ($P=0.047$) and high score on the subscale “discrimination” of the Stigma Scale ($P=0.008$).

Conclusion Tunisian schizophrenic patients have a poor adherence to treatment. Acting on risk factors (such as substance use, sexual side effects, poor insight and discrimination perception) would improve patient compliance and management of schizophrenia.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1194

Rehospitalization rate of first episode and chronic schizophrenia patients one year after discharge

R. Softic*, E. Becirovic, M. Mirkovic Hajdukovic
University Clinical Center Tuzla, Psychiatry Clinic, Tuzla, Bosnia and Herzegovina

* Corresponding author.



Introduction Relapse rate among patients with schizophrenia can determine outcome of illness. Up to 40% of patients with first psychosis responds well to treatment. Despite this fact relapse rate is still high, in particular if treatment is discontinued. Frequent use of first generation antipsychotics (FGA) in underdeveloped countries can be one of possible reasons for treatment discontinuation and consequent relapse.

Aims To analyse rehospitalisation rate in patients with first and multiple episodes of schizophrenia, and compare it with medication choice.

Methods Retrospective analysis of medical records of patients with schizophrenia hospitalised in Psychiatry Clinic of University Clinical Center Tuzla in period from year 2011 to 2013.

Results During the two-year period, 37 patients with first episode of schizophrenia were hospitalised. Second generation antipsychotics (SGA) were used in 40.5%, and first generation in 13.5%, long acting injectibles - first generation (LAI) were used in 8.1%, and combination of FGA's and SGA's in 5.4% of cases. In the same period, 121 patients with multiple episodes of schizophrenia were hospitalised. SGA were used in 21.4%, FGA in 33%, LAI's in 47.1%, and combination FGA's and SGA's in 35.5% of cases. Relapse rate in the first year after discharge was 16.2% in group with first psychotic episode, and 33% in the group with multiple episodes of schizophrenia.

Conclusion High relapse rate in group with multiple episodes can be explained with nonadherence regarding the side effects of too frequent use of FGA's.

Keywords Schizophrenia; Relapse rate; Adherence; Antipsychotics

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1195

Substance abuse in first episode psychosis: Baseline characteristics and clinical outcome

A. Toll*, A. Mané, D. Bergé, V. Pérez-Solà
Hospital del Mar, Institut de Neuropsiquiatria i Addiccions (INAD), Barcelona, Spain

* Corresponding author.



Introduction There are high rates of substance use disorders (SUD) amongst first episode psychosis (FEP). SUD have been linked to better premorbid adjustment, more severe positive and negative symptoms at presentation and poorer symptomatic and functional outcome [1]. Moreover, shorter duration of untreated psychosis

(DUP) has been described as an important predictor of outcome in FEP [2].

Aims With this study, we want to know which baseline characteristics and clinical outcomes differ between FEP patients with and without substance use.

Methods One hundred and seventy-five FEP were consecutively admitted to Hospital del Mar since January 2008 to September 2014 and entered the FEP programme of the institution. The included evaluation was socio-demographic and clinical data at baseline and 1 year follow-up. We studied differences in age, gender, DUP, GAF scores at baseline and 1 year follow-up and PANSS subscale scores at base and 1 year follow-up between substance users and non-users.

Results Cannabis: we found that users were significant younger ($P < 0.01$), had a higher proportion of males ($P < 0.01$) and a significant shorter DUP in users ($P = 0.008$).

Alcohol: we found that users were significant younger ($P < 0.009$), had a higher proportion of males ($P < 0.003$) and a significant lower PANSS negative scores at baseline ($P = 0.01$) and 1 year follow-up ($P = 0.03$).

Conclusions In our sample of first episode psychosis, cannabis and alcohol use is linked with a younger age and a high proportion of males. Moreover, it seems that cannabis use could be associated with a shorter DUP.

References not available.

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EV1196

Factors associated with schizophrenic evolution after a first episode psychosis



M. Turki*, N. Halouani, R. Naoui, I. Gassara, N. Hamza, J. Aloulou, O. Amami

Hédi Chaker university hospital, psychiatry department, Sfax, Tunisia

* Corresponding author.

Introduction The evolution of a first episode psychosis is a fundamental question, despite its unpredictability. It affects the type of management and drug treatment. In this context, schizophrenia, a disabling psychiatric disease, remains the most formidable evolution.

Objective Assess the frequency and factors associated with schizophrenic evolution after a first episode psychosis.

Methods We conducted a retrospective, descriptive and analytic study including 55 patients hospitalized in psychiatry department, Hédi Chaker Hospital, Sfax, Tunisia, during 7 years (from 2007 to 2013), then managed in the outpatient department. We collected socio-demographic, clinical and evolutive data from clinical observations.

Results The mean age was 26.5 years. Sex ratio (M/F) was 2.9. Among our patients, 74.5% were single and 49.1% had no profession. A trigger factor of this episode was noted in 43.6% and a break with the previous functioning in 63.6% of cases. A schizoid personality was reported in 74.5% of the population. All patients presented positive symptoms, 96.4% had negative symptoms and 61.8% presented mood symptoms.

Schizophrenic evolution was reported in 38.2% of patients. Factors associated with this evolution were: masculine gender ($P = 0.004$), social isolation ($P = 0.009$); absence of mood symptoms ($P < 0.001$) and mental automatism ($P = 0.043$).

Conclusion Our study shows some factors associated with schizophrenic evolution after a first episode psychosis. The identification of these factors, as well as other factors reported in the literature is essential to allow early and adequate support, and ensure a better social integration.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1197

The aetiology of schizophrenia as outlined in a treatment-resistant case



D. Vella Fondacaro^{1,*}, F. Falzon Aquilina²

¹ Mater Dei Hospital, Ministry for Energy and Health, Mosta, Malta

² Mount Carmel Hospital, Department of Psychiatry, Attard, Malta

* Corresponding author.

Introduction The development of treatment-resistant schizophrenia in a 16-year-old Maltese girl was analyzed in terms of its biopsychosocial model of disease.

Objectives To highlight the presentation of treatment-resistant schizophrenia.

To investigate the etiology of treatment-resistant schizophrenia.

Aims To utilize the biopsychosocial model of disease in order to investigate the aetiology of treatment-resistant schizophrenia.

To highlight the treatment modalities utilized in this case of treatment-resistant schizophrenia.

Methods Interviewing the patient.

Analyzing all investigations and documentation made during her admission in an acute psychiatric hospital.

Evaluating the response to various treatment modalities.

Carrying out literature reviews.

Results Image attached.

Conclusions Although the aetiology of treatment-resistant schizophrenia remains somewhat unclear even after many years of study, the biopsychosocial model is nevertheless useful in understanding the development of this condition. The treatment modalities to which the patient was resistant were also identified. Figure not available.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1198

Clozapine and aripiprazole combination



M.M. Vera*, C. Garay Bravo, S. Alonso Gutierrez,

M.D.L.D. Descalzo Cabadés

Hospital universitario general de Valencia, Valencia, Spain

* Corresponding author.

A 32 years old female with paranoid schizophrenia diagnosed at 20 years old, admitted for psychotic decompensation although treatment compliance. She had delusional ideas focused on her family with suicidal behaviour and functional impairment, refractory to different antipsychotic treatments so clozapine was initiated. Valproic acid was initiated too because of seizure risk. Clinically, improvement was accomplish at these treatment doses: valproic acid 1000 mg per day; clozapine 300 mg per day; and aripiprazole 150 mg IM per month.

Discussion The use of clozapine in resistant schizophrenia patients improves functionality at the long-term and it is specially indicated for suicidal behaviour. Recent studies show that rehospitalization rates for patients treated with clozapine raised 13%.

Other studies show that aripiprazole can be off label used as combination therapy in these situations.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Further readings

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EV1199

Timing and chronometric counting in patients with first episode of schizophrenia and schizophrenia spectrum disorders



Y. Zaytseva^{1,*}, Z. Garachek², J. Horacek¹, M. Wittmann³

¹ National Institute of Mental Health, National IT System of Mental Health and Brain Monitoring, Klecany/Prague, Czech Republic

² Institute of Higher Nervous Activity and Neurophysiology Russian Academy of Science, Psychophysiology, Moscow, Russia

³ Institute for Frontier Areas of Psychology and Mental Health, Freiburg, Germany

* Corresponding author.

Background The ability to encode time intervals underlies various cognitive processes. In the light of compromised cognitive functions in schizophrenia patients, it is noteworthy that there are numerous reports indicating impaired timing abilities of these patients. The aim of the present study was to investigate if such timing disruptions are similarly present in patients with first episode of schizophrenia spectrum disorders (SSD).

Methods Time reproduction paradigm was administered in patients with first episode psychoses with the diagnoses of paranoid schizophrenia ($n=43$); schizoaffective disorder ($n=33$); schizotypal disorder ($n=31$) and healthy individuals ($n=94$). Participants reproduced time durations of 10, 20, 15 and 25 s. by pressing the mouse's button at the beginning and at the end of the interval with the supposed duration. The ratio between the real time interval duration and produced time interval duration was estimated ($= 1$ -norm, > 1 -overestimation, < 1 -underestimation).

Results All participants used counting as a strategy for reproduction of the intervals. In healthy individuals, we observed an increasing accuracy (values close to 1) with each trial. The performance of patients differed significantly from controls [$F(12, 508.28) = 3.46, P = 0.013$]. While patients with schizophrenia significantly overestimated the time durations, patients with schizotypal disorder demonstrated marked underestimation (Fig. 1). Patients with schizoaffective disorder performed close to norm.

Conclusions Our results suggest that patients with first episode of schizophrenia and SSD are less accurate at estimating time durations but in a various ways, possibly underlying distinct neurobiological mechanisms of timing disruptions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1200

A case of somatopsychic depersonalization in schizotypal disorder: A multimodal approach



Y. Zaytseva^{1,*}, M. Wittmann²

¹ National Institute of Mental Health, National IT System of Mental Health and Brain Monitoring, Klecany/Prague, Czech Republic

² Institute for Frontier Areas of Psychology and Mental Health, Freiburg, Germany

* Corresponding author.

Background In the general concept of self-disturbances in schizophrenia and schizophrenia spectrum disorders, somatopsychic depersonalization (SPD) occupies a special place, as it constitutes a syndrome that comprises feelings of detachment from one's own body and mental processes. However, apart from

clinical descriptions, to date the pathophysiology of SPD is not fully understood due to the rareness of the syndrome and a lack of experimental studies.

Methods In a case study of one patient with schizotypal disorder (M.M., male, 29 y.o.), we applied a multimodal evaluation (phenomenological, neuropsychological, behavioural, application of fMRI paradigm) in order to understand the SPD phenomena.

Results The patient's clinical profile was identified as disruption of implicit bodily function, accompanied by depressive symptoms. On a neuropsychological level, the patient exhibited impairment in executive functioning, intact tactile perception and kinesthetic praxis. Behavioral tests revealed an altered sense of time but unimpaired self-agency. Furthermore, the patient exhibited a lack of empathy and he had autistic traits, although with a sufficient ability to verbalize his feelings. On the neurobiological level using an active and passive touch paradigm during functional magnetic resonance imaging (fMRI), we found a hyperconnectivity of the default-mode network and salience network and a hypoconnectivity of the central executive brain networks in the performance of the touch task as well as intact perceptual touch processing emerging from the direct comparisons of the touch conditions.

Conclusions Our data provide evidence for the important role of altered large-brain network functioning in SPD that corresponds to the specific behavioral and neurocognitive phenomena.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Sexual disorders

EV1201

A journey across perversions history – from Middle Age to DSM



A. Amaral*, I. Ferraz, M. Mota

Centro Hospitalar de São João, Psychiatry and Mental Health Clinic, Porto, Portugal

* Corresponding author.

Introduction Psychiatry's viewpoint of sexual deviance has waned between the normal and the pathological. "Normal" is not determined by nature but by the values of a specific society.

Aims To review the main landmarks in paraphilias history and the importance of social and cultural dimensions to it.

Methods PubMed database was searched using the keywords perversion, sexual deviance, paraphilia, culture and society.

Results Throughout Middle Age and Renaissance any sexual act that differed from the natural/divine law was considered a vice. Unnatural vices (masturbation, sodomy, bestiality) were the most severely punished, as they could not result in conception. In 1886, Krafft-Ebing stated perversions were functional diseases of the sexual instinct caused by "hereditary taintedness" in the family pedigree and worsened by excessive masturbation. Proper perversions were sadism, masochism, antipathic sexuality (homosexuality, transvestism, transsexuality) and fetishism. Later, Havelock Ellis and Hirschfeld claimed sexual interest in the population followed a statistical norm, opposed the idea that masturbation led to diseases and demanded the decriminalization of homosexuality. Freud believed the "perverse disposition" to be universal in the childhood giving rise to healthy and pathological adult behaviors. In 1950's, Albert Kinsey surprised America when he proved many supposedly deviant sexual practices were quite common. The first *Diagnostic and Statistical Manual* (1952) was mainly psychoanalytic. Later, by 1973, homosexuality was removed from

classifications. Recently, DSM-5 distinguishes between paraphilias and paraphilic disorders.

Conclusion A progress in the paraphilic instincts' acceptance has occurred. We hypothesize, in the future, paraphilias will follow homosexuality out of the diseases' classifications.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1202

Socio-demographic features of gender dysphoria in a Sardinian adult population



C. Bandecchi^{1,*}, V. Deiana¹, F. Pinna¹, E. Corda¹, R. Puscaddu¹, S. Pintore¹, A. Oppo², S. Mariotti², A. Argiolas¹, B. Carpinello¹

¹ University of Cagliari, Department of Public Health, Clinical and Molecular Medicine, Section of Psychiatry, Cagliari, Italy

² University Hospital of Cagliari, Multispecialty Department of Endocrinology and Diabetology, Cagliari, Italy

* Corresponding author.

Gender dysphoria (GD) is a rare entity in psychiatry; there are a lot of studies about its clinical aspects, but only few investigations considering the socio-demographic characteristics of these patients, especially concerning Italian population.

The aim of this study is to evaluate socio-demographic characteristics of GD individuals seeking assistance for gender transition and to assess possible differences between MtFs and FtMs.

A consecutive series of 25 patients (56% MtF and 44% FtM), from 17 to 49 years old (mean age: 29.6 ± 9.52), were evaluated for gender dysphoria from June 2011 to May 2015. All subjects met the criteria for gender identity disorder (GID), based on DSM-IV-TR.

The results have shown that FtMs refer for psychiatric help in younger age than MtFs (21–25 years vs. 36–50 years, $P = .038$); most of the patients are unemployed (48%; $P = .014$) and live with their parents (68%; $P = .001$), without statistically significant gender differences. Regarding sexual orientation, 84% of the sample report to feel attracted by individuals of the same-genotypic sex ($P < .001$); 81.8% of FtMs have a stable relationship instead of 21.4% of MtFs ($P = .007$). Moreover, a significant statistical difference was found between the two groups in the "real-life experience"; all FtMs live as males, while only 50% of MtFs show themselves as females in the daily life and activities ($P = .008$).

This is a preliminary study comparing the socio-demographic features of a MtF and FtM GD population in Sardinia. Although the limitation of a small sample, our results do not differ from the literature data; in particular, FtMs display significantly better global functioning and less problems in social integration.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1203

Secondary sexual dysfunction as a result of antihypertensive treatment: An observational and multi-approach epidemiological study



B. Buch Vicente^{1,*}, A.L. Montejó Gonzalez^{1,*}, M.E. Sánchez Sánchez¹, P. Galindo Villardón², E. Rodríguez Sánchez¹, S. González Sánchez¹, M.A. Puente Rey¹, C. Castaño Sánchez¹, A. Juanes de La Peña³, J.A. Martín Oterino⁴, M.C. Alonso Diez⁴

¹ CS La Alamedilla, Centro De Salud Mental La Alamedilla, Salamanca, Spain

² Universidad de Salamanca, Departamento de estadística, Salamanca, Spain

³ Centro de Salud Santa Marta de Tormes, Atención Primaria, Salamanca, Spain

⁴ Hospital Universitario Salamanca, Unidad de Hipertensión, Salamanca, Spain

* Corresponding author.

Background Hypertension is one of today's main health problems around the world. This illness can be prevented and treated with antihypertensives (AHT) medicines, which, besides helping to control vascular circulation, can also have other, secondary, non-beneficial effects.

Objective To evaluate the frequency and intensity of sexual dysfunction (SD), measured against the PRSexDQ-SALEX scale, in patients diagnosed with AHT currently undergoing treatment. To assess differences between the main groups of AHT (mono-therapy and combined therapy). To determine statistically meaningful differences between other significant variables.

Methods Epidemiological, cross-sectional, multi-centric study of an exploratory nature. The study interviewed 256 subjects treated for hypertension (26.6% women and 73.4% men). By clinical interview and through the PRSexDQ-SALEX, the existence, or not, of SD caused by the AHT medication was evaluated.

Results/conclusions SD caused by AHT is a common problem. The percentage of iatrogenic SD was very high for all groups of antihypertensive medicines/pharmaceuticals, with percentages between 53.3 and 83.9% (measured with PRSexDQ-SALEX).

The percentage of patients who reported this problem voluntarily was very low (14.8%).

The treatments most harmful to sexual function were: diuretic+ARB (83.9% of SD) and ACE inhibitors (77.8% of SD). According to statistical models, subjects who take diuretic+ARB have a probability of suffering SD in 83.87% of cases.

Various risk situations might be detected due to the greater probability of suffering SD: patients with poor general health, subjects over 60 with coronary disease, mood disorders or muscular-skeletal disease and patients who take the diuretic + ARB combination.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1204

Challenges faced by gender-variant people in receiving appropriate care and ways to improve their care and lives – A UK study



N. Clementi^{1,*}, E. Dobrzynska²

¹ Royal Cornhill Hospital, General Adult Psychiatry, Aberdeen, United Kingdom

² Cygnet Hospital Kewstoke, General Adult Psychiatry, Weston Super Mare, United Kingdom

* Corresponding author.

Introduction It is only in the last decade that trans people have been accorded rights and give protection in law from discrimination. A survey of 10,000 people undertaken by the Equality and Human Right Commission showed that 1% of the population was gender-variant to some extent. Gender-variant people continue to suffer restricted opportunities, discrimination and harassment at work despite the existence of anti-discrimination and equalities legislation. It is estimated that up to 40% of people with gender dysphoria may not be receiving appropriate help.

Objective Review of UK policies, guidelines, legislation and research on challenges faced by gender-variant people and ways to improve their care and lives.

Aims To improve gender-variant people access to care and ways to fight inequalities.

Methods MEDLINE, PsycINFO databases were searched for articles published between 2005–2015 containing the keywords “gender dysphoria”, “gender-variant people” and “transgender people”. Relevant policies, guidelines and legislations were also reviewed.

Results Transgender people still face major health inequalities and discrimination. National statistics show that 80% have experienced harassment, 62% suffered discrimination at work or home and 54% reported being denied access to NHS care due to lack of cultural competency from staff. Guidelines, research, policies and equality legislation have begun to be implemented to protect transgender people from discrimination and accord rights.

Conclusions Many areas need attention and improvement including not only healthcare but also employment, education, housing and media perception. Promotion of equality in the general population with the aim of achieving cultural change and improvement of cultural competency of health professionals is needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1205

Flibanserin: The first drug approved for the treatment of hypoactive sexual desire disorder in pre-menopausal women



N. Couto^{1,*}, R. Ribeiro Silva²

¹ Centro Hospitalar Vila Nova de Gaia/Espinho, EPE, Psychiatry and Mental Health, Braga, Portugal

² Centro Hospitalar Vila Nova de Gaia/Espinho, EPE, Psychiatry and Mental Health, Vila Nova de Gaia, Portugal

* Corresponding author.

Introduction Hypoactive sexual desire disorder (HSDD) is characterized by persistent or recurrent deficiency or absence of sexual fantasies and desire for sexual activity, causing marked biopsychosocial dysfunction. The etiology of HSDD involves a wide range of biological and psychosocial factors. One of the biological factors is the balance between excitatory and inhibitory neurotransmitter pathways that regulate the sexual response in the central nervous system. Flibanserin is a compound discovered in 1995, agonist of the 5-HT_{1A} antagonist and the 5-HT_{2A} receptors, which became August 2015 in the first drug approved for the treatment of HSDD. **Objectives** Describe the main pharmacokinetic and pharmacodynamic characteristics of flibanserin, as well as the results and conclusions of the phase three clinical trials that led to its approval by the US regulatory authority.

Aims To understand the potential benefits and risks of the clinical use of flibanserin.

Methods Search online titles and abstracts related to flibanserin. **Results** Flibanserin is a multifunctional serotonin agent who is both a serotonin 1A agonist and a serotonin 2A antagonist. Theoretically, flibanserin improves sexual activity by increasing dopamine and norepinephrine release as it reduces serotonin release in brain circuits that mediate the symptoms of interest/female sexual arousal. Flibanserin showed a statistically significant increase in the number of improvements and satisfactory sexual events in several other validated scales. The main side effects include dizziness, sleepiness, nausea and (rarely) syncope.

Conclusions Despite the efficacy of flibanserin not produce statistically powerful results, although statistically significant, this may be important for a particular woman's profile, including those in which other psychotherapeutic approaches have failed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1206

Personality traits and personality disorders in gender dysphoria



V. Deiana^{1,*}, E. Corda¹, C. Bandecchi¹, S. Pintore¹, F. Pinna¹, R. Pusceddu¹, A. Oppo², S. Mariotti², A. Argiolas¹, B. Carpiniello¹

¹ University of Cagliari, Clinica Psichiatrica, Cagliari, Italy

² AOU Cagliari, Unità Operativa di Endocrinologia, Monserrato, Italy

* Corresponding author.

Investigations in the field of gender dysphoria (GD) have been mostly related to psychiatric comorbidity and severe psychiatric disorders, but have focused less on personality traits and personality disorders (PDs).

We aimed to assess personality and the presence of PDs in a sample of 25 persons with GD attending the Psychiatric Clinic or the Department of Endocrinology of the University of Cagliari requesting sex reassignment therapy. They were assessed through the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) and the Structured Clinical Interview for DSM-IV Axis II (SCID-II).

The sample consisted of 14 MtF and 11 FtM, with a mean age of 29.6 ± 9.5. Overall, 39.1% of the sample met the criteria for at least one PD, more frequently cluster-B PD (21.7%). MtF met a higher number of SCID-II criteria than FtM, especially regarding histrionic personality traits ($P=0.001$). A total of 20 persons (9 MtF and 11 FtM) completed the MMPI-2. Mean T scores did not differ from the general population, except for the Psychopathic Deviate (Pd) scale (mean T = 66.2 ± 11.2). The Masculinity-Femininity (Mf) scale was slightly increased, and its score reduced after correction for perceived sex ($P=0.037$). MtF scored significantly higher at the Family Problems (FAM) scale ($P=0.052$) and lower at the Social Discomfort (SOD) scale ($P=0.005$) compared to FtM.

The high prevalence of PDs confirms that this kind of assessment in GD is of great importance, as a key part of personalized treatment plan tailoring. The high scores on the Pd scale suggest misidentification with societal standards.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1207

Body image and gender role perceived in gender dysphoria: Cross-sex hormone therapy effects



E. Corda¹, C. Bandecchi¹, V. Deiana^{1,*}, S. Pintore¹, F. Pinna¹, R. Pusceddu¹, A. Oppo², S. Mariotti², A. Argiolas¹, B. Carpiniello¹

¹ University of Cagliari, Clinica Psichiatrica, Cagliari, Italy

² AOU Cagliari, Unità Operativa di Endocrinologia, Monserrato, Italy

* Corresponding author.

The gender dysphoria (GD) refers to the distress caused by the incongruence between gender identity and biological sex. This occurs, especially in pre-treatment cross-sex hormone therapy (CHT), with a marked dissatisfaction with their body image.

The purpose of this study is to evaluate the role of perceived gender in a total of 20 subjects (9 MtFs and 11 FtMs), presented for initiation of CHT at the Psychiatric Clinic or Department of Endocrinology of University Hospital of Cagliari and deemed appropriate to take the transition path aimed at sex reassignment. On a subsample of 7 patients (2 MtFs and 5 FtMs) were then evaluated changes, in terms of improving the acceptance of body image, at 2 months after initiation of CHT, using the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) (focusing on MF, Gm and Gf scale), the Bem Sex Role Inventory (BSRI), and the Body Uneasiness Test (BUT). The MF scale shows a moderate elevation, which is reduced significantly as a result of correction for perceived gender rather than biological sex. MtFs get higher scores on the Gf scale and lower

scores on the Gm scale than FtMs. This trend is confirmed by the average scores of BSRI: MtFs are more “feminine”; while the FtMs are less “masculine”. This denotes an excessive identification by MtFs with the female gender role. Before initiating the CHT, the BUT score was indicative of clinically significant distress, which decreased during the CHT.

In conclusion, CHT reduces evidently body discomfort, due to the progressive reduction of the discrepancy between biological and desired gender.

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EV1208

Clinical characteristics of gender identity disorder



R. Pusceddu¹, C. Bandecchi¹, F. Pinna¹, S. Pintore¹, E. Corda¹, V. Deiana^{1,*}, A. Oppo², S. Mariotti², A. Argiolas¹, B. Carpiniello¹
¹ University of Cagliari, Clinica Psichiatrica, Cagliari, Italy
² AOU Cagliari, Unità Operativa di Endocrinologia, Monserrato, Italy
 * Corresponding author.

Traditionally, gender identity disorder (GID) is associated with high level of psychiatric comorbidity, particularly psychotic and affective disorders. The aim of this study is to evaluate clinical aspect of GID in a sample of patients in charge of the Operative Unit for Diagnosis and Therapy of GID, Psychiatric Clinic and the Department of Endocrinology, University of Cagliari.

Assessment was made by SCID-I, for Axis I comorbidity, GAF, for global functioning, BUT for body discomfort (BUT-A measures different aspects of body image, BUT-B looks at worries about particular body parts).

The sample comprised 14 MtF (56%) and 11 FtM (44%), of age between 17–49 years; a diagnosed psychiatric disorder was reported in 32%: 16% mood disorders, 12% anxiety disorders, 4% psychotic disorders. Among subject with GAF < 85, 58.3% were identify to have a Axis I disorder compare to 7.7% patients with GAF ≥ 85 ($P=.011$), especially for mood disorders ($P=.039$). Main score of Global Severity Index (GSI) for BUT-A was 2.45 ± 883 ; all subjects had a score GSI > 1.2 (clinically relevant discomfort index).

Regarding BUT-B, MtF have higher scores in PSDI global scale ($3.37 \pm .577$; $P=0.019$) and subscale VI (4.38 ± 1.496 vs. $.81 \pm 1.864$; $P=0.006$): there are not significant gender differences in the others subscales, although discomfort regards different aspects of both sexes.

According to literature, we observed a slightly higher prevalence of Axis I psychiatric disorders compare to general population, with functioning level statistically significant.

Generally, GID was not associated with higher level of psychopathology, appearing as specific diagnostic aspect, where the main origin of discomfort is dissatisfaction toward self-body image.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1209

Insights on asexuality – defining the fourth sexual orientation



D. Durães*, J. Martins, R. Borralho
 Centro Hospitalar Barreiro-Montijo, Mental Health and Psychiatry Department, Barreiro, Portugal
 * Corresponding author.

Introduction Although the phenomenon of asexuality is not new – it was first mentioned in the 1950s, in the works of Kinsey et al. – it remained ignored and unstudied by the scientific community until Bogaert ignited new interest in this topic. In 2004, the author

published his findings regarding the prevalence of asexuality and reported that 1.05% of the British population was asexual.

Human asexuality is defined as a lack of sexual attraction to anyone or anything, either hetero or homosexual, although this definition is not consensual.

Objectives/aims This work aims to review the conceptualization of human asexuality, and the social, biologic and psychologic factors associated.

Methods A review of relevant literature was conducted alongside online database research (PubMed and Medscape), using the keywords “human” and “asexuality”.

Results Despite the fact that many approaches have been proposed to define asexuality (lack of sexual behavior, lack of sexual attraction, self-identification as asexual or a combination of the previous) there is growing evidence supporting the conceptualization of asexuality as a unique sexual orientation, thus representing a fourth category.

It appears to be more frequent in women and associated to religiosity, lower education level, lower socioeconomic status, and poor health.

Conclusions Despite the increased interest of the scientific community in the study of asexuality, many questions remain unanswered. Additional studies are crucial in order to provide a clear understanding and acceptance of asexuality in this highly sexualized and voyeuristic society we live in, and also to allow for a better understanding of the complexity of human sexuality.

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EV1210

Adolescent hypersexuality: Is it a distinct disorder?



Y. Efrati (Counselor Education)^{1,*}, M. Mikulincer²
¹ Beit-Berl Academic Collage, Beit-Berl, Israel
² Interdisciplinary Center IDC Herzliya, Psychology, Herzliya, Israel
 * Corresponding author.

Adolescent hypersexuality, and its position within personality dispositions, is the subject of this presentation. The personality dispositions examined were attachment style, temperament, gender, religiosity, and psychopathology. To do so, 311 high school adolescents (184 boys, 127 girls) between the ages 16–18 ($M=16.94$, $SD=.65$), enrolled in the eleventh ($n=135$, 43.4%) and twelfth ($n=176$, 56.6%) grades, most of whom (95.8%) were native Israelis. By religiosity, 22.2% defined themselves as secular, 77.8% reported various degrees of religiosity. Five possible empirical models were examined, all based on current theory and research on hypersexuality. The fourth model was found to be compatible with the data, indicating that psychopathology and hypersexuality are independent disorders and are not related by a mediating process. In addition, religiosity and gender are predictors, but the relationship between temperament and attachment is independent of them – the process is identical in religious and non-religious adolescents, both boy and girl. Additionally, the hormone oxytocin may be related to hypersexuality, with implications that could affect the therapeutic meaning of understanding the location of adolescent hypersexuality as a disorder in and of itself.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1211

Military culture and sexual issues: The sex-stress phenomenon



L. French
 Webster, USA

Introduction Sex abuse within the military has long been an open-secret afflicting both male and female veterans whose etiology is often attributed to character deficits (personality disorders or paraphilic disorders). Few studies look at the sex-stress phenomenon as a feature of military life itself and the role this plays in sex abuse within the military milieu. While much attention is focused on US forces, this problem is endemic within military cultures per se. The recent sex abuse scandal involving the French military in the Central African Republic illustrates the pervasiveness of the problem.

Objectives/aims To explore the psycho-cultural mechanisms of stress and its sexual expression and how certain scenarios within the military milieu exacerbates this impulse-control reaction. To address the relationship of the availability of sex-release options – without and/or without the military population (and how increased enlistment of women has changed the nature of the target population in today's military).

Methods Look at the problem historically (from WWII – present) with particular illustrations. Evaluate common (often failed) approaches to addressing the problem, including the fallacy that superior officer know best how to handle these cases. Explain the psycho/physiology of the sex-stress phenomenon – mechanism of the hypothalamic-pituitary-adrenal-gonad axis. Look at the relationship between sex-trauma and suicides among veterans.

Results/conclusions Offer a viable assessment/diagnostic of sexual problems within the military culture along with a treatment model that offers both psychotherapeutic (cognitive-behavioral protocols...) as well as identifying acute clinical symptoms that may respond to psychotropic medications.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV1212

Resolution strategies focused on side effects



S. Goretta^{1,*}, M.C. Sanchez Sanchez², M.T. Lorente Molina³, A. Rodriguez Chinchilla⁴, B. Gongora Oliver⁵, P. Ortega Gutierrez²

¹ UGC Almeria, Unidad de Hospitalización Salud Mental Torrecardenas, Almeria, Spain

² UGC Almeria, UHSM Torrecardenas, Almeria, Spain

³ UGC Almeria, Unidad de Hospitalización Salud Mental Torrecardenas, Almeria, Spain

⁴ UGGC Almeria, USMI-J Almeria, Almeria, Spain

⁵ UGC Almeria, AECC-hospital Torrecardenas, Almeria, Spain

* Corresponding author.

Introduction Lack of adherence for side effects of treatment is one of the main causes of discontinuation therapy and readmission in the acute care setting.

The elevation prolactin, capable of generating amenorrhea, osteoporosis and sexual dysfunction, can be one of the main causes of treatment discontinuation.

Objectives Our objective was the study of prolactin in blood with three different patient who presented adverse effects that motivate the change in treatment, with better adherence and normalization of prolactin.

Method Clinical series of three patients.

Results Treatment was changed by oral aripiprazolo the first 4 days.

After verifying the tolerabilidad was administered Abilify Maintena, associating an oral dose of aripiprazole between 10–30 by status clinic.

We get rapid normalization of prolactinamia with side effects disappearance.

Conclusions In patient who principal problem a lack of adherence for sexual secondary effects, aripiprazole may be a good therapeutic option.

At the same time, it has demonstrated that depot formulation guaranty better adherence with respect to the oral treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1213

Premature ejaculation in Spanish men



H. Guillen Rodrigo*, S. Fuentes Márquez, R. Alonso Díaz

Hospital Juan Ramon Jimenez, Salud Mental, Huelva, Spain

* Corresponding author.

The vast majority of men experience premature ejaculation at some point in their sexual life. It is the most common sexual problem in men, affecting between 25–40% of them. This disease has both organic and psychological causes so it is important to search an organic disorder in order to dismiss the organic causes.

The following case is about a 56-year-old male, married and retired. He went to the USMC in Huelva relating a premature ejaculation problem from approximately two years ago. He relates feeling a great discomfort due to the inability to maintain a satisfactory sexual relationship with his partner.

The patient was diverted from the Department of Urology at the Juan Ramon Jimenez hospital, so we dismissed an organic or physical disorder.

He refers an intervention of a herniated disc, which made him staying in bed during a long season, as a precipitating event. After that appears a first episode of premature ejaculation, what produced him a great discomfort, presenting anticipatory anxiety symptoms to the sexual experience from then. These anticipatory anxiety symptoms were characterized by negative thoughts about the own sexual performance and the capability to satisfy the partner. After this first episode more episodes of the same type occurred, increasing the described anxiety and worsening his sexual performance. During the treatment, the basilar compression technique was practiced in addition a restructuration of the negative thoughts of the patient regarding to his sexual performance was made. Lastly, we worked together with his partner strengthening the relationship and the communication between them.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1214

I am trapped in a wrong body



R. Hernandez Anton*, C. Noval Canga, E. Rybak Koite, H. De La Red Gallego, L. Gallardo Borge, A. Alonso Sanchez,

I. Sevillano Benito, M.J. Garcia Cantalapiedra,

P. Marques Cabezas, F. Uribe Ladron De Cegama,

J.A. Espina Barrio, G. Isidro Garcia

HCUV, PSQ, Valladolid, Spain

* Corresponding author.

Introduction Gender dysphoria is incoherence between the sex a person feels or expresses and the biological.

Objective Revise the inclusion criteria for hormone therapy and sex reassignment surgery in gender dysphoria. Expose the multidisciplinary approach. Make differential diagnosis with other psychological disorders.

Methodology A 45 years old male patient (biological female), who was sent from Endocrinology Unit for a psychiatric evaluation before restart a hormonal treatment. Since his childhood, he has presented dissatisfaction with his sexual characteristics; he has had fantasies and dreams, in which he belonged to the other sex.

He has always chosen male activities and male stereotypes companies. He has presented preference for cross-dressing from 9 years. Always felt the sexual attraction for women. He first consulted for this reason in 1995.

Results It reported favorably to start hormone treatment after completing the eligibility criteria: > 18 years old; knowledge of the effects of hormones; and more 3 months documented real-life experience. The hormone therapy caused the growth of microprolactinoma, which was treated with dopamine agonists until it disappeared and the cessation of galactorrhoea. Testosterone treatment is restarted. Laboratory tests are done every 3 months during the first year and then, every 6 months.

Conclusions Is the gender dysphoria a pathology? The EU recommends a reclassification as no pathological disorders in ICD-11. The treatment of gender dysphoria is necessary, and there is no reason to postpone it. The main difficulty is the differential diagnosis; there may be comorbidity with others mental disorders which are not exclusive (psychotic disorder, OCD, personality disorders and other disorders of gender identity).

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EV1215

Primary and secondary transsexualism, really?

F. Jurysta^{1,2,*}, G. Hladki²

¹ Centres Hospitaliers Jolimont Asbl, Psychiatrie, Haine-Saint-Paul, Belgium

² ULB, Hôpital Erasme, Centre de Sexologie et des Troubles de l'Identité du Genre CESTIG, Brussels, Belgium

* Corresponding author.

Introduction Transsexualism suffers from several definitions that evolve across time. Therefore, some discrepancies appear progressively in regard of evidence-based medicine and psychological approaches as sexo-analysis.

Objectives In our present study, we test if “primary” or “secondary” transsexualism defines in accordance with sexo-analysis definitions will be reliable with the pathology course.

Aims Clarify the definition of transsexualism to obtain a better understanding of this trouble and perhaps to change psychological approaches of gender disorders.

Methods Nine transsexual male-to-female (MtF) aged between 25 to 65 were voluntary recruited. They were diagnosed by a psychiatrist. We adapted the GID scale to measure the lifetime process. Descriptive statistics were reported. Results are expressed as mean ± standard deviation.

Results Age of the group is 41 ± 12. All subjects were treated by hormone therapy. One of them was surgical reassigned. All subjects reported a persistent feeling to be a woman across their entire life. None showed a decreased female feeling during a part of their life or a brutal apparition of this trouble during the adult period.

Conclusions In regards of our preliminary results, we concluded that secondary transsexualism should be redefined and was probably induced by sociocultural aspects. Our results are limited by amount of subjects and should be confirmed by a large population included MtF and FtM people.

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EV1216

Sex, drugs and enhanced libido

B. Macías*, N. Serrano, M. Díaz

Hospital Dr. Rodríguez Lafora, Psiquiatría, Madrid, Spain

* Corresponding author.



Introduction Twenty-eight years old male, admitted into a long-stay unit diagnosed of schizoaffective disorder, who has presented behavioural disturbances consisted in sexual disinhibition.

Case report Since the patient was 15 years old, he has presented several behavioural disturbances and erotomanic and reference delusions, which have not ended even after beginning treatment with clozapine. Nowadays treatment consists of clozapine 600 mg/day, haloperidol 20 mg/day, amisulpiride 2000 mg/day, olanzapine 30 mg/day, ciproterone 50 mg/day, valproic acid 2300 mg/day, clorazepate dipotassium 15 mg/day, lorazepam 7.5 mg/day, nevertheless the patient still presents sexual disinhibition against other patients and staff members (masturbation, exhibitionism, frotteurism, coprolalia). During treatment, he has suffered from hyperprolactinaemia, but this entity did not decrease the patient's sexual desire.

Discussion Although this patient has been treated with a wide pharmacologic strategy, it has not been effective, so it should be highlighted how a mixed approach including also psychotherapy, could be more useful in controlling the libido.

Conclusions This case is an example of variability among patients and how antipsychotic drugs and chemical castration are not always useful for decreasing enhanced sex drive.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1217

Secondary sexual dysfunction with antidepressant treatment: Study on 50 patients

O.W. Muquebil Ali Al Shaban Rodriguez^{1,*}, S. Ocio León¹, M. Gómez Simón², M.J. Hernández González¹, E. Álvarez de Morales Gómez-Moreno³, C. Huergo Lora⁴, J.R. López Fernández⁴, A. González Suárez⁴, A. Barrio Nespereira⁵, G. Gutiérrez Vázquez⁶, L. Tuñón Gorgojo⁷

¹ Centro de Salud Mental Mieres, Psychiatry, Mieres del Camino, Spain

² Centro de Salud Mental Mieres, Psychology, Mieres del Camino, Spain

³ CSM Puerta de la Villa, Psychiatry, Gijón, Spain

⁴ Hospital Vital Álvarez-Buylla, Psychiatry, Mieres del Camino, Spain

⁵ CSM Puerta de la Villa, Psychology, Gijón, Spain

⁶ CSM El Quirinal, Psychiatry, Avilés, Spain

⁷ Centro de Salud Mieres Sur, Nursing, Mieres del Camino, Spain

* Corresponding author.

Introduction The side effects of the various antidepressant drugs on the sexual field (with very few exceptions) are well known, and they affect the quality of life in important manners. The incidence rate, communicated spontaneously by the patient, has been estimated around 10–15%, and can reach amounts of 50–60% with SSRIs when studied specifically. It has been suggested that these effects compromise treatment adherence.

Objectives To estimate the incidence and intensity of the side effects on the sexual field with different antidepressants, as well as its relationship with treatment adherence.

Methodology Transversal study on 50 patients assisted in medical consultation. Collection of data in office (October 2014–October 2015).

Administration of survey PRSexDQ-SALSEX. In order to research the relationship with treatment adherence, one question surveyed the patient whether he/she had thought about finishing treatment for this reason.

Results Twenty-nine patients (58% of the sample) presented some degree of sexual dysfunction. Five individuals (17.2%) communicated it spontaneously. Nine individuals (31%) responded that they did not accept positively the changes in their sexual field, and they had thought about withdrawing treatment for this reason.



They were given the test of self-compliance statement (Haynes-Sackett), with a result of four non-compliant (44.4%). The most frequently involved drugs were fluoxetine ($n = 5$, 10% of the sample total) and paroxetine ($n = 4$, 8%).

Conclusions The high impact of sexual side effects with a low rate of spontaneous communication coincides with previous existent studies.

Limitation when estimating adhesion due to methodological difficulties in the design of the study. However, high impression by using the selected method of determination.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1218

Paraphilic disorder in the 21st century

A.R. Caldeano*, J. Nunes, P. da Costa

Hospital Sousa Martins, Department of Psychiatry and Mental Health of Sousa Martins Hospital, ULS Guarda, Guarda, Portugal

* Corresponding author.



The term paraphilia refers to the sexual preferences and conducts that divert from what is generally accepted for a certain society in a given historic and cultural period. It demonstrates the practices that involve the use of non-human objects, mandatory humiliation and sexual suffering or non-consensual involvement of sexual partners. A paraphilic disorder is a paraphilia, which, presently, causes uneasiness and damages not only the patient but also others, as these behaviours exclude or damage the other affecting the patient's social relationships.

Paraphilias are only practiced by a small percentage of the world's population. However, the causes are only reported if there is a search for treatment or if there are any legal complications. By which is believed that the prevalence is higher than the number of diagnosed cases.

Although there are already a few paraphilia types registered, new forms of practice of this disturbance are emerging, mainly associated to the use of new technologies, as the Internet.

The authors propose to produce a bibliographic review concerning the concept of paraphilic disorders and its exhibition forms; identify therapeutic strategies; perform a time frame regarding paraphilias and analyze the influence that the new technologies have in paraphilic disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1219

Controversy diagnosing sex addition

M. Palomo Monge^{1,*}, G.M. David¹, D.D. Arántzazu², D.C. Sandra³, T.G. María Fernanda¹, S.D.L.P. Silvia⁴, A.L. Maria Fernanda⁴, O.B. Rubén¹

¹ Hospital Nuestra Señora del Prado, Psychiatry, 45600, Spain

² Hospital General de Avila, Psychiatry, Avila, Spain

³ Centro de Rehabilitación Psicosocial y Laboral, Psychology, Talavera de la Reina, Spain

⁴ Hospital Nuestra Señora del Prado, Family Medicine, 45600, Spain

* Corresponding author.



Introduction The sexual compulsive behavior also known as sex addition is the repetitive and intense sexual behavior of the individual. Although the few studies carried out, the prevailing rates vary between the 2% and the 20%.

Objectives We present the case of a 46-year-old male with psychiatric treatment records since he was 17 and a personality disorder group B diagnosis and depressive reactions reactive to

environmental frustrations. Several short-, medium- and long-term hospitalizations. Currently he is admitted after having expressed some autolytic ideas.

Methodology The patient started a treatment in the Unit of Addictive Behaviors. He says he started to frequent the brothels 10 years ago to satisfy his sexual needs, but gradually increased the frequency. Later, he started to have sex online, also in fee-paying web pages. This has had a negative influence in the different aspects of his life, leading him to economic stress and endless debts.

Results Borderline personality disorder. 301.83 (F60.3).

Other specified disruptive, impulse-control, and conduct disorder (sex). 312.89 (F91.8).

Pathological gambling. 312.31 (F63.0).

Persistent depressive disorder. 300.4 (F34.1).

Conclusions It is clear that the compulsive sexual behavior is a disorder that includes repetitive, intrusive and distressing thoughts and leads to behaviors that affect negatively several aspects of the lives of people suffering such disorder, so that is why it is associated with other psychiatric disorders. Even though it has been described and discussed for years in literature, it is difficult to classify within psychiatric nosology and nowadays its categorization is still a challenge within the mental health.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1220

Sexology population characterization – a two years' experience at a Lisbon specialized centre

M.I. Varregoso^{1,*}, G. Borges¹, R. Xavier²

¹ Hospital Garcia de Orta, Psychiatry, Almada, Portugal

² Hospital Santa Maria, Psychiatry, Lisbon, Portugal

* Corresponding author.



Introduction Within psychiatry, sexology is a very particular area of expertise both by the nature and specificity of its diagnosis, as by the various difficulties and challenges their patients place. Sexology is a sub-specialty niche, but also a vast universe that covers such diverse conditions as paraphilia, gender dysphoria or sexual dysfunction. The sexology consultation of Santa Maria Hospital (HSM) is one of the biggest centers specialized in sexual disorders in the country. Consultations depend on the collaboration of a sexologist psychiatrist and psychiatry residents in close connection with endocrinology, urology and plastic surgery services.

Objective We intend to conduct a characterization of the population observed in the HSM sexology consultation, in a period of 2 years, from the analyses of different general and diagnosis-specific relevant variables.

Methods We intent to make a descriptive analysis of the population that attended the sexology consultation over the last 2 years. The sample study refers to all patients who have been specifically referred to sexology department or that directly requested access to this consultation. Data will be collected from medical computer records.

Results Through systematic evaluation of different variables we can possibly conclude by some putative associations. A comprehensive characterization of this particular population is a possible method for a better and deeper insight on the diagnosis itself.

Conclusions The purpose of this work is to increase peers' sensitivity both to sexology and to the patients sexology serves.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1221

From hero to zero: The manifestation of addictive problematic sexual behaviour



R. Vella Baldacchino*, J. Vella Baldacchino
Mount Carmel Hospital, Psychiatry, Attard, Malta
* Corresponding author.

Introduction Addiction refers to a pattern of:

- loss of control, as shown by unsuccessful efforts to stop the behaviour;
- continuation of the behaviour despite adverse consequences – such as marriage breakdown;
- an obsession with obtaining, using or recovering from the behaviour.

To date, DSM-5 does not recognize sex addiction as a disorder, however when problematic sexual behaviours fulfil these same three criteria, the process is considered to be an addiction.

This case report describes the development of problematic addictive sexual behaviour, possibly as a result of other psychiatric comorbidities including obsessive-compulsive disorder (OCD), alvinophilia, and obsessional fetishism. The presence of the Madonna-Puttana syndrome is also explored.

Aims To use the biopsychosocial model to investigate the aetiology of addictive problematic sexual behaviour. To explore the role of psychiatric comorbidities in the expression of such behaviour. To examine the holistic impact of sexual addictions. To examine the treatment modalities of addictive problematic sexual behaviour.

Methods A 25 year old happily-married nurse who confessed to serial extramarital affairs was interviewed. Underlying psychiatric comorbidities were identified. Family members were also interviewed for a collateral history. The above objectives were explored and the response to various treatment modalities were evaluated. Literature reviews were carried out.

Conclusions This case illustrates a form of OCD which manifested as addictive problematic sexual behaviour. The message portrayed is that hope exists for such couples once various treatment modalities are put into action.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Sexual medicine and mental health

EV1222

Sexual dysfunction as a side effect of psychopharmacology: What to do now?



A. Hugo*, J. Gomes, G. Lima
Centro Hospitalar Barreiro-Montijo, Psychiatry and Mental Health,
Barreiro, Portugal
* Corresponding author.

Introduction Sexual dysfunction is a side effect caused by many of the psychiatric drugs commonly used in clinical practice. Both antidepressants and antipsychotics have the potential to cause this side effect, which can lead to therapeutic nonadherence. Considering this problem and their adverse consequences to the patient and the treatment adherence, we can conclude that it is important to better understand this problem and the ways to deal with it.

Aims and objectives The objective of this work was to better comprehend this problem, its consequences and the ways to avoid, minimize and revert it.

Methods We reviewed the literature related to this theme through a search for papers indexed in PubMed and Science direct.
Results Both antidepressants and antipsychotics have the potential to induce sexual side effects although this potential seems to differ from drug to drug. In order to avoid or minimize this, some management options are described in literature. Nevertheless, this problem still seems to be neglected by doctors and under-reported by patients and, because there is still a lack of knowledge about which is the best management option when the problem appears, the decision about what to do when it appears is still left to the doctors.

Conclusions Sexual dysfunction caused by psychiatric drugs is a real problem, still under-reported, and affects in a hazardous way our patients lives and possibly leading to therapeutic nonadherence.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1223

Sexuality in mental health: Brazilian science production review (2001–2014)



R. Boaes^{1,*}, M.B.B. Silva², J.A. Russi²

¹ Federal University of Rio de Janeiro, Health Sciences Centre, Rio de Janeiro, Brazil

² Rio de Janeiro State University, Institute of Social Medicine, Rio de Janeiro, Brazil

* Corresponding author.

Aiming at analyzing mental health and sexuality studies, specifically in papers published in Brazil, this dissertation brings a review of the literature carried out in two databases. It can be noticed that studies on sex, gender and sexuality show the complexity of the understanding of human sexual life going from essentialist to constructivist perspectives, conceiving sexuality in several manners. However, studies on madness, mental health and psychosocial care point to different conceptions of mental sickening process, mental health being at the same time a science field and a psychological well-being value to be achieved. Surveys in nursery homes show that institution agents represent the sexuality of a mentally suffering person (MSP) as abnormal or non-existing. The review of academic production on the subject, has put together 685 publications, 43 of them in both, with only 109 from Brazil, these ones having been systematized by title and abstract, only eleven were selected and studied thoroughly. Results show that the analyzed science production is scarce, being the theme just at its beginning in collective health, with the predominance of biomedical approaches focusing in on sexual behavior, with special attention to the vulnerability to IST/HIV/AIDS, the absence of sexual education and gaps in the training to work with sexuality. The conclusion is that the studied Brazilian science production on sexuality in the field of mental health is not centered on sexual and reproductive rights of MSP, while user sexual practices and the representations of professionals come to the fore in the analyses.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1224

Radiotherapy and treatment of cervical cancer – sexuality implications



A. Fornelos*, P. Macedo, S. Nunes, A. Figueiredo, M. Silva, M. Viseu

Centro Hospitalar Trás-os-Montes e Alto Douro, Psiquiatria e Saúde Mental, Vila Real, Portugal

* Corresponding author.

Introduction Cancer of the uterine cervix represents 10% of malignant tumors affecting women. Despite occupying fifth place in the global mortality rate it is described with the highest healing potential. One of the most used treatments is radiotherapy, which has a particularly significant impact on women's quality of life, especially in their sexuality. Biological and psychic factors are suggested as possible etiologies for sexual dysfunction situations. Changes in body image may arouse feelings of shame and low self-esteem. In what concerns biology, vaginal stenosis is referred as a cause of vaginism and vaginal bleeding, with consequent decrease in libido and pleasure.

Objective Describe the implications in the sexuality of women with cancer of the uterine cervix after radiotherapy.

Methods A literature search using the PubMed and Scielo databases of scientific articles published in the last 10 years.

Results In the literature, there are significant changes in sexual behavior in women with cervical cancer in the period after radiotherapy. A large percentage reveals sexual abstinence and an equally significant part presents sexual dysfunction caused by lack of lubrication, arousal and orgasm. Moreover, it is reported decreased libido and sexual pleasure, vaginal bleeding and vaginism. On the other hand, there is a small account of cases in which it is mentioned increase libido and pleasure.

Conclusion Despite the high probability of healing this disease, the patients' quality of life after advanced stages of radiotherapy, should be a source of concern, especially with regard to sexuality.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1225

Premature ejaculation – how to treat?



A. Fornelos*, P. Macedo, F. Veríssimo, M. Viseu

Centro Hospitalar Trás-os-Montes e Alto Douro, Psiquiatria e Saúde Mental, Vila Real, Portugal

* Corresponding author.

Introduction Premature ejaculation (PE) corresponds to “a persistent or recurring ejaculation pattern that occurs during sexual activity with a partner approximately 1 minute after vaginal penetration and before the person wishes to”. It affects 5–20% of men, having its origin in psychological factors and with important biological contribution. It is considered generalised, when not confined to certain patterns of stimulation, situations, or partners, or may be situational. It may occur soon after the onset of sexual activity (primary) or after a normal sexual functioning (acquired). Primary EP is associated with the hyposensitivity 5-HT_{2C} receptors and/or hypersensitivity 5-HT_{1A} receptors. High performance anxiety levels are related to acquired EP. Increasing this physiological knowledge has enabled significant advances in treatment.

Objective Approach the therapeutic options of EP and its peculiarities.

Methods Literature review of articles published in the last five years, using the PubMed and Scielo databases.

Results At present, the approaches include psychosexual counseling, behavioral and pharmacotherapy. Among the most

popular drugs, antidepressants stand out, particularly dapoxetine, the first medication specifically approved. Local anesthetics, phosphodiesterase-5 inhibitors and tramadol are also used. Acupuncture is suggested as a useful therapeutic, but needs more research.

Conclusion The behavioral therapies are referred to as first-line treatment in the long-term, associated or not with medication. Dapoxetine is the preferred symptomatic treatment. However, a holistic approach, including psychotherapy and sex therapy, is the most beneficial modality for sexual and marital relationship.

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EV1226

Sexual function in schizophrenia



D. Lin

Napa, CA, USA

Objective This study surveys patients with schizophrenia or schizoaffective disorder, to understand the relationship between sexual function and treatment with antipsychotic medication. The study compares patients on single versus multiple antipsychotics as well differences between first and second-generation agents.

Design and methods Patients diagnosed with schizophrenia or schizoaffective disorder are eligible. Once patients are evaluated to ensure they meet enrollment criteria and are consented, they are administered the Positive and Negative Syndrome Scale (PANSS), Abnormal Involuntary Movement Scale (AIMS), and either the International Index of Erectile Function for men, or the Female Sexual Function Index for women. Inclusion criteria include age 18–65, able to participate in a structured interview, fulfill DSM-IV criteria for Schizophrenia or Schizoaffective disorder, and on stable doses of one or more antipsychotic medications for at least six weeks. Exclusion criteria include patients taking Selective Serotonin Reuptake Inhibitors (SSRIs), and inability to provide informed consent.

Results Patients taking typical antipsychotic had marginally worse score on sexual function scale. Patients taking multiple antipsychotics scored better on the sexual function scales. Those on prolactin-sparing agents tended to rate sexual function as higher. Clozapine was associated with more sexual dysfunction compared to other antipsychotics. No trend noticed between PANSS scores and sexual dysfunction. No trend noticed related to AIMS scores.

Conclusions There is high prevalence of sexual dysfunction in schizophrenic patients. Prolactin-sparing agents are associated with less sexual dysfunction. There is an advantage to the use of atypical antipsychotics.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV1227

Sex addiction: Myth or reality



D. Lin

Napa, CA, USA

Objective Since the concept of sexual addiction was first introduced in the 1970's, two schools of thought have emerged amongst sexologists and mental health providers regarding whether hypersexual behavior should be characterized as an addiction, or if it is part of a co-existing psychiatric disorder. The objective of this study is to help clarify this debate.

Method A literature review was conducted to explore these opposing viewpoints. Articles published from the year 2000 to present relating to the topic of sex addiction, hypersexuality, sexual compulsivity/impulsivity were reviewed to determine whether or not hypersexual behavior can be characterized as an addiction or if it can only co-exist with a current psychiatric disorder.

Result The activities of sexual behavior are pleasurable due to the release of endorphins and enkephalins, and the receptors in the brain that bind these neuropeptides are the same ones that bind exogenous chemicals that produce the euphoric feelings described in addiction. Some proponents of sex addiction have even advised a 12-step treatment program because it is an addiction characterized by patterns of compulsive sexual behavior despite adverse consequences-relationship difficulties, neglect of work obligations and social/family responsibilities to pursue or participate in sexual behaviors, and excessive amounts of time seeking these opportunities.

Conclusion Despite standard and even increasing use of the term “sex addiction” in media and popular culture, mental health professionals remain divided in regards to this subject. The notion of hypersexual behavior as an addiction warrants further exploration, especially since how it is defined may dictate treatment modality.

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EV1228

Post menopausal women’s sexual satisfaction: Effect of oral capsule of mixed *Tribulus Terrestris*, *Zingiber Officinale*, *Crocus Sativus* and *Cinnamomum Verum*: A randomized controlled clinical trial



S. Taavoni (Ph.D.)^{1,*}, N. Nazem Ekbatani², S.A. Gooshegir³, H. Haghani⁴

¹ Iran University of Medical Sciences (IUMS) & Tehran University of Medical Sciences (TUMS), Research Institute for Islamic & Complementary Medicine (RICM), Faculty of Medicine, Tehran, Iran

² Tehran University of Medical Sciences, Nursing & Midwifery Faculty, Reproductive Group, Tehran, Iran

³ Iran University of Medical Sciences IUMS, Faculty of Medicine, Tehran, Iran

⁴ Iran University of Medical Sciences IUMS, Faculty of Management, Tehran, Iran

* Corresponding author.

Sexual satisfaction decreases during postmenopause life and may improve by various methods of complementary therapy such as use of herbal medicine.

Aim To assess the effect of oral capsule of mixed *Tribulus Terrestris*, *Zingiber Officinale*, *Crocus Sativus* and *Cinnamomum Verum* on postmenopausal women’s sexual satisfaction.

Methods In this triple blind randomized control clinical trial, 80 healthy volunteer postmenopause women with age 50–60 years old in one of clinics of west of Tehran had been involved (year 2013–2014). Participants were randomly assigned to intervention and placebo group and received one month same shape capsules two times in a day. Tools of this study had two main parts of personal characteristics and sexual satisfaction. All ethical points were considered and approved by Ethics committee of Research Institute for Islamic & Complementary Medicine (RICM, IUMS).

Results After a month intervention, there is significant increase in the mean score of sexual satisfaction between two groups ($P=0.01$), but when sexual satisfaction compared with pre-menopausal time in two groups, t -test results showed no significant difference ($P=0.16$).

Conclusions Use of oral capsule of mixed *Tribulus Terrestris*, *Zingiber Officinale*, *Crocus Sativus* and *Cinnamomum Verum* two times a day for a month could improve sexual satisfaction in postmenopausal women. Referring to no significant change with comparing premenopause time, it sounds they have same satisfaction as premenopause time. There were no side effects during study and one month follow-up. It is suggested to do same

research on sexual satisfaction and function with more month intervention.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1229

About an exhibitionism clinical case: Entity’s review and state of the art exposure



M.I. Varregoso^{1,*}, S. Coelho¹, G. Borges¹, R. Xavier²

¹ Hospital Garcia de Orta, Psychiatry, Almada, Portugal

² Hospital Santa Maria, Psychiatry, Lisboa, Portugal

* Corresponding author.

Introduction Exhibitionistic disorder may be present when there is sexual arousal from the exposure of one’s genitals to an unsuspecting and nonconsenting person. This disorder prevalence is unknown but we know it is highly unusual in females. It generally starts at adolescence and its course is likely to vary with age. There are temperamental and environmental risk factors.

Most of what we know about exhibitionistic disorder is largely based on research with individuals convicted for criminal acts involving genital exposure, and this may represent an important bias. From a clinical case of exhibitionism, the authors intend to review this type of paraphilia from an historical, conceptual and etiologic point of view.

Objective To review the concept behind this diagnosis and its evolution, the comprehensive theories that attempt to justify and frame it, as well as the type of intervention currently considered to be the state of the art.

Methods Patient’s observation and assessment, along with an extensive review of the relevant literature.

Conclusions Starting from a real clinical case, the authors present a general theoretical review on the subject.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Sleep disorders and stress

EV1230

Emerging treatments options for narcolepsy throughout a case



A. Alvarez Astorga*, L. Gallardo Borge, H. de la Red Gallego, A. Alonso Sánchez, S. Gómez Sánchez, C. Noval Canga, E. Mayor Toranzo, S. Cepedello Pérez, L. Rodriguez Andrés, T. Ballesta Casanova

HCU Valladolid, Psychiatry, Valladolid, Spain

* Corresponding author.

Background Narcolepsy is a neurological disorder characterized by disturbances in REM sleep. The symptoms that the patient could present are excessive daytime sleepiness, cataplexy, sleep paralysis, hypnagogic hallucinations and disrupted nocturnal sleep. Its etiology is unknown. Currently, there is established pharmacotherapy for symptomatic treatment, which are often unsatisfactory.

Objective Review of new treatments for narcolepsy based on recent advances about its ethiopathogenesis.

Method Seventy-five year-old female with a personal history of arterial hypertension and obstructive sleep apnea syndrome. The patient presented several episodes of abrupt muscular weakness, nightmares, sleep paralysis and excessive daytime sleepiness.

Diagnosed of narcolepsy and treated with methylphenidate immediate-release (IR) 10 mg, alprazolam 1 mg, and trazodone 100 mg with good response.

Results Due to persistent symptoms, treatment was modified to osmotic-release oral system (OROS) – methylphenidate resulting on a substantial weight loss (12 kg) and persistence of symptoms. Another methylphenidate preparations were unsuccessfully tested. Currently she continues treatment based on methylphenidate release-release and she improved significantly though she sometimes presented daytime sleepiness.

Discussion Recent studies have shown that a loss of the hypothalamic neuropeptide hypocretin causes Narcolepsy with cataplexy and that an autoimmune mechanism may be responsible for this loss (related to HLA DQB*0602). Pathophysiology of narcolepsy without cataplexy is less understood.

Although amphetamines and its derivatives are the mainstay of management, therapies that involve hypocretine seems to be hopeful (intranasal, peripheral or hypocretin cell transplantation). Monotherapy with GHB, H3 antagonist receptors, TRH analogs and immunotherapy are also being studied.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Further reading

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EV1231

Sleep quality among medical students

I. Gassara*, R. Ennaoui, N. Halwani, M. Turki, J. Aloulou, O. Amami

Hédi Chaker Hospital, Psychiatry, Sfax, Tunisia

* Corresponding author.



Introduction College students seem to be a population group that is increasingly recognized to be at risk of having sleep difficulties. Some studies revealed that medical students, in particular, are believed to be more stressed and sleep deprived than their non-medical peers.

Aim The present work aimed at investigating the quality of sleep among medical students at the University College of Medicine in Sfax, Tunisia.

Methods The study consisted of an anonymous, voluntary survey for a sample of 74 students. A two-part questionnaire was used, including demographic criteria and the Pittsburgh Sleep Quality Index (PSQI), a self-rated instrument that measures sleep habits for a month (a total score of 5 or greater is indicative of poor sleep quality).

Results The average age was 24 years (range 19–33) with a sex ratio almost equal to 1. In 47.3% of cases, students were married. These latter had at least one child in 34.2% of cases. A total of 39.4% of the students reported being smokers, while 25.6% of them admitted having regular alcohol consumption.

Poor sleep quality was reported by 63.5% of students with a PSQI average score of 9.32 ± 3.64 .

The most correlated factors with poor sleep quality were parenthood ($P=0.031$), alcohol consumption ($P=0.004$) and stressful studies ($P=0.02$).

Conclusion Poor sleep quality was pervasive among surveyed medical students and this seemed to be in relationship with some factors. This study points to the need for further evaluation of medical students' sleep problems in order to improve their performance and their quality of life as well.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1232

How much does depressive mood affect sleep for high school students?



S. Kim*, J. Park, H. Kim, T.K. Kim, Y. Min, J. Kim, J. Lee, J. Yang
Korea International High School KIS, Jeju, Bioscience research,
Seogwipo-si-Je-ju do, Republic of Korea

* Corresponding author.

Background This research examined gender variations in depressive mood for high school students affected by emotional upset and how such depressive mood affect their sleep quality.

Methods Research was conducted from September 2015 to October 2015. Both males and females were divided into normal group and depressive group by Zung Self-rating Depression Scale (ZSDS). Each group adopted the Pittsburgh Sleep Quality Index (PSQI) to measure sleep quality.

Results Analysis was made on a total of 155 students, which were 83 male students and 72 female. The average ZSDS for all high school students was 43.38 and the average PSQI was 5.39. The number of male students in the normal and depressive group who were diagnosed with sleep disorder were 2 (3.8%) and 9 (29.0%), respectively ($P<0.05$). But the number of female students in the normal and depressive group who were diagnosed with sleep disorder were 11 (32.4%) and 33 (86.8%), respectively ($P<0.05$). Both males and females shared a meaningful result over sleep latency, sleep disturbance, use of sleep medication, and daytime functional disturbance among 7 items of PSQI for sleep quality, and female students had a significantly meaningful result over sleep duration, habitual sleep effects ($P<0.05$).

Conclusion This research showed that sleep quality of all high school students was not too bad but it can be problematic for those with depressive mood. Especially, female students were diagnosed with sleep disorder more than male students.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1233

Studying the dreaming content in the patients with methadone maintenance therapy who were admitted to the drug rehabilitation centers in the city of Kerman in 2014



A. Mehdizadeh Zare Anari*, A. Ghaffari Nejad, A. Sabahi, D. Rashid Farokhi

Kerman university of medical sciences, Psychiatry, Kerman, Iran

* Corresponding author.

Introduction Drug addiction and relapse are a social destructive phenomenon. The identification of factors associated with relapse can help predict the relapse in the addicts. One of the important factors for the people's psychological dynamics analysis is the study of dreams.

Methods and materials This scientific-comparative study is cross-sectional. Among the addicts with methadone maintenance therapy and their relatives who have referred to the private addiction treatment centers and Shahid Beheshti Hospital in Kerman, in 2014, a random sample of 110 patients (55 patients treated with Methadone and 55 in control group) was selected and they answered to the Hall/Van de Castle test and questionnaire of demographic characteristics. Data analysis was performed by SPSS18 software.

Findings The patients with methadone maintenance therapy reported more non-verbal activities related to drug abuse and its related activities than the control group in their dreams ($P=0/001$). Patients with methadone maintenance therapy saw more unknown places in their dreams ($P=0/001$).

The patients without the relapse history saw the content of greater success in their dreams ($P=0/02$). The group with a history of relapse reported more non-verbal activity content including the drug abuse and its related activities in their dreams ($P=0/003$) and reported more drug-related recreational facilities such as Vafoor (a pipe for opium smoking) in their dreams ($P=0/03$).

Conclusion Our study showed that the frequency of non-verbal activities that is associated with the drug abuse and related issues reports a warning to relapse the drug abuse.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1234

Comparative effects of ziprasidone and quetiapine on sleep physiology measures in patients with major depressive disorder

A. Miljatovic

Clinical Hospital Center "Zvezdara", Psychiatric hospital, Belgrade, Serbia



Background Sleep complaints are reported in a large percentage of patients with major depressive disorder (MDD). While subjective complaints of insomnia (problems falling asleep, frequent awakenings during the night, early morning awakening or nonrestorative sleep) represent the most common form of sleep disorder, a subset of depressed patients report hypersomnia, typically associated with anergy, lethargy and fatigue. Quetiapine is an atypical antipsychotic approved for the treatment of schizophrenia, bipolar disorder and along with an antidepressant to treat major depressive disorder. Ziprasidone was the fifth atypical antipsychotic to gain approval (February 2001) in the United States.

Method Patients ($n=35$) received initial baseline polysomnography evaluations over 2 consecutive nights. Subjects were randomly assigned to either quetiapine (50–100 mg/day) or ziprasidone (60–100 mg/day) treatment. For an 8 week double-blind, double-dummy treatment trial.

Enrolled patients were required to meet the following criteria: 19–67 years of age with a DSM-IV diagnosis of MDD based on a semistructured clinical interview, a score of ≥ 18 on the 21 item Hamilton Rating scale for depression, and a score of >4 on the 3-HAM-D sleep items. Single-night polysomnograms were conducted at weeks 1, 2, and 8 with depression ratings assessed at baseline and weeks 1, 2, 3, 4, 6 and 8.

Conclusion In particular, the prominent effects of quetiapine in shortening sleep latency and increasing total sleep time suggest that this medicament compound may be of particular benefit in the treatment of depression associated with prominent insomnia. The present findings demonstrating beneficial effects of quetiapine on sleep physiology parameters in MDD patients with insomnia. . .

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV1235

Recurrent hypersomnia: Kleine-Levin syndrome

L. Rodríguez Andrés*, A. Rodríguez Campos, L. Gallardo Borge, G. Isidro García, E. Mayor Toranzo

Hospital Clínico Universitario de Valladolid, Psychiatry, Valladolid, Spain

* Corresponding author.

Introduction Kleine-Levin syndrome was first described by Kleine in 1925 and elaborated on by Levi in 1936. It is an infrequent



syndrome that predominantly affects teenagers, and boys are four times more likely to be affected than girls. It is rare for patients over 30 years although some cases have been reported. Kleine-Levin syndrome is a recurrent hypersomnia characterized by episodes of hypersomnia lasting for 2 days to 4 weeks associated with symptoms of hyperphagia, hypersexuality and cognitive impairment. It can be accompanied by other abnormal behavior such as aggression, personality changes and irritability. Deficits are resolved between episodes.

Case report It is presented the case report of a patient that suffers from recurrent episodes of hypersomnia associated with hyperphagia and abnormal behavior.

Electroencephalography EEG demonstrates slowing of drowsiness and a decrease in REM sleep. The test of multiple sleep latency is abnormal and the rest of complementary test are normal.

Diagnosis F51.1 Recurrent hypersomnia (Kleine-Levin syndrome) [307.44].

Discussion Kleine-Levin syndrome is an intriguing, severe and homogenous disease with no obvious cause or treatment. Treatment is generally supportive. It should be considered in any teenager presenting with recurrent episodes of hypersomnia concurrent with cognitive changes or disinhibition.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1236

The relation between sleep quality and mental health in students of Kashan University of Medical Sciences

Z. Sepehrmanesh

Kashan University of Medical Sciences, Kashan, Iran



Introduction Sleep is one of the most essential biological cycles, which have complex pattern. Sleep disorders have adverse effect on social performance and mental health. Prevalence of sleep disorders is increasing specially in young adult. Some groups like University students have more sleep disorders. This study investigates relation between mental health and sleep quality in the students.

Methods This case-control study was conducted on dormitory students of Kashan University of Medical Science from 2013 to 2014. Two hundred students were selected by randomized sampling that included 100 cases (50%) with sleep disorder and 100 cases without sleep disorder. Three questionnaires were used, include: demographic variables, Pittsburgh and GHQ questionnaires.

Results The mean age of students with sleep disorder and without sleep disorder was 22.61 and 22.35, respectively, which have not significant difference. There was a significant relation between general mental health, physical symptoms, anxiety and depression scales with sleep quality ($P<0.01$). GHQ score was 31.52 in cases with sleep disorder and 18.49 in cases without sleep disorder. Thirty-five percent of students with sleep disorder and 7% of students without sleep disorder had suicidal thoughts. Suicidal attempt ideas were 32% and 7% in people with sleep disorder and without sleep disorder, respectively. There was significance relation between sleep disorder and suicidal thought and attempt (P value <0.001).

Conclusion Sleep quality have important role on different aspects of mental health. Attention to improve sleep quality of dormitory students is necessary for better mental health. Education about sleep hygiene have essential role to improve mental health for University students in dormitories.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV1237

Quality of sleep in a sample of Egyptian medical students



M. Elwasify^{1,*}, R. Farag (Sixth year Medical Student)², D. Barakat³, M. Fawzy⁴, A. Abozeid⁴, M. Elwasify¹, I. Rashed¹, D.N. Radwan³

¹ Mansoura Faculty of medicine, Psychiatry Center, Mansoura, Egypt

² Mansoura Faculty of medicine, Mansoura, Egypt

³ Ain Shams University, Psychiatry Center, Cairo, Egypt

⁴ Psychiatry Center, Assiut, Egypt

* Corresponding author.

Background In the last few years, there has been a growing attention to sleep and related disorders. Numerous studies conducted within the past decade have analyzed the deleterious effects of sleep deprivation on medical students and medical staff in various specialties, but only few studies have been conducted in the Middle East.

Aim of the study This study intends to explore the quality of sleep in different academic classes of medical undergraduate students of two Egyptian Universities.

Subject and methods This is a cross-sectional, questionnaire based, observational study carried out during the period of April to June, 2015 among 1182 undergraduate medical students enrolled at Assiut and Mansoura Universities, Egypt.

The data were gathered using socio-demographic questionnaire and Pittsburgh Sleep Quality Index (PSQI) and were analyzed using SPSS software.

Results Mean PSQI score was 6.01 (SD = 2.73), according to PSQI interpretation 46.7% of subjects had good sleep quality and 53.3% had poor sleep quality. Poor sleep quality was mostly prevalent among early years of medical education, caffeine consumers, cigarette smokers, students with fair academic achievement, those with fairly bad and very bad subjective sleep quality, sleep latency above 30 minutes, sleep duration less than 7 hours, fairly bad and very bad daytime functioning, those taking sleep medications, those with sleep disturbance, and sleep efficiency below 85%.

Conclusion Poor sleep quality is highly prevalent in the medical students in Egypt.

Keywords Sleep quality; Medicine students; Pittsburgh Sleep Quality Index

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Suicidology and suicide prevention

EV1238

Depression and suicide ideation in medical students



A. Alonso Sanchez, A. Alvarez Astorga, H. De la Red Gallego*, R. Hernandez Antón, S. Gómez Sanchez, C. Noval Canga, I. Sevillano Benitez, G. Isidro García, M. Hernandez García, F. De Uribe Ladrón de Cegama

HCU Valladolid, Psychiatry, Valladolid, Spain

* Corresponding author.

Background Medical students have higher levels of depressive symptoms than the general population. Additionally, depressed students are more likely to commit suicide. Recent studies find up to 10% of medical students experience depression and suicidal

ideation, which is meaningfully higher than general population of similar age (5–8%). However, little is known about depression and suicidal ideation in medical students in Spain.

Objective This study aims to create a self-administered questionnaire to investigate the prevalence and factors involved in depression and suicidal behaviour in medical students from a Spanish University.

Methods We evaluated the main risk factors leading to suicide in students. In addition, we selected an appropriate scale to assess depression among the existing ones. The evaluated items included demographic reports, academic information (academic course, unfinished subjects and accomplishment) and sanitary data (psychiatric family history, psychiatric personal history, psychotropic drug consumption, distress emotional events in the last twelve months and drugs consumption). Furthermore, we selected the 9-item Patient Health Questionnaire (PHQ-9) because of its rapid implementation and proven efficacy.

Conclusions Rates of depression and suicidal ideation are high in medical students. Currently, there is no program to detect and prevent depression neither suicide in students. For that reason, we consider that creating a new instrument to evaluate mental health in student is useful in order to offer early detection and treatment at medical school.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Further reading

Tan Siew T, Sherina Mohd S, Lekhraj Rampal P. Prevalence and predictors of suicidality among medical students in a public university. *Med J Malaysia* 2015;7(1).

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EV1239

Description of the autolitic acts attended in a mental health unit in 2014



A.M. Alvarez Montoya^{1,*}, C. Diago Labrador², T. Ruano Hernandez³

¹ Algeciras, Spain

² Clinica Privada, Psiquiatria, Algeciras, Spain

³ Clinica Privada, Psicologia Clinica, Malaga, Spain

* Corresponding author.

Objective The objective of the study is the analysis and the description of patients who committed autolitic acts and were attended in a mental health hospital unit in 2014.

Method We analyze the patient registry for the attended emergencies in our mental health hospital unit, extracting the following variables: gender distribution, age range, type of method applied in the attempt and diagnosis based on DSM-IV TR.

Results The study reveals a larger share of autolitic acts in the feminine population between 14 and 69 years old. A total of 31 patients needed to be attended in an emergency hospital unit (11.74%). The most common method is the medical substance abuse (23 patients, 74.19% from the admitted patients in our Mental Health Hospitalary Unit). The diagnoses in order of frequency were: affective disorders (13 patients, 41.93%), personality disorders (8 patients, 25.80%), adaptive disorders (7 patients, 22.58%) and psychotic disorders (3 patients, 9.68%).

Conclusion Our population-based sample confirms the epidemiologic data found in the consulted literature as well as in other population groups.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1240

Multimodal validation of facial expression detection software for real-time monitoring of affect in patients with suicidal intent



F. Amico^{1,*}, G. Healy², M. Arvaneh³, D. Kearney⁴, E. Mohedano², D. Roddy¹, J. Yek¹, A. Smeaton², J. Brophy¹

¹ Newcastle Hospital, Psychiatry, Newcastle, Ireland

² Dublin City University, The Insight Centre for Data Analytics, Dublin, Ireland

³ The University of Sheffield, Department of Automatic Control and Systems Engineering, Sheffield, United Kingdom

⁴ University of Maynooth, Biomedical Engineering Research Group, Maynooth, Ireland

* Corresponding author.

Facial expression is an independent and objective marker of affect. Basic emotions (fear, sadness, joy, anger, disgust and surprise) have been shown to be universal across human cultures. Techniques such as the Facial Action Coding System can capture emotion with good reliability. Such techniques visually process the changes in different assemblies of facial muscles that produce the facial expression of affect.

Recent groundbreaking advances in computing and facial expression analysis software now allow real-time and objective measurement of emotional states. In particular, a recently developed software package and equipment, the Imotion Attention Tool™, allows capturing information on discreet emotional states based on facial expressions while a subject is participating in a behavioural task.

Extending preliminary work by further experimentation and analysis, the present findings suggests a link between facial affect data to already established peripheral arousal measures such as event related potentials (ERP), heart rate variability (HRV) and galvanic skin response (GSR) using disruptively innovative, noninvasive and clinically applicable technology in patients reporting suicidal ideation and intent compared to controls. Our results hold promise for the establishment of a computerized diagnostic battery that can be utilized by clinicians to improve the evaluation of suicide risk.

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EV1241

Availability and accessibility of medications and toxic substances and suicidal behavior



M. Arsenyan^{1,2,*}, S. Sukiasyan³, T. Hovhannisyanyan (Member)⁴

¹ "St. Grigor Lusavorich" MC, Republican Child Psychiatric Department, Yerevan, Armenia

² Yerevan State Medical University Hospital "Muratsan", Toxicology Center, Yerevan, Armenia

³ "Artmed" MRC, Department of Mental Health "Stress", Yerevan, Armenia

⁴ Armenian Psychiatric Association, Yerevan, Armenia

* Corresponding author.

Introduction Scientific research indicates that accessibility of suicide means has a significant influence on the choice of method. Since the choice of suicide method largely depends on availability of suicide means, the lethality of method at hand plays a crucial role in a period of suicidal crisis.

Aims We aimed to reveal the associations between accessibility and availability of medications and toxic substances and suicidal behavior of teenage girls in Armenia.

Objective Our objectives were to determine whether accessibility and availability of medications and toxic substances have any impact on development of suicidal behavior among teenage girls in Armenia and whether toxicity and quantity of medications and toxic substances at hand or purchased by attempters are associated with severity of outcome.

Methods A qualitative analysis of patient histories of 26 teenage girls, hospitalized in the ICU, Toxicology Center "Muratsan", Yerevan, RA, diagnosed as having acute deliberate self-poisoning was performed.

Results In majority of cases, conflict situation preceded suicidal behavior and decision on attempting suicide was impulsive. Being emotionally distressed teenage girls reached for medications and toxic substances readily available in the household or bought medications from a pharmacy.

Conclusion The vast majority of teenage girls attempted suicide by medications and toxic substances at hand. Admittedly, both, type of medication and quantity of pills or amount of toxic substances utilized, affected the severity of outcome. Hence, the availability and accessibility of medications and toxic substances played a crucial role in development of suicidal behavior and severity of outcome.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1242

Mental health and suicidal risk in lesbian, gay and bisexual population



P. Azevedo*, J. Vitória, A. Norton

Magalhães Lemos Hospital, Inpatient Unit C, Porto, Portugal

* Corresponding author.

Introduction Nowadays, the lesbian, gay and bisexual (LGB) community still suffers from prejudice and social stigma, including from medical professionals.

Thus, it is urgent to draw attention to this population since these individuals have an increased risk of mental disorders, substance abuse and dependence, suicidal ideation and suicide attempt or complete suicide.

Aims To underline the prevalence of mental disorders and increased suicide risk in the LGB population.

Objectives To summarize the latest literature about this field.

Methods A brief review of the latest literature was performed on PubMed using the keywords "mental health", "suicidal risk", "LGB population".

Results LGB individuals appear to be at increased risk of mental disorders and suicidal behavior than heterosexuals. According to Meyer, they are exposed to what is called the minority stress: proximal, depending on the subject and related to fear of rejection and internalized homophobia and distal, regardless of the individual including prejudice, social stress, social exclusion (including their own families) and violence.

The odds of attempting suicide are approximately 2 to 7 times higher for lesbians, gay men and bisexuals (LGBs) than for heterosexuals.

Conclusions Minority stress related to prejudice and stigma against LGB people has a significant risk that can be related to suicide ideation and attempt.

The higher rate of many psychiatric conditions noted in this community underscores the need for clinicians to provide nonjudgmental care and approachable environment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1243

Relationship of suicide ideation with depression and hopelessness

R. Alsalmán*, B. Alansari

Kuwait University, Department of Psychology, Kuwait, Kuwait

* Corresponding author.

Introduction The association between suicide ideation, depression, and hopelessness is relatively ignored in the literature of the Arab World, particularly using suicide ideation, Beck Depression, and hopelessness inventories.

Objective The specific research questions related to this model are as follows: does the relationship between suicide ideation, depression, and hopelessness, postulate the latent factor?

Methods The participants were 200 girls, first year Kuwait University students. The mean age (18.18 ± 0.38) and BMI (23.50 ± 4.85). The Arabic versions of the Beck Scale for Suicide Ideation (BSI), Beck Depression Inventory-II (BDI-II), the Beck Hopelessness Scale (BHS), and demographic surveys were administered to participants in the class. All participants read and signed a consent form before test administration. The correlation matrices, exploratory factor analysis, and reliability analysis are used in this study.

Results Internal consistency of scores were satisfactory for the BSI, BDI-II, & BHS inventories respectively (Cronbach's alpha = .91, .89, .85). A correlation of ($r = .53$) between the BSI and BDI-II and ($r = .43$) with BHS. Meanwhile, a correlation of ($r = .58$) between BDI-II & BHS. A principal-axis factor analysis with oblique rotation suggested one factor accounting for 67.73% of the common variance.

Conclusion This trend indicates there is a strong relationship of suicide ideation with depression and hopelessness. The results of the present study suggest that targeting depression may be as important in adolescents as in adults to reduce suicidal ideation and prevent suicidal attempts.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1244

Gender differences in suicide ideation among college students in Kuwait

R. Alsalmán

Kuwait University, Department of Psychology, Kuwait, Kuwait

Introduction The Beck Scale for Suicide ideation (BSS) has consistently been regarded as a strong tool for measuring cognitive and somatic aspects of suicide ideation symptomatology in both clinical and non-clinical population. There is no study until this date that examines the BSS within Kuwaiti College students.

Objective The present study aims at identifying impact of gender (male/female) on suicide ideation.

Methods The sample was consisted of (584) undergraduates students (284 of males and 300 females). The study applies Beck Scale for Suicide ideation (BSS) and suicide Ideation Questionnaire (SIQ). **Results** Table 1 descriptive statistics for two standardized self-report measures means and standard deviations for these measures were within the expected ranges for college samples. The mean (BSS) score was 5.2 for males and 7.0 for females. The mean (SIQ) score was 11.3 for males and 13.7 for females.

Conclusion BSS revealed significant gender differences in score indicated that females obtained higher scores than males on suicide Ideation although the magnitude of the difference was small.

Table not available.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV1245

The influence of the Foehn wind (Halny) on the occurrence of suicide in the Tatra Mountains, 1999–2014I. Koszewska¹, E. Walawender², A. Baran^{3,*}, J. Zieliński⁴, Z. Ustrnul⁵¹ Cumulus Foundation, Cumulus Foundation, Warsaw, Poland² Jagiellonian University, Department of Climatology, Cracow, Poland³ Mid-Sweden Network of Suicide Prevention, Mid-Sweden Network of Suicide Prevention, Nyköping, Sweden⁴ Medical University of Warsaw, Department of Biophysics and Human Physiology, Warsaw, Poland⁵ Institute of Meteorology and Water Management, Institute of Meteorology and Water Management, Cracow, Poland

* Corresponding author.

Introduction In the dawn of increasing interest in climate changes, including extreme weather events, e.g. the Foehn winds, and their influence on public health, it is of great importance to understand their role in suicide.

Objectives The association between suicides in the Tatra Mountains, Poland from 1999 to 2014 and the Foehn wind (called Halny in this region) was examined. The belief that suicides are affected by Halny seems to be firmly rooted in local language and culture.

Aims The purpose of the study was to assess the Halny wind as a suicide risk factor.

Method Data concerning all suicides in the region were included. Meteorological data were derived every three hours during the period of the study. Halny was defined as a complex of interacting meteorological conditions. The two days preceding and following the wind were recognized as the period of the Foehn influence (FI). The probability of suicide in the presence of Halny and during the FI period was calculated.

Results From 1st January 1999 to 31 December 2014 (5844 days), 210 consecutive suicides were registered. The number of suicides in men was markedly higher than in women. Halny did not change the overall probability of suicide. However, the presence of Halny modified the suicide risk according to the season ($P = 0.00095$, two-way ANOVA test). The FI periods appeared to increase suicide risk in summer and autumn.

Conclusion Halny may contribute to the increased suicide risk in summer and autumn. It should be taken into account in suicide preventive interventions in this region.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1246

In a period of economical crisis who is at risk for attempted suicide?I. Coppola^{1,*}, D. Marangon², C. Gramaglia¹, C. Delicato¹, S. Di Marco¹, E. Gattoni¹, A. Venesia¹, G.C. Avanzi³, L. Castello³, F. Bert⁴, M.R. Gualano⁴, R. Siliquini⁴, E. Torre¹, P. Zeppego¹¹ Università del Piemonte Orientale, Translational Medicine, Novara, Italy² SC Psichiatria, AOU Maggiore della Carità, Translational Medicine, Novara, Italy³ Emergency Medicine, Università del Piemonte Orientale, Translational Medicine, Novara, Italy⁴ Università degli Studi di Torino, Public Health and Paediatric Sciences, Torino, Italy

* Corresponding author.

Introduction According to Durkheim's theory, suicide attempts increase during periods of rapid economic changes and decrease again when stability is achieved, due to the social integration in the community guaranteed by occupational status. Since 2009 in Europe, it was observed an increase in the suicide rates, in line

with the increase of unemployment. Although unemployment is considered a risk factor for suicide, it was observed a noticeable increase in suicide rates among Italian employed men during the last years, probably related to the specific economic scenario and to emerging difficulties in keeping an income to adequately maintain one's own family standard of living.

Aim To study attempted suicides with a specific focus and attention on the current Italian economic scenario.

Methods Determinants of emergency room visits for psychiatric reasons in patients aged > 16 years were studied prospectively from 2008 to 2015 at the AOU Maggiore della Carità Hospital, Novara, Italy. Each patient was assessed by an experienced psychiatrist with a clinical interview and socio-demographic and clinical features were gathered. Statistical significance was set at $P \leq 0.05$.

Results Preliminary results suggest an increase in suicide attempts according to the rise of the unemployment rate in Novara. Although in absolute figures most attempters are unemployed, it seems that suicide attempts are more frequent in the group of employed subjects, which includes also people under redundancy fund. This subgroup may be considered halfway between employed and unemployed attempters.

Conclusions Data collection and statistical analyses are still ongoing. Implications for clinical practice will be discussed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1247

Dermal reactivity and resilience in a sample of depressed patients

I. Coppola^{1,*}, E. Gattoni¹, C. Gramaglia¹, S. Di Marco¹, C. Delicato¹, D. Marangon², A. Feggi¹, M. Martelli¹, C. Guerriero¹, L.H. Thorell³, M. Sarchiapone⁴, E. Torre¹, P. Zeppego¹

¹ Università del Piemonte Orientale, Translational Medicine, Novara, Italy

² SC Psichiatria, AOU Maggiore della Carità, Translational Medicine, Novara, Italy

³ Linköping University and Emotra AB, Clinical and Experimental Medicine, Svedalen, Sweden

⁴ Università del Molise, Medicine and Health Science, Campobasso, Italy

* Corresponding author.

Background Mental disorders are considered a risk factor for suicide: for example, the lifetime risk of suicide is estimated to be 4%–8% in people with mood disorders. The literature suggests that a history of suicide attempts is significantly related to electrodermal hyporeactivity and that patients with violent suicide attempters exhibit faster habituation of the electrodermal response to repeated neutral tones than patients with non-violent attempts. The impact of depressive symptoms on suicidal ideation may be moderated by resilience. Resilience refers to the ability to maintain or regain mental health despite experiencing adversity. In bipolar and depressive disorders, resilience may influence severity of episodes, frequency of relapse and response to treatment.

Aim The objective of our study was to assess the possible correlation among attempted suicide, resilience and dermal reactivity in a sample of depressed patients.

Methods We recruited patients with depressive disorders and bipolar depression; data about socio-demographic, clinical features, severity of attempted suicide and suicidal risk were gathered. Patients filled in the Resilience Scale for Adult (RSA). Moreover, for each patient we performed the Edor test in order to assess dermal reactivity.

Results Data collection is still ongoing. We expect to find lower levels of resilience in those patients who are hyporeactive and attempted suicide. Moreover, we hypothesize that suicide attempts

in the group of hyporeactive patients would be characterized by planning and greater severity. Clinical implications will be discussed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1248

How does someone who weighs so little feel like a burden to everyone?

F. Coutinho*, I. Brandão, E. Pereira

Centro Hospitalar de São João, Clínica de Psiquiatria e Saúde Mental, Porto, Portugal

* Corresponding author.

Introduction Anorexia nervosa (AN) is one of the most lethal psychiatric disorders, which is explained partially by starvation related health problems, but also because of high suicide rates. One of the proposed theories to explain a suicide attempt is the interpersonal theory of suicide (IPTS), with its three essential variables: feelings of thwarted belongingness, perceived burdensomeness and the acquired capacity for suicide.

Objective To review the literature about suicidality in AN and to present a case report of a patient with restrictive AN who has committed suicide.

Methods To review of the literature using the database Medline, through PubMed, with the keywords “anorexia nervosa”, “eating disorders” and “suicide”.

Results Suicide attempts and completed suicide are highly prevalent among patients with AN, and some authors suggest that 20–40% of deaths in AN are due to suicide. Recently, the IPTS has been proposed as a mean to explain increased suicidality in AN patients.

Conclusion We present a case report about a patient with a long standing AN who has committed suicide after leaving a goodbye note describing strong feelings of perceived burdensomeness directed to her family. It is of utmost importance to continue the study about the phenomenon of suicide in AN to be able to prevent this tragic outcome.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1249

Psychiatric consultations in the emergency room: Focus on suicide attempters with and without longitudinal psychiatric disorders

C. Delicato*, S. Di Marco, E. Gattoni, I. Coppola, A. Venesia, D. Marangon, G. Avanzi, L.M. Castello, C. Gramaglia, P. Zeppego

Università degli Studi del Piemonte Orientale “A. Avogadro”, Translational Medicine, Novara, Italy

* Corresponding author.

Introduction The role of mental illness in the pathway leading to suicide is widely discussed in the literature. Nonetheless, the debate about this issue is open, both from a clinical and philosophical point of view.

Aims The purpose of the present study was to compare suicide attempters with and without a history of psychiatric disorder, in order to highlight the possible differences between the two groups, with a specific focus on intent to die and methods of the attempt.

Methods Data from all ER referrals undergoing a psychiatric consultation in the period 2008–2015 at the Maggiore della Carità Hospital, Novara, Italy, were gathered. Comparison of qualitative

data was performed by means of the Chi² test. Statistical significance was set at $P \leq 0.05$.

Results We have already gathered data from more than 2000 ER psychiatric consultations, including 495 suicide attempters. Preliminary results suggest that these kinds of behaviours are more common in subjects without psychiatric disorders but with clinical history of previous contact with mental health services and in psychopharmacological therapy. Reasons for self-harming are associated with relational problems rather than psychiatric symptoms. Among Axis II diagnoses, almost half of cases are affected by histrionic personality disorder.

Conclusions The results described above should be considered as preliminary, as data collection and statistical analyses are still ongoing. Anyway, the observed correlation between previous contact with mental health services, socio-relational issues and suicide attempt, and the significant frequency of attempts in histrionic personality disorders seem to be particularly interesting. Implications will be discussed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1250

Alcohol and substances acute intoxication in a population of suicide attempters



S. Di Marco^{1,*}, I. Coppola¹, C. Delicato¹, E. Gattoni¹, A. Venesia¹, D. Marangon², G.C. Avanzi³, L. Castello³, C. Gramaglia¹, E. Torre¹, P. Zeppegnò¹

¹ SC Psichiatria, UPO, Università degli Studi del Piemonte Orientale, Translational Medicine, Novara, Italy

² SC Psichiatria, AOU, Maggiore della Carità, Translational Medicine, Novara, Italy

³ SC Medicina d'Urgenza, UPO, Università degli Studi del Piemonte Orientale, Dipartimento di Medicina Clinica e Sperimentale, Novara, Italy

* Corresponding author.

Introduction The effects of psychotropic drugs and alcohol acute intoxication are important risk factors for attempted suicide among individuals with and without substance use disorder (SUD).

Aims The first aim of this study is describing the socio-demographic features and clinical history of subjects who were acutely intoxicated when attempting suicide. The second aim is to compare their features with those of subjects without acute alcohol and substances intoxication at suicide attempt time.

Methods Determinants of ER psychiatric consultations were studied prospectively during the period 2008–2014 at the “Maggiore della Carità” Hospital in Novara, Italy. For each patient, a data sheet was filled in by experienced psychiatrists, in order to gather demographic features, psychiatric history and present clinical issues like blood and urine dosage of amphetamine and methamphetamine, cannabinoid, cocaine and alcohol. Comparison of qualitative data was performed by means of the Chi² test. Statistical significance was set at $P \leq 0.05$.

Results We collected a sample of 495 suicide attempters who referred to our ER. Statistical analysis of demographic and clinical data is still ongoing.

Conclusions Preliminary results point out that acute alcohol and drugs intoxication at suicide attempt time is much more frequent in subjects without a SUD. Implications will be discussed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1251

Suicide attempt in alcohol use disorder and Wernicke encephalopathy: A case report



L. Espinosa*, A. Fortea, G. Oriolo, M. Balcels, C. Oliveras
Hospital Clinic, Psychiatry, Barcelona, Spain

* Corresponding author.

Background The relation between alcohol dependence and suicidal behavior is well known and alcohol consumption is a risk factor to take in consideration in order to prevent suicidal attempts. Wernicke encephalopathy (WE) is a common acute neurological disorder caused by thiamine deficiency frequently associated with alcohol use disorder and often infra-diagnosed. Just few cases are reported about the possible correlation between suicidal behaviour and Wernicke encephalopathy.

Objective To describe the possible association between suicidal attempts and Wernicke encephalopathy.

Methods We report the case of a 57 year old man, with past diagnosis of dysthymia and amphetamine abuse disorder, and a history of bariatric surgery, who was hospitalized in the intensive care unit (ICU) of hospital clinic for a suicidal attempt by mean of metro railway precipitation. He presented two episodes of psychomotor agitation in the context of an abstinence syndrome that reverted with midazolam continuous perfusion and clonazepam 8 mg per day. Consequently to medical improvement, he was moved to Psychiatry Unit of Addictive Behavior and finally diagnosed with alcohol use disorder.

Results In the physical exam, bilateral nystagmus and cerebellar ataxia were observed. Signs of malnutrition were detected in the blood analysis. In a brain magnetic resonance image, volume deficits in the mammillary bodies, thalamus, cortex and corpus callosum, as well as peri-aqueductal altered signal were observed, all signs compatible with Wernicke encephalopathy diagnoses.

Conclusions Wernicke encephalopathy is a frequent concomitant condition in patients with alcohol use disorder. The consequent cognitive decline could represent an independent added risk factor for suicidal behavior.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1252

Forecasting of suicides rate in Russia using time series analysis



Y. Razvodovsky

Grodno State Medical University, Pathological Physiology, Grodno, Belarus

Introduction Mortality forecasting has gained in importance in recent decades. Time series methods are commonly used for long-term mortality forecasting since these methods have the advantage of being stochastic. The difficulty of suicides forecasting is related to the fact that suicide is influenced by a large number of factors, which can be hardly predicted for the long-term future.

Objectives This paper tests the possibility of forecasting the suicides rate in Russia using the analysis of time series data from 1956 to 2010.

Methods Time series analytical modeling techniques autoregressive integrated moving average (ARIMA) were used to forecast the suicides rate in Russia. The data on age-adjusted sex-specific suicides mortality rates per 1,000,000 of the population are taken from the Russian State Statistical Committee (Rosstat).

Results The two time series were well accounted for by a first-order differencing procedure and the specification of a first-order moving average parameter. The results suggest a declining trend in suicides mortality for both sexes.

Conclusions This study is the first attempt to forecast suicides rate in Russia. This study highlighted the limitations associated with forecasting of suicides using extrapolation of time series. Adoption of new anti-alcohol initiatives in 2006 appeared as an intervention which effected the trends in suicides mortality. This suggests that different kinds of social interventions hamper reliable forecasting of suicides rate.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV1253

Developing interventions for prevention of self-harm for British South Asian women: A qualitative study



N. Husain¹, F. Lunat^{2,*}, N. Gire³, S. Bin Bilal Hafi⁴, M.I. Husain⁵, T. Walker⁶, A. Syed², N. Chaudhry¹

¹ University of Manchester, Institute of Brain-Behaviour and Mental Health, Manchester, United Kingdom

² Lancashire Care NHS Foundation Trust, Research and Innovation, Preston, United Kingdom

³ University of Central Lancashire, School of Health, Preston, United Kingdom

⁴ Greater Manchester West NHS Mental Health Foundation Trust, Psychiatry, Manchester, United Kingdom

⁵ Camden and Islington NHS Foundation Trust, Psychiatry, London, United Kingdom

⁶ Manchester Metropolitan University, Mental Health, Manchester, United Kingdom

* Corresponding author.

Introduction It has been estimated that the global burden of suicide is a million deaths per year (WHO, 2014). Rates of self-harm in British South Asian (BSA) women are higher compared to their white counterparts. Limited evidence is available on effective preventative strategies and culturally sensitive interventions for these patients.

Objective To understand common perceptions about self-harm, identify any barriers to accessing services and service improvement recommendations including appropriate interventions for BSA women.

Aim To examine the views of health professionals on the culturally adapted problem solving therapy (C-MAP) in BSA women.

Methods The design was a qualitative study using focus group discussion. This is part of a larger exploratory trial, to test a culturally adapted problem solving therapy (C-MAP) in British South Asian women who have a history of self-harm (Husain et al., 2011). Three focus groups were held with Asian lay members of the community, health professionals and service users. The data was analysed using a manual content analysis and indexing technique.

Results Results showed lack of identification of self-harm by health professionals. Common self-harm methods reported were serious overdoses, use of household chemicals, burning and cutting. Lack of trust in GPs was one common reason for non-disclosure of self-harm behaviour. Need for increased awareness, working along with local Imams, better cultural sensitivity among health professionals and non-judgmental support were some solutions offered to address these barriers.

Conclusion The results of this study have provided insight into developing strategies to prevent and manage self-harm in British South Asian women.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1254

Suicide risk assessment and early recognition of risk factors



V. Fricchione Parise*, L. Addeo, G. Balletta

Mental Health Centre Avellino, ASL Avellino, Avellino, Italy

* Corresponding author.

Suicide is a common cause of death in people with mental health problems. No specific patient stereotype nor single risk factor can be used to easily identify which person or patient will attempt suicide. Mental health professionals often have to assess or manage suicide risk and this is challenging by reason of accurate methods of predicting remain elusive. Presence of multiple risk factors often suggest the need for additional evaluation for suicidal ideation, but an impending suicide attempt is not always recognized, even after evaluation by healthcare provider. More half of suicidals have seen a psychiatrist or psychologist or other healthcare provider within one month beforehand. The presentation of possible warning signs can be subtle and experience is required. Service provision for suicidal patients is often substandard, particularly at times of highest need such as after discharge from hospital or emergency department. As many as 75% or more of people who die by suicide have a diagnosable mental health disorder at the time of their death. The most common are bipolar disorder and schizophrenia over major depression. Between 25% and 50% of bipolar patients will attempt suicide at least once, and 5% to 20% will die by suicide. In schizophrenia diagnosis, 20% to 40% of patients will attempt suicide and more than 10% will die by suicide. Additional risk factors: alcohol misuse, family history, illegal substance use. The way in which suicide is broached and discussed with patient plays a significant role. Here, a focus on clinical management of suicide risk.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1255

Suicide attempts related to homelessness in patients with personality disorder



P. García González*, R. Huerta-Ramírez, A. Capllonch Carrión, A. Molina Serrano

Complejo Asistencial Benito Menni, Unidad Hospitalización Breve, Ciempozuelos, Madrid, Spain

* Corresponding author.

Suicide is among the main causes of death in homeless population. In some samples, up to 34% of homeless adults have attempted suicide and psychiatric diagnoses are related to a higher rate of suicidality.

We report here two cases of suicide attempt related to a situation of homelessness. The first case is a young male who was a squatter after being kicked out of the family home, ended up homeless and made a suicide attempt. The second case is a middle-aged female with poor relationship with her family, who was unemployed and ended up penniless. She made a suicide attempt after being unable to pay for the hostel where she stayed. Both were admitted to our Psychiatry Hospitalization Unit, had a previous diagnosis of mixed personality disorder and related clearly the suicide attempt with their social situation.

We review related literature regarding the relationship between homelessness and suicide attempts. Psychosocial factors have a strong relationship with suicide ideation and attempts, specially in patients with personality disorders. Ensuring a place to live is an important part of the stabilization of these patients, so mental health professionals should always take into account this issue when it appears in one of our patients. To this day, it is difficult to

address this problem from our mental health system so it is important to have a good coordination with social services and improve the resources we have to tackle this problem.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1256

Who are the suicide reattempters?

E. Gattoni^{1,*}, C. Gramaglia¹, C. Delicato¹,
S. Di Marco¹, I. Coppola¹, A. Venesia¹, D. Marangon²,
M.L. Castello¹, G.C. Avanzi¹, E. Torre¹, P. Zeppegno¹

¹ Università del Piemonte Orientale, Translational medicine, Novara, Italy

² AOU "Maggiore della Carità", SC Psichiatria, Novara, Italy

* Corresponding author.

Background History of previous suicide attempts is one of the most important risk factors for a subsequent completed suicide. Suicide reattempters (SR) has been long associated with demographic and clinical risk factors for suicide, such as unemployment and psychiatric disorders, however a recent review of the literature has not supported a specific age and gender profile of SR, but rather underscored that, as far as diagnosis is concerned, SR were more likely to have a personality disorder. According to literature, 16%–34% of the subjects repeat a suicide attempt within the first 2 years after the previous one.

Aim The purpose of our study was evaluating clinical and socio-demographic characteristics and the outcome of psychiatric consultation among subjects referring to an emergency room for recommitting a suicide attempt.

Methods We considered a sample of SR aged > 16 years. We extracted data from the database including all patients requiring psychiatric evaluation in the emergency room, and eventually compared the features of SR and patients with a single suicide attempt. For each patient, we gathered socio-demographic features, psychiatric history and current clinical issues, suicidal intent and suicidal behaviors.

Results Data collection and statistical analyses are still ongoing. Preliminary results show that, compared to patients with a single suicide attempt, SR were more frequent female, unmarried, employed, with a low level of instruction; they had a psychiatric disease (axis I – anxiety disorder, somatoform disorder; axis II – histrionic personality disorder); they are under the care of mental health services and under psychopharmacological treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1257

Suicide attempters: Clinical characteristics and management

E. Gattoni^{1,*}, A. Feggi¹, C. Gramaglia¹, P. Bergamasco²,
I. Coppola¹, S. Di Marco¹, C. Delicato¹, A. Venesia¹,
D. Marangon², P. Zeppegno¹

¹ Università del Piemonte Orientale, Translational medicine, Novara, Italy

² AOU "Maggiore della Carità", SC Psichiatria, Novara, Italy

* Corresponding author.

Background Suicide attempts, defined as self-inflicted, potentially injurious behaviors with a nonfatal outcome, and with evidence of intent to die are extremely prevalent. Literature suggests that suicide is more common among males, while attempted suicide is more frequent among females. Depression, mental

disorders, substance use disorders and history of suicidal behavior are important risk factors for suicide: the risk of suicide attempt is 3 to 12 times higher in psychiatric patients than in the general population.

Aim The aim of our study was to compare severity of depressive symptoms in a sample of suicide attempters with a diagnosis of bipolar and related disorders or depressive disorders and in a sample of sex- and diagnosis-matched patients who do not commit a suicide attempt. The severity of attempted suicide and the suicidal risk in the hospital will be assessed as well.

Material and methods We collected a sample of inpatients who committed a suicide attempt during 2015. For each attempter, we selected another sex- and diagnosis-matched patient with no history of attempted suicide. Socio-demographic and clinical characteristics of the sample were gathered. Assessment included: Montgomery-Asberg Depression Rating Scale (MADRS) for severity of depressive symptoms in both groups, Suicide Intent Scale (SIS) for the severity of attempted suicide and the suicidal risk with a nurse assessment for suicide.

Results Data collecting is still ongoing. We expected to find more severe symptoms in patients who attempted suicide. Clinical implication will be discussed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1258

Who is a survivor of suicide loss? A systematic review

S. Gili^{*}, C. Delicato¹, A. Feggi¹, C. Gramaglia¹, P. Zeppegno¹

Università del Piemonte Orientale, Translational Medicine, Novara, Italy

* Corresponding author.

Introduction Death by suicide stuns with soul-crushing surprise, leaving family and friends not only grieving the unexpected death, but confused and lost by this haunting loss. The underlying structure of grief for survivors of suicide loss appears complicated.

Aims The purpose of this study consists in reviewing literature data about survivors of suicide, especially exploring the few informations emerged by researches on the role of psychiatrist as "survivor".

Methods A PubMed search was conducted using combinations of the following keywords: survivors suicide or bereavement suicide or suicide psychiatrists and randomized.

The search was conducted through September 10, 2015, and no conference proceedings were included.

Results Bereavement following suicide is complicated by the psychological impact of the act on those close to the victim. It is further complicated by the societal perception that the act of suicide is a failure by the victim and the family to deal with some emotional issue and ultimately society affixes blame for the loss on the survivors. This individual or societal stigma introduces a unique stress on the bereavement process that in some cases requires clinical intervention.

Conclusions Suicide bereavement seems to be different from natural loss. Clinicians may react to a patient's suicide both on a personal and professional level, with emotions such as loss of self-esteem or blame. This grief somehow nullifies the core of a helping relationship and may imply a more conservative management of future patients or even avoiding to accept suicidal patients for treatment. Support interventions have been proposed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1259

Suicide attempts in area II of Valladolid

S. Gómez Sánchez^{1,*}, E. Domínguez Álvarez²,
R. Hernández Antón¹, I. Sevillano Benito¹, S. Cepedello Pérez¹,
E. Mayor Toranzo¹, H. De la Red Gallego¹, A. Alonso Sánchez¹,
J.A. Blanco Garrote¹, C. Llanez Álvarez³

¹ Hospital Clínico Universitario de Valladolid, Psiquiatría, Valladolid, Spain

² Hospital General de Tomelloso, Psiquiatría, Ciudad Real, Spain

³ Complejo Asistencial de Zamora, Psiquiatría, Zamora, Spain

* Corresponding author.

Introduction Suicide is among the ten leading causes of death in the world. According to WHO, the annual suicide mortality rate is 16:100,000. Suicide rate has increased by 45% globally and by 60% in Spain in the last 50 years.

Objective It will be explained:

- scale of the problem;
- suicidal behaviour characteristics;
- risk factors due to Werther effect;
- protective factors;
- presenting the study on autolytic attempts at HCUV from July to December 2013.

Materials and method Data about autolytic attempts treated at the HCUV in the last 6 months were collected. A structured history was compiled for each patient collecting information about age, personal circumstances, cohabitation, studies, employment status, residence (urban, semi-urban or rural), religious beliefs, day of the week, family background, personal organic and psychiatric background, previous autolytic attempts, last three month's events, last week's events, method and medical practice undertaken.

Conclusion The study shows that the average age is 43 years old, 42.2% are married, 41.3% live with their family, 33% have primary studies, 27.3% are unemployed and other data, which will be exposed through diagrams. Compared to a study from 1996/1997, there has been a 27% increase in the suicide attempts rate.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1260

Who gains from suicide risk assessment: Health inspectorate and health insurances, or also psychiatrist and patient?

A. Gonlag (Resident)^{1,*}, M. van Baest (Resident)²,
C. Rijnders (Ph.D.)², R. Teijeiro³

¹ GGz Breburg, Breda, Netherlands

² GGz Breburg, Tilburg, Netherlands

³ Elisabeth-TweeSteden Ziekenhuis, MPU, Tilburg, Netherlands

* Corresponding author.

Introduction The number of suicides rises in the Netherlands. In 2008, 1435 suicides were recorded; in 2012: 1753 (CBS). Adequate risk assessment with suicidal behaviour (SRA) is essential for prevention. The Health Inspectorate and Insurances seek to have a stronger grip on the way suicide risk is assessed and insist on using questionnaires. This runs counter to the multidisciplinary guidelines in the Netherlands for diagnosis and treatment of suicidal behaviour, which state that "questionnaires or observation instruments cannot replace clinical diagnostic examination."

Objective Do questionnaires rather than 'care as usual' (CAU) in SRA lead to different treatment policies?

Aim To determine whether the use of questionnaires rather than CAU in SRA leads to different treatment policies.

Methods Patients who were seen by staff at the department of Psychiatry at the ETS Hospital, either for in-house consultation or at

the MPU, in connection with attempted suicide, auto-intoxication, or psychological distress with suicidal statements. Patients were examined by conducting a questionnaire, resulting in treatment policy (admission, discharge with an appointment with patient's own practitioner, discharge with referral to a practitioner, discharge without aftercare). Then, the same patient was again examined by another colleague in a free interview (CAU). The colleague was not informed about the outcome of the first assessment. Again, treatment policy was determined as a result. The two outcomes were then compared.

Results Data collection still continues.

Conclusions There are signs that there are no differences in the determined treatment policies following SRA based on the use of questionnaires or CAU.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1261

Suicide attempts

M.J. Gordillo Montaña^{1,*}, C. Gonzalez², E. Guillen²,
D. De la Vega²

¹ Los Santos De Maimona, Spain

² Spain

* Corresponding author.

Introduction Suicide is a serious public health problem in Western countries. In Spain, suicide is the leading cause of unnatural death in front of traffic accidents. The presence of a mental disorder is referred to as a risk factor of great interest both for its presence in suicides and the possibility of being treated and thus to reduce the risk of suicide.

Objective Study the presence of psychiatric diagnoses in subjects entering the treble unit of Huelva for attempted suicide.

Methods We conducted a retrospective study comparing the data obtained with this material in the literature. Statistical analysis was performed using the statistical package SSPs.

Results The age range is between 17 and 86 years, with a mean of 42 years. There are large differences by gender. Only 12% of the sample lived alone. Thirty-nine cases, representing 25% were in active employment at the time of the suicide attempt.

About 80% had a history of mental health and more than half of the sample had a previous suicide attempt.

The diseases most often associated are personality disorders, depressive disorder (unipolar) and alcohol abuse various toxic; followed by anxiety disorders, organic disorders and alcohol.

Conclusions Presence of diagnosis and prevention opportunities. Differences between sexes. Further exploration and increasing the sample compared to suicides.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1262

Suicide: A major public health problem

R. Hernandez Anton^{1,*}, E. Dominguez Alvarez¹,
A. Alvarez Astorga¹, E. Rybak Koite¹, S. Gomez Sanchez¹,
L. Rodriguez Andres¹, E. Mayor Toranzo¹, M. Hernandez Garcia¹,
J.M. Blanco Garrote¹, J.M. Maderuelo², M.V. Garcia Santos²,
H. De La Red Gallego¹, F. Uribe Ladron De Cegama¹

¹ HCUV, PSQ, Valladolid, Spain

² Institute of Legal Medicine, Valladolid, Spain

* Corresponding author.

Introduction Suicide is the deliberate act of take off life to itself. According to WHO, more than one million people commit suicide every year.

Goals Compare data of suicide attempts between 1996 and 2014 in the University Hospital of Valladolid. Influence of the economic crisis on suicide data. Expose the risk factors. Provide prevention strategies.

Material and methods We have performed a study of epidemiological surveillance collecting descriptive data of suicide attempts; using the same methodology as in 1996. The variables studied were: sex, age, day, month, residence, method, personal status, education, employment status, religious beliefs, family history of suicide, psychiatric history and family and personal psychiatric history.

Results Increase in the rate of suicide attempts 27%. Distribution by sex is similar, but in 2014, a higher proportion was observed in males. The percentage of women is significantly higher than that of men in the group of teenagers (10–19 years old) (20% women vs. 4.5% of men; $P=0.005$); 83.5% have a psychiatric diagnosis (54.2% of them have a depressive disorder). Unemployment and economic problems stand out as environmental stressors in 2014. The main suicide method used in Valladolid is the hanging, and the second method used is the precipitation.

Conclusions The primary, secondary and tertiary prevention strategies are very important. Suicide is the major cause of mortality in the young age group (15–24 years old). Mortality in the general population has been on a downward trend; but suicide rates per 100,000 population has remained stable over the last decade.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1263

Autolytic behavior in acute psychiatric hospitalization

P. Hervías Higuera^{1,*}, L. Maroto Martín¹, S. Raffo Moncloa¹, P. Jiménez de los Galanes Marchán²

¹ Hospital Dr. R. Lafora, Psiquiatría, Madrid, Spain

² Centro San Juan de Dios, Psiquiatría, Madrid, Spain

* Corresponding author.

The aim of the study was to identify inpatients due to autolytic behavior in the acute psychiatric hospitalization of Dr. R. Lafora Hospital. It is an observational, descriptive and retrospective study. We collected information about patients aged 18 to 64 who were hospitalized during the month of January of 2015 in the acute psychiatric hospitalization by Selene software. The results were analyzed by SPSS software; 53.3% of patients diagnosed with schizophrenia spectrum and other psychotic disorders were hospitalized for acute exacerbation of paranoid schizophrenia; 57.1% of personality disorders for suicide attempts, 28.6% autolytic ideation; 28.6% of bipolar disorders due to mania, 28.6% depression, 28.6% mixed clinical and 14.29% suicide attempts; 60% of alcohol use disorders for autolytic ideation, 20% intoxication; 100% of substance-related and addictive disorders due to autolytic ideation; 100% of feeding and eating disorders for autolytic ideation; 50% of obsessive-compulsive and related disorders due to autolytic ideation; 100% of adjustment disorders with depressed mood due to drug over-eating; 100% of adjustment disorders with mixed anxiety and depressed mood for mixed clinic; 16.7% of depressive disorders due to dysthymia, 16.7% due to major depressive episode, 16.7% for moderate depressive episode, 16.7% for mild depressive episode with mixed nature, 16.7% for drug over-eating, 16.7% for autolytic ideation. It would be important to focus on patients with a diagnosis of adjustment disorders, personality disorders, alcohol use disorders, obsessive-compulsive and related disorders and bipolar disorders, providing community care and avoiding the risks associated psychiatric hospitalization.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1264

Autism and suicidality: Review of risk factors in literature

A. Hooijer^{1,*}, B. Sizoo²

¹ Dimence Groep, Dimence, Specialized Mental Health Care, Adults, Amersfoort, Netherlands

² Dimence Groep, Dimence, Developmental Disorders, Deventer, Netherlands

* Corresponding author.

Introduction There is emerging evidence that suicide and suicidal behavior frequently occur in people with autistic spectrum disorders (ASD), although this topic is largely understudied. We have little understanding of suicidal behavior among individuals with ASD and there are no empirical data to guide practitioners in the treatment of suicidality in persons with ASD. There is a need to investigate risk factors associated with suicidal behavior in persons with ASD, to improve prevention strategies and interventions.

Objectives To get an overview from literature of risk factors for suicidality in individuals with ASD.

Methods Review of the literature using Cochrane Collaboration Centre, Embase, Medline, PsychINFO, PubMed, and Web of Science.

Results In the literature, we found that, among already known risk factors like comorbid depression, an underlying vulnerability in personality may be a risk factor for suicidal behavior. Several studies showed that a high score on the temperament factor 'novelty seeking' and 'harm avoidance' is associated with suicidality. In other studies, where suicidality was not an object of study, adults with ASD showed high scores on 'harm avoidance' and low scores on 'novelty seeking'. This suggests that personality profiles may be of predictive value for suicidality in adults with ASD. A study proposal focused on this possible association be presented.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1265

Methods of suicide in old age in Israel: Age and gender differences

B. Katz

Western Galile College, Criminology, Acre, Israel

Introduction Suicide rates in the western world rise with age among both men and women. However, suicide at older ages gets less consideration in research and prevention strategies compared to younger age groups.

Objective This study examines the differences between men and women in Israel in the method chosen for committing suicide over three decades, focusing on the elderly (younger seniors 65–75, and older seniors 75+) and compares them to younger age groups (15–24; 25–44; 45–64).

Methods Suicide rates by age, gender and the method chosen are calculated based on data from official publications of the Ministry of Health in Israel over the years 1981–2008.

Results The findings of the study show that in all the methods used to commit suicide [hanging, drowning, fire, getting run over by a motor vehicle, jumping from heights, drugs and poisons, the suicide rate of the elderly (age group 75 and up)], followed by ages 65–75 was higher than the suicide rate of younger age groups (15–24; 25–44; 45–64) except for the use of weapons. In all age groups, the male suicide rate was higher than females, with the exception of taking poison for 75 year olds and above. In this age group, the females' rate of suicide was higher than males.

Conclusions These findings reveal the need develop strategies to prevent suicide in the community in general, and especially among seniors. Particular attention should be devoted regarding the use of drugs and various poisonous substances among elderly women.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV1266

Optimizing the assessment of suicide attempters with a decision tree



J. Lopez-Castroman^{1,*}, D. Delgado-Gomez², P. Courtet³, E. Baca-Garcia⁴

¹ Nîmes University Hospital, Psychiatry, Nîmes, France

² Carlos III University, Psychiatry, Montpellier, France

³ CHRU de Montpellier, Emergency Psychiatry and Post-Acute Care, Montpellier, France

⁴ IIS-Fundacion Jimenez Diaz, Psychiatry, Madrid, Spain

* Corresponding author.

Background Optimizing psychiatric assessments could help to standardize the use of structured instruments in clinical practice. In recent years, several research groups have applied Computerized Adaptive Tests (CATs) to simplify assessments in depression, anxiety and also suicidal behaviors. We aimed to construct a shortened test to classify suicide attempters using a decision tree methodology that allows the integration of relevant clinical information, namely the history of past suicide attempts, in the construction of the test.

Methods The sample was composed of 902 adult participants in three subsamples: first-time suicide attempters, psychiatric inpatients that never attempted suicide and healthy controls. The performance of a decision tree built using the items of a previously developed scale for suicidal risk was examined. The history of past suicide attempts was used to separate patients in the decision tree. The data was randomly divided in a training set and a test set. The test set, that contained 25% of the data, was used to determine the accuracy of the decision tree. Twenty-five cross-validations of this set up were conducted.

Results The first four items of the decision tree classified correctly 81.4% of the patients.

Conclusion As a result of a methodology based on decision trees that, contrary to CATs, can incorporate relevant information in building the test we were able to create a shortened test capable of separating suicidal and non-suicidal patients. Using all the information that is available improves the precision and utility of instruments adapted for psychiatric assessments.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1267

Attempted suicide attention at an emergency room: A hospital-based descriptive approach



D. Torres¹, G. Martinez-Ales^{1,2,*}, M. Quintana³, V. Pastor¹, M.F. Bravo²

¹ UAM-ASISA Chair, Universidad Autonoma de Madrid (UAM), Madrid, Spain

² Hospital Universitario La Paz, Psychiatry, Madrid, Spain

³ Hospital Universitario La Paz, Emergency Room, Madrid, Spain

* Corresponding author.

Introduction Suicide causes 1.4% of deaths worldwide. Twenty times more frequent, suicide attempts entail an important source of disability and of psychosocial and medical resources use.

Objective To describe main socio-demographical and psychiatric risk factors of suicide attempters treated in a general hospital's emergency room basis.

Aims To identify individual features potentially useful to improve both emergency treatments and resource investment.

Methods A descriptive study including data from 2894 patients treated in a general hospital's emergency room after a suicidal attempt between years 2006 and 2014.

Results Sixty-nine percent of the population treated after an attempted suicide were women. Mean age was 38 years old. Sixty-six percent had familiar support; 48.5% had previously attempted a suicide (13% did not answer this point); 72.6% showed a personal history of psychiatric illness. Drug use was present in 38.3% of the patients (20.3% did not answer this question); 23.5% were admitted to an inpatient psychiatric unit. Medium cost of a psychiatric hospitalization was found to be 4900 euros.

Conclusion This study results agree with previously reported data. Further observational studies are needed in order to bear out these findings, rule out potential confounders and thus infer and quantify causality related to each risk factor.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1268

Suicide attempts: Results from data collected in a psychiatric emergency ward in a general hospital



J. Narciso^{1,*}, M. Real²

¹ Lisbon, Portugal

² Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisbon, Portugal

* Corresponding author.

Introduction Suicide behavior constitutes a public health problem worldwide. It deserves epidemiological investigation regarding "best clinical practices", and it is fundamental since the patient's first observation at psychiatric emergencies services. These are the ideal practices to start suicide prevention, and prevent further suicidal behavior. The improvement of healthcare quality includes the adoption of clinical guidelines, which support medical care since the emergencies services. The lack of specific instruments to evaluate suicidal risk urges the scientific community to create them.

Aims The authors aim to discuss the advantages and limitations of the application of these kinds of instruments, and the creation of models based in scientific evidence available.

Discussion From multiple available studies, the Modified Sad-Persons Scale (MSPS) seems to be one of the most scientifically used in literature, as well as in epidemiological studies of suicide attempts and their repetition, either by nonfatal or fatal attempts. However, even this scale has been questioned by experts, and the lack of specific and sensible tests towards suicide behavior and risk of suicide attempts raises the importance of the need of further investigation towards this area. This evidence would then help the clinician in his work at emergencies wards and provide better healthcare towards preventing new suicide attempts.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1269

A multidisciplinary model of suicide and suicidal behavior in Korça region, Albania



I. Nikaj

University of Korça, of Education, Korça, Albania

Patterns of suicide and suicidal behavior vary among different cultures. In Albania and in Korça region has a relatively high number of suicides and behavior related to for a long period of time related to the transition, the changes that have occurred and occur in Albania,

the economic, social, psychological and cultural, politics conditions in which we are.

This presenting article explores multidisciplinary explanations for suicide and suicidal behavior in region and in Albania as a whole through data collected from official and public institutions. The interconnection of Durkheimian concepts of social integration and regulation with ecological insights into family relations in change and psychological and psychiatric theories on individual distress are relevant.

Keywords Albania; Ethnicity; Research tradition; Shame culture; Suicide and suicidal behavior

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV1270

Economic impact of suicidality in manic patients with depressive features



U. Ösby^{1,*}, E. Jonas², J. Hällgren¹, M. Pompili³

¹ Karolinska Institute, Center for Molecular Medicine, Solna, Sweden

² Lund University, Department of Clinical Sciences, Lund, Sweden

³ Sant'Andrea Hospital, Sapienza University of Rome, Department of Neurosciences, Mental Health and Sensory Organs, Suicide

Prevention Center, Rome, Italy

* Corresponding author.

Introduction There is limited information published on the specific financial costs of completed and/or attempted suicide in bipolar patients. In the last 15 years, only 6 studies were published. Their results vary considerably due to differences in methods used. Also, information on cost for pure manic versus mixed episodes is lacking. This is surprising, since studies have shown that suicidal behaviour is more common among patients with depressive symptoms than with pure mania, and this difference increases considerably when the mixed-features specifier is applied.

Objectives We conducted a registry study with the aim to expand the epidemiological information on suicidal behaviour by episode type in bipolar disorder, and its associated costs.

Methods Health data were retrieved from the Swedish Patient Register. Data covered the period 1990–2014 and included the number of discharged patients with bipolar diagnosis, hospital readmissions, and attempted and/or completed suicides. Moreover, we retrieved data on suicide and cause of death from the Swedish Cause of Death register. Analyses were done for the whole sample and stratified by subtypes (mania, depression and mixed forms).

Results First results will be presented at the EPA meeting.

Conclusions This is a nation-wide Swedish study of completed and attempted suicide in bipolar patients. The hypothesis we will test is that there is a substantial variation between different bipolar disorder subtypes, and that most of the expenditures due to suicidal behaviour in bipolar disorder are linked to mixed forms, mania in combination with depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1271

Profile of Islamic suicide bombers: A literature review



A. Paraschakis^{1,*}, I. Michopoulos², A. Douzenis²

¹ Psychiatric Hospital of Attica, "Dafni", Athens, Greece

² 2nd Department of Psychiatry, Athens University Medical School,

"Attikon" General Hospital, Athens, Greece

* Corresponding author.

Aim To try to define the profile of Islamic suicide bombers.

Methods Literature review of scientific articles (PubMed-Google).

Results According to the very few relevant studies there does not seem to exist a single psychological characteristic that differentiates suicide bombers. However, some profiles have been proposed. Islamic bombers are predominately young men (60–70%), mostly single, originating from all social, economic and educational backgrounds (the more educated ones have increased lately). They appear to possess dependent and/or avoidant traits; other times impulsive and/or emotionally unstable ones. They are described as submissive against authority figures, "inadequate" in handling stressful situations and with a rather "constricted" view of reality. Suicide bombers do not appear to suffer from major psychopathology. Sometimes, they want to take revenge for the injury/killing of (a) loved one(s). The conviction of "ethnic humiliation" and "victimization", the view that the "enemy" is dominant and that the "rules of the game are unjust" appear crucially important: only an unexpected, devastating act of self-sacrifice ("martyrdom") could "turn the tables on". Suicide bombers' families are generously compensated and enjoy high social status. Religion seems to provide "ethical legitimization" to similar acts. Islam condemns suicide except when used to champion Islamic values or fight against "infidel invaders" ("Jihad"). In these cases, there is the promise of absolving all the individual's sins and of after death pleasures.

Conclusions The decision to become an Islamic suicide bomber appears determined by a plethora of personal, social, political and religious factors. This kind of suicide resembles Emile Durkheim's type of "altruistic" suicide.

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EV1272

Physician suicide prevention



A. Poças^{1,*}, S. Pinto Almeida²

¹ Braga, Portugal

² Centro Hospitalar de Leiria, Psiquiatria e Saúde Mental, Leiria, Portugal

* Corresponding author.

Every year there is a medical school full of physicians who commit suicide. Depression is a major risk factor and physicians frequently fail to recognize their own depression and that of their colleagues. Even when they do, many of them avoid treatment. The greater knowledge of lethality of drugs and easy access to means can contribute to the higher suicide rate among physicians.

Some studies say that training physicians are at particularly high risk of suicide, with suicidal ideation increasing more than 4-fold during the first three months of internship year. In Portugal, there are no reliable statistics about resident's suicide. We do not even talk a lot about it and the collective silence only compounds the problem – the refusal to speak perpetuates the stigma that mental health problems are signs of weakness or failure. Assess existing resources and best practices should be the next step to establish training programs to suicide prevention in these professionals, addressing response programs. As primary prevention, we should act in order to prevent healthy medical students or physicians from developing a condition that would lead to suicide. A randomized clinical trial in US with 199 residents from multiple specialties found that a free, easily accessible, brief web-based cognitive behavioural therapy program is associated with reduced likelihood of suicidal ideation among medical residents.

It is also essential too early diagnose and treat after the illness onset. Moreover, it should exist a rehabilitation of suicidal physicians and their return to maximal function with minimal risk for recurrence.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1273

Suicidal behavior in old age: Special considerations



M.D.L.C. Ramirez Dominguez*, A. Ramirez Dominguez, I. Prieto Sánchez, C. Gonzalez Macias
Complejo Hospitalario de Huelva, Psiquiatria, Huelva, Spain
* Corresponding author.

Introduction Suicide in the elderly is a growing problem in Western society, despite which there are no large studies examining this issue, nor specific protocols to address them.

Objective To raise awareness of the importance of suicidal behavior in elderly both its prevalence and special features that presents need a different performance plan from other fractions old.

Methods Comprehensive literature review of all published in the last two years, as well as the specific features.

Conclusion Suicidal behavior in the elderly has very specific characteristics that we must know in order to develop therapeutic strategies adapted to the present conditions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1274

Immigration and suicide in Spain: Literature review



S. Rodríguez Vargas
Almería, Spain

Objectives and method Although it is increasingly an immigrant country, we can not forget that for years has been a world leader as a meeting place of many nationalities. It has carried out a review of the literature about the number of suicides that occur in the immigrant population of our country.

Results Cultural factors that influence suicidal behavior are religion, socio-demographic factors (inverse relationship between socioeconomic status and suicide attempts), conflicts, alcohol/drugs, and social and family support as emigration entails fostering emotional and cultural rootlessness isolation and increased risk. Stresses in young Filipinos (20%) and American Indians (19%) than for any other ethnic group. Among the immigrants, I returned to their country of origin, the Germans have a 30% rate of suicides. And if we consider the length of stay, a clear decrease in rates seen since the frequent change of residence results in an increased risk. In the comparison of nationality and gender, it shows that the rate for suicides is very high among Moroccan women aged between 10 and 24 years.

Conclusions and discussion Migration can alter the development and adaptation of people and sometimes increase the risk of suicide especially when migration occurs alone. Attempted suicide is an exceptional crisis that requires special attention. Progress in research will deepen the psychological effects of migration in adults and in children migrated.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV1275

Sibling death in childhood and self-inflicted injuries in young adults – a national cohort study from Sweden



M. Rostila^{1,*}, L. Berg¹, A. Arat¹, B. Vinnerljung², A. Hjern¹
¹ Centre for Health Equity Studies, Stockholm University, Karolinska Institute, Stockholm, Sweden

² Department of Social Work, Stockholm University, Stockholm, Sweden

* Corresponding author.

Previous studies have shown that sibling death influences health and mortality in bereaved adult siblings. Few studies have so far examined whether exposure to sibling bereavement in childhood is associated with suicidality later in life. The aim of the present research was to investigate whether the loss of a sibling during childhood influences self-inflicted injuries/poisoning in young adulthood. A national cohort born during 1973–1982 ($n=717,723$) was followed prospectively in the National Patient Discharge Register from 18 to 31–40 years of age. Multivariate Cox analyses of proportional hazards with adjustment for socio-demographic confounders and family covariates were used to test hypotheses regarding sibling loss and hospital admission due to self-inflicted injuries/poisoning. Men (HR: 1.28, 95% CI: 1.01–1.62) and women (HR: 1.23, 95% CI: 1.00–1.51) who had lost a sibling during childhood had an higher risk for being admitted to hospital for a self-inflicted injury/poisoning in young adulthood after adjustment for socio-demographic confounders and family risk factors. Losing an infant sibling was most detrimental for men (HR: 1.43, 95% CI: 1.03–1.98) while losing a non-infant sibling was most detrimental for women (HR: 1.38, 95% CI: 1.05–1.81). The risk of hospital admission due to self-inflicted injuries/poisoning was particularly detrimental for both men (HR: 1.40, 95% CI: 0.92–2.13) and women (HR: 1.54, 95% CI: 1.09–2.17) who lost a sibling in adolescence (12–18 years) when compared to loss at younger ages (0–5 years and 6–11 years). It is important to provide support for siblings bereaved in childhood in order to prevent suicides.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1276

Over, but not out-recognition and preventing aircraft-assisted murder-suicide by Aircrew



A. Saxena^{1,*}, V. Sharma (Chief Research Officer)², A. Walia³, P. Sharma⁴

¹ Indian Armed Forces, Department of Psychiatry, Jorhat, India

² Institute of Aerospace Medicine, Indian Air Force, Bangalore, India

³ Indian Armed Forces, Department of Aerospace Medicine, Jalandhar, India

⁴ Indian Armed Forces, Department of Psychiatry, Bangalore, India

* Corresponding author.

Context and introduction The recent crash of Germanwings Flight 4U9525 appears to be the latest act of aircraft-assisted murder-suicide. The psychiatric preventive aspects of the murder-suicide need to be discussed, and effective measures for recognition and prevention of this murder-suicide are needed. Aircrew health is biased towards the physical ailments, and evaluation manuals have not discussed the mental health aspects, especially preventive strategies. These strategies involve multifactorial interventions, their applicability and usefulness are not globally validated.

Objectives and methods Thanatology has since long, focused on early detection of mental distress and elucidating behavioural and psychological factors that predispose towards attempts at self-harm. Aircrew forms a different group from the general population. The recognition and preventive strategies in this special group, must, therefore, be tailored to this group with its special characteristics.

Data sources, study selection and data synthesis publications were identified via electronic searches using multiple search terms related to suicide prevention. The available effective preventive measures were juxtaposed on the current concepts in aerospace psychiatry.

Conclusions Murder-suicide by aircrew is an event that is the culmination of undetected, ignored or even condoned discrete events that gradually progress and insidiously escalate. The importance of psychological factors in this catastrophic event needs to be disseminated amongst psychiatrists, and aircrew medical examiners. Ascertaining which components of suicide prevention programmes are effective in early recognition of aircrew who may attempt or complete the murder-suicide and putting into practice these to optimize the use of limited resources, is therefore essential and necessary.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1277

Clinical morbidity at pregnancy: The role of previous suicidal attempts and repetition



M.J. Soares^{1,*}, S. Bos¹, A.T. Pereira¹, M. Marques¹, B. Maia², A. Macedo¹

¹ Faculty of Medicine, University of Coimbra, Department of Psychological Medicine, Coimbra, Portugal

² The Catholic University of Portugal, Braga Regional Centre, Faculty of Philosophy, Braga, Portugal

* Corresponding author.

Introduction Previous suicide attempts are a consistent risk factor for suicide. Repetition has been associated with higher future morbidity and suicidality.

Aim To examine the relationship between psychological variables at pregnancy and previous repetition of suicidal attempts, first attempts and absence of attempts.

Methods The sample comprise 568 third trimester pregnant women, mean aged 29.82 years (SD = 4.55; variance = 17–44). Previous suicidal behaviors were assessed with diagnostic interview for genetic studies, depression with PDSS and BDI-II, and affect with POMS. Current suicidal thoughts were assessed with PDSS dimension; hopelessness and helplessness by summing the scores of the POMS items hopeless/gloomy; and lonely/helpless, respectively.

Results Repeaters (R; n = 11, 1.9%) scored higher than non-repeaters (NR; n = 20, 3.5%) in most of the clinical variables, but only significantly in sleeping/eating disturbances (PDSS).

R and NR when compared to women who never attempted suicide (NA; n = 535, 94.5%) both revealed significant higher levels of depressive/hostility affect (POMS), BDI-II total score, suicide ideation, guilt/shame (PDSS) and anxiety/insecurity or anxiety/somatic (PSDD or BDI-II).

In comparison with NA, R also revealed significant higher levels of negative affect (POMS), PDSS total score, loss of self, mental confusion (PDSS), cognitive and affective symptoms, fatigue (BDI-II), hopelessness and helplessness. NR also differs from NA in their higher emotional liability (PDSS).

Conclusion Women with previous suicide attempts are at elevated risk for high depressive symptoms, negative affect and suicide ideation at pregnancy. Compared to never attempters, repeaters revealed high morbidity than first attempters. The intervention in pregnancy must carefully assess previous history of suicide attempts.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1278

Suicidal behavior of females due to alcohol consumption in the population of indigenous minorities of the Russian Far East



E. Solodkaia^{1,*}, I. Loginov¹, V. Sergina¹, A. Zhurbuk¹, S. Savin², H. Jian³

¹ Far Eastern State Medical University, Psychiatry and Narcology, Khabarovsk, Russia

² Computer Center of FEB RAS, Laboratory of medical information, Khabarovsk, Russia

³ Harbin Medical University, Psychiatry, Harbin, Russia

* Corresponding author.

Introduction Current research aimed at more in-depth analysis of suicidal behavior caused by alcohol consumption among women and the development of effective and innovative approaches to its prevention and correction.

Objective To identify the main patterns of correlation of clinical, personal, social and environmental components in the genesis of suicidal behavior, as a result of alcohol use among women in the indigenous population of the Russian Far East. Participants in the current study consisted of 50 females with alcohol dependence (ICD-10 criteria).

Aims Identification of clinical, social, ethno-cultural laws of structure formation of suicidal behavior among women of reproductive age due to alcohol consumption in the population of the indigenous peoples of the Far East to the development of effective measures of correction and prevention of suicidal behavior.

Methods Clinical and catamnestic and experimental psychological methods.

Results The study involved 50 females with alcohol dependence, 70% of them had suicidal tendencies, of which 55% had suicidal thoughts, 45% had a history of suicide attempts. The obtained data on suicidal behavior in women caused by alcohol, the representatives of indigenous peoples of the population of the Khabarovsk Territory.

Conclusions On the basis of an integrative approach to the assessment of patients with suicidal behavior, created a model forecast the effectiveness of therapy of this disease to predict the effectiveness of treatment of mental disorders, affective register at admission to the clinic. Develop an optimal algorithm for rehabilitation measures that will improve the quality of life of patients studied groups.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1279

Suicidal behavior in a psychiatric emergency room



J. Teixeira Silva^{*}, M. Gonçalves, D. Rafaela, A. Craveiro
Centro Hospitalar e Universitário de Coimbra, Psychiatry, Coimbra, Portugal

* Corresponding author.

Introduction Recent studies alerted for the increasing number of suicidal patients at emergency rooms. These suicide attempts are not restricted to any age group, ethnicity or socioeconomic status and are not always associated with psychiatric comorbidity.

Objectives Characterize the suicide attempters admitted to a Portuguese emergency room during a 3-month period (July to September 2010).

Aims The aim of the present study was to improve effectiveness of suicidal behavior intervention in the emergency care setting.

Methods A retrospective descriptive study was conducted by consulting hospital records. Socio-demographic and clinical data were collected. Statistics were performed with SPSS.

Results Suicidal behavior were more frequent among females with previous psychiatric history. The most used method was medication overdose. Psychiatric comorbidity like depression and substance abuse were commonly present. The majority of suicide attempt patients were discharged without hospitalization.

Conclusions The emergency room is a vital setting for suicide prevention and may be the only access to healthcare available for some patients. The physicians must be capable to quickly assess the potential lethality of a suicidal behavior and create a safe treatment plan to prevent future suicide attempts.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1280

Suicide risk assessment and prevention interventions in military veterans



A. Teo

VA Portland Health Care System, HSR&D, Portland, USA

Introduction Concerns over suicide among military veterans has been as issue of major public and policy concern, particularly by the Veterans Health Administration (VHA), which is the largest integrated health care system in the United States.

Objectives and aims The reasons for suicide risk and means to reduce risk in this population have been under active investigation and implementation. The aim of this presentation is to review recent trends in suicide risk assessment and suicide prevention interventions within the VHA in the United States.

Methods A literature review consisting of an electronic database search of PubMed, “gray literature” search, and manual search for articles related to suicide in military personnel and veterans was conducted.

Results In recent years, annual VHA rates of completed suicide have ranged from approximately 34 to 40 suicides per 100,000 person-years, rates significantly higher than the general US population. Risk assessment methods examined in military veteran populations have primarily included self-report instruments, scales, and checklists. Recently, “big data” approaches to analysis of electronic medical records have shown promise in stratifying veterans into high- and low-risk groups. VHA suicide prevention initiatives have included extensive staff hiring, development of research centers and data-sharing agreements focused on suicide, a national telephone crisis line, routine suicide risk assessment and screening, and suicide safety plans.

Conclusions Military veterans in the US receiving care in the VHA have a variety of risk factors for suicide and continue to be at elevated risk despite implementation of numerous suicide prevention initiatives.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV1281

A new evidence-based neuropsychological model of suicidal propensity and suicide based in depression



L.-H. Thorell

Linköping University, Linköping, Sweden

Introduction Objectively validated models of the depressed suicide are lacking. Early observations that electrodermal hyporeactivity was strongly related to suicide in depression required an untraditional statistical approach that was applied on materials

from published materials with between themselves totally confirming results.

Objectives A plausible explanation model of the relationship had to be developed.

Aims The aims were to investigate the nature of electrodermal hyporeactivity and its possible causes and connections to other suicide relevant factors and to formulate a coherent model of the depressed suicide.

Methods Published materials with in- and outpatients (in total >900 patients) comprising follow-up of suicide and tests of habituation of the electrodermal response were analysed. Symptomatology, gender, age and other variables were considered and so were knowledge and theories from other scientists.

Results The apparent loss of or considerably reduced specific electrodermal orienting (curiosity) responses in future depressed suicide victims showed clear relationships to and clear independence of considered important suicidal factors.

Conclusions Loss of specific orienting responses indicates loss of hippocampal CA3 plasticity. CA3 areas are early and centrally positioned in the information processing of neocortical sensory input supporting the hypothesis of a particular neuropsychological dysfunction disabling normal cognitive and emotional curiosity reactions to everyday events. It is proposed that this dysfunction may make the depressed person ready to leave the everyday life and fearless of imminent pain – a loss of two important barriers against suicide.

It seems righteous to propose this basically objectively validated model as a plausible explanation of the depressed suicide.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV1282

Attempted suicide among patients attending neuropsychiatry department – a study from tertiary care neuroscience hospital in Bangladesh



M.M.J. Uddin

National Institute of Neurosciences and Hospital, Psychiatry, Dhaka, Bangladesh

Introduction Attempted suicide is a growing problem with significant clinical and public health importance globally as well as developing countries like Bangladesh. Psychiatric disorders are the most common reasons for suicide or suicidal behavior among other causes of such behavior.

Objective The objective of the study was to find out the suicide attempters among the patients with psychiatric disorders attending the neuropsychiatry department of National Institute of Neurosciences and Hospital (NINS&H), Dhaka, Bangladesh.

Methodology This descriptive cross-sectional study was done in NINS&H, Dhaka, Bangladesh from July 2013 to August 2014. Psychiatric diagnoses of the patients were done by the psychiatrist following Diagnostic and Statistical Manual of Mental Disorders – IV-Text Revision (DSM-IV-TR) diagnostic criteria. Ethical issues were maintained strictly.

Results Total 63 patients were found with history of single or more than one suicidal attempt out of 954 patients. Among the suicidal attempters, 34 (53.97%) were male and majority 38 (60.32%) belonged to 20 years to 40 years age group. In this study, the most common methods of suicidal attempt were found taking over dose of sedatives and multiple drugs 22 (34.92%), ingestion of pesticides and other corrosive agents 17 (26.98%) and hanging 14 (22.22%). Psychiatric disorders wise distributions of suicidal attempters were found major depressive disorder 18 (28.57%), borderline personality disorder 14 (22.22%), schizophrenia and related disorders 10 (15.87%).

Conclusion Results of the study indicate that all attempts of suicide should be taken seriously and crisis hot line and emergency services should be ensured for this group.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV1283

Predictors of suicidal behaviour persistence and recurrence



I. Untu^{1,*}, N. Cartas², M. Mutică³, B.A. Ciubară⁴, A. Ciubară¹, C. Roxana¹

¹ UMF Iasi, Psychiatry, Iasi, Romania

² Socola, Institute of Psychiatry, Iasi, Romania

³ UMF Craiva, Psychiatry, Iasi, Romania

⁴ UMF Iasi, Iasi, Romania

* Corresponding author.

Introduction Suicidal behaviour represents a global public health issues; personal suicidal history is the most common predictor of the persistence and recurrence of suicidal ideation and behaviour in general.

Objective This paper proposes to elaborate a synthesis of the scientific literature, concerning the main predictive factors of the persistence and recurrence of suicidal behaviour, considering that the current diagnostic criteria available fail to make a distinction and to specify clearly the differences between all psychiatric disorders without self-harming behaviour and the same nosological entity accompanied by suicidal behaviour.

Materials and methods I conducted a literature review, by analyzing the data concerning the predictors of the persistence and recurrence of self-harming behaviour, obtained from articles published between January 2013 and January 2015. I browsed the PubMed website, by keywords such as suicide, suicidal risk, suicide predictor, persistent suicidal ideation, and suicidal behaviour recurrence.

Results The scientific literature underscores that that entrapment and defeat are two elements often neglected; however, they should be a priority criterion, alongside traditional predictive factors, such as the following: gender, age, history of suicide attempts, socio-familial status, etc. All of these factors must be considered within the complex endeavour of assessing suicidal risk. However, there is still only scarce validated data concerning the mechanism that leads to entrapment and the one that determines its relation with self-harming behaviour.

Conclusions This paper proposes to synthesize the current data concerning suicide predictors, in order to obtain new research assumptions. The final purpose is to develop proper preventive and therapeutic approaches.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1284

Risk factors for attempted suicide: A prospective study on psychiatric consultations in the emergency room



A. Venesia^{1,*}, I. Coppola¹, C. Gramaglia¹, D. Marangon¹, S. Di Marco¹, C. Delicato¹, E. Gattoni¹, G.C. Avanzi¹, L. Castello¹, F. Bert², M.R. Gualano², R. Siliquini², E. Torre¹, P. Zeppegno¹

¹ Università del Piemonte Orientale, Translational Medicine, Novara, Italy

² Università degli Studi di Torino, Public Health and Paediatric Sciences, Torino, Italy

* Corresponding author.

Introduction Studies conducted on Italian samples suggested that 70% of self-harms referred to the emergency room (ER) were suicide attempts. Suicide attempts are associated with societal, relationship and individual risk factors, which vary with age and gender, occur in combination, and may change over time. We conducted a previous study on a sample of psychiatric consultations in ER from 2008 to 2011. We observed that female gender, a permanent job and being in the warmer months of the year were risk factors for suicide attempts.

Aim To update knowledge about risk factors for attempted suicide analyzing a larger sample of ER psychiatric consultations.

Methods Determinants of emergency room visits for psychiatric reasons were studied prospectively in a period of 8 years, from 2008 to 2015 at the “Maggiore della Carità” Hospital in Novara. The psychiatric assessment of patients was performed by experienced psychiatrists with a clinical interview. For each patient, a data sheet was filled in order to gather demographic and clinical features. Comparison of qualitative data was performed by means of the Chi² test while differences between groups for continuous variables were assessed through a *t*-test. Statistical significance was set at $P \leq 0.05$. A multivariate analysis was performed using logistic regression in order to assess the potential predictors of attempted suicide. Results are expressed as odds ratio (OR) with 95% confidence intervals (95% CI).

Conclusions We have collected data from more than 500 psychiatric consultations for attempted suicide. Data collection and statistical analyses are still ongoing. Implications will be discussed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1285

Are suicidal thoughts in adolescents dependent on substance abuse?



M. Wypiór^{1,*}, A. Sobieraj², A. Salomon-Perzyński², W. Dyrda², K. Krzyżowska², A. Matusiak², K. Paluch², M. Seweryn², M. Janas-Kozik²

¹ Katowice, Poland

² Medical University of Silesia, Clinical Ward of Psychiatry and Psychotherapy of Developmental Age, Paediatric, Clinic Jan Pawel, Sosnowiec, Poland

* Corresponding author.

Substance abuse is common issue in youth and may influence youth's suicide thoughts or actions. It can lead to social isolation, low self-esteem, loss of work or school, estrangement from family and friends – all these may create a core of stresses that may lead to suicidal tendencies.

Analysis addictive factors correlating with occurrence of suicidal thoughts and behaviours among adolescents at the age of 18–20. Study was based on authorial, previously validated questionnaire, included 16 questions about suicidal thoughts. Questionnaires were filled by adolescents (age 18–20) of 21 Secondary Schools in Katowice.

From the group of 965 adolescents, 28.8% had suicidal thoughts. From all respondents: 31.3% smoked, 92.7% drunk alcohol, 16.0% used legal highs and 30.9% – drugs; 35.8% of smoking adolescents had suicidal thoughts. In group of non-smoked adolescents – 25.6%. There was statistical significant difference ($P=0.0012$) between these groups. Among adolescents who drunk alcohol, 28.8% had suicidal thoughts. In the group of non –drinking alcohol adolescents – 27.9%. There was no statistical significant differences ($P=0.88233$) between these groups. There were 43.7% adolescents with suicidal thoughts who used legal highs. In the group of non-users of legal highs, 26.0% adolescents had suicidal thoughts.

Adolescents that are using examined stimulants are in the group risk of suicidal thoughts and autodestructive behaviours. Results show the need of psychiatric and psychotherapeutic support that

is aiming to prevent suicides and autodestructive behaviours in this group. Screening questionnaires that are assessing the problem of addiction within the adolescent may help to identify persons with suicidal tendencies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1286

A salivary biochemical analysis of certain recruits associated with suicidal ideation



W. Xiaomei

Institute for Diseases Prevention and Control, Military Medical Scientific Department, Beijing, China

Objective To explore the biochemical indicators of the persons at high risk of suicide.

Aims To achieve early screening of the persons at high risk of suicide.

Methods Suicide ideation of new recruits was generally investigated with self-rating idea of suicide scale (SIOSS). Twenty-five recruits whose scores were more than 12 were recognized as the suicide ideation group. Another 25 recruits without suicide ideation were randomly selected as the control group. Saliva samples of each group were collected for biochemical analysis after one month and three months. The SIOSS was used again for evaluation of suicide ideation.

Results After one month, the concentrations of Ca, Mg, Amy and SA in saliva were demonstrated to be statistically different between the two groups. After three months, the concentrations of Ca, Mg, Amy and SA in saliva between the two groups showed no significant difference. According to SIOSS results, only 7 persons of the original suicidal ideation group were recognized as suicidal ideation group, the other 18 people's SIOSS scores were less than 12. And the SIOSS scores of the control group (without suicidal ideation group) were also less than 12. There was no statistical difference in the three groups for comparison of salivary Ca, Mg, Amy and SA.

Conclusion The biochemical indicators of saliva lack specificity for suicidal ideation screening.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Telemental health

EV1287

Online mindfulness as therapy for fibromyalgia patients



N. Garrido-Torres*, A.S. Viedma, A. Rodriguez, M. Reina, S. Fernandez, C. González, I. Prieto

HJRJ, Psychiatry, Huelva, Spain

* Corresponding author.

Introduction Fibromyalgia is a chronic disease. This diagnosis has been controversial in scientific society. However, there is one fact: there are women who feel not only uncontrollable and non-specific body pain, but also psychological symptoms.

Objective To compare the efficacy of online sessions versus onsite sessions. To demonstrate that online mindfulness sessions could help to reduce pain in patients with a diagnosis of fibromyalgia.

Method A website created to give education and advice to women with fibromyalgia related to the disease was used as a platform to offer online mindfulness sessions.

Two hundred and thirty-four patients with fibromyalgia asked to participate in the online sessions, but only 13 were included in the study. Nineteen other women received onsite mindfulness sessions. Patients were evaluated before and after intervention. Two analyses were undertaken: intragroup and intergroup.

Results No differences were found between online mindfulness session and onsite mindfulness session. In both cases, an improvement in the questionnaire scores was demonstrated. Mindfulness as a kind of psychotherapy helped patients to control pain and symptoms of anxiety.

Discussion The new ICTs offer a huge of possibilities in medicine and mental health. With respect to psychiatry, not only intervention, like psychotherapy, can be offered but also psychoeducation. However, there are factors such as age and educational level that make online intervention difficult.

Conclusion In the near future, most people will interact with technology and it would be easier to supply online interventions and psychoeducation e-patients already exist, so e-doctors and e-psychiatrists should be online soon.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1288

Online psychoeducation: E-patients are looking for e-doctors



N. Garrido-Torres^{1,*}, R. María¹, C. González¹, L. Hernandez¹, L. Rodríguez-Santana², S. Torres-Sánchez³, I. Prieto¹

¹ HJRJ, Psychiatry, Huelva, Spain

² Universidad de Sevilla, Sociology, Seville, Spain

³ Universidad Pedagógica, Psychology, Bogotá, Colombia

* Corresponding author.

Method A website was designed to offer psychoeducation and advice to women who demand more information about health after traditional visit to GPs. A total of 564 patients visited the website in three months. Women asked for information and interacted with different topics on the platform. Only the women who completed all the form (age, previous diseases, current treatment) were analyzed. A total of 226 e-patients were included.

Results The most demanded information was about: excess weight, fibromyalgia, depression, anxiety, bipolar disorder and the menopause although other topics related to medicine such as HTA, breast cancer, and pregnancy were part of the website contents.

Discussion Even when many topics about medicine were available on the website, women were more interested in, and showed the need for information about mental health.

Online psychoeducation could help the clinician to save time at the personal consultation and could be especially useful in following the patient for a long time.

However, there are technological barriers and at least one first face-to-face interview is required in complicated cases to determine a correct diagnosis.

Conclusions A high demand for e-mental online health education does exist. It would be useful for professionals to be trained in information technology in order to cover that demand and avoid misinforming patients.

It would be interesting to undertake a meta-analysis with all the studies around the world and determine the profile of the patient that could be helped through online attention.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1289

TechCare: Mobile-assessment and therapy for psychosis: An intervention for clients within the early intervention service



N. Gire^{1,*}, I.B. Chaudhry², F. Naeem³, J. Duxbury¹, M. Riley⁴, M. McKeown¹, C.D. Taylor⁵, P.J. Taylor⁶, R. Emsley⁷, N. Caton⁴, J. Kelly⁴, D. Kingdon⁸, N. Husain²

¹ University of Central Lancashire, School of Health, Preston, United Kingdom

² The University of Manchester, Institute of Brain Behaviour and Mental Health, Manchester, United Kingdom

³ Queens University, Psychiatry, Kingston, Canada

⁴ Lancashire Care NHS Foundation Trust, Early Intervention Service, Preston, United Kingdom

⁵ The University of Manchester, School of Psychology, Manchester, United Kingdom

⁶ University of Liverpool, Institute of Psychology, Health & Society, Liverpool, United Kingdom

⁷ The University of Manchester, Institute of Population Health, Manchester, United Kingdom

⁸ University of Southampton, Psychiatry, Southampton, United Kingdom

* Corresponding author.

Introduction In the UK, mental illness is a major source of disease burden costing in the region of £105 billion pounds. mHealth is a novel and emerging field in psychiatric and psychological care for the treatment of mental health difficulties such as psychosis.

Objective To develop an intelligent real-time therapy (iRTT) mobile intervention (TechCare) which assesses participant's symptoms in real-time and responds with a personalised self-help based psychological intervention, with the aim of reducing participant's symptoms. The system will utilise intelligence at two levels:

- intelligently increasing the frequency of assessment notifications if low mood/paranoia is detected;
- an intelligent machine learning algorithm which provides interventions in real-time and also provides recommendations on the most popular selected interventions.

Aim The aim of the current project is to develop a mobile phone intervention for people with psychosis, and to conduct a feasibility study of the TechCare App.

Methods The study consists of both qualitative and quantitative components. The study will be run across three strands:

- qualitative work;
- test run and intervention refinement;
- feasibility trial.

Results Preliminary analysis of qualitative data from Strand 2 (test run and intervention refinement) in-depth interviews with service users ($n=2$) and focus group with health professionals ($n=1$), highlighted main themes around security of the device, multimedia and the acceptability of psychological interventions being delivered via the TechCare App.

Conclusions Research in this area can be potentially helpful in addressing the demand on mental health services globally, particularly improving access to psychological interventions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1290

ApTiC: A feasibility trial of a communication method using mobile technology to improve assessment within an early intervention service



M. Riley^{1,*}, M. Lovell², N. Gire³, S. Lane⁴, P.J. Taylor⁵, M. Fitzsimmons¹, I.B. Chaudhry⁶, P. Bee⁷, K. Lovell⁷, N. Husain⁶

¹ Lancashire Care NHS Foundation Trust, Early Intervention Service, Preston, United Kingdom

² The University of Central Lancashire, Student Nurse, Preston, United Kingdom

³ The University of Central Lancashire, School of Health, Preston, United Kingdom

⁴ University of Liverpool, Institute of Translational Medicine, Liverpool, United Kingdom

⁵ University of Liverpool, Institute of Psychology Health and Society, Liverpool, United Kingdom

⁶ The University of Manchester, Institute of Brain Behaviour and Mental Health, Manchester, United Kingdom

⁷ The University of Manchester, School of Nursing, Midwifery and Social Work, Manchester, United Kingdom

* Corresponding author.

Introduction The early intervention service (EIS) approach is based on therapeutic interactions, which promote service user recovery from first episode psychosis. Collaborative therapeutic work between the service user and case manager depends on good communication. This can be a challenge for people with psychosis as the process of thought can be disrupted or stimulus misinterpreted leading to communication errors.

Objective The objective is to develop an interactive tool that can assist service user's communication of distress, whilst employing a psychoeducational approach to the use of an informal therapeutic measurement scale; subjective units of distress (SUDs) and early warning signs (EWS). The ApTiC mobile intervention will include ten numerically graded emoticons from low to extreme distress. Each emoticon is associated with specific individualised service user descriptors and linked to an individually agreed action plan and level of response to be offered by a staff member.

Aim The aim of the present study will be to examine the feasibility and acceptability of the ApTiC mobile intervention in preparation for a larger randomised controlled trial.

Methods Phase one: qualitative research to inform the development of the complimentary tool and mobile app (qualitative). Phase two: a 12-week rater-blinded randomized control trial of ApTiC compared to routine EIS case management (quantitative).

Results The qualitative data will be presented.

Conclusions It is expected that once validated, the SUDs based ApTiC will enhance rapport and understanding thus improving the recovery approach to well-being and hopefully preventing relapse or the involvement of the crisis team or hospital admissions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1291

Development and assessment of a mobile phone-based intervention to reduce maternal depression and improve child health



N. Husain^{1,*}, T. Kiran², B. Fatima², I.B. Chaudhry¹, Q. Saeed², S.N. Masood³, M. Husain⁴, S.N. Zafar⁵, N. Gire (Student)⁶, M.H. Alvi², S. Khoja⁷, F. Naeem⁸

¹ The University of Manchester, The Institute of Brain, Behaviour and Mental Health, Manchester, United Kingdom

² Pakistan Institute of Learning and Living (PILL), Research and Development, Karachi, Pakistan

³ Sobhraj Maternity Hospital, Gynaecology, Karachi, Pakistan

⁴ South London & Maudsley NHS Foundation Trust, Psychiatry, London, United Kingdom

⁵ Dow University of Health Sciences, Institute of Nursing, Karachi, Pakistan

⁶ The University of Central Lancashire, Preston, United Kingdom

⁷ Tech4Life Enterprises, Software, Karachi, Pakistan

⁸ Queens University, Psychiatry, Kingston, Canada

* Corresponding author.

Introduction Postnatal depression is known to cause disability and suffering in women and negative consequences both for their infants and their families, with huge costs globally. Several studies from low and middle income countries (LAMIC) have demonstrated that effectively delivered psychological interventions are cost effective for improving maternal and child health, but access to these interventions is limited in both the low and high income countries.

Objective The objective of the study is to develop and test a mobile phone-based intervention (TechMotherCare), which will include components of cognitive behavioural therapy (CBT) and child development related psychoeducation.

Aim The aim of the study is to examine the feasibility and acceptability of the TechMotherCare intervention.

Methods A total of 36 participants will be recruited from health centers in Karachi, Pakistan for this 2-arm randomized pilot study. The TechMotherCare App intervention will be based on principles of CBT and learning-through-play (LTP) a parenting intervention and will assess the real-time depressive symptoms of participants and respond, using intelligent real time therapy (iRTT) dependent on symptoms reported by participants.

Results Outcome assessments will be completed after 3 months (end of intervention). In-depth qualitative interviews will also be conducted with participants pre- and post-intervention. The trial is ongoing and we will present both the qualitative and quantitative results.

Conclusions The results of this pilot trial will inform the design of a larger randomised controlled trial using a mobile based technology platform to address the huge treatment gap in LAMICs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1292

E-mental health: Updates on recent achievements and pitfalls



D. Hilty^{1,*}, A. Fiorillo (Direttore)², K. Krysta³, M. Krausz⁴, D. Mucic⁵

¹ Aligned Telehealth, Telemedicine, Davis, USA

² Centro Collaboratore dell' Organizzazione Mondiale, Dipartimento di Psichiatria dell', Università SUN, Naples, Italy

³ Medical University of Silesia, Department of Psychiatry and Psychotherapy, Sosnowiec, Poland

⁴ School of Population and Public Health, Centre for Health Evaluation and Outcome Sciences CHÉOS, Vancouver, Canada

⁵ The Little Prince Psychiatric Centre, Psychiatry, Copenhagen, Denmark

* Corresponding author.

The patient-centered care features quality, affordable, and timely care in a variety of settings – technology is a key part of that – particularly among younger generations and child and adolescent patients. The consumer movement related to new technologies is nearly passing clinicians by, as new ways of communicating with others (text, e-mail, Twitter, Facebook) revolutionizes how we experience life and access healthcare. This paper explores a continuum with healthy, innovative behavior on one end (e.g., social media) and pathological Internet use on the other end – and the range of self-help and e-mental healthcare options being used. Specifically, it focuses on how social media adds to,

yet may complicate healthcare delivery, such that clinicians may need to adjust our approach to maintain therapeutic relationships, interpersonal/clinical boundaries, and privacy/confidentiality. We suggest planning ahead to discuss expectations about online communication between doctors and patients as part of the informed consent process, offer other do's and don't's for patients and clinicians, and review applicable guidelines. More research is needed on consumer and patient use of technology related to healthcare, as is an approach to basic and advanced measurement of outcomes.

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EV1293

Telepsychiatry in the opinion of Polish patients and psychiatrists



M. Wojtuszek, J. Kachnic, J. Wutke, K. Krysta*

Medical University of Silesia, Department of Psychiatry and Psychotherapy, Katowice, Poland

* Corresponding author.

Background Telepsychiatry takes advantage of modern communication technologies and new forms of patient–doctor and doctor–patient contact.

Objective This research focuses on the knowledge of telepsychiatry and the attitude to it among patients and psychiatrists in Poland. **Subject and methods** An anonymous survey was conducted among 105 psychiatrists aged 26–74, including 74 women and 31 men and 102 patients aged 21–79, including 61 women and 41 men.

Results Research reveals that the majority of patients never met with the concept of “e-psychiatry” and do not know what it means. However, more than 50% of respondents answered positively to every question considering the utility of telepsychiatry. Furthermore according to 18%, it is possible to replace an eye-to-eye conversation by videoconferencing. Only 15% of doctors claim to have an extensive knowledge on telepsychiatry, and 10% do not know what it means. The vast majority of physicians perceive positive aspects of this method of medical care, but 63% would not want any general insertion of telepsychiatry. Doctors are apprehensive of losing personal data and medical confidentiality, and of the necessity of legal changes.

Conclusions The obtained results allow us to conclude that Polish patients and doctors, regardless of their knowledge, age, gender or disease, perceive advantages of telepsychiatry. In connection with this, implementing this method into the Polish medical market makes sense and is in accordance with both patients' and doctors' opinion. Based on our research, we confirmed that there is a necessity of wider popularisation of telepsychiatry among Polish therapists.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1294

MindfulSpot: A mindfulness mobile app for people dealing with infertility



B. Monteiro^{1,*}, A. Galhardo^{1,2}, M. Cunha^{1,2}, M. Couto¹, F. Fonseca³, L. Carvalho⁴

¹ Instituto Superior Miguel Torga, Psychology, Coimbra, Portugal

² University of Coimbra, CINEICC, Faculty of Psychology and Educational Sciences, Coimbra, Portugal

³ Instituto Superior Miguel Torga, Multimedia, Coimbra, Portugal

⁴ Instituto Superior Miguel Torga, Technology and programming of information systems, Coimbra, Portugal

* Corresponding author.

Introduction Infertility is not only a medical condition and its impact in mental health is well established. Although most couples facing fertility problems and the demands of medical treatment are able to adjust, some of them may show psychological difficulties with clinical relevance, such as depression and anxiety. The Mindfulness Based Program for Infertility (MBPI) is a group intervention designed for infertile women and data from its efficacy study revealed impact in depressive symptoms reduction as well as in internal and external shame, entrapment and defeat. Based on the MBPI, a mindfulness app targeting infertile patients was developed – the MindfulSpot.

Aims This study addresses the MindfulSpot development.

Methods The MindfulSpot is a prototype mobile app, which seeks to offer the chance of practicing mindfulness in a comfortable and accessible way. This app covers informative audio and written texts. The audio contents correspond to mindfulness formal practices and suggestions for informal practice, making possible its use throughout different moments of the day. Beyond the practices mentioned above, users are invited to explore the informative menu, including information on the impact that infertility may have in several aspects of the patients' lives.

Results The efficacy of the MindfulSpot is still under analysis and results are expected to be available soon.

Conclusions The MindfulSpot was designed as a medium for training mindfulness skills and it includes useful information regarding specific aspects of the emotional impact of infertility. Additionally to its independent use, it may also be used as a support tool of the MBPI.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1295

Towards a gold standard for internet-delivered programs in behavioural and mental health



D. Richards^{1,2,*}, N. Vigano¹, D.D. O'Callaghan³, E. O'Brien¹, J. Mooney¹, C. Bonner¹

¹ SilverCloud Health, Clinical Research & Innovation, Dublin, Ireland

² Trinity College Dublin, School of Psychology, Dublin, Ireland

³ SilverCloud Health, Chief Security Officer, Dublin, Ireland

* Corresponding author.

Introduction Technological innovation has been pervasive and has touched almost every aspect of modern life, including the delivery of behavioural and mental health care. As telehealth expands, internet interventions are particularly interesting as a medium of delivering effective care. However, standards are required to help inform healthcare policy makers, providers, clinicians and patients. **Objective** Move towards outlining a gold standard for internet-delivered behavioural and mental health interventions.

Aims Contribute and build upon existing standards and guidelines for the practice of telehealth, but to now extend these to include internet-delivered interventions.

Methods Drawing from research, experience and practice, the authors propose a matrix for the evaluation of what might be considered a gold standard for internet-delivered behavioural and mental health interventions.

Results Seven elements are proposed and considered aspects of what would constitute a gold standard and they include, the use of evidence-based and empirically supported content, robust, engaging, secure and responsive technologies, shaped by behavioural health subject matter experts, employ user-centred design and development principles, have a focus on accountable care-achieving clinical outcomes, have research and evaluation that supports its effectiveness, and a well developed implementation science and support.

Conclusion The paper proposes some characteristics that could compose a gold standard for internet-delivered interventions for behavioural and mental health care. The contribution is neither exhaustive nor conclusive, but offers an invitation to the discussion. **Disclosure of interest** The authors have not supplied their declaration of competing interest.

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EV1296

mHealth in mental health: What do the users think about it?



J.M. Sengelen*, I.C. Banea

Centre Hospitalier de Rouffach, pôle 2/3, Rouffach, France

* Corresponding author.

There is currently a major trend for e-health and the first mental health applications for smartphones are now released. Patients and health care professionals are still struggling to position themselves in relation to these new approaches. So, we wanted to know more about the involvement of mental health users and their care providers in mobile health (mHealth) technologies. We needed to understand their expectations and their reluctances. For achieving this purpose, we carried out an online survey for mental health users ($n = 108$). It turns out that people who responded to this survey are well equipped with smartphones and are experienced in using mobile apps. They expect from professionals an advisory role in relation to e-health. The major interest lies in practical, concrete applications and the main reluctance is about management, transit and storage of data. It is necessary to involve mental health users and health care professionals together in order to develop these new tools. To achieve this, health care professionals must continue to invest themselves in the use and understanding of m-Health tools.

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Treatment practice

EV1297

Drug-induced tardive dyskinesia: A case report



I. Abida*, I. Baati, S. Omri, R. Sallemi, J. Masmoudi
CHU Hédi Chaker, Sfax, Tunisia

* Corresponding author.

Introduction Tardive dyskinesia (TD) is a serious medical condition that affects a significant proportion of patients treated with antipsychotic agents.

Objective To report a patient who developed tardive dyskinesia after initiation of antipsychotic and antidepressant treatment.

Case report Miss H. is 24-year-old Tunisian woman who had been diagnosed with bipolar disorder 6 years ago. She received various drugs: olanzapine, haloperidol, amisulpride, sertraline, paroxetine, etc. On November 2013, she first complained of hand tremor and then developed severe dystonia of the trunk and chorea. A series of laboratory tests was performed after the onset of these involuntary movements. It included complete blood count, liver, renal, and thyroid function tests, blood prolactin level, blood glucose level, blood copper level and ceruloplasmin level. A brain MRI was also performed. These examinations showed no specific findings. The diagnosis of TD was presumed. The patient was first treated with amisulpride, lorazepam, avlocardyl and piracetam until May 2014. Then, amisulpride was substituted by olanzapine

until August 2015. The lack of improvement led to her admission. We stopped antipsychotic treatments and prescribed her vitamin E (900 mg/day), clonazepam (6 mg/day) and vitamin B6. The follow-up led to the decline of the Abnormal Involuntary Movement Scale (AIMS) score of 7 points over 6 weeks.

Conclusion TD remains a serious side effect that worsens the prognosis and affects the quality of life of patients. Cluster randomised trial should be done in order to develop practice recommendations for prevention and management of TD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1298

A psychiatrist's poll on their methods to treat schizoaffective disorder



L. Aguado^{1,*}, B. Girela², P. Calvo¹, J.E. Muñoz-Negro¹, J.A. Cervilla¹

¹ San Cecilio University Hospital, Mental Health Unit, Granada, Spain

² Santa Ana Hospital, Mental Health Unit, Motril, Spain

* Corresponding author.

Introduction Schizoaffective disorder (SAD) is the second most frequent psychotic disorder after schizophrenia. There is a relative scarcity of specific studies looking into SAD treatment and evidence on drug treatment of SAD is patchy. We aimed to study naturalistically, interviewing psychiatrists systematically, what do they think is most useful in SAD treatment.

Objectives/aims To know the actual management of SAD in real clinical practice and provided data for effective clinical studies.

Methods We administered an online poll to 65 psychiatrists (52% male, 48% female), 75% of which described themselves as having a holistic background. The poll was completed using a Google doc's questionnaire. The three main questions made were:

- what is your first treatment choice for SAD;
- do you tend to use mono- vs. poly-therapy;
- provide a level of utility for each drug between 1 (little use) to 4 (maximum use).

Results Atypical antipsychotics were considered the most common first choice in the treatment of SAD according to 66.2% of psychiatrists. The second most selected first choice answer was combining drugs and psychotherapy, which was answered by 20% of the sample. Monotherapy was preferred (60%) to polytherapy (40%). Finally, the most useful drug for SAD according to the sample was aripiprazole followed by mood stabilizers, olanzapine and paliperidone.

Conclusions Real practice in SAD treatment may differ grossly to what is advocated for in clinical guidelines and seem to also deviate from officially approved indications of some drugs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1299

Erotomania: A case and review



A. Almada*, A. Luengo, P. Casquinha, M.J. Heitor
Hospital Beatriz Ângelo, Psychiatry, Loures, Portugal

* Corresponding author.

Introduction Erotomania (“Clérambault’s syndrome”) is a rare syndrome characterized by a delusional belief of being loved by another person, usually of higher social status.

Objective This case report aims to describe and discuss a case of erotomania, providing an updated review on this disorder.

Methods Regular clinical interviews were performed during admission period to collect information about the clinical case and to promote an intervention approach to the patient. A literature review in Science Direct database, with the keyword “erotomania”, was also conducted.

Results A 51-year-old woman was admitted in Beatriz Ângelo Hospital psychiatric ward with delusional beliefs of being loved by the ex-boss. Positive misperceptions and persecutory delusions regarding her husband as the obstacle for the love were manifested. The lack of insight for the situation and the necessity of treatment created some difficulties. A clinical report and a bibliographic review were made to allow a better understanding about the case and to orient the case evidence based.

Conclusions Despite the evidence about the good response of atypical antipsychotics (e.g. risperidone) in erotomania, in our case study, the partial remission was only achieved with high dose of the old typical antipsychotic, pimozide.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1300

Defining therapeutic plans and purposes for psychiatric patients served by a home-visiting program



F. Couto Gomes*, G. Sobreira, I. Capeto Coelho, J. Oliveira
Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisbon, Portugal

* Corresponding author.

Introduction PreTrarCa is a home-visiting program at an inpatient clinic in Lisbon, Portugal, constituted by a team of nurses, social workers and a psychologist, and managed by a psychiatrist.

Objective To describe the criteria and purposes for the home-visiting program, its congruence with therapeutic plans, and patients' service satisfaction.

Aims To help in defining common purposes to patients and professionals, to improve quality of care.

Methods Questionnaires regarding admission criteria and purposes for the home-visiting, individualized therapeutic plans and service satisfaction were applied to patients, family, team members and psychiatrists.

Results As for the individual treatment plan, symptom control and better treatment adherence were frequently mentioned by patients, family members, team members and psychiatrists (respectively, 72.22% and 47.22%, 93.75% and 93.75%, 94.44% and 91.67%, and 68.42% and 33.33%). Team members frequently mentioned control of drug adverse effects (88.89%) and psychiatrists frequently mentioned control of drug adverse effects, social integration and social skills (42.11%, 36.84%, 21.05%). As for the purposes of home-visiting, symptom control and better treatment adherence/administration of long acting injectable drugs were frequently mentioned by the majority of patients, family members, team members and psychiatrists (69.44% and 66.67%, 93.75% and 93.75%, 91.67% and 80.55%, 52.63% and 68.42%).

Conclusions Patients, families, team members and psychiatrists share similar views on the individual therapeutic plans, though team members and psychiatrists give importance to some aspects that patients and their families tend not to mention. Purposes are generally congruent with treatment plans, which may signal satisfactory communication between all these elements.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1301

Pregabalin augmentation in the treatment of borderline personality disorder with partial therapeutic response – case report



D. Duisin^{1,*}, S. Milovanovic², B. Batinic³

¹ Institute of Psychiatry Clinical Center of Serbia, Day Hospital, Belgrade, Serbia

² Clinic of Psychiatry, Clinical Centre of Serbia, Serbia School of Medicine, University of Belgrade, Day Hospital, Belgrade, Serbia

³ Clinic of Psychiatry, Clinical Centre of Serbia, Faculty of Philosophy, Department of Psychology, University of Belgrade, Belgrade, Serbia

* Corresponding author.

Introduction Emotional dysregulation is one of the core problems of borderline personality disorder (BPD). Forty-one year-old married female diagnosed with BPD at the age of 21, was admitted to the partial hospitalization unit due to a depressive symptoms and emotional dysregulation and poor overall functioning.

Objective Patient was previously treated with numerous psychotropic agents: antipsychotics (AP) – fluphenazine, levomepromazine, risperidone, clozapine; antidepressants (AD) sertraline, mirtazapine, maprotiline, amitriptyline; psychostabilizers – carbamazepine/valproate) without achieving the full therapeutic response. After switching to combination of clomipramine and aripiprazole, we have reached partial clinical response.

Aim The aim of this treatment was to improve clinical response and achieve emotional stability by augmentation with neuromodulator pregabalin.

Method Augmentation strategy was realized by gradual titration and tapering of pregabalin (300 mg/d) over a two-week period. We started with pregabalin dose of 75 mg/d, followed by gradual increase to the dose of 300 mg/d. The Beck Depression Scale (BDS) and the Emotional Dysregulation Scale–short form (EDS) have been used for efficacy monitoring.

Results Mental state before augmentation therapy: the BDS (score 30–moderate depression) and the EDS–short form (score 127). Parameter status after augmentation with pregabalin: BDS score 16–mild mood disturbance, EDS score 87.

Conclusions Augmentation strategy with pregabalin have improved emotional control, maintained affective and behavioral stability, with significant reduction of feelings of emptiness, as well as the achievement and maintaining of emotional attachment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1302

Pharmacotherapy of acute psychotic states: The reason for benzodiazepines and valproic acid augmentation



A. Veraksa^{1,*}, A. Egorov²

¹ City Psychiatric Hospital N 3, Inpatient Unit N 24, St. Petersburg, Russia

² IM Sechenov Institute of Evolutionary Physiology and Biochemistry, Laboratory of Behavior Neurophysiology and Pathology, St. Petersburg, Russia

* Corresponding author.

Acute psychotic states (APS) usually are diagnosed as schizophrenia spectrum and affective disorders and make up about 45% of cases. The goal of the study was to elucidate the effect of benzodiazepines (BDZ) and valproic acid augmentation in the APS pharmacotherapy. The study was carried out on 102 inpatients diagnosed up to ICD-10 as schizophrenia ($n=24$), acute and transient psychotic disorders ($n=40$), other mental disorders due to brain damage and dysfunction and to physical disease ($n=17$), schizoaffective disorder

($n=12$), bipolar affective disorder ($n=9$). Patients were randomized into four therapeutic groups:

- benzodiazepines (BDZ);
- one neuroleptic or combination of one neuroleptic and one BDZ (NBDZ);
- combination of valproic acid with BDZ or neuroleptic (VBDZN);
- polypragmasy (PP): from two drugs of one group up to four and more drugs at the same time.

The mental state of the patients was evaluated daily and estimated before, weekly and after APS termination by BPRS and CGI scale. The APS in all groups lasted from 1 to 50 days (mean 11.4). The shortest duration of APS was in BDZ group – 4.7 days; in VBDZN and NBDZ, the duration was 7.0 and 7.4 days ($P<0.05$); in PP group, the treatment lasted 24.5 days ($P<0.001$). Before therapy, average BPRS rate was 43.5 ± 8.1 , CGI – 6.2 ± 0.8 ; after APS, BPRS was 18.9 ± 2.1 , CGI – 1.1 ± 0.3 . All rates did not differ among subgroups. APS therapy by BDZ and its combination with neuroleptics and valproic acid was effective compared to the polypragmasy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1303

It is possible to change clozapine by another neuroleptic



F.X. Fluvia^{1,*}, R. Pastor²

¹ Home for the chronically mentally ill, Psychiatry, Xabia, Alacant, Spain

² Home for chronically mentally ill Xabia Bella, Psychiatry, Xabia, Alacant, Spain

* Corresponding author.

It is well known that when we have a schizophrenic patient who do not respond to two batches of neuroleptics at full dosage for more than six month, it may be wise to try with clozapine which is believed to be one of the best neuroleptics we have but with two main handicaps: it can produce leucopenia which can be fatal and epileptic seizures as well. We do think that in many cases, clozapine has been used too soon in the treatment of the schizophrenic patient, before we can really talk of a resistant patient. To prove that we have changed the clozapine treatment of four chronically ill schizophrenic patients admitted to a home for the chronically mentally ill. Two patients were changed from clozapine 400 mg/day to paliperidone 15 mg/day along two months time. They both improved in mental clarity and ability of thinking. Another patient were changed from 600 mg/day to 27 mg/day of paliperidone. That patient worsened a little bit mainly with hostility and social avoidance but it was mandatory to change neuroleptic because he had had two seizures and had low levels of platelets and therefore he was at risk of developing leukopenia. The fourth one was taking 300 mg of clozapine and was changed to 12 mg of paliperidone. We got no change in the clinical outcome.

Discussion We discuss the different explanations for the results we got.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1304

Prescription profile of antipsychotics in inpatients with psychotic disorders



M.D.C. García Mahía*, Á. Fernández Quintana, M. Vidal Millares
CHU A Coruña, Psychiatry, A Coruña, Spain

* Corresponding author.

Introduction Previous studies of prescribing in psychiatric services have identified the relatively frequent use of combined antipsychotics in schizophrenia.

Aims – To analyze the proportion of patients treated with more than one antipsychotic;

– to study clinical as sociodemographic variables associated with types of prescription.

Methods Retrospective descriptive study of treatment prescribed to psychiatric inpatients treated in an acute care unit of Psychiatry Service in a large teaching hospital during a period of 3 years. Consecutively admitted inpatients receiving concurrent antipsychotics were compared with those treated with a single antipsychotic. Prescription drug records at discharging were revised, $n = 263$.

Results From the total sample, 61% received more than one antipsychotic. The most common types of combinations were atypical plus a typical antipsychotic followed by two atypical antipsychotics, being less frequent combination of three or more antipsychotics. There were 19 different drug combinations. Concurrent antipsychotics were most frequently prescribed in schizophrenia and schizoaffective disorder. Patients with more previous episodes of illness received more frequently concurrent antipsychotics than patients with low number of previous episodes of illness ($P < 0.03$). Patients with longer time of hospitalization, and age between 30 and 50 years were treated more frequently with several antipsychotics. Analysis with other variables is presented in the study.

Conclusions There is a significant difference in the strategies of treatment with antipsychotics depending on diagnosis and number of previous episodes of illness. The concurrent use of multiple antipsychotics in psychiatric inpatients appears to be a response to treatment resistance and is frequent in schizophrenic patients.

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EV1305

Brief psychotherapy in eating disorders



E. García^{1,*}, M. Leon², F. Polo², R. Martínez³

¹ Ciudad Real, Spain

² Hospital General de Ciudad Real, UTCA, Ciudad Real, Spain

³ Hospital General de Ciudad Real, USMIJ, Ciudad Real, Spain

* Corresponding author.

First time we began to work with eating disorders, we used to hear the chronic course of the illness and the long-term treatment that our patients would need. When you have a team trained in brief psychotherapy, but not in this specific area, it sounds as just the opposite you try to reach with your patients. National guidelines however are full of psycho-educational and cognitive-conduct treatment's models, without any other validated kind of treatment. However, it was our experience that solution focused or problem focused therapy were also two clinical effective approaches to many psychiatric problems. In fact, we had a mature consult, in which as far as two thirds of patients had become, some way chronic. Problem was, as far as we can imagine, if that was a disease's effect or a lack of a deeper intervention, which were wider than those classic. So, we classified our patients in resistant or not resistant, and doing so we add brief therapy to the first group, reevaluating every week each intervention and the course of the illness. By doing so, we found that chronicity was, in some cases, just the result of limited treatments. Here we have analysed some chronic patients with a bad course and the alternatives that let them to recover.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1306

Tech Connect: An innovative pilot intervention to improve treatment adherence for adolescents with mood disorders



R. Gearing^{1,*}, K. Moore², R. Guetta³

¹ University of Houston, GCSW, Houston, USA

² Columbia University, Columbia, New York, USA

³ North Shore Child and Family Guidance Center, Child and Family, New York, USA

* Corresponding author.

Introduction Over a third of adolescents terminate prematurely from mental health treatment. A core underlying assumption of most, if not all, evidence-based psychosocial interventions is that patients will fully and actively engage in the treatment protocol. Poor adherence remains a fundamental challenge in the treatment of mood disorders in adolescents. Tech Connect is a proactive, technology-assisted intervention of manualized between session contacts and structural supports to increase adherence of adolescents with depression who are at high risk of dropout from treatment.

Objective To test Tech Connect in a randomized controlled trial (RCT) with depressed adolescents by:

- assessing feasibility;
- estimating preliminary intervention parameters;
- investigating adherence and mental health outcomes.

Methods An RCT with depressed youths (13–17 years) who were at high-risk for premature dropout were randomized to Tech Connect (treatment condition) or standard community-based care (control condition). Standardized measures assessed mental health symptoms and outcomes, health beliefs, family involvement, adherence, and therapeutic alliance.

Results Results found significant differences between the number of treatment sessions attended by the adolescents assigned to Tech Connect and those of the control group.

Conclusions Tech Connect was designed to increase sessional adherence in the early phase of treatment. All adolescents in the treatment condition attended the first treatment session, with 90% attending the targeted first 8 sessions. In comparison, only 40% of adolescents in the control condition completed the first 8 sessions. The Tech Connect Program is a novel, technologically driven intervention designed to address this gap by improving engagement and adherence to treatment.

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EV1307

Antidepressants and thyroid hormones



S. Gómez Sánchez^{1,*}, L. Rodríguez Andrés¹, A. Rodríguez Campos¹, C. Noval Canga¹, A. Álvarez Astorga¹, A. San Román Uría², G. Isidro García¹, M. Hernández García¹, T. Ballesta Casanova¹, L. Gallardo Borge¹

¹ Hospital Clínico Universitario de Valladolid, Psiquiatría, Valladolid, Spain

² Complejo Asistencial de Zamora, Psiquiatría, Zamora, Spain

* Corresponding author.

Introduction Over the years, it has been shown that various psychopharmaceuticals cause alterations on thyroid function. The objective of this review is to summarize the most important thyroid side effects associated with them. Special attention is paid to antidepressants, which are widely used and whose side effects are not receiving the attention they deserve.

Clinical cases This review presents three cases of patients who were undergoing treatment with venlafaxine. Before the start of

treatment, we asked for an analytical with thyroid profile in which no change was observed. After establishing treatment, a decrease in total T4 and free T4 was observed, TSH remained unchanged.

Discussion It is important to note the need for systematic evaluation of thyroid function at the beginning of an antidepressant treatment, and perform their monitoring controls. We cannot forget that the clinical of hypothyroidism sometimes presents with depressive symptoms, which could mask the effectiveness of treatment.

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EV1308

Clozapine induced blood dyscrasias and a therapeutic approach



A. Gomez Peinado*, P. Cano Ruiz, S. Cañas Fraile, M. Gonzalez Cano, G.E. Barba Fajardo

Hospital Nuestra Señora del Perpetuo Socorro, Mental Health, Albacete, Spain

* Corresponding author.

Introduction Clozapine is a neuroleptic commonly used in treatments resistant to schizophrenia. However, despite the benefits, clozapine might cause some serious side effects. Hence, it is of the utmost necessity to keep an exacting control of the patients.

Objectives To study some of the therapeutical approaches to the treatment of clozapine induced neutropenia and agranulocytosis.

Methods Review of some articles in Mental Health Journals.

Results The treatment with clozapine, substratum of aminergic and muscarinic receptors, entails a 0.9% risk of causing agranulocytosis, and approximately a 2.7% risk of causing neutropenia. Both occur, over 80% of them, during the first 18 weeks of treatment. Thus, before starting it, it is necessary to draw some blood and analyze the complete blood count (CBC). Also, we must analyze CBCs weekly during the first 18 weeks. Other dyscrasias like leukopenia, leukocytosis, anaemia, eosinophilia, thrombocythaemia or thrombocytopenia can also be observed. When agranulocytosis appears, it can be treated by discontinuing the clozapine treatment, but also using granulocyte-colony stimulating factor or lithium, both separated or combined with clozapine. Lithium produces reversible leukocytosis once plasma levels of > 0.4 mmol/L are reached. Despite the simultaneous treatment with lithium, clozapine can trigger some neurological side effects, it seems that seizure risk remains invariable.

Conclusions Some of the clozapine's side effects, like neutropenia or agranulocytosis, are potentially lethal. Their treatment consists of discontinuing clozapine or initiating granulocyte-colony stimulating factor or lithium. These are good options that can give rise to a later continued treatment with clozapine.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1309

Misuse of trihexyphenidyl: Factors associated to the prescription



K. Hajji^{1,*}, M. Ilyes², F. Soumaya², Y. Samira², N. Mohamed²

¹ Boulogne-Billancourt, France

² Hospital Of Mahdia, of Psychiatry, Mahdia, Tunisia

* Corresponding author.

Introduction Trihexyphenidyl (THP) is an anti-Parkinson and anticholinergic drug. It is essentially prescribed by psychiatrists in order to treat abnormal movements and Parkinsonism induced by antipsychotics. However, in unusual practice, the THP is widely used by patients.

Aims To assess different factors associated to the prescription of trihexyphenidyl in patients treated with neuroleptics.

Methods A cross-sectional, descriptive, comparative and analytical study among 153 patients followed in outpatients clinics and treated by antipsychotics.

Results During a six-month period, 153 patients were interested by the study. In total, 79.73% of them were receiving a treatment by THP. Mean age was 47.79 years old. Almost patients were married (44.1%), having a primary level education (46.7%) and jobless (66.7%). Mean factors associated to THP prescription were: hospitalization in a psychiatry unit ($P=0.025$), good evolution of mental disorder during hospitalization ($P=0.008$), regular follow-up ($P=0.005$), episodic evolution and existence of residual symptoms ($P=0.001$), personality disorder ($P=0.025$) and somatic comorbidities ($P=0.001$). Prescription was crucial in order to indicate necessity of THP. Doses of neuroleptics were a determinant factor ($P=0.0001$). Forty-one percent of patients were receiving more than one treatment ($P=0.0001$). In most cases, prescription consists of classic antipsychotics (67.60%).

Conclusion Prescription of THP should be argued, considering different factors associated to the prescription, in order to prevent misuse of the drug.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1310

Light as an aid for inpatient recovery: A systematic review



J. Henriksen*, N. Okkels

Aarhus University Hospital, Psychiatric Research Academy, Department of Affective Disorders Department Q, Risskov, Denmark

* Corresponding author.

Introduction The indoor light environment of hospital wards may affect functions and symptoms that are central to the process of inpatient recovery, including sleep, anxiety, well-being, and mood. **Objective** To assess whether interventions in light improves recovery in hospitalized patients across all medical specialties.

Methods We systematically searched and reviewed the literature for RCT's on adult inpatients where any light intervention were compared to standard care or placebo. We reviewed effects of light on various outcomes, and compared differences in administration, timing, color, and intensity of the light.

Results We identified 2330 titles, of which 32 met our predefined selection criteria. Choice of administration, timing, wavelengths, and intensity varied. However, most studies investigated bright light therapy with high intensity and short exposure time, others low-intensity light at night filtered of wavelengths in the blue spectrum, and yet others the use of dawn simulation. Comparators were either placebo lamps with low intensity or regular indoor light. Most studies were performed on psychiatric inpatients, showing that bright light therapy is an effective aid in recovery of major depression. Across medical specialties, several studies reported improved sleep quality during the light intervention. Other studies found a lower rate of delirium. In elderly patients with dementia, studies found light interventions to relieve agitation and confusion. **Conclusions** Light may ease a broad range of symptoms and behaviors across inpatient categories. The intervention is inexpensive, well tolerated, and non-invasive. This study underlines intelligent lighting design as an interesting, yet under-explored, non-pharmaceutical treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1311

Long-acting injectable aripiprazole. Clinical experience in a case series

J.M. Hernández Sánchez^{1,*}, M.C. Cancino Botello²,
M.F. Molina López², D. Peña Serrano², M. Machado Vera²

¹ Valencia, Spain

² Hospital General de Valencia, Psychiatry, Valencia, Spain

* Corresponding author.

Introduction The use of long-acting injectable antipsychotics is useful in patients with low therapeutic compliance.

Objective To present the demographic and clinical data of a case series in which long-acting injectable aripiprazole has been prescribed in an ambulatory Mental Health Center.

Methods Systematic review of the related literature and clinical history of patients in which long-acting injectable aripiprazole had been prescribed from January to March 2015 in a Mental Health Center.

Results We found 10 patients, whose diagnosis were schizophrenia (4), non-specified psychosis (2), personality disorder (1), bipolar disorder (1), schizoaffective disorder (2), of whom 7 were men and 3 women, with a mean age of 43.8 years old. The mean of years since diagnosis was 15.1 years. In 7 patients, we found concomitant treatment with another antipsychotic agent (low dose quetiapine in all of them); antidepressants in 1 patient, benzodiazepines in 6; mood stabiliser in 5 and biperidone in 1. In relation to previous antipsychotic drugs, we found: aripiprazole 15 mg/day oral (4); long-acting injectable paliperidone 150 mg/28 days (2) paliperidone 6 mg/day oral (1); combination of paliperidone 6 mg/day oral plus olanzapine 5 mg/day oral (1). Only 4 patients had used long-acting injectable drugs previously in their lifetime. The reason of having initiated treatment with long-acting injectable aripiprazole was sexual disturbance (3); lack of compliance (4); clinical instability (2) and motor side effects (1).

Conclusions In our series, we can observe a chronic patient profile, predominantly men with diagnosis of psychotic spectrum.

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EV1312

Uncommon effects of clozapine

J. Jerónimo*, J. Santos, L. Bastos
Santa Maria's Hospital, CHLN, Psychiatry and Mental Health
Department, Lisboa, Portugal

* Corresponding author.

Introduction Clozapine is the first option for treatment-resistant schizophrenia, affecting about 20–30% of all patients. Weight gain, sedation, hypotension and hypersalivation are common and well-known adverse effects associated with clozapine. However, it is also important to be aware of uncommon adverse effects, like parotitis.

Objective We report a case of clozapine-induced parotitis.

Methods Literature was accessed through Pubmed, using the search terms parotitis and clozapine.

Results A 36-year-old male with paranoid schizophrenia, whose psychotic symptoms have responded only slightly to two antipsychotic trial, with both haloperidol and olanzapine. Therefore, he began treatment with clozapine with the dose titrated to 400 mg/day. At first, the only registered adverse effect was hypersalivation. Eventually, after 3 months of treatment, he developed a unilateral swelling of the left parotid gland. Bacterial and viral parotitis were ruled out and the diagnosis of clozapine-induced parotitis was evoked. Patient scored 5 in the Parotitis-Specific Criteria Modified Naranjo Probability Scale. Symptomatic medication was initiated with paracetamol and a non-steroidal anti-inflammatory with a favorable outcome.

Conclusion There are few reports of clozapine-induced parotitis, a very rare and poorly known adverse effect with an unknown pathophysiology. Early recognition and proper management are essential to reduce morbidity associated with the treatment. There is no consensus how to manage these adverse effect, however, generally it is not necessary to discontinue the treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1313

Development and psychometric testing of a Scale for Evaluating Self-management Needs of Knee Osteoarthritis (SMNKO) in Taiwan

M.H. Kao^{1,*}, Y.F. Tsai²

¹ Mackay Junior College of Medicine, Nursing, and Management, Department of Nursing, New Taipei City, Taiwan

² College of Medicine, Chang Gung University, School of Nursing, Tao-Yuan, Taiwan

* Corresponding author.

Introduction Knee OA is a chronic and multifactorial disease; self-management needs are complex, which requires a multi-dimensional management plan. There is a need for healthcare providers to provide patients with knowledge of knee OA and how to effectively manage the disease.

Objective Self-management-needs scales are one means of determining the management requirements of an individual patient. There is no suitable instrument available for assessing self-management needs of adult patients with knee OA in Taiwan. This study developed an instrument that could assess the self-management needs of knee OA patients using Orem's self-care theory as a theoretical framework.

Aims This study developed and psychometrically tested a new instrument for measuring adult patients' self-management needs of knee OA (SMNKO).

Methods Development of the instrument involved three phases: item generation and scale development; content and face validity of the initial instrument; and evaluation of validity and reliability of the new instrument. Participants ($n = 372$) were purposively sampled from orthopaedic clinics at medical centres in Taiwan.

Results The self-care theory guided the development of the 35-item SMNKO scale. The content validity index was 0.83. Principal components analysis identified a 3-factor solution, accounting for 53.19% of the variance. The divergent validity was -0.67 ; convergent validity was -0.51 . Cronbach's α was 0.95, Pearson correlation coefficient was 0.88, and the intraclass correlation coefficient was 0.95.

Conclusions The SMNKO scale can measure and identify the individual self-management needs of knee OA patients. It will help healthcare providers better evaluate strategies that can help these patients cope with this chronic disease.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1314

Some side effects of antipsychotics

L. Montes Reula^{1,*}, A. Ballesteros Prados²

¹ Red Salud Mental Gobierno de Navarra, CHN Psychiatric, Pamplona, Spain

² Red Salud Mental Gobierno Navarra, Mental Health Center, Estella, Navarra, Spain

* Corresponding author.

Background Pharmacological treatments for chronic diseases cause side effects. It is important to identify which of these effects could be avoided because it is a cause to drop the treatment. In the chronic psychiatric illness, one of the problems is the induction of changes in prolactin (PRL) serum.

Purpose Review of the literature that has been published to assess the association between different types of antipsychotic drugs and prolactin levels.

Method Literature search on PubMed, NCBI literature in the last three years using MeSH terms: “prolactin” and “antipsychotics”.

Conclusions The increase of prolactin is a common effect poorly studied in the past. After several studies have been able to achieve treatments, called “atypical”, which cause less effect on this substance. For example, asenapine, olanzapine and ziprasidone have a slight effect on PRL levels. Aripiprazole could even result in lower levels probably by partial agonism on dopamine receptors. Therefore, we have to make a good clinical practice taking into account the effectiveness and tolerance and interpersonal variation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1315

Therapeutic children’s book: “I Managed to Overcome my Fears”

C. Lima

ForAll, Desenvolvimento Pessoal e Bem-Estar, Unipessoal, Lda., Psicologia, Porto, Portugal

The book “I Managed to Overcome my Fears” was written based on the experience of the author. The sleep disorders in children are sometimes emotional fragility of reflection lived at the time. Caused by routine changes or adaptive and considered normal in child development. This book is meant to be a major therapeutic instrument to be used by therapists and other technicians engaged in the mental health of children. It contains the story, therapeutic indications and therapeutic homework. Getting help children overcome the fears that torment sleep, it will be easier with this feature.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1316

The effect of relaxation techniques and trigger points therapy on stress reduction of patients with mental health disorders in a Greek hospital

G. Lyrakos^{1,*}, D. Menti (MSc in Health Psychology)², I. Spyropoulos¹, V. Spinaris¹

¹ General Hospital Nikaia “Ag. Panteleimon”, Psychiatric, Nikaia, Greece

² City Unity College, Department of Psychology, Athens, Greece

* Corresponding author.

Background Patients with mental health disorders usually suffer from high stress levels. Trigger points therapy has been shown to be very effective in providing prompt relief from stress in these patients.

Aim To investigate the effect of the combined use of relaxation techniques and trigger points therapy on stress levels of patients with mental health disorders.

Method Thirty-one patients participated in this study, 14 (45.2%) males and 17 (54.8%) females, with a mean age of 39. Out of them,

10 (32.3%) suffered from anxiety disorders, 6 (19.4%) from obsessive compulsive disorder, 10 (32.3%) from depression and 5 (16.1%) from chronic condition stress. Data analysis was conducted with *t*-test analysis and ANOVA, using the SPSS software.

Results The findings revealed significant differences on stress levels before and after the use of relaxation techniques and trigger points therapy as $t(30)=18.316$, $P<0.0001$. Before the use of relaxation techniques and trigger points therapy, individuals reported higher stress levels ($M=6.129$, $SD=1.087$) compared to after the therapy ($M=1.741$, $SD=.889$). Moreover, significant differences were found in stress reduction with regard to psychiatric illnesses ($F(3,27)=5.027$, $P=0.007$). More specifically, individuals with depression reported lower reductions in their stress levels after the therapy compared to both those with chronic condition stress ($M=-2.1$, $SD=0.61$, $P=0.013$) and anxiety disorders ($M=-1.4$, $SD=0.503$, $P=0.05$).

Conclusion The findings of this study highlight the importance of using trigger points therapy, combined with relaxation techniques, to reduce stress levels of patients with mental health disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1317

Antipsychotic combination strategies in patients with bipolar disorder

R. Molina Ruiz*, M. de Castro Oller, V. Gomez Macías, M. Roncero Rodriguez, F. Montañes Rada

Hospital Universitario Fundación Alcorcón, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction Treatment strategies in bipolar disorder (BPD) has changed in the last decades and polypharmacy including antipsychotics has become extremely common compared to monotherapy with mood stabilisers. Clinicians tend to use 2 or more atypical antipsychotics despite the lack of evidence to support safety, tolerability and efficacy of this practice.

Objective To determine most frequently used treatment strategies in a sample of bipolar disorder patients and review of the literature.

Methodology Analysis of a sample of 35 patients with BPD from Madrid and review of recent literature for evidence arising from international guidelines recommendations and meta-analyses.

Results Most frequently used treatment approach in our sample was polytherapy, including at least 1 atypical antipsychotic (31%) and polytherapy, including at least 2 antipsychotics (47%) together with mood stabilisers. Only 11% were in monotherapy with mood stabilisers and another 11% were in monotherapy with one atypical antipsychotic but without mood stabilisers. Aripiprazole and olanzapine were among the most preferred atypical antipsychotics. Efficacy and safety of such combinations have not been systematically compared with monotherapy in the literature. Previous data indicate that polytherapy in BPD may incur in important disadvantages [1].

Conclusions Treatment of BPD remains challenging. Polytherapy seem to have replaced monotherapy due to less relapses and better results in treatment of affective symptoms. However, compliance and secondary long-term effects should be taken into account. Superiority in terms of efficacy in polytherapy needs to be balanced with tolerability issues. More studies on combination therapy, long-term efficacy and safety are needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1318

A systematic review on pharmacological treatment in delusional disorder



J.E. Muñoz Negro*, J. Cervilla-Ballesteros
Andalusian Health Service, Mental Health Unit, CIBERSAM.
University of Granada, Granada, Spain

* Corresponding author.

Introduction Pharmacological treatment is the gold standard in DD. None SGA is authorized for the treatment of DD. To date, only one systematic review-addressing treatment of DD has been performed. However, it was only reported data about CBT therapy.

Methods A systematic review on pharmacological treatment of DD was conducted. We selected the best evidence available, mainly searching in online databases. Then, we analyzed 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 and most of the studies were observational or case series reports. We could collect a good number of cases, ($n = 336$) 137 FGA, 189 SGA and 10 antidepressants. Antipsychotics achieved a good response in a 61.35% of the patients. Moreover, SGA (65.08% good response) were more effective than FGA (56.20% good response) although the difference did not reach statistical significance. ($\text{Chi}^2 = 2.6384$, $P \leq 0.10$). Haloperidol (88.14% good response), risperidone (69.60% good response) and olanzapine (71.64% good response) were the most effective treatments, although the difference in favour of haloperidol it might be biased by the methodology used.

Conclusions Although the quality of the evidence was very low to make strong recommendations, antipsychotics appear to be an effective treatment for DD. We need to develop clinical trials in DD and SGA might be the best candidates to do.

Keywords Paranoia; Delusional disorder; Treatment; First generation antipsychotics; Second generation antipsychotics.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1319

Lamotrigine induced DRESS syndrome in bipolar disorder: Multiple snares behind a potentially life-threatening adverse reaction



G. Oriolo^{1,*}, A. Brugués², J.M. Goikolea¹, L. Pintor¹

¹ Hospital Clínic de Barcelona, Psychiatry, Barcelona, Spain

² Hospital Clínic de Barcelona, Dermatology, Barcelona, Spain

* Corresponding author.

Background Lamotrigine is widely used to prevent bipolar depression. Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) is a rare, potentially life-threatening adverse effect. The long latency between drug exposure and disease onset, added to the high variability of its clinical presentation, can increase the risk of misdiagnosis lamotrigine withdrawal delay.

Objective To highlight potential risk factors that can be related to a worse clinical onset and evolution of lamotrigine-induced DRESS syndrome.

Methods We report the case of a 25-year-old-man, with a type I bipolar disorder, treated with lithium and lamotrigine 50 mg per day during the first 13 days of treatment, progressively increase up to 200 mg. Thirty-five days after the treatment initiation, a pruritic rash appeared in his upper arms, and scabies infestation was diagnosed. After 72 hours, the patient required urgent hospitalization due to hemodynamic instability.

Results On admission, facial edema and erythrodermia were involving 70 to 80% of the body surface. DRESS diagnosis due to lamotrigine was made following RegiSCAR criteria (Table 1). Psychiatric medication was stopped and DRESS treatment established. Complete recovery without recurrence was achieved after 2 months.

Conclusions The lamotrigine up titration faster than recommended may have facilitated the DRESS syndrome reaction. Moreover, the latency between lamotrigine introduction and the rash onset could have increased the possibilities of misdiagnosis. In light of this, physicians need to consider at least the last 3 months treatment history when assessing a rash, as the delay of DRESS syndrome diagnosis can fastly lead to a fatal event. Table not available.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1320

Long-acting injectable antipsychotics: Diagnostics and patient profile



L. Pérez Gómez^{1,*}, A. González Fernández², D.F. Frías Ortíz³, O.W. Muquebil Ali Al Shaban Rodríguez⁴, C.M. Rodríguez Mercado⁵, M. Jalón Urbina⁶, L. García González⁶

¹ Centro de Salud Mental El Coto, Psiquiatría, Gijón, Spain

² Hospital de San Agustín, Unidad de Hospitalización Psiquiátrica, Avilés, Spain

³ Hospital Fundación de Jove, Unidad de Psiquiatría, Gijón, Spain

⁴ Centro de Salud Mental de Mieres, Psiquiatría, Mieres, Spain

⁵ Hospital Fundación de Jove, Psiquiatría, Gijón, Spain

⁶ Hospital Universitario Central de Asturias, Unidad de Psiquiatría, Oviedo, Spain

* Corresponding author.

Introduction Long-acting injectable antipsychotics (LAIs) were developed in the sixties with the purpose of improving schizophrenia maintenance treatment. The main advantages are: the ability to ensure compliance, maintaining stable plasma concentrations and allowing better clinical management of drug therapy. Long-acting atypical injectable antipsychotics start to develop in the late nineties. Currently, they are the most widely used depot treatment for severe mental illness.

Objective Checking patient profile and diagnosis where we use LAIs.

Methods Review of 217 patients treated with LAIs in CSM El Coto-Gijón.

Results In our sample, the average age of the patients was 48.94 years old. Most of them were men (135 vs. 82). More than half of treated patients were diagnosed with schizophrenia (112), the paranoid subtype was the most repeated (93). Other severe mental illnesses were also treated with LAIs: emotionally unstable personality disorder (31), delusional disorder (19), bipolar disorder (15), schizoaffective disorder (12) and other less frequently. For all groups, paliperidone palmitate was the most used injectable antipsychotic. The new aripiprazole long-acting injectable starts being used in psychotic patients with a significant affective component.

Conclusions The schizophrenic patient remains being the prime candidate for this therapy although other severe mental disorders may also benefit of LAIs treatment. Most classical long-acting injectable antipsychotics have been replaced by new atypical injectable antipsychotics with a more tolerable side effects profile.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1321

Therapeutic attitudes and clinical global impression: A 2-year follow-up study of 33 outpatients with a mental disorder in treatment with paliperidone palmitate



M.D. Perez Lopez*, M. Soto Laguna, J. Prados Gomez, I. Zarranz Herrera Oria, R. Perez Asenjo, S. Bolaño Mendoza, M. Fernandez Torrija Daza, P. Gonzalez Rivera, B. Herrejon Teodoro
Hospital Provincial de Toledo, Psiquiatria, Toledo, Spain
* Corresponding author.

Introduction Maintaining antipsychotic therapy in mental disorder is important in preventing relapse, rehospitalization, and suicide. Lack of awareness of illness may be a leading cause for non-adherence. Long-acting depot can prevent non-adherence and thus potentially contribute to better patient outcomes.

Objective The aim of this prospective, observational, non-interventional 2-year-long study is to assess severity and post-intervention changes and attitudes toward medication of a group of patients treated paliperidone palmitate (PP).

Methods Thirty-three outpatients stabilised with PP during the last 24 months. Inclusion criteria were: patients' age (> 18 years), a diagnosis of schizophrenia, bipolar disorder, schizoaffective disorder stabilised during the last 12 months with PP, without a diagnostics from axis I or II (except for nicotine of caffeine) and able to sign the inform consent. Data collected: general sociodemographic and clinical data (age, sex, level of education, socioeconomic situation, family support, psychiatric diagnosis, years of evolution, use/abuse of substances, treatment, previous and later number of hospitalisations. Evaluations included disease severity (Clinical Global Impression-Severity (CGI-S) and Drug Attitude Inventory, (DAI)).

Results Thirty-three outpatients were followed during 24 months [mean dose 132,58 (44,4) mg], 75,8% were men, age 45,05 years old, 87,8% with a diagnoses of paranoid schizophrenia. Antipsychotic monotherapy increased over the time with PP. Significant improvements were observed on both Clinical Global Impression and Drug Attitude Inventory. The number of rehospitalizations and mean stays decreased from the beginning until the end of these 24 months.

Conclusions Our results suggest an improvement in the patient's clinical vision and attitude towards medication with long-acting depot.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1322

DECIDE Study: Effectiveness of shared decision-making in treatment planning at discharge of inpatient with schizophrenia. Experience after 20 months of the study



J. Pérez Revuelta^{1,*}, J.M. Pascual Paño², I. Lara Ruiz-Granados³, F. Gonzalez Saiz², C. Rodriguez Gomez², J.M. Mongil San Juan², M. Ayerbe de Celis², M. Pavon Garcia², J. Mestre Morales², M.J. Garcia del Rio², R. Guerrero Vida², J.M. Villagran Moreno²
¹ Servicio Andaluz Salud, Fundacion Biomedica Cadiz, Clinical Management Unit of Mental Health, Jerez de la Frontera, Spain
² Servicio Andaluz Salud, Clinical Management Unit of Mental Health, Jerez de la Frontera, Spain
³ Servicio Andaluz Salud, Macarena Clinical Management Unit of Mental Health, Sevilla, Spain
* Corresponding author.

Introduction Shared decision-making denotes a structured process that encourages full participation by patient and provider in making complex medical decisions. There has been extensive and growing interest in its application to long-term illnesses but surprisingly not in severe psychiatric disorders, such as schizophrenia. However, the great majority of schizophrenics are capable of understanding treatment choices and making rational decisions. Although the main justification for shared decision-making is ethical, several randomized controlled trials support its effectiveness in improving the quality of decisions, but robust evidence in objective health outcomes is needed.

Aims and objectives Of the study: to demonstrate the effectiveness, measured as treatment adherence and readmissions at 3, 6 and 12 months, of shared decision making in the choice of antipsychotic treatment at discharge.

Of the oral presentation: to present the study design; to make an interim report of the data obtained at the moment of the congress.

Methods Randomized controlled trial, prospective, two parallel groups, not masked, comparing two interventions (shared decision making and treatment as usual). Study population: Inpatients diagnosed of schizophrenia and schizoaffective disorders (ICD-10/DSM-IV-R: F20 y F25) at Adult Acute Hospitalization Unit at Jerez General Hospital.

Results Currently in the recruiting phase with 55 patients included in the study. An interim analysis of at least half of the target sample size.

Conclusions We will show the study design and decision tools employed. Conclusions in relation to the effectiveness (adherence and readmissions) and subjective perception.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1323

DECIDE Study: Antipsychotic treatment profile. Comparison of antipsychotic polytherapy in patients discharged after acute episode of UHSM, taking decisions shared vs. usual care strategies



J. Pérez Revuelta^{1,*}, M. Ayerbe de Celis², J.M. Mongil San Juan², C. Rodriguez Gomez², J.M. Villagran Moreno²

¹ San Fernando, Spain

² Servicio Andaluz Salud, Clinical Management Unit of Mental Health, Jerez de la Frontera, Spain

* Corresponding author.

Introduction Shared decision-making denotes a structured process that encourages full participation by patient and provider in making complex medical decisions. Although the main justification for shared decision-making is ethical, several randomized controlled trials support its effectiveness in improving the quality of decisions, but robust evidence in objective health outcomes is needed.

Aims Analyze the degree of antipsychotic polytherapy or monotherapy in patients discharged after their inclusion in the study and randomized to Share Decision-Making or Treat as Usual. Present preliminary conclusions after 20 months of follow-up.

Methods Randomized controlled trial, prospective, two parallel groups, not masked, comparing two interventions (shared decision making and treatment as usual). Previous antipsychotic treatment is collected by interviewing patient and family and as included in digital history and health card, discharge and reviews conducted at 3, 6 and 12 months.

Results Interim analysis shows there are no differences between groups (SDM and TaU) before intervention, we note the following results:

– the degree of antipsychotic polytherapy prior to admission for the entire sample decreased at discharge;
 – at discharge, there is a difference between SDM and TaU. Antipsychotic polytherapy in SDM decreases in a higher level.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1324

The utility of omega-3 fatty acids in depression



M.A. Quintanilla*, A. Salas, S. Pedrosa, L. Bosqued, C. Perez, B. Villagrasa, B. Aguado, P. Gracia
 Lozano Blesa Hospital, Psychiatry, Zaragoza, Spain

* Corresponding author.

Introduction Recent studies have reported therapeutic benefit from the use of omega-3 fatty acids (EPA and DHA) as adjunctive treatment of depression.

Objectives The goal of this work is to assess the effectiveness and tolerability of dietary supplementation with omega-3 in the treatment of depressed patients.

Method Prospective, descriptive, observational study in a general psychiatry outpatient clinic. Consecutive inclusion of depressed patients started on dietary supplementation with omega-3 because of partial response to antidepressants and/or intolerance to high doses or combination of antidepressant drugs between January and May 2015. Sociodemographic variables, clinical data and information about tolerability were recorded. Clinical response to treatment over time was assessed at 4–6 months follow up using the 5-item CGI (Clinical Global Impression) scale.

Results We included 30 depressed patients started on omega-3. None of them reported side effects. Seventy-three percent of patients reported clinical improvement (40% much improvement, 33% some improvement). None of them got worse. We did not find association between clinical response and age, sex, type of depression nor duration of illness.

Conclusion Despite the limitations of this study, our work support previous positive results on the use of omega-3 fatty acids (EPA and DHA) as adjunctive treatment of depression. Giving the safety of its use, clinicians might recommend omega-3 as adjunctive treatment of depression in cases with a partial response to antidepressants.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1325

Antipsychotic injectable extended release: A case report



M.D.L.C. Ramirez Dominguez*, L. Hernandez Gonzalez, I. Prieto Sánchez, A. Rodriguez Martinez, S. Fernandez Leon
 Complejo Hospitalario de Huelva, Psiquiatria, Huelva, Spain

* Corresponding author.

Objective To demonstrate the therapeutic efficacy of aripiprazole LP by a case of difficult clinical management and that we often find in our daily practice.

Methods Description of a clinical case of a 21-year-old man, recently diagnosed with paranoid schizophrenia with no awareness of disease neither treatment adherence and harmful use of THC and cocaine that are identified as precipitating factors for multiple hospital admissions.

Results Injectable medication with objective clinical improvement is significant, cessation of readmissions, achieving improvement in all parameters measured functionality and proper adherence to treatment as well as outpatient mental health of both devices as of drug dependence.

Conclusion Psychiatry is facing the great challenge of modifying the natural history to the deterioration of schizophrenia, a disease considered one of the leading causes of years lived with disability. The objectives medium and long-term treatment of this disease are centered on the delay-avoidance disability and improving the functioning and quality of life of people with this disease.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1326

Adherence to treatment and number of relapses in patients treated with atypical antipsychotic prolonged release



M.D.L.C. Ramirez Dominguez*, I. Prieto Sánchez, M. Nuñez Caro, N. Garrido Torres, A.S. Biedma Martn
 Complejo Hospitalario de Huelva, Psiquiatria, Huelva, Spain

* Corresponding author.

Introduction The extended release injectable offers a good alternative for those patients with no or poor adherence to treatment. Numerous studies indicate that decrease the number of relapses in such individuals. Our aim is to check whether a group of our patients diagnosed with dual pathology coincide with these data.

Methods We followed a group of 5 patients diagnosed with paranoid schizophrenia or delusional disorder with drug consumption in the last year. We measured the number of relapses, understood as the number of visits to emergency and outpatient devices Mental Health Hospitals and hospitalizations six months before the start of treatment with aripiprazole injectable extended release and six months after.

Results The preliminary results point to a significant reduction in the number of emergency room visits and hospitalizations after starting sustained release injectable treatment.

Conclusions Our preliminary results are consistent with the literature, we found also reduced consumption of toxic and better adherence to drug addiction devices. The new antipsychotics extended release is a good alternative for patients with dual diagnosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1327

Electroconvulsive therapy: Brief versus ultrabrief pulse right unilateral electroconvulsive therapy



M.R. Raposo^{1,*}, M.L. Medina², A.L. González¹, I. Martínez³, A. Gil⁴, A. Belmar⁵, M.D. Piqueras⁶, J.B. Murcia⁷, V. Ivanov⁷, P. Manzur⁷, A. Busaileh⁸

¹ Servicio Murciano de Salud, Centro de Salud Mental Cartagena, Hospital Universitario Santa Lucía, Cartagena, Murcia, Spain

² Servicio Murciano de Salud, Unidad de Corta Estancia, Hospital Román Alberca, Murcia, Spain

³ Servicio Murciano de Salud, Residencia Psicogeriátrica Virgen del Valle, El Palmar, Murcia, Spain

⁴ Servicio Murciano de Salud, Unidad Regional de Media Estancia, Hospital Psiquiátrico Román Alberca, Murcia, Spain

⁵ Servicio Murciano de Salud, Centro de Salud Mental Cartagena, Hospital Universitario Santa Lucía, Cartagena, Murcia, Spain

⁶ Servicio Murciano de Salud, Hospital Universitario Santa Lucía, Cartagena, Murcia, Spain

⁷ Servicio Murciano de Salud, Centro de Salud Mental Cartagena, Cartagena, Murcia, Spain

⁸ Servicio Murciano de Salud, Hospital General Universitario Santa Lucía, Cartagena, Murcia, Spain

* Corresponding author.

Introduction Electroconvulsive therapy (ECT) is an effective depression treatment, but it has potential cognitive side effects. Bitemporal ECT has been traditionally used, but in recent decades, right unilateral (RUL) electrode placement has been proposed to decrease the cognitive side effects of ECT. Ultrabrief pulse (UBP) right unilateral (RUL) ECT is an increasingly used treatment option that can potentially combine efficacy with lesser cognitive side effects.

Objectives To evaluate whether ultrabrief pulse (UBP) right unilateral (RUL) electroconvulsive therapy (ECT) is as effective as brief pulse (BP) RUL ECT in addition to cause lesser cognitive side effects. **Material and methods** A search is performed in the available scientific literature on systematic review and meta-analysis of the subject under study, through the database PubMed.

Results – Current evidence supports the efficacy of right unilateral (RUL) electroconvulsive therapy (ECT) given with an ultrabrief pulse width in the treatment of depression;

– ultrabrief pulse RUL ECT leads to lesser cognitive side effects than traditional forms of ECT;

– ultrabrief pulse RUL ECT may be slightly less effective than traditional forms of ECT.

Conclusions BP compared with UBP RUL ECT was slightly more efficacious in treating depression and required fewer treatment sessions, but led to greater cognitive side effects. The decision of whether to use BP or UBP RUL ECT should be made on an individual patient basis and should be based on a careful weighing of the relative priorities of efficacy versus minimization of cognitive impairment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1328

Acute pancreatitis and olanzapine–valproate association: A pilot study



M.G. Ravel^{1,*}, E. De Vivo¹, F. Marmo¹, F. Gucci²

¹ Villa Camaldoli Alma Mater SPA, Psychiatrist, Psychodynamic Integrated Psychiatry Department, Napoli, Italy

² Villa Camaldoli Alma Mater SPA, Head Psychiatrist, Psychodynamic Integrated Psychiatry Department, Napoli, Italy

* Corresponding author.

Introduction Drugs are responsible for 0.1–2% of acute pancreatitis incidents, which is characterized by the onset of parenchymal fat necrosis with inflammation in a previously healthy individual (Jones, 2015). Elevation of serum amylase is an effective marker of disease (de Berardinis, 1999). Valproic acid induces acute pancreatitis as a direct toxic effect of free radicals on the pancreatic tissue (Kaurich, 2008). Most cases of pancreatitis occurred within 6 months after the start of therapy with one or more antipsychotic agents (Koller, 2003). The temporal relationship of the onset of pancreatitis with the start of drug therapy further supports a cause-and-effect relationship (Alonso-Alonso, 2006). Some clinical reports noticed sporadic acute pancreatitis in patients taking both valproate and olanzapine.

Methods We selected 50 psychiatric inpatients taking both olanzapine and valproate, presenting acute and aspecific gastroenteric symptomatology. We measured out their serum amylase and the time between drug prescription and start of gastroenteric symptomatology.

Results and conclusions A large part of subjects associated olanzapine and valproate over 6 months before gastroenteric symptoms would start. Elevation of serum amylase rates does not suggest a link between this drug association and acute pancreatitis.

Meanwhile, larger populations surveys could be helpful in early detecting sporadic cases.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1329

Psychiatry heal thyself: a lifestyle intervention targeting mental health staff to enhance uptake of lifestyle interventions for people prescribed antipsychotic medication



S. Rosenbaum^{1,*}, A. Watkins², P.B. Ward¹, D. Pearce², K. Fitzpatrick², J. Curtis²

¹ University of New South Wales, Psychiatry, Sydney, Australia

² South Eastern Sydney Local Health District, Keeping the Body In Mind Programme, Sydney, Australia

* Corresponding author.

Introduction People experiencing severe mental illness (SMI) face a shortened life expectancy of up to 20 years, primarily due to preventable cardiovascular (CV) diseases. Lifestyle interventions are effective in reducing CV risk, yet examples of service-wide interventions are lacking. Staff culture remains a barrier to the successful implementation of lifestyle interventions. The Keeping the Body in Mind (KBIM) program, established by SESLHD (Australia), aims to close the gap in life expectancy through multidisciplinary teams, including clinical nurse consultants, dieticians, exercise physiologists, and peer support workers. Prior to the KBIM rollout, an individualized lifestyle intervention called Keeping Our Staff In Mind (KoSiM) was offered to all district mental health staff.

Objective KoSiM examined the effectiveness of a staff intervention to improve physical health, confidence, knowledge and attitudes of mental health staff.

Methods Mental health staffs were invited to participate in an online survey and a 4-week individualized intervention including personalised health screening and lifestyle advice, with a 16-week follow-up. Outcomes assessed included: attitudes, confidence and knowledge regarding metabolic health, weight, waist circumference (WC), blood pressure, sleep, diet, physical activity and exercise capacity.

Results Of a total of 702 staff, 204 completed the survey (29%). Among those completing the survey, 154 staff (75%) participated in the intervention. A mean decrease in waist circumference of 2 ± 2.7 cm, ($P < 0.001$) was achieved. Among staffs that were overweight or obese at baseline, 75% achieved a decrease in WC.

Conclusion Improving staff culture regarding physical health interventions is an important step in integrating lifestyle interventions into routine care.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1330

Prolactine borderline, a case report



N. Salgado^{1,*}, B. Macias¹, S. Benavente², R. Ruiz¹

¹ Hospital Dr. Rodriguez Lafora, Psiquiatria, Madrid, Spain

² Hospital Universitario 12 de Octubre, Psiquiatria, Madrid, Spain

* Corresponding author.

Introduction It is known that antipsychotic drugs can increase prolactinaemia, we report a case in which the use of aripiprazole after treatment with paliperidone helped regaining normality levels.

Case report During treatment with PALiperidone 12 mg/day the patient, a 27-year-old female diagnosed with borderline personality disorder, developed hyperprolactinaemia with galactorrhoea

and menstrual disorders. During hospitalization, aripiprazole is introduced while paliperidone is progressively decreased. Antipsychotic were prescribed because delusions of reference and auditory pseudo-hallucinations arose suddenly in a woman without history of previous psychotic breaks. Before treatment with aripiprazole, prolactinaemia was 156,96 ng/mL (pregnancy test was negative) and after stopping, paliperidone was 23,60 ng/mL.

Discussion If hyperprolactinaemia symptoms appeared (galactorrhea...), aripiprazole is a good option if antipsychotic treatment is required. In this case, paliperidone was decreased slowly, while aripiprazole was increased, until minimum effective dose was reached.

Conclusions Hyperprolactinaemia is a common side effect in antipsychotic treatments and if symptoms appeared aripiprazole is a good option.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1331

Delirium associated with sertraline, a case report



N. Salgado^{1,*}, S. Benavente², B. Macias¹, M. Duran¹, P. Leganes¹

¹ Hospital Dr. Rodríguez Lafora, Psiquiatria, Madrid, Spain

² Hospital Universitario 12 de Octubre, psiquiatria, Madrid, Spain

* Corresponding author.

Introduction Delirium is a clinical entity consisting of acute loss of consciousness, with attention deficit and fluctuating evolution. Antidepressive medication can cause these symptoms or worsen them.

Case report We report the case of a 84-year-old blind female who was diagnosed of delirium in relation to intoxication with sertraline. The patient was admitted into a short-stay psychiatric unit for three days. She presented behavioural disturbances consisting in auto and heteroaggressive behaviour, altered consciousness and visual hallucinations (rocks, turtles). When dosage of sertraline was doubled from 50 mg/day to 100 mg/day visual hallucinations started. There were not other medical causes found, so sertraline was suspended, achieving clinical improvement.

Discussion This case report shows how a patient with antidepressive treatment can display delirium. The three main causes of delirium that are infections, side effects and metabolic syndrome.

Conclusions In the case of treating a patient with delirium, the presence of previous illness has to be investigated. It is indispensable to describe the presence of previous illness, medication and recent changes of the dosages in the medical history in a patient with Sertraline.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1332

Drug eruption due to bupropion, a case report



N. Salgado^{1,*}, S. Benavente², J.M. Coll³, A. Vives¹

¹ Hospital Dr. Rodríguez Lafora, Psiquiatria, Madrid, Spain

² Hospital Universitario 12 de Octubre, Psiquiatria, Madrid, Spain

³ Hospital Universitario La Paz, Psiquiatria, Madrid, Spain

* Corresponding author.

Introduction We present a clinical case of eruption caused by the use of bupropion. Bupropion is known to cause hypersensitivity reactions.

Case report We report the case of a 48-year-old female who was diagnosed of depressive disorder. She went to emergency because

a few days after prescribing bupropion (150 mg/24 h) scaly skin eruptions were found distributed along the skin. In the present case, after its introduction, bupropion was found to be a probable etiological agent. The patient was successfully treated with corticosteroids. Because of that, bupropion dosage was stopped and replaced with fluoxetine. No remissions and exacerbations were noticed in a month's follow up.

Discussion In this case report, we present a patient with an eruption related to bupropion. The aetiological spectrum of eruption include drugs, infectious agents and food additives. Drugs attributing eruption include nonsteroidal anti-inflammatory drugs, antibiotics, and anti-epileptic drugs, antidepressive medication amongst others.

Conclusions No specific diagnostic criterion exists for eruption and the diagnosis is purely based on clinical presentation. Diagnostic features, which suggest eruption, are the acute onset (or recurrent nature) and skin lesions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1333

A “Newly Discovered in Romania” atypical antipsychotic prolonged release treatment for patient with schizophrenia. First results of a naturalistic study with recently approved paliperidone palmitate



M. Sarpe^{1,*}, M. Ladea², M. Bran³

¹ Focsani, Romania

² “Obregia” Hospital of Psychiatry, III Ward, Bucharest, Romania

³ “Coltea” Hospital, Outpatient Care Unit, Bucharest, Romania

* Corresponding author.

Introduction Intramuscular paliperidone palmitate is a long-acting atypical antipsychotic, which has only been marketed in Romania from march 2015 as a free of charge medication/subsidized for the acute and maintenance treatment of schizophrenia in adults.

Objectives and aims To determine the efficacy and tolerability of paliperidone palmitate in 12 patients with schizophrenia in an outpatient care unit, taking into account the limited clinical experience with this product in Romania.

Methods The study was performed in an outpatient care unit. Data was collected from medical records of patients started on paliperidone palmitate between March and June 2015. This time period was selected because we wanted to have at least a 6-month period of evaluating these patients. Some of the patients were previously on risperidone long-acting injection (in Romania the advantages of a 1-month injection instead of 2 and the fact that the medication does not need to be held in a refrigerator are 2 important factors that can increase the compliance of the patients). Others were treated with other long-acting antipsychotics (flupentixol). The rest were patients treated before with risperidone, with good response, but with problems of non-compliance.

Results None of the patients treated with paliperidone palmitate relapsed. Some of them had, at maximum dose, minor extrapyramidal symptoms that disappeared when we lowered the dose. Taking into account the lack of insight and the non-compliance of patients with schizophrenia, this treatment seems to be extremely valuable, maybe more in this kind of cases, in outpatient care units.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1334

Integrated treatment for opioid addiction complicated with neuroophthalmic pathology due to codeine and levomycetin abuse narcoassociated phenomenon

I. Sosin*, Y. Chuev, O. Goncharova

Kharkov Medical Academy of Postgraduate Education, Narcology, Kharkov, Ukraine

* Corresponding author.



Introduction Among drug addicts cohort in Ukrainian population, the phenomenon of codeine narcotic effect intensification and prolongation with antibiotic levomycetin simultaneous combined dose was identified. Current narcology encounters the insufficiently studied problem of drug addicts who lost vision due to levomycetin abuse at chronic codeine intoxication. Continuous levomycetin abuse was proved to cause optic nerve neuritis followed with eyesight loss. This is connected with discrete loss of eyesight pathogenesis in opioid addicts.

Aims and objectives To elaborate integrated method of treatment considering main pathogenic links of this narcotic addiction.

Method It is based on combined therapy at traditional detoxication and includes membrane plasmapheresis 2–5 times at once every 3 days. Everyday 2.0 mL pyridoxin hydrochloride 5% solution for 15 days. Capillary stabilizer L-lysine aescinat in drops once in 24 h for 5–8 days. Transorbital medicinal electrophoresis (thiamine bromide 2.5% solution), 15–20 min exposure, daily, 10–12 procedures. Peroral retinol acetate, 1 capsule 3–4 times daily, for 7–10 days. Enterosorbent atoxil, 10–12 g daily, for 3–5 days.

Results Five codeine addicts with neuro-ophthalmic disorders due to levomycetin abuse as a narco-associated phenomenon were examined. The addicts explained additional levomycetin composition in individual narcotization schemes by the aim to intensify and prolong codeine effects maintaining its stable dose. Combined comprehensive therapy restored the eyesight partially; renewed capacity to move independently, the patients' disability was ceased.

Conclusions Membrane plasmapheresis in the proposed method integrates in therapy the prescribed pharmaceuticals and corresponds numerous tasks of detoxication at continuous combined codein and levomycetin abuse.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1335

Nutrition interventions in people with severe mental illness: Novel strategies for addressing physical health co-morbidity in a high-risk population

S. Teasdale^{1,*}, P. Ward², K. Samaras³, S. Rosenbaum², J. Curtis¹, O. Lederman¹, A. Watkins¹, B. Stubbs⁴

¹ South Eastern Sydney Local Health District, Mental Health, Bondi Junction, Australia

² University of New South Wales, Psychiatry, Sydney, Australia

³ Garvan Institute of Medical Research, Diabetes and Obesity Program, Darlinghurst, Australia

⁴ Kings College, London, Psychosis Studies, London, United Kingdom

* Corresponding author.

Introduction Nutrition interventions are critical for weight management and cardiometabolic risk reduction in people experiencing severe mental illness (SMI). As mental health teams evolve to incorporate nutrition interventions, evidence needs to guide clinical practice.

Aims A systematic review and meta-analysis was performed to assess whether nutrition interventions improve:

- anthropometric and biochemical measures,
- nutritional intake of people experiencing SMI.

To evaluate the effectiveness of a dietician-led nutrition intervention, as part of a broader lifestyle intervention, in the early stages of antipsychotic prescription.

Method An electronic database search was conducted to identify all trials with nutritional components. Included trials were pooled for meta-analysis. Meta-regression analyses were run on potential anthropometric moderators. Weekly individualised dietetic consultations plus group cooking classes were then offered to clients attending a Community Early Psychosis Programme, who had recently commenced antipsychotics for a 12-week period.

Results From pooled trials, nutrition interventions resulted in significant weight loss (19 studies, $g = -0.39$, $P < 0.001$), reduced BMI (17 studies, $g = -0.40$, $P < 0.001$), decreased waist circumference (10 studies, $g = -0.27$, $P < 0.001$) and lower blood glucose levels (5 studies, $g = -0.37$, $P = 0.02$). Dietician-led interventions ($g = -0.90$) and trials focussing on preventing weight gain ($g = -0.61$) were the most effective. The 12-week nutrition intervention resulted in a 47% reduction in discretionary (junk) food intake ($P < 0.001$) and reductions in daily energy ($-24%$, $P < 0.001$) and sodium intakes ($-26%$, $P < 0.001$), while improving diet quality ($P < 0.05$).

Conclusion Evidence supports the inclusion of nutrition interventions as part of standard care for preventing weight gain and metabolic deterioration among people with SMI.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1336

Acute dystonia and dyskinesia progressing in the patient with fibromyalgia upon the use of duloxetine

C. Tüz

Erenköy FTR Hastanesi, Psychiatry, Istanbul, Turkey



Purpose In this article, a case who was prescribed duloxetine (30 mg capsule) upon the fibromyalgia diagnosis by a physical therapist and had acute dystonia and dyskinesia after approximately 1.5 hours from duloxetine intake shall be presented.

Case It was learnt that a married female patient aged 38 consulted a physical therapist with the complaint of back pain and duloxetine (30 mg capsule) was prescribed. It was reported that, the patient applied to our hospital with the complaint of involuntary movements around the mouth, on the lips and neck, spasm, inability to open the mouth completely, spasm in jaw, gritting teeth, mumbling and aphasia after approximately 1.5 hours from her duloxetine intake. The patient was conscious. Her psychomotor activity was natural. As a result of cranial MR, EEG, BT examinations hemogram and the routine biochemistry examinations, any abnormality in zinc and iron levels was not detected. Complaints of the patient regressed after 1 hour from the discontinuance of duloxetine and the administration of biperiden 5 mg/mL ampoule 1000 cm³ in SF. After 72 hours, any symptoms were not found.

Discussion Dopamine neurotransmission can be inhibited through the increase in serotonin and norepinephrine [1]. Additionally, dystonia may originate from the prevailing of noradrenaline as a result of the failure of dopaminergic–noradrenergic balance [2].

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1337

Additive effect of religious activity in the management of patients with schizophrenia: A study from Bangladesh



M.M.J. Uddin

National Institute of Neurosciences and Hospital, Psychiatry, Dhaka, Bangladesh

Introduction Schizophrenia is a chronic psychiatric illness that needs psychological treatment in addition to drug treatment for betterment of the patients. Religious activity is one of the psychological modalities of treatment for schizophrenia patients practiced in some centers in Bangladesh.

Objective – To see the additive effect of religious activity and practices in addition to antipsychotics in the management of schizophrenia;

– to see the socio-demographic characteristics of the of the schizophrenia patients;

– to assess the compliance of the patients taking religious activities.

Methods Fifty-two patients with schizophrenia taking antipsychotics and religious activity comprises group A and 46 age, sex, religion and duration of illness matched patients with schizophrenia taking only antipsychotics comprises group B were selected purposively for the study in National Institute of Mental Health (NIMH), Dhaka, Bangladesh from October 2012 to March 2013. Among the group A, most of them were Muslim. Religious activity and practices started according to their own religion.

Results Patients with schizophrenia who received antipsychotics and religious activity showed reduced relapse rate (17%), increased treatment compliance (89%) and improve quality of life (82%).

Conclusion Religious coping assigns significance to life challenges and provides a sense of meaning and purpose, emotional comfort, personal control, intimacy with others and a higher power. Further broad based study is needed in this regard.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1338

The clinical effect an Nao Wan Merger risperdal on schizophrenia



Y. Zhang

Xi'an mental health center, Xi'an, China

Objective To evaluate the clinical curative effect of risperdal merger An Nao Wan for schizophrenia.

Methods Screening a mental health center in the first half of 2012 hospitalized patients with schizophrenia, which alone give risperdal or merger An Nao Wan give risperdal with 28 days treatment cycle, were as a clinical observation objects. Efficacy was assessed using symptoms scale (PANSS), evaluation of adverse reactions was with side effects scale (TESS). And through collecting the clinical data, related testing results, the daily detailed medical records to record adverse reactions.

Results Fifty cases of screened 427 patients meet the conditions, including 11 cases with risperdal merger An Nao Wan, and 39 cases only used risperdal. All of 50 cases after two weeks treatment, the symptoms were down significantly ($P < 0.01$). The adverse reactions rate of patients only with risperdal was 53.8%, of patients with risperidone merger An Nao Wan was only 27.3%.

Conclusion Risperdal merger An Nao Wan can improve the therapeutic effect of risperidone, short the recovery time of

schizophrenia, prevent the adverse reaction of psychotic drug, also improve the safety and patient drug compliance.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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Women, gender and mental health

EV1339

Epidemiological and clinical profiles of hospitalized female patients in the psychiatric hospital “Nuestra Señora Del Pilar” between 1912 and 1915



C. Abad^{1,*}, M.L. Bouzán², A. Martín³, M.T. Lanzán³, O. Ortega⁴, L. Bosqued⁵

¹ Zaragoza, Spain

² UNED, Department of Psychology, Alicante, Spain

³ CRP Nuestra Señora del Pilar, Department of Psychiatry, Zaragoza, Spain

⁴ Hospital Neuropsiquiátrico Ntra. Sra. del Carmen, Department of Psychiatry, Zaragoza, Spain

⁵ Hospital Clínico Universitario Lozano Blesa, Department of Psychiatry, Zaragoza, Spain

* Corresponding author.

Introduction Hospitalization is fundamental in the treatment of severe psychiatric disorders, at present and in the past. The Psychiatric Hospital “Ntra. Sra. Del Pilar de Zaragoza”, established in 1425, is one of the most ancient hospitals and with longest history of the country, one of the first centers to start considering as demented persons as another sick patient. This paper describes the sociodemographic and clinical characteristics of the patients admitted to the psychiatric hospital between 1912 and 1915.

Method We developed a descriptive research, using secondary information sources (clinical histories) of patients hospitalized between 1912 and 1915. For data analysis was used software SPSS 10.

Results We reviewed 110 files and the most common diagnoses were senile dementia and manic-depressive psychosis. The mean of age was 42 years, and the predominant marital status was the single status (47%). We documented that in more than 60% of the cases, the precedence of the patients was from rural zone. El 75% of the patients had remained hospitalized during several years until their death. Only the 10% were discharged for improvement.

Conclusion It is important to understand the socio-economic variables of the female patients from a century ago to be aware of the evolution of psychiatry and psychiatric treatment and consequently of the profile of current patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1340

Domestic violence against women: The unheard sound



M. Alqahtani

King Khalid University, Mental Health, Riyadh, Kingdom of Saudi Arabia

Objective This study aims to discover women's attitudes toward domestic violence and their determinants, and explores the types of violence among women attending psychology clinic in Riyadh, Saudi Arabia.

Methods A cross-sectional study among married women who visited the psychology clinics. Study was carried out in March 2013. A total of 356 women were interviewed.

Results Our study indicates that descriptive statistics and logistic regression were used to measure relations between attitudes towards domestic violence and several variables. Many women (66%) reported different types of domestic violence against them in the last six months. The most common types of reported violence were verbal abuse (73%) and emotional abuse (47.5%) were the most violence reported, followed with several non-physical violence (35%). Whereas physical violence were reported among (11%) of the sample.

Conclusions The study shows frequent types of domestic violence against women. Increasing women's authorization, mainly providing the proper education about her right, may protect women from such violent behavior in the future.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1341

Motherhood – a disturbed beginning: A review of a case series

M. Andrade^{1,*}, C. Rodrigues², C. Cardoso², V. Palma²

¹ 5000-707 Vila Real, Portugal

² Unidade Local de Saúde do Nordeste, Department of Psychiatry and Mental Health, Bragança, Portugal

* Corresponding author.

Introduction Perinatal mental illness is one of the most frequent complications of pregnancy and the postpartum period. During the puerperium, the risk of developing a mental disease, such as a psychotic episode, is higher than in any other time in a woman's life.

Objectives The two main objectives are to describe a case series of 4 patients diagnosed with postpartum psychosis, and to synthesize the most important facets of this mental illness based on a literature review.

Aims The aim is to provide an overview of the clinical and epidemiological aspects of postpartum psychosis.

Methods The four clinical cases are presented by describing the similar as opposed to the differential aspects between all patients, using the information obtained through successive clinical interviews and the case file. Research was accomplished through Clinical Key and PubMed (2005–2015) using the keywords: postpartum psychosis.

Results In all four cases, the patients developed symptoms of sleep disturbance, mood fluctuation, altered thinking process with delusions or obsessions, and bizarre behaviours. This occurred within the first four weeks after labour, which was in all cases an obstructed labour. The data suggests that postpartum psychosis is a presentation of bipolar disorder. Clinical aspects and risk factors related to this perinatal complication all coincide with the cases presented.

Conclusions Postpartum psychosis is a rare presentation of perinatal mental illness. However, it presents itself, as a psychiatric emergency, and the early and correct assessment are crucial to reset the development of the mother–child bond.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1342

Factors related to mental health of female nurses in southern Taiwan

C.H. Chuang^{1,*}, H.C. Chen², H.I. Hsieh³

¹ Chang Jung Christian University, Department of Nursing, Tainan, Taiwan

² Kaohsiung Municipal Ta-Tung Hospital, Department of Nursing, Kaohsiung, Taiwan

³ Cathay General Hospital, Department of Occupational Medicine and Family Medicine, Taipei, Taiwan

* Corresponding author.

Introduction Nursing is a job with high level of load, so nurses must have well health to deal with their job challenge. Mental health is easier ignored than physical health, thus, the risk factors of mental health is valued to pay attention.

Objective The objective of this study was to explore the related factors of mental health on female nurses in southern Taiwan.

Methods This is a cross-sectional study design, and all female nurses in two southern Taiwan hospitals are invited. We use structured questionnaires to collect information. Mental health, perceived stress, and job stress were measured with the five-item Mental Health Index (MHI-5; a subscale of the SF-36), Perceived Stress Scale (PSS), and Job Content Questionnaires (JCQ), respectively. All subjects provided informed consent as approved by the Ethics Review Board.

Results A total of 943 female nurses from two hospitals in Taiwan were recruited. Eight hundred and seventeen questionnaires were completed, and the response rate was 86.6%. Major of subjects were 30 or less years old (48.0%), married (67.1%), and university educational level (96.4%). The mean score of MHI-5 and PSS was 56.23 (percentage of full marks is 56.23%) and 20.14 (50.35%). The mean score of job control, mental demand, and social support was 63.5, 35.4, and 23.5, respectively. After adjusting confounders, PSS and social support were significant factors related with mental health.

Conclusions Mental health of nurses was common, thus, the strategies must be developed to reduce the perceived stress and promote social support in the future. (The publication is partial supported by the MOST, ROC).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1343

The effectiveness of first-time-mother parent education for infant interaction and sense of parenting competence in Taiwan

F.F. Chung^{1,*}, H.E. Liu²

¹ Chang Gung University of Science and Technology, Department of Nursing, Taoyuan City, Taiwan

² Chang Gung University, School of Nursing, Taoyuan City, Taiwan

* Corresponding author.

Background This study is designed to investigate the relationship between first-time-mother postpartum parenting education and its effectiveness on the quality of mother–infant interaction and in turn, sense changes of parenting competence.

Methods Eighty-one healthy first-time-mother infant dyads were recruited. The control group ($n = 40$) received normal postpartum care, being the medical and cultural norms practiced in Taiwan. The experimental group ($n = 41$) received extra education by way of a 40-minute videotape on infant states, behaviors, communication cues, and a handout about play practices. Data was collected at five time periods: around first week, followed by the first, second, third and sixth month after birth. Assessment scales used for this study were the Chinese Version of the Parenting Sense of Competence Scale (C-PSOC), the Edinburgh Perinatal Depression Scale (EPDS), and the Nursing Child Assessment Teaching Scale (NCATS), in order to score videotaped mother–infant interactions.

Results The results of the study between these two groups showed that there was an increase in the quality of mother–infant interaction within the experiential group. In addition, it was found that at the five points of assessment, there were no significant sense

changes of parenting competency and no significant differences in postpartum depression. For all subjects, there was a correlation between postpartum depressions, competency in parenting, and quality of mother–infant interaction.

Conclusions Study results prove that first-time-mothers in Taiwan who are provided extra educations about infant abilities, as well as how to effectively play with babies, are likely to witness an improvement in interactional quality.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1344

Characteristics of patients in a new perinatal mental health program



A. Doll

CSM Villa Vallecas, Psychiatry, Alcalá de Henares, Spain

Background Perinatal mental illness is a significant complication of pregnancy and the postpartum period. These disorders include depression, anxiety disorders, and postpartum psychosis. This mental health conditions have the potential to impact negatively on not only the woman but also her partner, infant, and family. Early detection and effective management of perinatal psychiatric disorders are critical for the welfare of women and their offspring.

Objective To evaluate the characteristics of patients who came to the new perinatal mental health program in the last 6 months.

Methods We recruited 13 mothers to take part in the study. Control variables included demographic and sociodemographic variables, pregnancy variables, antenatal and postpartum health behaviours, and birth outcomes. We assessed the improvement with Clinical Global Impressions Scale in the beginning of intervention and 3 months later.

Results Eight mothers were in the antenatal period, three in the postpartum, and one had suffered the pregnancy lost in the 36 week. The mean age was 33.44. The diagnoses were anxiety disorder (4), antenatal depression (2), postpartum depression (2), obsessive-compulsive disorder (1), bulimia nervosa (1), adjustment disorder (2) and complicated grief (1). Nine of them have a previous psychiatric history. All of them have been treated with psychosocial interventions, and in six cases have received psychopharmacological treatment. In all the cases, we observed a clinical improvement (CGI scale)

Conclusions Perinatal mental illness is a significant complication of pregnancy and the postpartum period, and need of specific programs and interventions.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1345

Women, madness and psychiatry: Insane or persuaded?



C. García^{1,*}, M.A. Soriano²

¹ Valle del Guadalhorce Mental Health Center, University Hospital, Málaga, Spain

² University Hospital, Psychiatry, Málaga, Spain

* Corresponding author.

During the nineteenth and early twentieth century, feminist movements proliferated in Europe and USA in order to vindicate the rights of women both in the workplace and political issues, such as women's suffrage and birth policies, among others. At the same time, psychiatry tried to gain a foothold as a medical specialty, which created a positivist discourse where it was important to

measure and quantify mental disorders and their possible causes. As many feminist writers have argued (Chesler, Showalter, Jordanova, and others) this occurs at the same historical moment that a “feminization of madness” was taking place in several ways: madness begins to be described in feminine terms, Freud was developing his research on hysteria; diagnostics, such as puerperal and involuntal psychosis were taking hold; the interest about the influence of hormones in women's mood were raising, and gynaecology was thought as the organic etiology of female madness. The hegemonic psychiatric discourse appeared to have been a catalyst for logical social inclusion and exclusion, notably influencing the design of a new femininity, distant from the danger of feminism that began to gain prominence. The boundaries between insanity and mental health were really diffuse in case of women. The aim of my work is to highlight how attitudes and attributes of women were transformed into psychiatric symptoms, as the feminist theorist support. I will make a retrospective about clinical women reports of the public asylum of Malaga from the beginning of twenty century.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1346

Antipsychotics and women: Yes, prolactin is important



N. Garrido-Torres*, S. Fernandez, A. Rodríguez, M. Reina, I. Prieto, A.S. Viedma, C. González, L. Hernandez
HJRJ, Psychiatry, Huelva, Spain

* Corresponding author.

Introduction The hormonal imbalance produced by antipsychotics can be detected by symptoms, such as: infertility, acne, hirsutism, sexual dysfunction and galactorrhea. We consider especially important the study of women's diseases, which may develop due to hyperprolactinemia, specifically: breast cancer, endometrial cancer and osteoporosis.

Objective To undertake a systematic review about the relationship between hyperprolactinemia as a result of the treatment with antipsychotics and endometrial and breast cancer.

Method An exhaustive search was performed on PUBMED and COCHRANE (from 2006 to 2015).

Fifteen papers were selected including comparative studies, clinical trials and clinical reviews.

Results With respect to endometrial carcinoma, there is no direct relationship with the use of antipsychotics. However, most papers have suggested that the blood prolactin elevation is a risk factor in the development of endometrial engrossment, which could lead to endometrial hyperplasia, polyps and endometrial cancer. Related to the use of antipsychotics as a treatment for schizophrenic women and breast carcinoma, a significant association was found and this association is strengthened through the interaction of other factors like the fact that women with schizophrenia are less worried about going to the clinical screening reviews in their health centre, smoking, and lower physical activity than healthy women.

Conclusions Aripiprazolis associated with a low prevalence of hyperprolactinemia. Menopausal women, the obese, and women who smoke receiving antipsychotics that produce hyperprolactinemia have the greatest risk of developing endometrial pathology. Schizophrenic women with hyperprolactinemia due to antipsychotics and loss of motivation to go to screening activities have a greater risk of breast cancer. Sexual dysfunction could be a non-adherence treatment factor.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1347

Codependency in mothers of addicted persons: Cross-cultural differences between Greece and Bulgaria



V. Giannouli^{1,*}, D. Ivanova²

¹ Aristotle University of Thessaloniki, School of Medicine, Thessaloniki, Greece

² South-West University Neofit Rilski, Department of Psychology, Blagoevgrad, Bulgaria

* Corresponding author.

Introduction The people who maintain close relationships with relatives suffering from addiction to psychoactive substances may become more sensitive to develop a physical, mental and emotional state, similar to an emotional addiction.

Objective The aim of this study is to give a cross-cultural perspective to codependence and reveal the profile of female relatives of addicted persons in Greece and Bulgaria.

Method Thirty-nine Greek mothers of addicted persons from Greece ($M_{age} = 43.97$, $SD_{age} = 18.34$, all high school graduates), a similar group of forty Greek female participants (32 mothers of non-addicted persons, $M_{age} = 40.97$, $SD_{age} = 17.22$, all high school graduates), and thirty Bulgarian women (all mothers of addicted persons, $M_{age} = 53.55$, $SD_{age} = 5.58$, all high school graduates) were examined with the STAI-state questionnaire, the ZUNG Self Rating Depression Scale and the Questionnaire of Establishment of Codependency.

Results Results indicated that there are statistically significant differences between the Greek and the Bulgarian female relatives of addicted persons on the scores of ZUNG ($M_{Greek} = 51.64$, $SD_{Greek} = 2.07$, $M_{Bulgarian} = 73.63$, $SD_{Bulgarian} = 4.04$) and STAI ($M_{Greek} = 53.89$, $SD_{Greek} = 2.68$, $M_{Bulgarian} = 74.16$, $SD_{Bulgarian} = 4.84$), but not for the Questionnaire of Establishment of Codependency. Statistically significant differences in all three questionnaires were found for the groups of Greek mothers of dependent and non-dependent persons ($P < .005$).

Conclusions This research suggests that although there is more anxiety and depression reported by the Bulgarian mothers of addicted persons, no cross-cultural difference was found for codependence in mothers of addicted persons.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1348

Co-dependency in mothers of addicted persons: Data from Bulgaria



D. Ivanova^{1,*}, V. Giannouli²

¹ South-West University Neofit Rilski, Department of Psychology, Blagoevgrad, Bulgaria

² Aristotle University of Thessaloniki, School of Medicine, Thessaloniki, Greece

* Corresponding author.

Introduction Co-dependent relationships are characterized as a type of dysfunctional helping relationship in which there is an excessive reliance on other people for approval and identity. This is very common for female relatives who support/enable another person's addiction, poor mental health, immaturity, and/or irresponsibility.

Objective The aim of the present study is to reveal the codependence profile of mothers of addicted persons in Bulgaria.

Method Four hundred Bulgarian women coming from Blagoevgrad, Sofia and Stara Zagora ($M_{age} = 53.55$, $SD_{age} = 5.58$; level of education: 71% with high school degree, 29% with university degree; all mothers of addicted persons) were examined at the Municipal Council on Drug Addiction Blagoevgrad with the

STAI-state questionnaire, the ZUNG Self Rating Depression Scale and the Questionnaire of Establishment of Codependency.

Results Results indicated that in a scale of scores ranging from 2 = minimum to 4 = maximum of co-dependence, this group of women had high self-reported levels of co-dependence ($M = 3.6375$, $SD = .52610$), a high depressive profile ($M = 49.07$, $SD = 3.23$, and high state anxiety ($M = 66.60$, $SD = 5.58$).

Conclusions The present research suggests that mothers of dependent individuals in Bulgaria show a high level of codependency, anxiety and depression. Future research should clarify the reasons of this overall negative emotional profile.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1349

The meaning of war violence against women and children: Individual, family and social perspective



M. Goldner-Vukov^{1,*}, L. Moore²

¹ Mental Health Unit, Cairns, Australia

² Loma Linda VA, Loma Linda University, Psychiatry, Loma Linda, CA, USA

* Corresponding author.

Introduction Since 1995, more than 70 civil wars resulted in 20 million deaths and the displacement of 67 million people. In WWI civilian casualties accounted for 5% of victims, in WWII 50%, and presently 80% of casualties are women/children.

Objectives – To speak the truth without politics;

- to focus on the psychological dimension;
- to emphasize the dynamics of the abuse of women/children;
- to conceptualize the role of the individual, family and society;
- to emphasize the role of the unconscious in the hatred of women: mythological, psycho-historical, biological, psychological and political.

Aims – To describe the meaning of war violence against women/children on the level of the individual as degradation; on the level of the family as devastation and on the level of society as dehumanization;

- to instill hope that we can move from destruction to happiness;
- to show that embracing the feminine principle and shaping a different parenting is the way forward.

Methods Literature search, trans-cultural focus and unconscious dynamics of the hatred of women/children.

Results No ethnic group/nation is naturally more violent than any other. Violence is a cultural trend. The origins of abuse are on the level of the individual, family and society.

Conclusion There is hope for the future. The way forward is to promote the development of the anima in men and to affirm the feminine principle in women. In child-rearing practice, we recommend positive parenting with “a helping mode”. We believe that epigenetics can help.

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EV1350

Marital violence: Prevalence and risk factors



S. Hentati*, F. Charfeddine, L. Aribi, E. Elleuch, J. Aloulou, O. Amami

CHU Hédi Chaker Sfax, Psychiatry, Sfax, Tunisia

* Corresponding author.

Introduction Marital abuse is a serious social problem that has damaging impact on women's well-being. Therefore, prevention

and intervention efforts require determining the risk factors involved.

Objective Study the prevalence and risk factors of marital violence.

Methods A descriptive cross-sectional and analytical study carried on 50 married women without psychiatric history. Data collection was conducted via a questionnaire exploring socio-demographics characteristics and the marital relationship. Three scales were passed:

- the Conflict Tactics Scales (CTS): to assess verbal domestic violence (six items) and physical domestic violence (nine items);
- Maternity social support scale (MSSS): to evaluate the social and family support;
- Marital satisfaction scale of Azrin: assessing the satisfaction experienced of the wife at the partner's behavior.

Results The average age was 41 ± 11.5 years. Education level did not exceed the primary level in 64% cases. The socio-economic level was judged to be average in 72% of cases. The prevalence of domestic violence in its verbal and physical forms was 72%. More than one third of women (44%) reported that they were victims of physical. Low socio-economic level ($P=0,003$), low partner's educational level ($P=0,049$), parental history of childhood abuse, poor marital satisfaction and poor social and family support were significantly associated with physical violence, parental history of childhood abuse on the one hand, and physical violence on the other hand.

Conclusion Domestic violence against women, in its various forms remains a worldwide phenomenon. Several risk factors inherent to the woman, the husband and their marital relationship seem to be associated with domestic violence in its physical form.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1351

The relation between social support and marital satisfaction and couples' depression after the birth of the first child



S.S. Hoseini Omam^{1,*}, L. Panaghi², M. Habibi Asgarabadi³, J. Davoodi²

¹ Semnan University, Psychology, Tehran, Iran

² Shahid Beheshti University, Family Therapy, Tehran, Iran

³ Shahid Beheshti University, Family Therapy, Tejr, Iran

* Corresponding author.

Aim Child birth can play a major role in parents' mental status and though it is considered as cherished event, it can dramatically jeopardize mental state of parents. Thus, we conducted this paper in order to study the relation between social support and marital satisfaction and couples' depression after the birth of the first child.

Methods Statistical population was consisted of 75 couples (parents). They were assessed via Edinburgh Postnatal Depression scale, marital satisfaction (ENRICH) and Multidimensional Scale of Perceived Social Support.

Results Regression analysis showed that there was a significant and inverse relationship between social support and depression among men and women after childbirth. Furthermore, there was a significant relationship between marital satisfaction and depression among men and women after childbirth. In addition, social support and marital satisfaction can be explained by the predictive role of depression in men after childbirth. But only social support can be predictive for explaining depression in women after childbirth.

Conclusion Thus, inadequate social support and low marital satisfaction can put couples at risk of postpartum depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1352

Biofeedback-assisted relaxation training helps women with breast cancer after mastectomy: Effects of EMG-HRV biofeedback on psychological symptoms



S.S. Hoseini Omam^{1,*}, S. Makvand¹, H. Nazemi²

¹ Semnan University, Psychology, Tehran, Iran

² Semnan University, Psychology, Semnan, Iran

* Corresponding author.

Aim The aim of present research was to investigate the effects of EMG-HRV biofeedback-assisted relaxation training on psychological and physiological symptoms of breast cancer women after mastectomy.

Methods About 14 breast cancer women in one of the Tehran hospital's in-patient service were chosen and divided to experimental and control groups. Informed consent was provided from subjects and research design approved in the Ethics' Committee of Semnan University. Measures of DASS scale were gathered from all subjects before any intervention and experimental group were received 8 sessions of biofeedback-assisted relaxation training over 4 weeks interval, whereas no intervention made on control group. All patients were asked again to complete the DASS scale afterwards. Indices of smooth artifact free sEMG and HRV biofeedback were recorded using a Biofeedback 2000^x-PERT system Version 4.

Results Data were extracted and analyzed by GLM statistical analysis.

Conclusions Results were shown significantly differences for depression, anxiety and stress measures after 8 sessions biofeedback treatment. Significantly differences were also observed in the sEMG and HRV measures of two groups during baseline (0) middle phase (4) and termination phase (8) of the training sessions with better results for experimental subjects as well. It was concluded that biofeedback-assisted relaxation training could effectively decrease negative psychological symptoms of the breast cancer patients after mastectomy due to EMG-HRV positive changes.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1353

Comparison of psychological morbidity and perceived treatment outcome in women with breast cancer based on expected outcome of the mastectomy



S.S. Hoseini Omam^{1,*}, J. Davoodi², M. Habibi Asgarabadi³, M. Moafi⁴

¹ Semnan University, Psychology, Tehran, Iran

² Shahid Beheshti University, Family Therapy, Tehran, Iran

³ Shahid Beheshti University, Family Therapy, Tehran, Iran

⁴ Azad University Tonekabon Branch, Clinical Psychology, Tonekabon, Iran

* Corresponding author.

Aim In the present study, the psychological morbidity compared with perceived treatment outcomes based on expected outcome of the mastectomy in women with breast cancer.

Methods In the current study, 300 female patients with breast cancer were studied before and after mastectomy using the

General Expectancy Outcome Incongruence and General Health questionnaire-12.

Results The finding yielded that there was significant difference between patients with the high and low expected outcome of the mastectomy based on the psychological morbidity and perceived outcome of surgery. Similarly there is significant difference between the age, level of education, occupational status based on the psychological morbidity and perceived outcome of surgery. There was significant difference between elderly and non-elderly women psychological morbidity.

Conclusions Results show the higher level of expectation of the surgery outcome can be useful in establishing primary social adjustment but lead to underestimate the negative effects of surgery and may disturb psychological adjustment. Thus, high expectancy of outcome of treatment indirectly plays a significant role in increasing problems after mastectomy and can be affect on patients' psychological morbidity and perceived treatment outcomes.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1354

Risk factors of anxiety and depressive symptoms in female patients experiencing intimate partner violence in Poland



H. Karakula-Juchnowicz^{1,*}, P. Lukasiak², J. Morylowska-Topolska³, D. Juchnowicz⁴, P. Krukow³, M. Flis⁵

¹ Medical University of Lublin, Department of Clinical Neuropsychiatry I Department of Psychiatry, Psychotherapy and Early Intervention, Lublin, Poland

² Public Regional Psychiatric Hospital in Radecznica, Department of Psychiatry, Radecznica, Poland

³ Medical University of Lublin, Department of Clinical Neuropsychiatry, Lublin, Poland

⁴ University of Pedagogy in Bialystok, Department of Psychology, Bialystok, Poland

⁵ Medical University of Lublin, I Department of Psychiatry, Psychotherapy and Early Intervention, Lublin, Poland

* Corresponding author.

Introduction There is an evidence indicating that women experiencing intimate partner violence (IPV) quite common suffer from anxiety and depression, but predictors and protective factors are not well known in this group of patients.

Aim The aim of the study was to try to find factor that are connected with higher rates of anxiety and depressive symptoms in the group of female patients experiencing IPV.

Method The study was conducted in six randomly selected centers of primary health care (PHCs) in Lublin province. One hundred and two female patients experiencing IPV were administered a structured questionnaire and the Hospital Anxiety and Depression Scale (HADS). The sequential models were created with using backward stepwise multiple regression to investigate potential risk and protective factors connected with higher rates of anxiety and depression symptom in the group.

Results In a study group, 68% in Anxiety Subscale(A) and 56% in Depression Subscale of HADS (D) had positive scores. Living in the country ($P=0.003$) was connected with higher scores in HADS-A ($P=0.003$) but not in HADS-D. Experiencing physical violence was connected with higher score in HADS-D ($P=0.005$), but not in HADS-A. Chronic physical illness ($A P=0.013$; $D P=0.015$), being unemployed ($A P=0.024$; $B P=0.008$), and experiencing economic violence ($A P<0.001$; $D P=0.001$) were connected with higher stores in both Subscales of HADS. Taking financial support ($A P=0.002$, $D P=0.003$) was the protective factor for both kinds of symptoms.

Conclusions Socio-economic factors have stronger influence on anxiety and depressive symptoms in women experiencing IPV than demographic factors.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1355

Effects of depressive mood of female high school students on dysmenorrhea and sleep quality



S. Kim^{1,*}, H. Kim¹, M.J. Kim¹, Y. Min¹, J. Lim¹, Y. Lee¹, S. Kim¹, C.H. Kim²

¹ Korea International High School KIS- Jeju, Bioscience research, Seogwipo-si-Je-ju do, Republic of Korea

² Chonnam National University Medical School, Department of Obstetrics and Gynecology, Gwang-ju, Republic of Korea

* Corresponding author.

Background This research aimed to identify the effects of depressive mood of female high school students on dysmenorrhea and sleep quality.

Methods This research was conducted for 2 months from September 2015 to October 2015. A total of 3 types of self-reported questionnaire were adopted for the research. Control group was separated by Zung Self-rating Depression Scale (ZSDS). Each group adopted a self-made questionnaire for research on menstruation and Pittsburgh Sleep Quality Index (PSQI) for research on sleep. Chi² test and AVOVA analysis through SPSS-21 were used as statistics methods.

Results Analysis was made on 72 female students who submitted clear answers to the questionnaire. There were 34 students from normal mood group and 38 from depressive mood group. Depressive group presented meaningful results on regularity, pain severity, and drug treatment history of menstruation. Particularly, depressive group had 51.4% among subjects having severe menstrual pain of grade 3 by VMS (verbal multidimensional scoring system), way higher than 27.6% among subjects in the normal group. PSQI for sleep showed a meaningful result that 20.8% of those in the normal group were diagnosed with sleep disorder compared to 86.8% for the depressive group. A meaningful difference was seen in sleep latency, sleep duration, sleep disturbance, use of sleep medication, daytime functional disturbance among 7 items of PSQI.

Conclusion This research showed that female high school students with depressive mood had high frequency and severity in dysmenorrhea and sleep quality disturbance.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1356

Women coping strategies to infertility stress can impact IVF outcome



B. Kitanovic^{1,*}, L. Tulic²

¹ "Zvezdara", PHC, Belgrade, Serbia

² Clinic of Obstetric and Gynecology Clinical Center of Serbia University of Belgrade, In vitro Fertilization Unit, Belgrade, Serbia

* Corresponding author.

Infertility is defined as a failure to achieve a pregnancy after a woman has attempted to get pregnant for more than 12 months. The impact of psychosocial factors on IVF outcome is a growing field of research. This is the first study estimating the impact of psychosocial stress and women coping on IVF outcome in Serbia. The aim of this pilot investigation was to assess the influence of psychological factors on the outcome of in vitro fertilization in Serbian

women. Psychometric tests were administered at the first visit to 100 women undergoing IVF treatment at Clinic of Gynecology and Obstetrics, Clinical centre of Serbia, University of Belgrade, Serbia. We used questionnaire that covered key demographic and obstetric information and Serbian version of COMPI test, specially designed test measuring stress in infertility, as well as, Zung Depression Self-Rating Scale and Beck Anxiety Inventory. Results of pregnant and non-pregnant group were compared. In the cohort of Serbian women, it has been remarked that they predominantly use active confronting coping style. We found statistically significant differences ways of coping styles between pregnant and non-pregnant group. Women from the pregnant group had significantly lower scores of marital distress, and significantly higher use of meaning-based coping styles. It is found that the use of active avoidance coping correlates negatively with the level of depression and personal, marital and social distress. Clinicians should be aware that infertility is a stressor itself and that coping strategies can influence IVF outcome. Therefore, psychosocial assessment should be a part of an IVF unit.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1357

Women coping strategies to infertility stress can impact IVF outcome

B. Kitanovic^{1,*}, L. Tulic², I. Soldatovic³

¹ PHC Zvezdara, Mental Health Unit, Belgrade, Serbia

² Institute for Gynecology and Obstetrics, Clinical Centre of Serbia University of Belgrade, IVF Unit, Belgrade, Serbia

³ Institute for Statistics, Clinical Centre of Serbia, University of Belgrade, Belgrade, Serbia

* Corresponding author.



Infertility is defined as a failure to achieve a pregnancy after a woman has attempted to get pregnant for more than 12 months. The impact of psychosocial factors on IVF outcome is a growing field of research. This is the first study estimating the impact of psychosocial stress and women coping on IVF outcome in Serbia. In the cohort of Serbian women, it has been remarked that they predominantly use active confronting coping style. We found statistically significant differences ways of coping styles between pregnant and non-pregnant group. Women from the pregnant group had significantly lower scores of marital distress, and significantly higher use of meaning based coping styles. It is found that the use of active avoidance coping correlates negatively with the level of depression and personal, marital and social distress, and total fertility distress. Clinicians should be aware that infertility is a stressor itself and that coping strategies can influence IVF outcome. Therefore, psychosocial assessment should be a part of an IVF unit.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1358

Examining the person X situation interactions of internalized traits, state body affect and upward comparison behaviour

A. Rogers¹, V. Lewis², I. Krug^{3,*}, M. Fuller-Tyszkiewicz⁴

¹ Deakin University, Psychology, Melbourne, Australia

² University of Canberra, Psychology, Canberra, Australia

³ University of Melbourne, Psychology, Melbourne, Australia

⁴ Deakin University, Deakin University, Melbourne, Australia

* Corresponding author.



Objective Although the influence of trait internalization and state body satisfaction on appearance comparisons has been well documented, their interactive influence on comparison behaviours is unknown. Therefore, the present study thus tested a person X situation model in which both mood state and trait internalization interacted to predict engagement in upward comparisons.

Method One hundred and forty-eight women aged 18 to 40 completed baseline measures of trait internalization, and then completed via iPhone app an experience sampling phase in which they reported momentary experiences of mood and comparison behaviours at up to 6 random times daily for 7 days.

Results Multilevel analyses revealed that although upward comparisons were more likely for individuals who internalized the thin ideal ($t = 3.27, P < .001$), this effect was minimized in instances when a participant was satisfied with her appearance ($t = -1.90, P = .031$). Further exploratory analyses showed that state body satisfaction was a stronger predictor than trait internalization of comparison behaviours ($R^2 = .14$ vs. $R^2 = .11$) when the time lag between state body satisfaction and comparison event was less than 2 hours, but this pattern reversed as the time lag between state level predictor and outcome increased beyond 2 hours ($R^2 = .09$ vs. $R^2 = .12$).

Conclusions Present findings suggest that bolstering one's body satisfaction in the moment may be as clinically important as reducing a client's interest in the thin ideal for alleviating occurrence of unhealthy body comparisons.

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EV1359

Post-partum psychosis

F. Leite^{1,*}, O. Campos², H. Salgado³, P. Carvalho³

¹ Matosinhos, Portugal

² Hospital de Magalhães Lemos, Departamento de Psiquiatria, Matosinhos, Portugal

³ Hospital de Magalhães Lemos, Departamento de Psiquiatria, Porto, Portugal

* Corresponding author.



Introduction Postpartum psychosis (or puerperal psychosis) is a term that covers a group of mental illnesses with the sudden onset of psychotic symptoms following childbirth. A typical example occurs when after childbirth, a woman becomes irritable, has extreme mood swings and hallucinations with the possibility of needing psychiatric hospitalization. Often, out of fear of stigma or misunderstanding, women hide their condition.

Aims and objectives To review the evidence regarding prophylactic treatment and acute management of postpartum psychosis and affective disorders in the puerperium.

Methods Online search/review of the literature has been carried out, using Medline/Pubmed, concerning "postpartum psychosis", "postpartum", "mental disorders", "mania" and "depression".

Results Postpartum psychosis is a rare and severe psychiatric condition requiring rapid restoration of health in view of significant risks to both mother and the infant. The known risk factors and negative consequences of postpartum psychosis point to the importance of preventive and acute treatment measures. The majority of patients who develop psychosis immediately following childbirth suffer from bipolar disorder.

Conclusions Understanding the relationship between postpartum psychosis and affective disorders has implications for perinatal and long-term treatment. The rapid and accurate diagnosis of postpartum psychosis is essential to expedite appropriate treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1360

Pregnant patients admitted to an inpatient psychiatric unit: An 18-months' experience



A. Ozdemir^{1,*}, D. Bulanik¹, C. Aksoy-Poyraz², E. Cirakoglu¹, S. Enginkaya¹, N.B. Tomruk¹

¹ Bakırköy Mazhar Osman Research and Training Hospital for Psychiatry, Neurology A, Psychiatry, Istanbul, Turkey

² Cerrahpasa Faculty of Medicine, Istanbul University, Psychiatry Department, Istanbul, Turkey

* Corresponding author.

Objective Our aim was to describe demographic data of pregnant patients admitted to an inpatient psychiatric unit and analyze treatment preferences for acutely ill pregnant patients.

Methods A prospective chart review was carried out to identify pregnant patients who admitted to the inpatient unit during the period April 2014–September 2015. Details regarding their sociodemographic, clinical, and treatment data were obtained from these records for the study.

Results The total number of pregnant patients, admitted to our psychiatry inpatient clinic during the survey period was 15. The mean age of the patients was 30.33 (with a range of 21–38 years). Two thirds of the patients were hospitalized in the 1st trimester. Bipolar disorder (46.6%) was the most common diagnosis, followed by psychotic disorder (33%), and unipolar severe depression (20%). Eleven patients (67%) out of 15 had a psychiatric illness before getting pregnant. It was found that premenstrual syndrome was reported by 60% of patients. Haloperidol was the most frequently used psychotropic drug for the treatment of psychotic disorders and bipolar manic episodes.

Conclusion The information regarding the course of bipolar disorder in pregnancy is controversial. While some studies support the opinion that pregnancy appeared to have a protective effect against an increase in symptoms, others stress that the risk for relapse in the pregnancy period is high. It is noteworthy that the majority of our patients are bipolar patients in the 1st trimester. The abrupt cease of mood stabilizer use may lead to recurrence in bipolar disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1361

The role of mindfulness in lifetime history of depression: A study in Portuguese pregnant women



J. Azevedo^{1,*}, E. Bento¹, S. Xavier¹, M. Marques^{1,2}, V. Freitas¹, M.J. Soares¹, A.M. Pinto^{1,3}, M. Bajouco^{1,2}, A. Macedo^{1,2}, A.T. Pereira¹

¹ Faculty of Medicine, University of Coimbra, Psychological Medicine, Coimbra, Portugal

² Coimbra Hospital and University Centre, Psychiatry, Coimbra, Portugal

³ Faculty of Psychology and Educational Sciences, CINEICC, Coimbra, Portugal

* Corresponding author.

Introduction Despite the empirical support for the effects of mindfulness based interventions for recurrent depression (Velden et al., 2015), the literature on the relation between Mindfulness and Lifetime History of Depression/LTHD are scarce.

Objective To compare Mindfulness levels between women with vs. without LTHD and to analyze if mindfulness dimensions are significant predictors of LTHD.

Methods One hundred and twenty-seven pregnant women (mean age: 32.56 ± 4.785 years) in their second trimester of pregnancy (17.34 ± 4.790 weeks of gestation) completed: Facets of Mindfulness Questionnaire-10 (FMQ10; Azevedo et al. 2015) assessing the dimensions non-judgement of inner experience/NJ, ACT with awareness/AA and observe and describe/OD; a new self-report questionnaire developed to evaluate the presence of LTHD, with several “Yes/No” questions, based on DSM-5 criteria for depression.

Results Ninety-seven (23.0%) women had LTHD. Bisserial Spearman correlations between LTHD and FMQ scores were significant, negative and moderate ($> .30, P < .01$); only OD did not significantly correlated with LTHD. Independent sample *T*-test revealed that women with vs. without LTHD had significantly higher levels of total FMQ-10, NJ and AA (all $P < .001$). Logistic regression analysis showed that the model containing FMQ-10 explained 12.7–18.8% of the LTHD variance and correctly classified 77.9%; the OR was of 1.19 (95% CI .801–.886; Wald = 44.504; $P < .001$). The model composed by NJ and AA explained 15.5–23% and correctly classified 76.5%. NJ OR was of 1.23 (CI .734–.884; Wald = 20.806; $P < .001$) and AA OR was of 1.41 (CI .708–.903; Wald = 13.004; $P < .001$).

Conclusions Our research discloses that less mindfulness abilities enhances the probability of having lifetime history of depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Others

EV1362

Mental health in Prisons City, Maputo, Mozambique (2010–2011)



A. Virgínia José^{1,*}, A.E. Manuel²

¹ Mestre e especialista em Psiquiatria e Saúde Mental, trabalhando no Hospital Provincial de Quelimane

² Professor Doutor em Psiquiatria e Saúde Mental na Universidade de Porto, Faculdade de Medicina do Porto, Psiquiatra do Hospital São João do Porto, Portugal

* Corresponding author.

The lack of psychopathological studies and available records concerning the prevalence of mental disorders in African countries, namely in Mozambique lead our attention to the study of the prisoner population due to the large number of mental disorders usually identified among it. According to this, we designed a study with the primary objective of detecting various mental conditions in the inmates of Maputo (Mozambique) prisons. In Maputo (Mozambique) prisons, a large number of individuals with mental disorders identifiable by the instruments used (MINI), is about 80% of the sample, with a larger prevalence in the male population (52.3%). In regards to the type of crimes committed, those against property are the most prevalent, theft specially and mostly committed by men. Crimes against people, particularly homicide (61% of these) were mostly committed by women. Concerning to the relationship between crime and mental disorder, manic episodes were statistically associated with crimes against people and alcohol abuse with other crimes (drug traffic, coin and document forgery, illegal possession of guns and illegal migration).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1363

Psychosis due to traumatic brain injury – controversies and diagnoses difficulties



A. Amorim

São João da Madeira, Portugal

Introduction A traumatic brain injury (TBI) can cause numerous psychiatric complications. Humor and anxious disorders, personality disorders and psychoses are some of those possible problems. The diagnosis of psychosis due to traumatic brain injury (PDTBI), although controversial, has been subject of crescent debate and the idea that a TBI could cause a psychosis is gaining credibility. Diagnosing a PDTBI can be difficult. DSM-5 criteria are rather vague and there are many potential confounding factors due to similarities with other etiological psychosis.

Objectives and aims Alert clinicians to the diagnosis of PDTBI, clarify this clinical entity and define features that may allow them to do the differential diagnosis with other etiologic psychotic disorders.

Methods The authors performed a research in PubMed using the keywords psychosis and traumatic brain injury and selected the adequate articles to meet the objectives proposed.

Results Differential diagnosis of PDTBI should be done with schizophrenia, schizoaffective psychosis, delusional disorder, substance-induced psychosis, psychosis due to other medical condition and with posttraumatic stress disorder. Differentiating PDTBI and schizophrenia can be particularly difficult. Some features have been proposed in the literature as potentially differentiating, namely the presence of negative symptoms (more common in schizophrenia), findings in MRI/CT and EEG.

Conclusions Establishing PDTBI diagnosis can be difficult. While awaiting new studies, clinicians should, in cases of TBI related psychosis, achieve a meticulous clinical history and mental exam, in order to ensure a correct diagnosis and, therefore, determine an appropriate intervention.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1364

Acute psychosis induced by short-term treatment with methylprednisolone – a case report

I.A. Andrei^{1,*}, A.M. Cristache², M.E. Parfene-Banu², A.A. Frunză¹, M.C. Boer³, M.G. Puiu⁴, B.E. Patrichi⁵, M. Manea⁴

¹ “Carol Davila” University of Medicine and Pharmacy, Psychiatry and Psychology, Bucharest, Romania

² “Prof. Dr. Al. Obregia” Psychiatry Hospital, IVth Clinical Department of Psychiatry, Bucharest, Romania

³ “Prof. Dr. Al. Obregia” Psychiatry Hospital, “Prof. Dr. Al. Obregia” Psychiatry Hospital, Bucharest, Romania

⁴ “Carol Davila” University of Medicine and Pharmacy, Psychiatry and Psychology Department, “Prof. Dr. Al. Obregia” Psychiatry Hospital, IVth Clinical Department of Psychiatry, Bucharest, Romania

⁵ “Carol Davila” University of Medicine and Pharmacy, Psychiatry and Psychology Department, “Prof. Dr. Al. Obregia” Psychiatry Hospital, IXth Clinical Department of Psychiatry, Bucharest, Romania

* Corresponding author.

Steroid treatment has been widely used for immunologic and inflammatory disorders. Psychiatric symptoms are not uncommon complications of the corticosteroid treatment. Correlations between the hypothalamic-pituitary-adrenal (HPA) axis and various psychoses have been already established in the specialty

literature (modified HPA activity by drugs or not, glucocorticoid receptors downregulation, reduced hippocampal volume). The prevalence of corticosteroid-induced psychotic disorders varies around 5–6%. Most corticosteroid-induced symptoms start during the first few weeks after treatment initiation, but their onset can also be in the first 3–4 days. We would like to report the case of a 30-year-old woman who was taken to the psychiatry emergency room for psychomotor agitation, auditory and visual hallucinations, and bizarre delusions, disorganized thinking and modified behavior. The patient had no personal or family history of psychiatric illness. One month earlier, she was admitted in a neurosurgery ward and underwent lumbar surgery for L4–L5 disc protrusion; at discharge, eight days later, she began treatment with methylprednisolone 80 mg/day for three days. One week later, psychotic symptoms emerged that resulted in her hospitalization in our ward for apparent steroid-induced psychosis. Treatment with risperidone (up to 6 mg/day) and diazepam (10 mg/day, rapidly discontinued) was initiated. The endocrinology examination revealed modified plasmatic cortisol. The psychosis resolved several weeks later and the patient was discharged. Psychiatric complications induced by steroids underline the role of physicians that have to educate the patients and their families about these side effects and their early recognition.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1365

Predictors of aggressive behavior among acute psychiatric patients: 5 years clinical study

T. Aparicio Reinoso^{*}, S. Gonzalez Parra

Hospital Dr. Rodriguez Lafora, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction The problem of violence and aggressive behaviour among patients with psychiatric disorders need careful assessment to improve the quality of psychiatric care.

Objective The aim of this paper is to describe the characteristics of repeated episodes of violence among patients admitted to a Psychiatric Ward, which is a total of 66 beds at Doctor Rodriguez Lafora Hospital from January 2009 to December 2014.

Methods We designed a retrospective, longitudinal and observational study over a 5-year period in two brief hospitalization units of Doctor Rodriguez Lafora Hospital in Madrid. The main variables studied were: type of admission, diagnosis, age, trigger and shift.

Results In our study, we analyzed the prototypical person who carries out these episodes of aggression: a male between 31–40 years, diagnosed with psychotic disorder or personality disorder, involuntary admitted. This episode is associated as a main trigger to mood disturbances, lack of acceptance of standards and psychotic symptoms. These episodes occur more frequently in the afternoon shift one business day and often processed without injuries or minor bruises to other patients and/or nursing assistants. In our practice, we have observed that in most cases adequate verbal restraint in the beginning is sufficient to prevent the episode of aggression.

Conclusions Understand the aggressive factors can influence the production of violent behavior and the use of appropriate containment techniques may be considered a therapeutic option to prevent and address violent behavior in psychiatric patients hospitalized in brief hospitalization units.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1366

Medical repatriation from Razi Hospital in Tunisia

K. Ben Neticha^{1,*}, U. Ouali², G. Hamdi², H. Ben Ammar¹, F. Nacef¹

¹ Razi Hospital, Psychiatry F, Mannouba, Tunisia

² Razi Hospital, Psychiatry A, Mannouba, Tunisia

* Corresponding author.

Introduction Travel might represent a stressful adventure that can influence mental state to a considerable extent. Some of the travellers experience psychiatric emergencies that require medical attention, during the course of their travel, leading to admission to psychiatric hospital and then repatriation.

Aims Identify the number and clinical characteristics of foreign patients needing medical repatriation due to psychiatric disorders.

Methods This is a retrospective and descriptive study on patients with nationalities other than Tunisian that were admitted to Razi Psychiatric Hospital in Tunis/Tunisia for a psychiatric condition from January 2000 to January 2015. Medical records were analyzed and patients requiring medical repatriation were identified.

Results A total number of 157 hospitalizations of patients with foreign nationalities were recorded during the last fifteen years. Among those hospital admissions, 100 patient files were examined. Twenty-nine percent of patients were repatriated to their home countries, most of them to Europe (72.4%, $n = 21$). The majority of patients were female and single. Fifteen out of these 29 patients (51.7%) were diagnosed with bipolar disorder, 34.4% with chronic psychotic disorders, and 6.8% with acute transient psychotic disorders. The majority of patients were visiting Tunisia as part of a pathological journey (55.1%, $n = 16$), 24.1% of patients ($n = 7$) were tourists and 13.7% ($n = 4$) were resident in Tunisia.

Conclusion The majority of repatriated patients was diagnosed with bipolar disorder and was visiting Tunisia in the context of a pathological journey. Other patients could have been repatriated without being hospitalized. Further studies must be conducted to refine results.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1367

Travellers to the psychiatric hospital in Tunisia

K. Ben Neticha^{1,*}, U. Ouali², G. Hamdi², H. Ben Ammar¹, F. Nacef²

¹ Razi Hospital, Psychiatry F, Mannouba, Tunisia

² Razi Hospital, Psychiatry A, Mannouba, Tunisia

* Corresponding author.

Résumé

Objective A growing number of travellers in Tunisia are being hospitalized for a psychiatric condition. This study aimed at characterizing pathological travellers, a population seldom studied in psychiatry.

Methods This is a retrospective and descriptive study on patients with nationalities other than Tunisian that were admitted to the only psychiatric hospital in Tunisia from January 2000 to January 2015. Patients were identified on the basis of administrative data. Their medical records were then analyzed and pathological travellers were identified.

Results A total number of 157 hospitalizations of patients with foreign nationalities were recorded during the last fifteen years. Among those hospital admissions, 80 patient files were examined. 28.7% of patients ($n = 23$) were hospitalized for a pathological journey. Fifteen out of these 23 patients were diagnosed with bipolar disorder, five with schizophrenia and three with schizoaffective disorder. Pathological travellers came from European and African



countries. The majority of patients were male and single. Average age was 41 years with extremes going from 23 to 73 years. Most of them travelled alone.

Conclusion In the context of globalization, international travel is on the increase, which may lead to a rise in pathological journeys. In our study, the majority of pathological travellers were diagnosed with bipolar disorder. Their choice to travel to Tunisia could be explained by the relatively easy accessibility from Europe or Africa, by the nature of the climate, as well as by cultural and religious specificities of the country.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1368

Typical profiles of multiple DWI individuals on MMPI-2

I.H. Shim¹, W.S. Woo², H.J. Seo², D.I. Jon³, Y.J. Kwon⁴, K.H. Lee⁵, K.J. Min⁶, B.H. Yoon⁷, J.H. Lee⁸, E. Lim⁹, W.M. Bahk^{2,*}

¹ Dongnam Institute of Radiological & Medical Sciences, Busan, Republic of Korea

² Yeouido St. Mary's Hospital, psychiatry, Seoul, Republic of Korea

³ Sacred Heart Hospital, psychiatry, Anyang, Republic of Korea

⁴ Soonchunhyang Cheonan Hospital, psychiatry, Cheonan, Republic of Korea

⁵ College of Medicine, Dongguk University, psychiatry, Gyeongju, Republic of Korea

⁶ College of Medicine, Chung-Ang University, psychiatry, Seoul, Republic of Korea

⁷ Naju National Hospital, psychiatry, Naju, Republic of Korea

⁸ College of Medicine, Daegu Catholic University, psychiatry, Daegu, Republic of Korea

⁹ Shinsegye hospital, psychiatry, Gimje, Republic of Korea

* Corresponding author.

Introduction Alcohol intoxication is often involved in the commission of criminal behaviors that are risky and involve personal confrontation. Individuals who reported having three or more drinks before driving exhibited greater impulsivity when under the influence of alcohol than did those who did not report heavy drinking before driving.

Objectives The present study utilized the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) to compare the characteristics of individuals with a single driving while intoxicated (DWI) offense with individuals who were multiple DWI offenders and to identify whether there was a typical profile for multiple offenders.

Methods The charts of patients were examined in terms of demographic characteristics including age, sex, employment, and education; the MMPI scores of the two groups were compared using an independent *t*-test, and we identified the typical profile of multiple DWI offenders by using hierarchical cluster analysis with Ward's method.

Results Scores on the F and the depression (D) scales of the MMPI-2 were significantly higher among multiple offenders than among first offenders. The multiple offenders-I group obtained relatively high scores on the D and psychopathic deviate (Pd) scales, and the multiple offenders-II group had low scores on both the hypomania (Ma) and social introversion (Si) scales. Thus, some multiple offenders may have poorer emotional adjustment, characterized by tendencies toward psychopathic deviance, mania, and depression, as well as psychopathological characteristics associated with patients with alcohol-use disorders.

Conclusion The present findings suggest that multiple offenders should be considered a high-risk group for alcohol-use disorders and recurrent drunken driving.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1369

Burden of disease in treatment resistant schizophrenia

S. Bandali^{1,*}, V. Bisht^{1,2},D. Ho (Consultant Forensic Psychiatrist)¹,A. Kotze (Psychiatric trainee)¹, J. Asubiaro¹,R. Aigbogun (Staff Grade Psychiatrist)¹¹ Psychiatric Trainee, South Essex NHS Partnership Trust SEPT, Wickford, United Kingdom² South Essex NHS Partnership Trust SEPT, Consultant Forensic Psychiatrist, United Kingdom

* Corresponding author.

Background Treatment resistant schizophrenia (TRS) accounts for up to 20% of cases diagnosed with schizophrenia [1]. This represents a large proportion of disease burden and nowhere is this more so true than in forensic services where there is not only a larger presence of such cases but often it is closely linked with their offending behaviour and risk of future offending.

Aim and objectives Building on our service evaluation on treatment resistant schizophrenia in 2014, we are aiming to compare the burden of disease encountered by patients suffering from treatment resistant schizophrenia to a matched cohort of non-resistant patients suffering from schizophrenia within South Essex Partnership Trust (SEPT) secure services. Specifically we will also be looking to compare burden of disease between our male and female patients.

Methodology A list of eligible patients suffering from TRS and non-TRS patients will be identified from the SEPT Mobius System (Live electronic Patient Records). The cohorts will be matched for age, gender, and diagnosis. Data with regards to length of hospital admission and number of violent incidents will be extracted from the electronic notes. Each patient will be administered the Positive and Negative Syndrome Scale (PANNS) in addition to the Clinical and Global Impression scale (CGI) by a medically trained doctor. The results will then be collated and analysed for statistical significance. They will initially be published in a poster format and subsequently submitted as a journal article.

Results To Follow.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Reference

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EV1370

Excerpt from the history of the “Hochschulpsychiatrie Erlangen” (1818–2016): On the history of a connection between University and Institutional Psychiatry, Unique in Germany (1903–1974)

B. Braun^{1,*}, J. Kornhuber²¹ Psychiatry and Psychotherapy, Erlangen, Germany² Psychiatry and Psychotherapy, Friedrich-Alexander-University Erlangen-Nürnberg, Erlangen, Germany

* Corresponding author.

Objective To examine the more than 70-year history of a connection between University and Institutional Psychiatry.

Method Relevant archival material as well as primary and secondary literature were examined.

Results As early as 1818 Johann Michael Leupoldt (1794–1874) held a seminar on “madness” as an assistant professor in Erlangen. But the University Psychiatric Clinic did not begin until 1903



within the association of the mental asylum founded on a contract agreement between the Friedrich-Alexander, University Erlangen and the County Senate of Middle-Franconia. The history of the “Hochschulpsychiatrie Erlangen” reflects part of the history of German psychiatry. The plans to accomplish independence were doomed to impracticability by the social-political situation before, during and after the First and also Second World Wars. Clinic patients were registered as “Institutional residents”, the Clinic had no income of its own, the Head of Department and Director of the Clinic was formally considered as the “senior doctor of the asylum”. **Discussion** The complicated duty dependence of the Head of Department on the Director of the asylum undoubtedly contributed to their decades spanning “mésalliance tradition”. A public scandal arose in 1978 from an accusation of dereliction of duty to the government of Middle-Franconia because of lacking protection of patient documentation and medications during the relocation of the former institution departments to the newly constructed Regional Hospital on the Europakanal.

Outlook Cooperation between the University Clinic and the Regional Hospital exists in altered form today. The Psychiatric Clinic can thus include patients from the Regional Hospital in scientific studies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1371

ADHD, one of the most challenging mental disorders in adult psychopathology

M.C. Cancino Botello*, J.M. Hernández Sánchez, F. Molina López, M.D.L.A. Canseco Navarro, A. Peña Serrano

Consorcio Hospital General Universitario, Psychiatry, Valencia, Spain

* Corresponding author.

Introduction In 40 to 60% of children with ADHD, the disorder persists into adulthood. Nevertheless, diagnosis in adulthood sometimes becomes a challenge because, even the etiology is not very clear yet, ADHD shares several clinical features or may coexist with other psychiatric disorders. This issue leads to confusion and also to a delayed treatment or a wrong treatment, causing negative effects on patient outcomes.

Objective To highlight the importance of making an accurate differential diagnosis and to consider the coexistence of other mental disorders, in the diagnosis of a patient with ADHD.

Methods Systematic review of the literature in English (Pubmed). Keywords: “adult ADHD”; “bipolar disorder”; “substance abuse”; “personality disorders”.

Results Adult ADHD has a prevalence in Europe of 3,4% and it seems to appear more frequently in developed countries. In adults, the clinical presentation differs from children. There often are symptoms of impulsivity, attention deficit, restlessness, and emotional dysregulation and risk behavior, causing difficulties in everyday functioning. The coexistence of substance abuse and the similarity between bipolar disorder and personality disorders with ADHD, translate in a difficult diagnosis, especially for patients with mild presentations.

Conclusions So far, the authors conclude that a detailed clinic history plus the validated scales for adult ADHD are the most reliable tools for diagnosis. Neuroimaging and EEG studies do not provide conclusive data to consider them as diagnostic methods.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1372

Leganés Psychiatric Hospital in the early twentieth century (1900–1931): An approach to healthcare activity

R. Candela Ramírez^{1,*}, A. Consejieri Gámez², P. Vázquez de la Torre Escalera¹

¹ Fuenlabrada Hospital, Psychiatry, Fuenlabrada, Madrid, Spain

² Parla Hospital, Psychiatry, Parla, Madrid, Spain

* Corresponding author.



Introduction Leganés Psychiatric Hospital has been the subject of several studies about its institutional history and clinical activity. The first decades of the twentieth century are the less explored years; however, important events for the development and establishment of the discipline of psychiatry happened in Spain during this period.

Objectives/aims To describe the clinical and therapeutic management of inpatients admitted to Leganés National Asylum between 1900 and 1931.

Material and methods This is a retrospective case series study. We reviewed medical records found in the Historical Archives of Psychiatric Institute, Germany ($n = 1043$) of inpatients admitted between 1900 and 1931. We analyzed clinical care variables, mainly related to diagnosis and treatment, of the patients who were admitted during this period ($n = 1043$) with SPSS v21. We consulted bibliography, such as asylum documents and diverse primary and secondary literature.

Results The diagnosis of mania was very common in the early twentieth century. Lypemania nearly disappeared after 1910 and monomania was not observed in any patient. Delusions decreased after 1905. The first patient diagnosed with schizophrenia was admitted on 19th November 1921. From that moment, the use of this term increased significantly. Only 4.4% of patients admitted underwent treatment.

Conclusions We confirmed the predominance of French nosology in the early twentieth century. From 1920, an increase in German nosography was observed. The application of treatments was rare.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1373

Characteristics of inpatients admitted to National Asylum of Leganés in the early twentieth century (1900–1931)

R. Candela Ramírez^{1,*}, P. Vázquez de la Torre Escalera¹, A. Consejieri Gámez²

¹ Fuenlabrada Hospital, Psychiatry, Fuenlabrada, Madrid, Spain

² Parla Hospital, Psychiatry, Parla, Madrid, Spain

* Corresponding author.



Introduction Leganés Psychiatric Hospital has been the subject of several studies about its institutional history, clinical activity and demography of its institutionalized population. The first decades of the twentieth century are the less explored years; however, important events for the development and establishment of the discipline of psychiatry happened in Spain during this period.

Objectives/aims To describe the sociodemographic and hospitalization characteristics of the patients who were admitted to Leganés National Asylum between 1900 and 1931.

Methods This is a retrospective case series study. We reviewed medical records found in the Historical Archives of Psychiatric Institute Germain ($n = 1043$) of inpatients admitted between 1900 and 1931. We analyzed sociodemographic and hospitalization related variables of medical records with SPSS v21. We consulted bibliography, such as asylum documents and diverse primary and secondary literature.

Results Most inpatients were male, single, with an average age of 38 years, came from home and were admitted as fee-paying boarders. Circa 64% of them remained in the institution until death and the average stay was 7.92 years.

Conclusions Even though the Leganés Asylum was born amidst debate on the asylum model, it did not meet the expectations. Among other reasons, it presented serious architectural deficiencies and was unable to classify inpatients according to the French tradition (agitated, dirty, quiet) or to separate populations, such as minors or criminal inpatients, thus becoming a charity institution asylum instead of a therapeutic mental hospital.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1374

Cyclic vomiting syndrome

P. Cano Ruiz^{*}, S. Cañas Fraile, A. Gómez Peinado, M.D. Sánchez García

HNSPS, Psiquiatría, Albacete, Spain

* Corresponding author.



Introduction Cyclic vomiting syndrome (SVC) is a functional gastrointestinal disorder characterized by paroxysmal episodes of vomiting, recurrent and cyclical presentation. Although this disorder was first described in children, recently it has increasingly been recognized in adults.

Objective To know the pathogenesis of the syndrome and the optimum approach.

Method Theoretical review and cyclic vomiting syndrome brief statement of a case. This is a man of 51 years for 7 months has repeated episodes of vomiting often than 1 episode per week, with vomiting every 10–15 minutes. The patient is admitted to the neurology department for endless instability and multidirectional nystagmus and right hemispheric deficiency symptoms, with acute renal failure prerenal rehydration and study. While entering data semiotic Wernicke disease are objectified. With replacement therapy meeting evolves favorably at the time of discharge from hospital asymptomatic.

Discussion CVS, in conclusion, is a rare disease in adults whose diagnosis is one of exclusion. The adult presentation usually presents more durable, less frequent episodes. The pathogenesis remains unknown. The optimal treatment is to establish prophylactic migraine medications like amitriptyline. In the prodromal phase, it could be used ketorolaco or sumatriptan and in the acute phase, ondansetron or lorazepam. Because of the morbidity associated with CVS, in particular the severity of symptoms, it is necessary to conduct more studies in adults.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Further readings

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EV1375

Psychiatric family history in patients with eating disorders in a sample of hospital Day

B. Unzeta Conde^{1,*}, C. Pérez Franco³, P. Besteiro Vilariño², M. Baños¹, I. Karen Eaton², E. Guerra¹

¹ Psiquiatra, UTCA Hospital Universitario Santa Cristina, Madrid, Spain

² Psicologo Clinico, UTCA Hospital Universitario Santa Cristina, Madrid, Spain



³ *Terapeuta ocupacional, UTCA Hospital Universitario Santa Cristina, Madrid, Spain*

* *Corresponding author.*

The intensive care unit of eating disorders (UTCA) at Santa Cristina University Hospital (Madrid), covers on one hand hospital care Day with an allocation of 50 seats (25 in the morning shift and afternoon shift 25); outpatient and where the valuation of new patients, motivational work towards their inclusion in hospital Consultation Day and relapse prevention (and in coordination with the drifting device). The day hospital care is done as included full program and partial programs. The team consists of morning shift for 1 psychiatrist, one clinical psychologist and an occupational therapist shared with the evening shift. The day hospital treatment group is mainly with individual attention psychiatry, psychology, occupational therapy, nursing, nutrition interconsultor endocrinologist and weekly basis. We present a descriptive study of distribution in different diagnostic groups of eating disorders, psychiatric family history, patients treated in the Unit.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1376

Borderline versus personality

C. Cotta^{1,*}, G. Jesus², V. Vila Nova¹, C. Moreira²

¹ *Centro Hospitalar Barreiro, Montijo*

² *Centro Hospitalar Psiquiátrico de Lisboa*

* *Corresponding author.*



Introduction Latest classifications led to an inflamed debate urging for change or validation in the way personality disorders are classified. The placement in psychiatric classifications of several personality disorders, particularly Borderline Personality Disorder (BPD), is also a matter of discussion.

Objectives and aims The present work aims to question BPDs place in classification alongside with other personality disorders, rather than focusing on the algorithms used to classify it. The authors review updated literature on core features of the disorder collected from online scientific databases.

Results Studies reveal that the stability of the diagnosis of BPD over the longer term is less than what standard general definitions of personality disorders would appear to require. It is a chronic and debilitating syndrome with severe functional and psychosocial impairment that remain relevant when comparing to other personality disorders. Additionally, these measures show further declines over time in spite of improvement in psychopathology, in contrast to what happens with other personality disorders. Several misconceptions may have led to the placement of BPD on former axis II, namely being a direct consequence of trauma and merely explained by environmental factors. However, recent research on heritability shows the contrary and several neurobiological markers suggest it has got a nature of its own.

Conclusion BPD is probably the most studied and validated personality disorder and has substantially greater empirical basis, clinical significance and public health implications, being both enduring and distinct from other personality disorders. We suggest the placement of BPD as major psychiatric disorder in classifications.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1377

Comorbidity of adult ADHD and obsessive-compulsive disorder

A. Duque Domínguez*, N. Echeverría Hernández,

M.D.M. Lázaro Redondo, F. de la Torre Brasas,

M. Otalora Navarro, L. Martín Díaz, C. García Montero,

A. Mas Villaseñor

Complejo Asistencial de Ávila, Servicio de Psiquiatría, Ávila, Spain

* *Corresponding author.*



Introduction In prospective and controlled studies followed up until adult age of patients diagnosed with ADHD in their childhood, the most frequent comorbid disorders were major depressive disorder, personality disorder (borderline and antisocial), substance use disorder and, less frequently, panic disorder and obsessive compulsive disorder.

Objectives We report the case of a male patient aged 60, diagnosed with obsessive-compulsive disorder from his adolescence. His psychopathological progress has become aggravated over the years. Nowadays, he presents an important restlessness, which has led him to social isolation and family claudication.

Methodology Our patient is admitted to the Psychiatric Day Hospital with an appropriated treatment for his OCD (sertraline and aripiprazole). After several days under observation, we used the scales ASRS-V1.1 y WURS finding results that suggested adult ADHD. Extended release methylphenidate was prescribed, with a fast improving of our patient's symptoms of restlessness, insecurity and impulsion phobia. He was discharged from the Centre for Psychosocial Rehabilitation showing a good evolution.

Results – Anankastic personality disorder (F60.5);

– Dependent personality disorder (F60.7);

– Hyperkinetic disorders (F90).

Conclusions Seventy-five percent of adults diagnosed with ADHD have comorbid disorders that should be used as severity rates, since they may cover up the ADHD symptoms or complicate the response to treatment. Adults with ADHD present high score on the scales “social maladjustment” and an often concomitant and polymorphic psychiatric pathology, object of varied diagnoses.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1378

Description of the activity of a psychiatric day hospital from its opening up to the present day

A. Duque Domínguez^{1,*}, R. Duque Domínguez², L. Martín Díaz¹,

C. García Montero¹, M. Palomo Monge³,

M.D.L.N. Vaquero López¹, E. Pérez Arévalo¹

¹ *Complejo Asistencial de Ávila, Servicio de Psiquiatría, Ávila, Spain*

² *Hospital Universitario de Fuenlabrada, Servicio de Psiquiatría, Madrid, Spain*

³ *Complejo Hospitalario de Talavera de la Reina, Servicio de Psiquiatría, Talavera de la Reina Toledo, Spain*

* *Corresponding author.*



Introduction Description of the most relevant data found in a Psychiatric Day Hospital opened ten months ago in the hospital complex of Ávila.

Objectives The goal is to evaluate clinical and management data in patients of the Psychiatric Day Hospital.

Methods Retrospective cross-sectional descriptive study. A data collection form where each patient is classified into: sex, age, average stay, first admission or readmission, origin, reason for discharge, destination on discharge and diagnoses (classification ICD-10) was used.

Results From the opening of the Psychiatric Day Hospital ten months ago, 58 patients have been admitted: 70.7% women and

29.3% men. Readmissions: 1.7%. Their origin was: psychiatric hospitalization (53.5%), outpatient department (31%), emergency room (13.8%) and Centre for Psychosocial Rehabilitation (1.7%). 41 out of 58 patients have been discharged. Reasons for discharge: improvement (78%), referral to other units (7.4%), voluntary discharge (4.8%) and others (9.8%). The destination on discharge was: outpatient department (90.4%), Centre for Psychosocial Rehabilitation (4.8%), and Inpatient Rehabilitation Unit (4.8%). The most frequent diagnoses on discharge were: bipolar affective disorder, adaptation, emotionally unstable personality disorder, dysthymia, persistent delusional disorders, specific personality disorders and severe depressive episode with psychotic symptoms.

Conclusions The Psychiatric Day Hospital is an intensive treatment unit with a partial hospitalization system, which is distinguished by the variety of patients it is able to admit, as well as the clinical and management benefits the dynamic of these units can provide.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1379

Psychoses of epilepsy – “Acute attacks of insanity”. What literature says and how we act



N. Echeverría Hernández*, M.D.M. Lázaro Redondo, F. de la Torre Brasas, A. Duque Domínguez, A. Mas Villaseñor, C. García Montero, L. Martín Díaz, M. Otorra Navarro
Complejo Asistencial de Ávila, Servicio de Psiquiatría, Ávila, Spain

* Corresponding author.

Introduction Patients with epilepsy seem particularly liable to certain major psychiatric disorders. Prevalence of schizophrenia within an epileptic population varies between 3% and 7% (1% in general population). The aetiology is possibly multifactorial (drugs and neurosurgery).

Objectives To study comorbidity between psychoses and epilepsy and management in the literature and in our patients.

Aims To analyze factors that might influence the onset of psychoses within an epileptic population and how this potential association could influence our practice.

Methods PubMed search was conducted with interest in psychoses of epilepsy, pharmacology, and comorbidity. Up to 10 variables related with factors influencing psychotic episodes that required hospital admission in three patients with epilepsy were studied.

Results Unlike published data, our patients did not have postictal psychoses. All cases had early onset temporal lobe epilepsy with no seizure activity since diagnosis (more than 20 years). No family history of either epilepsy or psychoses. Management included lamotrigine, oxcarbazepine, carbamazepine, zonisamide, and levetiracetam in conventional doses. The psychosis, which comprised affective, schizophrenic, and confusional elements, lasted longer and was more troublesome than psychosis in non-epileptic patients. Response to neuroleptics was poorer than in non-epileptic patients with psychoses. Consultation with Neurology Unit resulted in end of treatment with zonisamide and levetiracetam.

Conclusions Less than perfect evidence suggests the association between psychosis and epilepsy. In our patients, no postictal cases were recorded. Management showed poorer effect of neuroleptics when compared with non-epileptics, and zonisamide and levetiracetam were changed for other drugs with presumably lower association with psychoses.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1380

The examination of psychiatry clinics in terms of therapeutic milieu in Turkey



G. Ergün^{1,*}, I. Işık², G. Dikeç³

¹ Mehmet Akif Ersoy University, Department of Emergency Aid and Disaster Management, Burdur, Turkey

² Yeditepe University, Nursing, Istanbul, Turkey

³ Izmir University, Nursing, Izmir, Turkey

* Corresponding author.

Psychiatry clinics have a high importance for treatment of psychological problems. In some cases, individuals can stay in the inpatient treatment units after having being diagnosed a mental illness. Only Ergün [1] gives information about the physical status of psychiatry clinics, educational status and the number of the healthcare personnel in Turkey in her master thesis. For that reason, obtaining data for therapeutic milieu of the psychiatry clinics in Turkey will contribute to the development of contemporary psychiatry approach. This research is cross-sectional and definitive. Survey form of 42 questions has been prepared in the research. The data has been collected between the dates of 15th July–25th June by the researcher. The sampling involves all hospitals having psychiatry clinics in Turkey ($n = 195$). As a result of the research, it is found that psychiatry clinics in Turkey are not sufficient in terms of some of the therapeutic milieu features and sufficient for some. The nurses actively participate in the clinic activities. The interview room, dining hall and recreational rooms in the clinics are not sufficient. The group therapy, sweet day activities and sport activities are not conducted sufficiently. The researchers suggest developing the psychiatry clinics in terms of therapeutic milieu.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1381

A rare case: Conversion by proxy



F. Estilae^{1,*}, S. Estilae², F. Raad³

¹ Neshabur Faculty of Medical Science, Psychiatry, Neshabur, Iran

² Mashhad University of medical science, Radiology, Mashhad, Iran

³ Islamic Azad University-Mashhad Branch, Shahinfar Medical Faculty, Mashhad, Iran

* Corresponding author.

Knowing conversion disorder is the key to understand the complex human's unconsciousness at the beginning of psychoanalysis. In conversion disorder, a mental trauma is repressed to an individual's unconsciousness, and then displays itself as some neurological symptoms. Here, we introduce the case of a young girl who experienced a minor car accident without any organ injury. She did not have any problem for a week after the accident. However, she started to have stuttering when she met with her mother. The noteworthy point is that her mother had the experience of a sexual abuse in a car, which caused her to start stuttering afterwards. We will discuss here whether this is a type of conversion by proxy.

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EV1382

Neurosyphilis and early-onset major neurocognitive disorder – Case reports



A.M. Exergian*, M. Ladea, R. Hagi

“Prof. Dr. Al. Obregia” Psychiatric Hospital, 3rd department, Bucharest, Romania

* Corresponding author.

Introduction Neurosyphilis has been called “the great imitator” because of its atypical clinical presentation ranging from motor dysfunctions to psychotic episodes to dementia. This, and the fact that it has become a rare disease, makes diagnosis challenging.

Objective This work will present three early onset Major Neurocognitive Disorder cases for which neurosyphilis was considered as a possible cause.

Aims In this presentation, we underline clinical characteristics that should raise the suspicion of neurosyphilis and the importance of an adequate diagnosis.

Methods The three patients presented as case-reports were admitted to an acute psychiatric ward, presenting with psychomotor agitation and aggression. The initial clinical evaluation (including the patient’s medical history) did not suggest the presence of syphilis. Subsequent blood-tests were performed, including RPR (Rapid Plasma Reagin) or VDRL (Venereal Disease Research Laboratory) which were positive in all three cases. Other tests were performed in order to confirm the presence of neurosyphilis.

Results All three patients had positive treponemal and nontreponemal test results. For only one of the three patients, imagistic abnormalities of the brain were present. For two of the patients, a positive diagnosis of Major Neurocognitive Disorder due to neurosyphilis was established.

Conclusions Neurosyphilis can be a cause for Major Neurocognitive Disorder. The diagnosis of this pathology is important because cognitive function can be improved by adequate treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1383

Criteria and concurrent validity of DIVA 2.0: A semi-structured diagnostic interview for adult ADHD

C. Fadeuilhe Grau^{1,*}, R.F. Palma-Álvarez¹, V. Nasillo¹, G. Palomar¹, M. Corrales¹, V. Richarte¹, G. Van de Glind², M. Casas¹, J.J.S. Kooij³, J.A. Ramos-Quiroga¹

¹ Vall D’Hebron, Psychiatry, Barcelona, Spain

² ICASA Foundation, ICASA Foundation, Utrecht, Netherlands

³ PsyQ, Psycho-Medical Programs, The Hague, Netherlands

* Corresponding author.

Introduction Attention Deficit Hyperactivity Disorder (ADHD) prevalence in the general adult population is estimated to be between 2–4%. Despite the high prevalence, until recently there was only one validated semi-structured interview available for the accurate diagnostic assessment of ADHD within the adult population: the Conners Adult ADHD Diagnostic Interview for DSM-IV (CAADID).

Objectives To examine the concurrent validity of the DIVA 2.0 interview comparing the diagnostic rate with the CAADID interview. To analyse the criterion validity of the DIVA 2.0 in the Spanish language in an adult sample.

Aims The aim of this is to study was to evaluate criterion validity of the DIVA 2.0 in an adult sample comparing with the CAADID and other ADHD severity scales.

Methods A transversal study was performed to check the criteria and concurrent validity of the DIVA 2.0 compared to the CAADID.

Results Forty patients were recruited in an adult ADHD program at a university hospital. The DIVA 2.0 interview showed a diagnostic accuracy of 100% when compared with the diagnoses obtained with the CAADID interview and goods correlations with three self-reported rating scales: the WURS, the ADHD Rating Scale and Sheehan’s Dysfunction Inventory.

Conclusions The DIVA 2.0 has good psychometric properties and is a reliable tool for the assessment of ADHD in adults.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1384

Compare among hope, life quality, and distress resistance in nurses in internal department and ICU to normal persons

N. Farrokhi Namini^{1,*}, N.N. Maryam²

¹ Payame Noor University, Qazvin, Psychology, Tehran, Iran

² Islamic Azad University Tonkabon Branch, Clinical Psychology, Qaemshahr, Iran

* Corresponding author.

Introduction Power promising an important role in healing various diseases and increase physical and mental quality of life and people’s distress tolerance.

Aim The object of research is to compare among hope, life quality, and distress resistance in nurses in internal department and ICU to normal persons.

Methods The object of research is to compare among hope, life quality, and distress resistance in nurses in internal department and ICU to normal persons. Statistical society includes all employees in Rouhani hospital in 2014–2015. Statistical sample and the method of sampling have been sampled randomly and the volumes of sample have been selected by Kerjesy table and Morgan and are about 108 persons.

Results The findings shows the mean of value difference of nurses in ICU department is equal to 29/94 on distress resistance, hope and life quality and in comparing to this amount in normal person responding is equal to 36/3 and shows internal department nurses and ICU does have less mean in distress resistance to respondents.

Conclusions According to research findings, the relation among hope, life quality and distress resistance is multi-directional relation. Hopeful persons do have lesser bodily and psych problems and are more adaptive in society and are more hopeful than those who have lesser level of hope in life.

Keywords Hope; Life quality; Nurse’ distress resistance; Normal person

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1385

Group therapy for university students with autism spectrum disorders

Y. Furuhashi^{1,*}, F. Shusuke²

¹ Shizuoka University, Shizuoka, Japan

² The National Printing Bureau, Clinic, Tokyo, Japan

* Corresponding author.

Introduction Autism spectrum disorders (ASD) are a group of neurodevelopmental syndromes characterized by deficits in communication, social interaction and imagination. These symptoms are present in the early developmental period, but may not be fully obvious until social demands exceed the child’s limited capacities. In spite of its early presenting, this condition is not diagnosed until adult stage. In Japan, many patients with ASD were diagnosed after

entering university, however, few treatment options are available. The aim of this study is to investigate the effectiveness of group therapy in university students with ASD.

Methods A one-group, pre-intervention-post-intervention design was adapted for this study. All patients with ASD were recruited from Shizuoka University. The group therapy programs consisted of cognitive behavioral therapy and recreational activity. Outcome measures were Beck Depression Inventory-Second Edition, Quality of Life Inventory, State Trait Anxiety Inventory and Rosenberg Self-Esteem Scale.

Results There were 14 participants, 7 males and 7 females. Their ages were from 19-years-old to 23-years-old. All participants had over 80% of attendance in the six-month group therapy.

Conclusions These preliminary results suggest that the group therapy can improve symptoms of depression and anxiety for some students with ASD. More research is needed to draw more sturdy conclusions, especially with respect to improvements in quality of life.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1386

Disruptive behaviour's treatment with paliperidone in autistic disorder: Review and case report

M. García Moreno^{1,*}, A. De Cós Milas², L. Beatobe Carreño², B. Poza Cano³

¹ Hospital Universitario Puerta de Hierro Majadahonda, CSM Majadahonda, Madrid, Spain

² Hospital Universitario de Móstoles, CSM Móstoles, Madrid, Spain

³ Hospital Universitario El Escorial, CE San Carlos El Escorial, Madrid, Spain

* Corresponding author.

Introduction Autistic disorder (AD) is a neuropsychiatric disorder that often presents significant disruptive symptoms such as irritability, aggression and self-injury in addition to impairment of social skills and communication. These symptoms interfere both individuals with AD and their families and social environment.

Objective Show paliperidone effect in behavioural symptoms in AD.

Methods Literature review about behavioural symptoms in AD and paliperidone effect in its treatment, followed by a case report of clinical improvement after treatment with paliperidone in a patient with autism. Agitation subscale Aberrant Behavior Checklist (ABC-I) scores was compared prior and 4 weeks after paliperidone treatment, and clinical improvement was assessed with Clinical Global Impression-Improvement Scale (CGI-I).

Results Although risperidone has been one of the most studied atypical antipsychotic to treat this symptoms, its use should be limited in order to avoid extrapyramidal and metabolic symptoms. Paliperidone – the major metabolite of risperidone – has shown effectiveness in the treatment of behavioral symptoms in patients with autism, even in subjects with a prior ineffective trial of risperidone. Our patient, 21-years-old male with AD and significant disruptive symptoms was treated with paliperidone 9 mg/day. We observed a 20-points reduction in ABC-I scores 4 weeks later, with most significant improvement in items like auto-aggression, heteroaggressivity, irritability and slams. CGI-I scores showed a much better improvement, and no significant adverse effects appeared.

Conclusions Paliperidone is an effective and safe treatment in behavioral symptoms associated to AD, with reduction in ABC-I subscale scores. More studies are needed to confirm our data.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1387

Does community care works? Evaluate the effectiveness of mental health services

M. Giacomini

Psychiatrist Director of Semiresidential Day Center in Mental Health Center of Villorba (Tv), Italy

Introduction Improving quality require the capability to evaluate clinical and operational processes and improve patients outcomes. Just in the view of evidence-based practise (EBP) it's used HONOS rating Scale, adopted since May 2012, by Mental Health Center of Villorba (Treviso-Italy) There are 3 package treatments: rehabilitative, territorial and clinical.

Objectives To identify which variables are positively correlated to HONOS improvement in patients group who frequented Mental Health Centre along 36 months. All patients present severe mental illness.

Aims Evaluate the effectiveness of interventions and correlate to treatment package and individual feature. Analyze treatment process for quality improvement.

Method A psychiatric team (4 nurses, 1 psychiatrist) administered Honos Rating Scale along 3 years: on starting point and 6, 12 and 36 months later: T 0,1,2,3,4. Patients are also described by diagnosis, mental, social and autonomy skill, time, utilization of MHC and anagraphic information.

Results All 15 groups' patients realize lower scoring, after 36 months' treatment. Seven have got reliable improvement (i.e. => 8-point lowering T3–T4) and positively correlate with: (1) 36 months' treatment, at 12 months in rehabilitative Package; (2) days in residential/semi-residential community from 82 to 311 days. Related tables are included in paper.

Discussion and conclusion HONOS score correlates directly with clinical and riabilitation improvement, i.e. mental, social capacity, and personal autonomy. It needs more investigation to clear which other factors are involved with improvement.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1388

Diagnosis and treatment of ADHD in young adults

C. Glod

Merrimack College, Academic Affairs, North Andover, USA

Introduction ADHD is one of the most common psychiatric disorders, affecting 6–10% of children. Recent studies have shown that the illness persists into adolescence and adulthood.

Objectives The purpose of this session is to review the state of the science of the diagnosis and treatment of ADHD in young adults and college students. This population poses unique developmental challenges in evaluation of symptoms and adherence to treatment.

Aims The aim of this presentation is to promote a better understanding of the differential diagnosis and effective treatment options specific to this age group.

Methods Review of the literature.

Results Young adults diagnosed with ADHD in childhood demonstrate symptoms of inattention and hyperactivity that continue. In addition, this age group may present for the first time with previously undiagnosed symptoms that interfere with functioning. Further complicating evaluation and treatment may be the emergence of mood disorders or alcohol/substance abuse. Left untreated, ADHD symptoms affect functioning in several key areas including self-esteem, repeated academic failures, poor occupational performance, propensity for motor vehicle incidents, instability in relationships, alcohol/substance misuse and abuse, and overall successful transition to adulthood. Psychopharmacological studies of



adults reveal the efficacy of several classes of medication including psychostimulants, non-stimulants, and some antidepressants.

Conclusions Young adults with ADHD present a unique set of diagnostic challenges along with comorbid conditions, such as depression or alcohol/drug abuse. Accurate diagnosis and early intervention can prevent the development of significant problems into adulthood, reduce morbidity and promote healthy relationships and career/educational success.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1389

An approach to neuroleptic malignant syndrome from a clinical case



A. Gomez Peinado*, P. Cano Ruiz, M.D. Sanchez Garcia, S. Cañas Fraile, M. Gonzalez Cano, G.E. Barba Fajardo
Hospital Nuestra Señora del Perpetuo Socorro, Mental Health, Albacete, Spain

* Corresponding author.

Introduction Neuroleptic malignant syndrome (NMS) takes place in patients in treatment with neuroleptics and it is potentially lethal, being important an early diagnostic and therapeutic approach.

Objectives To analyze from a clinical case the clinical and epidemiological features, and therapeutical approach to NMS.

Method Review of some articles in Mental Health journals and analysis of the following clinical case: 68-year-old woman with bipolar disorder, hospitalized in manic phase. Usual treatment: lithium, trazodone, quetiapine and asenapine. During the admission to hospital, the patient started presenting hyperthermia, sweating, electrolyte disturbances, limb rigidity, and elevation of CPK levels. The suspicion was NMS, so neuroleptics were stopped and fluids and dantrolene were initiated, with favorable evolution.
Results The discharge diagnosis was NMS. Neuroleptics were gradually reintroduced under vigilance. The patient is stable and has not had new complications. NMS is an uncommon (0.02% to 3% among patients taking neuroleptic agents), but life-threatening condition. Its symptoms are hyperthermia, autonomic nervous system dysfunction, limb rigidity, altered consciousness... The attendant infections, consume of lithium, dehydration, iron deficiency and sharp changes in neuroleptic treatment are predisposing factors. The withdrawal of neuroleptics is the key of the treatment. Benzodiazepines can improve the prognosis, and electroconvulsive therapy can be necessary if there is no response to previous measures.

Conclusions Neuroleptic malignant syndrome is a life-threatening medical complication we should try to avoid by a correct and careful use of neuroleptics. Additionally, it is important the early treatment, taking withdrawal of neuroleptics as the key starting point.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1390

Erotomania and mood disorder: A case report and literature review



V. Guillard^{1,*}, J. Mallet², F. Limosin³

¹ Charcot hospital, Psychiatry, Plaisir, France

² Louis-Mourier hospital, Psychiatry, Colombes, France

³ Corentin-Celton hospital, Psychiatry, Issy-les-Moulineaux, France

* Corresponding author.

Introduction Erotomania is a rare delusional disorder. De Clerambault, a French psychiatrist, was the first who advanced the concept of pure erotomania, one of the "passionate psychosis", as a distinct

disorder. However, some authors tend to consider this syndrome as related to other psychiatric disorders.

Objectives To describe the case of a female patient with erotomanic delusion with no remission under an antipsychotic and to review the links between erotomania and other psychiatric disorders.

Methods Literature review and a case report.

Results We report the case of a 32 year-old epileptic woman, hospitalized for a delusional erotomanic disorder. Initially, the patient was treated with an antipsychotic, with partial effectiveness. In fact, it appeared that the conviction of being loved began while she was depressed. After one month of combined antipsychotic and antidepressive medication, she became euthymic and her erotomanic delusions disappeared. Major depressive disorder with psychotic symptoms was diagnosed. After reviewing the literature we found that erotomanic symptoms frequently appear secondarily in other psychiatric disorders. Several publications indicate a frequent association between erotomania and mood disorder, especially bipolar affective disorder and major depression, and describe the efficacy of antidepressant and mood stabilizers. Numerous theories may explain the link between erotomania and mood disorder: from narcissistic needs, to the capacity of empathy and emotional processing. Further studies are needed to clarify the nature of this link.

Conclusion In clinical practice, a mood disorder must systematically be searched for and treated in a patient with erotomanic delusions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1391

Practical teaching of behavioral sciences to medical students



M. Hammouda

Al-Azhar Faculty of Medicine, Cairo, Egypt

Introduction The teaching of behavioral sciences was in form of lectures to the medical students in the 2nd year of the college, because the lecture is the least beneficial method of teaching. As I have noticed also that students were more interested to practice behavioral skills. So I suggested to the authority of the faculty to teach part of the behavioral sciences in a practical way and proposal of that was introduced and accepted to teach in that way and to give 20% of marks to this practical part, this in addition to the same theoretical lectures.

Method The students were divided into groups of 30, every group present one day only through their 2nd year. This day divided into two parts each is 2 hours and in between have an hour break. The 1st part includes group discussion about communication, group dynamics, group leading and scientific way of problem solving. The 2nd part is dividing students into small groups of 10 students, to practice the previous skills in group interaction to solve one problem in a scientific way. All groups collected again to see what they have done.

Results The results revealed more interest and more enthusiasm to learn in that way and make it easy to practice in their daily life.

Conclusion We have to change into more practice in our teaching of medical students especially skills of human communication, group leading group dynamics as well as problem solving.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1392

A comparative study between the attachment styles of adults who were raised by mothers with schizophrenic disorders, depression, and those raised by mentally healthy mothers

S. Hatam*, D. Lea Baranovich

University of Malaya, Faculty of Education, Kuala Lumpur, Malaysia

* Corresponding author.



Introduction Maternal psychopathology can have a server effect on the ability of mothers to attach to their children.

Aim To ascertain the level of attachment of adults between the ages of 18–25 years of age who were raised by mothers who suffer from schizophrenic disorders and depressive spectrum disorders, then compared to adults who were raised by mothers with no formal clinical diagnosis.

Method This study used the Adult Attachment Questioner (AAQ), by Simpson Rholes Philips (1996) to ascertain the level of attachment of adults between the ages of 18–25 years of age who were raised by mothers who suffer from schizophrenic disorders ($n = 30$) and depressive spectrum disorders ($n = 30$). The findings of these two groups were then compared to adults who were raised by mothers with no formal clinical diagnosis ($n = 30$).

Result The findings indicated that there is a significant difference between adults who were raised by mothers with the aforementioned mental disorders (schizophrenic and depression), as compared to those who were raised by mentally healthy mothers.

Conclusion The style of attachment in adults who were raised by mothers with the aforementioned clinical diagnosis (schizophrenic and depression) have insecure attachments, while the children who were raised by mentally healthy mothers have almost secure attachment style.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1393

Impulsivity among migraine patients in a series of 239 cases: Analyzing subscales of Plutchik Scale

M.S. Hernandez^{1,*}, I. Munoz², E. Dominguez¹, G. Isidro¹, E. Martinez³, M. De Lera³, M. Ruiz³, V. Molina¹, A.L. Guerrero³, F. Uribe¹

¹ Hospital Clínico Universitario de Valladolid, Psiquiatría, Valladolid, Spain

² Hospital Río Hortega, Psiquiatría, Valladolid, Spain

³ Hospital Clínico Universitario de Valladolid, Neurología, Valladolid, Spain

* Corresponding author.

Introduction Impulsivity may be related to an anxious anticipation of pain. It might explain an increased consumption of symptomatic treatments in migraine patients, one of main risk factors for Chronic Migraine (CM). Plutchik Scale (PS) is a screening test designed to assess impulsive behaviours grouped in four subscales: ability to plan, control of emotional states, control of basic behaviours, and control of other behaviours.

We aim to analyze influence of impulsivity on CM or Medication Overuse (MO).

Methods Patients attended in an outpatient headache office in a tertiary hospital (January 2013–January 2015). Episodic migraine (EM), CM and MO diagnosed accordingly to International Classification of Headache Disorders, III edition. Patients answered PS (15 multiple choice items, positive if score > 20). We analysed results including four subscales.



Results Two hundred and thirty-nine patients (34 males, 205 females), age 38.1 ± 11 years (range: 18–70). One hundred and sixty-one cases (67.4%) CM and, among them, 115 (71.4%) with MO. Plutchik score 13.1 ± 6.8 (1–40); 36 patients (15.1%) met criteria for impulsivity. Considering subscales 12.6% of patients were over the cut-point regarding ability to plan, 20.5% for emotional states, 4.6% for common behaviours and 26.4% for other behaviours. We found no differences in Plutchik or subscales scores or presence of impulsivity when comparing EM and CM groups and CM patients with or without MO.

Conclusion In our migraine population, impulsivity assessed by Plutchik scale is frequent, mainly when considering emotional states or common behaviours. However, neither Plutchik nor subscales scores correlated with CM or MO.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1394

Irritable bowel syndrome (IBS) and stress; a study of international medical school students

M. Husain^{1,*}, D.L. Dumitrascu², I. Chaudhry³

¹ Manchester, United Kingdom

² Iuliu Hatieganu University of Medicine and Pharmacy, Second Medical Department, Cluj-Napoca, Romania

³ Lancashire Care NHS Trust Early Intervention Service, The Mount, Accrington, United Kingdom

* Corresponding author.

Introduction Irritable bowel syndrome is one of the most commonly diagnosed functional gastrointestinal disorders. Irritable bowel syndrome (IBS) and its association with stress have not been researched in regards to foreign medical students in Cluj-Napoca, Romania.

Objective To establish the prevalence of IBS in foreign medical school students and the relationship with stress.

Methods This observational case-controlled study was carried out in "Iuliu Hatieganu" University of Medicine and Pharmacy in Cluj-Napoca, Romania. The sample size was 102, and the data was collected using an online self-report questionnaire. The 'Rome 3 criteria' was used to diagnose IBS and 'Stressful Life Events Check-list' was used to measure levels of stress.

Results The prevalence of IBS was 24.5%, with females having higher rates (34%) compared to males (16.4%). The types of IBS were IBS-M (mixed form) 8.8%, IBS-D (diarrhoea dominant) 6.9%, IBS-C (constipation dominant) 5.9% and IBS-U (undefined) 2.9%. Students with IBS reported higher social stress compared to students without IBS.

Conclusions More efforts should be made to combat stress that medical students experience in order to reduce the number of IBS cases. This may involve an increased role of the medical school to develop initiatives and support, with the aim of helping medical school students better cope with stress and stressful events.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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1395

Correlation of birth order with psychiatric morbidity

J. Hussain

Indus Medical College, Psychiatry, Tando Muhammad Khan, Pakistan

Background Etiologically birth order is a growing precipitator of various psychiatric illnesses. Sociologically most cultures across the world give more importance to males as compared to females for



many justifiable or ill reasons. In Pakistani society, lower socio-economic class describes it, more children means more helping hands. Higher birth order with male gender is conceived a desirable fulfilment of family.

Design Cross sectional study.

Place and duration Out patients clinic of Liqueate University Hospital Hyderabad during 1st January 2012 to 31st January 2012.

Measures One hundred consecutive subjects attending a psychiatric OPD with psychiatric symptoms have been 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 first order birth was 17%. Generalized anxiety disorder and depressive 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 centres of psychiatry for the better assessment of psychiatric morbidity.

Keywords Gender; Birth order; Diagnostic; Psychiatry; Hyderabad

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1396

A non-smoking program in the psychiatric clinic: Eradicating tobacco from the therapeutic space



J. Jaber*, A. Tomé, B. Reys

Clínica Jorge Jaber, Saúde Mental, Rio de Janeiro, Brazil

* Corresponding author.

Introduction The work describes the well-succeeded experience of the Non-Smoking Program developed in a psychiatric clinic in Rio de Janeiro city, Rio de Janeiro, Brazil.

Objective To treat the tobacco dependence in patients with disorders for the use of substances and other psychiatric disorders. To transform the clinic therapeutic space in a free tobacco environment.

Aims To promote the restoring of the patients' health integrally, considering the use of tobacco is responsible for a large number of avoidable deaths, in addition to much harm to health.

Methods In a clinic of hospitalization for diverse mental disorders treatment, especially disorders for the use of substances, in the city of Rio de Janeiro, Rio de Janeiro, Brazil, was simultaneously established a non-smoking treatment program. It was used the pharmacological therapy, associated with cognitive-behavioral therapy, occupational therapy and moderate physical activity. The average time of permanence in the non-smoking program was on average 90 days.

Results There was significant acceptance to the proposed program. In the long-term monitoring, over 12 months, it was evidenced that most patients found themselves in tobacco abstinence.

Conclusion The project achieved its objectives, promoting the tobacco abstinence in patients with comorbidities in hospital treatment. The study proved that it is possible to remove tobacco in patients dependent on this substance during a psychiatric hospitalization.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1397

Attachment style and significant relationships in severe mental illness adults



M. Jiménez Pérez^{1,*}, J. Sáiz Galdós^{1,2}

¹ Grupo 5, Centro de Día Aranjuez 2, Aranjuez, Spain

² UCM, Social Psychology, Madrid, Spain

* Corresponding author.

Introduction The way in which we establish our relationships, our attachment styles, it is crucial for a more active and fulfilling social life, as well as to achieve greater personal satisfaction and quality of life. Attachment style, learned during the early stages of life, regarding to parental figures or other figures, seems to have some relation to the quality of relationships that we will have later in adulthood.

Objectives/aims Describe attachment styles established with significant people in a sample of patients with severe mental illness (SMI).

Methods Implementation of an ad hoc questionnaire based on the "interview adult attachment prototypes" (EPAA), which explores attachment relationships with the father, mother and significant others. A sample of 24 participants diagnosed with SMI was explored.

Results After examination of "past" relationships, we found more extreme scores in "significant others" above "mother" and "father." Especially in dimensions that would be closer to a secure attachment. The analysis of the "actual" relationship again identified the "significant others" as establishing closer interactions to secure attachment. The "significant others" were composed mainly by "grandfathers" and "brothers" in the past, and "brothers" and "friends" in the present.

Conclusions It is important to note that, for our sample, parents appear less associated to a secure attachment, highlighting this the importance of intervening with families to develop healthier relationships. On the other hand, we found fluctuations in time of significant others, which might suggest the need to intervene on these issues from a psychosocial and historical perspective.

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1398

Mechanical restraint and staffing level in a psychiatric ward



J.S. Kodal^{1,*}, J. Nørgaard Kjær², J. Dahlstrøm Severinsen³, E. Roj Larsen¹

¹ Aarhus University Hospital, Department of Affective Disorders, Mood Disorders Research Unit, Aarhus, Denmark

² Aarhus University Hospital, Department of Organic Psychiatric Disorders and Emergency Ward Department M, Aarhus, Denmark

³ Aarhus University Hospital, Denmark, Department of Affective Disorders, Mood Disorders Research Unit, Aarhus, Denmark

* Corresponding author.

Introduction The use of coercion raises ethical dilemmas, as it deprives patients of their autonomy. In Denmark, the subject has gained political attention, and decreases in the use of coercion are demanded. In the attempt of reducing the use of coercion, it is of interest to obtain more knowledge about the circumstances bound to it.

Aim The aim of this study was to investigate a possible correlation between the incidence of mechanical restraint (MR), and staffing level, staff demographics, patient characteristics, type of shift (day/evening/night) and change of shifts.

Methods A naturalistic descriptive method was used to study cases of mechanical restraint in patients admitted to a psychiatric ward. In the study period of one year, 114 cases of MR were

carried out. In 66% of cases, the patient was diagnosed with borderline personality disorder. Each case of MR was obtained from Statens Serum Institut's Electronic Reporting System. The care workers from each shift were identified using duty rosters. The statistical package SPSS version 20 was used for data processing, including a logistic regression analysis.

Results A significant association was found between the use of MR and the presence of male care workers on the ward, OR= 1.639, 95% CI: 1.163–2.311, $P=0.005$. The risk of MR is increased during evening shifts, compared to day and night shifts, OR= 1.868, 95% CI: 1.165–2.995, $P=0.009$. No significant associations were found between MR and staffing level, age, education, or experience of care workers.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1399

A glance at potential neuropsychological theories and explanations for the higher creative functioning of Leonardo da Vinci

S. Kumar

Liverpool, United Kingdom

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 expands on the various theories and the relevance of Leonardo da Vinci to the merging unified field of neurology, psychology, technology and philosophy (consciousness studies)

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1400

Formal caregivers' perceptions of working in a home-based care for elderly

C. Laranjeira^{1,*}, Z. Azeredo¹, M. Guerra², C. Rodrigues²

¹ Piaget Institute, Research in Education and Community Intervention RECI I&D, Viseu, Portugal

² Piaget Institute, High School of Health Sciences, Viseu, Portugal

* Corresponding author.

Introduction Population aging is an issue increasingly gaining more prominence, as evidenced by the number of inquiries regarding the "problems" that this entails for society. This leads to a need to understand the role of caregiver for the elderly as the central figure of support in old age.

Aim The purpose of this study was to describe formal caregivers' perceptions of working conditions, difficulties and factors

associated with quality of care in a Portuguese home-based care for elderly.

Methods The participants were 8 formal caregivers whose profession falls under the categories of Direct Action Helper and Auxiliary Workers. The data were collected through individual face-to-face interviews and analysed using a content analysis following Bardin's method.

Results The results show that the sample is female, aged from 32 to 53 years, with a professional exercise time between 8 and 16 years. Regarding the main conclusions of our research, we can say that our group of participants has a strong sense of team work which contributes to avoid situations of physical and emotional exhaustion; mostly caregivers can separate their personal and professional lives; there are some difficulties in communication between the caregivers and the elderly, however the most difficult situations are usually overcome due to the caregiver's understanding of the characteristics of institutionalized elderly; the matter of death is frequently seen as the most difficult situation to face.

Conclusions The caregivers should have an awareness of the importance of kindness and respect, supporting positive thoughts and help the older people to retain control over their lives.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1401

The meaning of fatigue compassion in the context of healthcare

C. Laranjeira

Piaget Institute, Research in Education and Community Intervention RECI I&D, Viseu, Portugal

Introduction Studies confirm that caregivers play host to a high level of compassion fatigue. Day in, day out, nurses struggle to function in care giving environments that constantly present heart wrenching, emotional challenges.

Aim This concept analysis will aim to capture the current meaning of fatigue compassion in the context of healthcare and explore how it may be recognised and measured in education and clinical practice.

Methods Using the same search terms, findings from a literature search in 2000 and from a follow-up search in 2014 were used to conduct the concept analysis. The Walker and Avant theoretical framework was used to develop a model case of fatigue compassion in nursing care. The attributes, antecedents, consequences and references were delineated.

Results Four attributes of fatigue compassion were delineated. (1) Perceptual incongruence and appraising defines how an individual perceives role demand in relation to capabilities or resources. (2) Multidimensionality consists of physiological and psychological effects on a person. (3) Interactional feedback is the experienced acknowledgement/validation communicated by others during compassionate stressful situations at a workplace. (4) Response pattern describes the coping mechanisms used by an individual experiencing fatigue compassion.

Conclusions The concept analysis of fatigue compassion among nurses at the workplace recognized the vulnerability of the nursing discipline towards distress in general. There needs to be greater research within the field of role stress and nursing, specifically in the development of scales or tools to assist in the identification of fatigue compassion amongst nurses.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1402

Bobby Fischer: Chess, genius and madness at the height of the cold war

C. Llanes Álvarez^{1,*}, A. San Román Uría¹, S. Gómez Sánchez², R. Hernández Antón², J. Valdés Valdazo³, A.M. Del Brio González¹, J.M. Martínez Sánchez¹, J.L. Muñoz Sánchez¹, M.Á. Franco Martín¹

¹ Complejo Asistencial de Zamora, Psiquiatría, Zamora, Spain

² Hospital Clínico Universitario de Valladolid, Psiquiatría, Valladolid, Spain

³ Complejo Asistencial Universitario de León, Psiquiatría, León, Spain

* Corresponding author.

Introduction Directed by Edward Zwick “Pawn Sacrifice” is a biographical film released on September 2015. The film stars Tobey Maguire as Bobby Fischer, the American World Chess Champion, considered one of greatest player of all time. His career’s peak was in 1972 when he captured the World Chess Championship from Boris Spassky of the USSR.

Aims We tried to dig a little in the biography of Bobby Fischer who many described as mentally ill. We tried to figure out what is reality and what is just legend about Fischer. Our goal is promote chess, and also honour the great Fischer. Moreover, we wanted to explore the scientific literature published about the benefits of playing chess, especially in childhood.

Methods We made an exhaustive review of the author’s life, and also testimonies of people who knew him. Moreover, we found some articles that review the relationship between chess and IQ trying to confirm or debunk some myths about this legendary game.

Results It was incomprehensible to everyone that the top of the career of Bobby Fischer at the same time meant an abrupt and complete fall. One possible explanation for this attitude would be a mentally unbalance not specified disorder throughout his lifespan.

Conclusions Not all geniuses are crazy, neither all crazy are geniuses. A genius is a person with extraordinary capabilities, that focused on a topic, has the ability to enlight new ways to explain this complex world, whether it is to create a symphony, paint masterpiece or the next move on the chessboard.

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EV1403

Evaluation of the stigma in transgender’s sexual partners

M. Seyedreza^{1,*}, M. Asadi¹, M. Eftekhari²

¹ Tehran university of medical science, psychiatry, Tehran, Iran

² Iran university of medical science, psychiatry, Tehran, Iran

* Corresponding author.

Introduction Gender dysphoria and its treatment have been legalized in Iran since 1976. Study on transgender people in Iran is very difficult. Perhaps, one of the most problems is stigma. Negative attitudes and discrimination in society make them and their partners to be socially isolated. No extensive research has been done entirely on their sexual partners in the field of stigma.

Aim The aim of this study is to evaluate the attitude toward stigma of sexual partners of transgender people. If there are problems, what are they? What is the impact of stigma on their life?

Method Because there is little information about the research subject, grounded theory methodology was used. This methodology can be used to build a theory. Participants were partners of transgenders who referred from the Forensic Medicine Center to Tehran Institute of Psychiatry and met these inclusion criteria: 1 – being in the relationship for at least 6 months and meet at least one of these criterias: A: they are cohabiting, B: they have regular sexual relationship, C: they recognize each other as their steady partners. 2 – at least 18 years of age. Five males and 6 females participated.

All of them had given a written consent. In depth face-to-face and semi-structured interview were used to collect information. Participants were asked to attend to second interview after coding and analyzing the first session. The codes were classified and categories, using the constant comparative method.

Conclusion It seems that transgender’s sexual partners suffer from the stigma. According to the codes, they suffer from multiple problems in their personal and social life.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1404

Evidence-based mindfulness

M. Maldonado Fernandez^{1,*}, L. Rubio Rodriguez², J. López Fernández³

¹ Hospital Vital Alvarez Buylla, ENT Department, Mieres, Spain

² Hospital de Cabueñes/Fundación Hospital de Jove, Psychiatry, Gijón, Spain

³ Hospital Vital Alvarez Buylla, Psychiatry, Mieres, Spain

* Corresponding author.

Introduction Mindfulness is a form of meditation that cultivates present moment awareness in a non-judging way. It has a Buddhist origin but has been practiced in the last 40 years without relation to any religious belief. It has been proposed as a treatment for a variety of ailments.

Objectives To carry out an overview of systematic reviews of the evidence on mindfulness as a therapeutic tool.

Aims To summarize the existing evidence on the efficacy of mindfulness.

Methods We searched for systematic reviews in the Cochrane Database of Systematic Reviews (Cochrane Library).

Results We found nine Cochrane reviews (for fibromyalgia, aggressiveness in intellectually disabled people, mechanical neck disorders, reducing sedentariness at work, anxiety, somatoform disorders, and post-stroke fatigue), two Cochrane review protocols (stress reduction of patients with breast cancer, and substance use disorders), 50 non-Cochrane reviews (29 provisional abstracts and 21 structured abstracts from the Centre for Reviews and Dissemination) on the efficacy of mindfulness. The Cochrane reviews showed a lack of conclusive evidence for fibromyalgia, aggressiveness in intellectually disabled people, anxiety disorders, somatoform disorders and post-stroke fatigue. Mindfulness training induced a non-significant reduction in workplace sitting time. For chronic neck pain, mindfulness exercises minimally improved function but no global effect was perceived at short term.

Conclusions According to the existing Cochrane reviews, there is a general lack of evidence mindfulness as an effective treatment. For chronic neck pain, mindfulness exercises minimally improved function. We have detected important areas where high quality clinical trials are needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1405

First psychotic episode on the fifth decade? Differential diagnosis of psychotic symptoms, about a case

P. Manzuro Rojas*, P. Botias Cegarra, A.L. Gonzalez Galdamez, M.I. Ibernón Caballero, M.R. Raposo Hernandez,

A. Sanchez Bahillo, A. Belmar Simo, M.A. Carrillo Cordoba

Centro de Salud Mental de Cartagena, Psiquiatría, Cartagena, Spain

* Corresponding author.

The postictal psychosis is a psychotic disorder that begins shortly after a crisis. Most often it affects patients with partial epilepsy and

especially those with temporal lobe epilepsy. The postictal psychosis according to several publications can occur in up to 25% of patients with epilepsy. The psychotic disorder usually occurs within 24–48 hours after, be transient, with good response to treatment with antipsychotics and complete remission of psychotic symptoms. This case is for a woman of 58 years diagnosed with structural epilepsy after brain abscess left temporal intervened in childhood. The patient is being followed by neurology for complex partial seizures with secondary generalization in anti-epileptic treatment. The patient has previous studies of EEG, video EEG and brain MRI, evidence involvement of temporal lobe and hippocampus. The patient is brought to the emergency room after episode of sensory aphasia, unconsciousness and tonic-clonic limb movements, decreasing with diazepam. The patient, during the stay under observation, has auditory hallucinations, that generate anxiety must initiate being him quetiapina and clonazepam orally, yielding partially psychotic disorder, acute intracranial lesions are discarded and the patient is admitted by neurology. The evolution of psychotic disorder with antipsychotic down in a few weeks remaining asymptomatic. Epileptic psychosis is more common in refractory epilepsy. In all cases, you should make a joint approach between psychiatry and neurology, usually they have good response to antipsychotics.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1406

Hypersensitivity to electricity: What place in clinical psychiatry?

V. Maria Iulia*, B.D. Diane

University Hospital of Reims, Adult psychiatry, Reims, France

* Corresponding author.



Hypersensitivity to electricity (EHS) is a self-defined syndrome where individuals experience symptoms while using or being in the proximity of equipment or devices that use electric, magnetic or electromagnetic fields. We present the case of a 45-year-old patient who received an EHS diagnosis several years ago. This patient was first sent to us for hospitalization in the psychiatric ward with mystic delusions and secondary behavior disorders. He had no remarkable psychiatric history and the thorough somatic examinations performed showed no anomaly. The EHS had first appeared 10 years ago with associated symptoms like fatigue, dizziness, headache, cognitive disturbances, as well as physically painful sensations. These symptoms had become gradually invalidating, preventing the patient from pursuing his professional activity. Nevertheless, he maintained his social and familial obligations, and, together with his wife, was still able to care for his 2 children. The patient presented, in the emergency ward, with delusions of mystical and persecuting nature of multiple mechanisms with total adherence. The initial symptomatology gradually improved under antipsychotic treatment without any real improvement of the EHS complaint. This case brought several questions. What is the place of the EHS diagnosis within the framework of a delirious episode? Is there a link between these two diagnoses and more generally is there a psychiatric profile more frequently found in EHS patients?

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EV1407

Autoimmune limbic encephalitis. A rising differential diagnosis between diseases with psychiatric symptoms



C. Martín Álvarez^{1,*}, F. Cadenas Extremera¹, V. Alonso García¹, M. del Valle Loarte², M. Bravo Arraez³, V. Mainar de Paz³

¹ Fuenlabrada University Hospital, Fuenlabrada, Department of Psychiatry, Fuenlabrada, Spain

² Fuenlabrada University Hospital, Fuenlabrada, Department of Neurology, Fuenlabrada, Spain

³ José Germain Psychiatric Institute, Department of Psychiatry, Leganes, Spain

* Corresponding author.

Introduction In psychiatric clinical practice, we can face numerous organic diseases in the differential diagnosis between primary psychiatric disorders. As an example of this, we can see the autoimmune limbic encephalitis (LE), which in a significant percentage of cases begins with psychiatric symptoms. Currently, one of the theories of the origin of the LE is as a idiopathic autoimmune entity, leaving behind the idea of been generated only by a viral or paraneoplastic etiology.

Objective To achieve a better knowledge about this underdiagnosed entity, presenting a case of an anti-LGI1 limbic encephalitis.

Case A 60-year-old Caucasian woman who starts with neuropsychiatric symptoms as: behavioral disorders, manic symptoms, memory impairment and attention deficit.

Results Finally, the diagnosis was confirmed when the patient had positive results in both serum and CSF samples for anti-LGI1 antibodies. Gastric neuroendocrine tumour type I was discovered. Neither paraneoplastic syndrome nor onconeural antibodies were shown. A thin hyperintense signal was identified in the left hippocampus using a brain MRI. Despite the patient had been treated with corticosteroids, immunosuppressants and immunoglobulins, she still showed positive antibodies in CSF samples with poor clinical results, especially psychiatric symptoms. The patient required one psychiatric hospitalization due to reference and persecutory delusions and manic symptoms.

Conclusion Our patient had an unsatisfactory evolution with little response to immune treatment. Given the possible underdiagnosis of this condition, the importance of a differential diagnosis and an early treatment, we consider that there is an important need for a greater knowledge and scientific divulgation of this clinical entity.

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EV1408

Burnout and associated factors among Tunisian teachers



R. Masmoudi*, D. Trigui, S. Ellouze, R. Sellami, I. Baati, I. Feki, J. Masmoudi

Hédi Chaker University Hospital, Psychiatry "A", Sfax, Tunisia

* Corresponding author.

Introduction Teachers are confronted with increasing difficulties and demands that make them vulnerable to burnout.

Aims To evaluate burnout among a population of Tunisian teachers and to identify factors that may be involved.

Methods It was a cross-sectional, descriptive and analytic study, involving 165 teachers working in 10 primary schools and 7 high schools in Sfax, Tunisia. The participants completed a self-questionnaire containing their socio-demographic and professional characteristics. They were explored by the scale of the burnout: Le Maslach Burnout Inventory General Survey (MBI-GS).

Results The mean age of teachers was 39.96 years. The sex ratio (M:F) was 1.32. The majority (75.2%) was married. The burnout syndrome was found in 49.7% of teachers. Moderate burnout was found

in 43% of cases and severe burnout in 6.7%. The causes of burnout reported by our population were bad working conditions (71.50%), quality of working relationships (65.5%) and overload work (30.3%). Bad working conditions were associated with a high level of emotional exhaustion ($P < 0.005$) and a low level of professional efficacy ($P < 0.001$), while poor quality of work relationships and overload work were associated to a high score on cynicism ($P < 0.001$) and a low score on professional efficacy ($P < 0.001$).

Conclusion According to our study, poor working conditions, overload work and bad quality of relationships seem to be risk factors of burnout in teachers. Preventive measures should be instituted against those factors to reduce the constraints of work and improve the professional quality of life of these individuals, essential thing to optimize the educational level in our country.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1409

The treatment of “shell shock” in World War 1: Early attitudes and treatments for post-traumatic stress disorder and combat stress reaction

H. Matson

Portsmouth, United Kingdom

Combat stress reaction is a mental health disorder first documented in the latter half of the 19th century. But it was not until World War 1 when men were put through the horrific ordeals of trench warfare that the term, “shell shocked” was coined. Many soldiers with shell shock then developed what is now called post-traumatic stress disorder (though the term was not defined until 1983) or acute stress disorder. The prevailing opinion was that these men who had often not suffered from any physical trauma were sufferers of cowardice. The British army created the PIE (proximity, immediacy, and expectancy) principles to get such men back to the trenches promptly where manpower was always needed. It was rarely regarded as a real psychiatric condition, which had two consequences. Firstly, that many soldiers progressed from shell shock to post-traumatic stress disorder and secondly, over 150 soldiers were executed by the British army for, “displaying cowardice” whilst in the grip of the illness. The diagnosis of “shell shock” was to be made increasingly frequently as wars became larger and more mechanized throughout the 20th century. Psychiatrists' management of such patients initially was primitive and influenced by the zeitgeist that such servicemen were not ill, having never come across such a widespread prevalence of mental health problems until the Great War. These ranged from prescriptions of milk to lobotomies. Understanding how “shell shock” was understood, treated and learning from the mistakes made then, continues to inform management of our patients today.

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EV1410

The chaos involved in Münchausen syndrome and Münchausen syndrome by proxy

L.D. Gherman, A.M. Ciobanu, N. Căpraru, A.I. Mihăilescu*, L.M. Gâză

Clinical Hospital of Psychiatry “Prof dr Al. Obregia”, Clinic, Bucharest, Romania

* Corresponding author.

Background Encountering a patient with Münchausen syndrome (MS) or with MS by proxy is more frequent than it is assumed.

Treating this type of patient is indeed a challenge, thus, knowing to depict the signs is important for every doctor. A specific therapeutic approach is needed and sometimes, even law enforcement must be involved.

Objective We plan to highlight the signs and consequences of Münchausen syndrome and Münchausen syndrome by proxy.

Method Clinical data were collected during admissions of patients in the psychiatric hospital. A literature review has been performed.

Results We report the case of a nurse diagnosed with MS, who had multiple admissions with different diagnostics, before the patient was exposed with the factitious disorder diagnosis. We also report the case of a mother diagnosed with MS by proxy and the case of another mother where the obsessive-compulsive elements of her depressive disorder are combined with signs of MS by proxy, both of them inflicting consequences upon the child in care.

Discussion and conclusions Patients suffering from Münchausen syndrome and Münchausen syndrome by proxy can be a burden for society and for themselves. The relationship with them is sabotaged from the start. The diagnostic is difficult to establish. Numerous expensive procedures are being taken and a considerable amount of funds is spent. Most importantly, the abuse of a child with a parent or guardian suffering from this disease is incommensurable and can even lead to death. It is vital to take action as soon as these syndromes are discovered.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1411

Theory of mind in preschool children and its relationship with social maturity

A. Nesayan*, R. Asadi Gandomani

University of Bojnord, Psychology, Bojnord, Iran

* Corresponding author.

Introduction Theory of mind (ToM) is the intuitive understanding of one's own and other people's minds or mental states – including thoughts, beliefs, perceptions, knowledge, intentions, desires, and emotions – and of how those mental states influence behavior. Theory of mind is an innate human ability that is sometimes called intuitive psychology, folk psychology, or even mind reading. Social maturity is the process of appropriate attitudes for personal, interpersonal and social adequacies of an individual, which are essential for functioning effectively in the society. According to the findings, there were not statistically significant relationship between theory of mind and social maturity and there is a need for more research in this area.

Objective The objective of this study is to survey preschool children's theory of mind and its relationship with social maturity.

Method Research method is correlational research and sample included 30 children between 5–6 years old. In this study, theory of mind test and Vineland social maturity scale were used.

Results The results showed that 5- and 6-years-old children's performance in third-level theory of mind had significant difference and in first and second level theory of mind had no significant difference. The findings also showed that there was no relationship between theory of mind and social maturity in preschool children.

Conclusion According to the findings, there was no statistically significant relationship between theory of mind and social maturity and there is a need for more research in this area.

Keywords Theory of mind; Social maturity; Preschool children

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1412

Post-thalamic stroke apathy, a review and case reportC. Nuñez Sande^{1,*}, T.M. Torres Rincon², J.L. Fernández Hierro³¹ Servicio de Psiquiatría XXIV Vigo, Servicio de Psiquiatría XXIV Vigo, Vigo, Spain² Servicio de psiquiatría XXIV Vigo, Servicio de psiquiatría XXIV, Vigo, Spain³ Servicio de Psiquiatría XXIV Vigo, Unidad de Hospitalización Psiquiátrica, Vigo, Spain

* Corresponding author.

Introduction Apathy is commonly defined as lack of, or diminished, emotion, interest, concern, interest and motivation manifesting as poor engagement with others and loss of pleasure in usual interests. Occurs in various medical condition (stroke, HIV, dementia and Parkinson disease) and other psychiatric disorders. It has been related with thalamus stroke, and seen on clinical practice as a blunted emotional response and indifference.

Objective We have tried to link cases of apathy associated with thalamic stroke and systematically review the literature for similar case reports.

Methods We have searched MEDLINE, EMBASE, IBIDS, and the Cochrane Collaboration Database until October 2015. Published case reports of apathy in persons who had suffered a brain stroke were selected.

Results Support the evidence in the literature of the multidimensional nature of apathy and correlate the psychiatric manifestation with the neurological findings. We find similar case reports that could support the anatomical substrate of the apathy and it's also correlated with the previous data reports.

Conclusions These findings are discussed and interpreted in the seeking of regarding the neurobiological substrate of apathy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1413

A case of neurosarcoidosis presenting with isolated psychotic symptomsO. Onur^{1,*}, E. Carpar¹, Y. Altunkaynak²¹ Istanbul Bakirkoy Research and Training Hospital for Psychiatry Neurology and Ne, Psychiatry, Istanbul, Turkey² Istanbul Bakirkoy Research and Training Hospital for Psychiatry Neurology and Ne, Neurology, Istanbul, Turkey

* Corresponding author.

Neurosarcoidosis (NS) is a neurologic manifestation of sarcoidosis, a rare multisystemic granulomatous disease. Although psychiatric symptoms have been reported to occur in 20% of patients with NS, isolated NS without any signs of systemic disease is a rarity.

Case A 56-year-old female admitted to psychiatry clinic due to complaints of forgetfulness, visual and auditory hallucinations, inability to go outside alone, washing hands in closet cabin, difficulty finding words for the last one year, progressing in last four months. Personal and family background was unremarkable. Vital signs and physical examination revealed no abnormalities. In neuropsychiatric examination, Glasgow Coma Scale score was 15 without any meningeal irritation signs or gait abnormalities. Cranial nerves, extrapyramidal, motor, cerebellar, and sensory systems were intact. All aspects of orientation (time, place and person) were impaired. She scored 12 points out of 30 in Mini Mental Test. Speech was non-fluent with looseness of associations. Impaired recall, abstract thinking, judgment, behaviour planning and attention were noted. Visiospatial disorientation and constructional dressing apraxia were revealed. MR Imaging reported a T2-weighted signal intensity change in nodular fashion suggesting a granulomatous lesion. Differential diagnoses included granulomatous diseases,

neoplasms, infections and Behcet's disease. After necessary excluding evaluations were undergone, a diagnosis of NS was made due to increased angiotensin converting enzyme levels in cerebrospinal fluid. The clinical picture responded well to prednisone treatment and symptoms resolved within one month.

Conclusion Increased awareness is essential to identify rare granulomatous diseases as a differential diagnosis in encountering psychotic symptoms accompanying demantial clinic presentation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1414

Neurocognitive mechanisms behind mindfulness

J. Perestrelo*, B. Teixeira

Centro Hospitalar de Vila Nova de Gaia/Espinho, Psychiatry, Porto, Portugal

* Corresponding author.

Introduction Clinical applications of mindfulness have become widespread since the introduction of the mindfulness-based stress reduction (MBSR), a treatment program originally developed for the management of chronic pain. Neuroimaging techniques have allowed uncovering the neural mechanisms behind Mindfulness techniques.

Objective To review some of the psychological and neural mechanisms behind mindfulness practice in order to explore the unique factors that account for its positive impact on emotional regulation and health.

Aims Psychological and neural mechanisms behind mindfulness practice are reviewed.

Methods A literature review of the theme is surveyed. Several articles were searched on Medline with the keywords "mindfulness", "meditation", "neurobiology" and "neurocognitive".

Results Mindfulness may achieve effective outcomes in the treatment of anxiety, depression, and other psychopathologies through the contribution of emotional regulation. Cognitive reappraisal has been suggested as a core cognitive control skill whereby mindfulness practice may regulate emotions. It seems that a neural circuit comprising the prefrontal cortex (PFC), the anterior cingulate cortex (ACC), the amygdala (A), and the insula (I) are involved in the unique processes of mindful emotion regulation.

Conclusions Recent models of mindfulness allow for more rigorous examination and operationalization of the method to guide research. Increasingly investigators are focusing on the impact that mindfulness has on emotional regulation, which accounts for the effects on mental health.

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EV1415

Influence of clinical and organizational changes in the use of mechanical restraint. Eight-year retrospective analysis in Mental Health Hospital Unit of Jerez de FronteraJ. Pérez Revuelta^{1,*}, Y. Montero Beltran², L. Fernandez Cepillo¹, T. Molina Molina¹, R. Guerrero Vida¹, J.M. Villagran Moreno¹¹ Hospital del S.A.S. de Jerez, Clinical Management Unit of Mental Health, Jerez de la Frontera Cádiz, Spain² Servicio Andaluz Salud, Macarena Mental Health Unit, Sevilla, Spain

* Corresponding author.

Introduction Aggressiveness is a multidimensional phenomenon, characterized by many cognitive and emotional processes, which is often present in psychiatric disorders. Until the present time, mechanical restraint has been a tool used in order to avoid risks for patients or other people around them. It should be used as a last option, so new strategies to reduce the use of these measures favoring others are being developed.

Aim We try to analyze the influence of clinical and organizational changes in the frequency and duration of mechanical restraints, in order to provide new data and built hypothesis for future intervention plans.

Methodology This oral communication presents a retrospective analysis of mechanical restraints carried out in the Mental Health Hospital Unit of Jerez de la Frontera between 2007 and 2014, both inclusive, a sample of 950 episodes. Several variables will be analyzed and related to the different organizational events conducted in the Clinical Management Unit of Jerez de la Frontera.

Results There has been a gradual reduction in the duration of mechanical restraints carried out in the Mental Health Unit Hospital of Jerez de la Frontera over the eight years studied, specially after the implementation of the agitation protocol developed in 2011.

Conclusion In our experience, the implementation of a comprehensive clinical record, deep observation of the patient by the professionals and the development of protocols to regularize interventions performed during an episode of psychomotor agitation are useful strategies to reduce the duration of each mechanical restraint episode.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1416

Descriptive study of mechanical restraint in acute psychiatric inpatient unit of Jerez De La Frontera: Analysis of a risk profile



J. Pérez Revuelta^{1,*}, B. Carabias Contreras¹, E. Fernández Nicolás², E. Valverde González¹, A. Jiménez Espinosa¹, R. Guerrero Vida¹, J.M. Villagrán Moreno¹
¹ Hospital del S.A.S. de Jerez, Clinical Management Unit of Mental Health, Jerez de la Frontera Cádiz, Spain

² Hospital del S.A.S. de Málaga, Clinical Management Unit of Mental Health, Málaga, Spain

* Corresponding author.

Introduction Various medical and psychiatric conditions can determine the occurrence of disruptive behavior and aggression. Mechanical restraint is part of the strategies for managing these risks. Its use implies a multidisciplinary, phased and individualized for each case strategy, with attention to the ethical and legal issues surrounding this coercive intervention.

Objective The objective of this work is the analysis of the profile of patients who required mechanical restraint during hospitalization in a psychiatric inpatient unit.

Methodology Retrospective descriptive analysis by collecting data of patients, who required mechanical restraint during admission, between 2007 and 2014. The data sources were medical clinical history and nursing records. Variables analyzed were sex, age, clinical diagnosis at discharge and clinical state during the episode of mechanical restraint.

Results Of the total sample of patients requiring restraint ($n=266$), 66.92% were men. The mean age of patients was 38.01 years. Distribution of clinical diagnoses based on ICD-10 coding: 30.23% F60 personality disorder ($n=289$), 19.56% diagnosed with F31 bipolar disorder ($n=187$) and 14.02% F20 schizophrenia. Regarding the clinical characteristics of the episode, 49.47% of

patients had an agitation/violent state and in 23.11% risk of impulsive self-injury was evident, 13.47% had confusional syndrome.

Conclusion Data analyzed shows differences in frequency distribution because of patient profile and clinical diagnosis. Otherwise, organizational factors and appropriate amendments to this level appear to play a key role in minimizing the use of such coercive measures.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1417

New data of the theory of self-medication



I. Prieto Sánchez*, M.D.L.C. Ramírez Domínguez, N. Garrido Torres, S. Fernández León, M. Reina Domínguez, A. Rodríguez Martínez, A.S. Biedma Martín, C. González Macías
 Complejo Hospitalario Universitario de Huelva Juan Ramón Jiménez, Unidad de Salud Mental, Huelva, Spain

* Corresponding author.

Objective The theory of self-medication in patients with severe mental illness has been exposed for years but to date has not been confirmed or ruled out. With this study, we intend to show the latest available evidence regarding this context.

Methods An exhaustive literature research in Medline and the latest forth in APA 2015.

Results More and more evidence refute the veracity of this theory deeply rooted among some professionals.

Conclusion There are theoretical alternatives that relate more sustained manner the relationship between consumption and toxic psychosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1418

Can I have a quality seizure? A review



J. Ramos^{1,*}, A. Arriba², M. Urretavizcaya²
¹ Centro Hospitalar Tondela-viseu, Psychiatry, Viseu, Portugal
² Hospital Universitari de Bellvitge, Psychiatry, Barcelona, Spain

* Corresponding author.

Introduction After seventy-five years of its introduction, electroconvulsive therapy (ECT) remains the most effective treatment for severe depressive disorders. It is known that the antidepressant effect is not due only to the electric current itself, but by the general seizure activity. As so, for beneficial or adverse effects of ECTs, it's mainly important to induct a well-generalized seizure. Those can be influence by several variables like, seizure duration and threshold, ECT practice factors and medication, resulting in a lack efficacy. It's advantageous to treatment if physiological markers of adequacy are established to seizure quality, because a high seizure quality has been successfully correlated with better outcome in many studies.

Aims and methods The aim of this work is to review the available international literature regarding to identified parameters that influence and evidence seizure quality.

Conclusion Although throughout history ECT is embroiled in controversy, according to international bibliography, this is a technique of great therapeutic relevance and precise indications. It is noteworthy, that it has been shown to be an effective and safe treatment for many psychiatric disorders. Nevertheless, there is not a consensus regarding to the parameters to its efficacy, particularly the seizure quality. Thus, it's important to current practice, to do more studies in this field, in order to establish those parameters, have homogenise clinical practice and promote better results.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1419

Autistic spectrum disorder masked by mental retardation and impulse control disorder



L. Rodríguez Andrés*, T. Ballesta Casanova, M.S. Hernández García, C. Noval Canga, L. Gallardo Borge, J.A. Espina Barrio
Hospital Clínico Universitario de Valladolid, Psychiatry, Valladolid, Spain

* Corresponding author.

Clinical case report A 48-year-old male, diagnosed with impulsive control disorder, sex addiction disorder and mental retardation was followed-up by different psychiatrists for the last 20 years. He consults because of presenting depressive symptoms and behavioural disturbances related to the death of his mother two years before. The patient reports to experimenting depressed mood, irritability, insomnia and trends to cry. He has lost motivation for his job and hobbies (he used to show interest in topics such as physics, philosophy, maths, and medicine). He has feelings of loneliness, which make him look for social interaction and support through continuous calls to telephone sex lines. This act has made him spend large amounts of cash, thus, making him be in deep debts. He does not feel integrate in society.

Mental status examination Introvert, limited social skills, coherent language, echolalic, monotone, tangential speech, depressed mood, feelings of guilt and futility, dysphoria, partial anhedonia, ideas of hopelessness, structured death ideation, unconsciousness of his own acts, with trend to impulsiveness and compulsive behaviour and insomnia.

Complementary test Wais test: no mental retardation found.

Diagnosis Autistic spectrum disorder (F84.0); major depressive disorder (F32.1); bereavement (V62.82).

Discussion The patient showed classic diagnostic criteria DSM 5 associated with autistic spectrum disorder (Asperger's disorder in DSM-IV); the permanent inability for social interactions and repetitive, restricted and stereotypic behavioural patterns.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1420

Gestchwind syndrome and epileptic psychosis, beyond the schizophrenia frontier



V. Rodríguez^{1,*}, C. Gómez², C. Gomis², L. González³, E. Tercelán², J. Pérez², L. García², M. Ainbarro², C. Ortigosa²

¹ Alicante, Spain

² Hospital de San Juan, Servicio de Psiquiatría, Alicante, Spain

³ Hospital de San Juan, Servicio de Psiquiatría, Alicante, Spain

* Corresponding author.

During late 19th and early 20th century neuropsychiatrists began to identify common behavioral and cognitive disturbances in epilepsy, but it is not until 1973 that Norman Gestchwind described the basics of what we know as Gestchwind syndrome. This syndrome includes the triada of hyper-religiosity, hypergraphia and hypo/hypersexuality and it was mainly associated with temporal lobe epilepsy. Moreover, it is well known the association between epilepsy and psychotic symptoms, the so-called schizophrenia-like syndrome, which can lead us to a false diagnosis of schizophrenia. We report a 44-year-old man who was brought to the hospital with delusional ideation of prosecution and reference in his

work environment with important behavioral disruption, as well as delusional ideation of religious content. He had a diagnosis of schizophrenia since he was 18-years-old and personal history of generalized tonic-clonic convulsions in his twenties. During the admission, he recovered ad integrum very rapidly with low doses of risperidone, but referred recurrence of déjà vu episodes. After reviewing his patobiography and past medical history, we identified the presence of hypergraphia, hypersexuality and a profound religious feeling, fulfilling the criteria for Gestchwind syndrome, in the context of which was later diagnosed as chronic epileptic psychosis. It is very important a careful approach to the patobiography and personal history. Also, we should include classic differential diagnosis such as Gestchwind syndrome, as they can lead us finally to the correct diagnosis, which in this case meant not only a different treatment but also a better prognosis.

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EV1421

Trichotillomania in delusional infestation



P. Sales^{1,*}, A. Lopes¹, S. Hanemann²

¹ Hospital Garcia de Orta, Psiquiatria, Almada, Portugal

² Centro Hospitalar Psiquiátrico de Lisboa, Psiquiatria, Lisboa, Portugal

* Corresponding author.

Introduction Trichotillomania is described as a recurrent failure to resist impulses to pull out hairs. It is usually associated with obsessive-compulsive disorder and body dysmorphic disorder. It is usually confined to one or two sites in the body.

Objective The aim of our work is to describe a case of delusional infestation with secondary trichotillomania and briefly review the theoretical aspects of this clinical presentation.

Methods We searched online databases and reviewed current case reports published, using the keywords “delusional infestation”, “Ekbom syndrome” and “trichotillomania” and compared similarities in the presentation, development and outcome. We present a clinical vignette of a 38-year-old female, with no relevant psychiatric history. The patient developed severe itching that she believed was caused by bugs that lived inside her hair follicles, so she pulled out completely all of her eyebrows, eyelashes, pubic and underarms hairs. She maintained some hair on her head, that she repeatedly pulled out and proceeded to break in order to kill the bugs. She claimed to have absolutely no itchiness in the hairless areas of her body.

Results The patient was referred to psychiatric consultation and was started on oral antipsychotics but, as the review from literature suggested, the clinical evolution only became satisfactory when an antidepressant (SSRI) was added.

Conclusion Although, trichotillomania is more commonly seen in clinical practice in association with other psychiatric disorders, it may also present itself as a symptom of delusional activity.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1422

Malignant catatonia and neuroleptic malignant syndrome: How different/similar are they?



P. Sales*, M. Bernardo, A. Lopes, E. Trigo
Hospital Garcia de Orta, Psiquiatria, Almada, Portugal

* Corresponding author.

Introduction Catatonia is a neuropsychiatric syndrome that appears in medical, neurological or psychiatric conditions. There are presentation variants: “malignant catatonia” (MC) subtype shares many characteristics with the neuroleptic malignant syndrome (NMS), possibly reflecting common pathophysiology.

Objectives/methods We present a clinical vignette and review the literature available on online databases about MC/NMS.

Results We present a man, 41-years-old, black ethnicity, with no relevant medical history. He had two previous episodes compatible with brief psychosis, the last one in 2013, and a history of adverse reactions to low doses of antipsychotics. Since the last episode he was asymptomatic on olanzapine 2.5 mg id. He acutely presented to the Emergency Room with mutism, negativism, immobility and delusional speech, similar to the previous episodes mentioned and was admitted to a psychiatric infirmary, where his clinical condition worsened, showing muscle rigidity, hemodynamic instability, leukocytosis, rhabdomyolysis and fever. Supportive care was provided, olanzapine was suspended and electroconvulsive therapy (ECT) was initiated. After two months, he was discharged with no psychotic symptoms. He is still under ECT and no antipsychotic medication was reintroduced.

Discussion/conclusion Many studies suggest that clinical or laboratory tests do not distinguish MC from NMS and that they are the same entity. These two conditions are life-threatening and key to treatment is a high suspicion level. There is no specific treatment; supportive care and stopping involved medications are the most widely used measures. ECT is a useful alternative to medication.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1423

Gynecomastia induced by trazodone: A case report



M.D. Sánchez García*, A. Gómez Peinado, P. Cano Ruiz, S. Cañas Fraile

HNSPS, Psychiatry, Albacete, Spain

* Corresponding author.

Introduction Trazodone is a heterocyclic antidepressant that exerts its effect via the inhibition of selective serotonin reuptake and the antagonism of 5-HT_{2A} and 5-HT_{2C} receptors. Antidepressant-induced gynecomastia and galactorrhea and increases in prolactin levels have rarely been reported.

Case report A 73-year-old man presented to the psychiatric clinic with depressive symptoms and insomnia that was the reason that his GP introduced paroxetine 20 mg/day three months before. One month later because the insomnia persisted, trazodone (100 mg/day) was added to the treatment. At a 2-month follow-up, the patient reported improvement in depressive symptoms but also presented gynecomastia on the left side that is non-tender on palpation. No other medications were noted. Laboratory testing was within normal limits, with the exception of an elevated prolactin level (38.2 ng/mL). Ultrasonography indicated normal results. Treatment included the tapering and discontinuation of trazodone with continued paroxetine therapy. Lorazepam was initiated for the treatment of insomnia. Two weeks later, the prolactin level was 13.1 ng/mL and gynecomastia was practically resolved. Lorazepam was initiated for the treatment of insomnia.

Conclusions Effects of trazodone on PRL are unclear, there is one study reported that trazodone increases the PRL level, and another one reported that trazodone reduces them, in our case, the trazodone use led to hyperprolactinemia via hypothalamic postsynaptic receptor stimulation and it should be remembered that gynecomastia and galactorrhea may appear as a rare side effect of trazodone.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Further readings

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EV1424

Why Portugal is pushing towards migration?



S. Saraiva^{1,*}, C. Moreira¹, M. Andrade², S. Carneiro³, M. Pinto da Costa⁴

¹ Centro Hospitalar Psiquiátrico de Lisboa, CHPL, Lisbon, Portugal

² ULS Nordeste, ULSN, Bragança, Portugal

³ Hospital Distrital de Santarém, HDS, Santarém, Portugal

⁴ Hospital Magalhães Lemos, HML, Porto, Portugal

* Corresponding author.

Background International professional mobility is a reality, people have skills they can put in the global marketplace. The increasing migration of health professionals to wealthy countries is a phenomenon known as “brain drain”.

Objectives/Aims This work aims to present the push factors that pressure people to migrate from Portugal.

Methods A cross-sectional survey was carried out with the psychiatric trainees in Portugal. A self-administered structured questionnaire was distributed to collect psychiatry trainees’ demographic and educational characteristics.

Results In Portugal, the majority of trainees have a Portuguese citizenship. Almost 2/3 did not have a short-mobility experience, and the majority never migrated to another country. Less than half consider staying in Portugal in the next years, and nearly 4/5 have considered leaving the country. Working conditions ranked first as the priority condition to be improved in psychiatry in Portugal, followed by financial conditions. In fact, an attractive job for psychiatry trainees in Portugal must have as the most important feature a pleasant work environment.

Conclusions An alarming percentage of psychiatry trainees from Portugal intend to migrate. Impact on future career, financial conditions of doctors, job opportunities and better working conditions were some of the motivating factors behind the migration.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1425

Internalization of stigma and self-esteem as it affects the capacity for intimacy among patients with schizophrenia, comparison between Jews and Arabs



J. Segalovich^{1,*}, T. Stolovi², P. Behrbalk¹, P. Romem³

¹ Lev Hasharon, Mental Health Center, Netanya, Israel

² Lev-Hasharon, mental health center, Netanya, Israel

³ Ben Gurion University of the Negev, Nursing Department–Recanati School for Health Professions, Beer Sheva, Israel

* Corresponding author.

In addition to the physical and psychological signs and symptoms of their disorder, people who have schizophrenia also experience severe repercussions associated with social isolation [1]. Internalization of social stigma was found to be a statistically significant core factor that affects self-esteem and the ability to create intimacy among Jewish patients with schizophrenia. Significantly more Muslim patients were married in comparison to Jewish patients. There was statistically significantly less internalization of stigma of

mental illness among hospitalized patients than among individuals with schizophrenia who live in the community [2]. The current study examines the relationship between internalization of stigma, self-esteem, and the ability of people diagnosed with schizophrenia to form intimate attachments with loved ones, in Arab patients compare to the existing sample of 24 patients from the Jewish sector. Data is gathered for 27 Muslim patients with schizophrenia who live in the community, ages 18–60, men and women from the following four questionnaires: Demographics Questionnaire, Self-Esteem Scale, Internalized Stigma of Mental Illness Scale and the Intimacy Attitude Scale-Revised. The study received the approval of the Ethics Committee. There was statistically significantly less internalization of stigma of mental illness, high self-esteem and high capacity for intimacy among Jewish patients than among Muslim patients. Knowledge of how these variables affect the capacity for intimacy provides a therapeutic window for advanced nursing interventions that will eventually provide support and guidance cultural adapted, for people with schizophrenia in creating intimate relationships.

References not available.

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EV1426

Psychiatric symptoms in Huntington's disease the importance of reliable information – A case report

G. Sobreira*, C. Ferreira, S. Alves

Centro Hospitalar Psiquiátrico de Lisboa, ward–First Psychosis Unit, Lisboa, Portugal

* Corresponding author.

Introduction Huntington's Disease is an autosomal dominant neurodegenerative disease characterized by motor, psychiatric and cognitive symptoms. Irritability, affective disorders, apathy and psychosis are among the most frequent psychiatric symptoms and can predate the pre-clinical period.

Objective The authors' goal is to understand the complexity of Huntington's disease clinical presentation. Additionally, we present an illustrative clinical case.

Aims To convey the importance of collecting reliable information in order to make a proper diagnosis.

Methods A PubMed database review was performed using "Psychiatry", "Psychiatric", "Symptoms" and "Huntington's Disease" as keywords; retrieved papers were selected according to their relevance. The patient clinical record was reviewed.

Results The authors report a case of a 39-year-old woman, who was referred in 2014, to a psychiatrist because of depressive mood and suicidal ideation with two suicidal attempts in the past 5 years. However, she did not disclose her family history of Huntington's disease neither to her GP nor her psychiatrist. She never complied with the treatment plan and was admitted, in November, into a psychiatric unit because of subtle motor changes and apathy, which had resulted in personal neglect. The diagnosis could only be made after a family interview was held and the family medical history was revealed.

Conclusions Corroborative history from caregivers is of extreme importance in psychiatry. Early detection of symptoms can help mitigate the disease social impact. In our patient's case, by the time of proper diagnosis, she was estranged from her family and had endured distressing psychiatric symptoms without adequate treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1427

Placebo and placebo effect, variability of the clinical response according to the therapists' behavior

A. Soler Iborte^{1,*}, S. Galiano Rus², Á. López Díaz²

¹ Servicio Andaluz de Salud – UGC Jaén Norte, Unidad de Salud Mental Comunitaria Linares, Linares-Jaén, Spain

² Servicio Andaluz de Salud – UGC Jaén Norte, Hospital San Juan de la Cruz, Úbeda-Jaén, Spain

* Corresponding author.

Introduction From a historical perspective, the first data related to the placebo effect on "mental health" date to the 1950s decade, when evidence was first shown of the important percentage of people with a psychiatric pathology that benefited from the consumption of placebos. It is believed that the responses to placebos and nocebos are influenced by the content and the way of informing the patient, which influences in the quality of life and therapy adherence. Among the factors that influence the magnitude of the placebo effect, we find variables related to the patient, with the placebo itself and the therapist.

Objectives To determine the relationship between the clinical response of a placebo and the behavior and information on the placebo contributed by the health worker.

Methodology Systemic review of the articles published in Medline-PubMed from 2005 to the present.

Results Being kind, friendly, interested, nice, emphatic, and considerate as well as having a positive attitude toward the patient and the treatment as well as the expectations of the therapist are variables that are associated to a beneficial effect in a placebo situation as well as in active treatment.

Conclusion The patient's expectations, a product of selective processing of the information that she/he receives about the effect of a placebo or active treatment, and the behavior of the health worker in clinical practice, produces variability in the symptomatic response through its influence on the magnitude of the placebo effect. In the bibliography reviewed, there is a marked lack of attention dedicated to clinical studies in the addressing of this phenomenon.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1428

Group therapy based on mindfulness in a mental health center

A. Uría de los Ojos¹, J. Ballesteros López¹, P. Rico García^{2,*},

A.B. González Palacios³, C. Domínguez García⁴

¹ Hospital Universitario de Getafe, Psychiatry, Getafe, Spain

² Centro de Salud Mental de Getafe, Psychiatry, Getafe, Spain

³ Centro de Salud Mental de Getafe, Mental Health Nursing, Getafe, Spain

⁴ Hospital Universitario de Getafe, Clinical Psychology, Getafe, Spain

* Corresponding author.

Introduction Mindfulness is defined as the ability of paying attention to the present moment with intentionality, moment to moment without making judgments of value.

Objectives To describe the effectiveness of group therapy performed in our mental health center according to the results in the SOFI scale of patients. This scale is designed to assess different qualities, which evolve through training in meditation practice based on mindfulness.

Methods Group therapy consisted of 12 weekly sessions of an hour and a half. A total of 11 patients, 7 of which having completed therapy. The questionnaires were answered in the first and final session of therapy.



Results The questionnaire items were divided before and after treatment, into four categories with the following results: positive (friendly, happy, acceptance, compassion) to himself: 1.86 (0.54)/2.75 (0.78) and to others 3.57 (0.86)/3.89 (0.54); negative (hate, angry, cruel, bad) to himself: 2.92 (0.54)/2 (0.23); and to others: 2.28 (0.41)/1.96 (0.36)

Conclusions In keeping with similar studies, the scale shows effectiveness of therapy in all sets of items, highlighting the variation of the aspects related to himself.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1429

“Incomprehensibility” as an approach to the contemporary understanding-explanation dichotomy



J. Valdes-Stauber

Zentrum für Psychiatrie Südwürttemberg, Psychosomatic Medicine, Ravensburg, Germany

Background Traditionally, “understanding” is related to the comprehension of the particular and of individualities as historical unique; “explanation” is conversely related to the sciences of general laws, preferential expressed mathematically. Within the “Methodenstreit”, first method is related to an idiographic second to a nomothetic approach. This dichotomy was transferred by Jaspers into psychiatry.

Objective How the understanding-explanation dichotomy could be dialectically kept, but also surmounted in contemporary psychiatry and psychosomatics in the light of a broader concept of “comprehensibility” as dialectically opposed to “incomprehensibility”.

Method Possible steps in development of the understanding-explanation dichotomy are rebuilt historically from Neo-Kantian and hermeneutic approaches onwards. Starting from reflections on analytic action theory as well as from a critique of Cartesian dualism of substance and from the assumption of incomprehensibility, we try to state an integrative conceptual network.

Results Ways of comprehensibility and incomprehensibility as well as understanding and not understanding are explored by crossing epistemological and ontological perspectives. Four implicit categories of understanding and a dialectically built conceptual network of dimensional dualities are stated.

Discussion The methods of “understanding” and “explanation” maintain in contemporary psychiatry a heuristic importance, but not in a segregative manner. This epistemological dichotomy might be integrated in a network of superordinate dualities.

Keywords Duality; Epistemology; Understanding; Explanation; Ontology; Incomprehensibility

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1430

Suicide attempts associated with sexual violence: Women – Ecuador



V. Valdez*, C. Santana, M. Cajas, E. Avila, D. Reyes Ecuador

* Corresponding author.

Objective Determine the incidence of suicide attempts in women exposed to sexual violence in Ecuador.

Materials We applied a transversal descriptive study accomplished by the National Institute of Statistics and Census (INEC). The INEC recruited Ecuadorian women from 15-years-old and ahead,

the surveys were focused on this population. Eighteen thousand and eight hundred (18,800) rural and urban housings were selected all over the country, 24 provinces. Date of the survey: November 16–December 15 of 2011. The sample included 737 women of several marital status (single, married and separated woman) who reported had been victims of sexual violence.

Results The average age of the sample was 28-years-old. The standard deviation was 21 years, ages: 15–25 years old: 14.265 (21.6%), 25–35-years-old: 9.324 (14.1%), 35–45-years-old: 8.132 (12.3%), 45–55-years-old: 6.283 (9.5%), 55–65-years-old: 4.302 (6.5%) and > 65 years old: 23.745 (35.9%). The incidence of women who had attempted suicide due to sexual violence was 73.95% (545 of 737 women surveyed). According to the marital status, the incidence was 79.3% on single, 65.5% on married and 79.0% on separated women.

Conclusion The rate of suicide attempts in Ecuadorian women undergoing situations of sexual violence is very elevated. The traumatic incident in descending order according to the classification by marital status is: single, separated and married. It was identified the population of unmarried women in our society to be the most vulnerable to develop suicidal behaviors (8 out of 10 women). However, we must keep in mind that these statistics could be even higher due to the fear and rejection to expose personal traumatic experiences in conservative societies such as the Ecuadorian. These results represent a powerful call to the Mental Health Systems. They must increase protection and follow-up programs on sexually abused women in Ecuador and other Latin-American countries.

Keywords Women; Sexual violence; Suicide

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1431

The Ciempozuelos Mental House (during the Spanish Civil War 1936–1939)



P. Vázquez de la Torre Escalera^{1,*}, R. Candela Ramirez¹, A. Conseglieri Gamez²

¹ Fuenlabrada Hospital, Psychiatry, Madrid, Spain

² Parla Hospital, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction The Ciempozuelos Mental House was the largest institution of its kind in the Madrid province. After the outbreak of the Spanish Civil War, the Ciempozuelos city was under Government of the Republic until 6th February 1937, moment from which the city was occupied by Franco's troops, including the asylum.

Objectives and aims This work examines the Ciempozuelos Mental Hospital and its patient population movement during the Spanish Civil War. The aim of this study is to discuss the implications that the war situation had on the operation of this Madrid institution.

Methods Documents (letters, notifications, etc.) mainly located at the Regional Archives of the Community of Madrid were analysed following traditional historiography methods, as well as social history of medicine and institutional history methods.

Results The Ciempozuelos Mental Hospital was located near the battlefield. Due to this situation, it suffered bombings during virtually the entire duration of the war, causing the death of several patients and the escape of many others. Similarly, and depending on the evolution of the war, the Ciempozuelos Mental House had to switch between sheltering patients evacuated from other areas, and evacuating some of his own patients to other institutions in the country when the situation worsened, such as the Valladolid Mental Hospital or Las Piqueñas Asylum.

Conclusions The location of the mental hospital, the economic strain and the continuous bombing altered the normal operation of the institution and the assistance provide to its patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1432

Application of psychiatric laws in Santa Isabel mental hospital (Leganés) during the Civil War and first decades of the Spanish post-war (1936–1952)

P. Vázquez de la Torre Escalera^{1,*}, A. Conseglieri Gámez², R. Candela Ramírez¹

¹ Fuenlabrada Hospital, Psychiatry, Madrid, Spain

² Parla Hospital, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction The Republican psychiatric reform, particularly the promulgation of the Decree of 3rd July 1931, marked the first serious attempt by the Government to transform psychiatric assistance in Spain. However, the literature examining the implementation of these legislative changes in the clinical practice of the mental institutions is still very scarce.

Objectives and aims We intend to analyse the actual extent of the Republican reforms in the assistance of mental patients admitted to the Leganés Asylum during this turbulent period of the history of Spain, mainly focusing on the implementation of the Decree of 3rd July 1931.

Methods The method followed includes a review of the medical records, statistic registers and other documents kept at the institution's historical archive.

Result During the study period, all the statistical forms on mental patients required by law were completed. However, during the years of the war (1936–1939) other documents required under the Decree of 1931 were quite irregularly compiled in the clinical records. Furthermore, the semester medical bulletins that had to be submitted to Court, whenever a patient's clinical condition required a hospital sojourn beyond six months, were systematically suppressed. These administrative procedures were restored after the war. Similarly, during the war, assumptions of admissions not covered by previous legislation were added, such as admissions by military order, which were abolished once the war ended.

Conclusions The exceptional situation lived during the Civil War prevented the regular implementation of psychiatric legislation at the Leganés Mental Hospital. Once the war ended, its enforcement was restored.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1433

The use of repetitive transcranial magnetic stimulation in Malta – A clinical perspective

M. Xuereb

University of Malta, Psychiatry, Msida, Malta

Repetitive Transcranial Magnetic Stimulation (rTMS) has been approved by the FDA for treatment resistant, severe, non-psychotic unipolar affective disorder. The aim of this presentation is to share our experience setting up the rTMS clinic – a first on our small island. We will also be showing data of patients over the treatment period through individual comments made by patients as well as through established depression scales. Finally, a modus operandi of managing side effects, community monitoring and follow-up will be suggested.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1434

Atypical neuroleptic malignant syndrome in adolescence

H. Yilmaz*, S. Köse, B. Özbaran

Ege University Bornova, 35040 Izmir, Turkey

* Corresponding author.

Objective To report re-challenges of antipsychotic drugs after neuroleptic malignant syndrome (NMS) in a case of Cotard syndrome and considering electroconvulsive treatment as an option in these cases.

Case report A 17-year-old adolescent, treated for acute psychotic attack with multi-antipsychotic (olanzapine, risperidone) for 15 days, developed NMS within 48 hours of the addition of low doses of clozapine to his regimen. Symptoms included fever, agitation, dysautonomia, pulmonary edema, ventricular failure and laboratory findings, which included elevation of CK levels, leukocytes, transaminase, resolved after discontinuation of psychotropics, supportive management and 6 days of treatment with bromocriptine and amantadine. At first, patient was treated with low doses of quetiapine. Then, we decided to imply ECT because of two reasons. The first reason is low dosage of quetiapine was not believed to control symptoms which included Cotard syndrome based on assertions such as “I am dead”, “I cannot breathe”, “My teeth and my bones are melted”, suicidal thoughts, incoherence speech. The second reason is increasing quetiapine dose rapidly could have caused relapsing of NMS. Finally, we transferred our patient to another child psychiatry clinic where ECT can be applied.

Discussion Starting atypical antipsychotic drugs in re-emergence of post NMS psychosis and catatonia is a challenge. Because of the risk of relapsing NMS, anti-psychotic drugs must be started lower dosage, titrated up slowly then patient should be monitored at least two weeks until resumption of therapy. Process of monitoring depends on existing of clinical residua. Moreover, it is unclear when clinical residua exist, thus it is difficult to interpret the existing guidelines on safe reintroduction of antipsychotics. At that point, ECT can be considered as an option in order to control psychotic symptoms.

Conclusions Clinicians should closely monitor patients when restarting anti-psychotic drugs after NMS owing to risk of relapsing NMS and ECT should be considered as an option in order to control symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1435

Job satisfaction and resilience among psychiatric nurses – A study in the Institute of Mental Health, Singapore

Z. Zhimin^{1,*}, P. Gangaram¹, H. Xie², S. Chua¹, S. Ong³, S.E. Koh³

¹ Institute of Mental Health, Community Psychiatry, Singapore, Singapore

² Institute of Mental Health, Nursing, Singapore, Singapore

³ Institute of Mental Health, Nursing Administration, Singapore, Singapore

* Corresponding author.

Introduction The widespread nursing shortage and nurses' high turnover rate has become a global issue. Job satisfaction ranks highly as one of the main factors influencing turnover rates among nurses. Mental health nursing has been reported to be a particularly stressful specialty, yet little is known about the level of job satisfaction among psychiatric nurses in Singapore. Resilience is defined as a means of adapting to stress at the workplace, and may serve as a factor influencing job satisfaction.

Objectives/Aims This study aimed to explore the current level of job satisfaction in psychiatric nurses working in the only tertiary

psychiatric institution in Singapore, the influencing factors, and the relationship between resilience and job satisfaction. Results of the study would enable the hospital to develop work programmes for improvement.

Methods A survey questionnaire consisting of the following was administered to all eligible nurses working in the Institute of Mental Health between the period of 16–24 December 2014: the McCloskey & Mueller Satisfaction Scale, the Resilience Scale™, socio-demographic data form.

Results A total of 874 nurses were eligible for the study, and a total of 748 nurses responded, totalling 85.6% response. A mean

satisfaction score of 95.21 and mean resilience score of 125.74 were obtained. Mean satisfaction and resilience scores were the highest for nurses with longer working experience and those of older age group. A positive and significant association between satisfaction and resilience scores ($P < 0.001$) was obtained.

Conclusion Psychiatric nurses in Singapore are generally satisfied with their job but this can be further improved with strengthening of personal resilience.

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