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Anxiety Disorders and Somatoform Disorders - Part I / Psychopathology

PW0001

Disruptive mood dysregulation disorder in offspring of parents with ADHD

M. Abouzed* A. Elawady

Al-Azhar university, faculty of medicine, psychiatry department, Cairo, Egypt

* Corresponding author.

Background.—Emotion dysregulation, is common in ADHD and may arise from deficits in orienting toward and processing emotional stimuli. Disruptive mood dysregulation (DMDD) in the offspring of parents with ADHD under estimated and this but the specificity of this association has not been established.

Aims.— We examined the specificity of DMDD to family history by comparing offspring of parents with ADHD WITH a control group without psychiatric disorders.

Method.— 112 children who are offspring of parents with ADHD and 100 children for normal parents without ant psychiatric disorders and age and sex matched. We diagnose DMDD using the Schedule for Affective Disorders and Schizophrenia for School Aged Children for DSM-5 in 180 youth aged 6–18 years (KSADS-PI).

Results.— Diagnostic criteria for DMDD were met in 21 (18.75%) of the offspring of parents with bipolar disorder, 6 (6%) of the control offspring. With P -value < 0.001.

Conclusions.— Our results suggest that Disruptive mood dysregulation (DMDD) is may be associated with a family history of ADHD.

Disclosure of interest.— The authors have not supplied a conflict of interest statement.

PW0002

Prevalence and severity of social anxiety symptoms and its relationship with body dysmorphic disorder symptoms among adults

A. Alhadi^{1,2*}, M.A. Alageel³, A.A. Alfaifi³, T. Ben Duraihem³, H.M. Alkaff³, F.A. Alsuhaibani³, M.S. Albawardi³

¹ King Saud university, department of psychiatry, Riyadh, Saudi Arabia; ² King Saud university, SABIC psychological health research & applications chair SPHRAC, Riyadh, Saudi Arabia; ³ King Saud university, college of medicine, Riyadh, Saudi Arabia

* Corresponding author.

Introduction.— Social anxiety disorder (SAD) is a subtype of anxiety. It's characterized by fear, avoidance, and hyperarousal symptoms. SAD has a prevalence of 13% in western countries. Body dysmorphic disorder (BDD) is appearance defect and obsession about the looking. Both diseases share similar symptoms. However, the relationship between SAD and BDD is ambiguous.

Objectives.— We measured the prevalence of SAD symptoms and the associated socio-demographic factors and tried to determine if a relationship between SAD and BDD is present or not.

Methods.— The study is quantitative, observational and cross-sectional that was conducted by administrating translated Arabic version of Severity Measure for Social Anxiety Disorder scale and BDD scales in five places in Riyadh which are King Khaled University Hospital, King Abdulaziz University Hospital, and three shopping malls.

Results.— A total of 752 responses, most of the sample were female 509 (68.32%), single (51%), educated (56% university graduate) and have low-moderate family income (64% family income was less than 2555 \$ per month). The study also shows 233 subjects (30.98%) had the moderate-severe form of SAD. Among the 233 (30.98%) participants who showed the moderate-severe form of SAD, 86 (36.9%) had the moderate-severe form of BDD. The correlation of SAD to BDD is significant ($r = 0.496$, P -value ≤ 0.001).

Conclusion.— The prevalence of SAD was higher compared to other countries. Low Family income, education and female gender have a role in the disease condition. Moreover, there was a clear association between SAD and BDD.

Disclosure of interest.— The authors have not supplied a conflict of interest statement.

PW0003

The effectiveness of psychoanalytic psychotherapy in the somatoform disorders treatment

I. Belokrylov*, A. Bryukhin, S. Semikov

Peoples' friendship university of Russia, RUDN university, department of psychiatry and medical psychology, Moscow, Russia

* Corresponding author.

Introduction.– The problem of differentiated use of individual psychotherapeutic methods in patients with somatoform disorder (SFD) remains insufficiently studied. Psychoanalytic psychotherapy, which has become relatively common in Russia, is no exception.

Aims. A study of the psychoanalytic psychotherapy effectiveness in SFD treatment with the definition of its psychopathological and personality predictors.

Methods.– Patients with somatoform disorders (F45 according to ICD-10, $n=60$, 34 men, 26 women, mean age 32.4 ± 7.6 years, the average duration of the disease is 5.2 ± 3.1 years) were randomly assigned to 2 groups (30/30); in the main group, patients received a 3-month course of short-term individual psychoanalytic psychotherapy (2 sessions per week), in the control group – identical non-psychotherapeutic sessions (psychoeducation)... Psychopathological and psychological parameters were compared before and after treatment.

Results.– The effectiveness of psychoanalytic psychotherapy has been proven significantly by the best results of treatment in the main group according to clinical data, as well as the results of pathopsychological testing ($P < 0.05$). The highest results are observed in the absence of signs of somatoperceptive constitution and hypochondria. The most sensitive test of the personal prediction of the effectiveness of psychotherapy was “The illness Perception Questionnaire-Revised” (IPQ-R, correlation coefficient $r=0.63$, $P < 0.05$).

Conclusion.– Psychoanalytically oriented psychotherapy can be successfully used in the treatment of SFD, especially patients who can reason about the symptoms of the disease in the context of past life experiences.

Disclosure of interest.– The publication was prepared with the support of the “RUDN University Program 5-100”.

PW0004

Psychological impact of acne on anxiety, depression and self-esteem symptoms before and after treatment with isotretinoin

P. De Jaime Ruiz¹, F.J. Navarro Triviño²¹ Campus de la Salud, Psychiatry, Granada, Spain; ² Hospital Santa Ana Motril, Dermatology, Granada, Spain

* Corresponding author.

Acne is a common skin disorder, which affects mainly adolescents. It appears at a key moment in human development, the dynamics of which need to be properly understood. It can cause anxiety, depression and low self-esteem. Effective treatment of acne can reduce some of those symptoms and significantly improve other physiological parameters and quality of life. The aim of this study was to determine the psychological status and quality of life of acne patients before and after treatment with oral Isotretinoin.

The prospective study included a total of 30 patients suffering from acne. To assess the psychological status and quality of life we performed the following standard psychometric questionnaires before and after the treatment with Isotretinoin: Hamilton Depression Rating Scale (HAM-D), Rosenberg's Self-esteem Scale and Sheehan Disability Scale (SDS).

We also took into account if patients needed psychotropic drugs or special assistance of Mental Care Specialists.

Our results indicate that there is no increase in depressive and anxiety symptoms in patients treated with oral isotretinoin. What concerns to self-esteem and quality of life we observed an improvement after treatment. There were few patients with severe psychological affection and most of them did not require specialized psychological interventions.

Summarizing we confirmed that far from worsening affective symptoms, treatments for acne can improve them. We should also target that there is an influence in patients' personal well-being when physicians care not only about the external affection, but also about the internal. Not to mention that a proper psychiatric intervention may also contribute.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0005

Anxiolytic fabomotizol improve quality of life in patients with anxiety disorders

O. Dorofeeva*, M. Metlina, T. Syunyakov, G. Neznamov

FSBI “Zakusov institute of pharmacology”, laboratory of clinical psychopharmacology, Moscow, Russia

* Corresponding author.

Introduction.– Quality of life (QOL) improvement is very important in patients with anxiety disorders from both clinical and social view. Atypical anxiolytic $\sigma 1$ -, MT3- and MT1-receptors agonist and MAO-A inhibitor fabomotizole with its favorable tolerability can improve QOL.

Objectives.– This study aimed to evaluate changes in QOL during fabomotizole treatment in patients with anxiety disorders and its association with symptomatic changes.

Methods.– 30 drug-free patients (16 women and 14 men) aged from 21 to 55 years (mean 33.8 ± 8.87 years) with generalized anxiety disorder (F41.1), panic disorder (F40.0) and nosophobia (F45.2) per ICD-10 criteria without somatic and mental disorders entered the study.

Study design included 7-day screening and 14-day treatment period with fabomotizole 30 mg daily. The World Health Organization Quality of Life Instruments (WHOQOL-BREF), Psychiatric Symptoms Severity Evaluation Questionnaire (PSSEQ) were used in the study. Data analyzed using Wilcoxon test and Spearman correlations. Confidence level $P < 0.05$ was used.

Results.– QOL scores changes are presented in the Table 1. Changes in QOL “Psychological” domain scores significantly correlated with “anxiety” and “insomnia”, “affective lability” and “headache” PSSEQ scores (Spearman's R : 0.373, 0.378, 0.436 and 0.359, respectively, all $P < 0.05$). “Social support” domain changes correlated with “asthenia” PSSEQ scores changes ($r=0.331$, $P < 0.05$).

Conclusion.– Fabomotizole treatment of patients with anxiety disorders associated with QOL and symptomatic improvement. QOL improvement were associated with fabomotizole effects on anxiety, asthenia, affective lability, insomnia and autonomic symptoms.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Table 1 QOL score changes during fabomotizole treatment.

QOL Domain	Background		Endpoint		p-level (Wilcoxon test)
	M	σ	M	σ	
Physical Health domain	51.43	10.21	54.52	11.33	p>0.05
Psychological domain	49.03	9.52	49.31	11.48	p>0.05
Social support domain	51.67	18.88	56.94	21.78	p<0.05
Environment domain	52.29	10.48	56.88	11.73	p<0.01
Total score domain	73.10	6.29	76.13	8.70	p<0.01

M: mean; σ : standard deviation.

PW0007

Effectiveness of forgiveness skill in reducing anxiety and depression among women victims of sexual abuse in childhood

S. Ghahari^{1,2}

¹ Department of mental health, school of behavioral sciences and mental health Tehran institute of psychiatry, Iran university of medical sciences IUMS, Tehran, Iran; ² Psychiatry and behavioral sciences research center, addiction Institute, Mazandaran university of medical sciences, Sari, Iran, Tehran, Iran

Keywords: Forgiveness; Anxiety; Depression; Women; Sexual abuse

Background and purpose.– Sexual abuse has irreversible physical and mental health on the person. This study was conducted to determine effectiveness of forgiveness skill in reducing anxiety and depression among women victims of sexual abuse in childhood.

Materials and methods.– This is a semi-experimental study with pretest-posttest as well as control and experimental groups. Statistical population of study consisted of 30 depressed and anxious women who reported a sexual abuse in childhood and referred to several a psychological clinic in Tehran. They were selected randomly and signed into two 15-member test and control groups. Sample members of test group were under treatment individually within 12 sessions with forgiveness skill and control group members were in waiting list. Both groups filled out Beck's anxiety and depression inventory in baseline and after intervention. The data were analyzed using covariance analysis through SPSS22 software.

Findings.– Results of this study indicate difference between anxiety and depression level of women victims of sexual abuse among control and test groups after intervention to forgiveness skill ($P < 0.05$)

Conclusion.– Forgiveness skill is effective in reducing anxiety and depression among women victims of sexual abuse in childhood.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0008

Comparison the efficiency of play and narrative therapy on decreasing depression, anxiety and aggression of sexually abused children in Tehran

M. Amirzadegan¹, S. Ghahari^{2,3*}, A.A. Asgharnejad Farid⁴

¹ Clinical psychology, Islamic Azad university, Tehran, Iran;

² Department of mental health, school of behavioral sciences and mental health Tehran institute of psychiatry, Iran university of medical sciences IUMS, Tehran, Iran; ³ Psychiatry and behavioral sciences research center, addiction institute, Mazandaran university of medical sciences, Sari, Iran, Tehran, Iran; ⁴ Iran university of medical sciences, center of excellence in psychiatry, school of behavioral sciences and mental health, Tehran, Iran

* Corresponding author.

Aims and context.– Child sexual abuse is one of the most common psycho-social health problem which bring so many negative consequences for the child. The current study is aimed on comparison the efficiency of play and narrative therapy on decreasing depression, anxiety and aggression of sexually abused children.

Methodology.– The current study is an experimental research along pre-test, post-test and a control group. The statistical group was included all the children between 7 to 12 years old who visited Rooyesh Nahal Tehran Institute in 2017. Among this group, 45 victim children (sexually abused) were selected by means of available sampling method and divided into the two experimental groups: 1-play therapy 2-narrative therapy, and one control group randomly (Each group was included 15 people). Experimental groups was intervened by play and narrative therapy separately during 10 sessions, and control group was put on the waiting list. Both groups filled these questionnaires at the baseline and after treatment: Children and Adolescent Depression Scale (C.A.D.S), Multidimensional anxiety scale for children (M.A.S.C). The data analyzed through the descriptive and deductive statistical analysis (covariance analysis. ANCOVA).

Findings.– The results of multivariable covariance analysis were referred to a significant differences between two experimental groups with the control group. The comparison of experimental groups pointed that the narrative therapy in compare with play therapy had more efficiency on decreasing the level of anxiety and aggression among sexually abused children ($P < 0.05$) while the play therapy was more effective than narrative therapy in reducing depression of sexually abused children ($P < 0.05$).

Conclusion.– Narrative therapy has more efficiency than the play therapy on decreasing level of anxiety and aggression of sexually abused children, and play therapy is more effective than narrative therapy on reducing depression of sexually abused children.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0009

The role of secrets in psychopathology of individuals and their relationship with internal and external shame

C. Barmpouta^{1*}, K. Gourgoulisian¹, C. Hatzoglou¹, M. Gouva²

¹ University of Thessaly, Graduate Program "Primary Health Care", university of Thessaly, Greece, Larisa, Greece; ² TEI of Epirus, research laboratory psychology of patients families and health professionals, T.E.I. of Epirus, Greece, Ioannina, Greece

* Corresponding author.

Introduction.– Due to the complexity of the phenomenon of secrets both in everyday life and in the health sector, several issues raise through their study.

Purpose: The purpose of this research was to investigate the relationship of secrets with psychopathology as well as with the internal and the external shame.

Method.– The sample of this study was people from the Greek normal population, aged 18 to >65. The research tools used were the following: (a) the Symptom Checklist 90-R - SCL-90), (b) the Other As Shamer Scale (OAS), and (c) Experience of Shame Scale (ESS), and even a questionnaire of socio-demographics and attitudes of questions and representations of human secrets.

Results.– Persons who have secrets from their families and come from families that kept secrets have higher levels than people without secrets and that do not come from families who kept secrets in scales: Feeling of inferiority (.008), feeling of emptiness (.010), perception of the person regarding to the reaction of others when he/she make mistakes (.015), characterological shame (.000), behavioral shame (.013), bodily shame (.001), somatization (.002), interpersonal sensitivity (.021), depression (.000), anxiety (.000), phobic anxiety (.031), paranoid ideation (.000) and psychoticism (.000).

Conclusions.– The results of our study found high levels of psychopathology in people who keep secrets from their family, their friends, their partners, and come from families that keep secrets not only among their members and also from other relatives.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0010

Mitochondrial DNA copy number is reduced in psychosis and inversely correlated with anti-psychotic prescription dosage

P. Kumar¹, P. Efstathopoulos¹, C. Lavebratt¹, V. Millischer¹, C. Villaescusa¹, E. Olsson¹, B.W. Ya¹, U. Ösby¹, M. Schalling¹, O. Brüstle²

¹ Karolinska Institutet, molecular medicine and surgery, Solna, Sweden; ² University of Bonn, institute of reconstructive neurobiology, Bonn, Germany

* Corresponding author.

Accumulating evidence has linked impaired mitochondrial biogenesis and telomere shortening to psychotic disorders. However, studies, which investigated mitochondrial DNA copy number (mtDNAcn) and leukocyte telomere length (LTL) in BD and SZ, have not considered the effect of anti-psychotic treatment (AP) and have arrived at discrepant conclusions on the alteration of these markers. In the present study, leukocyte mtDNAcn and TL analysis was performed on 594 chronic psychosis patients. Regression analysis was carried out using leukocyte mtDNAcn and TL as dependent variables with clinical information and drug treatment as independent variables. MtDNAcn, when corrected for age, metabolic health and lifestyle factors, was associated with age ($\beta = -0.171$ and $P < 0.001$), psychosis severity ($\beta = -0.123$ and $P = 0.005$) and AP, in particular, clozapine ($\beta = -0.098$ and $P = 0.025$) and risperidone ($\beta = -0.124$ and $P = 0.004$). MtDNAcn was significantly associated with prescribed oral doses of clozapine ($\rho = -0.342$ and $P = 0.007$) and risperidone ($\rho = -0.230$ and $P = 0.028$). We also investigated the effect of the drugs, clozapine and risperidone on mtDNAcn of stem-cell derived human neurons in vitro. Clozapine ($P = 0.0004$) and risperidone ($P = 0.0126$) had a reducing effect on the mtDNAcn of human neurons in vitro at typical plasma doses. Our study shows that leukocyte mtDNAcn is associated with AP treatment and psychosis severity. Additionally, we have first evidence of leukocyte mtDNAcn being associated linearly with prescribed oral doses of AP.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0011

Clinical influences of anxiodepressive disorders on irritable bowel syndrome through the Gut-brain axis

L.A. Mazelin

University of Nice-Sophia Antipolis, psychiatry, Nice, France

Objective.– The interaction of anxiodepressive syndromes (SAD) and irritable bowel syndrome (IBS) through the gut-brain axis is an example of a holistic physiological loop. SAD and IBS are part of the spectrum of civilization diseases whose prevalence has increased in recent decades and in which low-grade inflammation plays a central role (Fig. 1).



Fig. 1.

The aim is to estimate the proportion of digestive disorders in severe anxio-depressive patients.

Methods.– 46 individuals recruited through six self-questionnaires: epidemiological data, Beck depression inventory (BDI), hospital anxiety and depression scale (HAD), digestive vulnerability questionnaire (QVD), Rome IV criteria (R4) and discomfort intestinal scale (SII). Average age 48.9 years (EC: 14.9) and sex ratio 1/2. If SII ≥ 20 , the result is suspect. If SII ≥ 40 , the discomfort is severe. In QVD, patients with a leaky gut have an average score of 7.1 (unlike the healthy subjects who have 2.1).

Results.– The sample with BDI ≥ 16 , ≥ 11 HAD-Anxiety and HAD-Depression ≥ 11 accounted for 10 individuals with: 100% positive Rome IV, 100% SII ≥ 20 , 80% ≥ 40 , average SII 48.1 (SD: 11.24), average QVD 10 (SD: 2.98).

Conclusions.– The results of the study show that severe SAD may be associated with a significant risk of digestive disorders, in accordance with the physiopathological data of leaky gut, anxiety and mood disorders.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0014

To await a pleasure, is itself a pleasure? Anticipatory anhedonia as a transdiagnostic symptom

P. Ossola¹, S. Antinori², N. Bertocchi³, M. Angelini⁴, A. Negrotti⁵, S. Calzetti⁵, C. Marchesi²

¹ University of Parma, psychiatry unit, department of neuroscience, Parma, Italy; ² Università degli Studi di Parma, department of medicine and surgery, Parma, Italy; ³ AUSL Parma, mental health department, Parma, Italy; ⁴ University of Brescia, department of clinical and experimental sciences, Brescia, Italy; ⁵ Azienda Ospedaliero Universitaria of Parma, neurology unit, Parma, Italy

* Corresponding author.

Introduction.– In DSM-5 the term anhedonia, defined as the failure in the ability to experience pleasure, disappeared from the diagnostic criteria if not as “a loss of interest or pleasure” for diag-

nosing a Major Depressive episode. Nonetheless, clinically, its use is widespread and trans-diagnostic, being a negative symptom in schizophrenia, a facet of the emotional flattening in some withdrawal syndromes or a non-motor symptom in Parkinson Disease. **Objectives.**– Clarify the meaning of anhedonia in different clinical populations.

Methods.– A hundred-twenty-five matched subjects with a diagnosis of Major Depression, Schizophrenia, Opiate Dependence or Parkinson Disease and healthy controls were enrolled. They completed the Snaith-Hamilton Pleasure Scale (SHAPS) and the Temporary Experience of Pleasure Scale (TEPS) to assess anhedonia and its anticipatory and consummatory facets, respectively. Depressive symptoms were evaluated too.

Results.– According SHAPS cut-off, half of the anhedonics were in the depressive subgroup whereas there were no differences among the others' rates. When comparing the groups for the anhedonic gap, defined as the difference between the mean scores at the anticipatory and consummatory TEPS' subscales, the controls ($F=4.941$; $P=.001$) were the only ones without a significant difference ($t=-.705$; $P=.488$). This was held true even when controlling for possible confounding variables ($P=.129$). This means that their abilities to foresee a pleasure and experience it are more balanced.

Conclusion.– Our results suggest that a more fine-grained evaluation of anhedonia, rather than a dichotomous approach, might help clinicians in a better understanding of patient's needs and subsequent therapeutic targets.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0015

The Italian Version of the 16-item Prodromal Questionnaire (Ipq-16): Field-test and psychometric features

L. Pelizza¹, S. Azzali¹, F. Paterlini¹, S. Garlassi¹, I. Scazza¹, A. Raballo²

¹ Reggio Emilia public health service, Reggio Emilia department of mental health, Reggio Emilia, Italy; ² Norwegian university of science and technology, department of psychology, Trondheim, Norway

* Corresponding author.

Objective – Among current early screeners for psychosis-risk states, the 16-item Prodromal Questionnaire (PQ-16) is often used. We aimed to assess reliability and validity of the Italian version of the PQ-16 in a young adult help-seeking population.

Methods.– We included 154 individuals aged 18–35 years seeking help at the Reggio Emilia outpatient mental health services in a large semirural catchment area (550,000 inhabitants). Participants completed the Italian version of the PQ-16 (iPQ-16) and were subsequently assessed with the Comprehensive Assessment of At-Risk Mental States (CAARMS). We examined diagnostic accuracy (sensitivity, specificity, positive and negative predictive values, and positive and negative likelihood ratios) and content, convergent, and concurrent validity between PQ-16 and CAARMS using Cronbach's alpha, Spearman's rho, and Cohen's kappa, respectively. We also tested the validity of the adopted PQ-16 cut-offs through Receiver Operating Characteristic (ROC) curves plotted against CAARMS diagnoses and the 1-year predictive validity of the PQ-16.

Results.– The iPQ-16 showed high internal consistency and acceptable diagnostic accuracy and concurrent validity. ROC analyses pointed to a cut-off score of ≥ 5 as best cut-off. After 12 months of follow-up, 22.4% of participants with a PQ-16 ≥ 5 cut-off at the baseline, showed a psychotic disorder and 29.3% an Ultra-High Risk (UHR) status.

Conclusions.– Psychometric properties of the iPQ-16 were satisfactory.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0016

Adolescents at ultra-high risk of psychosis in Italian neuropsychiatry services: Prevalence, psychopathology and transition rate

L. Pelizza¹, M. Poletti¹, S. Azzali¹, F. Paterlini¹, I. Scazza¹, S. Garlassi¹, F. Fontana¹, V. Barbanti Silva¹, R. Favazzo¹, M. Fabiani¹, L. Pensieri¹, L. Cioncolini¹, A. Raballo²

¹ Reggio Emilia public health service, Reggio Emilia department of mental health, Reggio Emilia, Italy; ² Norwegian university of science and technology, department of psychology and development, Trondheim, Norway

* Corresponding author.

Studies in adolescents on Ultra-High Risk (UHR) and Basic Symptoms (BS) criteria for psychosis prediction are scarce. In Italy, early interventions in psychosis are less widespread than in other countries. In this study, we (1) assessed the clinical relevance of a UHR diagnosis (according to the Comprehensive Assessment of At-Risk Mental States [CAARMS] criteria) in order to promote the implementation of specific services for UHR adolescents into the Italian health care system; (2) described severity of positive, negative, general, and basic symptoms in UHR adolescents compared to adolescents with First-Episode Psychosis (FEP) and non-UHR adolescents (i.e. those above CAARMS criteria for UHR or FEP); and (3) investigated the predictive validity of UHR criteria in relation to BS criteria. Seventy-nine adolescents (aged 13–18 years) were assessed with the CAARMS, the Positive and Negative Syndrome Scale (PANSS), and the Schizophrenia Proneness Instrument, Child and Youth version (SPI-CY). Both UHR ($n=25$) and FEP ($n=11$) had significantly higher PANSS subscales scores compared to non-UHR ($n=43$). UHR had significantly lower PANSS positive symptoms scores than FEP, but similar global functioning and PANSS negative symptoms and general psychopathology scores. Compared to non-UHR, both FEP and UHR had more severe thought and perception BS disturbances, and significantly more often met BS criteria. After 12 months, 2 of 20 (10%) UHR had transitioned to psychosis. They also met both BS criteria. Future research is needed to determine whether the combined assessment of BS with UHR symptoms can improve the accuracy of psychosis prediction in adolescence.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0017

Efficacy and safety of agomelatine 25–50 mg/day versus venlafaxine XR 75–150–225 mg/day in non-depressed asian outpatients with generalized anxiety disorder

F. Picarel¹, J.P. Zhao², A.H. Sulaiman³, Y.S. Huang⁴, M. Srisurapanont⁵, K.C. Wei⁶, C. Albarran Severo¹, V. Olivier¹, C. de Bodinat¹

¹ Institut de recherches internationales SERVIER, neuropsychiatry innovation therapeutic pole, Suresnes cedex, France; ² Xiangya second hospital, Central South University, mental health institute, Changsha, China; ³ University Malaysia medical centre, department of psychological medicine, Kuala Lumpur, Malaysia; ⁴ Chang Gung Memorial Hospital Linkou, department of psychiatry, Kuei Shan, Taiwan R.O.C.; ⁵ Chiang Mai University, department of psychiatry, Chiang Mai, Thailand; ⁶ Institute of mental health, department of community psychiatry, Singapore, Singapore

* Corresponding author.

This phase III, multicentre, international, randomised, double-blind, comparative trial assessed the 12-week efficacy and safety of agomelatine 25–50 mg versus venlafaxine XR 75–150–225 mg in non-depressed Asian outpatients with generalized anxiety disorder (GAD). The study was prematurely stopped due to a sponsor's strategic decision. 187 patients were randomized into two parallel groups: agomelatine ($n=96$), or venlafaxine XR ($n=91$). Dose adjustment was possible at Week 4 (for both treatments) and Week 6 (for patients on venlafaxine 150 mg/day).

All randomized patients fulfilled DSM-IV diagnostic criteria for GAD, 51% of them were female and the mean age was 39 ± 11.6 years. The mean HAM-A total score at baseline was 28.5 ± 4.5 and did not significantly differ between treatment groups.

In the Full Analysis Set ($n=167$), at week 12 (LOCF), the mean HAM-A total score decrease was -15.8 ± 8.3 on agomelatine and -17.7 ± 7.6 on venlafaxine XR without statistically significant difference between groups.

The response rate (decrease in HAM-A total score $\geq 50\%$ from baseline) was 70% on agomelatine and 74% on venlafaxine XR.

The three most frequent emergent adverse events in the agomelatine group had a lower frequency on agomelatine than on venlafaxine XR (nausea: 7.5% versus 18.2%, constipation: 6.5% versus 12.5% and dizziness: 5.4% versus 10.2%, respectively).

One agomelatine-treated patient had transaminases increase >3 ULN after 6 weeks on treatment and recovered 7 days after the treatment cessation.

In these GAD Asian patients, the symptoms of anxiety improved in both treatment groups. Agomelatine was better tolerated than venlafaxine XR.

Disclosure of interest.– I am employee at Servier.

PW0018

Dysfunctional schema modes and co-morbidity of psychiatric symptoms in people with epilepsy (PWE)

N. Shafique*, M.T. Khalily

International Islamic University, Psychology, Islamabad, Pakistan

* Corresponding author.

The current study aimed at exploring the predicting relationship between dysfunctional schema modes and psychiatric symptoms. Furthermore, also examine the role of various demographics in epilepsy and dysfunctional modes. A total sample of 108 people with epilepsy comprised of 54% was female with a mean age ($M=24.91$, $SD=7.42$) recruited from the neurology ward of hospitals located in Islamabad and Rawalpindi. The respondents completed the Schema Mode Inventory, and SCL-90, also the demographic and clinical variables were taken from the semi-structured interview. Regression analyses showed that Detached Protector, Punishing Parent and Vulnerable child significantly predicting Depression (DEP), Anxiety (ANX), Hostility (HOS), Interpersonal Sensitivity (INT), Phobia (PHOB), Paranoid (PAR), Psychoticism (PSY), Obsessive Compulsive Disorder (OCD) and Somatization (SOM). Whereas Angry protector significantly predicted DEP, ANX, HOS. The Angry child was found to be the only predictor of OCD, Compliant surrender and Enraged child significantly predicted HOS and the Bully and Attack predicted PHOB. A One-way variance analysis revealed the significant differences between the lower, middle and upper socio-economic class on Dysfunctional Modes. The lower middle class had significantly utilized the modes detached protector, bully, and attack, angry protector, angry child, enraged child, impulsive child, undisciplined child and punishing the par-

ent. However, Hostility found in the lower class as compared to upper or middle class. Moreover, Gender differences indicated the significantly higher mean of males on Self-aggrandizer, Bully and Attack, Impulsive child and Undisciplined child. Thus, findings suggestively highlight that maladaptive coping response significantly contribute in psychiatric comorbidities in PWE.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0019

Psychometric evaluation of the decision tool anxiety disorders: Facilitating the early identification of patients with an anxiety disorder in need of highly specialized care

F. van Krugten^{1*}, M. Kaddouri¹, M. Goorden¹, A. van Balkom², E. Berretty³, D. Cath⁴, G.J. Hendriks⁵, S. Matthijssen⁶, I. van Vliet⁷, W. Brouwer¹, L. Hakkaart-van Roijen¹

¹ Erasmus University Rotterdam, Erasmus school of health policy & management, Rotterdam, The Netherlands; ² VU university medical center, department of psychiatry, Amsterdam, The Netherlands;

³ PsyQ mental healthcare, department of anxiety disorders, Den Haag, The Netherlands; ⁴ Utrecht university, department of clinical and health psychology, Utrecht, The Netherlands; ⁵ Radboud university medical centre, department of psychiatry, Nijmegen, The Netherlands; ⁶ Utrecht university, department of clinical psychology, Utrecht, The Netherlands; ⁷ Leiden university medical center, department of psychiatry, Leiden, The Netherlands

* Corresponding author.

Introduction.– In order to aid clinicians in the early identification of patients with an anxiety disorder in need of highly specialized care, we developed the Decision Tool Anxiety Disorders (DTAD).

Objectives.– The aim of this study was to assess the feasibility, reliability and validity of the DTAD in patients with a DSM-IV-TR anxiety disorder.

Methods.– A total of 454 outpatients who were referred for treatment to a general psychiatric or highly specialized treatment centre were studied. The duration of completion and content clarity of the DTAD were used as indicators of feasibility. Inter-rater reliability was assessed using pairs of independent ratings ($n=87$). To assess convergent validity, the five-level EuroQol five-dimensional questionnaire (EQ-5D-5L) was administered. A receiver operator characteristic curve was constructed to assess criterion validity.

Results.– The average completion time of the DTAD was 4.62 min ($SD=2.62$), and the content of the total set of items was judged as clear in 93.0% of all evaluations. Krippendorff's alpha values of the items ranged from 0.427 to 0.839. The pattern of correlations between the total DTAD score and EQ-5D-5L index (-0.413 , $P<0.001$) and EQ-5D-5L visual analogue scale (-0.296 , $P<0.001$) score supported convergent validity. A maximum Youden index ($J=0.471$) was obtained at a cut-off score of ≥ 4 (sensitivity 70.0%; specificity 77.1%).

Conclusions.– The DTAD provides an easily used, moderately reliable and sufficiently valid tool for the identification of patients with an anxiety disorder in need of highly specialized care. Its use in clinical practice will guide in selecting the most appropriate treatment setting.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0020

Racing thoughts in adults with ADHD: A neglected symptom associated with mood instability and insomnia

L. Weiner^{1*}, P. Ossola², J.B. Causin¹, C. Kraemer³, G. Bertschy¹, S. Weibel¹

¹ INSERM, 1114, university hospital of Strasbourg, Strasbourg, France; ² University of Pisa, Pisa, Italy; ³ University hospital of Strasbourg, psychiatry department, Strasbourg, France

* Corresponding author.

Introduction.– Attention deficit with or without hyperactivity disorder (ADHD) is characterized by inattention, impulsivity and hyperactivity. To our knowledge, racing thoughts, usually described in manic episodes of bipolar disorder (BD), have never been quantitatively assessed in patients with ADHD, although patients often complain of ‘mental hyperactivity’ and thought pressure. We investigated racing thoughts in patients with ADHD compared to healthy controls and manic patients with BD, and assessed the relationship between racing thoughts, ADHD symptoms, mood instability, and insomnia.

Methods.– 37 unmedicated adults with ADHD, 89 controls, and 42 manic BD patients filled out the Racing and Crowded Thought Questionnaire (RCTQ), a 34 item self-report scale (range 0 to 136). Circadian variability of racing thoughts was assessed via a Likert scale.

Results.– RCTQ score was higher in ADHD patients compared to controls (83.84 vs. 11.14; $P < .001$), but also manic patients (52.38, $P < .05$). ADHD patients reported that racing thoughts were more severe in the evening and at bedtime. In ADHD patients, RCTQ score was positively correlated with insomnia scores ($r = .35$, $P < .05$), inattentive and impulsivity/hyperactivity symptoms (respectively, $r = .67$ and $r = .46$, $P < .01$) and mood instability ($r = .39$, $P < .05$).

Discussion.– Racing thoughts are an important clinical feature of ADHD. Compared to mania, increased self-reported racing thoughts in ADHD suggests that they are perceived as more distressing. Moreover, in ADHD racing thoughts are associated with more severe symptoms, mood instability and sleep disorders. Future studies should focus on the characteristics of racing thoughts in ADHD, as they might be related to poorer clinical outcomes.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Child and Adolescent Psychiatry - Part I

PW0021

Prevalence of obsessive-compulsive disorder in adolescent with high functioning autism

M. Abouzed^{*}, A. Meshref

Al-Azhar university, faculty of medicine, psychiatry department, Cairo, Egypt

* Corresponding author.

Background.– Obsessive compulsive behaviors are common and disabling in autistic-spectrum disorders (ASD) but the prevalence of OCD is variable.

Aim of the work.– To estimate prevalence and characteristic features of obsessive-compulsive behaviors in adolescents with high functioning autism (HFA), in comparison with a normal developing control group.

Patient and methods.– 130 adolescents (70 HFA; 60 controls), aged 12–18 years, matched for age, gender and IQ were compared. AS

and OCD patients were diagnosed according to the DSM-V criteria. The Autism Diagnostic Observation Schedule and the Autism Diagnostic Interview-Revised were used to assist in the AS diagnosis; the WISC-R was administered to assess IQ. Obsessive and compulsive symptoms were evaluated by using the Children’s Yale-Brown Obsessive-Compulsive Scale (CY-BOCS), OCD symptoms were carefully distinguished from stereotype behaviors and interests usually displayed by those with ASD.

Result.– The HFA group reported a mean of (7.4) obsessions and (4.8) compulsions compared with a mean of (6.6) obsessions and (4.3) compulsions in the control group. Somatic obsession with significant high in HFA group 24% versus 5% in control group and P -value < 0.001 . and ritual 17% in HFA group versus 8% in control group with P -value < 0.001 .

Conclusion.– The high functioning autism (HFA) had higher frequencies of obsessive-compulsive disorder, but without statistical significance although sub threshold obsessive symptoms as somatic obsessions and repeating rituals being more frequent in the HFA group and statistically significant.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0022

Prevalence of hoarding in adolescents with high functioning autism

M. Abouzed^{*}, A. Elsherbiny

Al-Azhar university, faculty of medicine, psychiatry department, Cairo, Egypt

* Corresponding author.

Background.– Hoarding is characterized by the persistent inability or failure to discard possessions independent of actual value, the accrual of which results in debilitating clutter. As a result of these symptoms, individuals with clinically significant hoarding symptoms show impairments in social, family, economic and occupational functioning.

Aim of the study.– TO estimate the prevalence and specificity of hoarding among youth with high functioning Autism (HFA).

Patient and methods.– 153 adolescent with ASD were examined to assess presence of hoarding syndrome and co morbid other psychiatric disorders. Parents completed questionnaires related to child hoarding behaviors, child behavior checklist/8 (CBCL), The Autism Diagnostic Observation Schedule and the Autism Diagnostic Interview-Revised were used to assist in the AS diagnosis and Schedule for Affective Disorders and Schizophrenia for School Aged Children for DSM-V (K-SADS-PL).

Result.– Sample means age was 13.8 sd \pm 1.4. Male 102 (66.6%). Prevalence of hoarding syndrome among (HAF) was 26.7% (41 person) co-morbid OCD 60.9% anxiety disorders 41.4% ADHD 12.1%.

Conclusion.– Hoarding is a frequent co-morbid disorders in autism associated with anxiety disorders and ADHD, detection of this comorbidity may help in improve the outcome of behavior management of autism.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0023

Memantine as an augmenting agent in management of impulsivity and compulsivity – Case series

P. Argitis^{1*}, M. Poulou², P. Platari³, K. Paschalidis⁴, H.A. Shah⁵, E. Nikoli⁵, A. Karampas³

¹ General hospital of Santorini, psychiatric, Santorini, Greece;

² General hospital of Santorini, anesthesiology, Santorini, Greece;

³ University hospital of Ioannina, psychiatric, Ioannina, Greece;
⁴ Psychiatric Hospital of Thessaloniki, Psychiatric, Thessaloniki, Greece;
⁵ General hospital of Santorini, general medicine, Santorini, Greece
 * Corresponding author.

Background.– Memantine is an N-methyl-D-aspartate (NMDA)-receptor antagonist. It is used to reduce abnormal activation of glutamate neurotransmission. Memantine is used in Alzheimer's disease improving cognitive function. Impulsivity and compulsivity characterize many psychiatric disorders. These behaviors may be caused in a problem in cortical circuits. There is the hypothesis that impulsivity can be triggered by the ventral striatum and compulsivity by the dorsal striatum and a different area of prefrontal cortex probably suppresses these behaviors. Memantine has good efficacy and tolerability therefore is increasingly being studied in a variety of non-dementia psychiatric disorders.

Objective.– According to the NMDA hypothesis we used memantine in 3 cases of comorbid Pervasive developmental disorder with impulsive aggression, non-responding to usual pharmaceutical practice.

Material.– Case 1: Patient with pervasive developmental disorder with multiple hospitalizations in psychiatric clinics due to serious domestic violence and impulsive behavior. Impulsive aggression and affective instability were present. Violence incidences were controlled with 10 mg of aripiprazole and 20 mg of memantine. Case 2: Patient with Asperger syndrome, with compulsive buying demands which lead progressively to impulsive aggressive behavior. The behavior was controlled with 4 mg of risperidone and 10 mg of memantine. Case 3: Patient with autism and comorbid psychosis, non-responder to medications, multiple hospitalizations due to serious domestic violence. Violence incidences were significantly reduced with the adjunction of 10 mg of memantine to the anti psychotic treatment.

Results.– Significant improvement of Violence incidences observed, with good tolerability, indicating that there may be a potential for an adjunctive treatment strategy for pervasive developmental disorders. Further research is needed.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0026

Intrauterine exposure to pre-eclampsia and the risk of autism spectrum disorder in offspring: A meta-analysis

B. Dachew^{*}, A. Mamun, J. Maravilla, R. Alati
 The university of Queensland, institute for social science research, Brisbane, Australia

* Corresponding author.

Introduction.– Evidence on the effect of intrauterine exposure to preeclampsia on offspring Autism spectrum disorder (ASD) is not well-established.

Objectives.– To examine the association between preeclampsia and ASD.

Methods.– PubMed, EMBASE, and PsycINFO databases were searched. Pooled relative risks (RR) with 95% confidence interval (95% CI) were calculated. Subgroup and sensitivity analysis were performed. Heterogeneity was assessed using Cochran's Q and I² test statistics. The presence of publication bias was evaluated by Egger's test and visual inspection of the symmetry in funnel plots.

Results.– Ten studies meet the inclusion criteria. The pooled RR was 1.32 (95% CI; 1.20–1.45). Sensitivity analysis revealed consistent pooled estimates ranging from 1.30 (95% CI 1.17–1.44) to 1.37 (95%

CI, 1.26–1.48). We found no significant heterogeneity or evidence of publication bias.

Conclusion.– Intrauterine exposure to pre-eclampsia increased the risk of ASD in offspring. The finding suggests need for early screening for ASD in offspring of women with preeclampsia.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0028

Self-evaluation of negative symptoms: A transdiagnostic observational study in first episode young patients, using the Self-evaluation of Negative Symptoms (SNS) Scale

S.B. Guessoum^{1,2,3*}, F. Brunet^{1,2,3}, L. Avenet^{1,2,3}, A.L. Garnier^{1,2,3}, C. Dubertret^{1,2,3}, J. Mallet^{1,2,3}

¹ INSERM u894, department of psychiatry, Paris, France; ² Paris 7, Paris Diderot university, department of psychiatry, Paris, France; ³ Louis Mourier university hospital, department of psychiatry, Colombes, France

* Corresponding author.

Background.– Negative symptoms (NS) can be separated into two factors: diminished expressivity, including blunted affect and poverty of speech, and avolition/anhedonia/asociality. Since Schneider first ranked symptoms of schizophrenia were spread, NS have been insufficiently studied and treated; despite they are factors of handicap and a public health burden. Moreover, NS are transdiagnostic symptoms found among patients without schizophrenia. We found no NS transdiagnostic study in early psychiatric disorders. The Self-evaluation of Negative Symptoms (SNS) scale is a new self-evaluation tool for NS.

Aims.– To compare NS among psychiatric diagnosis in first episode young patients with no psychiatric history.

Method.– In this observational prospective study, hospitalized patients were aged 15 to 26 and had no previous psychiatric history. Patients fulfilled the SNS scale, the Prodrome Questionnaire (PQ-16) for psychotic prodromes and other questionnaires for addiction and sleep disorders. Depression was evaluated with the Hamilton Depression Scale.

Results.– 23 patients were included. Average SNS score was 21.8 in the 9 patients with schizophrenia (confirmed 6 months later) whereas it was 17.5 in the 14 other patients, particularly 18.4 in the 10 depressive patients. The difference of SNS score between patients with schizophrenia and patients with depression was higher in diminished expressivity factor than in avolition/anhedonia/asociality factor. No correlation was observed between SNS score and depressive symptoms or prodroma.

Conclusion.– Both patients with schizophrenia and depression had negative symptoms but the SNS score was higher in patients with schizophrenia. NS could be a specific prognosis factor in first episode patients.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0029

The utilization of a creative strategy in the prevention of the use of psychoactive substances with children and adolescents

J. Jaber^{*}, S. Humel, A. Leite, A. Tomé, A. Hollanda, B. Reys
 Clínica Jorge Jaber, Saúde Mental, Rio de Janeiro, Brazil

* Corresponding author.

Introduction.– The work describes a successful experience in the utilization of art as a tool to work the prevention of the use of drugs. The experience was developed with children and adolescents between the ages of 3 and 17 who reside in a risky area near Latin America's biggest dump, located in the city of Taguatinga, FD, Brazil.

Objectives.– Create a therapeutic space to make possible the dialog with the children and adolescents, promoting the prevention and the consciousness about the harm of the use of psychoactive substances, providing clarification on the theme, through art, being the use of formal language and terms like “illicit drugs”, unnecessary.

Methods.– The children, who participated in the project, used, as expression tool, several painting items. The public was divided by age in two groups: the children received ludic approach, allowing the team nearness and interaction with them, in such a way that the former transmitted information and guidance about the harm on the use of psychoactive substances.

Results.– The results were satisfactory. All the children and adolescents involved in the project demonstrated adhesion to the use of the offered tools and established a communication link which allowed the receptivity of information about prevention in the use of psychoactive substances.

Conclusions.– Through the developed activities, it was observed that the strategy utilization of art as a language had better efficiency than a formal approach since the children and adolescents could have a learning space in a spontaneous way, demonstrating interest.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0032

Clinical use of long acting antipsychotic injection in an adolescent inpatient unit

V. Muñoz Martínez^{*}, L. Asensio Aguerri, L. Nuevo Fernandez, C. Rodriguez Gomez-Carreño, B. Mata Saenz, E. Lopez Lavela Ciudad Real university hospital, psychiatry, Ciudad Real, Spain

^{*} Corresponding author.

Introduction.– Nowadays, mental health clinicians are treating children and adolescents with atypical antipsychotics at increasing rates for a range of psychiatric illnesses, despite limited data on their efficacy in this age group. Age is clearly an important consideration when treating patients with different pathologies and treatment selection and outcome expectations have to be taken into account. But, when working with adolescents, other areas related to life quality also have to be taken into account. As a consequence, the use of long-acting injectable antipsychotic drugs is increasing in the treatment of adolescents.

Objectives.– To establish the effects of different long-acting antipsychotic drugs in an adolescent hospitalization unit.

Methods.– The review was made in order to study the numbers of relapse during one year after the prescription of a long-acting antipsychotic drug.

Results.– 49 patients were admitted in the unit. From those, 26 were treated with long-acting antipsychotic drugs (57.69% with Paliperidone Palmitate, 3.84% with Zuclopenthixol; 26.92% with Risperidone, and 11.53% with Aripiprazole. Patients' diagnoses: Schizophrenia 68.5%, bipolar disorder 17.3%, Autism Spectrum Disorders 0.6%, Disruptive Behaviour 7.3%, Drug Abuse 4.5%, and schizoaffective disorder 1.8%. Only three of those patients relapsed and had to be admitted again. We also reported a decrease in the number of bed days from 28.2 to 20.6 over the study duration.

Conclusion.– After the study, we concluded that physicians must clearly consider the use of long-acting antipsychotic drugs because of the low incidence of secondary effects, and also because of

the increased treatment adherence and the decreased number of relapses.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0033

Prevalence of sensory disturbances in an early autism diagnostic outpatient unit

V. Muñoz Martínez^{*}, L. Mella Dominguez, L. Nuevo Fernández, B. Mata Saenz, M. Vela Romero, G.S. Adrian, V. Romero Vela, L. Asensio Aguerri

Ciudad Real university hospital, psychiatry, Ciudad Real, Spain

^{*} Corresponding author.

Introduction.– In addition to the core features of autism, researchers have reported that children and adolescents with autism spectrum disorders (ASD) respond to sensory experiences differently from peers without disabilities. Impairments with modulating incoming sensory input have been widely reported in the literature describing autism characteristics.

Objectives.– To explore the sensory profile of young children with ASD compared to young children with other developmental delays (DD) at first ASD assessment in order to investigate the prevalence of sensory disturbances in each group.

Methods.– A total of 15 participants were collected from May 2017 to August 2017. The diagnosis were: Autistic traits 20%; Autism 40%; stereotypic movement disorder 6.6%, Communication, speech and language disorders 6.6% and no Neurodevelopmental disorder 26.6%.

Results.– 73.4% of the participants with ASD obtained significant scores in sensory processing. The results in the other groups were: for the stereotypic movement disorder 0.01%, for the communication, speech and language disorders 23.4%; autism traits 57.8% and for those children without a developmental disorder 5.5%. Scores at the ASD group at the SP were: taste and smell sensitivity (22.5%), auditory filtering (43.6%), underresponsive/seeking sensation (56.3%), tactile sensitivity (51.9%), taste and smell sensitivity (44.1%). The other scores at the SP items had not significant differences.

Conclusions.– Children with a neurodevelopmental disorder reported significant scores at the SP, related with sensory processing impairments.

Sensory processing skills play a role in the variable developmental performance of people with ASD. Recognizing these sensory processing contributions as a vital component of the complex developmental presentation in ASD.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0036

Screening for psychosis risk among help-seeking adolescents: Application of the 16-item Version of the Prodromal Questionnaire (PQ-16) in Italian neuropsychiatry services

L. Pelizza^{1*}, S. Azzali¹, F. Paterlini¹, I. Scazza¹, S. Garlassi¹, A. Raballo²

¹ Reggio Emilia public health service, Reggio Emilia department of mental health, Reggio Emilia, Italy; ² Norwegian university of science and technology, department of psychology, Trondheim, Norway

^{*} Corresponding author.

Among current screeners for psychosis-risk states, the 16-item Prodromal Questionnaire (PQ-16) is used. In order to implement a routine screening for identifying at-risk adolescents, we assessed psychometric properties of the Italian version of the PQ-16 in adolescent help-seekers. We included 72 individuals aged 13–17 years attending child and adolescent neuropsychiatry services of the Reggio Emilia Department of Mental Health. Participants completed PQ-16 and were subsequently assessed with the Comprehensive Assessment of At-Risk Mental States (CAARMS). We examined diagnostic accuracy (sensitivity, specificity, positive and negative predictive values, positive and negative likelihood ratios) and concurrent validity between PQ-16 and CAARMS using Cronbach's alpha and Cohen's kappa. We also tested the validity of the adopted PQ-16 cut-offs through Receiver Operating Characteristic (ROC) curves plotted against CAARMS diagnoses and the 1-year predictive validity of the PQ-16. The Italian version of the PQ-16 showed high internal consistency and acceptable diagnostic accuracy and concurrent validity. ROC analyses pointed to score of ≥ 6 on the total PQ-16 as best cut-off. After 12 months of follow-up, 14.3% of adolescents with a PQ-16 ≥ 6 cut-off at the baseline showed a psychotic disorder and 31.4% an Ultra-High Risk (UHR) status. Psychometric properties of the Italian PQ-16 were satisfactory.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0037

Sleep-wake cycle instability as endophenotype of bipolar disorder: An actigraphy study

A. Sebel¹, E. Farkova², M. Goetz³, T. Novak¹

¹ National institute of mental health, diagnostics and treatment of mental disorders, Klecany, Czech Republic; ² National institute of mental health, sleep medicine and chronobiology, Klecany, Czech Republic; ³ Charles university in Prague, department of child and adolescent psychiatry, Motol university hospital, Prague, Czech Republic

* Corresponding author.

Introduction.– Bipolar disorder (BD) is defined by phasing of pathological elevated and depressed mood. Stable alternation of sleep and wake periods is essential for the regulation of emotions and stable mood. The sleep-wake cycle is regulated by circadian rhythms. Circadian rhythms, the same as BD, are genetically determined. Instable sleep-wake cycle therefore might be an endophenotype of BD.

Objectives.– This study compares the sleep-wake cycle and sleep characteristics in offspring of bipolar parents (BD-off) and controls. **Methods.**– Case-control cross-sectional study. 30 days of actigraphic assessment controlled with sleep diaries. We analyzed interim data of 27 BD-off and 22 controls.

Results.– Samples did not differ in sex (11 females vs. 8 females; Fisher's exact test; $P = .77$) and age (10.1 ± 2.3 vs. 9.7 ± 2.3 ; $t = 0.23$; $P = .77$). No significant between-group differences were found in sleep-wake rhythm parameters (stability; $t = 0.74$; $P = .46$; and variability; $t = -1.36$; $P = .18$). Total activity score was higher in BD-off than in controls ($Z = 3.42$; $P < .001$). Approximated daily sleep time was shorter in BD-off than in controls (7.7 ± 1.3 vs. 8.1 ± 0.5 hours; $Z = -2.21$; $P = 0.03$). More poor sleepers (sleep efficacy $< 80\%$) were found in BD-off (16/24 vs. 4/13; Fisher's exact test; $P = .047$).

Conclusion.– Although BD-off do not have dysregulated sleep-wake cycle, they have lower sleep quality than controls.

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Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0038

Specific interrelations between metabolites in the left dorsolateral prefrontal cortex of patients in remising state after first episode of schizophrenia. Single voxel 1H-MRS study

M. Ublinskiy, N. Semenova, T. Akhadov, P. Menshchikov*, A. Manzhurtsev

Clinical and research institute of emergency pediatric surgery and trauma, radiology, Moscow, Russia

* Corresponding author.

Object.– We tested the hypothesis on metabolic abnormalities of dorsolateral prefrontal cortex (DLPC) in male patients with schizophrenia.

Materials and methods.– The study was done in accordance to the Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans. All participants signed an informed consent.

22 young (16–28) male patients with schizophrenia (F20, ICD-10) and 26 mentally healthy age- and sex-matched subjects were analyzed. The 1H spectra were obtained on Phillips Achieva 3 T MRI scanner with PRESS (TE = 35 ms, TR = 2000 ms). The voxel was placed to the middle part of the middle frontal gyri (an area of DLPC) in both hemispheres. The signal intensities of NAA, Cho, Cr, ml, Glx were normalized to unsuppressed water. The intergroup differences and linear correlations were analyzed.

Results.– Although there were no intergroup differences by the tested metabolites, the correlations NAA-Cr and ml-Cr in the DLPC of left hemisphere were significant ($P < 0.05$) only in the patient group ($R = 0.58$, $R = -0.51$, respectively) (Table 1).

Conclusion.– The findings seemingly reflect the schizophrenia-associated abnormalities in the energy metabolism in atrocities and neurons of the DLPC.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Table 1 Mean values (\pm SD) of signal intensities in 1H-MR spectra of left and right DLPC in patients (p) and controls (c).

		NAA/H ₂ O	Cr/H ₂ O	Cho/H ₂ O	ml/H ₂ O	Glx/H ₂ O
Left_DLPC	Patients	0.83 \pm 0.12	0.54 \pm 0.11	0.35 \pm 0.07	0.20 \pm 0.10	0.20 \pm 0.06
Left_DLPC	Controls	0.87 \pm 0.09	0.58 \pm 0.08	0.36 \pm 0.09	0.24 \pm 0.10	0.22 \pm 0.08
Right_DLPC	Patients	0.83 \pm 0.08	0.53 \pm 0.07	0.34 \pm 0.07	0.18 \pm 0.07	0.19 \pm 0.04
Right_DLPC	Controls	0.87 \pm 0.07	0.53 \pm 0.09	0.31 \pm 0.06	0.19 \pm 0.09	0.20 \pm 0.08

Statistically significant correlation coefficients between variables, obtained in schizophrenia (left DLPC).

Variables pairs	Cr-Cho	Cr-NAA	Cr-ml
R	0.63	0.58	-0.51

PW0039

Characteristics of diffusion in the corticospinal tract of patients with early stage of schizophrenia: Diffusion tensor magnetic resonance imaging

M. Ublinskiy¹, N. Semenova¹, T. Akhadov¹, P. Menshchikov¹*, A. Manzhurtsev¹, I. Melnikov¹, I. Lebedeva²

¹ Clinical and research institute of emergency pediatric surgery and trauma, radiology, Moscow, Russia; ² Psychiatry, national mental health research centre of the Russian Academy of medical sciences, psychiatry, Moscow, Russia

* Corresponding authors.

Table 1 FA Level in Various Areas of CST and Results of Between-Group Comparison (M ± SD).

CST area	Left CST			Right CST		
	schizophrenia	control	p	schizophrenia	control	p
Motor area	0.473±0.061	0.495±0.044	0.27	0.467±0.027	0.501±0.067	0.136
Radiate crown	0.618±0.052	0.599±0.06	0.377	0.589±0.030	0.593±0.063	0.89
Posterior limb of internal capsule	0.725±0.045	0.759±0.024	0.024	0.707±0.029	0.735±0.046	0.164
Cerebral peduncle	0.775±0.045	0.769±0.051	0.698	0.756±0.021	0.777±0.051	0.25
Pyramids of the medulla oblongata	0.463±0.081	0.461±0.074	0.957	0.451±0.044	0.431±0.078	0.5

Table 2 DC Level in Various Area of CST and Results of Between-Group Comparison (M ± SD).

CST region	Left CST			Right CST		
	schizophrenia	control	p	schizophrenia	control	p
Motor area	0.743±0.032	0.719±0.026	0.044	0.765±0.028	0.731±0.029	0.004
Radiate crown	0.724±0.023	0.720±0.014	0.765	0.742±0.023	0.721±0.028	0.029
Posterior limb of internal capsule	0.745±0.032	0.747±0.034	0.87	0.739±0.284	0.737±0.031	0.85
Cerebral peduncle	0.765±0.059	0.791±0.061	0.26	0.800±0.051	0.778±0.053	0.27
Pyramids of the medulla oblongata	0.822±0.072	0.800±0.067	0.43	0.817±0.114	0.809±0.058	0.82

Object.– Among various neurobiological models of schizophrenia, much attention is paid to structure and microstructure disturbances in brain white matter. The aim of this study is to research the most important pyramid pathway of the brain responsible for impulse transduction during motion regulation – corticospinal tract (CST) – using method of diffusion tensor imaging (DTI)

Materials and methods.– The study was done in accordance to the Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans. All participants signed an informed consent.

13 young (17–27) male patients with schizophrenia (F20, ICD-10) and 15 mentally healthy age- and sex-matched subjects were analyzed. MRI data were obtained on Achieva 3.0T scanner (Philips) with DualQuasar gradient system and 8-channel radio-frequency receiver coil for the head. DT-images were acquired in the axial plane using echoplanar impulse sequence. Diffusion gradient were applied in 32 non-collinear directions.

Functional anisotropy (FA) and diffusion coefficient (DC) were measured in the following parts of CST in left and right hemispheres: motor area, radiate crown, posterior limb of internal capsule, cerebral peduncle, pyramids of the medulla oblongata (Tables 1 and 2).

Results.– A decrease in the coefficient of fractional anisotropy in the posterior limb of the internal capsule and an increase in diffusion coefficient in the radiate crown and motor cortex were observed.

Conclusion.– The results reflect different mechanisms of changes in water diffusion in various areas of the corticospinal tract: changes in nerve fiber microstructure in internal capsule (left hemisphere) and density decrease in motor cortex and radiate crown.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Classification of Mental Disorders / Cultural Psychiatry

PW0044

Applying tetrad test to depression-specific symptoms, is there a latent trait?

R. García-Velázquez^{1*}, M. Jokela¹, T.H. Rosenström^{1,2}¹ University of Helsinki, psychology and logopedics, Helsinki, Finland;² Norwegian institute of public health, Psykiske lidelser, Oslo, Norway

* Corresponding author.

Introduction.– Major Depression Disorder (MDD) is considered to be a latent trait that causes a particular set of symptoms. MDD is a heterogeneous disease with cognitive, affective and somatic complaints. The somatic criteria in MDD are unspecific and observed also in a number of other mental and physical conditions, so they may be caused by other comorbid diseases besides depression. Affective-cognitive symptoms (low mood, anhedonia, feelings of worthlessness and thoughts of death or self-harm) are specific to MDD. It is unclear whether latent MDD causes the symptoms (reflective model) or whether MDD emerges from its symptoms (formative model).

Objectives.– To examine whether the model of MDD provides an adequate fit to the data when analyzing the four specific diagnostic criteria.

Methods.– We used data from the National Health and Nutrition Examination Survey (NHANES), a nationally representative sample of the US consisting of repeated cross-sectional measurements of adults ($n = 29,228$). Depressive symptoms were measured with the PHQ-9 scale on a four-point Likert scale, and correspond to the DSM diagnostic criteria. We implemented bootstrapped tetrad tests to distinguish causal from effect indicators.

Results.– The analyses did not fully support the reflective model.

Conclusions.– The measurement model of MDD has direct implications for its diagnosis and treatment. Further evidence is needed on how MDD symptoms operate with respect to outcomes such as impairment, persistence, or duration of the disease; and with respect to each other (e.g., in network models).

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0045

The new epidemic of the 21st century

M. Gómez García*, L. Gallardo Borge, H. De la Red Gallego, R. Hernández Antón, N. De Uribe Viloria, M. De Lorenzo Calzón
Hospital Clínico Universitario de Valladolid, psychiatry, Valladolid, Spain

* Corresponding author.

Introduction.– Absenteeism of patients to the specialized consultation has a direct and negative impact on their quality of care and the economy of hospitals.

Objectives.– To estimate the frequency of absences in a psychiatric clinic of a mental health center in Valladolid, as well as its epidemiological and clinical variables, from January to August 2017.

Material and methods.– Descriptive prospective study of patients who did not attend their appointment at the psychiatric clinic.

Results.– Of the total number of patients cited, the percentage of absences was 18.98%, and 80% did not warn that they were not going to attend. In the sample analyzed ($n = 216$) the mean age was 50.48 ± 16.79 years, the percentage of women being 68.5%.

There was a greater number of faults when patients came for successive visits (86.6%), compared to first visits (13.4%). Analyzing

the diagnoses according to the DSM-V code, it was observed that most of the absences corresponded to trauma-related disorders and other stressors (29.4%), followed by depressive disorders (23%) and by disorders related to the spectrum of schizophrenia, other psychotic disorders (12.8%) and Personality Disorders (7%).

In addition, it was observed that in the previous and subsequent month, only 2.8% needed emergency psychiatric care and 2.3% required hospitalization.

Conclusion.– Absenteeism generates unproductive and economic inefficiencies, observing that the highest percentage of absences are associated with patients who do not suffer severe mental illness.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0048

Prevalence of mental health problems among isolated indigenous youth from Amazonian forest

D. Londe Rabelo Taveira¹, P. Verlaine Borges e Azevêdo¹, L. Ferreira Caixeta²

¹ Pontifical University Catholic of Goiás, medical department, Goiania, Brazil; ² Federal University of Goiás, medical department, Goiania, Brazil

* Corresponding author.

Introduction.– Indigenous populations worldwide exhibit higher expectancy of mental disorders compared to non-indigenous populations. Disintegration of the socio-cultural environment, acculturation process and territory loss contribute to the increased prevalence of psychiatric disorders. Although there is an important segment of indigenous population in Brazil, little is known about their mental health.

Objectives.– To estimate the prevalence of mental health problems in children and adolescents from indigenous people living in isolated tribes in the Brazilian Amazon Basin.

Methods.– A cross-sectional, population-based study was conducted with 214 native indigenous children and adolescents, aged between 7–14 years, of Karajá ethnicity. Prevalence of mental health problems were measured using the parente, teacher and self-reported versions of the Strengths and Difficulties Questionnaire (SDQ).

Results.– The prevalence of mental health problems (total problems) in children and adolescents was 22.17% according to parents (SDQ-P), 15.27% according to teachers (SDQ-T) and 5.19% according to adolescents (SDQ-S). Similar to literature data, males scored higher for hyperactivity and conduct problems, and females obtained higher punctuation for emotional and peer problems. Contrary to literature data, younger children (7–10 years) showed higher prevalence of mental disorders (26.83%) than adolescents (11–14 years) (15.73%).

Conclusions.– The prevalence of mental health problems was significant suggesting that, even in an ancestral culture that maintains habits from over 10,000 years, mental disorders exist with the same presentation that is found in industrialized societies and populations worldwide, although cultural context may influence its manifestations. Prevention policies and mental health services are needed to address the unmet demand of the indigenous youth.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0050

The DSM-ICD diagnostic approach as an invaluable bridge between the patient and the “Big Data”

G. Mitropoulos

Psychiatric hospital of Attika, 4th department, Kifisia, Greece

* Corresponding author.

Criticism towards DSM-ICD diagnosis traditionally regards such problems as hyponarrativity, biologism, “death of phenomenology”, and a questionably valid overfragmentation of diagnosis among others. Lately, criticism has shifted to such issues as lack of validity, having failed to adopt a dimensional stance, not adequately relying on genetics and neurobiology, and impeding research into the etiopathogenesis of mental disorders. The former problems seem to derive from the fact that the operationalist criteria have been uncritically accepted as the ultimate authority in diagnosis, instead of being merely guides, as intended explicitly; the latter problems have been made more evident since the emergence of the American RDoC research initiative, which not only points to an alternative, more valid, classification of mental disorders, but also aspires to signal a move of psychiatry towards precision medicine.

We examine the historical and epistemological context of the emergence of DSM, and its remarkable achievement in terms of diagnostic reliability as well as clinical utility. Then we consider the potential of the new era of genetics, neurobiology and analysis of the “big data” for generating a novel approach to psychiatric diagnosis and classification. We also discuss the particularity of the psychiatric object and the clinical significance of the categorical approach to diagnosis.

We conclude that the DSM-ICD approach continues to have a place in psychiatry as a bridge/interface between clinic and research data, as a common clinical language, and as an epistemic hub.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0051

Singing about suicidal behaviours: An analysis of Spanish Punk Music (1981–2010)

F. Pavez¹, G. Jenkin², P. Marse³, S. Collings²

¹ University of Murcia, Escuela Internacional de Doctorado, Murcia, Spain; ² University of Otago, suicide and mental health research group, Wellington, New Zealand; ³ University of Murcia, Departamento de Ciencias Sociosanitarias, Murcia, Spain

* Corresponding author.

Introduction and objectives.– The exploration of popular attitudes to suicide by investigating its depictions in art has been defended in literature on the grounds that suicide is not simply “a medical problem”. The complex nature of suicide is deeply embedded and mirrored in social, cultural, and historical narratives. This study describes the frequency of allusions to suicidal behavior in the song lyrics of Spanish punk bands, between 1981–2010. The results are compared with published studies of other musical genres.

Methods.– Discographies of the most representative punk bands in Spain, between 1981 and 2010, were reviewed. Instrumental songs and those sung in languages other than Spanish were excluded. Contents of song lyrics were analyzed looking for references to suicidal behaviors, defined as: non-suicidal self-injuries, suicidal thoughts, suicide attempts and suicide. Main outcome measures: Frequency of references over the entire period.

Results.– Of 2995 songs studied (2.64%, $n = 79$) alluded to suicide-related behavior (only one reference to non-suicidal self-injuries).

Discussion.— Depictions of suicide in music are scarcely studied. Frequency of allusions to suicidal behavior in lyrics of Spanish punk songs are far below those described in a previous study addressing depictions of completed suicides, non-fatal suicide and suicidal thought in 337 Western operas written between 1607 and 2006 (2.64% vs 33%). Our understanding of the social meanings of suicide in music would be greatly facilitated by the replication of these studies to other musical genres and languages. This would allow for comparisons to illuminate common themes and nuanced differences between genres and languages.

Disclosure of interest.— The authors have not supplied a conflict of interest statement.

PW0052

Portrayals of mental disorders in music: How are they studied?

F. Pavez^{1*}, E. Saura², G. Pérez³, P. Marset⁴

¹ University of Murcia, Escuela Internacional de Doctorado, Murcia, Spain; ² Private practice, Psychology, Murcia, Spain; ³ University of Granada, Departamento de Historia y Ciencias de la Música, Granada, Spain; ⁴ University of Murcia, Departamento de Ciencias Sociosanitarias, Murcia, Spain

* Corresponding author.

Introduction and objectives.— The importance of the study of social representations of mental disorders and psychiatry in music, and particularly in songs lyrics, have been discussed in previous communications. It is a small-explored topic, and most published articles do not exhibit a rigorous research methodology. In this communication, we review the methods used in published studies addressing depictions of mental disorders or mental health concerns in music (advantages and limitations); in order to propose a framework for the study of the social representations of psychiatry and mental disorders in song lyrics.

Methods.— Descriptive study. Methods used in thirty-seven articles addressing the depictions of mental disorders or mental health issues in music were reviewed. Frequencies of the research methods used are provided. Finally, a theoretical review of the advantages and limitations of different research strategies was performed.

Results/Conclusion.— Research designs are heterogenous between studies. Despite Content Analysis was the most frequent research strategy identified, there is a high representation of opinion articles or essays. Quantitative methods are rarely used (if we consider Content Analysis as a Qualitative Strategy). Content analysis is frequently used in studies addressing exposition to risk factors (mostly, depictions of substance use). We propose a mixed method by using descriptive statistics (frequency measures of allusions to mental disorders in song lyrics), followed by content analysis and thematic analysis. This strategy allows a deeper approximation to the contents, favoring the access to the social meanings of psychiatry or mental disorders expressed through music.

PW0053

ICD-11 ecological implementation field studies: Inter-rater reliability and perceived clinical utility of diagnostic guidelines for common mental disorders applied to real patients by Mexican clinicians

R. Robles^{1*}, M.E. Medina-Mora², T. Rebello³, T. Domínguez⁴, N. Martínez⁵, F. Juárez¹, P. Sharam⁶, G. Reed⁷

¹ National Institute of Psychiatry “Ramón de la Fuente Muñiz”, Direction of Epidemiological and Psychosocial Research, Mexico City, Mexico; ² National Institute of Psychiatry “Ramón de la Fuente Muñiz”, General Direction, Mexico City, Mexico; ³ Columbia University Medical Center, Global Mental Health Program, New York, NY, USA; ⁴ Consejo Nacional de Ciencia y Tecnología, Cátedras CONACYT, Mexico City, Mexico; ⁵ National Institute of Psychiatry “Ramón de la Fuente Muñiz”, Subdirection of Clinical Research, Mexico City, Mexico; ⁶ All India Institute of Medical Sciences, Psychiatry, New Delhi, India; ⁷ World Health Organization, Department of Mental Health and Substance Abuse, Geneva, Switzerland

* Corresponding author.

Ecological Implementation Field Studies were designed to evaluate the diagnostic guidelines proposed for the Chapter on Mental and Behavioural Disorders in the forthcoming Eleventh Revision of the International Classification of Diseases and Related Health Problems (ICD-11) in real patients.

Objectives.— To examine inter-rater reliability and clinical utility (goodness of fit, ease of use, and adequacy) of proposed ICD-11 diagnostic guidelines for psychotic, mood, anxiety and stress-related disorders applied to Mexican patients.

Methods.— A total sample of 153 patients participated in a psychiatric evaluation by an interviewer-observer pair selected from a pool of 23 psychiatrists / fourth or fifth-year psychiatry residents, who are actively engaged in clinical work for at least 10 hours per week, and completed a brief training on ICD-11 guidelines under study. After that, the two clinicians assigned a diagnosis independently and evaluated the clinical utility of the ICD-11 diagnostic guidelines as applied to the particular patient.

Results.— The agreement between interviewer and observer across all diagnostic groupings was high. Sensitivity varied between .64 for anxiety disorders and .94 for stress related disorders, and specificity ranged from .84 for affective disorders to .98 for anxiety disorders. Kappa scores were significant for all groupings, ranging from .78 for psychotic disorders to .63 for stress-related disorders. A high proportion of clinicians considered that all diagnostic guidelines evaluated are quite to extremely useful.

Conclusions.— ICD-11 diagnostic guidelines for psychotic, mood, anxiety and stress-related disorders allow high inter-rater consistency between Mexican clinicians, who consider them also as very useful for routinely clinical work.

Disclosure of interest.— The authors have not supplied a conflict of interest statement.

PW0054

Perfectionism as a systemic destructive factor of para-suicidal and suicidal behavior in cultural and clinical contexts

E.T. Sokolova, L.S. Pechnikova, A. Ryzhov*
Lomonosov MSU, faculty of psychology, Moscow, Russia

* Corresponding author.

Introduction.– Destructive forms of abuse (including abuses of eating, alcohol and psychoactive substances, work, digital technologies, sex, esthetic surgery, and practices of body and spiritual enhancement) are widespread in contemporary culture, characterized by pressure towards perfection in every aspect of one's life.

Objectives.– The clinical psychology aspect of the perfectionism study is supported by empirical evidence of its linkage to borderline type of personality disorder and predisposition to parasuicidal behaviors. It is assumed that systemic quality of destructive perfectionism would also lead to specific distortions of cognitive processes.

Methods.– 40 patients with F32 (depressive episode) and F43.2 (adjustment disorder) diagnoses and suicidal attempts were compared to 40 controls using: (1) The Multidimensional Perfectionism Scale (Hewitt, Flett, 1989; Gracheva, 2006), (2) a battery of cognitive tasks directed to reasoning evaluation (sorting test, etc.), (3) a modified proverb interpretation task, with the inclusion of strive for perfection content to study the reasoning processes in the ambiguous and emotion-charged situations.

Results.– (1) Significant differences ($P < .05$) in number of cognitive distortions in high and low-level perfectionism groups (in both clinical and control subjects) were found in emotion-charged but not in neutral tasks. (2) Clinical group differentiated from controls by deficiency of symbolical thinking, extremity, flatness and subjectivity of reasoning, tendency to devaluation and idealization and incapacity to account for one's limitations.

Conclusions.– Perfectionism as a systemic factor of parasuicidal behavior is mediated by a complex of dysfunctional cognitive traits disabling constructive resolution of the critical or ambiguous life situations that require meaning-making and symbolization.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0056

A peculiar case of Alice in Wonderland syndrome

S. Tunc¹, H.S. Basbug²
¹ Kafkas university, department of psychiatry, KARS, Turkey; ² Kafkas university, department of cardiovascular surgery, KARS, Turkey

* Corresponding author.

The term Alice in Wonderland syndrome (AIWS) was initially coined by John Todd in 1955 to describe some weird somesthetic aura involving the shape or size of the objects and body parts. The name of this disorder was inspired by the novel of Lewis Carroll and his novel hero Alice. Alice appeared to experience many body size changes throughout the course of the story. Alice even feels her body shrink (microsomatognosia) or growing unexplainably taller (macrosomatognosia) than she actually is. Such visual perceptual distortions may occur in epileptic seizures, encephalitis, drug intoxication, and may be described in patients with schizophrenia or brain lesions. However, migraine and epilepsy are highly involved diseases that cause this type of aural symptoms. In this paper, a unique presentation of a young AIWS patient who has been depressed by experiencing an intermittent perceptual disturbance of seeing her cat as a huge tiger was reported. AIWS is an important

condition associated with various psychiatric and medical comorbidities and complications. The AIWS has not been classified yet in the International Classification of Diseases (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5). Therefore, this unique and fascinating disorder may be considered to be mentioned in the forthcoming issues of DSM under the heading of perceptual disturbances. On the other hand, the pathophysiology and the etiological mechanisms still remain unclear and the most probable etiopathological scenario seems to be the common neuropsychiatric impairments, these mechanisms should further be explained with detailed researches.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0057

Child abuse, psychopathology and cultural differences – Comparison of Hungarian and Norwegian general population

V. Voros*, P. Osvath, C. Skeisvoll, S. Fekete
University of Pecs, department of psychiatry and psychotherapy, Pecs, Hungary

* Corresponding author.

Introduction.– The association of child abuse and suicidal behaviour is indicated by several studies. However, the frequency of child abuse in the general population, the psychopathological consequences (depression, suicide intention) and cultural differences have not been systematically investigated.

Methods.– 100 (50 Norwegian and 50 Hungarian) age and gender controlled subjects completed questionnaires regarding child abuse (CATS), suicidal behaviour (MINI-SI) and general health status, including depression (PHQ-9). Chi² test, logistic analysis and Pearson's correlation were performed.

Results.– The rate of child abuse was higher in the Hungarian sample (50% vs. 30%; OR: 6.2), especially emotional abuse (40% vs. 18%; OR: 10.9), while sexual abuse was more common in the Norwegian sample (14% vs. 6%). Among Hungarians mild depression, low suicide risk (12% vs. 4%) and the rate of previous suicide attempts/gestures (6% vs. 4%) were higher however, there was no difference in more severe psychopathology (moderate or severe depression, significant suicide risk) between the two groups. In the correlation analysis suicide intentions were associated with sexual abuse (0.665), while depression was correlated with neglect (0.366).

Conclusions.– Child abuse is common in the general population. Our results strengthen the correlation between sexual abuse and suicide risk. Although, there were major differences in the rate of different abuses in the Norwegian and the Hungarian sample, there was no significant difference in psychopathology and depression. Beside cultural differences, this may also reflect differences in coping with traumas.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Comorbidity/Dual Pathologies - Part I

PW0059

The prevalence of attention deficit hyperactivity disorder symptoms and impairment of executive functions in a cohort of patients with schizophrenia

I. Arican, A. McQuillin, G. Giaroli

University College London, molecular psychiatry, London, United Kingdom

* Corresponding author.

Introduction.– The dearth of literature on adulthood attention deficit hyperactivity disorder (ADHD) as a persistent, comorbid condition in schizophrenia (SCZ), has resulted in a lack of recommended pharmacological treatments for the symptomatology the subgroup display. We have conducted a systematic review utilising the PRISMA statement criteria into the prevalence of child or adulthood ADHD in patients with SCZ. Of the 5 articles within our inclusion criteria, only 2 measured adulthood ADHD.

Objectives.– To examine the prevalence of childhood and adulthood ADHD symptoms in a cohort of patients with SCZ, and measure how executive functions (EF) are affected.

Methods.– Self-report questionnaires were used to investigate adult and childhood ADHD symptoms, and impairments of EF in 126 patients with ICD-10 diagnoses of SCZ. Using regression models the severity of ADHD symptoms were examined in relation to EF.

Results.– Nearly half of patients reported some lifetime ADHD symptoms. Twenty-nine patients (23%) reported symptomatology consistent with both childhood and adulthood ADHD, 14 (11%) reported only childhood and 16 (13%) only adulthood ADHD symptoms. Sixty-eight patients (54%) reported impairments in EF. Univariate analyses showed a strong association between higher scores for ADHD symptomatology and severity of EF impairments. Patients with only adulthood or childhood ADHD symptoms did not differ significantly by EF.

Conclusions.– The study suggests that the covariation between ADHD symptoms and SCZ is higher than that reported for the general population in literature and that ADHD symptoms predict a greater impairment of EF. The subgroup affected highlight the necessity of correct diagnosis and management.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0060

Age of onset of substance use disorder in patients with dual diagnosis and its association with clinical characteristics, risk behaviours, course and outcome

D. Basu*, S. Sahoo, B.N. Subodh, S.K. Mattoo

PGIMER, psychiatry, Chandigarh, India

* Corresponding author.

Introduction.– Do patients with dual diagnosis (DD) with an early onset of substance use disorders (EOS) differ from those with late onset substance use disorders (LOS) regarding characteristics, sex-related risk behaviour, course and outcome?

Objectives.– To study EOS and LOS groups of patients with DD attending an addiction treatment centre with regard to clinical characteristics, type of psychiatric disorders, sex-related risk behaviours and short-term outcome.

Methods.– Retrospective chart review of patients diagnosed with DD ($n = 307$) with regard to the above variables. Diagnoses of both substance use disorders (SUD) and psychiatric disorders were made by direct interview of the patients according to ICD-10 criteria.

Results.– Among 307 subjects with DD, 100 were in EOS group (onset of SUD before 18 years of age as assessed clinically) and 207 in LOS group. Cannabis as the primary substance was more prevalent in the EOS (30%) than the LOS group (12%). Psychotic disorders were more prevalent in the EOS group (41%) followed by mood disorders (30%), while the reverse was true in the LOS group (27.5% and 56.5% respectively). Compared to the LOS group, the EOS group had higher number of psychiatric admissions, reported higher prevalence of risky sexual behaviours (unprotected sexual intercourse, multiple sexual partners and history of sexual intercourse with commercial sex workers), showed poorer treatment adherence, and worse outcome regarding both psychiatric disorder and SUD (all differences significant at $P < 0.05$).

Conclusions.– DD patients differ significantly based on age of onset of SUD. These may have therapeutic and management implications.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0061

Trait anger and anger attacks in depressive and anxiety disorders

N.J. de Bles¹, L.E.H. Pütz¹, N. Rius-Ottenheim¹, A.M. van Hemert¹, A.J.W. van der Does², B.W.J.H. Penninx³, E.J. Giltay¹

¹ Leiden university medical center, department of psychiatry, Leiden, The Netherlands; ² Leiden university, faculty of social sciences, Leiden, The Netherlands; ³ VU university medical center, department of psychiatry, Amsterdam, The Netherlands

* Corresponding author.

Introduction.– Trait anger and anger attacks are common in psychiatric patients. However, there is a lack of research investigating the relationship between anger and types of psychiatric disorders.

Objectives.– The aim is to explore the prevalence of anger and its correlates in order to better understand how anger should be viewed in a clinical context.

Methods.– Using data from the Netherlands Study of Depression and Anxiety (NESDA) cohort study, anger (anger trait and anger attacks) was analysed in patients with anxiety ($n = 263$), depressive ($n = 141$), comorbid anxiety and depressive disorders ('comorbid', $n = 155$), remitted participants ($n = 1262$), and healthy control subjects ($n = 470$).

Results.– High trait anger and anger attacks were present in respectively 28.4% and 42.6% of patients with a comorbid disorder compared to 2.6% and 5.1% of controls ($P < 0.001$). Patients with anger attacks showed significantly higher mean of total trait anger scores across all diagnoses groups. Psychiatric diagnoses, male gender and depression severity (IDS) were significantly associated with both trait anger and anger attacks. Also alcohol abuse and BAI score were associated with higher trait anger score, whereas the use of benzodiazepines and other antidepressants than SSRIs or TCAs were associated with lower trait anger. Younger age was a significant determinant of anger attacks.

Conclusion.– Anger is a prevalent emotional state and trait in patients suffering from psychiatric disorders. Anger is most prevalent in male patients suffering from comorbid disorders and is strongly associated with depression severity.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0063

The effectiveness of mindfulness-based stress reduction (MBSR) in anxiety and depression in patients with multiple sclerosis (MS) in Iran

S. Ghahari^{1*}, A.S. Ebrahimi²¹ Iran university of medical sciences, mental health, Tehran, Iran;² Islamic Azad university, Tonekabon Branch, Tehran, Iran

* Corresponding author.

Keywords: Mindfulness-based stress reduction; Anxiety; Depression; Multiple sclerosis (MS)

Goal.– Multiple sclerosis (MS) can be along with anxiety and depression. Then, the aim of this study is to investigate effectiveness of mindfulness-based stress reduction in anxiety and depression in patients with multiple sclerosis.

Method.– This study is in kind of semi-experimental research in form of pretest posttest with control group. All of patients with multiple sclerosis referred to Iran MS Association by 2016 were selected by available sampling method and based on having inclusion criteria. 30 depressed and anxious patients were selected and randomly classified in two groups (15 people in each group). Experimental group was under mindfulness-based training on stress reduction for 8 sessions with 2 h per session. Control group was in waiting list. All patients in experimental and control groups fulfilled depression and anxiety inventories before and after intervention. The data was analyzed using MANCOVA and in SPSS22 software.

Finding.– There is significant difference between the two groups in terms of anxiety and depression after intervention ($p < 0.001$).

Conclusion.– Mindfulness-based stress reduction can reduce symptoms of anxiety and depression in patients with MS.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0064

Does targeted coping skills training enhance the efficacy of motivational interviewing (MI) among young people with alcohol related-injuries accessing emergency department and crisis support care?

L. Hides^{1*}, D. Kavanagh², M. Daghli³, J. Connor⁴, S. Cotton⁵¹ University of Queensland, school of psychology, Brisbane, Australia;² Queensland university of technology, centre for youth substance abuse treatment, Brisbane, Australia; ³ Queensland health, hospital alcohol and drug service, Brisbane, Australia; ⁴ University of Queensland, centre for youth substance abuse treatment, Brisbane, Australia; ⁵ University of Melbourne, Orygen Youth health research centre, Melbourne, Australia

* Corresponding author.

It is unclear which type of brief intervention (BI) for alcohol use in young people is most effective and there is significant scope to increase their impact. This randomized controlled trial determined if motivational interviewing (MI) enhanced with coping skills training targeting the risk factors underlying alcohol use (MIC) was more efficacious than MI alone or an assessment feedback/information (AFI) only control. Participants were 394 young people (16–25 years) accessing an emergency department or crisis support service with an alcohol related injury/illness. Young people received (i) 2 sessions of MI; (ii) 2 sessions of MIC or (iii) a 1-session AFI. Participants (56% Female; $M_{age} = 20.3$ years) were drinking on a mean of 1.4 days ($SD = 1.5$) per week and consuming 10.7 ($SD = 7.2$)

drinks per drinking occasion at baseline and were followed up at 1, 3, 6 and 12 months (80% retention). Mixed effects model repeated measures analyses of variance found all groups achieved significant reductions in the frequency, quantity (standard drink units (SDU) and SDU/drinking day and alcohol-related problems. However, significantly larger reductions in the frequency and quantity of alcohol use were found in the MIC group compared to the MI and AFI groups. Moderators and mediators of treatment response will be reported. Telephone-delivered BIs provide a youth-friendly, accessible and easily disseminated treatment. All three types of brief interventions resulted in reductions in alcohol use and related harm in young people. However, the addition of coping skills training targeting the risk factors underlying alcohol use enhanced the impact of MI.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0067

Adult ADHD and bipolar disorder: The impact of ADHD co-occurrence on clinical features of bipolar inpatients

F. Oliva^{1*}, A. Portigliatti Pomeri², P. Ferreri², S. Bramante²,G. Nibbio¹, C. Mangiapane¹, M. Boero¹, C. Pirlo¹, G. Maina²¹ University of Turin, biological and clinical sciences department, Orbassano TO, Italy; ² University of Turin, neurosciences "Rita Levi Montalcini" department, Torino, Italy

* Corresponding author.

Introduction.– The aim of the present study was to evaluate the prevalence of adult attention-deficit/hyperactivity disorder (ADHD) in inpatients affected by bipolar disorder, focusing on the impact of ADHD diagnosis on clinical features of bipolar disorder.

Methods.– A consecutive sample of patients admitted in the psychiatry ward for acute affective episode of bipolar disorder were assessed for adult ADHD by Adult Attention Deficit and Hyperactivity Self-Report Scale (ASRS-V1.1) and Diagnostic Interview for Adult ADHD (DIVA 2.0). The other comorbidities and the suicidal risk were evaluated using the Mini-International Neuropsychiatric Interview (MINI). Moreover, retrospective data about the onset and the course of bipolar disorder were collected by an ad-hoc questionnaire.

Results.– Twelve out of 44 bipolar patients (27%) were diagnosed with adult ADHD according to DSM-IV-TR criteria. Patients with comorbid ADHD showed a higher rate of previous suicidal attempts (25% vs. 13%, $P = 0.02$) and a greater suicidal risk (33% vs. 6%, $P = 0.02$). As regards the other comorbidities, the agoraphobia was more prevalent among patients with both bipolar disorder and ADHD (33% vs. 3%, $P = 0.005$).

Conclusions.– The prevalence of undiagnosed adult ADHD among our sample of bipolar inpatients was ten times higher than in general population (27% vs. 2.8%, Fayyad et al., 2017). Moreover, this comorbidity was tied to some of most severe features of bipolar disorder such as suicidal attempts and other comorbidities. Together these findings support the relevance of screening and assessment of ADHD in bipolar patients.

PW0068

Training in substance abuse/dual disorders for psychiatric residents in the world: An international survey

V. Pereira Sánchez^{1*}, C. Gomez Sanchez-Lafuente², E. Lopez de Munain³, H. Saiz⁴, T. Gomez Alemany⁵, C. Llanes⁶, M.A. Alvarez de Mon¹

¹ Clinica Universidad de Navarra, psychiatry and medical psychology, Pamplona, Spain; ² Hospital Universitario Virgen de la Victoria, Servicio de Psiquiatria, Malaga, Spain; ³ Hospital Universitario Ramon y Cajal, Servicio de Psiquiatria, Madrid, Spain; ⁴ Complejo Hospitalario de Navarra, Servicio de Psiquiatria, Pamplona, Spain; ⁵ Hospital Benito Menni, Servicio de Psiquiatria, Barcelona, Spain; ⁶ Complejo Asistencial de Zamora, Servicio de Psiquiatria, Zamora, Spain

* Corresponding author.

Introduction.– Substance abuse and dual disorders (substance abuse + another psychiatric disorder) represent a challenge for early-career psychiatrists. An overview of training schemes around the world is important in order to encourage policies of improvement, and to strengthen international collaborations.

Objective: To conduct a survey comparing training schemes for psychiatric residents in substance abuse and dual disorders across countries from all over the world.

Methods.– National delegates from the countries included in the European Federation of Psychiatric Trainees (EFPT) and Young Psychiatrists' Network (YPN) were e-mailed with a 6-question survey about training and working opportunities for early-career psychiatrists in their countries regarding substance abuse and dual disorders. Questions asked for: length of psychiatric residency, specific training in substance abuse/dual disorders, specific training on adolescent populations, and facilities used for those disorders.

Results.– 60 countries were contacted, providing 13 responses: Nigeria, Iran, India, Azerbaijan, Turkey, Spain, Poland, Denmark, Czech Republic, Argentina, Mexico, Canada and USA. Great heterogeneity was found among training schemes. Only North American countries reported specific training on dual disorders and specific training in adolescent populations. Duration of training in substance abuse disorders is 1–4 years in North American countries and 1–7 months in the others. The most common kind of facilities are community-based centres, frequently coexisting with other public and private resources.

Conclusion.– Training in substance abuse and dual disorders seems heterogeneous around the world. North America counts with longer and more specific training programmes. Further research, including more quantifiable data and countries, would provide policy-making results.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0071

Clinical outcomes of the DA VINCI (Depression and Alcoholism: Validation of an Integrated Care Initiative) Project

A.V. Samokhvalov^{1*}, S. Awan², C. Probst¹, P. Voore³, J. Rehm¹

¹ Centre for addiction and mental health, institute for mental health policy research, Toronto, Canada; ² Centre for addiction and mental health, integrated care pathways program, Toronto, Canada; ³ Centre for addiction and mental health, acute care program, Toronto, Canada

* Corresponding author.

Background.– Major Depressive Disorder (MDD) and Alcohol Use Disorder (AUD) are highly prevalent, comorbid and have signifi-

cant impact on morbidity, mortality and socioeconomic burden in Canada. At the Centre for Addiction and Mental Health, Toronto, Canada, we developed and implemented an Integrated Care Pathway (ICP) specifically for treatment of concurrent MDD and AUD, which was then further implemented at 8 other sites across Ontario, Canada (the DA VINCI project). The goal of this study was to summarize the main clinical outcomes of the project.

Methods.– Prospective non-randomized cohort design. 246 patients included, 58.8% males. Statistical tests: *t*-test, Chi², ANOVA, generalized linear models.

Results.– Overall completion rate was 70.7% with no significant variation between settings ($\chi^2 = 3.35$, *df* = 2, *P* = 0.19). There was a statistically significant and clinically meaningful reduction in the number of drinking days per week (-1.81 , *t* = 8.78, *P* < 0.001). The cohort overall demonstrated significant and meaningful reduction in severity of cravings (PACS: -4.42 , *t* = 8.63, *P* < 0.001) and depressive symptoms (QIDS: -4.25 , *t* = 11.26, *P* < 0.001). While the baseline patient characteristics and treatment parameters varied between the settings, the variation in clinical outcomes was mostly insignificant, though more pronounced changes were observed in academic setting and with individual therapy.

Conclusions.– The study demonstrated that the ICP is a feasible and effective treatment for concurrent AUD and MDD that delivers meaningful clinical improvement in a variety of settings. Controlled study is needed to properly compare the treatment outcomes between ICP model and treatment as usual and to further explore the role of various factors on treatment outcomes.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0072

Barratt impulsivity and severity in gambling disorder

P. Sanchez Paez^{*}, A. Ibañez Cuadrado, J. Saiz Ruiz

Hospital Universitario Ramon y Cajal, Psychiatry, Madrid, Spain

* Corresponding author.

Background.– Given the role of impulsivity on severity of substance use disorders [1] and gambling disorder [2]), the aim of this study was to determine the association of impulsivity and severity in a sample of gamblers.

Methods.– The sample consisted of fifty-five men with gambling disorder. Trait impulsivity was measured by Barratt Impulsiveness Scale version 11 (BIS-11). The sample was categorized into highly and low impulsive by establishing the cut-off point at 72 [3]. Severity of gambling was evaluated by DSM-IV, considered to be mild if it complied with 4–5 items, moderate 6–7 items, and severe 8–9 items (APA, 1987).

Results.– The results showed a statistically significant positive correlation between BIS-11 and DSM-IV scores (Table 1).

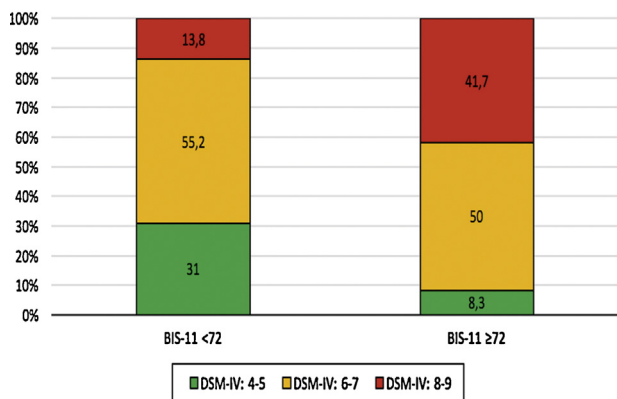
Also, a statistically significant association (*P* < 0.05) between impulsivity and severity was observed. Thus, 41.7% of highly impulsive gamblers had a severe DSM-IV score (8–9), compared to 13.8% of low impulsive gamblers (Fig. 1).

Conclusions.– These results show that impulsivity assessed by BIS-11 has prognostic implications in gambling disorder, given its association with severity. This is consistent with outcomes of recent studies [4].

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Table 1 BIS-11 and DSM-IV correlations.

		Correlations		
		N	Rho Spearman	
			Correlation coefficient	p value
DSM-IV	Total BIS-11	53	0,441	0,001
	Attention impulsivity	53	0,461	0,000
	Motor impulsivity	53	0,340	0,012
	Non planning impulsivity	53	0,335	0,013

Fig. 1 Association between BIS-11 and DSM-IV severity in gambling disorder ($P=0.027$).

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PW0073

Bipolar disorder and comorbidity with drug use in hospitalized patients from a mental health unit from the South of Spain

O. Santamaria^{1*}, B.O. Plasencia², S.L. Romero³, R. Navarro¹, F. Gotor¹

¹ Nuestra Señora de Valme university hospital, psychiatry, Seville, Spain; ² La Merced hospital, psychiatry, Osuna Seville, Spain; ³ Virgen Macarena university hospital, psychiatry, Sevilla, Spain

* Corresponding author.

Introduction.– Bipolar Disorder is the Psychiatric Disorder more frequently associated with Drug Dependence. This co-morbidity results in more hospitalizations, slower recovery and a poorer prognosis.

Objectives.– To analyze the variations in the number of admissions and average hospital stays in bipolar patients who meet diagnostic criteria for substance abuse or substance dependence and those non-users.

A comparative analysis of sociodemographic characteristics in bipolar patients in relation to toxic consumption.

Method.– A descriptive epidemiological and retrospective study that analyzed the medical histories of all hospitalized patients in the Mental Health Unit in the period between March 2016 and March 2017 with the following diagnoses: Type I and II Bipolar Disorder, Schizoaffective Disorder and Bipolar Disorder induced by substance or medical condition.

Results.– 1. Out of a total of 2137 admissions, 12% had a diagnosis of the referral diagnostics. Of these, 21% met criteria for substance abuse or substance dependence.

2. The following differences were statistically significant ($P<0.05$) in relation to variables studied: The average of admissions in consumers was higher than in non-users (5.5 vs. 3.2), with higher hospital stay (18.3 vs. 15.2).

3. Sociodemographic Characteristics: Consuming patients: 82.3% men. Average age of 34.3 years*. Rural sector: 58.2%. * $P<0.05$.

4. There were statistically significant differences between toxic consumption and the variables sex and age ($P<0.05$).

Conclusions.– Toxic consumption, when is presented in comorbidity with Bipolar Disorder, results in more admissions and longer hospital stays. These patients are represented mostly by young men from the rural sector.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0074

Impact of psycho-social variables on active ulcerative colitis and Crohn's disease

O. Sarid^{1*}, V. Slomin-Nevo¹, D. Schwartz², M. Friger³, D. Greenberg⁴, S. Odes⁵

¹ Ben Gurion University of the Negev, Social Work, Beer Sheva, Israel;

² Soroka Medical center, department of gastroenterology and hepatology, Beer Sheva, Israel; ³ Ben Gurion university of the Negev, department of public health, Beer Sheva, Israel; ⁴ Ben Gurion university of the Negev, department of health systems management, Beer Sheva, Israel; ⁵ Ben-Gurion university of the Negev, faculty of health sciences, Beer Sheva, Israel

* Corresponding author.

Purpose.– To examine whether psycho-social variables are associated with increased activity of Crohn's disease (CD) and ulcerative colitis (UC).

Methods.– Cross sectional study design. Patients with active UC or CD completed demographics, economic status (ES), medical history, Brief Symptom Inventory (GSI, stress measure), List of Threatening Experiences Questionnaire (LTE, major stress events), Brief COPE Inventory (disease coping), Satisfaction with Life Scale (SWLS), SF-36.

Results.– The cohort comprised 122 patients with UC (mean age 38.6 (SD 14.0) years, 60.0% women) and 305 with CD (age 45.2 (15.1) years, 60.1% women). Psychological scores were higher in UC vs. CD: GSI 1.24 (0.8) vs. 0.9 (0.8), $P<0.001$; emotion-focused-strategies 24.5 (5.7) vs. 23.0 (5.7), $P<.03$; problem-focused-strategies 16.4 (4.5) vs. 15.4 (4.2), $P<.04$; dysfunctional-strategies 23.7 (5.7) vs. 22.0 (5.0), $P<.01$. LTE, SWLS, SF-36 and ES scores were similar in both diseases. UC activity was associated with gender, age, ES, GSI, LTE, all coping strategies, SWLS and SF-36 ($P<0.02–0.001$). CD activity was associated with work status, ES, GSI, LTE, dysfunctional-strategies, SWLS and SF-36 ($P<0.05–0.001$). In a multiple linear regression model UC activity was predicted by GSI (9.1% of variance), ES (6.9%), problem-focused-strategies (4.2%) and LTE (1.3%), and CD activity by LTE (5%), GSI (4%) and age (1%). The path analysis showed that GSI and problem-focused-strategies mediated the effects of ES, age and LTE on disease activity, with significant differences between UC and CD.

Conclusions.– Psychological stress impacted differently on active UC and CD. Therefore, psychological intervention should be different in the two diseases.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0075

Impact of bipolar disorder on the severity of eating disorders

S. Thiebaut^{1*}, I. Jaussent², L. Maimoun³, S. Beziat², M. Seneque¹, D. Hamroun⁴, P. Lefebvre⁴, N. Godart⁵, E. Renard⁶, P. Courtet¹, S. Guillaume¹

¹ Montpellier university hospital/Inserm U1061, department of psychiatric emergency & acute care, Montpellier cedex 5, France;

² Inserm U1061, suicidal behaviors, Montpellier, France; ³ Lapeyronie hospital, CHRU Montpellier/INSERM U1046, département de médecine nucléaire/physiologie et médecine expérimentale du cœur et des muscles, Montpellier, France; ⁴ Lapeyronie hospital, CHRU de Montpellier, département de médecine nucléaire/physiologie et médecine expérimentale du cœur et des muscles, Montpellier, France;

⁵ Institut mutualiste Montsouris/Inserm 1178, département de psychiatrie, Paris, France; ⁶ Lapeyronie hospital, CHRU de Montpellier/Inserm U1411/CNRS UMR 5203/Inserm U1191, department of endocrinology, Montpellier, France

* Corresponding author.

Introduction.– Comorbidity between Bipolar Disorders (BD) and Eating Disorders (ED) is common. The incidence of ED in patients with BD varies from 9.9% to 28.8%. If the comorbid ED worsens BD, the effect of comorbid BD on the severity of ED remains unclear. The aim was to investigate whether the comorbid BD in patients with eating disorders was related to more severe ED behaviors.

Method.– 261 patients with ED defined by the DSM-5 criteria were consecutively recruited in an evaluation center of eating disorders from February 2012 to October 2014. The severity of ED symptoms was assessed using EDE-Q and EDI-2. Screening of the BD was carried out by the M.I.N.I with confirmation of the diagnosis in a center specialized in the evaluation of BD. **Results.**– After screening we found 47/353 suspicions of BD, the diagnosis was confirmed in 30 patients. Comorbid BD was associated with more anxiety disorders ($P=0.004$), substance use disorders ($P=0.002$), tobacco consumption ($P=0.03$), history of suicide attempts ($P=0.005$), history of hospitalization for ED ($P=0.02$). After adjustment, Eating Concern, Shape Concern and Weight Concern, Body dissatisfaction, Perfectionism, Interoceptive awareness, Impulse regulation were significantly higher for patients with comorbid BD.

Conclusion.– This study highlights (1) that comorbid BD increases eating disorders severity, (2) that comorbid BD must be evaluated by specialists to limit over diagnosis, (3) that ED which are the most associated with comorbid BD are bulimia nervosa, binge eating disorder and eating disorder not otherwise specified.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Emergency Psychiatry / Migration and Mental Health of Immigrants

PW0076

Mechanical restraint in the acute psychiatric unit of hospital del Mar, Barcelona

M. Angelats^{1*}, L. Pujol¹, A. Brown^{2,3}, A. Mas⁴, V. Pérez^{1,5,6}, P. Salgado¹, D. Berge^{1,5,6}

¹ Instituto de Neuropsiquiatria y Adicciones INAD, Parc de Salut Mar, Psiquiatria, Barcelona, Spain; ² CISS- Chaudière-Appalaches, Centre hospitalier affilié universitaire, Hôtel-Dieu de Lévis, Psychiatrie, Lévis Québec, Canada; ³ Université Laval, Chargé d'enseignement clinique, Québec, Canada; ⁴ Hospital de Palamós, Serveis de Salut Integrats Baix Empordà, Medicina de Família, Palamós, Spain; ⁵ CIBERSAM Centro de Investigación Biomédica en Red de Salud Mental, Mental Health, Barcelona, Spain; ⁶ Institut Hospital del Mar d'Investigacions Mèdiques-IMIM, Parc de Salut Mar, Barcelona, Spain

* Corresponding author.

Introduction.– Mechanical restraint is an intervention used for the agitation management and to decrease fall risk. However, it is a procedure that implies ethical issues and adverse effects. According to bibliography, psychotic, manic and geriatric patients are the most restrained.

Aims.– To describe demographic characteristics of patients that have been under mechanical restraint in Hospital del Mar in 2016. We also want to know if factors as age, gender or diagnostic might have an impact on frequency and time spent under mechanical contention.

Patients and methods.– During 2016, there were 164 patients under mechanical restraint in the brief psychiatric hospitalization unit. We have collected retrospective data: age at the moment of contention, gender, principal diagnosis affecting the patient, among others.

A descriptive analysis and a logistic regression have been performed to study the relation between these variables.

Results.– Age varied between 19 and 89 years old; the mean was 40.48 years (SD 15.68). Men represented 56.7% of our sample, and women 43.3%. The three more frequent diagnoses were psychotic disorders (44.3%), bipolar disorders (26.8%) and schizoaffective disorder (12.8%).

Older age ($P=0.01$) and masculine gender ($P=0.03$) seem to be factors increasing the total hours that patients remained restraint. The diagnostic category seems to have no-influence on this outcome.

Conclusions.– According to our study, factors that influenced the most the total time of mechanical restraint are age and gender. We did not have found concrete diagnostic representing a physical restraint higher risk.

More research is needed to promote new measures of prevention. **Disclosure of interest.**– The authors have not supplied a conflict of interest statement.

PW0078

A model of home-based crisis intervention: A preliminary follow-up study

J. Denis^{1*}, S. Hendrick¹, A. Maisin², A. Pecher²

¹ University of Mons, systemic and psychodynamic clinical psychology department, Mons, Belgium; ² CHP Chêne-aux-Haies, mobile psychiatric team, Mons, Belgium

* Corresponding author.

Introduction.– Home-based crisis intervention (HBCI) is an intensive clinically service designed to immediately (max. 24 hours) assist patients in crisis in their real life environment. Our mobile psychiatric team also integrates families in the treatment. We offer care delivery based on the needs of people with mental health problems and relational or emotional disorders.

Objectives.– The present preliminary study examines the effect of our HBCI model on health-related quality of life, symptom distress (depression, anxiety), interpersonal relationships (conflict with others), suicidal ideation or behavior and continuity of care in patient in crisis.

Methods.– Thirty patients experiencing an acute crisis, aged between 19 and 71 years, were assessed before and after our home-based treatment. The Nottingham Health Profile (NHP), the Hospital Anxiety and Depression scale (HAD), the Outcome questionnaire (OQ-45), the Scale for Suicide Ideation (SSI), and the Alberta Continuity of Services Scale for Mental Health (ACSS-MH) were used in a 9-month preliminary follow-up study.

Results.– Our results showed a significant decrease in distress symptoms and suicidal ideation after between three to 6 weeks of treatment with a large effect size. The dimensions related to the quality of life assessment also improved during the intervention. At the end of treatment, a majority of patients had a total OQ-45 score below clinical significance.

Conclusion.– This study suggests that our home-based crisis intervention may benefit for patient in crisis with improvement on several outcomes measures. However, the lack of comparison group entails caution when drawing conclusion.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0079

Psychiatric presentations of anti-NMDA receptor encephalitis in adults and children

R. Gurrera

VA Boston healthcare system, mental health/psychiatry, Brockton, USA

Introduction.– Anti-NMDA receptor encephalitis (anti-NMDArE) is caused by auto-antibodies binding to the NMDA receptor. Most cases occur in females with ovarian teratomas, but often no tumor is found and the trigger appears to be a virus or is never identified. Given its strong association with ovarian pathology, an important question is whether the clinical presentation varies with age or sex.

Objectives.– To identify salient clinical features of this disorder in male and female adults and children.

Methods.– EMBASE and PubMed databases were systematically searched in January 2017 to identify published anti-NMDArE cases in which behavioral symptoms were prominent.

Results.– The search yielded 200 adults (37M, 163F; mean(S.D.) age 32.1(12.4) years) and 175 children (47M/128F; mean(S.D.) age 11.6(5.5) years). There were proportionately more male children than adults (26.9% vs 18.5%); tumors other than teratoma were more common in men (13.5% vs. 2.1%), and viral prodromes were more common in boys (31.9% vs 21.6%). Most men and boys had unknown precipitants (61.2% vs 66.0%). Among females, teratoma was more frequent in women (38.0% vs 20.3%), as were other tumors (6.1% vs 0%). The trigger was unknown in 17.8% of women, compared to 39.1% of girls. Seizures, dyskinesias, or a speech/language disturbance were common across groups (78.4–95.7%).

Conclusions.– The clinical presentation of anti-NMDArE is minimally influenced by sex and age. Females are more likely to be pregnant or have reproductive organ tumors, whereas males are

more likely to have unidentified triggers. Behavioral symptoms rarely present without seizures, dyskinesias or a speech/language disturbance.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0080

Differentiating anti-NMDA receptor encephalitis from psychiatric disorders and neuroleptic malignant syndrome

R. Gurrera

VA Boston healthcare system, mental health/psychiatry, Brockton, USA

Introduction.– Anti-NMDA receptor encephalitis (anti-NMDArE) is the most common form of autoimmune encephalitis. Symptoms including auditory and/or visual hallucinations, paranoia, grandiose or religious delusions, anxiety, depression, insomnia, aggression and hyperactivity can mimic primary psychiatric disorders, and consequently most cases are initially evaluated by a psychiatrist and treated with antipsychotic medications. This compounds the risk of misdiagnosis because fever, autonomic dysregulation and muscle rigidity occur in anti-NMDArE and can be confused with neuroleptic malignant syndrome (NMS). Without prompt treatment anti-NMDArE can cause severe long-term neurological and cognitive disability.

Objectives.– To analyze presenting signs and symptoms in published cases of anti-NMDArE to identify potentially distinctive patterns of features that may facilitate rapid diagnosis.

Methods.– Systematic computerized searches of EMBASE and PubMed databases conducted in January 2017 identified published anti-NMDArE cases in which behavioral symptoms were reported.

Results.– The search yielded 200 (37M, 163F) adult patients (mean (S.D.) ages 38.2 (16.4) and 30.7 (10.8) years, respectively). Seizures were observed in 28 (75.7%) men and 138 (84.7%) women. Ten (27.0%) men and 62 (38.0%) women manifested orofacial dyskinesias; 14 (37.8%) men and 80 (47.9%) women evidenced some form of dyskinesia. Eleven (29.7%) men and 45 (27.6%) women were dysarthric or had impaired language ability. At least one of these clinical signs was present in 29 (78.4%) of men and 153 (93.9%) of women.

Conclusions.– A first episode of psychosis or mood disorder, when accompanied by new onset seizures, dyskinesias, or speech or language disturbance, should prompt immediate consideration of an anti-NMDArE diagnosis.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0081

Asylum seeker, refugee and migrant mental health and gender in Australia

K. Jenkins

The Royal Australian and New Zealand College of Psychiatrists, OPCEO, Melbourne, Australia

Introduction.– Migrants and refugees in Australia have poorer mental health outcomes and poor access to health services compared to the general population. Women in general often face greater challenges to access of health care; this is especially true for migrant and refugee women.

Objectives.– This paper seeks to address how issues of asylum seeker, refugee and migrant mental health are being addressed and some initiatives being undertaken within the Australian context.

Methods.– The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is concerned about the mental health of migrants and refugees. The RANZCP Asylum Seeker and Refugee Mental Health Working Group has developed a Position Statement that advocates for improved mental health outcomes for refugees and asylum seekers.

The RANZCP is part of the national Migrant and Refugee Women's Health Partnership (the Partnership), which brings together health professionals and community leaders to address systemic health barriers.

Results.– Through its Position Statement and membership to the Partnership, the RANZCP maintains that asylum seekers, refugees and migrants should have access to health care at a level comparable to the general population.

The RANZCP's involvement in the Partnership has helped to ensure that mental health care for migrant women is a priority across Australia.

Conclusion.– This paper highlights some of the work being done in Australia to improve mental health care access and outcomes for asylum seeker, refugee and migrant populations. However, more needs to be done, and psychiatrists should continue to advocate for the necessary supports and services for migrant and refugee populations.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0082

Personality and cultural intelligence as factors of coping with stress of recent relocation and adaptation in multicultural environment in Russia

S. Chigarkova¹, G. Soldatova¹, S. Khrushchev^{2*}, E. Rasskazova³, A. Tkhostov⁴

¹ Lomonosov Moscow State university, department of psychology, Moscow, Russia; ² National research center for hematology, laboratory studying mental and neurological disorders in hematology, Moscow, Russia; ³ Lomonosov Moscow state university/mental health research center, Associate Professor, Senior Researcher, Moscow, Russia; ⁴ Lomonosov Moscow state university, the head of the clinical psychology department, Moscow, Russia

* Corresponding author.

Introduction.– Studies of psychological factors of adaptation of migrants are important in multicultural countries with high migration level like Russia.

Objectives.– The aim was to reveal the role of personality and cultural intelligence in the adaptation in multicultural environment in those who recently moved.

Methods.– 1545 adults from 8 Russian regions were interviewed and filled NEO Five-Factor Inventory (McCrae, Costa, 1997), Expanded Cultural Intelligence Scale (Van Dyne et al., 2012), Hardiness Test (Maddi, 1998), Tolerance to Ambiguity Scale (Kornilova, 2009).

Results.– 16.7% moved less than 5 years ago and for 13.1% Russian language was not native. According to MANOVA, people who moved less than 5 years ago demonstrated higher openness and tolerance to ambiguity ($F=3.98-5.19$, $P<.05$, $\eta^2=.01$) while those with other native languages reported higher extraversion, agreeableness, consciousness, motivational and behavioral cultural intelligence, intolerance to ambiguity ($F=3.90-21.07$, $P<.05$, $\eta^2=.01-.02$) and felt more successful in multicultural environment ($F=35.53-158.72$, $P<.01$, $\eta^2=.04-.14$). Hardiness commitment and control were lower in those moved less than 5 years ago only if Russian was not their native language ($F=3.17-3.37$, $P<.01$, $\eta^2=.01$). In those moved less than 5 years ago cultural intelligence

predicted better success in intercultural communication ($\beta=.23$, $R^2=11.3%$, $P<.05$) while extraversion and emotional stability predicted hardiness commitment, control and challenge ($\beta=.15-.44$, $R^2=22.0-30.9%$, $p<.01$).

Conclusions.– Results suggest that recently moved and speaking other languages people are vulnerable to stress feeling uncommitted and out of control but they could be more successful in multicultural interactions. Extraversion and emotional stability seem to compensate for negative effects of recent migration.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0083

Determinants of mobility and migration trends of psychiatric trainees in Turkey: The role of gender

O. Kilic^{1*}, G. Erzin², M. Pinto da Costa³

¹ Koç university hospital, department of psychiatry, Istanbul, Turkey;

² Ankara Diskapi training and research hospital, department of psychiatry, Ankara, Turkey; ³Hospital de Magalhães Lemos, Porto, Portugal institute of biomedical sciences Abel Salazar ICBAS,

university of Porto, Porto, Portugal unit for social and community psychiatry WHO Collaborating centre for mental health services development, Queen Mary University of London, London, United Kingdom, Department of psychiatry, Porto, Portugal

* Corresponding author.

Introduction.– Brain drain, the migration of skilled human resources from “donor countries” has an impact on health systems across countries. Particularly, Turkey in the last 50 years has suffered from emigration of skilled professionals such as medical doctors, although it is unclear how frequent such phenomenon is across medical specialties in the country.

Objective: This work aimed to present the views about migration among psychiatric trainees in Turkey.

Method.– Data from Turkey collected in 2013–2014 through a european cross-sectional study (the EFPT Brain Drain study) has been analysed.

Results.– 107 psychiatric trainees in Turkey responded to this study. Importantly, 74.5% of psychiatric trainees in Turkey have “ever” considered leaving the country, and the majority were adult psychiatric trainees. Male trainees were more likely to express intention to leave the country compared to females ($P=0.04$). Considering leaving the country was not found to be correlated with being adult or child psychiatric trainee, marital status or number of years spent in the training ($P=0.386$, $P=0.782$, $P=0.903$).

Conclusions.– The majority of psychiatric trainees in Turkey considered leaving the country and most of these expressions were done by male trainees. Reasons behind this gender variation of mobility trends may be related with more frequent family concerns in women making them more willing to stay in Turkey, whereas for men, working abroad could bring the chance of postponing or avoiding doing the compulsory military service, which may be appealing for some.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0084

Tolerability and patient satisfaction with inhaled loxapine for the treatment of acute agitation

A. Porras Segovia^{1*}, M.Á. Arenas², M.Á. Rosales-Muñoz³, B. Vela-Sánchez³, A. Oria³, P. De Jaime Ruiz¹, J. Cervilla⁴, M. López-Pérez³, M. Reyes-Nadal²

¹ University hospital San Cecilio, mental health services, Granada, Spain; ² University hospital San Cecilio, mental health service, Granada, Spain; ³ Hospital Virgen de las Nieves, mental health service, Granada, Spain; ⁴ University of Granada, psychiatry department, Granada, Spain

* Corresponding author.

Introduction.– Traditional management of agitation includes intramuscular medication and, sometimes, physical restraint. These measures may be perceived as highly invasive by patients, thus hindering the therapeutic relationship.

Loxapine is a dibenzoxazepine tricyclic antipsychotic agent whose inhalatory administration was recently approved for the treatment of acute agitation in the context of schizophrenia or bipolar disorder.

Objectives.– We aim to explore the tolerability and satisfaction with inhaled loxapine in agitated patients.

Methods.– Patients suffering from agitation in an acute inpatient psychiatry unit were recruited to participate in the study. Only patients with a minimum level of cooperation were considered. Group assignment was performed using an alternate sequence. Cases received inhaled loxapine, while controls were administered intramuscular antipsychotic medication, mainly olanzapine or haloperidol.

Treatment Satisfaction Questionnaire for Medication (TQSM) and UKU side effect rating scale were administered after the agitation episode had resolved.

Results.– Our sample consists on 30 patients who were diagnosed either with schizophrenia or with bipolar disorder. Patients in the case group showed a significantly higher score on the Treatment Satisfaction Questionnaire for Medication. Inhaled treatment was generally well tolerated, with a low score on the UKU scale.

Conclusions.– The pain-free inhaled administration that Loxapine offers is well tolerated and it is perceived as a less invasive treatment than injected medication.

The use of inhaled loxapine in inpatient psychiatry units, where agitation is a common phenomenon, could help patients from feeling that the treatment they are receiving is actually a “punishment” for their inadequate behaviour, a misperception that often comes with intramuscular medication.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0085

Audit of demographic and diagnostic variables influencing psychiatric intensive care length of stay

A. Raffi*, A. Bann-Khellaf

Priory hospital Cheadle Royal, psychiatric intensive care, Cheadle, United Kingdom

* Corresponding author.

Background.– Psychiatric Intensive Care (PICU) is for patients detained in secure conditions in acutely disturbed phases of serious mental illness. Department of Health (DoH) Guidelines state PICU stay should not exceed 8 weeks. There is limited data on factors affecting PICU stay including demographics and diagnosis of patients.

Aim.– The Audit compared length of stay (LoS) in a private PICU service across a 6 month period and examined ethnicity /diagnosis of patients.

Methodology.– 6 months of patient data across PICU service from March to August 2017 ($n = 124$) using electronic patient records and analysed.

Results.–

Sample size = 124 (27 female/97 male).

Mean LoS was 29.4 days (male 28.7, female 31.8).

Mean LoS females, diagnosis Schizophrenia was 80.9 days ($n = 7$).

Mean LoS males, diagnosis personality disorder (PD) was 45.8 days ($n = 5$).

15 patients exceeded 8 week DoH guidance for LoS (Male 12, female 3).

3 patients exceeded LoS by 7 weeks all had primary/secondary diagnosis of PD.

Mean LoS for non-white patients was 56.2 days ($n = 24$).

Conclusions.–

Mean LoS 29.4 days is consistent with other studies (26.5–34.3 days).

Female PICU attracts difficult to treat cases which reflects higher LoS in those with Schizophrenia.

Male PICU has attracted larger number of referrals pertaining to recidivism which reflects longer LoS in PD and in those patients who exceed DoH guidelines significantly.

A call for improved cultural understanding of patient needs may assist reduction of LoS in non-white patients (56.2 days).

The audit highlights the need for further understanding into demographic and diagnostic factors in PICU services.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0086

Highly frequent users at the psychiatric emergency services: What are their differential characteristics?

B. Reneses^{1*}, G. Seara², A. Del Rey²

¹ Hospital Clinico San Carlos, institute of psychiatry, Madrid, Spain;

² Hospital Clinico San Carlos, institute of research, innovation unit, Madrid, Spain

* Corresponding author.

Background.– The phenomenon of high frequentation in the psychiatric emergency services may be an indicator that some subjects are not receiving adequate care in outpatient and/or inpatient mental health services. In countries with a National Health Service, with a universal coverage, as in the case of Spain, this phenomenon requires special attention because it would indicate a gap in the expected care pathways.

Methods.– Retrospective study of 15,045 patients who received care at the Psychiatric Emergency Service of a University General Hospital in Madrid (Spain) from 2006 to 2016. Subjects were classified as “highly frequent users” or not, considering that those who have received emergency psychiatric care more than 3 times with periods shorter than 6 months between them are “highly frequent users”. 924 subjects were found to be “highly frequent users” and 14,121 were found not to be. Both groups were compared according to their socio-demographic and clinical characteristics and the emergency care resolution in their last attendance.

Results.– Highly frequent users were younger (25 to 49 years, range age more represented), they had a significant major proportion of suicide attempts, diagnosis of schizophrenia and psychotic disorders, bipolar or personality disorders (specifically BPD). Highly frequent users were more frequently admitted in the inpatient

psychiatric units and had more voluntary emergency service discharges.

Conclusions.– Highly frequent users of psychiatric emergency services should be studied with the objective to identify possible gaps in their care pathway. Attention should be focused on psychotic, bipolar and personality disorders and in patients who committed suicide attempts.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0087

Prevalence of psychiatric diagnoses among torture survivors globally: A systematic review protocol

H. Turner

NHS Shetland, general medicine, Aberdeen, United Kingdom

Introduction.– While we would like to think torture belongs to the past, it is unfortunately very relevant to modern European medicine, particularly psychiatry. Mental health service providers may frequently come into contact with survivors, although this might not be recognised at the time. An understanding of prevalence rates of psychological illness following torture could aid recognition and management. A review of the literature in this area has not been published since 1988 [1].

Objectives.– To determine the prevalence of anxiety, depression and PTSD diagnoses among survivors of torture worldwide.

Methods.– Databases MEDLINE, PsychINFO and EMBASE were searched using terms relating to psychological disorders, prevalence and torture. Studies were appraised using the JBI Critical Appraisal Checklist, and data extracted using a modified JBI Data Extraction Tool. Data was then synthesized as a narrative summary with graphs and tables as heterogeneity prevented meta-analysis. Subgroup analysis took place to investigate heterogeneity.

Results.– Results varied widely for each outcome, ranging between 4% to 100% for depression, 10% to 91% for anxiety and 18% to 90% for PTSD.

Conclusions.– It was concluded that a range of factors such as migration, asylum seeking and experience of war may affect prevalence of psychological illness in torture survivors, leading to the variation in the literature. Further research is needed into the causes of variation. The need for high quality research was also highlighted.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Reference

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PW0088

Differences between Syrian refugee patients from an outpatient clinic who wants to migrate to Europe and stay in Turkey

E. Uygun^{1*}, Ş. Başar², M. Kızıdoğan², A.T. Aker³

¹ Prof. Dr. Mazhar Osman psychiatric and neurological diseases training and research hospital, psychiatry, İstanbul, Turkey;

² İstanbul Bilgi university, psychology, İstanbul, Turkey; ³ İstanbul Bilgi university, trauma and disaster mental health, İstanbul, Turkey

* Corresponding author.

Introduction.– The growing number of refugees and inadequate level of support for the basic needs of immigrants lead them to

search and try different ways to move on places where the better living conditions can be provided.

Objective:The aim of this study is comparing the social and mental health parameters of refugees who wants to immigrate to Europe and plans to stay in Turkey in the irrational refugees who applied for immigrant/refugee mental health.

Method.– Data forms were created by researchers to be applied to people who have been applied to the BRSHH immigrant and refugee mental health outpatient clinic and some scales were given to assess PTSD, Depression, Perceived Stress, Well Being and Quality of Life. **Results.**– In total 70 people were included in this study with an average age of 34.4 and 38 of them were women. It was founded that the higher the level of education ($P=0.05$), the lower mental well-being status scores ($P=0.04$), higher male gender ($P=0.02$), the presence of a friend or relative in Europe ($P=0.04$) and higher the PTSD score levels ($P=0.05$) were statistically significant when we compared two groups.

Conclusion.– There is no other study to compare our data because of the reason that it's the first one that addresses this topic and also there is a need for qualitative studies to define the relationship between the significant findings that we found and the claim to migrate to Europe. Firstly we should understand refugees to prevent their migration from illegal ways.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0089

Migration and duration of untreated psychosis in first-episode patients

S. Vilas Boas Garcia^{*}, R. Mateiro, I. Pinto, T. Filipe, T. Teodoro,

M.J. Avelino, M. Martins, J. Salgado

Centro Hospitalar Psiquiátrico de Lisboa, Clínica 1, Lisbon, Portugal

* Corresponding author.

Introduction.– A higher risk for psychosis is estimated to be present in migrants. An extended duration of untreated psychosis (DUP) is associated with worse outcome in first-episode psychosis (FEP). Several factors contribute to DUP. Current findings regarding DUP's relation to migrant background are inconsistent.

Objectives.– The aim of this study is to understand the relationship between migration and DUP in FEP. Firstly, it seeks to determine if migrants FEP patients have different DUP than native patients. Secondly, this study also investigates sociodemographic characteristics of migrant and native groups and its association to DUP.

Methods.– A total of 52 FEP patients were included. The 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) was used for diagnosis. Data relating to DUP and clinical and sociodemographic characteristics were collected retrospectively from case notes.

Results.– Mean DUP was 36.9 weeks (median 12, SD = 73) in migrant group and 45.5 weeks (median 16, SD = 65.7) in native group. There was no statistically significant difference between DUP in both groups. Mean age was 39 for migrant group and 35 for native group. There was a weak positive correlation between age and DUP in migrants ($\rho = 0.300$). Migrant group had more female patients (65%) than native group (34%).

Conclusions.– Despite DUP was shorter in migrant than in native patients, a comparison of FEP patients from both groups revealed no significant difference in DUP. More studies are needed to better understand FEP patients in migrant population.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0091

Comparison of outcomes of a crisis stabilization unit compared to an emergency department

L. Zun¹, L. Downey²¹ Mount Sinai hospital, emergency medicine, Chicago, USA;² Roosevelt university, school of public health, Chicago, USA

* Corresponding author.

Background.– The primary objective of this study was to examine and identify methods of assessing levels of agitation in psychiatric patients presenting to the ED, which are not commonly involved with ED triage of psychiatric patients.

Objective.– The purpose of this study was to assess psychic pain on a similar rating system as somatic pain, assess levels of agitation (self-reported and observed), and compare measured psychic pain to levels of agitation.

Methods.– The sample population included patients, 18 years or older, presenting with a psychiatric illness to a level one inner-city Emergency Department. Patients were surveyed immediately upon arrival to ED and every 30 minutes, for a total of 2 hours using both observational or self-reported surveys. Patients were enrolled and surveys were administered by a research fellow. This study was IRB approved.

Results.– A total of 151 participants were enrolled and 93 completed at least 1 hour. Upon arriving to the ED, among patients who self-reported moderate/marked levels of agitation 87.3% were given agitation scores of none/mild with PANSS-EC agitation survey, and 84.4% were given none/mild by ACES calmness evaluation. Self-reported psychic pain showed significant differences from self-reported levels of agitation.

Conclusions.– The results show significant differences between the observational surveys and self-reported surveys and amongst the self-reported surveys. The results suggest the use of both observational and varying self-reported surveys to obtain a complete picture of patient levels of agitation and psychic pain on arrival to the ED.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0092

Comparison of an suicide assessment tool to usual care

L. Zun¹, L. Downey²¹ Mount Sinai hospital, emergency medicine, Chicago, USA;² Roosevelt University, Healthcare Policy, Chicago, USA

* Corresponding author.

Purpose.– The primary objective of this study is to compare the SPRC Risk Assessment Tool (Decision Support Tool) to the current suicide assessment for patients who present to the emergency department.

Method.– A convenience sample of patients that presented to the ED with a psychiatric complaint who consented to be part of the study was utilized. The SPRC responses and subsequent disposition were compared to those elicited by the current evaluation tool used by the mental health worker. These assessments were obtained retrospectively.

Results.– A total of 70 patients were enrolled in the study. When patients answered yes to question 1 (they had considered a suicide plan), crisis workers noted a plan in 52.9% (18) of these patients. However, when patients answered yes to question 2 (they had suicidal intent), crisis workers noted suicide ideation in 79.3% (23) of these patients. Of the patients who answered yes to question 3 (they had previously attempted suicide), crisis workers reported previous attempts in 58.5% (24) of these patients. Despite this difference

between crisis worker assessment and Decision Support Tool data, the recommended disposition and actual disposition of patients were similar. Recommended admission was 40.7% (22) of cases, while actual admission was 46.3% (25). Recommended transfer and actual transfer were equal at 31.5% (17) of cases. Recommended discharge was 25.9% (14) of cases, while actual discharge was 22.2% (12).

Conclusion.– The results of the Decision Support Tool and the crisis workers' assessments differed in individual qualitative measurements but not in patient dispositions.

Genetics and Molecular Neurobiology / Oncology and Psychiatry

PW0093

Impact of opioid receptor genes on anticipatory and consummatory pleasure in schizophrenia

M. Alfimova^{*}, T. Lezheiko, N. Kondratiev, M. Gabaeva

Mental health research center, clinical genetics, Moscow, Russia

* Corresponding author.

Introduction.– Anhedonia is a prominent feature of schizophrenia. A comprehensive understanding of neurobiological processes contributing to anhedonic symptoms may help in developing their effective treatments. Two phases of pleasure experience have distinct neurochemical mechanisms. The anticipatory phase is driven by the dopaminergic pathway, while the consummatory phase involves dopamine and opioid receptor activation. In contrast to dopamine receptor genes, opioid receptor genes have not been much studied in relation to schizophrenia.

Objectives.– We investigated associations of hedonic capacity of schizophrenic patients with genes encoding delta (OPRD1) and mu (OPRM1) opioid receptors.

Methods.– 248 inpatients with schizophrenia spectrum disorders (mean age 38 (SD 13) years, 62% women) and 208 healthy controls (33(14) years, 53% women) donated blood for DNA extraction and completed the Temporal Experience of Pleasure Scale (TEPS). OPRD1 rs618886 and/or OPRM1 rs1799971 were genotyped.

Results.– When sex and age were taken into account, patients showed lower TEPS scores than controls ($P=0.0001$). Both anticipatory and consummatory pleasure were decreased ($P=0.002$ and $P=0.0001$, respectively). The differences were more pronounced in men. None of the genes had main effects on the TEPS scores. For OPRD1, an interaction effect of the gene with sex and diagnosis on anticipatory pleasure was found ($P=0.03$). Schizophrenic men carrying the OPRD1 minor allele had the lowest scores and differed significantly from healthy men ($P<0.003$). The same trend was seen for consummatory pleasure ($P<0.04$).

Conclusions.– The OPRD1 gene polymorphism may modify severity of anhedonia in men with schizophrenic disorders.

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Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0095

Interaction between fat mass and obesity-associated gene (FTO), adverse life events, and psychopathology in eating disorders patients

G. Castellini¹*, M. Franzago², L. Lelli¹, L. Stuppia², V. Ricca¹, G. Stanghellini²

¹ University of Florence, department of neuroscience, psychology, drug research and child health, Florence, Italy; ² University G D'Annunzio Chieti Pescara, department of psychological, health and territorial sciences, school of medicine and health sciences, Chieti, Italy

* Corresponding author.

Introduction.– The multifactorial etiopathogenesis of Eating Disorders (EDs) encompasses environmental, psychological and biological predictors.

Objective.– To evaluate the interaction between the fat mass and obesity-associated gene (FTO), early adverse life conditions (such as overweight during childhood, childhood neglect and abuse) and the psychopathology in a group of patients with eating disorders.

Methods.– The distribution of a polymorphism of the FTO (rs9939609 T>A) was evaluated in a series of 200 EDs patients and in a group of 119 healthy control subjects. Clinical data were collected through a face-to-face interview and several self-reported questionnaires were applied, including the Emotional Eating Scale and the IDentity and EAting disorders (IDEA) questionnaire for bodily disorders and self-identity. The assessment was repeated at three year follow up.

Results.– The presence of the A-allele was associated with binge eating behavior, higher emotional eating and higher IDEA scores. Finally, the FTO rs9939609 SNP was found to be a moderator of the association between early adverse life events and the stability of the psychopathology in the long term.

Conclusions.– The experimental approach adopted in the present study provides an integrative perspective based on the assumption that eating disorders are caused by a sequence or combination of risk factors rather than a single influence. Our results suggested that the FTO polymorphism moderated the association between adverse life events, eating psychopathology and its stability across time.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0097

Catatonia and mutism: Neurotic, psychotic or paraneoplastic disorder? About a case

P. De Jaime Ruiz¹*, J.L. García-Fogeda Romero², B.M. Girela Serrano¹, A. Porras Segovia¹

¹ Campus de la Salud, Psychiatry, Granada, Spain;

² Campus de la Salud, Internal Medicine, Granada, Spain

* Corresponding author.

Catatonia is caused by a variety of psychiatric and organic conditions. The onset, clinical profile, and response to treatment may vary depending on the underlying cause. Catatonia is more likely to be associated with Neurotic and Psychotic Disorders, but some Psychiatric symptoms are key components in the clinical presentation of paraneoplastic encephalitis. This uncommon presentation could lead to a late diagnosis and treatment initiation increasing significantly the morbidity and mortality.

We report a 57-year-old female who started showing paroxysmal recurrent episodes for the last two years, characterized by surrounding disconnection, disorientation and muscle spasm

(myoclonus), followed by a postictal state. These episodes frequently occurred after stressful situations.

After performing neurological and psychiatric assessments the patient was started on anticonvulsants, antidepressants, benzodiazepines and antipsychotic drugs, but no response was found. The clinical orientation was conversion/dissociative disorder.

In the following months the symptoms evolved to akinetic mutism, catatonia, rapidly progressive vision and audition loss and almost surrounding disconnection.

She was hospitalized and underwent a battery of tests, performed by Internal Medicine, Neurology and Psychiatry clinicians: blood tests, head CT scan and MRI, and lumbar puncture. Abnormal findings in MRI and cerebrospinal fluid suggested that those behavioural and motor disorders could be due to a paraneoplastic meningoencephalitis. The patient died 3 months later.

Albeit catatonia and akinetic mutism are commonly related to psychiatric diseases, numerous medical conditions can mimic psychiatric disorders. A differential diagnosis with infectious, autoimmune and paraneoplastic encephalitis should always be carried out. We encourage everyone to keep it in mind to ensure better interventions.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0101

Specific patterns of high cognitive functions in children with cerebellum tumors

M. Kovyazina^{1,2*}, A. Trofimova¹, N. Varako^{1,2}, E. Rasskasova^{1,3}, I. Taranova⁴, Y. Chaplygina⁵, O. Dobrushina⁶

¹ Lomonosov Moscow State University, psychology, Moscow, Russia;

² Research center of neurology, neurorhabilitation and

physiotherapy, Moscow, Russia; ³ Mental health research center, psychosomatics and psychotherapy, Moscow, Russia; ⁴ Psychology

Institute of Russian Academy of Sciences, developmental psychology and acmeology, Moscow, Russia; ⁵ Mental health research center,

clinical psychology, Moscow, Russia; ⁶ Research center of neurology, neuroscience, Moscow, Russia

* Corresponding author.

Introduction.– Medulloblastomas are the most common prejudicial tumors of childhood. This disease affects not only vestibular system, but also such cognitive functions as language, attention, verbal and non-verbal memory and intellectual capacity.

Objectives.– To study peculiar features of high cognitive functions in children with cerebellum tumors; to elicit cognitive function which correction can accelerate cognitive rehabilitation process.

Methods.– The study included 9 children (age 2–10 years) with cerebellum tumor in the fourth ventricle who underwent neurorehabilitation course. Cognitive sphere was diagnosed by Luria-Nebraska Neuropsychological Battery (LNNB) on the first and the last sessions.

Results.– Two types of cognitive syndromes were fetched out through the neuropsychological diagnostics: 1 – semi-frontal lobe syndrome (defects in serial movement organization, stagnancy, memory disorders, special pathological features of thinking, especially attention disorders); 2 – disorders in spatial functions (projective errors in visual gnosis and visual presentation).

Conclusions.– Assessment of the defect structure and of the whole rehabilitation process reduce the main element of high cognitive function which is important firstly to start work with – it is attention. Galperin P.Y. said that attention is an independent psychical function which provide control over content of pattern, thought and operation. Development of the rehabilitation process around the correction of attention allows reduction of the duration of the

rehabilitation period and the degree of defect in cognitive functions in children with cerebellum tumor.

PW0102

Paving the way for precision medicine in psychiatry – Design and implementation of a unified rare genetics curriculum

D. Moreno De Luca^{1*}, D.A. Ross²

¹ Bradley hospital, Alpert medical school, Brown university, division of child and adolescent psychiatry, department of psychiatry and human behavior, Providence, USA; ² Yale university, psychiatry, New Haven, USA

* Corresponding author.

Background.– For the last few years, we have been witnessing an accelerated pace of genetic discoveries that are redefining our understanding of mental health disorders. However, psychiatry residency and fellowship programs have not yet integrated this new information into their curricula. Current challenges include determining and implementing unified content areas using principles of adult learning.

Methods.– As a joint effort between the Education Taskforce of the International Society of Psychiatric Genetics (ISPG) and the National Neuroscience Curriculum Initiative (NNCI), we have identified key knowledge areas in genetics that every psychiatrist should have, and developed tools for their implementation. As an example, we designed a module on rare genetics of autism using the NNCI standards, and included supporting media material and guidance for facilitators. We administered this exercise to 300 psychiatry residents, fellows, and psychiatry program directors, and obtained pre and post knowledge assessments, as well as qualitative data on impressions and utility of the module.

Results.– We observed an overall low genetic literacy among surveyed groups in the pre-assessments, followed by a high retention of content after the exercise, with detailed analyses underway. We also obtained positive qualitative feedback, which included an increased appreciation for the clinical relevance of this knowledge and satisfaction with the method of delivery.

Discussion.– Our results highlight the importance of blending key content with sound pedagogical methods and maintaining the clinical grounding of exercises, an approach that could easily be adapted and broadly generalized for other core competencies in genetics.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0103

Decreased level of DNA methylation in BDNF gene in anorexia nervosa

J. Clarke^{1,2}, G. Maussion³, S. Guillaume^{4,5}, P. Courtet^{4,5}, P. Gorwood^{1,6}, N. Ramoz^{1*}

¹ Inserm U894, center of psychiatry and neurosciences, Paris, France;

² Hôpital Robert Debré, psychiatrie de l'enfant et de l'adolescent, Paris, France; ³ McGill university, Montreal neurological institute, Montreal, Canada; ⁴ CHU de Montpellier, hôpital Lapeyronie, Montpellier, France; ⁵ Inserm U1061, neuropsychiatry, epidemiological and clinical research, Montpellier, France; ⁶ Hôpital Sainte-Anne, clinique des maladies mentales et de l'encéphale CMME, Paris, France

* Corresponding author.

Introduction.– Anorexia nervosa (AN) is a severe psychiatric disorder resulting of several factors including, genetic, biological, psychological and social events. Many investigations converge to

the involvement of the brain derived neurotrophic factor (BDNF) in AN. Thus, low circulating concentrations of BDNF are associated with a higher risk of AN, as well as genetic association with its variant Val66Met. The epigenetic regulations are also strongly suggested in AN. Thus, the DNA methylation level of *BDNF* gene could modify its circulating concentration.

Objectives.– Our work was to measure the DNA methylation level of *BDNF* gene in current AN patients, remitters and controls in the goal to identify a specific profile in AN.

Methods.– We extracted DNA from blood samples of 24 AN patients, 24 remitters and 48 controls. Methylation of DNA was measured for 73 CpGs encompassing *BDNF* gene by using the Infinium Human Methylation 450 Bead Chip technology.

Results.– Analysis showed significant decreases of methylation levels of CpGs encompassing *BDNF* gene in AN compared to controls. Furthermore, remitters present an intermediate methylation profile between AN and controls.

Conclusions.– We are currently replicating this observation in an independent cohort and searching for confirming the impact of the difference of DNA methylation level of *BDNF* gene in its RNA and protein expression between AN patients, remitters and controls.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0105

Changes in the psychological state and quality of life among women with newly diagnosed malignant neoplasms in the course of psychotherapy

N. Semenova^{*}, P. Chernov, I. Lysenko, S. Lyashkovskaya, A. Chubrikova

The V.M. Bekhterev National medical research center of psychiatry and neurology, Saint-Petersburg, Russian Federation, Scientific-organizational department, St. Petersburg, Russia

* Corresponding author.

The aim of research was to investigate the results of a special medical and psychological rehabilitation program for the women with newly diagnosed malignant tumors. The program included cognitive-behavioral psychotherapy (10 individual and 10 group meetings in 12-week period). To objectify emotional and psychosocial changes and to determine the quality of life, complex psychological assessment, including a SCL-90-R, Integrative Anxiety Test, Ways of Coping Questionnaire, Irrational Belief Scale, EORTC-QLQ-C 30, interview with patients and treating doctors has been carried out twice throughout the study. 37 women underwent the program and 38 were included in the control group (average age 49.4 ± 1.3).

According to the psychological assessment data, all the studied patients suffered from the pronounced symptoms of anxiety, depression and adaptation difficulties on baseline. Post-treatment psychological assessment has revealed the complete reduction of those symptoms in 52.8% of patients (main group). Nonrational cognitive patterns that cause stress became less common. Demandingness, awfulizing and frustration intolerance level has decreased ($P < 0.001$). The attitude towards the disease has become more conscious and responsible. Quality of life (emotional, social and cognitive functioning) and compliance has improved ($P < 0.05$). Fatigue, pain and side effects of treatment (nausea and vomiting, appetite loss, constipation) was significantly decreased. No spontaneous skips or refusals from treatment's sessions were registered. Such changes were not registered in the control group.

Thus, the psychotherapeutic experience had importance for the patients. They have developed the effective ways to overcome

depression, anxiety, learned to distinguish the first signs of these symptoms and to prevent them.

PW0106

Anxiety and depressive disorders in breast cancer women – Data from a psycho-oncology clinic, at Hospital Pedro Hispano, Oporto, Portugal

J. Silva^{1*}, M. Nazha², D. Fontanete³

¹ Hospital de Magalhães Lemos, Porto, C Service, Custoias, Portugal;

² Hospital Pedro Hispano, Matosinhos, Psychiatry Unit, Matosinhos, Portugal;

³ Hospital Pedro Hispano, Psychiatry Unit, Matosinhos, Portugal

* Corresponding author.

Introduction.– Mental health conditions are associated with poorer clinical outcomes and increased costs of care among cancer patients (Fox 2013). Anxiety and depressive symptoms are often assessed together and referred to as psychological distress, and their approach is crucial as they may lead to adverse effects on quality of life, not only of the patients but also of their caregivers. Around 25–50% of cancer patients experience clinically elevated psychosocial distress for which professional care is needed. For breast cancer patients this rate seems higher: 44.5–66%, compared to 40% of the control group (Jadoon 2010) (Gold 2015). What is less clear, particularly in primary care settings, is the percentage of individuals who have anxiety or depression disorders in breast cancer patients.

Objectives.– To clarify the prevalence of depression and anxiety disorders, in a psycho-oncology clinic, at Hospital Pedro Hispano, Oporto, Portugal.

Methods.– Present data of prevalence of depression or anxiety disorder in breast cancer woman, in a psycho-oncology clinic.

Results.– In the presented study 85% of patients admitted in the psycho-oncology clinic had depressive symptoms, of which 86.2% were an adjustment disorder and 13.7% were a major depression disorder. Anxiety and sleep disorders were presented in 4% of cases. 8.8% were mentally healthy. Psychiatry consultations was needed in 67.6% of patients, while 32.4% of patients improved only with psychology support.

Conclusions.– A careful approach and diagnosis of anxiety and depressive disorders in breast cancer patients is important as it leads to more specific choices in terms of treatment, whether pharmacological or psychotherapeutic.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Mental Health Care / Prevention of Mental Disorders

PW0108

Characterization of Patients assessed in community mental health clinics in an oil sands city in Canada: Patient profile, sex differences, and follow-up referral

V. Agyapong^{1*}, M. Juhás¹, O. Igwe¹, J. Omeje², A. Ritchie³, O. Ogunsina³, L. Ambrosano³, S. Corbett³

¹ University of Alberta, department of psychiatry, Edmonton, Canada;

² Alberta health services, department of public health, Fort McMurray, Canada; ³ Northern lights regional health centre, department of psychiatry, Fort McMurray, Canada

* Corresponding author.

Aims.– To characterize the sex-specific differences in the demographic and clinical profile as well as psychiatric antecedents, and follow-up referral for new outpatient psychiatric patients in Fort Mc Murray.

Methods.– Information on a data assessment tool designed by the psychiatric team in Fort McMurray as part of a service improvement initiative to assist the psychiatrists gather all relevant demographic and clinical characteristics of patients assessed was compiled as part of a clinical audit process between 1st January 2014 and 31st December 2014.

Results.– Overall, 677 patients were assessed by the four psychiatrists over the 12 month period, comprising 261 (38.6%) males. The mean age for all the patients was 35.67 (SD = 13.02) and 563 (83.2%) of the patients were referred by Family Physicians. There were statistically significant differences between male and female patients in respect of all the demographic and social characteristics as well as psychiatric antecedents. Primary diagnosis included: Depressive disorders 249 (36.8%), Anxiety disorders 133 (19.6%), Trauma related Disorders 96 (14.2%), Substance related disorders 66 (9.8%), Bipolar and related disorders 31 (4.6%), Personality disorders 20 (3.0%) and Schizophrenia spectrum disorders 14 (2.1%). Outpatients diagnosed with substance related disorders, personality disorders and trauma related disorders were about 4.5, 5.5, and 7 times respectively less likely to be offered follow-up appointments after their initial assessments compared to patients with depressive disorders.

Conclusion.– By better understanding the outpatient profile, we are able to better understand not only the mental health needs but also the potential antecedents associated with greater need for psychiatric services.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0110

Relationship between gluten sensitivity, celiac disease and mood disorders

M. Arts^{1*}, S. Petrykiv², J. Fennema³, L. de Jonge⁴

¹ Mental Health Western Northern Brabant, geriatric psychiatry and neuropsychiatry, Halsteren, The Netherlands; ² University of Groningen, university medical center Groningen, department of clinical pharmacy and pharmacology, Groningen, The Netherlands;

³ Mental health care – Friesland GGZ Friesland, department of geriatric psychiatry, Leeuwarden, The Netherlands; ⁴ Leonardo scientific research institute, department of geriatric psychiatry and neuropsychiatry, Groningen, The Netherlands

* Corresponding author.

Introduction.– Gluten is a glycoprotein consisting of two other glycoproteins, namely gliadin and glutenin. It can be found in many types of food (like bread, pasta, cookies) and its function is acting as a glue that helps food to maintain their shape or texture. Celiac disease (CD) is a lifelong gluten-sensitive autoimmune disease that is present in 0.8–1.9% of the general population and is characterized by serious gastrointestinal complaints. Gluten sensitivity (GS) is a disease distinct from CD with a prevalence up to 13%. It is known that GS and CD may present with psychiatric disorders, but it is still unclear to what extend GS and CD plays a role in the pathophysiology of mood disorders.

Objectives and aims.– To report and discuss the possible role of GS and CD in the pathophysiology of mood disorders.

Methods.– An literature search was conducted using Pubmed, EMBASE searching for studies reporting GS, CD, and its possible role in the pathophysiology of mood disorders.

Results.– Several studies reported an association between CD, GS, and mood disorders. Especially the older population with comorbid GS had a significant increase of depressive symptoms or late-life depression (LLD) compared to elderly subjects without GS. It was also reported that gluten-free diets improved symptoms of LLD.

Conclusions.– We found a clear relationship between CD, GS and mood disorders. There is also sufficient evidence to recommend gluten-free diets in patients with mood disorders. However, further research is needed to disentangle the mechanisms of gluten-associated psychiatric conditions.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0111

Intervention for aversive memory reconsolidation – A critical review

L. Bolsoni*, A. Zuardi

FMRP-USP, department of neurosciences and behavioral sciences, Ribeirão Preto, São Paulo, Brazil

* Corresponding author.

Introduction.– Memories may be modified or interrupted because of the administration of drugs over a period called the “reconsolidation window”. In contrast to animal studies, reports on interventions during the process of memory reconsolidation in humans are scarce.

Objective.– To analyze studies on fear memory modifications in humans through pharmacological interventions during reconsolidation and to analyze the methodological difficulties associated with these studies.

Method.– PubMed, Scopus, Web of Science and SciELO were searched from inception to July 2016 in accordance with the PRISMA guidelines. The following keywords were used: [(memory) AND (consolidation OR reconsolidation) AND (pharmacological manipulation OR pharmacological intervention)]. Studies were included if they were original articles reporting on pharmacological interventions during aversive memory reconsolidation in humans.

Results.– Eight randomized, double-blinded clinical trials were included. Two studies used a protocol involving autobiographical aversive memories, and in the other six, the aversive memories were induced in the laboratory. The most commonly used drug was propranolol. In six studies pharmacological intervention occurred after memory reconsolidation. In one study it occurred before and after reconsolidation, while in another, intervention occurred after reconsolidation; however, the optimal timing of pharmacological interventions is a controversial issue in the field.

Conclusion.– Our results suggest that some pharmacological interventions can affect the reconsolidation of aversive memory. However, methodological difficulties are involved in this type of study. The issues raised in this review remain open given the small number of human studies. Therefore, there is urgent requirement for studies evaluating the issues discussed here.

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PW0112

Integrated behavioral health care: A global approach

E. Chapman¹, H. Raai², P. Montano³, L.C. Vo⁴, V. Pender⁵

¹ Montefiore medical center, psychiatry, Bronx, USA; ² Bronx Lebanon hospital center, department of psychiatry and behavioral sciences, Bronx, USA; ³ NYC health and hospitals/gouverneur health, behavioral health, New York, USA; ⁴ Icahn school of medicine at Mount Sinai, child and adolescent psychiatry, New York, USA; ⁵ Weill Cornell medical college, psychiatry, New York, USA

* Corresponding author.

Mental disorders are common worldwide and can impact all aspects of life. The World Health Organization ranks anxiety and depression among the most disabling conditions in terms of Years Lived with Disability, leading to high health care costs and loss of productivity. Meanwhile, there is a large gap in psychiatric care. In the United States only 1 in 5 adults with mental illness receives specialist treatment, with up to 60% of psychiatric care provided by Primary Care Physicians (PCPs). Integrated Care models, which are increasingly used for both medical and psychiatric conditions, attempt to bridge this gap. Behavioral Health Integration places mental health providers in primary care settings, with PCPs treating common mental disorders with support from case managers and psychiatrists. Given the global shortage of providers and the stigma around mental illness, Integrated Care can improve access to screening and treatment and reduce health care costs.

The American Psychiatric Association (APA) recognizes the importance of Integrated Care at a national and international level, and supported a panel presentation on Integrated Behavioral Health at the United Nations (UN) in June 2017. We build on this knowledge dissemination by describing Integrated Care models implemented in New York City, including in low resource and transcultural settings. We will discuss global applications of Integrated Care, and describe a collaboration with Afghani providers to improve recognition and treatment of mental disorders, arising from our presence at the UN. Finally, we will present our collective perspective on future directions for Global Mental Health.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0113

A novel SCL-90-R 6-item factor to identify subjects at risk of early adverse outcomes in public mental health settings

M. Curto^{1*}, C. Silvestrini², E. Pompili², P. Bellizzi², S. Navari², P. Pompili², A. Manzi², V. Bianchini², S. Ferracuti¹, G. Nicolò², R.J. Baldessarini³

¹ Sapienza university, neurology and psychiatry, Rome, Italy; ² ASL Rome 5, department of mental health, Rome, Italy; ³ Harvard medical school, department of psychiatry, Boston, MA, USA

* Corresponding author.

Introduction.– To increase access to treatment, Italy made access to community mental health centers (CMHCs) independent of medical referral, resulting in greatly increased in numbers of patients to be triaged efficiently.

Objectives.– To support this process, we evaluated ratings of SCL-90-R items to identify factors that predicted adverse outcomes by 3 months in a large CMHC sample.

Methods.– We evaluated all persons seeking first-time CMHC care in a 24-month sample. A psychiatric nurse screened all entering subjects with a brief clinical interview, CGI rating, and self-administered SCL-90-R and provided an ICD-9 diagnosis. We recorded their risk of suicide attempts and hospitalization over the following 3 months.

Results.– Of 832 screened subjects, 32 (3.85%) were hospitalized or attempted suicide within 3 months. Six initial SCL-90 items (#15, 41, 55, 57, 78, 88) scored much higher in these subjects. The 6-item sum is proposed as a new predictive measure. In multivariable logistic modeling, this factor, but not age, sex, or diagnosis was a strong predictor of adverse outcomes. By ROC-analysis, an SCL-6 cut-off score of ≥ 7.5 identified adverse outcomes with sensitivity of 72% and specificity of 73%.

Conclusions.– To supplement general clinical assessment, a novel 6-item factors derived from the SCL-90 was found to be a powerful predictor of severely adverse early outcome among psychiatric patients newly evaluated in a Roman CMHC. This simple, rapid screening tool may support timely identification of patients who require especially close follow-up.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0114

Child health clinical outcome review programme: Health care utilisation, care pathways and educational status in children and young people with mental health disorders

A. John¹, S. Demougin^{2*}, S. Rees³, T. Wang³, A. Akabri³

¹ Swansea university medical school, population psychiatry, suicide and informatics, Swansea, United Kingdom; ² Cardiff university school of medicine, division of population medicine, Cardiff, United Kingdom; ³ Swansea university medical school, the secure anonymised information Linkage Databank, Swansea, United Kingdom

* Corresponding author.

Introduction.– The diagnosis, management and services available for mental disorders are of growing concern and a source of controversy in the UK. Transitional care between child and adult services and the interface between primary and secondary/ specialist services is often disjointed. Thresholds for referral to Child and Adolescent Mental Health Services are high and many adolescents are treated, at least initially, in primary health care systems.

Objectives.– To use routinely collected healthcare datasets and data linkage to identify patterns of healthcare utilisation by children and young people with mental health disorders across the four UK Nations. We will determine the extent to which routinely collected datasets can contribute to an assessment of the health needs and the quality of care that children and young people with mental health disorders receive.

Methods.– Data has been requested from the national data providers in each country. A series of descriptive analyses were performed and methods were developed for cross-national comparisons to be made (e.g. Four Nation Person Spell).

Results.– It is feasible to explore healthcare utilisation across the four countries of the UK using routine data. However the recording, availability and access varied considerably between countries, making meaningful comparisons challenging.

Conclusions.– Routine data has the potential to make a difference to care. However collection and access needs to be standardised in order to improve efficiency and effectiveness in improving the care for children and young people with mental health disorders. MQ has funded an Adolescent Data Platform to facilitate this.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0116

Correlates of mental healthcare use: A research of social inequalities of mental healthcare use on a French representative transversal survey

J.B. Hazo^{1*}, P. Amélie¹, D. Christel¹, R. Jean-Luc², C. Karine¹

¹ INSERM, UMR-S 1123, Eceve, Paris, France; ² EPSM Lille Métropole, centre collaborateur OMS, Lille, France

* Corresponding author.

In order to reduce the mental health treatment gap, additional knowledge should be gathered on factors associated with mental healthcare use.

This study aims to identify individual and environmental correlates of mental healthcare use among people suffering from mental disorders.

Our study is based on a cross-sectional survey called “Mental Health in the General Population” undertaken in France between 1999 and 2003. Among the 39,617 individuals included in the survey, 13,565 (34%) were identified as suffering from mental disorders through the MINI. Mental healthcare use was assessed considering GP, psychiatrists, nurses and psychotherapist consultations as well as day hospital visits and full-time hospitalizations. Potential correlates taken into account included clinical and subjective need-of-care, employment status, education, income, migration, social support, mental health literacy, stigma as well as religiosity and informal healthcare use. At environmental level, were considered (mental) healthcare characteristics of the psychiatric sector, as well as socioeconomic territorial variables and urbanicity. Factors associated with mental healthcare use were identified using a multi-level logistic regression model following the conceptual framework of Andersen’s health service use model.

Results showed no mental health use disparities based on income and educational attainment. However, not using healthcare was associated with being male, young, not feeling sick, being from an extra-European origin or living in French overseas territories, being Muslim, using religious care, having poor social support, stigmatizing mental health and poor mental health literacy.

Results will be completed by a research of moderators and mediators within the correlates.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0118

Prevention program workshops are evaluated for their long term effectiveness

S. Kocijančič*, V. Švab

Faculty of medicine, university of Ljubljana, department of psychiatry, Ljubljana, Slovenia

* Corresponding author.

Introduction.– The project in reflection is a prevention program with anti-discriminatory workshops that are performed by medical students for high-schoolers to inform them about mental disorders, de-stigmatization and for raising mental health awareness.

Objectives.– The goal was to evaluate the anti-discriminatory effect of the workshops on adolescents attitudes towards mental disorders at several different times.

Methods.– The workshops were performed in different schools in Slovenia, where 288 high-schoolers participated. The questionnaire was handed out before and after the workshop and a year later in order to determine the change in the attitude of the participants towards mental disorders with a Likert scale. Peer to peer method of education was used in a classrooms of approx. 30 high-schoolers each. Standard paired *T*-test was used, with a value of $P < 0.05$.

Results.– 288 high-schoolers participated in the workshops and answered in the before and right after the workshop questionnaire. 1 year later, the assessment was repeated in the same sample group. Standard *t*-test comparison before the workshop and 1 year later showed a large improvement towards less stigmatizing attitude. Comparison between the workshop assessment at conclusion and a year later showed also a small improvement, without a booster session in between.

Conclusion.– The results show improved attitudes of adolescents at the conclusion of the workshops towards a less stigmatizing attitude. A year later the improvements are still seen on a smaller scale.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0119

Pathway to care in mental health settings: First contact in treatment seeking and mode of referral to a tertiary care psychiatric facility in Islamabad

S. Mansoor^{1*}, T. Mansoor²

¹ Senior Registrar, department of psychiatry, foundation university medical college, Islamabad, Pakistan; ² National university of medical sciences, behavioral sciences team, multidisciplinary department, Rawalpindi, Pakistan

* Corresponding author.

Introduction.– The understanding of pathway to care helps to improve the utilization of mental health services.

Objective.– To assess the factors associated with the first contact of patients and the mode of referral to a private tertiary care psychiatric facility in Islamabad, Pakistan.

Methods.– Through convenience sampling, 246 patients making their first contact with a psychiatric facility in Islamabad from June to Dec 2016 were made part of the sample. For each patient, the age, gender, educational status, marital status, locality of residence, monthly family income, first contact in treatment seeking and mode of referral to psychiatric service were recorded. Data was analyzed using SPSS 20.0.

Results.– Out of 246 patients (61.4% females and 38.6% males), the majority of patients (38.2%) consulted faith healers as their first contact for mental health care, followed by general practitioners (23.2%), medical specialists (14.6%) and traditional medical practitioners (14.2%). Only 9.8% patients reported to a psychiatrist directly. Local general practitioners were the primary source of referral to psychiatric services in majority of patients (40.7%). The educational status, monthly family income and locality of residence were significantly associated with the choice of first contact; patients from rural background with no formal education and low monthly income were more likely to seek care from faith healers.

Conclusion.– Strategies to improve pathways to mental health care must aim to foster collaboration between key community-based providers and specialist mental health services, particularly in rural areas with low literacy rates and poor socio-economic settings.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0120

The relationship between alexithymia and depression among medical students from preclinical years

M. Iorga¹, C. Munteanu^{2*}, C. Dondas³, S. Socolov⁴, T. Pantilimonescu⁴, I.M. Gavrilesu⁴

¹ University of medicine and pharmacy “Grigore T. Popa”, behavioral sciences, Iasi, Romania; ² “Gr. T. Popa” university of medicine and pharmacy, general medicine, Iasi, Romania; ³ University of medicine and pharmacy “Grigore T. Popa”, career counseling, Iasi, Romania; ⁴ University of medicine and pharmacy “Grigore T. Popa”, general medicine, Iasi, Romania

* Corresponding author.

Introduction.– Alexithymia is a multidimensional construct that is responsive to depression and situational stressors.

Objectives.– The aim of this study is to investigate the relationship between alexithymia and depression among medical students enrolled in the pre-clinical years of study.

Methods.– A number of 155 medical students (43 males, 112 females) took part in this study, 97 in 1st year and 58 in the 2nd year. The students were asked to fill a questionnaire containing socio-demographic information. Two instruments were used: Toronto Alexithymia Scale (measuring the level of alexithymia) and Beck Depression Inventory (measuring the level of depression). Spearman correlations for the correlational analysis and Independent Samples *T*-Test for the comparative analysis were used.

Results.– A strong positive correlation between the total score for depression and the total score for alexithymia ($r = 0.442$, $P = 0.000$) was identified, the more depressed the subjects are, the higher their alexithymia score will be. No significant differences were found between the subjects in the 1st year and the subjects in the 2nd year regarding the total score for the alexithymia, and for two of its factors (difficulty describing feelings and difficulty identifying feelings). Externally oriented thinking dimension produces significant differences ($t(151) = -3.584$, $P = 0.000$), the students from the 2nd year ($M = 19.45 \pm 4.89$) proving being more externally oriented thinking than their freshman colleagues ($M = 16.76 \pm 4.24$).

Conclusions.– It is important to identify the causes of depression among medical students in order to create effective psychological strategies.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0123

Are patients with mental disorder who address a primary care doctor in Greece slipping through the cracks?

I. Papachristopoulos^{1*}, A. Konstantopoulou¹, M. Leotsinidis¹, P. Gourzis², E. Jelastopulu¹

¹ University of Patras, department of public health, medical school, Patras, Greece; ² University Hospital of Patras, department of psychiatry, Patras, Greece

* Corresponding author.

Introduction.– A patient with mental disorder will first approach a primary care physician who should recognize, treat and manage the mental illness. In Greece, doctors of primary care are considered the general practitioner (GP) as well as the internist who has an office-based practice, acting as a gatekeeper.

Objectives.– To investigate the diagnostic skills and management of patients with mental disorders in a primary care setting.

Methods.– A standardized questionnaire with 6-point Likert scale was designed addressing GPs and internists. 521 primary care doctors anonymously completed the 24-item questionnaire nationally. SPSS 24 software was used for the data analysis.

Results.– GPs attend psychiatric conferences and small-group clinical tutorials more often than the internists (53.2% and 38.3% vs 27.3% and 18.4%). Only the 43.9% of GPs and the 30% of internists consider their training in psychiatry sufficient. GPs are feeling more confident to diagnose a mental disorder (68.6%) and are more aware of the medication they must follow (77.9%) than the internists (46.5% and 44%, respectively). GPs are more reluctant to directly refer a patient with mental disorder to a psychiatrist than the internists (32% vs 76.2%).

Conclusions.– The training of a primary care doctor seems to minimize the referrals to specialized care thus mitigating the risk of a patient to quit or delay the visit to the psychiatrist. Nevertheless, physicians' sense of inadequate literacy underlines the need

for their further and continuous training in mental health problems, especially for the internists, as to ensure the proper management of such patients.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0124

Predicting factors of an acute hospitalization from a mobile psychiatry unit

L. Pujol Canadell¹, M. Angelats Martin¹, J. León^{1,2}, Á. Malagón¹, M. Bellsolà¹, A. González¹, A. Brown³, L.M. Martin¹, V. Pérez^{1,2,4}, D. Córcoles¹

¹ Instituto de Neuropsiquiatría y Adicciones INAD, Parc de Salut Mar, Psychiatry, Barcelona, Spain; ² Institut Hospital del Mar d'Investigacions Mèdiques, IMIM, Psychiatry, Barcelona, Spain;

³ CISSS, Chaudière-Appalaches, Centre hospitalier affilié universitaire, Hôtel-Dieu de Lévis, Psychiatry, Lévis Québec, Canada; ⁴ CIBERSAM, Centro de Investigación Biomédica en Red de Salud Mental, Barcelona, Spain

* Corresponding author.

Introduction.– The main assistance method during an acute decompensation of mental illness is the hospitalization and it is often used as the first step to enter in the mental health system. Studies describing mobile psychiatry unit (MPU) were first made during the 1970s but, until today, determinants of income on MPU patients have not been assessed.

Aim.– To determine which factors can help a MPU to predict the hospitalization of a patient.

Methods.– A total of 1672 visits made by MPUs were analyzed from 2007 to 2016. Sociodemographic and clinical variables were collected. Other parameters, such as severity, disability and aggressiveness were also assessed according to different scales. We performed a multivariate logistic regression using SPSS 20.0 package to determine the relative contribution of each variable.

Results.– The sociodemographic and clinical variables including mean age, low education level, treatment non-adherence, previous linkage to mental health care, reason of consultation, diagnosis and scales such as AVAT, WHO/DAS, Total SPI, mean CGI and GAF were statistically significant ($P < 0.05$). The best logistic regression model showed that age, drug use and higher scores on the GAD scale were protective factors while higher scores on GEP, AVAT and CGI were risk factors of hospitalization.

Conclusions.– Psychiatric hospitalizations from a MPU seems to be guided by symptom severity. Substance abuse, previous treatment adherence, aggressive behavior and low level of functioning are important factors. Differences detected between other psychiatric units suggest that more studies should be performed.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0126

Evolution of addressability for psychiatric services in a rural area of Romania

M. Sarpe¹, B. Mihai², L. Maria²

¹ Psychiatry, outpatient care unit, Sarpe Marcel, psychiatry, Focsani, Romania; ² University of medicine and pharmacy “Carol Davila”, psychiatry, Bucharest, Romania

* Corresponding author.

Introduction.– Fear of stigma related to psychiatric disorders is still strong in Romanian rural areas.

Objectives.– The paper evaluates the evolution of the addressability of rural population for psychiatric outpatient treatment over two years.

The perception of Romanian rural patients regarding the opportunity and usefulness of psychiatric treatment is evaluated, based on statistical analysis.

Methods.– The population of a large rural area was monitored and the addressability was measured. The psychiatric disorders of the presenting outpatients were analyzed, so that the main reasons for presentation could be identified.

Results.– Vrancea County's area is of 4857 km², and a population of about 350,000 people. From them, the rural population is about 220,000 people, about 66% of the people from the county.

The results showed that about 45% of the patients suffered from Major Depressive Disorder, about 40% suffered from Anxiety Disorders, about 10% presented with other Psychiatric problems, like Somatoform Disorders, and the rest, about 5% with Psychotic Spectrum Disorders.

Conclusions.– Although stigma related to psychiatric disorder is still important in rural areas, due to psycho-education and the means that raise the awareness in population, this fear is decreasing.

We also want to stress out about the fact that about 30,000 people from this county works abroad our country, especially in Italy and in Spain, and their addressability to Romanian medical services are more important in the summer months, when they return home, for holiday.

As a conclusion, people begin to be more educated and the number of patients who reach out for psychiatric treatment is increasing.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0127

The relationship between personality traits and burnout among medical students from preclinical years

M. Iorga¹, C. Dondas², S. Socolov³, I.M. Gavrilescu⁴, T. Pantilimonescu⁴

¹ University of medicine and pharmacy “Grigore T. Popa”, Behavioral Sciences, Iasi, Romania; ² University of medicine and pharmacy “Grigore T. Popa”, Career Counselling, Iasi, Romania; ³ “Gr. T. Popa” university of medicine and pharmacy, general medicine, Iasi, Romania; ⁴ University of medicine and pharmacy “Grigore T. Popa”, general medicine, Iasi, Romania

* Corresponding author.

Introduction.– There is a high risk of burnout among medicals students with a negative impact on their psychological well-being and academic performance.

Objectives.– The aim of this study is to investigate the relationship between personality traits and the level of burnout among students enrolled in the pre-clinical years of study.

Methods.– A number of 155 medical students (97 from 1st year and 58 from 2nd year) answer to two instruments: Big Five Inventory – to identify the personality traits and Maslach Burnout Inventory to measure the level of burnout. Socio-demographic data were also registered.

Results.– Emotional exhaustion correlated with extraversion ($r = -0.271$, $P = 0.001$), agreeableness ($r = -0.232$, $P = 0.004$), neuroticism ($r = 0.425$, $P = 0.000$) and openness ($r = -0.291$, $P = 0.001$). Depersonalization correlated with conscientiousness ($r = -0.185$, $P = 0.023$), agreeableness ($r = -0.249$, $P = 0.002$), and extraversion ($r = -0.291$, $P = 0.000$) and personal achievement correlated with extraversion ($r = 0.226$, $P = 0.005$), agreeableness ($r = 0.194$, $P = 0.016$) and openness ($r = 0.187$, $P = 0.020$). Students from 2nd year

seem to be more emotionally exhausted and obtained higher scores for depersonalization.

Conclusions.– A strong interdependence between personality factors and the burnout dimensions was identified. Students from 2nd year of study are more emotionally exhausted and have higher level of depersonalization comparing to freshman students, academic strategies should be reconsider in order to prepare them for the clinical years of their medical formation.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Mental Health Policies / Promotion of Mental Health

PW0129

Relationships between youth sports participation and mental health in young adulthood among Finnish males

K. Appelqvist-Schmidlechner^{1*}, J. Vaara², A. Häkkinen³, T. Vasankari⁴, J. Mäkinen², M. Mäntysaari⁵, H. Kyröläinen⁶
¹ National institute for health and welfare, mental health unit, Helsinki, Finland; ² National defence university, the department of leadership and military pedagogy, Helsinki, Finland; ³ University of Jyväskylä, health sciences, Jyväskylä, Finland; ⁴ UKK institute for health promotion, UKK institute for health promotion, Tampere, Finland; ⁵ Centre for military medicine, centre for military medicine, Helsinki, Finland; ⁶ University of Jyväskylä, department of biology of physical activity, Jyväskylä, Finland

* Corresponding author.

There is a growing body of evidence that higher level of physical activity is associated with a better state of mental health. Less is known about the relationships between youth competitive sports and mental health in the adulthood. The aim of the study was to examine whether retrospectively assessed sports participation (SP) and competitive sports (CS) at the age of 12 years is associated with mental health (mental well-being as well as mental distress) and health behaviour in young adulthood among males.

The study sample consisted of 680 males aged between 20–35 years. The data were gathered with self-administered questionnaires in 2015 in Finland. Mental well-being was measured with SWEMWBS and mental distress with five items of SF-36 scale. SP at the age of 12 is associated with better mental health in young adulthood, with both mental well-being (OR=1.86, 95% CI 1.11–3.11) as well as mental distress (OR=0.61, 0.41–0.90). Age, years of education and current physical activity were controlled. Higher level of intensity of SP or the level of CS in childhood was associated with lower level of mental distress in adulthood. No association was found between the level of CS in childhood and mental well-being in adulthood. Further, the study showed that youth SP can present a higher risk for increased alcohol consumption and use of snuff and tobacco in adulthood.

Despite negative outcomes related to health behaviour, the findings provide support for the association between youth sports participation and mental health outcomes in adulthood among males.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0131

Talking about suicide: Reaching our community with the “Setembro Amarelo” campaign

P. Barbosa^{*}, S. Farinha-Silva, A. Matos-Pires
 ULSBA, Serviço de Psiquiatria, Beja, Portugal

* Corresponding author.

Introduction.– “Setembro Amarelo” (translation: “Yellow September”) is a Suicide Prevention campaign created in Brazil in 2015. September, 10th is World Suicide Prevention Day and the campaign extends the activities across the whole month to raise awareness for this problem. In Portugal, Beja has one of the country’s highest suicide rates. This fact made the local hospital’s Psychiatry Department and Aris da Planície association promote the “Setembro Amarelo” campaign for the first time in Portugal on September 2017.

Objective: To review the activities held during the “Setembro Amarelo” campaign.

Method.– Interviewing organizers, participants and collecting information from the campaign materials.

Results.– The first edition of “Setembro Amarelo” campaign in Beja consisted of several activities for the community. Four conferences were held with psychologists and psychiatrists, who also gave weekly interviews on a local radio station. Two booklets on suicide awareness were distributed in the city with help of college students. On World Suicide Prevention Day there was a bike ride linked to the “Cycle around the globe” campaign from International Association for Suicide Prevention. Four gyms also contributed to this activity. There was also a workshop on suicide risk assessment for health-care professionals.

Conclusion.– Suicide awareness campaigns are very important in a region who is specially affected by this problem. The campaign “Setembro Amarelo” was very well received by the local authorities, business and media. These partners were found to be very helpful and important allies when promoting mental health in the community.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0132

From self-centered services to user-centered services: An Italian experience of services system change

P. Carozza

Mental Health Authority, mental health department, Ferrara, Italy

* Corresponding author.

Introduction.– In the Italian Health Reform, despite the existence of the law 180/78, many services’ systems are mainly oriented to “stabilize” the symptoms and to “replace” permanently many clients in the psychiatric residential facilities, often reproducing a marginalized way of living, instead fostering recovery processes. Other critical points:

- families involvement in their relatives’ treatment plan not delivered on regular basis;
- increased number of clients placed into public and private psychiatric residential facilities with increased health care costs;
- low monitoring of treatments’ effectiveness (outcomes evaluation);
- lack of recovery oriented competence curricula.

Objective.– It became clear that the traditional treatments, medication and crisis interventions, had shown their- selves inadequate to meet the different needs of people with psychiatric disabilities/substance abuse and insufficient to increase role functioning

in the real world. So, we should have paid a greater attention to the tools and the methods with which to counteract the disabling effects of mental illness and substance abuse.

Method.– It will be described how to develop a services system's change, adopting an holistic approach (people, before being defined as diagnosis, are persons, with three closely connected dimensions: biological, psychological, social), with the purpose to increase the social functioning and subjective well-being of users.

Results and conclusion.– The results of a Italian system services process of change are reported and acquisitions gained about system sustainability to transfer EB and recovery principles in the practice are highlighted.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0136

Priorities for funding, research capacity and infrastructures in European mental health research, results from a dedicated Roamer work-package

J.B. Hazo^{1*}, B. Matthias¹, G. Coralie¹, L. Marion², C. Karine¹, C. Roamer³

¹ INSERM, UMR-S 1123, ECEVE, Paris, France;

² French National Science Foundation, Foundation FondaMental, Créteil, France; ³ Roamer, Consortium, Paris, France

* Corresponding author.

The growing epidemiological and economic burdens of mental disorders have to be matched by European mental health research funding, capacities and infrastructures. Europe is in a competitive position in terms of health research resources but, on the mental health field, there is room for improvement in term of coordination and development of such resources. Consequently, an inventory of existing research capacities has been realized as well as a estimation of mental health research funding at both EU and national levels. These works were presented to experts in focus groups allowing the identification of eight overarching goals and consensual emergence of seventeen corresponding recommendations. They are all aiming at research capacities building – adapted to the diversity of national situations – in order to give mental health research the human, structural and financial means needed to face the existing and coming challenges in the field.

Funding.– The research leading to these results has received funding from the European Commission's Seventh Framework Programme (FP7,2007–13) under grant agreement number 282586, and from the National R&D Internationalisation Programme of the Spanish Ministry of Science and Technology under Reference ACI-PRO-2011-1080

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0139

Preliminary study on the efficacy of the MIND programme for cancer patients

I.A. Trindade, C. Ferreira, J. Marta-Simões*, A.L. Mendes, J. Pinto-Gouveia

CINEICC, cognitive and behavioural center for research and intervention university of Coimbra, clinical psychology, Coimbra, Portugal

* Corresponding author.

Several meta-analyses have suggested that more studies should test mindfulness-based interventions in cancer patients due to the small effect sizes usually found in mental and physical health outcomes. The MIND Programme (which includes 8 weekly group sessions) is an acceptance, mindfulness and compassion-based intervention, and the first programme for cancer patients to explicitly include these three components together.

Participants were recruited at the Radiotherapy Service of the Coimbra University Hospital. Participants were randomly assigned to the experimental group (TAU+MIND; $n = 15$; no dropout) or the control group (TAU; $n = 17$).

It is apparent from the subjective evaluations of the programme that it seemed useful and relevant for the majority of the patients, helping them to deal better with cancer-related issues and difficult thoughts and emotions. Results revealed that the experimental group presented a significant increase (from the pre-intervention to the post-treatment assessment) in psychological health in comparison with the control group ($t_{(30)} = -2.24$; $P < 0.05$), with a large effect size (Cohen's $d = -0.79$). The experimental group also presented increases in physical health ($d = -0.16$) and social relationships ($d = -0.42$), and decreases in depression ($d = 0.42$), anxiety ($d = 0.08$), and stress ($d = 0.32$).

Although the majority of the mean differences were not statistically significant, probably due to the small sample size, their effect sizes were generally superior to those found in meta-analyses regarding psychological interventions for cancer. These findings suggest that the MIND programme may improve cancer patients' mental health, social functioning and adjustment to the disease, and might be a relevant contribution. Further implications and conclusions will be discussed.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0140

Elements of self-compassion and self-judgment in body appreciation

J. Marta-Simões, C. Ferreira

CINEICC, cognitive and behavioural center for research and intervention university of Coimbra, clinical psychology, Coimbra, Portugal

* Corresponding author.

Body appreciation, an aspect of positive body image, defines as an attitude of acceptance, respect and affection toward one's unique body characteristics. Although one of the roots of positive body image refers to Buddhism (e.g., self-compassion), the relationship between self-compassion and body appreciation remains scarcely studied.

The aim of the study was to explore the contribution of the main components of self-compassion (mindfulness versus over-identification, common humanity versus isolation and self-kindness versus self-judgment) for the explanation of the construct of body appreciation.

The study's sample was composed of 848 women, aged between 18 and 35. Participants completed demographic and self-report questionnaires (accessing self-compassion and body appreciation). Descriptive and correlation analysis explored sample's characteristics and relationships among variables. A path analysis explored the effects of self-compassion's component on body appreciation (while controlling the effect of BMI).

The overall model explained 25% of body appreciation's variance and showed that common humanity and self-kindness contribute positively to body appreciation, while self-judgment contributes negatively to body appreciation. Mindfulness, overidentification

and isolation did not reveal significant direct effects on body appreciation.

This study seems to suggest that encompassing kindness to oneself, instead of self-criticism and judgment, and regarding one's experiences as part of a broader human experience, should be considered in the equation when explaining women's body appreciation. These results appear to be particularly important to guide the design of programs to prevent body image and eating-related disturbances (via the promotion of body appreciation), in which the cultivation of self-compassion has proved its efficacy.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0141

Do lithium and arsenic in drinking water influence suicide risk?

M. Pompili

Sapienza University of Rome, department of neurosciences, mental health and sensory organs, Rome, Italy

* Corresponding author.

The research tested the hypothesis that both natural-cause and suicide death rates would be higher with greater trace concentrations of arsenic, on the contrary that suicide rates would be lower in sites with higher concentration of lithium in drinking water. Arsenic and lithium concentrations in drinking-water samples from 145 sites were assayed by mass spectrometry, and correlated with local rates of mortality due to suicide and natural causes between 1980 and 2011, using weighted, least-squares univariate and multivariate regression modeling. Arsenic levels were negatively associated with corresponding suicide rates, consistently among both men and women in all three study-decades, whereas mortality from natural causes increased with arsenic levels. Contrary to an hypothesized greater risk of suicide with higher concentrations of arsenic, we found a negative association, suggesting a possible protective effect, whereas mortality from natural causes was increased, in accord with known toxic effects of arsenic. A proposed association between trace lithium concentrations in drinking water and risk of suicide was only partially supported, and mechanisms for potential clinical effects of trace levels of lithium are unknown.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0143

Anti-stigma effect of a Consumer-Initiated Program with contact in mental illness

M. Seo

Gyeongsang national university, department of social welfare, Jinju, Republic of Korea

* Corresponding author.

Introduction.– Based on Allport's contact hypothesis, we propose that contact among members of different groups can reduce uncertainty and anxiety against the other group and conversely increase positive attitude toward each other. Contact is considered as the most effective strategy for anti-stigma. Contact with mental illness is generally utilized in the consumer-initiated program.

Objectives.– This study aims to analyze the anti-stigma effect of consumer-initiated program ("contact group") in comparison with provider-led program ("education group") and control group. 117 adult subjects were divided to these three groups. Two-way ANOVA was used to compare the pre- and post-prejudice scores

(sub factors: dangerousness, incompetence, inability to recover) to persons with mental illness among three groups.

Results.– We observed a significant interaction effect between groups and times in all three sub-factors of prejudice (dangerousness: $F=4.125$, partial $\eta^2=.035$, $P=.017$, inability to recover: $F=3.463$, partial $\eta^2=.029$, $P=.033$, incompetence: $F=5.463$, partial $\eta^2=.046$, $P=.005$). "Contact group" showed a significantly decreased all three sub-factors of prejudice than two other groups ("education and control group"). "Education group" also revealed a relative decrease in prejudices compared with control group although it was not great than the contact group.

Conclusion.– In this study, we showed the anti-stigma effect of consumer-initiated program in contact with mental illness. This program is also expected to be very effective to overcome the self-stigma of the persons with mental illness. In this context, we propose that this program can be used for the elimination of social stigma and self-stigma in our society.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0144

Social capital and ethical climate in hospitals: A scale development to evaluate the supportive work environment for hospital nurses

M. Tominaga^{1*}, M. Nakanishi²

¹ *Kyoto Tachibana university, faculty of nursing, Kyoto, Japan;*

² *Tokyo Metropolitan Institute of medical science, mental health and nursing research Team, Tokyo, Japan*

* Corresponding author.

Introduction.– The number of cases of workers' accident compensation owing to mental illness has been increasing in Japan. Medical and welfare ranked first in all industries for number of cases. 'Trouble with a supervisor' and 'harsh harassment, bullying, and violence' were ranked first and second, respectively, in types of events; and 'nurse' ranked seventh among occupations.

Objectives.– To foster a supportive work environment for hospital nurses, we aimed to develop a scale to assess social capital and ethical climate in hospitals and to examine its reliability and validity.

Methods.– Approval for this study was obtained from the institutional ethics committee. A three-round panel survey using the Delphi technique was conducted with nursing department directors ($n=74-78$) to reach consensus about original question items. After careful selection of the items through panel survey, we conducted another survey on staff nurses using factor analysis and examined the reliability and validity of the items. To examine criterion-related validity and construct validity, we calculated correlation coefficients using the Practice Environment Scale of the Nursing Work Index and a scale for psychological distress (K6) as external criteria.

Results.– The response rate was 83% ($n=779$). Factor analysis revealed three factors showing 67.96% of the cumulative contribution ratio. Three factors—'social capital in the workplace', 'ethical leadership', and 'exclusive workplace climate'—showed high Cronbach's alphas (0.87–0.95) and moderate correlation coefficients with the external criteria.

Conclusions.– The reliability and validity of the new scale to assess the supportive work environment of hospitals were confirmed.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0145

Do older adults with HIV know how to protect or improve their cognition?

D. Vance^{*}, P. Fazeli

University of Alabama at Birmingham, school of nursing, Birmingham, USA

* Corresponding author.

Introduction.– HIV-Associated Neurocognitive Disorder (HAND) occurs in 52–59% of adults with HIV; the prevalence and severity of HAND will increase with age. Such adults may be able to protect/improve their cognition through lifestyle behaviors (e.g., physical activity, nutrition).

Objective.– To develop a lifestyle intervention to address HAND, it is necessary to determine what older adults with HIV know about their own brain health and how it impacts cognition.

Aim.– This focus group study examined what 30 older (50+) African American and Caucasian men and women know about protecting/improving brain health and cognition. This study was approved by IRB.

Methods.– Four focus groups were asked open-ended questions about their knowledge between cognitive health and physical activity, nutrition, intellectual activity, mood, sleep hygiene, social activity, drug/alcohol use, and cognitive rehabilitation.

Results.– Most older adults reported cognitive problems in the ability to remember and slower processing speed that interfered with driving and medication adherence. Although the detrimental relationship between drug/alcohol use and cognition was clearly articulated, these older adults were less certain about how lifestyle factors could affect cognition. Furthermore, when presented a template of an individualized cognitive-behavioral intervention, most indicated they would like to participate in such a rehabilitation program designed to protect/improve cognition via physical exercise, nutrition, et cetera.

Conclusion.– Older adults with HIV are receptive to a formal cognitive rehabilitation program that may protect/improve their cognition. The psychoeducational components of such a program that focuses on physical exercise, social engagement, and so forth are amenable to delivery individually or in group settings.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0147

The use of leverage to influence adherence to psychiatric treatment in Hong Kong

W.C. Chan¹, C.S. Wong^{1*}, C.S. Lai¹, T. Burns²¹ The University of Hong Kong, Department of Psychiatry, Hong Kong, Hong Kong S.A.R.; ² University of Oxford, Department of Psychiatry, Oxford, United Kingdom

* Corresponding author.

Introduction and objectives.– Leverage refers to an informal practice whereby practitioners attempt to influence patients' treatment adherence. We would like to report on the interim results of the first study in Hong Kong examining the prevalence and correlates of leverage in the local mental healthcare.

Methods.– This is an ongoing study in which patients attending psychiatric services were recruited. The use of leverage in areas including finance, housing, child custody and criminal justice were assessed using structure interviews. Participants' clinical data comprising age of onset, age of first contact with mental health services, number of hospitalisations, frequency of visits to outpatient clinics, suicide history and forensic record were retrieved from their electronic medical records.

Findings.– To date, 114 participants were recruited from three psychiatric centres (59 from personalised care programmes, 28 from community psychiatric services, and 27 from substance abuse clinics). The mean age of the participants was 46.8 years, and around two-thirds were men. Their primary diagnoses were schizophrenia-spectrum disorders (45.6%), substance use disorders (22.8%) and depression (20.2%). Nearly 30% of the patients reported experiencing leverage. Financial leverage was the most commonly reported (22.8%), followed by housing leverage (11.4%). Patients who reported experiencing leverage were younger when they first contacted with mental health service ($P < 0.001$) and first admitted to psychiatric hospital ($P < 0.01$), and their interval period between outpatient follow-up were longer ($P < 0.05$).

Conclusions.– The use of leverage is as common in Hong Kong as reported in other countries. Whether it improves adherence to psychiatric treatment warrants further investigation.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Child and Adolescent Psychiatry - Part II

PW0148

Free-T3 as a biological marker for a subgroup of children with ADHD

H. Caci^{1*}, P. Panaïa-Ferrari², I. Henri¹¹ Hôpitaux pédiatriques, CHU Lenval de Nice, pediatrics, Nice, France;² Centre hospitalier universitaire de Nice, biochemistry, Nice, France

* Corresponding author.

Introduction.– Thyroid function of children with ADHD has been studied with an equivocal way. Some authors noticed similarities between ADHD symptoms and the Thyroid Hormone Resistance while others concluded that the thyroid function was normal based either on total-T3, free-T3, total-T4, free-T4 or TSH (Thyroid Stimulating Hormone). However, environmental factors may affect the thyroid function resulting in ADHD-like symptoms.

Objectives.– Our hypothesis was that a subgroup of children with ADHD would have higher levels of free-T3 (that is, the active hormone) and nevertheless has normal free-T4 and TSH levels.

Methods.– Retrospective analyses of systematic biological assays performed before prescribing any psycho-stimulant treatment to a child formally diagnosed with ADHD in our department since 2001.

Results.– No hypothyroid or hyperthyroid case in our sample of 498 children (including 90 girls). No effect of age and sex on free-T3, free-T4 and log(TSH) whatever the technique used (IECL/Centaur, EIA/Beckman, CMIA/Architect et ECLIA/Roche). 128 children (25.7%) had free-T3 levels beyond the reference interval provided by the laboratories on result sheets. Considering the two most frequent techniques, binomial law showed that 62 children out of 401 (15.5%) had free-T3 levels beyond the percentile 97.5 calculated on very large samples of children. Among them, the odds-ratio for a comorbid Oppositional Defiant Disorder (ODD) was 2.01 ($P < .05$).

Conclusions.– Analyses should be replicated in a multicentre, prospective and controlled study. The role of an isolated high free-T3 in ODD should be investigated. Finally, environmental factors should be investigated to understand the underlying mechanisms.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0150

Psychosomatic symptoms in early adolescents and association with sociodemographic risk factors

J. Hamidovic¹, L. Dostovic Hamidovic², Z. Selimbasic¹, M. Hasanovic¹

¹ University clinical center Tuzla, department of psychiatry, Tuzla, Bosnia, Herzegovina; ² University clinical center Tuzla, department of pediatrics, Tuzla, Bosnia, Herzegovina

* Corresponding author.

Keywords: Psychosomatic symptoms; Early adolescents

Aim.– The aim is to analyze the psychosomatic symptoms in early adolescents and association with sociodemographic risk factors.

Subject and methods.– We analyzed a group of 240 early adolescents (11–15 years) from the area of Tuzla Canton, Bosnia and Herzegovina, in the general population. The sample was selected because it is early adolescence vulnerable period in the growing up of children and emotional and psychological development. For the assessment of children's psychosomatic symptoms, the Psychosomatic symptoms questionnaire (PS) is used. For the assessment association between sociodemographic risk factors and psychosomatic symptoms in early adolescents we used Pearson correlation test.

Results.– According PS questionnaire, the obtained results showed that gastrointestinal, pseudoneurological and painful symptoms are most commonly present in early adolescents. The results of correlation sociodemographic risk factors and psychosomatic symptoms, showed that low family economic status, leads to a higher incidence of painful symptoms (headaches) and cardiovascular symptoms in early adolescents ($P < 0.05$). Living in a rural environment is associated with a higher incidence of respiratory symptoms, cardiovascular symptoms (excessive sweating) and gastrointestinal symptoms (feeding problems) ($P < 0.05$). Children of unemployed mothers more often show a lack of energy ($P < 0.05$). Disturbed family relationships are significantly associated with febrility ($P < 0.05$).

Conclusion.– The obtained results of this study indicate that early adolescents showed significant level of different psychosomatic symptoms. There is a significant correlation between sociodemographic risk factors (employed mothers, place of living, the economic status of the family, disturbed family relationships) and psychosomatic symptoms in early adolescents.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0151

Psychological distress and health-related quality of life in parents of children referred to an outpatient service for children with developmental difficulties

A. Karaivazoglou¹, K. Assimakopoulos², E. Papadaki¹, G. Iconomou², G. Touliatos¹, S. Kotsopoulos¹

¹ EPSYPEA, day centre for children with developmental disorders, Mesolonghi, Greece; ² University of Patras, department of psychiatry, Rion, Patras, Greece

* Corresponding author.

Introduction.– Parents of developmentally impaired children frequently suffer from somatic and psychological complaints and report low levels of health-related quality of life (HRQOL).

Objectives.– The aim of the current study was to measure anxiety and depressive symptoms and health-related quality of life

in parents of children referred for developmental evaluation and determine their demographic correlates.

Methods.– The Hospital Anxiety and Depression Scale (HADS) and the Short Form-36 Health Survey (SF-36) were used to assess anxiety, depression and HRQOL, respectively.

Results.– 126 parents participated to the study, 91 with a child referred for psychiatric and developmental evaluation and 35 with mentally and physically healthy children. Parents of developmentally impaired children reported increased levels of anxiety ($P = 0.004$) and depression ($P = 0.000$) and lower scores in social functioning ($P = 0.002$) and mental health ($P = 0.017$) compared to parents of healthy children. Among parents of children with developmental deficits, mothers reported increased anxiety symptoms ($P = 0.018$) and lower levels of vitality ($P = 0.009$), social functioning ($P = 0.007$) and mental health ($P = 0.009$). In addition, the number of children in the family was correlated with higher anxiety scores ($r = 0.287, P = 0.010$), while older child's age was significantly associated with anxiety symptomatology ($r = 0.351, P = 0.001$), more role limitations due to emotional problems ($r = -0.325, P = 0.003$) and worse mental health ($r = -0.311, P = 0.004$). No other significant correlations emerged between psychosocial measures and demographic variables.

Conclusions.– Parenting children with developmental difficulties is associated with significant psychological distress and disturbed HRQOL. Mothers, parents in large families and parents of older children appear more prone to display psychosocial dysfunction.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0152

Online and offline deviant behavior in Russian adolescents: Results of population study of parent–child pairs

A. Yarmina¹, G. Soldatova¹, S. Khrushchev^{2*}, E. Rasskazova³, A. Tkhostov⁴

¹ Lomonosov Moscow State university, department of psychology, Moscow, Russia; ² National research center for hematology, laboratory studying mental and neurological disorders in hematology, Moscow, Russia; ³ Lomonosov Moscow State university / mental health research center, associate professor, senior researcher, Moscow, Russia; ⁴ Lomonosov Moscow State university, the head of the clinical psychology department, Moscow, Russia

* Corresponding author.

Introduction.– In adolescence deviant behavior manifests both online (e.g., cyberbullying, sexting, excessive Internet use) and offline making important to study their relationships.

Objectives.– The aim was to study online and offline child- and parent-reported deviant behavior in Russian adolescents.

Methods.– Study was based on EU Kids Online methodology (Livingstone, Haddon, 2009) and included 1025 parent–child (9–16 years old) pairs (Soldatova et al., 2014) from 11 regions of Russian Federation. Cronbach's alphas for composite scores on deviant behavior were .61–.62).

Results.– 13.2% adolescents reported being extremely drunk last year, 6.9% – having sexual contacts, 4.6% – problems with police. Child-reported deviant behavior was related to excessive Internet use ($r = .21$) and meeting online risks concealed from parents ($t = -3.32; -2.51, \eta^2 = 0.01-0.07$). 6.5% parents reported substance abuse in their children, 5.9% worried about their sexual behavior and 8.0% – about problems with police but correlation between children's and parental reports was low ($r = .21$). 13% of parents reported deviant behavior of their children online related to offline ones ($r = .38$). Child- and parent-reported deviant behavior negatively correlated with use of programs for parental control but

was unrelated to parental restrictions and active mediation of their children's online activity.

Conclusions.– There is a relationship between online and offline deviant behavior on adolescents that seems to increase their online risks and almost independent on parental mediation strategies. Low correlation between parental and adolescents reports indicate both poor parental awareness and concealment in adolescents.

Disclosure of interest.– Research is supported by the Russian Foundation for Basic Research, project No. 17-06-00762.

PW0158

Mental health and executive functions (EF) in school children from low income families: Association with mental health of their mothers in Northeastern Brazil

C. Miranda^{1*}, A.L. Exel², J. Coelho¹, M.M. Rocha³, L.R. Carreiro³
¹ Federal University of Alagoas, school of medicine, Maceio, Alagoas, Brazil; ² Federal University of Alagoas, institute of biological and health sciences, Maceio, Alagoas, Brazil; ³ Mackenzie Presbyterian University, graduate program in developmental disorders, Sao Paulo, Brazil

* Corresponding author.

Introduction.– In low income populations, maternal mental health problems will probably be associated with children's mental health impairment and their poor performance in EF, which might impair their schooling process.

Objective.– To evaluate the association between maternal mental health and their children's mental health and EF.

Methods.– Cross-sectional study involving mother-child dyads. Children aged 6 to 9 years attending the first year of public schools. To evaluate mental health of mothers and their children it was used the Self-Report Questionnaire (SRQ - 20) and Strengths and Difficulties Questionnaire (SDQ), respectively. Working Memory Index, an EF important component, was assessed through the Wechsler Intelligence Scale for Children (WISC-IV).

Results.– It was evaluated a sample of 69 mother-child dyads. Mental health problems were found in 71,8% of the children and 53,1% of the mothers. In addition, 87% of the children presented below-average performance on the WISC-IV Working Memory Index. The association between maternal mental health and their children's mental health was statistically significant: OR = 3.09 – 95% CI 1.15–8.27.

Conclusions.– Maternal mental health is associated with their children's mental health in low-income families. The high percentage of children with below-average performance on the WISC-IV Working Memory Index made it difficult to evaluate their association with mental health of both children and their mothers.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0159

First episode psychosis in CAMHS: Are we being NICE enough?

A. Theodorou, E. Harrap, T. Ngo^{*}
 West London mental health trust, child and adolescent mental health, London, United Kingdom

* Corresponding author.

Introduction.– Despite accepting referrals from GP's, schools and secondary care for children with First Episode Psychosis (FEP), some West London Child and Adolescent Mental Health Services (CAMHS) do not have access to designated Early Intervention

Teams. Early intervention Teams provide early detection, assessment and treatment of symptoms, a wide range of psycho-social interventions and support for families/carers. People can recover fully from psychosis: the most important thing is to get help early. **Objectives.**– Audit care of FEP cases in Hammersmith and Fulham CAMHS against Standards derived from NICE Guideline CG155 (Psychosis and Schizophrenia in Children and young People: Recognition and Management).

Methods.– Clinicians contacted via e-mail

Admission records reviewed against NICE guidance CG155:

- offer oral antipsychotic;
- collaborative choice of medication;
- record side effects young person is most/least likely to tolerate;
- baseline investigations;
- monitoring physical health;
- family intervention;
- CBT.

Inclusion criteria:

- 0–18 years old;
- primary diagnosis of psychosis.

Results.– 5 cases were identified. While standards such as offering oral antipsychotics were 100% met, there was a clear failure in standards of physical health monitoring and side-effect monitoring. Psychological interventions such as CBT for Psychosis and Family Intervention showed a failing in the majority of standards. **Conclusion.**– Hammersmith and Fulham CAMHS showed an inconsistent adherence to NICE Guideline CG155. Recommendations for future development of service include liaison with local adult EIP teams to stimulate shared-care options, develop a resource bank to promote accurate documentation and to designate FEP champions within the team to monitor adherence to NICE guidance with particular emphasis on monitoring and psychological therapies.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0161

Valence and consistency of descriptions of self and others as factors of well-being and coping in adolescents with depressive and conduct disorders

L.S. Pechnikova, E.I. Rasskazova, A. Ryzhov^{*}, E.T. Sokolova, A.S. Tkhostov

Lomonosov MSU, faculty of psychology, Moscow, Russia

* Corresponding author.

Introduction.– Negative self-descriptions are related to depression while inconsistency in descriptions of others to personality disorders in adults. Self-focused attention further increases negative thoughts in depression. In adolescence a specific vulnerability due to ongoing identity formation is present.

Objectives.– The aim was to study the role of valence and consistency of self-descriptions in well-being and coping in adolescents with mental disorders.

Methods.– Adolescents (13–17 years) diagnosed with depressive disorders ($n = 29$), conduct disorders ($n = 29$) and 26 matched controls were asked to rate self and others using opposite adjectives (Rasskazova et al., 2015) before and after task on self-focused attention, filled Satisfaction with Life Scale (Diener et al., 1985), Cognitive Emotion Regulation Questionnaire (Garnefski et al., 2002).

Results.– Depressive adolescents tend to describe themselves more negatively while adolescents with conduct disorder tend to describe others in a more inconsistent manner ($P < .08$). Self-focusing didn't change descriptions. In depression but not in controls positive and consistent self-descriptions correlated with

rare self-blaming, acceptance and ruminations ($r = -.44$; $-.39$ vs $r = -.14$; $.09$, $Z = -1.65$; -1.92 , $P < .09$). In conduct disorders positive self-descriptions correlated with lower negative emotions ($r = -.62$ vs $r = -.14$, $Z = -2.16$, $P < .05$) while inconsistent descriptions of others were related to higher satisfaction with life ($r = .32$ vs $r = -.18$, $Z = 2.07$, $P < .05$).

Conclusions.– Positive self-descriptions are a protective factor in depressive adolescents while inconsistency in descriptions of others may serve as a defense mechanism supporting life satisfaction in adolescents with conduct disorders.

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PW0163

Pressure sensitivity as an indicator of impaired proprioception in ASD

M.T. Sindelar^{1*}, S. Suman², A.P. Tarayre³, P. Barrientos⁴, N.E. Furland⁵

¹ Provincial Southwestern University, Bahía Blanca, Bahía Blanca, Argentina; ² Emily Fenichel Foundation, Como, Como, Italy; ³ Emily Fenichel Foundation, Bahía Blanca, Bahía Blanca, Argentina; ⁴ Emily Fenichel Foundation, Bahía Blanca, Bahía Blanca, Argentina;

⁵ CONICET-UNS, Inibibb, Bahía Blanca, Argentina

* Corresponding author.

Background.– Autism spectrum disorders (ASD) are characterized by impairment in social interactions, communication deficits, and restricted interests and behaviors. It is well documented that autistic children present severe difficulties in sensory processing, including proprioceptive and vestibular systems. The poor proprioceptive processing among ASD children impairs basic functions such as gross motor skills, postural control, organization of space, modulation of muscle force and effort and suitable motor patterns involved in imitation. A general concern among parents and educators is the frequent insensitivity to pain and lack of modulation of physical force of autistic children, which often leads to unintentional situations of aggression to peers or self-injurious behaviors. **Objective.**– The aim of this work is to assess if perception of pressure sensitivity is impaired in ASD children compared to neurotypical children. We hypothesized that the record of pressure sensitivity could be a potential indicator of the child's proprioceptive modulation and processing.

Results.– To assess this hypothesis we recruited 40 3–12 years old children with ASD and 40 age-matched neurotypical children from Patagonia (Argentina). Pressure sensitivity was measured using a conventional manual sphygmomanometer. In the autism group, pressure sensitivity in both arms and legs was significantly diminished in comparison with control group. This decrement correlated with difficulties in gross motor skills and some insensitivity to pain, both reported by parents and educators.

Conclusion.– These results reinforce our hypothesis and highlight the importance of including proprioceptive techniques in intervention programs for ASD children in order to improve their body perception and subsequently social interaction

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0166

DSM-5 conduct disorder with limited prosocial emotions: Predictive utility for children referred for conduct problems

J. Toupin^{1*}, M. Déry², V. Bégin², Y. Le Corff³

¹ Université de Sherbrooke, Psychoéducation, Longueuil, Canada;

² Université de Sherbrooke, psychoéducation, Sherbrooke, Canada;

³ Université de Sherbrooke, Orientation, Sherbrooke, Canada

* Corresponding author.

Introduction.– The inclusion of a prosocial emotions specifier to conduct disorder (CD) in DSM-5 is based on evidence that less prosocial emotions (LPE) identifies a distinctive group of children with a poorer prognosis. **Objective.** To determine if the LPE subtype identifies children with a more severe and stable profile of CD problems.

Methods.– Participants are 273 6–9 years old children with at least one CD symptom referred to special education services. Based on parent and teacher reports four subgroups were created: CD + LPE ($n = 54$), CD ($n = 58$), LCD (less than 3 symptoms of CD) + LPE ($n = 67$), and LCD ($n = 94$). The children were evaluated annually over four years using t scores of DSM-oriented scale for conduct problems. **Results.** Latent growth curve analysis indicated a moderate decline in CD problems overall. When examining subgroups and controlling for the severity of CD at study inception, no differences were found in the slopes. The fit was satisfactory ($\chi^2(22) = 32.4$, $P = .07$, RMSEA = .04, CFI = .98). Although some groups had higher CD problems at the start, all groups displayed a problem level close to the clinical level (t -score of 70).

Conclusion.– The limited prosocial emotions specifier does not refine prognosis in young children referred for conduct problems. In other words, the prognosis on average is not good for all groups of children, regardless of LPE. Even children with lower CD symptoms at referral tend to exhibit stable patterns of CD problems close to the clinical level over four years.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0167

Efficacy of a third wave cognitive behavioral therapy for attention deficit hyperactivity disorder

C. Villadoro^{*}, J. Lopez Castroman, L. Crouzet, A. Gramond
CHU Caremeau, psychiatry, Nîmes, France

* Corresponding author.

Introduction.– Attention Deficit Hyperactivity Disorder (ADHD) represents most of the consultations in Childhood Psychiatry settings. Medical treatment is helpful for severe cases, but more effective psychosocial therapies are needed.

Aims.– We examined the efficacy of a mindfulness-based cognitive behavioral therapy (mCBT) for children diagnosed with ADHD and their parents, compared to those receiving usual treatment.

Method.– An open trial with two parallel arms was conducted at the child psychiatry department of Nîmes University Hospital from October 2016 to June 2017. ADHD children were allocated to the intervention group or treatment as usual. mCBT consisted on 16 weekly sessions which were conducted separately for children and their parents. Children in the waiting list received no specific intervention. Changes in ADHD rating scale scores from inclusion to the last visit (3 months later) were the primary outcome. Secondary outcomes included anxiety and depression scales.

Results.– ADHD symptoms decreased in the group following the mCBT compared to the waiting list (average score decreases:

5.9 ± 7.1 vs. 2.6 ± 9.7, respectively). Sex ratios (73% males in both groups) and time lapses between assessments (average time in months: 4 and 3.4, respectively) were similar in both groups, but patients in the waiting lists were slightly younger and received psychopharmacological treatment less often.

Conclusion.– We will present the preliminary but promising results of an innovative third-wave CBT for ADHD children. Compared to classical parental guidance intervention, this therapy is enhanced with mindfulness techniques and simultaneously followed by the children and their parents.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0168

Negative emotional memories and depressive symptoms in adolescence: Can self-reassurance play a protective role?

M. Cunha^{1,2}, A. Xavier^{2*}, J. Pinto-Gouveia²

¹ Instituto Superior Miguel Torga, Coimbra, psychology department, Coimbra, Portugal; ² CINEICC, cognitive and behavioural centre for research and intervention, faculty of psychology and education sciences of university of Coimbra, Coimbra, Portugal

* Corresponding author.

Introduction.– Consistent research have shown that early adverse experiences have a negative impact on mental health from childhood to adulthood. Indeed, early interactions with caregivers characterized by threat, devaluation and subordination are linked to several psychological difficulties such as depression.

Objectives.– This study aims to test whether the impact of early negative memories (characterized by threat, subordination and devaluation) on depressive symptoms is moderated by self-reassuring abilities.

Methods.– The sample consists of 851 adolescents with ages between 12 and 18 years old (M = 14.90, SD = 1.79) from middle and secondary schools in central region of Portugal. Participants answered the following self-report questionnaires: Early Life Experiences Scale; Forms of Self-criticizing and Self-reassuring Scale; Depression Anxiety and Stress Scales.

Results.– Results from Moderation Analysis showed that the model accounted for 31% of the depressive symptoms variance. Results indicated that for the same levels of early negative emotional memories, those adolescents who have higher levels of self-reassuring abilities presented lower risk for depressive symptoms.

Conclusions.– These findings suggest that the impact of negative emotional memories on depressive symptoms is diminished in adolescents who have the ability to be kind and compassionate towards themselves. Thus, preventive and intervention actions should promote the development of positive and soothing abilities to the self in order to ameliorate the adolescents' emotional states.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Old Age Psychiatry - Part I / Rehabilitation and Psychoeducation

PW0169

The feasibility and perceived impact of psychosocial my way – Rehabilitation programme targeted at young adults with Asperger's syndrome and/or ADHD/ADD

K. Appelqvist-Schmidlechner^{1*}, R. Lämsä¹, A. Tuulio-Henriksson²

¹ National institute for health and welfare, mental health unit, Helsinki, Finland; ² Social insurance institution, research department, Helsinki, Finland

* Corresponding author.

Young people with Asperger's syndrome and/or ADHD face major challenges in their lives affecting their everyday functioning and general well-being.

The aim of this study is to investigate the feasibility and perceived impact of "My Way" psychosocial rehabilitation programme targeted at young adults with neuropsychiatric disorders. The programme is developed and facilitated by the Finnish Social Insurance Institution. The sample consisted of 188 young adults with diagnosis of Asperger's syndrome and/or ADHD/ADD. The 18-month rehabilitation programme included one-to-one and group sessions and aimed at improving social, study and working skills and life control among programme participants.

The study aimed at investigating the feasibility and perceived impact of the programme and to study changes in functional capacity, health and well-being among participants during the follow-up. The data are collected by using questionnaires at three different point of time (baseline, after 12 months and after 18 months) and focus group interviews. The questionnaires included measures on positive mental health (SWEMWBS), provisions of social relationships (SPS), social competence (MASC) and questions about functional capacity. The data will be completed in January 2018. The findings are presented and discussed in the presentation at the congress.

The My Way psychosocial rehabilitation programme represents a unique model that can be used in preventing the marginalization of young people with neuropsychiatric disorders. The results provide information on feasibility of the programme and novel understanding of aspects that should be taken into account in developing supportive programmes targeted at young adults with Asperger's Syndrome and/or ADHD/ADD.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0170

Off-label prescriptions of levomepromazine for sleep disturbances in elderly patients

M. Arts^{1*}, S. Petrykiv², J. Fennema³, L. de Jonge⁴

¹ Mental Health Western Northern Brabant, geriatric psychiatry and neuropsychiatry, Halsteren, The Netherlands;

² University of Groningen, university medical center Groningen, department of clinical pharmacy and pharmacology, Groningen, The Netherlands;

³ Mental health care –Friesland GGZ-Friesland, department of geriatric psychiatry, Leeuwarden, The Netherlands;

⁴ Leonardo scientific research institute, department of geriatric psychiatry and neuropsychiatry, Groningen, The Netherlands

* Corresponding author.

Introduction.– Levomepromazine (Nozinan®) is an antipsychotic, antiemetic, anxiolytic and sedative drug that is mainly used clinically for the treatment of moderate to severe pain and for palliative and end-of-life care. However, it is also used off-label for the treatment of sleep disturbances or insomnia.

Objectives and aims.– To report and discuss the level of evidence for “off-label” use of levomepromazine for the treatment of sleep disturbances.

Methods.– An English-language literature search was conducted using Pubmed, EMBASE and Cochrane library (1958–2017) using the search terms levomepromazine, nozinan, insomnia, sleep disorders, sleep disturbances, and sleeplessness.

Results.– Since the late 1950s, levomepromazine has been prescribed for the approved indications, including severe pain and palliative sedation, with a usual therapeutic dose range of 300 to 500 mg/day p.o. and 0.5 to 8 mg/h SC or IV in combination with midazolam for continuous sedation (halve the dose after 3 days due to prevent accumulation). However, off-label use of levomepromazine for the treatment of insomnia was most evident for the 25 mg/day p.o. Inappropriate antipsychotic use may lead to serious health problems, including metabolic effects, significant increased sudden cardiac death, and age-related side effects with increased risk for orthostatic hypotension, fractures, pneumonia, cognitive impairment, and stroke.

Conclusion.– There is growing concern regarding the potential harm from off-label prescription of antipsychotics, particularly levomepromazine. There is little evidence supporting the enormous off-label uses of levomepromazine. In addition, prescribing levomepromazine for indications that are not evidence-based has ethical, financial, and safety implications, especially in the older (frail) population.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0173

The association of hyperlipidemia with decreased cognitive function and instrumental activities of daily living in Alzheimer's disease

C.T. Lee*, S.Y. Lee, H.K. Lee, K.U. Lee, Y.S. Kweon
Uijeongbu St. Mary's Hospital, department of psychiatry, Uijeongbu, Republic of Korea

* Corresponding author.

Introduction.– In addition to vascular dementia, hyperlipidemia may also play a role in Alzheimer's disease (AD). Amyloid beta synthesis is closely related to cholesterol metabolism and the most established genetic risk factor for AD is apolipoprotein E4 allele. However, mixed results were found whether hyperlipidemia actually increases the risk of AD. The current study focuses on the role of hyperlipidemia on the functioning level of patients newly diagnosed with AD.

Objectives.– To investigate the relationship between hyperlipidemia and cognitive functioning in Alzheimer's disease.

Methods.– The medical records of the newly diagnosed early stage AD patients in the psychogeriatric clinic of the Uijeongbu St. Mary's hospital were reviewed from May of 2015 to January of 2017. We divided the 65 newly diagnosed early AD patients according to hyperlipidemia status and group comparisons on mini mental status examination (MMSE) and activities of daily living (ADL) were performed using Mann-Whitney test or Chi²/Fisher's exact test with a two-sided *P*-value of 0.05.

Results.– The two groups did not demonstrate a significant difference in demographic findings. AD patients with hyperlipidemia

(*n* = 16) demonstrated significantly lower performance in the MMSE score (median: 15.6 vs. 17.2, *P* = 0.027) compared to those without hyperlipidemia (*n* = 50). The instrumental ADL was also significantly worse in the group with hyperlipidemia (median: 18.0 vs. 12.8, *P* = 0.032).

Conclusions.– Although there are contradicting literatures on the role of hyperlipidemia in the pathogenesis of AD, our results illustrate that hyperlipidemia is associated with decreased cognitive functioning and complex ADL in patients an established diagnosis of AD.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0174

Social adjustment in the elderly: The GreatAGE study

M. Lozupone¹, F. D'urso², A. Lamanna¹, F. Panza¹, M. Piccininni³, M. Copetti⁴, R. Sardone⁵, E. Stella², M.R. Barulli³, A. Grasso¹, R. Tortelli³, R. Capozzo³, D.I. Abbrescia⁵, A. Bellomo², G. Giannelli⁵, N. Quaranta⁶, D. Seripa⁷, G. Logroscino³

¹ University of Bari, department of basic medicine, neuroscience, and sense organs, Bari, Italy; ² Psychiatric unit, department of clinical and experimental medicine, university of Foggia, Foggia, Italy; ³ Unit of neurodegenerative disease, department of clinical research in neurology, university of Bari “Aldo Moro” at “Pia Fondazione Card. G. Panico”, Tricase, Lecce, Italy; ⁴ Biostatistics unit, IRCCS-Ospedale Casa Sollievo Della Sofferenza, San Giovanni Rotondo, Foggia, Italy; ⁵ National institute of gastroenterology “Saverio de Bellis”, research hospital, Castellana Grotte, Bari, Italy; ⁶ Otolaryngology unit, department of basic medicine, neuroscience, and sense organs, university of Bari Aldo Moro, Bari, Italy; ⁷ Geriatric unit and gerontology, geriatrics research laboratory, department of medical sciences, IRCCS Casa SollievodellaSofferenza, San Giovanni Rotondo, Foggia, Italy

* Corresponding author.

Background.– Most epidemiological studies focus on only one measure of social adjustment in older age, precluding the comparison of structural, functional aspects and subjectivity.

Aims.– To validate the Social Dysfunction Rating Scale (SDRS), its factorial structure and its relationship with cognitive function, global severity psychopathology and social deprivation in the elderly community of the GreatAGE Study.

Methods.– The SDRS was administered to 484 Italian community-dwelling elderly sub grouped in psychiatric and non-affected subjects, according to Semi-structured Clinical Diagnostic Interview for DSM-IV-TR Axis I Disorders. ROC curves were used to detect the cut-off scores for discrimination between diagnostic categories of social dysfunction. Social deprivation was assessed with Deprivation in Primary Care Questionnaire.

Results.– A five factors structure was carried out with Vari-max rotation. The optimal cut-off of 26 maximized both sensitivity (SE: 0.73, 95% CI:0.6259–0.8359) and specificity (SP: 0.57, 95% CI:0.4961–0.6419) of SDRS.SDRS scores were greater in psychiatric disorders in course vs. long life (*P* = .02) and vs. non-affected subjects (*P* < .001). The levels of education and global cognitive functions (Mini Mental State Examination and Frontal Assessment Battery) were inversely correlated to SDRS, while a direct correlation with global psychopathology, depression and apathy was found.

Conclusions.– The SDRS could be a valid instrument to capture both size and quality of elderly social adjustment, although the absence of correlation with material deprivation.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0175

Smurf' FeetE. Mancha¹, Y. D' Hiver Cantalejo², M.J. Leñero Navarrete³, H. Saiz García⁴¹ Servicio Navarro de Salud, CSM Ansoain, Pamplona, Spain;² Sescam, Hospital Universitario de Guadalajara, Guadalajara, Spain;³ Sacyl, Hospital Universitario Río Hortega, Valladolid, Spain;⁴ Servicio Navarro de Salud, Complejo Hospitalario de Navarra, Pamplona, Spain

* Corresponding author.

Objectives.– To analyze the high prevalence of paranoid delusions in the elderly. The explanation is found in the different associated risk factors: cognitive impairment, focused on specific areas that determine the formation of ideas as well as social isolation, low educational level, somatic comorbidity or depressive symptoms.

Background and aims.– In predisposed personalities, we see with relative frequency how, as they grow old, their physical ailments are attributed to “enemies”, neighbors or relatives, who claim to produce harm or suffering in the patient.

Materials and methods.– We present the case of a 65-year-old woman with no affiliated psychiatric history but with somatic: cataracts in both eyes, intervened for the left eye. The patient comes to the emergency department, saying that they have replaced their feet when sleeping for someone else's: “they are like a Smurf.”

Results.– The patient entered Internal Medicine to be affiliated with the clinical picture and was diagnosed on discharge from Charles-Bonnet syndrome in the context of an incipient cognitive impairment. This entity is a visual hallucinosis secondary to vision disorders that originates a delirious paranoid structure of characters that visit the patient, especially at night time, with the idea of causing some type of damage.

Conclusions.– We can see how a somatic illness, a pain or a body dysfunction, can trigger a delusional ideation of paranoid type in premorbid personalities in the schizoid line, nevertheless it is worth noting that even in these cases there must exist a substrate cognitive, psychological and Social development that favors its appearance.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0177

The influence of depressive symptoms on sleep disturbance in elderly people

B. Nam

Konkuk university, psychiatry, chungju, Republic of Korea

* Corresponding author.

Objectives.– This study was conducted to collect basic data for the elderly mental health by identifying the influence of depressive symptoms and physical illness on sleep disturbance.

Methods.– Among 1535 Medicaid people at least 60 years of age residing in Chungju, 1262 people were examined from 25 April 2011 until 31 July 2011. We investigated the general characteristics of the patients and the history of physical illness. Also we did screening test for depression and sleep quality. Data analysis was done by t-test, Pearson's correlation, step by step regression analysis with SPSS. SPSS/PC WIN 19 version.

Results.– Among the 1262 survey personnel, 520 (41%) people had depressive symptoms and 718 (57%) people had sleep disturbance. Also, 140 (11%) people had been diagnosed as stroke, 712 (56%) people had hypertension, and 279 (22%) people had diabetes mellitus. Among the variables, depressive symptoms and hypertension showed positive correlation with sleep quality.

Conclusion.– The study demonstrated that depressive symptoms have a significant effect on sleep quality in elderly over 60 years old. So we suggest that elderly people with sleep disturbance need care for depression and hypertension.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0178

Priorities in psychosocial interventions for multiple sclerosis: From onset to relapse and remission of the diseaseE. Nikolaev^{1*}, N. Vasil'eva², E. Chekhlaty³, T. Karavaeva³¹ Chuvash State university, department of social and clinical psychology, Cheboksary, Russia; ² Chuvash Republic clinical hospital, neurology unit, Cheboksary, Russia; ³ Bekhterev National center for psychiatry and neurology, department of neuroses and psychotherapy Saint-Petersburg, Saint-Petersburg, Russia

* Corresponding author.

Introduction.– The content of clinical interventions for multiple sclerosis (MS) is determined by the severity of the illness and its clinical stage. What is the dependence of psychosocial interventions in MS on its different clinical stages?

Objectives.– The study is aimed to present the priority goals of psychosocial interventions for MS patients in different clinical stages of the disease – its onset, relapse and remission.

Methods.– This was a psychological analysis in the frame of phenomenological interpretation of the results of clinical and psychological interviews and observation of 104 patients with MS.

Results.– It was found out that at the initial stage of MS progression the priority goals of psychosocial interventions were: psychological diagnosis, identifying risk factors for mental disorders, reducing the patient's emotional tension, helping the patient in acceptance of the disease, providing the patient's compliance with the treatment. At the stage of relapse, the following goals were relevant: the patient's adaptation to the symptoms of MS, reduction of individual perception of stress factors, promoting motivation for treatment, reinforcement of anti-suicide barrier, work involving the patient's life experience, providing emotional and social support. During the stage of remission, it was important to work on strengthening the extant cognitive functions, maintaining adherence to treatment, reinforcement of coping skills, deepening social integration, resolving acute psychological problems.

Conclusions.– The findings of this study can be used by mental health professionals in planning personalized programs of psychosocial interventions for MS patients.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0179

Validation of the Italian version of the computerised interactive remediation of cognition program (CIRCuiTS)

P. Davide*, G. Piegari, D. Pietrafesa, N. Annarumma, L. Giuliani, C. Aiello, A. Mucci, S. Galderisi

University of Campania “Luigi Vanvitelli”, department of psychiatry, Naples, Italy

* Corresponding author.

Introduction.– The Computerised Interactive Remediation of Cognition (CIRCuiTS) is a cognitive remediation program aimed at improving different cognitive domains in patients with schizophrenia or schizoaffective disorder. Through the use of non-emotional

material, it teaches basic thinking skills (i.e. neurocognitive and metacognitive skills) that could facilitate more complex social behaviors and life skills. Although several studies have investigated the feasibility and applicability of the programme, only a few studies, mostly case reports, investigated its effects.

Objectives.– The purpose of this study is to provide a first validation of the Italian version of CIRCuITS by investigating its effect on several indices in a group of patients with schizophrenia.

Methods.– The experimental sample included 80 patients with a DSM-IV diagnosis of schizophrenia. Participants received up to 40 therapy sessions three times a week, for about an hour for approximately three months. Changes in neurocognition, psychopathology, self-esteem and functional outcome with respect to the baseline were assessed at the end of the program.

Results.– After the end of CIRCuITS program, an improvement was observed in several domains of neurocognition, disorganization, self-esteem, functional capacity and real-life functioning in the areas “self-care”, “interpersonal relationships” and “working abilities”.

Conclusion.– According to our findings, CIRCuITS lead to some benefits on cognition, disorganization and self-esteem and this results in an improvement in functional capacity and real-life functioning. The study yielded encouraging data suggesting the effectiveness of the CIRCuITS programme in an Italian sample of subjects with schizophrenia.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0181

Falls and recurrent depression in older adults

W. Rachel¹, S. Krupnik², W. Datka¹, D. Dudek¹, M. Zak³

¹ Jagiellonian university, department of psychiatry, Krakow, Poland;

² University of physical education, physiotherapy, Krakow, Poland;

³ The Jan Kochanowski university, faculty of medicine and health sciences, institute of physiotherapy, Kielce, Poland

* Corresponding author.

Introduction.– Major Depressive Disorder (MDD) in the older adults is correlated with a significant decline in daily physical activity, consequently resulting in increased exposure to falls-risk.

Objectives.– Establishing whether falls in patients with MDD modified results of muscle strength assessed by 30 s Chair Stand (30sChS), balance as Single Limb Stance with open and closed eyes (SLS OP and CL), dual motor tasks (TUG_{T_{MAN}}) and cognitive test constraints (TUG_{COG}) and comparison to normative values of the tests.

Methods.– The study was conducted in the outpatient clinic, University Hospital, Krakow, on 43 patients over 60 years of age presenting recurrent MDD. The assessment consisted of GDS, MMSE, TUGT, TUG_{MAN}, TUG_{COG}, 30sChS, SLS. Number of falls within past 12 months was collected. Wilcoxon test was applied to determine the differences between the variable. Odds ratios were counted for variables with distinction the groups.

Results.– In the last 12 months, 44.2% of the respondents have fallen. Patients who had fallen were taking more medications ($P < 0.02$), longer TUGT ($P < 0.01$), worse TUG_{MAN} ($P < 0.05$) and TUG_{COG} ($P < 0.01$), lower 30sChS ($P < 0.01$), compared to those who did not fall. The odds ratios, comparing two groups and normative data for the tests, were significant for TUG (OR 11.05, CL95% 2.05–59, $P < 0.01$) and 30sChS (OR 7.8, 1.93–31, 2, $P < 0.01$).

Conclusion.–

1. The fall negatively affects a single-task and two-way functional efficiency.

2. Persons treated for depression who have a history of collapse have a significantly higher risk of reduced mobility and lower limb muscular strength.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0182

Are we prescribing memantine in Alzheimer's disease efficiently?

C. Rasanayagam*, J. Schwartz-Mesa

Juniper centre, old age psychiatry, Birmingham, United Kingdom

* Corresponding author.

Introduction.– Memantine is a non-competitive NMDA receptor antagonist which is approved for the management of moderate to severe Alzheimer's disease. It has shown benefits in function, cognition, behavioural and global measures of the disease. NICE has implemented evidence-based recommendations for the use of Memantine as a second line drug after acetylcholinesterase inhibitors (ACEi's). NICE also states that treatment should only be continued if it is considered to be having a valuable effect on all global symptoms.

Furthermore, It is advised to avoid Memantine in service users with an eGFR < 5 mL/minute/1.73 m².

Objectives.– To review the appropriate use of Memantine in clinical practice and to assess adherence to NICE guidelines (for the use of Memantine in patients with Alzheimer's).

Methods.– A retrospective audit using systemic sampling to include all service users referred to MHSOP in 2016 with a diagnosis of Dementia on Memantine. Case notes and IT systems obtained further information about each prescription.

Results.– 40 service users were identified whom 23/40 had tried ACEi's prior to Memantine. Out of those whom did not have a trial of ACEi's, 6/20 had contraindications.

8/40 service users' Memantine was stopped as it was not considered to be having a worthwhile effect on the individual. Only 2 service users had renal function recorded before treated was started.

Conclusions.– We are adhering to the NICE guidance for the prescription of Memantine, however documentation warrants improvement especially for renal function prior to treatment. Furthermore a higher percentage of service users need to be started on ACEi's unless contraindicated.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0183

Telling us how it is: The patient's experience of psychological assessment

N. Semenova¹, G. Kostyuk², G. Rupchev³, N. Chernov⁴

¹ Moscow research institute of psychiatry MoH RF, outpatient

psychiatry, Moscow, Russia; ² Psychiatric hospital no. 1 named after

N.A. Alekseev, administration, Moscow, Russia; ³ Lomonosov Moscow

State university, psychology department, Moscow, Russia;

⁴ Psychiatric Hospital no. 1 named after N.A. Alekseev,

pathopsychology laboratory, Moscow, Russia

* Corresponding author.

Introduction.– This paper will present the findings of a study that investigated the experience of psychological assessment from the patient's perspective.

Objectives.– The study sought to gain an understanding of how the patient viewed the purpose of assessment and experienced the assessment process. It explored the impact of the assessment on

the patient's sense of self and elicited patients' views about what was particularly helpful about the assessment process.

Methods.– A within-group qualitative design was employed to investigate the experiences of nine ($n=9$) men and women who presented for psychological assessment in the context of an outpatient assessment clinic or as part of an evaluation for rehabilitation programme. Verbatim transcripts of semi-structured interviews were analysed by means of Interpretive Phenomenological Analysis (Smith and Osborn, 2003).

Results.– Six master themes were identified: expectations of assessment, context of referral, experience of process, impact on self, components of a good assessment and experience of illness. The findings indicated that patients are poorly prepared for assessment but come with positive expectations for information that will help them understand and cope with their impairments. Their relationship with the clinician is central in determining the quality of their experience and in facilitating improved self-esteem, coping and better awareness of strengths and deficits.

Conclusions.– It is concluded that psychological assessment can have an educative and therapeutic function that should be further exploited in a rehabilitation context. The implications of the research findings for psychosocial service provision are discussed and consideration given to future research opportunities.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0186

The role of the psychiatric clinical pharmacist in pharmacotherapy management in elderly patients with mental health problems

M. Stuhec^{1*}, N. Bratovič²

¹ Faculty of pharmacy, biopharmacy and pharmacokinetics, Ljubljana, Slovenia; ² University of pharmacy Ljubljana, biopharmacy and pharmacokinetics, Ljubljana, Slovenia

* Corresponding author.

Introduction.– Collaborative care approach is one of the possible approach to cope with mental health problems (MHP).

Objectives.– In most European countries there are no data where clinical pharmacist (CP) interventions can have an impact on pharmacotherapy of elderly with MHP. The main aim of this research was to present impact of CP in optimization of pharmacotherapy of elderly with MHP.

Methods.– A prospective study was carried between december 2016 and may 2017 in one Slovenian nursing home. General practitioner (GP) chose patients to participate in the study. CP prepared pharmacotherapy review (PR) and it was immediately sent to GP. CP recorded which interventions have been accepted by GP after 2 months and identified drug-related problems (DRP). Potentially drug-drug interactions (DDIs) were identified by Lexicomp[®] 4.0.1 and 4.0.2 version. We included interaction type X and D. Priscus lists were used to determine potentially inappropriated medication (PIM).

Results.– 24 patients (age=80.6, SD=6.8) were included (87.5% women). The mean of the total number of medications before PR was 12.2 (SD=3.1) per patients and it was decreased to 10.3 (SD=3.0) medicines per patients after GP's review ($p<0.05$). The total number of PIM and DDIs were reduced after GP's review ($p<0.05$). The most identified DRP were related to the treatment of MHP (28.2%) followed by treatment of cardiovascular diseases (22.8%) and pain (12.4%). GP accepted only 29.2% interventions for optimization treatment of MHP.

Conclusions.– A collaborative care approach including CP has important impact on decrease of DRP, DDIs and PIM.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0188

The young-old and the oldest-old: Correlates of adjustment to aging

S. von Humboldt, I. Leal

ISPA-Instituto Universitário, William James center for research, Lisbon, Portugal

* Corresponding author.

Keywords: Oldest-old; Young-old; Correlates; Structural Equation Model

Objectives.– This study aims to compare the correlates of adjustment to aging (AtA) reported by young-old and oldest-old adults and to build two structural models to explore the correlates of AtA for these two age groups.

Methods.– A crossnational study encompassing a community-dwelling sample of 823 older adults aged 65 years and older was undertaken. Several measures were employed to assess AtA, subjective well-being, and sense of coherence. A questionnaire to determine socio-demographic (sex, age, professional and marital status, education, household, adult children, family's annual income, living setting, and self-reported spirituality), lifestyle and health-related characteristics (perceived health, recent disease, medication, and leisure) was also used. Structural equation modeling was employed to investigate a structural model of AtA, comprising socio-demographic, lifestyle, and health-related variables, as well as SWB and SOC for both groups.

Results.– Leisure was the most significant correlate of AtA for the young-old ($\beta=.422$; $P<.001$) while selfreported spirituality was the most significant correlate of AtA for the oldest old ($\beta=.711$; $P<.001$). Significant correlates explain 67.8% and 73.1% of the variability of AtA, respectively.

Conclusions.– The results presented in this study highlighted different perspectives of AtA, outlined in two structural models, for the groups, and the need of addressing the differences between these, when implementing health care interventions, in particular the relevance of leisure and self-reported spirituality.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0189

Analyzing sexual unwellness in old age in a sample of older adults

S. von Humboldt¹, S. Silva, I. Leal

ISPA-Instituto Universitário, William James center for research, Lisbon, Portugal

* Corresponding author.

Keywords: Community-dwelling older adults; Content analysis; Multiple correspondence analysis; Qualitative study; Sexual unwellness

Objectives.– To analyze the contributors to Sexual Unwellness (SU) and to explore the latent constructs that can work as major determinants in SU for a cross-national older community-dwelling population.

Methods.– Study design: Complete data were available for 109 English and Portuguese older adults, aged between 65 and 87 years old ($M=70.1$, $SD=5.99$). Data was subjected to content analysis. Representation of the associations and latent constructs were analyzed by a Multiple Correspondence Analysis. A socio-demographic and health questionnaires were completed, assessing participants' background information. Interviews were completed, focused on the contributors to SU.

Results.– The most frequent response of these participants was “lack of intimacy and affection” (25.1%) whereas “poor sexual health” was the least referred indicator of SU (11.2%). A two-dimension model formed by “poor affection, intimacy and sexual health”, and “poor general health and financial instability” was presented as a best-fit solution for English older adults. SU for Portuguese older adults were explained by a two-factor model: “daily hassles and health issues”, “poor intimacy and financial instability”.

Conclusions.– These outcomes uncovered the perspective of older adults concerning SU and the need of including these factors when considering the sexual well-being of older cross-national samples.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0190

Validation of the Positive and Negative Affect Scale (PANAS) for use with cross-national older adults

S. von Humboldt¹, A. Monteiro², I. Leal²

¹ ISPA, Instituto Universitário, William James center for research, Lisbon, Portugal; ² ISPA, Instituto Universitário, William James center for research, Lisbon, Portugal

* Corresponding author.

Keywords: Older adults; Psychometric properties; Positive and negative affect; Positive And Negative Affect Scale

Objectives.– Positive and negative affect is a relevant facet of well-being for community-dwelling older adults. This article reports the validation of the Positive And Negative Affect Scale (PANAS), by means of confirmatory analysis.

Methods.– A community-dwelling cross-national sample of 1291 older adults aged 75 years-old and older voluntarily completed the PANAS. The relations between variables in the model were evaluated using structural equation based on maximum likelihood estimation. The distributional properties, cross-sample stability, internal reliability, and convergent, external and criterion-related validities of the PANAS were analyzed and found to be psychometrically acceptable.

Results.– Our results outcomes support for the hypothesis that the PANAS is valid and reliable in the two 10-item mood scales, hence fit for use with older adults, within a culturally diverse view of well-being.

Conclusions.– The psychometric properties of the PANAS are satisfactory in this older sample, and according to those of its early version. Taken together, these results substantiate the validity of this measure when applied to an older community cross-national population.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Posttraumatic Stress Disorder / Research Methodology

PW0191

Synthesis and characterization of a novel highly affine and selective, fluorescence-labeled 5-HT_{2A} receptor agonist

S. Aatz¹, T. Sorkalla¹, S. Franken¹, C. Kolb², H. Abdel-Aziz², H. Häberlein¹

¹ Institute of biochemistry and molecular biology, molecular drug research, Bonn, Germany; ² Phytomedicines supply and development center, Bayer Consumer Health Division, Steigerwald Arzneimittelwerk GmbH, Darmstadt, Germany

* Corresponding author.

Introduction.– Malfunctions in noradrenergic and/or serotonergic neurotransmitter systems are often responsible for depressive disorders. Deeper insights into the mode of action of antidepressants interacting with those neurotransmitter systems are crucial to better understand their pharmacological effects and side effects as well and to use antidepressants therapeutically differentiated. Fluorescently labeled ligands are useful for molecular drug research with single molecule detection and allow the observation of receptor-ligand interactions in living cells.

Objectives.– Synthesis and characterization of the first selective and highly affine fluorescence-labeled 5-HT_{2A}-agonist is reported within this work.

Methods.– SAH268-Atto532 was synthesized by direct alkylation of TCB-2, acid catalyzed cleavage of a Boc-protected amine and finally the coupling to succinimidylester-activated Atto532. Identity of SAH268-Atto532 was confirmed by mass spectrometry. 5-HT_{2A}-receptor binding studies in SH-SY5Y cells were performed using fluorescence correlation spectroscopy (FCS). For calcium measurements HEK293 cell lines stably expressing B-GECO-1 alone or together with hu5HT_{2A} receptors were generated.

Results.– FCS binding experiments in SH-SY5Y cells using SAH268-Atto532 revealed two receptor-ligand-complexes, with distinct lateral mobilities. Saturation experiments revealed a B_{max}-value of 23.95 ± 5.91 nM and a K_D-value of 81.03 ± 24.99 nM. Selective 5-HT_{2A}-receptor binding was confirmed by displacement using TCB-2 and ligands for 5-HT_{1A}, 5-HT_{2C} and 5-HT₇ in excess. Calcium release experiments verified the agonistic profile of SAH268-Atto532.

Conclusion.– SAH268-Atto532 allows for the first time the observation of 5-HT_{2A}-receptor-agonist complexes on cell surfaces. Influences of antidepressants on the 5-HT_{2A}-receptor binding of agonists and subsequently regulatory processes can now be observed in real-time in living cells.

Disclosure of interest.– The research project was financially supported by Bayer Consumer Health Division, Steigerwald Arzneimittelwerk GmbH, Darmstadt, Germany.

PW0192

Recognition of facial emotions among Tunisian military soldiers with PTSD

M.W. Krir¹, S. Aloui², H. El Kefi¹, A. Baatout¹, I. Bouzouita¹, S. Edhif², A. Oumaya²

¹ Military hospital, psychiatry, Tunis, Tunisia; ² Military hospital of Tunis, psychiatry, Tunis, Tunisia

* Corresponding author.

Introduction.– Post-traumatic stress disorder (PTSD) is associated with interpersonal dysfunction including impairments in emotional experience. Research has largely focused on fear processing.

However, experimental investigations examining the impact of trauma exposure on the perception of other emotions are sparse. *Objective.*– The current study investigated facial emotion recognition. We hypothesized that individuals with PTSD have deficits in emotion recognition that may explain their difficulties in social interactions.

Methods.– Forty trauma exposed military officers and 18 healthy controls were screened for trauma history and demographic information. All participants completed the following scales:

- the Life Events Checklist for DSM-5 (LEC5);
- the PTSD Checklist for DSM-5 (PCL-5);
- the Beck depression inventory (BDI).

To evaluate the recognition of emotional facial expressions, we used 6 pictures of a face expressing the six universal emotions (EKMAN test). We identified 3 groups of participants: PTSD group ($n = 22$), trauma exposed healthy control (TEHC) group ($n = 18$) and the no trauma healthy control (NTHC) group ($n = 18$).

Results.– The PTSD group had significantly higher symptom levels across the PCL-5 total and cluster scores compared to the TEHC group ($P < 0.001$).

In the PTSD group, 63.6% of participants didn't identify the emotion sadness and 54.5% the emotion fear. Most accurate recognition performance was observed for the emotion happiness. The analysis showed a significant difference between the 3 groups in the accuracy of recognizing fear ($P = 0.001$) and sadness ($P < 0.001$).

Conclusion.– Patients suffering from PTSD have a selective deficit in the recognition of emotions. This selective impairment might be helpful in trying to understand this form of psychopathology and should be targeted during treatment.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0193

Nicotine dependence and PTSD symptoms in Tunisian military soldiers

S. Aloui*, M.W. Krir, H. El Kefi, R. Lansari, C. Bechikh, I. Bouzouita, S. Edhif, A. Oumaya

Military hospital, psychiatry, Tunis, Tunisia

* Corresponding author.

Introduction.– Post-traumatic Stress Disorder (PTSD) has been linked with increased use of cigarettes. An association between PTSD and smoking may reflect the use of nicotine to attempt to alleviate PTSD symptoms.

Objective.– The aim of this study was to investigate the association between nicotine dependence and PTSD symptoms and to examine whether this relationship is specific, or instead a reflection of their joint association with a third variable such as depression.

Methods.– Thirty trauma exposed military soldiers were screened for trauma history, tobacco use history and demographic information. All participants completed the following four self-administered scales:

- the Life Events Checklist for DSM-5 (LEC5) designed to screen 17 potentially traumatic events in a respondent's lifetime;
- the PTSD Checklist for DSM-5 (PCL-5) to assess the 20 DSM-5 symptoms for PTSD;
- the Beck depression inventory (BDI) to measure the presence and the intensity of depression;
- the Fagerström Test for Nicotine Dependence (FTND) consisting of six items assessing smoking rate and characteristics.

Results.– PCL-5 total score was not significantly associated with nicotine dependence. Emotional numbing and avoidance were positively associated to nicotine dependence ($P = 0.472$ and $P = 0.238$).

Depression was not associated to PCL-5 total score but to avoidance symptoms. Variation in depression severity mediated the relation between PCL-5 total score and negative nicotine dependence ($\beta = 0.79$; $P = 0.063$).

Conclusion.– The association between PTSD and nicotine dependence is more likely mediated by depression symptoms. Additional consideration of other variables would also be valuable. Results of such studies could have important implications for understanding comorbidity of PTSD and substance use disorders.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0194

Dissociative vs. non-dissociative posttraumatic stress disorder among asylum seekers: Functional neurological symptoms as a component of the subtype

U. Altunoz¹, V. Sar², T. Agar¹, S. Castro-Nunez¹, R. Ozbas-Durak¹, I.T. Graef-Callies¹

¹ Klinikum Wahrendorff psychiatry hospital, transcultural psychiatry, Hannover, Germany; ² Koc university school of medicine, department of psychiatry, Istanbul, Turkey

* Corresponding author.

Introduction.– Diagnostic and statistical manual of mental disorders-5 (DSM-5) includes a dissociative subtype of posttraumatic stress disorder (D-PTSD) marked by prominent depersonalization and derealization symptoms. The diagnostic criteria of D-PTSD are rather restricted and more research is needed to deepen our understanding of this subtype.

Objectives.– We aimed to compare D-PTSD with non-dissociative PTSD (ND-PTSD) with regard to clinical-sociodemographic characteristics in a sample of asylum seekers (AS).

Methods.– The files of a consecutive sample of ($n = 152$; F/M = 66/86) AS who admitted to a centre of transcultural psychiatry in Germany between 01.01.2014–01.03.2017 were evaluated retrospectively regarding DSM-5-diagnostic criteria for PTSD and other clinical-sociodemographic characteristics.

Results.– PTSD was diagnosed in 112 (M/F = 57/55, age = 34.6 ± 10.2) of the AS (D-PTSD/ND-PTSD = 58/54). D-PTSD was significantly more common in females, associated with higher trauma load, more bodily injuries and higher suicidal ideation when compared to ND-PTSD ($P < 0.05$ for all). From DSM-5 diagnostic criteria: B3, B4, B5, C1, D1, D2, D3, D6, E1, E2, E3 were significantly more common in D-PTSD than in ND-PTSD ($P < 0.05$ for all). Psychogenic non-epileptic seizures (PNES) were solely encountered in D-PTSD group (25.9%). Functional neurological symptoms other than PNES were also significantly more common in D-PTSD (D-PTSD/ND-PTSD = 39.7%/7.4%; $P < 0.001$).

Conclusions.– This study showed that AS with D-PTSD differed regarding many clinical characteristics from AS with ND-PTSD, which supports and strengthens the subtype model in this specific population. Functional neurological symptoms, especially PNES were common and seem to be specific to D-PTSD, which may be considered as a candidate diagnostic criterion for D-PTSD in DSM-6.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0195

Post-traumatic stress disorder and violence in prison

M. Antonioli^{1*}, A. Nivoli¹, D. Vazzana¹, A. Zeppa¹, P. Milia¹, C. Depalmas¹, M. Clerici²

¹ Institute of psychiatry, psychiatry, Sassari, Italy; ² Institute of psychiatry, psychiatry, Milano, Italy

* Corresponding author.

Introduction.– Prior research indicates an association between trauma and perpetration of crime (1). Incarceration has been significantly associated with lifetime post-traumatic stress disorder (PTSD) (2). Research examining the relationship between PTSD and specific aspect of violence and aggression in forensic samples is lacking.

Methods.– A sample of prisoners restricted in a jail in Sardinia were assessed using the MINI International Neuropsychiatric Interview, the Aggression Questionnaire and the Barratt Impulsiveness Scale (BISS-11). Student's *t*-tests, ANOVA, Pearson Chi-square and Fisher's exact test were performed.

Results.– PTSD was present in 14.9% of prisoners. The majority of prisoners with PTSD (60%) showed a severe violent behavior (homicide, attempted homicide, physical and sexual assaults), while no statistical significant differences were detected comparing prisoners with and without PTSD depending on severity of committed crime. All inmates with PTSD have been restricted more than once at the time of interview. A significant difference was showed in current psychiatric treatment: 100% of PTSD prisoners were on treatment versus 66.7% of prisoners without PTSD diagnosis. Higher rates of psychiatric service consultation were found in PTSD inmates compared with non-PTSD subjects (70% versus 38.6%). Higher scores at BISS-11 Cognitive impulsivity were showed in PTSD prisoners. None of variables has retained statistical significance at logistic regression.

Conclusions.– PTSD in a forensic population is associated with chronicity of violence, incarceration and with more severe psychopathology, in terms of current and past treatment needs. This may have adverse consequences both for prisoners and for the effective functioning of the criminal justice system and psychiatric assessment.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0198

The impact of terrorist attack on medical students intervened at the morgue: Results from psychological evaluations conducted after July 14th in the Nice University Hospital

C. Bernardi^{1*}, R. Orio², V. Alunni¹, G. Quatrehomme¹

¹ Faculté de médecine, institut universitaire d'anthropologie médico-légale, forensic pathology and forensic anthropology department, Nice, France; ² Centre hospitalier d'Antibes Juan-les-Pins, service de psychiatrie, Antibes, France

* Corresponding author.

Introduction.– Following the terrorist attack on July, 14th 2016 in Nice, the Department of Forensic Medicine at the Nice University Hospital was involved for the identification of the victims and the establishment of the causes of death.

100 medical students of the Nice University Hospital were integrated into the process, on a voluntary basis, with specific tasks to be accomplished, including the transport of human remains between the refrigerated trucks and the mortuary room, and the on-line transcription of the autopsy reports.

Objective.– To examine the psychological impact after this intervention on the medical students.

Methods.– 1-hour semi-directed interviews were conducted 6 months after the attack, associated with a specific questionnaire assessing psychological trauma, changing the career path, emotional life and vision of world.

Results.– Preliminary results from 12 students suggest that the good organization of the intervention led to limited traumatic impact on medical students.

Conclusion.– Future doctors had the feeling of learning their profession and being useful to society. In the current context of terrorist threat, such process may be reused and medical students can reasonably play an important role without significant psychological repercussions.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0199

Influence of adjuvant mindfulness-based cognitive therapy (MBCT) on Symptoms of post-traumatic stress disorder (PTSD) in Veterans – Results from a randomized control study

J. Mirzaee¹, M. Jasbi¹, D. Sadeghi Bahmani²,

E. Holsboer-Trachsler², S. Brand^{3*}

¹ Tehran university of medical sciences, department of clinical psychology, Tehran, Iran; ² University of Basel, psychiatric clinics, Basel, Switzerland; ³ Psychiatric university hospital, center of affective-stress and sleep disorders, Basel, Switzerland

* Corresponding author.

Background.– Even thirty or more years after the end of a war, veterans can suffer from post-traumatic stress-disorder (PTSD). There are various options for the treatment of PTSD. In the present study, we explored the influence on symptoms of PTSD among Iranian veterans of the Iran-Iraq war of mindfulness-based cognitive therapy (MBCT) as add-on to a standard treatment with citalopram.

Method.– Forty-eight male veterans with PTSD (mean age: 50.26 years) took part in this eight-week intervention study. Standard treatment for all patients consisted of citalopram (30–50 mg/day at therapeutic dosages). Patients were randomly assigned either to the treatment or to the control condition. Treatment involved MBCT delivered in group sessions once a week. Patients in the control condition met at the hospital with the same frequency and duration for socio-therapeutic events. At baseline and at study completion patients completed questionnaires covering symptoms of PTSD, depression, anxiety, and stress.

Results.– At study completion after eight weeks, scores for PTSD (re-experiencing events, avoidance, negative mood and cognition, hyperarousal), depression, anxiety and stress were lower, but more so in the intervention than the control group.

Conclusions.– Data suggest that, as adjuvant to standard SSRI medication, MBCT is an effective intervention to significantly reduce symptoms of PTSD, depression, anxiety and stress among veterans.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0203

Panic-related posttraumatic stress disorder

M. Dolgin^{1*}, T. Shasha¹, E. Somer²

¹ Ariel university, department of psychology, Ariel, Israel; ² University of Haifa, school of social work, Haifa, Israel

* Corresponding author.

Studies have demonstrated significant comorbidity between post-traumatic stress disorder (PTSD) and panic attacks/panic disorder (PA/PD), such that persons diagnosed with PTSD resulting from a traumatic experience are at increased risk for PA/PD. Approaching this association from another direction, and given that PA/PD are often experienced as events that involve threatened death, loss of control or a threat to one's physical integrity, and that the person's response typically involves intense fear and helplessness (i.e., DSM-V Criterion A), the current study assessed the incidence and associated features of panic-related PTSD. One hundred seventy eight participants meeting diagnostic criteria for PA/PD on the Panic Disorder Self Report (PDSR) were assessed for posttraumatic stress in relation to their PA/PD using the Posttraumatic Stress Disorder Checklist-Civilian Version (PCL-C-5). Results indicated that 63 (35.4%) of the participants scored above the cutoff (PCL-C-5 total scores > 38) for PTSD in relation to the worst PA they had experienced. Adjusted means for the PCL-C-5's four symptom clusters (Re-experiencing, Avoidance, Negative alterations in cognitions and mood, Hyperarousal) indicate that that Panic-related PTSD symptoms are, on average, experienced as "moderately" to "quite a bit." The likelihood of Panic-related PTSD was best predicted by subjective levels of distress, fear of losing control or going crazy, chest pain, agoraphobia, fear of recurrent PAs, and total number of PAs experienced ($R^2 = 0.33$). These findings are discussed in terms of the diagnostic, prognostic, and treatment implications for a subset of individuals presenting with PA/PD who may also be suffering from Panic-related PTSD.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0204

Do real-time peritraumatic dissociation experiences during conflict predict posttraumatic stress symptoms? An experience sampling methodology study

T. Greene*, M. Gelkopf

University of Haifa, community mental health, Haifa, Israel

* Corresponding author.

Introduction.– Dissociation experiences are frequently reported during and after trauma exposure (peritraumatic dissociation). Innovative intensive longitudinal assessment methods, such as experience sampling methodology (ESM), use multiple real-time assessments, thus minimizing recall and ecological biases.

Objectives.– This study used ESM in Israeli civilians to assess peritraumatic dissociation (periTD) experiences during the 2014 Israel-Gaza conflict, investigating whether periTD levels, acute dissociative reactivity to rocket warning sirens, and periTD over time, predict subsequent posttraumatic stress symptoms (PTSS).

Methods.– 96 Israeli civilians reported siren exposure and dissociation experiences during conflict twice-daily for 30 days via mobile phone. PTSS were measured two months later. Mixed effects models assessed periTD levels, dissociative reactivity to sirens, and the effect of time on periTD. Individual intercepts and slopes were extracted from the model and used as predictors of PTSS in hierarchical regression analyses.

Results.– PeriTD levels, but not dissociative reactivity to sirens, predicted PTSS at two months, with higher periTD associated with higher PTSS. When the time slope was added to the model it became the only significant predictor; the less periTD experiences reduced over time during the conflict, the higher the levels of PTSS at two months. The course of periTD during conflict is therefore a stronger

predictor of PTSS, than periTD levels and dissociative reactivity to sirens.

Conclusions.– These findings show that intense stressful experiences, such as experiencing a rocket siren, can elicit acute dissociation reactions. PeriTD experiences generally reduced over time, indicating habituation. People with more persistent dissociation experiences are more vulnerable to developing PTSS.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0206

Sociodemographic and clinical characteristics of patients who had new onset psychiatric symptoms following April 2015 earthquake in Nepal

K. Kafle*, S. Adhikary, C.P. Sedain

Chitwan medical college, psychiatry, Chitwan, Nepal

* Corresponding author.

Introductions.– Having firsthand experience of a traumatic event can have immediate and long term psychological consequences.

Objectives.– We studied socio-demographic and clinical profile of the patients who had new onset symptoms following April 2015 earthquake.

Methods.– Previously asymptomatic patients who had developed psychiatric symptoms within 24 hours of April earthquake or its aftershocks and having such symptoms for less than 1 month at the time of first visit were included in the study. Patients were assessed with study-specific socio-demographic profile sheet and Trauma Symptom Checklist-40. Descriptive statistics were used for analysis of result.

Results.– Female constituted majority of the symptomatic patients. They were mainly from urban locality. More than 50% patients had predominant physical complains so they first visited other specialties from where they were referred to psychiatric services. More than half of the patients had onset of symptoms after subsequent aftershocks. Among all, 22% fulfilled diagnosis of co-morbid alcohol use disorders and 11% had history of mental illness in first degree relatives. Most common presentations were Anxiety and Dissociative symptoms. Dizziness, Anxiety attacks and Restless sleep were the individual symptoms which most patients reported.

Conclusion.– Female are more prone to develop psychiatric symptoms following exposure to traumatic events. Aftershocks, though are of lesser magnitude, can have more pronounced psychological consequences than the initial major quake can do. Physical complains can divert patients from seeking mental health service to other specialties and if not properly evaluated they can be misdiagnosed. Follow up studies are needed to know how these symptoms evolve over time.

PW0207

Secondary traumatization, dyadic adjustment and differentiation of the self among wives' of ex-prisoners of war

R. Lev-ari¹*, D. Horesh¹, Z. Solomon²

¹ Bar Ilan university, psychology, Ramat Gan, Israel; ² Tel Aviv university, social work, Tel Aviv, Israel

* Corresponding author.

Background and objectives.– Prisoners of war (POWs) endure a severe trauma. People close to trauma victims, such as spouses, may also develop psychological and emotional difficulties. This

phenomenon is called “secondary traumatization”. Several theories suggest dysregulated inter-personal distance as a general mechanism, which may explain vulnerability to others’ distress. The present study aims to examine the role of differentiation of self (i.e., fusion vs. individuality) in secondary traumatization, as well as its complex inter-relationships with marital adjustment, among wives of Israeli ex-POWs.

Methods.– This study is part of a longitudinal study assessing ex-POWs and their spouses. Wives of 161 veterans who have fought in the Yom-Kippur War (106 wives of ex-POWs and 55 controls), completed self-report questionnaires regarding secondary PTSD, differentiation and dyadic adjustment.

Results.– Wives of ex-POWs reported more secondary PTSD symptoms, more fusion and less dyadic adjustment compared to controls. Significant associations were found between secondary PTSD symptoms, dyadic adjustment and fusion. Interactions were found between fusion and dyadic adjustment in relation to PTSD levels. Among women who showed high levels of fusion, dyadic adjustment was associated with PTSD levels, whereas there was no association found under low levels of fusion.

Conclusions.– Our results can be interpreted in light of the original theories of secondary traumatization, which emphasize the importance of a non-enmeshed style of caregiving. Mental health professionals may benefit from a deeper understanding of specific factors that are associated with secondary traumatization. In particular, couples’ differentiation patterns may be targeted during therapy, as a way to reduce trauma symptoms.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0208

System approach to stress research: How convergence of genetics, neurobiology and connectomics can facilitate the search for novel biomarkers

A. Pashkov

South Ural State university, biomedical school, Chelyabinsk, Russia

* Corresponding author.

Introduction.– Stress is considered as a subject of study in both psychological and medical-biological disciplines. However, an interdisciplinary study of stress requires the development of unified framework that would allow to integrate the data obtained from separate scientific disciplines.

Objectives.– Our aim was twofold: (1) to figure out and systematize the main directions and findings in stress research field; (2) to describe the main theoretical provisions of interdisciplinary research from the viewpoint of a system approach bridging the gap between micro-scale (genetics and molecular neurobiology of stress) and macro-scale (stress-induced alterations in structural, functional and effective connectomes);

Methods.– A systematic review of the scientific literature on the subject of current state of affairs in the field of genetic, molecular, network, electrophysiological biomarkers of stress was conducted for the period from January 2007 to December 2016, using Google Scholar, Science Direct and PubMed databases.

Results.– One hundred thirty four studies met the inclusion criteria. We found that the patterns of organism’s response to stressors cannot be fully determined without taking into account the system grounds for the formation of such a response, relying solely on correlative approaches in modern neuroscience.

Conclusions.– The application of the system approach for studying the problem of stress allows us to postulate the feasibility and util-

ity of integration the approaches of dynamic system theory and computational neuroscience with the data accumulated by now in the mainstream of psychology, physiology, medicine to deepen our understanding of stress biomarkers.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0209

Emergency organization of child psychological care during the first 48 hours following the terrorist attack on July 14th, 2016, in Nice, France

S. Thümmeler^{1*}, M. Gindt¹, L. Chauvelin¹, B. Olliac², P. Robert³, F. Askenazy¹

¹ Hôpitaux pédiatriques, CHU Lenval de Nice, university department of child and adolescent psychiatry, Nice, France; ² Esquirol hospital, department of child and adolescent psychiatry, Limoges, France;

³ University Côte d’Azur, CoBTek, Nice, France

* Corresponding author.

Introduction.– On July 14th, 2016, in Nice, France, a terrorist attack occurred along the ‘Promenade des Anglais’. Around 30,000 people were present including many babies, children and their parents. Therefore, it seems particularly important to testify our experience of the emergency psychological care setup for the pediatric population.

Objectives.– We describe (1) the organization of the early intervention dedicated to children and families, and (2) the population received during the first 48 hours.

Results.– The psychological care setup was organized within the hour following the attack within the Children’s Hospitals of Nice, including 6 child and adolescent psychiatrists caregivers the first night. In the following, three teams turned over each day, receiving at least 163 individuals (99 children and 64 adults) during the first 48 hours.

We observed anxiety, depressive and acute stress reactions; dissociative responses with derealisation, depersonalization and amnesia; as well as somatic symptoms. The main objective of the immediate therapeutic intervention was to provide a secure framework, to give information, to contain the distress of individuals, and to arrange early preventive interventions for post-traumatic reactions.

Conclusion.– In the actual context, it seems necessary to describe and pool different experiences of psychological emergency care for the pediatric population after terrorist attacks. Our experience leads us to conclude that it seems necessary to adapt the logistics and training of health care workers to psychotrauma and its paediatric specificities in order to be able to cope with an unexpected emergency situation of mass psychotrauma as experienced in Nice.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0210

A survey on methodological characteristics described in health qualitative studies published in pubmed database in a recent period of six months

R.A. Bastos, V.L.P. Alves, R.M.C. Sena, L. Rodrigues, J.V. Freitas-de-Jesus, F.G.C. Surita, E.R. Turato

UNICAMP, Universidade Estadual de Campinas, medical psychology and psychiatry, laboratory of clinical-qualitative research, Campinas, Brazil

* Corresponding author.

Introduction.– Describing health studies with qualitative approaches regarding technical and methodological features, we can favour the understanding of its validity and employment as a scientific method. This academic approach focuses on exploring the life experienced subjectivity of certain phenomena within the field and health sciences.

Objective: The purpose of the study was to know and to discuss the characteristics of qualitative studies published in biomedical and health journals from a reputed international database.

Method.– We performed bibliographic search of qualitative studies published in periodicals indexed in PubMed in a six-month period of 2016, through keywords. We analysed the articles according to: published periodical, number of authors, reference to the expression “Qualitative Study” in the title, verb of the general objective, method used, type of study participants, sample size, data collection technique, analysis technique data, software use, and research topic.

Results.– We found 1870 articles. The journals that publish articles on general health topics focus on the top of the 579 different periodicals covered. Most authors focus on the United States of America and the United Kingdom (54.2%). The most searched objective of qualitative health research is “Explore” (35.7%), the individual interview is the most frequent data collection technique (71.9%) and the thematic analysis of content (29.6%), the most used analysis technique. Analysis software was used in only 4.7% of qualitative health research.

Conclusion.– Scientific production using qualitative methods is much diversified and many not yet published by journals whose themes are more specific to health.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0211

Post-traumatic stress disorder and depression among adults survivors of the 7.8 magnitude earthquake in Ecuador

V. Valdez^{1*}, C. Santana², M. Cajas¹, D. Reyes¹, E. Avila¹, V. Naranjo¹, V. Cevallos¹, D. Orellana¹, M. Borja¹

¹ Universidad Católica Santiago de Guayaquil, psychiatry, Guayaquil, Ecuador; ² Universidad Católica Santiago de Guayaquil, investigation, Guayaquil, Ecuador

* Corresponding author.

Introduction.– In April, 2016, a 7.8 magnitude earthquake affected the Ecuadorian coast, leaving 673 deaths, and 28.775 people living in shelters. The economy and health conditions were severely affected, situation that persists.

Objective.– To determine the prevalence of post-traumatic stress disorder (PTSD) and Depression among adults survivors, after 10 months of the earthquake. The sample was collected in Pedernales, Manabi, the earthquake's epicenter, a rural area of Ecuador.

Methods.– A cross-sectional prevalence study was performed in a random sample of 93 adults (37 men, 56 women). They lived in Pedernales during the earthquake. We randomly chose 42 participants who lived in shelters and 52 in the surrounding areas nearby the shelters. The scales used were: the Davidson Trauma Scale (DTS), the PCL 5 and the Beck depression inventory (BDI). Premedical students collected the sample; they were trained to offer scales information.

Results.– The median age of the sample was 29 [22–44.5], 38 (41%) single, 73 (79%) at least 1 child, 84 (94%) primary level education, 14 (15%) reported alcohol abuse. According to DTS, 61 participants (66%) were positive for PTSD. PCL 5 reported 30% of PTSD. BDI

showed 20% minimal depression, 10%, mild depression, 4% moderate and 3% severe depression.

Conclusions.– After 10 months of the earthquake, PTSD was positive at 66%. People with higher educational level were more likely to be affected on PTSD and depression ($P \leq 0.05$). The educational factor was a challenge; the residents could not manage the self-rating scales. The Province of Manabi-Ecuador, has an urgent need to be fulfilled.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0212

Men raped in war captivity – Consequences even 20 years later

A. Vlastic^{1*}, F. Kovac², M. Arambasic Odak³, D. Ivanisevic⁴

¹ Faculty of humanistic sciences, university Hercegovina, psychology, Livno, Bosnia, Herzegovina; ² Institute for medical assessment of health status, medical expert of second instance proceedings, Sarajevo, Bosnia, Herzegovina; ³ Institute for medical assessment of health status, head of division for first instance procedure, Mostar, Bosnia, Herzegovina; ⁴ Faculty of education, university Dzemal Bijedic, psychology, Mostar, Bosnia, Herzegovina

* Corresponding author.

Introduction.– The war in Bosnia and Herzegovina ended over 20 years ago, but the consequences are still visible. Probably the greatest taboo of war are hundreds of men raped in war captivity. Women stood up long ago, but men kept quiet for a long time. Their stories have different dimension then those of raped women. Their voices need to be heard. There are no known researches examining extensive consequences of male rape in war.

Objectives.– We hypothesised higher risk of different mental health problems and personality changes among men who experienced rape in war captivity than those who didn't experience rape in war captivity and control group.

Methods.– 80 men who were raped in war captivity are compared to 80 men not raped in war captivity and 80 men of the same age, who lived in Bosnia and Herzegovina during war, but had no war-traumas (control group).

Results.– Men who were raped in war captivity showed higher prevalence of suicide attempts, psychosomatic symptoms, self-destructive behaviour, sleeping difficulties, marital and sexual dissatisfaction compared to two other groups ($P < .05$) even two decades later. The most valuable findings are personality differences between men who were raped and men who were solely kept in captivity and control group.

Conclusions.– The war rape among men has expected intensive long-term effects on mental health but also personality changes that were not found in other populations. Better psychological support is needed as well as research on transgenerational effects of trauma.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0213

A microgenetic approach to the relationship between creativity and aggression in mental disorders

H. Yaniv^{1*}, J. Glicksohn²

¹ Bar Ilan university, criminology, Jerusalem, Israel; ² Bar Ilan university, criminology, Ramat Gan, Israel

* Corresponding author.

The lecture will present a research investigates the connection between creativity and aggression in different mental disorders, and examining their mutual influence on each other, in reference to Eysenck's three dimensions of personality, as well as to other personality's traits. The study examines five different groups: (1 and 2) individuals dealing with mental disorders – with or without a background of aggression; (3) creative-individuals; (4) aggressive-individuals; (5) and a control group. The main comparison focuses on examining cognitive psychopathology which leads the positive aspect to creativity on the one hand, and the negative aspect to aggression on the other hand.

These topics are investigated by using various questionnaires as well as by the microgenetic-method, which uses visual stimulation, in this study artworks. By using this method it is possible to investigate the influence of visual perception of stimuli and the way individual projects his or her inner world and personality is tested by examining the projection content toward the stimulus.

The expectation is to find relationship between creativity and aggression, especially in psychopathology groups. This relationship connects broadly to the psychoticism dimension of Eysenck's three personality dimensions, which is also expected to be high among the pathologies groups. These pathology populations were deliberately chosen because they are on the extreme expression of various personality traits and dimensions, particularly the aspects related to measures of creativity and aggression. Consequently, psycho-therapy for those populations can be suited specifically to the individual's profile, using different creative therapy methods. First results will presents.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Psychophysiology / Women, Gender and Mental Health

PW0214

Bipolar disorder and schizophrenia with postpartum onset: Clinical cases study

F. Amdouni*, R. Damak, H. Maatallah, I. Berrahal, W. Cherif, S. Ellini, M. Cheour

Razi hospital, psychiatry E, Mannouba, Tunisia

* Corresponding author.

Introduction.– Postpartum psychosis can be isolated or inaugurate either schizophrenia or bipolar disorder. The clinical course of this entity is still unspecific and few studies focused on acute and follow up characteristics predicting outcome of this first episode.

Aims.– The aim of our study is to describe clinical course of first postpartum episode psychosis in schizophrenia and bipolar disorder.

Methods.– It is a retrospective study. We collected the cases of female patients hospitalized between 2011 and 2017, in department “E” of psychiatry in Razi hospital, for first psychotic episode. We studied the clinical characteristics of acute episode, quality of follow up (treatment adherence and relapses frequency) and diagnostic stability.

Results.– 9 patients were included in the study. 5 have bipolar disorder and 4 are schizophrenic. Both groups had mood disorders in first postpartum episode psychosis. Patients who presented mania in postpartum psychosis seem to evaluate to bipolar disorder. Patients with depressive disorder showed diagnosis instability. No difference in adherence treatment or relapses frequency was observed between the groups.

Conclusion.– The outcome of postpartum psychosis is still unclear. Depressive mood disorder is still a confusing element between schizophrenia and bipolar disorder, which causes delayed diagnosis. Future studies should focus on first episode psychosis in postpartum period in order to enhance therapeutic care.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0217

Psychopathological side-effects of hormonal contraception: A meta-analysis of randomized placebo-controlled trials

N. Brondino¹*, E. Codrón², E. Martini³, R. Nappi³

¹ University of Pavia, department of brain and behavioral sciences, Pavia, Italy; ² University of Pavia, department of public health, experimental and forensic medicine, section of hygiene, Pavia, Italy;

³ University of Pavia, research center for reproductive medicine, gynecological endocrinology and menopause, IRCCS S. Matteo Foundation, department of clinical, surgical, diagnostic and pediatric sciences, Pavia, Italy

* Corresponding author.

Introduction.– Despite a long debate, there is no consistent evidence of the presence and extent of psychopathological side-effect of hormonal contraception. However, these side-effects are often reported as the main motive of hormonal contraception discontinuation and poor compliance.

Objectives.– The aim of the present meta-analysis is to evaluate the psychopathological effect of hormonal contraception in healthy women.

Methods.– We searched Web of Science and Embase (from database start date to August 2017) for articles with the keywords (“contraception”, “anxiety”, “depression”, “randomized”) and related MESH terms combined with Boolean operators. We selected all randomized placebo-controlled trials yielding data on the effect of hormonal contraception on psychological symptoms in healthy women. Statistical analysis was conducted using Comprehensive Meta-Analysis 2.0 and RevMan 5.3.

Results.– The literature search identified 440 publications. After title/abstract screening, 39 publications were obtained for detailed evaluation, of whom 11 were deemed useful for meta-analytical purposes.

Conclusions.– There is still need for well-designed larger randomized trials in order to better elucidate this issue.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0221

Lithuanian suicide rate and allostatic load – Putting the pieces together

A. Lengvenytė¹*, R. Strumila²

¹ Vilnius university, faculty of medicine, clinic of psychiatry, Vilnius, Lithuania; ² Clinic of psychiatry, Vilnius, Lithuania

* Corresponding author.

Introduction.– Lithuania has one of the highest suicide rates, which peaked in 1995, four years after the independency from Soviet Union. Constant challenges in a new country may have caused suicides not only directly, but also by inducing a plethora of metabolic changes that may be explained by allostatic load paradigm. Allostasis describes mechanisms that change the variable by predicting future demand and overriding local feedback to meet it. While it is

vital for adaptation, excess challenges lead to inefficient response by adaptive systems. This phenomenon is called allostatic load.

Objectives.– To find out whether allostatic load is a plausible explanation of the high Lithuanian suicide rate.

Methods.– Literature search in PubMed was carried out.

Results.– It is proven that stress causes a wide-waisted phenotype. Lithuanians waist to hip ratio has increased significantly during independency. A possible mechanism for that is through allostatic load, caused by various stressors, that leads to hyperinsulinemia and insulin resistance. LiVicordia study from year 1992, where Lithuanian men showed an attenuated cortisol response to the laboratory stress test, compared to Swedes, supports this hypothesis [1]. Allostatic load has been linked to anxiety, depression and addiction – states that are highly correlated with suicide.

Conclusions.– Too big allostatic load, caused by constant multiple stresses linked to transition in country economic, political and institutional system, without time to adjust, may be behind the country's high suicide rate.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Reference

[1] Kristenson M, et al. Attenuated cortisol response to a standardized stress test in Lithuanian versus Swedish men: the Li-Vicordia study. *Int J Behav Med* 1998;5:17–30.

PW0222

Trajectories of maternal prenatal stress, depression, and anxiety, and their association with prematurity and neonatal outcomes

H.A. Lim^{1*}, T.E. Chua², R. Malhotra³, J.C. Allen- Jr⁴, I. Teo³, K.H. Tan⁵, H. Chen²

¹ Duke-NUS medical school, office of education, Singapore, Singapore;

² KK women's and children's hospital, psychological medicine, Singapore, Singapore; ³ Duke-NUS medical school, health services and systems research, Singapore, Singapore; ⁴ Duke-NUS medical school, centre for quantitative medicine, Singapore; ⁵ KK women's and children's hospital, maternal fetal medicine, Singapore

* Corresponding author.

Introduction.– Maternal prenatal distress has controversially been associated with poor foetal outcomes; past work has often used only one assessment to represent the entire pregnancy without adjusting for prematurity. This prospective cohort study sought to (1) identify trajectories of prenatal distress (stress, depression, and anxiety) throughout pregnancy, and (2) determine the influence of the delineated prenatal distress trajectories on neonatal outcomes (prematurity and neonatal anthropometry).

Methods.– 926 healthy women with singleton pregnancies from a tertiary hospital in Singapore self-reported symptoms of stress (PSS), depression (EPDS), and anxiety (STAI) during their first, second, and third trimesters, and before birth. Neonatal body weight (kg), length (cm), head circumference (cm) and gestational age (weeks) were recorded at birth. Prenatal distress trajectories were estimated via latent growth mixture models; their association with gestational age and neonatal anthropometry were determined via regressions.

Results.– Analyses suggested that women fell into either: (1) High-Stable (HS; scoring consistently above recommended instrument cut-offs); (2) Subclinical/Subthreshold (hovering consistently at or just above/below recommended instrument cut-offs); or (3) Low-Stable (scoring consistently below recommended instrument cut-offs) trajectories through the pregnancy. Only the HS depression trajectory was associated with shorter gestations ($\beta = -.068$, $P < .05$). After adjusting for gestational age, only the HS stress tra-

jectory was associated with lower birth weights ($\beta = -.058$, $P < .05$) and smaller head circumferences ($\beta = -.071$, $P < .05$).

Conclusions.– Women maintain relatively stable distress symptoms throughout the pregnancy, which highlights the potential for early identification of women at-risk for HS trajectories. When coupled with early and appropriate interventions, these may also improve neonatal outcomes.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0223

Stockholm syndrome, a rare psychological disease: Results of the development, validation and real life application of the Stockholm Syndrome Scale

S. Obeid^{1*}, S. Hallit²

¹ Psychiatric hospital of the Cross, psychology, Beirut, Lebanon;

² Psychiatric hospital of the Cross, research, Jal-Eddib, Lebanon

* Corresponding author.

Keywords: Stockholm syndrome; Fusion; Dependence; Beating
Objective.– To validate the Stockholm Syndrome Scale (SSS) and assess the role of this syndrome at the level of activation of early maladaptive schemas in women that are victims of marital violence.

Methods.– This case-control study, performed between April and August 2016 in 3 specialized centers for women abuse, included 30 women (14 cases and 16 controls).

Results.– The SSS items converged over a solution of two factors, explaining a total of 85.33% of the variance. The internal consistency of the scale was high, with a high Cronbach's alpha found for the full scale (0.936). Having a severe level of fusion, a moderate level of dependence on the partner and being beaten in a frequency of multiple times per month would significantly increase the SSS score (Beta = 48.37; Beta = 58.03 and Beta = 12.587) respectively. Having a moderate level of fusion, a moderate and severe level of sacrifice would decrease the SSS score (Beta = -56.30; Beta = -56.53 and Beta = -55.83) respectively.

Conclusion.– This study highlighted the correlation between dysfunctional cognitive schemas, developed during childhood and adolescence, and the development of the Stockholm syndrome in women victims of domestic violence.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0227

Personality traits and autonomic nervous system – Cross sectional study

M. Slepecky¹, A. Kotianova¹, M. Kotian¹, J. Prasko², I. Majerčák³, E. Gyorgyova⁴, M. Zatkova¹, M. Popelkova¹, M. Chupacova¹, I. Tonhajzerova⁵

¹ Faculty of social science and health care, Constantine the Philosopher university in Nitra, Slovak Republic, department of psychology sciences, Nitra, Slovak Republic; ² Constantine the Philosopher university in Nitra, Slovak Republic, faculty of medicine and dentistry, Olomouc, department of psychology sciences, department of psychiatry, Nitra, Slovak Republic; ³ Faculty of medicine, Pavol Josef Safarik university in Košice, Slovak Republic, 1st department of internal medicine, Košice, Slovak Republic; ⁴ MUDr Ivan Majerčák, Mudronova 29, Košice, internal medicine and cardiology private practice, Kosice, Slovak Republic; ⁵ Jessenius faculty of medicine in Martin, Comenius University in Bratislava, Martin, Slovak Republic, department of physiology, biomedical center Martin, Martin, Slovak Republic

* Corresponding author.

Background.– The epidemiological data displayed that the psychosocial problems are considerably associated with the development of cardiovascular diseases. Emotional distress stimulates sympathetic activity creating the variations in cardiovascular system – an increase in blood pressure, heart rate, and relocation of blood flow. It is a question whether some personality traits associated with a higher level of distress are related to dysregulation of the autonomic nervous system.

Method.– Cross sectional study collected data for the evaluation the relationship between personality traits, and psychophysiological measurements as early risk indicators of CVD. Seventy four healthy persons with no medication in the age higher than 21 years were measured under standard conditions. Participants fill out Temperament and Character Inventory (TCI-R), Dissociative Experience Scale (DES), and Demographic questionnaire. Power spectra were computed by a fast Fourier transformation for three spectrum ranges: (a) Very low frequency (VLF: 0.0033–0.04 Hz), (b) Low-frequency (LF: 0.04–0.15 Hz) and (c) High frequency (HF: 0.15–0.40 Hz) powers.

Results.– In basal conditions: Dissociation measured by DES negative correlated with heart rate in basal conditions. Three domains, Novelty-Seeking, Harm-Avoidance, and Persistence have no correlation with any psychophysiological measures in basal condition. Reward-Dependence negative correlate with SCL, and with respiratory thorac-abdomen difference. Self-directedness correlated negatively with SDRR. Cooperativeness negatively correlated with SDRR, HF, SCL, and respiration thorac-abdomen difference.

Conclusion.– Results suggest that particular personality traits may be connected with specific characteristics of the autonomic nervous system activity.

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PW0228

Psychological distress, quality of life, and cardiovascular risk factors

M. Slepecky¹, A. Kotianova¹, J. Prasko², I. Majerčák³, E. Gyorgyova⁴, M. Kotian¹, M. Popelkova¹, M. Zatkova¹, M. Ociskova⁵, I. Tonhajzerova⁶

¹ Faculty of social science and health care, Constantine the Philosopher university in Nitra, Kraskova 1, department of psychology sciences, Nitra, Slovak Republic; ² Faculty of social science and health care, Constantine the Philosopher university in Nitra, Kraskova 1, faculty of medicine and dentistry, university Palacky Olomouc, department of psychology sciences, department of psychiatry, Olomouc, Czech Republic; ³ Faculty of medicine, Pavol Josef Safarik university in Kosice, first department of internal medicine, Kosice, Slovak Republic; ⁴ Internal medicine and cardiology private practice MUDr Ivan Majerčák, Mudronova 29, Kosice, internal medicine and cardiology private practice, Kosice, Slovak Republic; ⁵ Faculty of medicine and dentistry, university Palacky Olomouc, university hospital, 77520 Olomouc, department of psychiatry, Olomouc, Czech Republic; ⁶ Jessenius faculty of medicine, Mala Hora 10701, 03 601 Martin, department of physiology, biomedical center Martin, Martin, Slovak Republic

* Corresponding author.

Psychological distress is often considered a component of a cardiovascular risk. Emotional distress stimulates sympathetic activity producing fluctuations in the cardiovascular system – tachycardia, hypertension, and relocation of the blood flow.

Objective.– The study aim is to determine which psychological, psychophysiological, and anthropometric factors are connected with life events, depressivity, and quality of life in the persons in risk for the cardiovascular disease and healthy controls.

Method.– The patients treated with arterial hypertension were compared with healthy controls. The measurements included a physical examination, an administration of questionnaires, anthropological assessments, parameters of the cardiovascular system, and measurements of psychophysiological functions in a cross-sectional study.

Results.– There were 45 patients with cardiovascular problems with age 46.33 ± 12.39 years, and 54 healthy participants with age 35.59 ± 13.39 . In healthy subjects, total score the life events was not correlated with any cardiovascular or anthropometric factor. A score of depression significantly correlated with the Waist-to-height ratio, Augmentation Index, Body fat percentage, and Fat control. The quality of life - visual scale correlated with the body temperature, blood pressure, and Percentage of body fat. In the group of the patients with the cardiovascular disorders, the score of life events did not correlate with any measured cardiovascular or anthropometric factor. The level of depression correlated with Augmentation index. The quality of life - visual scale significantly correlated with body temperature, Waist-to-height ratio, and Fat control.

Conclusion.– Results suggest some possible mechanisms by which stress may exert adversarial effects on cardiovascular morbidity in healthy persons

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0229

Stress profile in panic disorder patients in comparison with matched healthy controls

M. Slepecky^{1*}, A. Kotianova¹, J. Prasko¹, M. Kotian¹, M. Chupacova¹, M. Zatkova¹, I. Tonhajzerova²

¹ Faculty of social science and health care, Constantine the Philosopher university in Nitra, Slovak Republic, department of psychology sciences, Nitra, Slovak Republic; ² Jessenius faculty of medicine, Mala Hora 10701, 03 601 Martin, department of physiology, biomedical center Martin, Martin, Slovak Republic

* Corresponding author.

Alarming somatic symptoms are the characteristic features of panic attacks. Increased cardiac mortality and morbidity have been proposed in these patients. Power spectral analysis of electrocardiogram R-R intervals is known to be a particularly successful tool in the detection of autonomic instabilities in various clinical disorders. The aim of our study is to measure the differences between autonomic nervous system and cardiac parameters in healthy volunteers and patients with panic disorder.

Methods.– We assessed psychophysiological variables in 30 patients with panic disorder (10 men, 23 women, and 30 age and gender matched healthy controls. Patient were treatment naïve. Pulse, blood pressure, muscle tension, and heart rate variability in basal conditions and after the psychological task was assessed. Power spectrums were computed for total power, very low frequency, low-frequency and high frequency bands using fast Fourier transformation.

Results.– There were statistically significant differences between healthy controls and patients with panic disorder in pulse, totalpower spectrum, SDRR, and surface EMG in baseline. During the mental arithmetic task, we found higher LF / HF ratio in patients with PD (panic disorders 2.1 + 2.1 versus controls 1.3 + 0.9; $P < 0.05$). **Conclusion.**– These findings demonstrate a higher sympathetic activity, a lower parasympathetic activity, a higher ratio between sympathetic and parasympathetic activity, in panic disorder patients in comparison with healthy controls. During the mental task the ratio between sympathetic and parasympathetic activity was increased.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

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Schizophrenia and Other Psychotic Disorders - Part I

PW0231

Psychological interventions in early onset psychosis: A systematic review

N. Anagnostopoulou^{1*}, M. Kyriakopoulos², A. Alba³

¹ South London & Maudsley NHS Trust, Bethlem adolescent unit, London, United Kingdom; ² King's college London, institute of psychiatry, psychology & neuroscience, London, United Kingdom; ³ South London & Maudsley NHS Trust, Acorn Lodge children's unit, London, United Kingdom

* Corresponding author.

Background.– Early onset psychosis (EOP), with onset before the age 18, is a more severe form of psychosis associated with worse prognosis. While medication is the treatment of choice, psychological interventions are also considered to have an important role in

the management of symptoms and disability associated with this condition. The present review aimed to explore the effectiveness of such interventions.

Method.– An electronic search was conducted on the Embase, Medline and PsychInfo databases for papers of randomized controlled trials (RCTs) referring to psychological interventions in EOP. References of identified papers were hand searched for additional studies. Identified studies were quality assessed.

Results.– Eight studies were included in the present review evaluating cognitive remediation therapy (CRT), cognitive behavioural therapy (CBT), a family intervention and psychoeducation. CRT was associated with improvement in cognitive function and CBT and CRT seem to also have a positive effect in psychosocial functioning. Symptom reduction appears to not be significantly affected by the proposed treatments.

Conclusions.– There is some evidence supporting the effectiveness of psychological interventions in EOP. However, most research on adolescents is focused on CRT and its effects on cognitive deficits. More studies on the effects of psychological interventions in EOP are urgently needed.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0233

Neurocognitive profile in schizophrenia: A nested cross-sectional study

D. Bošnjak^{1*}, P. Makaric¹, I. Kekin², Z. Bajic³, T. Sabo¹, A. Savic⁴, M. Zivkovic⁵, A. Silic⁴, D. Ostojic⁴, Z. Madzarac², P. Breccic⁶, V. Jukic⁷, M. Rojnic Kuzman²

¹ University psychiatric hospital Vrapce, general psychiatry, Zagreb, Croatia; ² Zagreb university hospital centre, department of psychiatry, Zagreb, Croatia; ³ Biometrika healthcare research, research, Zagreb, Croatia; ⁴ University psychiatric hospital Vrapce, department for diagnostics and intensive care, Zagreb, Croatia; ⁵ University psychiatric hospital Vrapce, department for psychotic disorders, Zagreb, Croatia; ⁶ University psychiatric hospital Vrapce, department for affective disorders, Zagreb, Croatia; ⁷ University psychiatric hospital Vrapce, department for forensic psychiatry, Zagreb, Croatia

* Corresponding author.

Introduction.– Neurocognitive deficits in schizophrenia are present from the beginning of the illness, with the majority of authors reporting domain specific differences (e.g. verbal fluency) in neurocognitive deficits. However, it is unclear whether neurocognitive impairment is progressive/ variable over time, or relatively stable from the first episode psychosis.

Objectives.– To analyze the neurocognitive profile in patients with first episode psychosis and schizophrenia.

Methods.– We conducted a cross-sectional study including patients with first episode psychosis ($n = 100$) and schizophrenia ($n = 100$) recruited from three Croatian hospitals during their hospital treatment due to acute psychosis. Assessment included battery of various neurocognitive tests representing five domains of neurocognition.

Results.– Our results showed that three structurally equivalent neurocognitive profiles fitted the data the best for both patient groups. Profiles differed in the successfulness in domain specific tests, with Profile 1 being “The best”, Profile 2 “Medium” and Profile 3 “The worst”. “The best” profile was more prevalent in the first episode patients' group (40.2%), who also had better performance in all neurocognitive tasks.

Conclusions.– Neurocognitive profiles present specific traits of schizophrenia, that are present from the first episode of psychosis

and do not change in its nature, but rather deteriorate linearly with the progression of illness.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0234

Differences in cognitive profiles between optimal and sub-optimal educational attainment in students with schizophrenia

A. Chattopadhyay^{1*}, C. Naveen Kumar², T. Sivakumar², U. Mehta², J. Thirthalli²

¹ Pravara institute of medical sciences, psychiatry, Mumbai, India;

² NIMHANS, psychiatry, Bengaluru, India

* Corresponding author.

Introduction.– Schizophrenia is a severe mental illness with significant dysfunction in various life areas. Cognition has become the key talking point with cognitive impairments noted not only in patients with chronic schizophrenia but also predating the psychotic changes as noted in several studies.

Objectives.– To observe differences, if any, in various cognitive domains between students affected with schizophrenia with optimal educational outcomes and sub-optimal educational outcomes

Methods.– Convenient sampling was done to identify patients between 16–30 years of age, who were students diagnosed to have schizophrenia and were in remission, were recruited from inpatient population in NIMHANS psychiatry department.

22 patients were included for the interview. Of these, 2 were not included in the final sample for analysis due to change in diagnosis Cognitive Assessment was done using the MATRICS-CCB equivalent scale.

The domains assessed were working memory, speed of processing, verbal memory, visual memory, attention and vigilance as well as executive function.

The results were analyzed using appropriate statistical methods.

Results.– With respect to the neuropsychological parameters, the sub-optimal group scored significantly better with respect to AVLT and Verbal N Back 1 scores. Other differences were not reaching significance.

The results are displayed in Table 1.

Table 1 Comparison of neuropsychological parameters between schizophrenia patients with optimal and sub-optimal educational outcomes.

Parameters	Optimal	Sub-optimal	p
AVLT	16.1±3.9	15.9±5.4	0.93
DSST	260.8±87.8	210.4±43.8	0.19
CFT	18.4±9.4	20.1±11.1	0.74
VNB1	6.8±1.6	8.7±0.4	0.008
VNB2	4.2±3.9	6.0±1.5	0.25
Color Trails 1	89.6±14.4	74.3±10.1	0.06
Color Trails 2	188.6±48.9	179.6±30.9	0.69

AVLT: Auditory verbal learning test,
DSST: Digit symbol substitution test,
CFT: Complex figure test,
VNB: Verbal N-back test

Conclusion.– Though the sample size would need to be increased to generate a hypothesis, an interesting finding of the study was that cognition (that too isolated variables measuring a limited aspect of it) alone is not sufficient to account for educational outcome.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0235

Are there gender differences in the impact of symptoms on health-related quality of life in schizophrenia?

C. Domenech^{1*}, V. Moneta², C. Bernasconi³, A.L. Nordstroem³, J.M. Haro²

¹ Parc Sanitari Sant Joan de Deu, Universitat de Barcelona, Barcelona, Spain; ² Parc Sanitari Sant Joan de Deu, Cibersam, Barcelona, Spain;

³ F. Hoffmann-La Roche Ltd, Basel, Basel, Switzerland

* Corresponding author.

Introduction.– Health related quality of life (HRQoL) is the patient self-perception of health.

Objectives.– To analyze gender differences in the relationship between the symptoms and HRQoL.

Methods.– Data is part of the Pattern study, an international, multi-centric, observational study. Adult outpatients with schizophrenia who did not have an acute psychotic exacerbation in the three months prior to baseline were evaluated with the PANSS, the Schizophrenia Quality of Life Scale (SQLS), the Short Form-36 (SF-36), and the EuroQol-5 Dimension (EQ-5D) questionnaires. Lindenmayer et al.'s five factors were used. Separate regression models were fitted for women and men using each HRQoL measure as dependent variable. All models included country, age and variables significantly associated to the outcome as covariates.

Results.– The sample included 391 females and 954 males. PANSS total score was 80.6 (SD 23.6) for females and 77.9 (SD 22.1) for males. Men reported a higher HRQoL in all scales. In females, higher PANSS negative and affective symptoms were associated with lower SQLS score. In males, higher PANSS positive and affective symptoms were associated with lower SQLS score. The same pattern appeared with EQ-VAS and EQ-tariff. In females, the SF-36 mental component score was lower with increasing age and increasing severity of the PANSS affective score. In males, the SF-36 mental component score was lower with increasing severity of the PANSS affective, positive and cognitive scores.

Conclusions.– HRQoL may be influenced by different types of symptoms in women and in men. This should be considered when determining treatment targets.

Disclosure of interest.– The Pattern Study was funded by Roche, who freely provided the database to the authors. The statistical analysis and manuscript content were directed, conducted and approved by the authors. Corrado Bernasconi and Anna-Lena Nordstroem are Roche employees. Josep Maria Haro received honoraria for participating in the PATTERN study advisory board. Cristina Domenech and Victoria Moneta have no conflict of interest.

PW0236

Retrospective one-year follow-up study of one-monthly paliperidone palmitate in in-patient unit

E. Segura^{*}, C. Rodríguez, L. Asensio, L. Nuevo, L. Cabanillas, I. Gomez, L. Beato

Hospital General Ciudad Real, Psychiatry, Ciudad Real, Spain

* Corresponding author.

Introduction.– Mental illness are characterized by non-adherence treatment, frequently relapse and bad prognosis. To prevent and to improve these aspects in the last years we have long-acting antipsychotics. The use of long-acting antipsychotics are extended in the treatment of schizophrenia and in severe mental disorder.

Objets.– Retrospective one-year follow-up analysis of patients admitted in an inpatient unit that were discharge with one-monthly paliperidone palmitate.

Method.– We analyze patients admitted during a year in an In-patient Unit and discharged with one-monthly paliperidone palmitate. We review the previous 6 months and next 6 months to control pre-/re-admissions.

Results.– Of total admissions, 76 patients were discharge with one-monthly paliperidone palmitate, with a significantly lower average stay than the global one. The mean age was 31.8, 37% were women and 63% men. 56.5% had substance abuse. 72% of patients were admitted in the previous 6 months. Abandonment of treatment is the cause of admission in the 50%. In re-admissions in the next 6 months, only 26 patients were admitted and the first cause was abandonment of treatment. The more frequent doses were: 150 mg (57%), 100 mg (34%). 42% were discharge in antipsychotic monotherapy. The most frequent diagnosis were paranoid schizophrenia (35%), Schizoaffective disorder (22%) [1].

Conclusions.– Due to clinical experience, we can conclude that paliperidone palmitate is associated with reduction in hospital re-admissions and days in hospital in patients with severe mental disorder, improves adherence and therapeutic compliance.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

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PW0239

The Massachusetts general hospital schizophrenia program patient registry: A population-based tool for patient-centered and reverse integrated care for patients with serious mental illness

O. Freudenreich*, S. MacLaurin, K. Irwin, H. Brown, A. Donovan, C. Cather, J. Roffman, B. Brent, K. Cieslak, J. Puckett, E. Evins, L. Namey, D. Holt

Massachusetts general hospital, schizophrenia clinical and research program, Boston, USA

* Corresponding author.

Introduction.– Providing safe and patient-centered care to patients with serious mental illness is challenging in a fragmented care system. In the United States, siloed psychiatric and medical care complicates access to care and, for those with schizophrenia, contributes to high medical morbidity. A patient registry can serve as a population-based tool to promote care integration, implement guidelines, and identify patients who need more intensive management.

Objectives.– Introduce the concept of a patient registry for a schizophrenia program to increase integration between their physical and mental health care; describe our program's experience with the process of implementing such a registry; and provide baseline assessment data.

Methods.– Our program developed a registry to systematically collect psychiatric and physical data (metabolic risk assessment) for all our patients. Routinely collected information, including general- and disorder-specific rating scales, becomes part of the registry.

Results.– We established the registry first for our clozapine program. With the help of the registry, we implemented a metabolic monitoring program; added a diabetes self-management group; increased efforts supporting smoking cessation; improved the process of referral to community services; and improved access to cancer care. Expanding the registry to other patients groups (first-episode clinic) has been challenging due to different electronic

medical records, complex work-flows, and a high administrative burden (data entry).

Conclusions.– Creating a disorder-specific registry can serve as a platform to better organize care for patients with schizophrenia. However, maintaining a registry requires a sustained effort and substantial resources, including information technology support.

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PW0240

Gut microbiome and magnetic resonance spectroscopy study of subjects at ultra-high risk for schizophrenia support the membrane hypothesis

Y. He

University of California, San Diego, department of psychiatry, San Diego, USA

* Corresponding author.

Background.– The microbiota-gut-brain axis and membrane dysfunction in the brain has attracted increasing attention in the field of psychiatric research. However, the possible interactive role of gut microbiota and brain function in the prodromal stage of schizophrenia has not been studied yet.

Methods.– To explore this, we analyzed differences in fecal microbiota and choline concentrations in the anterior cingulate cortex (ACC) of 81 high risk (HR) subjects, 19 ultra-high risk (UHR) subjects and 69 health controls (HC).

Results.– Presences of the orders Clostridiales, Lactobacillales and Bacteroidales were observed at increase levels in fecal samples of UHR subjects compared to the other two groups. This finding indicates the increase of Short Chain Fatty Acids (SCFAs) and further activation of microglia. This is confirmed by an increase in choline levels, an imaging marker of microglia activation, which is also significantly elevated in UHR subjects compared to the HR and HC groups.

Conclusion.– Both gut microbiome and imaging studies of UHR subjects suggest the activation of microglia in the brain and hence support the membrane hypothesis of schizophrenia.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0242

The efficacy of vitamin D supplementation in the treatment of schizophrenia

H. Jamilian¹, B. Sadeghi Sedeh², H. Ahmadloo¹

¹ School of medicine, Arak university of medical sciences, psychiatry, Arak, Iran; ² School of medicine, Arak university of medical sciences, social medicine, Arak, Iran

* Corresponding author.

Introduction.– Vitamin D as a neuroactive compound, a prohormone, is highly active in regulating cell differentiation, proliferation, and peroxidation in a variety of structures, including the brain. The central nervous system is increasingly recognized as

a target organ for vitamin D via its wide-ranging hormonal effects, including the induction of proteins such as nerve growth factor.

Objectives.– To evaluate the efficacy of vitamin D in the treatment of schizophrenia

Methods.– In this randomized clinical trial 70 patients with schizophrenia according to DSM-5 criteria were divided randomly in two equal groups. Intervention group received 20–25 mg olanzapine per day for 3 months and 300,000 IU vitamin D as intramuscular injection once at the beginning of the study. The other group received 20–25 mg olanzapine per day for 3 months plus placebo. Positive and negative syndrome scale (PANSS) was done at the beginning of the treatment and repeated 1, 2, and 3 months after the beginning of the treatment. Creatinine, fasting blood sugar, parathyroid hormone, calcium, and phosphor were assessed in both groups before and at the end of the study.

Results.– Intervention group (olanzapine + vitamin D) showed a significantly greater improvement on PANSS than the placebo group (olanzapine + placebo) at month 2 and endpoint ($P < 0.001$). There was not any significant difference between two groups regarding to Creatinine, fasting blood sugar, parathyroid hormone, calcium, and phosphor.

Conclusion.– Vitamin D is effective in the treatment of schizophrenia.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0245

Improvement in outcomes after switching to one-month long-acting injection paliperidone palmitate

J.E. Muñoz Negro¹, V. Martí Garnica², M.D. Ortega García^{3*}, R. Gómez Pasalacqua⁴, S. Marin García⁵

¹ UGC Salud Mental Granada. Hospital Campus de la Salud. Servicio Andaluz de Salud., Psychiatry, Granada, Spain; ² CSM Caravaca, Psychiatry, Caravaca, Spain; ³ CSM Cartagena, Child and Adolescent Mental Health Centre, Cartagena, Spain; ⁴ Psychiatrist trainee. Hospital de Agudos Parmenio T. Piñero, Psychiatry, Ciudad Autónoma de Buenos Aires, Argentina; ⁵ CSM Lorca. Servicio Murciano de Salud., Psychiatry, Lorca, Spain

* Corresponding author.

Introduction.– Long acting antipsychotics can provide a higher clinical stability and an improvement in patients' global functionality leading to decrease in hospital admissions, better therapeutic compliance and less relapse rate and side effects.

Objective.– Describe changes of global functioning in patients after switching to one-month long-acting paliperidone palmitate.

Methods.– One-year prospective, observational study of 50 outpatients with psychotic disorders, belonging to the Spanish National Health System, who switched to one-monthly paliperidone palmitate in order to get clinical stability. Assessment functionality included the Global Assessment Functionality (GAF) at the baseline and at endpoint after 12-months of switching treatment. Family satisfaction was measured by a 5 items questionnaire based on Solution-Focused Brief Therapy at the endpoint. Sociodemographic data were described. Changes in GAF scoring between baseline and endpoint were evaluated using One-Way ANOVA and a linear regression model.

Results.– The improvement in GAF at the endpoint experienced by outpatients after switching to one-monthly paliperidone palmitate was statistically significant ($F = 14.123$; $P < .001$). Baseline GAF $M = 60$; $SD = 12.7$; $CI (56.3–63.7)$ and endpoint GAF $M = 76.3$ $SD = 9.6$; $CI (73.5–79)$. A linear regression model was built including age, sex, previous antipsychotic treatment, family medical records

and diagnose as co-variables and an effect size was estimated ($F = 658,979$; $P \leq 0.0001$, Partial Eta Square: 0.981).

Conclusions.– A statistical significant improvement, in global functionality after switching the previous antipsychotic to one-monthly paliperidone palmitate was achieved, most of improvement was due to the paliperidone palmitate regardless of previous antipsychotic.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0246

A systematic review comparing the neural correlates of empathy associated with the onset and progression of schizophrenia

M. Ponnampalam

The University of Birmingham,

College of Medical and Dental Sciences, Birmingham, United Kingdom

* Corresponding author.

Introduction.– Empathic deficits present in nearly all Schizophrenia patients (SCZ). These result from impairments in various social cognitive tasks, often leading to social isolation and withdrawal. There is evidence that empathy deficits occur before illness-onset in those at 'ultra-high risk of psychosis' (UHR) and those with a 'first-episode of psychosis' (FEP). Empathy defects are associated with neurological abnormalities, which have been studied separately in UHR, FEP and SCZ populations.

Objectives.– This review aims to gain further insight into neurological changes associated with illness progression, by comparing brain changes associated with empathy across UHR, FEP and SCZ populations. Studies considering functional activity, connectivity and structural changes in UHR, FEP and SCZ populations were systematically reviewed.

Methods.– Data from 26 studies was used. All three subgroups showed abnormal patterns of activation and connectivity across a range of regions, particularly in the frontal, limbic and temporal areas.

Results.– Structural abnormalities appeared as widespread grey matter loss, largely in the temporal lobe, across all three participant groups. Notably, impaired empathic behavioural responses were found in FEP and SCZ subjects only, despite neurological abnormalities being evident in all three groups.

Conclusion.– Our findings suggest that abnormal connectivity, structure and activation of the frontal, limbic and temporal areas contribute significantly to empathy deficits, and worsen prior to and during illness progression. However, the multifaceted nature of empathy means that behavioural impairments likely result from a combination of disruptions of the frontal, limbic and temporal areas alongside many other neural networks involved in social information processing.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0247

Use of paliperidone palmitate 3-month formulation: Effectiveness and functionality in clinical practice

S.L. Romero Guillena¹, R. Navarro², B.O. Plasencia Garcia de Diego³, O. Santamaria², F. Gotor Sanchez-Luengo²

¹ U.S.M.C

“Carmona”. U.G.C. Salud Mental área hospitalaria Virgen Macarena, department of psychiatry, Seville, Spain;

² Nuestra Señora de Valme hospital, department of psychiatry, Seville, Spain; ³ De la Merced hospital, department of psychiatry, Osuna, Spain

* Corresponding author.

Introduction.– Paliperidone Palmitate 3-month formulation (PP3M) is a new formulation of the Palmitate salt ester of Paliperidone which provides an extended sustained release of Paliperidone.

Objectives.– The aim of this study was to assess the effectiveness, safety and tolerability of the PP3M in patients with non-acute schizophrenia on an outpatient basis.

Methods.– 35 outpatients with diagnosis of schizophrenia (DSM 5) that started treatment with PP3M were recruited.

On a bimonthly basis, the following evaluations were performed during a follow-up period of 10 months: Positive and Negative Syndrome Scale (PANSS), Personal and Social Performance Scale (PSP), UKU Side Effect Scale and Patient Satisfaction with Medication Questionnaire (PSMQ). Treatment adherence, concomitant medication and hospital admissions.

Efficacy values: Percentage of patients who remained relapse free at the end of the 10 months (as defined by Csernansky).

Results.– Percentage of patients who remained relapse free at the end of the 10 months was 100%.

Mean variations from baseline scores at 10 months were: (-2.7 ± 3.6) on the PANSS and (-2.98 ± 2.35) on the PSP scale.

A not significant increase was found in the number of patients reporting to be “extremely satisfied” or “very satisfied” with their medication (PSQM) (80% at baseline vs. 85.71% at 10 months)

The rate of adherence to treatment with PP3M after 10 months was 94.28%. Tolerance to PP3M was high and none of the patients discontinued their treatment due to adverse effects.

Conclusions.– According to the published works to date, we also found of Paliperidone Palmitate 3-month formulation is effective, safe and well tolerated in clinical practice conditions.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0248

The Importance of long-term effectiveness in clinical practice: A 54-month follow-up study of paliperidone palmitate one-month formulation

S.L. Romero Guillena¹, B.O. Plasencia Garcia de Diego², F. Gotor Sanchez-Luengo³, O. Santamaria³, R. Navarro³

¹ U.S.M.C Carmona. U.G.C. Salud Mental área hospitalaria Virgen Macarena, department of psychiatry, Seville, Spain; ² De la Merced Hospital, department of psychiatry, Osuna, Spain; ³ Nuestra Señora de Valme hospital, department of psychiatry, Seville, Spain

* Corresponding author.

Introduction.– Paliperidone Palmitate one-month formulation (PP1M) has been proven to be an effective treatment for

schizophrenia. Long-term follow-up studies are required to assess the effectiveness to preventing relapse.

Objective.– To assess the long-term efficacy of PP1M in preventing relapse in schizophrenia

Methods.– 28 patients with schizophrenia (ICD-10) that started treatment with PP1M.

During a follow-up period of 54 months were performed:

- Positive and Negative Syndrome Scale (PANSS);
- UKU Side Effect Scale;
- Patient Satisfaction with Medication Questionnaire (PSMQ);
- Personal Social Performance Scale (PSP);
- Screen for Cognitive Impairment in Psychiatry (SCIP);
- Percentage of patients who remained relapse free at the end of the study. Relapse was defined as ≥ 1 of the following [4]: Psychiatric hospitalization, an increase of 25% from base line in the PANSS total score, or an increase of 10 points if the base-line score was 40 or less and an increase in PANSS item scores (P1, P2, P3, P6, P7, or G8) for 2 consecutive assessments.

Results.– Percentage of patients who remained relapse free at the end of the 54 months was 64.26%.

We observed a decrease in the PANSS total score ($\Delta = 21.142 \pm 3.17$; $P < 0.01$).

We found a decrease in the PSP total score ($\Delta = 14.562 \pm 2.73$; $P < 0.01$). A decrease was observed in the number of patients with moderate and severe cognitive impairment (42.84% at baseline vs. 21.42% at 54 months; $P < 0.05$).

Tolerance to PP1M was high and only one of the patients discontinued their treatment due to adverse effects.

The rate of adherence to treatment was 85.68%.

Conclusions.– Long-term treatment with PP1M is effective in the prevention of relapse. An improvement in the functionality was achieved as well.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0249

Cognitive alterations in schizophrenia. paliperidone palmitate one-month formulation versus traditional depot antipsychotics

S.L. Romero Guillena¹, B.O. Plasencia Garcia de Diego², J.A. Alcalá Partera³, L. Gutierrez Rojas⁴

¹ U.S.M.C Carmona. U.G.C. Salud Mental área hospitalaria Virgen Macarena., Department of psychiatry, Seville, Spain; ² De la Merced Hospital, Department of psychiatry, Osuna, Spain; ³ U.S.M.C Palma del Río. Reina Sofía Hospital, Department of psychiatry, Córdoba, Spain; ⁴ San Cecilio Hospital, Department of psychiatry, Granada, Spain

* Corresponding author.

Introduction.– Several studies reveal that atypical antipsychotics improve the cognitive function of patients significantly, as compared to traditional neuroleptics. Limited data is available on long-acting injectable antipsychotics.

Objective.– To assess differences in cognitive impairment in a group of patients with schizophrenia receiving Paliperidone Palmitate one-month formulation (PP1M) vs. a group of patients with schizophrenia receiving traditional long-acting antipsychotics (Depots)

Methods.– This is a descriptive, cross-sectional, multi-center study. Study sample: 36 patients.

Inclusion criteria were: Clinically stable patients with a diagnosis of schizophrenia (according to DSM-5 criteria).

Simple stratified sampling was performed to collect data from patients with schizophrenia receiving PP1M ($n = 18$) versus patients with schizophrenia receiving Depots ($n = 18$). Groups were

matched by age, gender, years of evolution of the disease, and years on formal education.

Functionality in the different cognitive domains was evaluated based on the Brief Assessment of cognition in Schizophrenia (BACS). BACS evaluates the following cognitive domains: Verbal memory, working memory, Motor speed, Verbal fluency, Attention and Executive function.

The data obtained were analyzed using the SPSS 22.0 statistical package.

Results.– In the group receiving PP1M, the most severely impaired cognitive domain was attention, whereas motor speed was barely affected. In contrast, verbal memory was most impaired, whereas motor speed was the least impaired cognitive domain in the group receiving depots.

Patients with schizophrenia taking PP1M showed a better cognitive function in all domains (except for motor speed and attention) than patients receiving depots ($P < 0.05$).

Conclusion.– In our study, Patients with schizophrenia receiving Paliperidone Palmitate one-month formulation have a better cognitive function than patients receiving traditional long-acting antipsychotics.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0251

Disease and health-related beliefs in psychiatric disorders with dermatologic symptoms: Delusional infestation and hypochondriacal disorder

A. Malyutina¹, M. Vinogradova¹, G. Rupchev^{2*}, A. Tkhostov¹

¹ Lomosov Moscow state university, faculty of psychology, Moscow, Russia; ² Federal State Budgetary scientific institution “Mental Health Research Center”, laboratory of psychopharmacology, Moscow, Russia

* Corresponding author.

Introduction.– In psychodermatology delusional infestation and hypochondriacal disorder are psychiatric disorders with delusional beliefs and overvalued ideas, respectively, pathological bodily sensations, self-mutilation and secondary dermatologic symptoms. Despite the intense discussion of their therapeutic challenge there have been few studies evaluating patients' beliefs about disease and health.

Objectives.– To reveal specifics of disease and health-related beliefs in delusional infestation and hypochondriacal disorder.

Methods.– 33 patients with delusional infestation and 16 patients with hypochondriacal disorder with complaints of pathological skin sensations participated in the study. The psychosemantic method “Classification of sensations” was used: patients were asked to select disease and health-related sensations from 80 descriptors from 6 classes of bodily sensations: skin (for example, “itch”), inner body (“sickness”), receptor (“sticky”), emotional (“anxiety”), dynamics (“exhaustion”) and attitudinal (“badly”) descriptors. Fisher's exact test was applied.

Results.– Associated with disease unhealthy skin sensations (“burning”, “itch”), negative attitudinal (“unbearable”) and emotional (“melancholy”) descriptors were frequently ($P \leq 0.05$) chosen in delusional infestation which showed more intense patients' desperation in comparison to patients with hypochondriacal disorder. Analysis of healthy sensations choices revealed a selection ($P \leq 0.05$) of positive emotional descriptors (“peace”, “joy”, “bliss”) in delusional infestation. By contrast, more frequent ($P \leq 0.05$) usage of unpleasant skin (“numbness”, “hard”, “heat”), attitudinal (“nasty”), dynamics (“frequent”) sensations was in hypochondriacal disorder which demonstrated more intense attention to bodily

sensations and a readiness to experience unpleasant bodily sensations.

Conclusions.– Altered beliefs about disease and health should be concerned as a factor in adherence reduction in psychiatric and dermatological treatment in delusional infestation and hypochondriacal disorder

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0252

The association between the duration of untreated psychosis and help seeking behaviors in Tunisia

A. Tounsi¹, M. Karoui, S. Ben Fadhel, M. Daoud, F. Ellouze, F. Mrad Razi Hospital, Psychiatry ward G, Mannouba, Tunisia

* Corresponding author.

Introduction.– The duration of untreated psychosis (DUP) is defined as the period between the onset of psychotic symptoms and the establishment of an effective medical treatment. Caregivers play a key role in deciding whether to seek help from traditional healers or psychiatrists.

Objectives.– We aimed to determine the association between the DUP and caregivers' explanatory models of psychosis and their help seeking behaviors.

Methods.– We conducted a descriptive study. A total of 52 patients treated for first psychotic episode and their caregivers were recruited. A semi-structured interview assessed caregivers' beliefs and perspectives about the episode.

Results.– The mean age was 23.07 years (± 4 years). The average DUP was 49.8 weeks. In 46.15% of cases, supernatural causes were invoked mainly possessions by a jinn and bewitchment. One third of caregivers had psychiatric explanations for the episode essentially post-traumatic stress and depression. 40.3% of patients visited a traditional healer before treatment. A prolonged DUP correlated with traditional healing ($P = 0.001$). Supernatural explanations correlated with traditional healing ($P = 0.03$). Delay in treatment was mostly explained by the stigma of psychiatric patients (77%) and lack of knowledge of psychosis by the general population (82.7%).

Conclusion.– Supernatural explanatory models of mental illness are frequent in Tunisian's cultural context. Psychiatrists need to raise awareness about mental disorders in order to de-stigmatize patients and offer a more rapid and effective treatment.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Substance Related and Addictive Disorders - Part I / Guidelines/Guidance

PW0254

Opioid addiction treatment outcome and employment

M. Delic^{1*}, K. Kajdiz¹, P. Pregelj²

¹ University psychiatric hospital Ljubljana, center for treatment of drug addiction, Ljubljana, Slovenia; ² University psychiatric hospital Ljubljana, university of Ljubljana, faculty of medicine, Ljubljana, department of psychiatry, Ljubljana, Slovenia

* Corresponding author.

Background.– Persons who use drugs are significantly less likely to be in employment than other adults of working age.

Objectives.– This study aims to examine association of employment and opioid addiction treatment outcome.

Methods.– A cohort of 197 patients consecutively admitted to the detoxification unit was investigated. The research interview was administered during the first week of admission to the detoxification unit, the Treatment Outcomes Profile (TOP) and urine tests (UT) were administered on the day of admission and after twelve months.

Results.– Employment rate in individuals entering inpatient treatment was 25.4%. Unemployment rate was higher among those with higher doses of opioid substitution therapy ($U = 2694.5$; $P = 0.005$). There were no differences in employment rate among those with co-occurring mental illness and those without ($\chi^2 = 0.007$; $P = 0.935$), also there were no differences between male and female regarding employment ($\chi^2 = 0.42$; $P = 0.517$) and between those with and without hepatitis C infection ($\chi^2 = 2.545$; $P = 0.111$). Employment rate was not associated with abstinence after twelve months ($\chi^2 = 0.448$; $P = 0.503$). There were no differences in employment rate after 12 months among those who abstain and those who do not abstain ($\chi^2 = 2.52$, $P = 0.113$).

Conclusions.– It seems that higher doses of prescribed substitution therapy were associated with lower employability. However, patients with higher doses of prescribed substitution therapy could be more severely addicted. Having job before inpatient treatment was not related to abstinence after twelve months. Also, abstinence after twelve months is not directly associated with higher employability.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0255

Relationship of attention deficit hyperactivity disorder with severity of craving in a sample of male patients with opioid use disorder

C. Evren^{1*}, I. Alniak¹, V. Karabulut¹, T. Cetin¹, G. Umut¹, R. Agachanli¹, B. Evren²

¹ Bakirkoy training and research hospital for psychiatry, neurology and neurosurgeon, research treatment and training center for alcohol substance dependence, 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 attention deficit hyperactivity disorder (ADHD) severity of craving, withdrawal and psychopathology in a sample of patients with opioid use disorder.

Method.– Participants included 248 male patients with opioid use disorder. Participants were evaluated with the Symptom Checklist-90-R (SCL-90-R), the Clinical Opiate Withdrawal Scale (COWS), the Substance Craving Scale (SCS) and the Adult ADHD Self-Report Scale (ASRS-v1.1).

Results.– Age, marital, educational and employment status did not differ between those with the high ADHD risk ($n = 55$, 22.2%) and those without ($n = 193$, 78.8%). While the severity of withdrawal did not differ between the groups, severity of craving (except SCS-Item 3) ($t = -3.221$, $P = 0.001$) and psychopathology ($t = -5.580$, $P < 0.001$) were higher among those with the high ADHD risk. In logistic regression analyses, severity of craving, particularly SCS-Item 2 (During the past week, how strong was your craving, at the most intense point?) predicted high ADHD risk. In a linear regression models although inattention dimension (but not hyperactivity/impulsivity) of ADHD predicted severity of craving in the first model, after including the severity of psychopathology and

withdrawal in the new model as independent variables, inattention was no longer a predictor, while severity of somatization and withdrawal predicted the severity of craving.

Conclusion.– These findings suggest that the high ADHD risk, particularly severity of inattention dimension, may be related with the severity of craving, severity of somatization and withdrawal may have mediator effect on this relationship among patients with opioid use disorder.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0256

Are there coping strategies differences in cocaine, cannabis and methamphetamine addicted persons in Bulgaria?

V. Giannouli^{1*}, D. Ivanova²

¹ Aristotle university of Thessaloniki, school of medicine, Drama, Greece; ² South-West university “Neofit Rilski”, department of psychology, Blagoevgrad, Bulgaria

* Corresponding author.

Introduction.– Although, it is widely claimed that people are starting to use drugs to cope with stress on a daily basis, because they can not find other options, the strategies that individuals use to cope with stress while addicted is not examined so far in detail.

Objective.– The aim of this study is to compare the coping strategies of cocaine, cannabis and methamphetamine addicted persons with exactly the same demographic characteristics in Bulgaria.

Method.– Thirty-nine cocaine, thirty-nine methamphetamine and thirty-nine cannabis addicted persons, were examined with the Bulgarian version of the COPE Inventory (Carver, Scheier, & Weintraub, 1989). All groups were equated in regard to gender (31 men), age ($M_{age} = 29.07$, $SD_{age} = 4.44$), years of education ($M_{education} = 8.79$, $SD_{education} = 1.39$), and years of addiction ($M_{years\ of\ addiction} = 6.97$, $SD_{years\ of\ addiction} = 1.70$).

Results.– One-way analysis of variance (one-way ANOVA) revealed that there were no statistically significant differences between the three groups for all the following self-reported strategies ($P > .05$): active coping, planning, suppression of competing activities, restraint coping seeking social support for instrumental reasons, seeking social support for emotional reasons, positive reinterpretation and growth, denial, acceptance, turning to religion, focusing on and venting of emotions, behavioral disengagement, mental disengagement, and alcohol-drug disengagement.

Conclusions.– According to the results of stress coping of cocaine, cannabis and methamphetamine addicted young individuals, the substance seems not to play a differential role in the preference and use of specific coping strategies.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0257

Coping strategies in methamphetamine addicted persons in Bulgaria

V. Giannouli^{1*}, D. Ivanova²

¹ Aristotle university of Thessaloniki, school of medicine, Drama, Greece; ² South-West University “Neofit Rilski”, department of psychology, Blagoevgrad, Bulgaria

* Corresponding author.

Introduction.– The assessment of how people respond to stress and the relevant coping strategies that they use, is a topic of interest

in the general population as well as in individuals with different forms of substance addiction.

Objective.– The aim of this study is to examine the possible influence of demographic factors on the coping strategies of methamphetamine addicted persons.

Method.– One hundred forty-two methamphetamine addicted persons (103 men, 39 women; $M_{\text{age}} = 28.17$, $SD_{\text{age}} = 4.44$, 23–37 range of age, $M_{\text{education}} = 9.29$, $SD_{\text{education}} = 1.46$, 7–11 range of education years, $M_{\text{years of addiction}} = 7.16$, $SD_{\text{years of addiction}} = 1.63$, 5–10 range of years with addiction) were examined with the Bulgarian version of the COPE Inventory.

Results.– Results indicated that age, education, years of addiction, and gender do not predict in a statistically significant way none of the following self-reported strategies: active coping, planning, suppression of competing activities, restraint coping seeking social support for instrumental reasons, seeking social support for emotional reasons, positive reinterpretation and growth, denial, acceptance, turning to religion, focusing on and venting of emotions, behavioral disengagement, mental disengagement, and alcohol-drug disengagement.

Conclusions.– The above findings suggest that further research should examine other demographic or psychological variables that may play a significant role in the prediction of the coping strategies used by the individuals who suffer from this specific form of addiction.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0258

Exploring coping strategies in cannabis addicted users in Bulgaria

V. Giannouli¹, D. Ivanova²

¹ Aristotle university of Thessaloniki, school of medicine, Drama, Greece; ² South-West university “Neofit Rilski”, department of psychology, Blagoevgrad, Bulgaria

* Corresponding author.

Introduction.– Although coping strategies play an important role in recovery from addictions, people with cannabis addiction are still little investigated in regard to the ways that they react to stress.

Objective: The aim of this study is to examine the role that demographic factors play on the prediction of coping strategies in cannabis addicted individuals in Bulgaria.

Method.– Two hundred nineteen Bulgarian cannabis-addicted persons (175 men, 44 women; $M_{\text{age}} = 28.70$, $SD_{\text{age}} = 4.32$, 23–36 range of age, $M_{\text{education}} = 9.10$, $SD_{\text{education}} = 1.47$, 7–11 range of education years, $M_{\text{years of addiction}} = 7.05$, $SD_{\text{years of addiction}} = 1.79$, 5–10 range of years with addiction) were examined with the Bulgarian version of the COPE Inventory.

Results.– Results indicated that age, education, years of addiction, and gender do not predict in a statistically significant way none of the following self-reported strategies: active coping, planning, suppression of competing activities, restraint coping seeking social support for instrumental reasons, seeking social support for emotional reasons, positive reinterpretation and growth, denial, acceptance, turning to religion, focusing on and venting of emotions, behavioral disengagement, mental disengagement, and alcohol-drug disengagement.

Conclusions.– This research suggests that demographic factors are not good predictors for the identification of specific coping strategies in use by cannabis addicts. Future research should further investigate the contribution of other social and psychological factors.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0259

Expert consensus on best practices for opioid prescription for chronic pain. Risk management and benefits

A. Lligoña¹, P. Bruguera¹, A. Henche², A.I. López¹, L. Ortega¹

¹ Addictions unit, hospital clínic de Barcelona, Barcelona, Spain;

² Addictions unit, Complejo Hospitalario de Toledo, Toledo, Spain

* Corresponding author.

Introduction.– Opioid prescription (OP) is a widespread practice, which raises concerns for the risks involved. In the last decade, its expanding use has led to an important increase of adverse events, such as OP abuse and dependence, and opioid-related deaths. It is important to remark that chronic pain often involves psychiatric symptoms which at the same time can increase the perception of pain. For all this, patients with chronic pain and psychiatric disorders tend to receive higher doses for longer periods.

Objectives.– We aimed at developing a clinical guideline based on scientific literature to improve clinical approach to chronic pain and avoid adverse events related to its use, by helping clinicians to identify and treat OP abuse and dependence.

Methods.– An interdisciplinary expert consensus (general practitioners, anesthesiologists, oncologists, psychiatrists, psychologists and nursery) performed a review of the literature regarding prescription opioids for chronic pain with the support of scientific societies such as SEMFyC (Spanish Society of General Practitioners) and SOCIDROGALCOHOL (Spanish Society on Substance Use).

Results.– We present our best practice recommendations for OP in the “Consensus guideline for an appropriate use of analgesic opioids. Risks management and benefits.”

We describe general indications for health authorities, health professional and for patients.

Conclusions.– A rigorous consensus method led to key recommendations for OP. This is an important step toward reducing practice variation, closing the evidence-practice gap, and reducing adverse events related to OP.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0262

Correlates of benzodiazepine dependence in patients with depression

B. Oueslati¹, L. Menif², O. Meziou³, W. Melki², H. Zalila³

¹ Razi hospital, psychiatry, Mannouba, Tunisia; ² Razi hospital,

psychiatry D, Mannouba, Tunisia; ³ Razi hospital, psychiatric

outpatient unit, Mannouba, Tunisia

* Corresponding author.

Introduction.– Benzodiazepines may be prescribed to manage anxiety and insomnia in patients with depression. However, as noticed during our daily practice, a considerable proportion of patients treated for depression and receiving benzodiazepines developed a dependence to these molecules.

Objectives.– To estimate the proportion of patients with depression who develop a benzodiazepine dependence and to identify its related predicting factors.

Methods.– We conducted a comparative study in Razi Hospital's outpatient psychiatry unit (Tunisia). We included patients aged 18 to 65 who were diagnosed with depression during 2014's first three quarters. Included patients were prescribed benzodiazepines. Follow-up period was of two years. A multivariate analysis was performed in order to identify dependence predicting factors.

Results.– We included 54 patients. 52% developed a benzodiazepine dependence during the follow-up period. Two predicting factors

were identified: a daily mean benzodiazepine dose of more than 9.5 milligrams of diazepam equivalents prior to taper off ($P=0.001$) and a benzodiazepine taper off initiated after the fifth week of benzodiazepine intake onset ($P=0.007$).

Conclusions.– The proportion of patients who developed a benzodiazepine dependence was high. Low doses and time-limited benzodiazepine prescription should be taken into consideration when managing patients with depression in order to prevent dependence.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0263

Does physical health monitoring reduce mortality in people with psychotic disorders?

A. Ilyas¹, E. Chesney², R. Patel^{2*}

¹ Institute of psychiatry, psychology and neuroscience, department of psychology, London, United Kingdom; ² Institute of psychiatry, psychology and neuroscience, department of psychosis studies, Box P063, London, United Kingdom

* Corresponding author.

Introduction.– Psychotic disorders are associated with a significant reduction in life expectancy due, in part, to increased cardiovascular risk factors such as smoking, obesity and metabolic syndrome. Physical health monitoring programmes have been implemented by UK mental health services in an attempt to improve life expectancy in people with psychotic disorders but little is known about their effectiveness.

Objectives.– To determine whether physical health monitoring strategies are effective in reducing mortality in people with psychotic disorders.

Methods.– Literature review of studies investigating the implementation and effectiveness of physical health monitoring.

Results.– A number of studies found that physical health monitoring programmes are poorly implemented with variable uptake ranging from 25 to 70%. There were no RCTs or systematic reviews investigating the effectiveness of physical health monitoring in psychotic disorders. Studies investigating physical health monitoring in the general population found that although such programmes may help to reduce cardiovascular risk factors in a selected population, there is no evidence that they reduce mortality.

Conclusions.– There is little evidence to support the use of physical health monitoring in people with psychotic disorders. Instead, more emphasis should be placed on the role of primary prevention strategies such as assertive smoking cessation, dietary and exercise interventions and avoiding unnecessary long-term use of antipsychotics which may contribute to increased cardiovascular risk. Greater investment in primary prevention would substantially improve life expectancy in people with psychotic disorders.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0264

Single and multiple substance opioid exposures in acute care hospitals and emergency departments reported to U.S. poison centers, 2011–2016

S. Rege^{1*}, H. Borek¹, J. Rizer¹, N. Ait-Daoud Tiouririne², C. Holstege¹

¹ University of Virginia, emergency medicine, Charlottesville, USA;

² University of Virginia, psychiatry and neurobehavioral sciences, Charlottesville, USA

* Corresponding author.

Background.– Opioid overdoses have increased dramatically over the last decade in the U.S. This study aims to examine the characteristics of single substance (SSE) and multiple substance (MSE) opioid exposures reported to U.S. poison centers (PCs).

Methods.– The National Poison Data System (NPDS) was queried for opioid exposures evaluated at hospital based emergency departments (EDs) from 2011 to 2016, further segmenting these into SSE and MSE. Patient characteristics were analyzed descriptively and trends were evaluated using Poisson regression.

Results.– During the study period, there were 145,322 reports of opioid exposures, with SSE accounting for 38.9% calls. SSE demonstrated a higher increase (28.1%, $P < 0.001$) compared to MSE (16.7%, $P < 0.001$). The proportion of males was higher in the SSE (53.1% vs 46.3%). SSE were more frequently treated and released (44.8% vs 24.7%), and were less frequently admitted to the critical care unit (CCU) (24.2% vs 41.2%). Major (10.8% vs 13.6%) clinical effects were less common in SSE. Intentional opioid abuse (28.5% vs 18.4%) was more frequent in SSE. Conversely, suspected suicides were more common in MSE (27.4% vs 57.9%). Tramadol (29.1% and 11.7%) and oxycodone (29.8% and 20.8%) were the most frequent exposure agents in SSE and MSE, respectively. Intubation was reported more commonly for MSE (4.9% SSE vs 13.4% MSE), while naloxone was the more frequently reported therapy for SSE (36.4% SSE vs 32.9% MSE).

Conclusions.– Among the opioid calls received by the PCs, a higher proportion reported MSE which demonstrate a greater severity of effects and higher resource utilization.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0272

Pharmacodynamic and pharmacokinetic genetic polymorphisms affect adverse drug reactions of haloperidol in patients with alcohol-related psychosis

M. Zastrozhin

Russian medical academy of postgraduate education of the ministry of health of the Russian Federation, addictology, Moscow, Russia

* Corresponding author.

Haloperidol is used for treatment of alcohol use disorders in patients with signs of alcohol-related psychosis. Haloperidol therapy poses a high risk of adverse drug reactions (ADR).

The primary objective of this study was to evaluate the correlation between DRD2, SLC6A3 (DAT) and COMT genetic polymorphisms and to investigate their effect on the development of adverse drug reactions in patients with alcohol use disorder who received haloperidol. Also we have tried to investigate the effects of CYP2D6 and CYP3A5 genetic polymorphisms on haloperidol equilibrium concentration.

The study included 71 male patients with alcohol use disorder. Genotyping was performed using the allele-specific real-time PCR. CYP2D6 and CYP3A were phenotyped with high-performance liquid chromatography-mass spectrometry using concentration of endogenous substrate of the enzyme and its urinary metabolites (6-hydroxy-1,2,3,4-tetrahydro-beta-carboline (6-HO-THBC) to pinoline ratio for CYP2D6 and 6-beta-hydroxycortisol to cortisol ratio for CYP3A).

Results of this study detected a statistically significant difference in the adverse drug reactions intensity in patients receiving haloperidol with genotypes 9/10 and 10/10 of polymorphic marker SLC6A3 rs28363170. In patients receiving haloperidol in tablets the increases in the UKU score of 9.96 ± 2.24 (10/10) vs 13 ± 2.37 (9/10)

($P < 0.001$) and in the SAS score of 5.04 ± 1.59 (10/10) vs 6.41 ± 1.33 (9/10) ($P = 0.006$) were revealed. The equilibrium concentration levels depend on CYP2D6 genetic polymorphism (0.26 ng/ml [0.09; 0.48] vs 0.54 ng/ml [0.44; 0.74], $P = 0.037$). Thus, the study demonstrates that CYP2D6 and SLC6A3 genetic polymorphism can affect haloperidol concentration levels in patients with alcohol use disorder.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

Depression - Part I / Others

PW0273

Phenomenology of depression among clients seeking consultation at the primary healthcare centers in Muscat, Oman

H. Alkiyumi^{1*}, A. Al-Salmani², T. Juma², A. Alnoobi², Y. Alfarsi³, K. Almamari², A. Huda², G. Al-Lawati², T. Jklein⁴, S. Aladawi⁵

¹ Oman medical speciality board, psychiatry resident, Muscat, Oman;

² Ministry of health, family medicine, Muscat, Oman; ³ Sultan Qaboos

university hospital, family medicine, Muscat, Oman; ⁴ Medical

student, Ohio university, Ohio, USA; ⁵ Sultan Qaboos university

hospital, behavioral medicine, Muscat, Oman

* Corresponding author.

Keywords: Depression; Primary health care; Patient Health Questionnaire (PHQ-9); Chronic disease; Oman

Aim.– The aim of this study was to estimate the prevalence and predictors of depression among Oman adult population attending primary healthcare clinics (PHCs) in Muscat Governorate in 2011.

Methodology.– A cross-sectional study was conducted on 2005 participants attending 27 different PHCs in Muscat Governorate during 2011. A Patient Health Questionnaire (PHQ-9), together with a socio-demographic and relevant clinical data questionnaire was administered.

Results.– Of the 2005 participants, 61.8% were women and 42.1% were of 25–50 age group. Of the total, 44.4% were employed of whom 51% were government employees. The prevalence of depression among them was 8.1%. The adjusted odds ratios generated by logistic regression models indicated that depression was significantly associated with age greater than 50 years old (OR = 2.23; 95% CI 1.07, 4.22; $P = 0.04$), female (OR = 1.34; 95% CI 1.12, 3.82; $P = 0.03$), married (OR = 1.91; 95% CI 1.11, 3.30; $P = 0.02$), graduated or attended higher education (OR = 1.40; 95% CI 1.03, 2.66; $P = 0.04$), working in the private sector if employed (OR = 1.72; 95% CI 1.08, 2.75; $P = 0.02$), and having chronic illness such as diabetes mellitus, hypertension, asthma, heart, thyroid, and renal diseases (OR = 1.82; 95% CI 1.03, 3.51; $P = 0.01$).

Conclusion.– The rate of depression appears to be in the lower range compared to rate reported from elsewhere. Some socio-cultural factors that may contribute to the present findings are discussed.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0274

Subjective sleep quality is associated with neurocognitive impairment in patients with depression

E. Berdzenishvili, S. Tabagua

Ltd. Acad. O. Gudushauri national medical centre, department of psychiatry, Tbilisi, Georgia

* Corresponding author.

Introduction.– Sleep is essential for cognitive performance. Frontal brain areas are vulnerable to sleep disorders. Sleep disturbances are common among patients with Major Depressive Disorder (MDD). Persons with depression show impaired performance on measures of frontotemporally mediated cognitive function.

Objective.– To investigate association of subjective sleep quality and objective measures of neurocognitive dysfunction in patients with MDD.

Methods.– Two groups of patients, who met DSM V diagnostic criteria of MDD, were selected and matched. One group (15 patients, mean age 44.2, SD = 4.8) had MDD and poor sleep quality and second group (13 patients, mean age 46.2, SD = 4.3) consisted of patients having MDD and good sleep quality.

To measure the sleep quality participants completed The Pittsburgh Sleep Quality Index (PSQI).

To measure frontotemporally mediated cognitive functioning Wisconsin Card Sorting Test and Continuous Performance Test were administered.

Results.– Participants with MDD and poor sleep quality performed worse than patients with MDD and good sleep quality. Sleep duration scores on the PSQI were correlated with the CPT Hit Reaction Time ($r = .965$; $P = 0.01$). In degraded CPT performance measure of sustained attention were related to scores of sleep disturbance ($r = -.874$; $P = 0.01$), such that less sleep disturbances were associated to better performances. Shorter sleep latency were associated to higher scores on correct answers in WCST ($r = -.879$; $P = 0.01$).

Conclusion.– Sleep quality, specifically sleep latency, disturbances and duration, is related to specific impairments in neurocognitive functioning in patients with MDD. Sleep quality should ideally be assessed before treatment, as they may influence MDD treatment response.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0275

Risk factors for mortality in unipolar depression: Findings from an ethnically diverse cohort followed for eight years

J. Das-Munshi^{1*}, C.K. Chang², P. Schofield³, S. Robert⁴, M. Prince⁵

¹ King's College London institute of psychiatry, psychology &

neuroscience, health services & population research, London, United

Kingdom; ² University of Taipei, department of health and welfare,

Taipei, Taiwan R.O.C.; ³ KCL, primary care and public health sciences,

London, United Kingdom; ⁴ KCL, department of psychological

medicine, London, United Kingdom; ⁵ KCL, health services &

population research, London, United Kingdom

* Corresponding author.

Background.– Depression is associated with increased mortality, however little is known about its variation by ethnicity.

Methods.– We conducted a cohort study of individuals with ICD-10 unipolar depression from secondary mental healthcare, from an ethnically diverse location in southeast London, followed for eight years (2007–2014) linked to death certificates. Age- and sex-standardised mortality ratios (SMRs), standardised to the population of England and Wales, were derived. Hazard Ratios for mortality were derived through multivariable regression procedures.

Results.– Data from 20,320 individuals contributing 91,635 person years at risk with 2366 deaths were used for analyses. SMR for all-cause mortality was 2.55 (95% CI: 2.45–2.65) overall.

Adjusted Hazard Ratios (aHRs) for all-cause mortality, in ethnic minority groups relative to the White British group were 0.62 (95% CI: 0.53–0.74; $P < 0.0001$) (Black Caribbean), 0.53 (95% CI: 0.39–0.72); $P < 0.0001$ (Black African) and 0.69 (95% CI: 0.52–0.90); $P = 0.007$ (South Asian). Male sex and alcohol/substance misuse were associated with an increased all-cause mortality risk (aHR: 1.94 (95% CI: 1.68–2.24); $P < 0.0001$ and aHR: 1.18 (95% CI: 1.01–1.37); $P = 0.035$ respectively), whereas comorbid anxiety was associated with a decreased risk (aHR: 0.72 (95% CI: 0.58–0.89); $P = 0.003$. Similar associations were noted for natural-cause mortality. Alcohol/substance misuse and male sex were associated with a near-doubling in unnatural-cause mortality risk, whereas Black Caribbean individuals had a much reduced unnatural-cause mortality risk (aHR: 0.30 (95% CI: 0.14–0.66); $P = 0.002$), relative to White British people.

Conclusions.– Although individuals with depression experience an increased mortality risk, marked heterogeneity exists by ethnicity. Research and clinical practice should focus on addressing tractable causes underlying increased mortality in depression.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0276

Structural abnormalities predictive of pejorative outcome in depression: A voxel based morphometry study

J.M. Batail^{1,2,3*}, J. Coloigner³, M. Soulas¹, C. Barillot³, D. Drapier^{1,2}

¹ Centre hospitalier Guillaume-Régnier, adult psychiatric department, Rennes, France; ² Rennes 1 university, behavior and basal ganglia research team, Rennes, France; ³ INRIA, VISAGES research team, Rennes, France

* Corresponding author.

Objective.– Major Depressive Disorder (MDD) is a common mental disorder with low remission rate and few reliable biomarker of outcome. In this study, we propose to compare whole brain volume differences between two groups of depressed patients followed during six months. In accordance with literature, the aim is to replicate previous results using a naturalistic prospective study in real life. We hypothesize that patients who do not achieve remission will have baseline abnormal brain structures affecting key regions involved in emotional and cognitive processes.

Method.– We compared baseline clinical and morphologic data (Gray Matter volumes) between 2 groups based on CGI-I scores at 6 months of follow-up: 22 MDD patients in the responders group (R) (CGI-I ≤ 2) and 28 in the non-responder group (NR) (CGI-I > 2) using optimized voxel based-morphometry (VBM).

Results.– NR patients had higher HAMA scores ($P = 0.039$) and showed significant GM volume decreases (after correction for multiple comparisons) in the bilateral thalami (left: t -value = 4.16; right: t -value = 3.54), right frontal lobe and right limbic lobe. Thus, we found significant GM volume increase in the bilateral cerebellum (t -value = 4.39); all results were controlled for age, gender, medication status and total intracranial volume.

Conclusion.– Our results suggest an underlying implication of thalamus and cerebellum in the prognosis of the depressive disorder through its involvement in emotion regulation. The present findings provide steps towards the development of neurobiological prognostic markers for depression.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0277

Antidepressant augmentation and co-initiation treatment in acute major depressive disorder: A systematic review, meta-analysis and metaregression analysis

B. Galling^{1,2,3*}, C.U. Correll^{1,2,3}

¹ Charité Universitätsmedizin, child and adolescent psychiatry, Berlin, Germany; ² Hofstra Northwell school of medicine, department of psychiatry and molecular medicine, Hempstead, USA; ³ The Zucker Hillside hospital, psychiatry research, Glen Oaks, USA

* Corresponding author.

Introduction.– Although antidepressant (AD) monotherapy is recommended first-line for major depressive disorder (MDD), AD+AD co-treatment is common, despite insufficient evidence.

Objectives.– To evaluate the efficacy and/or safety of AD monotherapy compared to AD augmentation or AD co-initiation in adults with MDD.

Methods.– Systematic literature search (PubMed/ MEDLINE/PsycInfo/Embase/CJN/WangFan/CBM) until 01/26/2016. Random effects meta-analysis of randomized controlled trials. Co-primary outcomes were overall symptom reduction and study-defined response. Secondary outcomes included all-cause and specific-cause discontinuation, partial response, remission, and adverse effects (AEs). Sensitivity analysis of “high-quality” (double-blind, intent-to-treat) studies and metaregression analysis, separately for augmentation and co-initiation studies.

Results.– Meta-analyzing 45 studies ($n = 4238$, duration = 6.7 ± 1.9 weeks), AD augmentation (studies/comparisons = 8, $n = 1216$, duration = 5.9 ± 2.9 weeks) and monotherapy were similar regarding overall symptom reduction (SMD = -0.23 , 95% CI = -0.60 – 0.14 , $P = 0.224$) and response (RR = 1.08, 95% CI = 0.87 – 1.33 , $P = 0.499$). Conversely, AD co-initiation (studies = 37, comparisons = 50, $n = 3022$, duration = 6.9 ± 1.6 weeks) was superior for symptom reduction (SMD = -0.93 , 95% CI = -1.20 ; -0.66 , $P < 0.001$) and response (RR = 1.29, 95% CI = 1.22 – 1.37 , $P < 0.001$). However, the large effect size for symptom reduction in all studies together became small in “high-quality” studies (SMD = -0.30 , 95% CI = -0.57 ; -0.04 , $P = 0.023$) like for treatment response (RR = 1.22, 95% CI = 1.09 – 1.38 , $P = 0.001$). No between-group differences emerged regarding all-cause, inefficacy-related or AE-related discontinuation in augmentation or co-initiation studies. AE burden was higher in 3/9 outcomes reported in ≥ 2 augmentation studies (≥ 1 AE: $P < 0.001$; dry mouth: $P = 0.006$, weight gain $\geq 7\%$: $P = 0.010$), and 1/21 outcomes reported in ≥ 2 co-initiation studies (hypersomnia: $P = 0.041$).

Conclusions.– AD augmentation after partial/full non-response to AD monotherapy lacks evidence for superior efficacy, whereas AD+AD co-initiation seems to potentially increase or speed up depressive symptom reduction and response.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0278

Do living home space dimensions influence depression in elders?

Preliminary data

V. Giannouli

Aristotle university of Thessaloniki, school of medicine, Drama, Greece

* Corresponding author.

Introduction.– Although it is widely claimed that living space influences mood, we still know little about the influence that this factor has on perceived depression in elders.

Objective: The aim of this study is to examine if living home space or other factors such as demographic characteristics and emotion regulation strategies predict depression levels.

Method.– Fifty volunteers from Greece (aged 60–70 years old, 30 women) participated in the study. The participants completed a demographic questionnaire regarding their age, gender, marital status, number of family members, economic status (average income during the last year), and then they were tested with the Emotion Regulation Questionnaire (ERQ) in order to explore the use of emotion regulatory strategies (cognitive reappraisal and/or expressive suppression), and the Geriatric Depression Scale (GDS) which was used as a depression test.

Results.– Regression analysis included demographic factors, emotion regulation strategies, and home dimensions (measured in square feet as reported by participants) as independent predictors, and the total score of GDS as the dependent variable. GDS was not predicted by home dimensions and emotion regulation strategies, but only by the current socio-economic status. No positive correlation was found between expressive suppression and high GDS scores, but married elders were found to use a specific coping style (expressive suppression) less than never married elders.

Conclusions.– This research suggests that living home space does not to predict current depression levels, maybe because the current economic status of the participants reflects more accurately the problems that individuals face in their everyday life.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0279

Does brief talking on a mobile phone influence short-term memory and reported depression levels in elders?

V. Giannouli

Aristotle university of Thessaloniki, school of medicine, Drama, Greece

* Corresponding author.

Introduction.– Although it is widely claimed that mobile phone use can cause short-and-long-term changes in cognition, we still know little about the influence that this activity has on depression levels. **Objective:** The aim of this study is to compare if exposure to ten minutes of talking on the mobile phone influences immediate verbal memory and depression.

Method.– Forty-five older adult volunteers from Northern Greece (aged 60–70 years old, 15 men and 30 women) participated in the study. The participants were tested with the Word List Learning Immediate Condition of the Verbal Memory Test, and the Geriatric Depression Scale (GDS) which was used as a depression test. Fifteen of the participants were tested before and after a 10-minute talking session on their mobile phone, while another group of fifteen completed the same tests without talking on the phone, but after a 10-minute conversation with a person in the room, and the rest were tested after a 10-minute silence interval (control group).

Results.– One-way analyses of variance (one-way ANOVAs) revealed that there were no statistically significant differences between the three groups in their GDS total score ($P > .05$), as well as the immediate verbal memory of words ($P > .05$).

Conclusions.– According to the above results, it seems that talking on the cell phone does not play a differential role in short-term verbal memory and self-reported depression levels, while speaking to others in the room or staying in silence seem not to play a role in short-term memory and mood as well.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0280

Imbalance of cytokines in patients with major depressive disorder

H. Jamilian^{1*}, G. Mosayebi¹, A. Ghaznavi-Rad¹, E. Ghaznavi-Rad²

¹ School of medicine, Arak university of medical sciences, Psychiatry, Arak, Iran; ² School of medicine, Arak university of medical sciences, microbiology and immunology, Arak, Iran

* Corresponding author.

Introduction.– Major depressive disorder (MDD) as a common and recurrent disorder is correlated with a considerable rate of morbidity and excess mortality each year. Evidence indicates that there is an emerging tendency towards autoimmunity occurring in MDD. **Objectives.**– The aim of our study is to investigate the mechanism of autoimmune process in MDD from a novel insight of cytokines which have been identified as the significant activators of autoimmunity.

Methods.– In this case-control study, the serum of 40 patients who were confirmed clinically as MDD patients (according to DSM-5 criteria), and 40 healthy people as the control group were evaluated regarding the TGF- β , IL-17 and TNF- α values with the ELISA method.

Results.– The serum concentration of TGF- β , IL-17 and TNF- α in the patient group were 286.44 p/ml, 199.33 p/ml, and 678.84 p/ml, respectively, and in the healthy control group were 227.02 p/ml, 475.31 p/ml, and 165.52 p/ml, respectively (P -value < 0.05). The result of the study revealed that the patient group was frequently positive for the TGF- β and TNF- α , and negative for IL-17 than the control group, significantly.

Conclusion.– There is an imbalance of the cytokines in the MDD which may play a role in the pathogenesis and contribute to the existing evidence of autoimmune inclination in MDD.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0281

The impact of depression on verbal memory

K. Masiulevičienė^{1*}, K. Petraškaitė², E. Džugauskas¹, N. Grigutyte²

¹ Vilnius university, faculty of medicine, clinic of psychiatry, Vilnius, Lithuania; ² Vilnius university, department of clinical and organizational psychology, Vilnius, Lithuania

* Corresponding author.

Introduction.– Studies have reported an association between depression and memory impairments, however, the relationship is not clear. Some studies have found that patients with depression are impaired in verbal delayed memory and verbal percent retention but not in immediate verbal memory.

Objectives.– To evaluate if verbal memory is different in depression group compared to control group.

Methods.– Data from 30 patients (10 males, 20 females) who were diagnosed depression and were treated in Vilnius University hospital Santaros Klinikos Psychiatry department and 30 healthy controls (11 males, 19 females) with the age of forty five years and older were included in this study. Verbal memory (immediate recall, delayed free recall, percent retained) was evaluated by using Hopkins Verbal Learning Test.

Results.– Mean age in depression group was 60.53 ± 10.94 , control group – 57.03 ± 7.43 . Immediate recall results of the first trial was 6.13 ± 1.43 words in depression group compared to 7.3 ± 2.04 words ($P = 0.013$) in control group; results of the second trial in depression group was 7.9 ± 1.83 words compared to control group – 9.0 ± 1.74 ($P = 0.020$); results of the third trial in depression group – 9.07 ± 1.64 , control group – 9.87 ± 1.48 words ($P = 0.052$).

Total recall in depression group was 23.1 ± 4.29 compared to control group 26.17 ± 4.81 words ($P=0.012$). Delayed free recall in depression group was 7.3 ± 2.38 , control group – 8.83 ± 2.12 words ($P=0.011$). Percent retained in depression group was 79.14 ± 16.76 , control group – 88.76 ± 12.15 ($P=0.014$).

Conclusions.– The first and the second immediate recall trials, total recall, delayed free recall and percent retained were statistically significantly worse in the depression group compared to control group.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0282

Compare the effectiveness of acceptance and commitment therapy (ACT), pharmacotherapy and combination of these methods in treatment of middle-aged patients suffering from major depressive disorder

A. Mirghiasi^{1*}, S. Samandari², K. Namdari³, N. Mortazi¹

¹ Isfahan university of medical sciences, Modares hospital, psychiatry department, Isfahan, Iran; ² Isfahan university of medical sciences, Modares hospital, geriatric psychiatry department, Isfahan, Iran;

³ University of Isfahan, faculty of educational science and psychology, department of psychology, Isfahan, Iran

* Corresponding author.

Introduction.– The large number of people are afflicted with major depressive disorder with the high human and social costs in societies, while the treatment still remains one of the most challenging and controversial issue in mental health.

Method.– This study adopted a quasi-experimental method using a pretest-post test design with a control group. A sample of 60 subjects was selected randomly from the middle-aged patients suffering from major depressive disorder (based on DSM V criteria). The subjects were divided into four groups; 1. acceptance and commitment therapy (ACT). 2. Pharmacotherapy 3. blend of the two aforementioned methods during 2 months. And, the control group did not receive any of the aforementioned treatments. The Beck Depression Inventory (BDI-II) was administered to the patients before and after the treatment. The data were analyzed using SPSS-20 software in the analysis of co-variance method, and the results were presented in the two forms of descriptive and inferential statistics.

Results.– The mean scores of depressions in the pretest and post test are 41.67 and 44.60 in the control group; 44.33 and 17.66 in the Pharmacotherapy group; 40.86 and 26.53 in the ACT group; and 42.73 and 15.13 in the pretest and post-test for the combination group, respectively. There is a significant difference in terms of depression between the three treatment groups ($P<0.05$).

Discussion.– Pharmacotherapy and ACT demonstrated significance decrease in the depression symptoms in the post test and follow-up but the combinations are the most effective treatment for major depressive disorder in middle-aged Iranian patients.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0283

Impact of agomelatine on sexual function in patients with mood disorders

B.O. Plasencia García de Diego^{1*}, S.L. Romero Guillena², R. Navarro Pablo³, O. Santamaría Gómez³, F. Gotor Sánchez-Luengo³

¹ De la Merced Hospital, Osuna, department of psychiatry, Seville, Spain; ² U.S.M.C “Carmona” U.G.C. Salud Mental, Virgen Macarena hospital, department of psychiatry, Seville, Spain; ³ Nuestra Señora de Valme hospital, department of psychiatry, Seville, Spain

* Corresponding author.

Introduction.– Sexual side effects are considered unacceptable by 38,3% of patients and are related to lack of adherence of treatment [1].

Objective.– Evaluate the efficacy and safety of agomelatine in patients diagnosed with major depressive disorder and previous suboptimal response to antidepressant treatment and with treatment discontinuation due to sexual dysfunction.

Method.– 22 outpatients with major depressive episode and previous suboptimal response to antidepressant treatment (one of the following: Fluoxetine, Sertraline, Citalopram, Escitalopram, Paroxetine, or Venlafaxine) and with treatment discontinuation due to sexual dysfunction were recruited. Patients received treatment with agomelatine as monotherapy (25–50 mg/24 h)

Evaluations at baseline, and every two weeks until endpoint (eight week); Montgomery-Asberg Depression Rating Scale (MADRS) and Psychotropic-Related Sexual Dysfunction Questionnaire. (PRSexDQ-SALSEX) Optimal response was defined as a reduction of 50% MADRS scores and remission was defined with ≤ 8 score in the MADRS, both measured at endpoint.

Results.– A reduction of 14.12 points (median) in the total score of MADRS from baseline was observed, being more effective in the main symptoms of the depressive disorder such as sadness, anhedonia and pessimistic thoughts. At endpoint, we observed remission rates of 36.36%. Moderate or severe sexual dysfunction was never reported

Conclusion.– Agomelatine has found to be effective and safe in the treatment of patients diagnosed with major depressive disorder, and demonstrates favorable sexual acceptability

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Reference

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PW0284

Antidepressant for major depressive disorder. Comparison with vortioxetine, agomelatine, desvenlafaxine and bupropion XR

B.O. Plasencia García de Diego^{1*}, S.L. Romero Guillena², R. Navarro Pablo³, F. Gotor Sánchez-Luengo³, O. Santamaría Gómez³

¹ De la Merced Hospital–Osuna, department of psychiatry, Seville, Spain; ² U.S.M.C “Carmona” U.G.C. Salud Mental Virgen Macarena hospital, department of psychiatry, Seville, Spain; ³ Nuestra Señora de Valme hospital, department of psychiatry, Seville, Spain

* Corresponding author.

Introduction.– Major depressive disorder (MDD) is a frequent and disabling disorder. Given the considerable societal burden, achieve clinical remission, with minimal adverse effects, is considered a

public priority. Comparisons of antidepressants efficacy and tolerability is needed.

Objective.– Compare the effects of Vortioxetine, agomelatine, desvenlafaxine, and Bupropion XR in outpatients with MDD.

Methods.– Data from 80 MDD were recruited. Inclusion criteria: baseline score ≥ 20 on Montgomery-Åsberg Depression Rating Scale (MADRS). Patients were assigned to: Vortioxetine (5–20 mg/d; $n=20$), agomelatine (25–50 mg/d; $n=20$), desvenlafaxine (50–100 mg/d, $n=20$), or Bupropion XR (150–300 mg/d; $n=20$). Informed consent was obtained.

Assessments.– Baseline, and every two weeks until endpoint (eight weeks): MADRS, Snaith Hamilton Rating Scale (SHAPS) and Sheehan Disability Scale (SDS). Safety and tolerability were monitored. The primary efficacy endpoint was a mean change in the MADRS total score; additional measures included the SHAPS and SDS scores.

Statistically significant differences were analyzed using an analysis of covariance model with the SPSS 22.0.

Results.– All groups showed significant reductions in MADRS, SHAPS, and SDS, with no significant differences between group observed in relation to MADRS, SDS Social and Family scores in 8 weeks.

Agomelatine-group showed greater reduction on SAHPS scores ($P<0.05$), with a mean change of 4.1 points.

Vortioxetine-group showed greater reduction on SDS-Work scores ($P<0.05$), with a mean change of 5.6.

Conclusions.– In patients with MDD, after 8 weeks, vortioxetine, desvenlafaxine, agomelatine and bupropion-XR show a similar antidepressant efficacy according on MADRS. The agomelatine-treated group, improved anhedonia, and vortioxetine-treated group improved work functioning more than the other antidepressants.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0285

Living environment and its relationship to depressive mood: A systematic review

N. Rautio^{1,2,3*}, S. Filatova^{1,2}, H. Lehtiniemi^{1,2}, J. Miettunen^{1,2}

¹ University of Oulu, center for life course health research, Oulu, Finland; ² Oulu university hospital and university of Oulu, medical research center Oulu, Oulu, Finland; ³ Oulu university hospital, unit of primary health care, Oulu, Finland

* Corresponding author.

Introduction.– Individual level characteristics, such as female gender, medical illnesses, early trauma and adverse life-events are known risk factors for depression, but it is also important to study environmental risk factors for this major public health concern.

Objectives.– To examine whether living environment is associated with depressive mood.

Methods.– We searched databases of Pubmed, Scopus and Web of Science for population-based English written original studies until October 2016. We included studies, which measured depressive symptoms or depression and had also objective or subjective measures of urbanization, population density, aesthetics of living environment, house/build environment, green areas, walkability or accessibility of a living environment, noise, pollution or services.

Results.– Out of 1578 articles found, 44 studies met our inclusion criteria. Manual searches of the references yielded 13 articles resulting 57 articles included in the systematic review. Most of the studies showed statistically significant associations at least one of the characteristics of living environment and depressive mood. Adverse house/build environment, lack of green areas, noise and

pollution were more clearly associated with depressive mood even after adjustment for different individual characteristics. Instead, results concerning population density, aesthetics and walkability or accessibility of living environment and availability of services and depressive mood were more inconsistent.

Conclusions.– Adverse house/build environment, lack of green spaces, noise and pollution are associated with depressive mood and should be taken into account in planning of living environment in order to prevent depressive mood.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0286

Efficacy of vortioxetine in the treatment of cognitive symptoms of major depressive disorder

S.L. Romero Guillena^{1*}, B.O. Plasencia Garcia de Diego², O. Santamaria³, F. Gotor Sanchez-Luengo³, R. Navarro³

¹ U.S.M.C Carmona. U.G.C. Salud Mental área hospitalaria Virgen Macarena, department of psychiatry, Seville, Spain; ² De la Merced hospital, department of psychiatry, Osuna, Spain; ³ Nuestra Señora de Valme hospital, department of psychiatry, Seville, Spain

* Corresponding author.

Introduction.– Therapeutic options for major depressive disorder (MDD) do not improve residual cognitive symptoms. A representative number of clinical studies using vortioxetine shows significant improvement of the cognitive performance and symptoms of depression in patients with MDD.

Objectives.– The main goal of this study was to assess the efficacy of vortioxetine in the treatment of cognitive symptoms in MDD. Secondary objectives included evaluating the efficacy of vortioxetine in improving depressive symptoms and functionality in patients with MDD.

Methods.– Prospective observational 8-week follow-up study in a real setting.

Population of study: patients ≥ 18 years of age with a diagnosis of major depressive disorder (according to DSM5 diagnostic criteria) who initiated adjusted-dose Vortioxetine treatment (5–20 mg/24 h) in monotherapy and provided informed consent. Clinical evaluations were performed at baseline, four and eight weeks.

Outcome variables.–

1- Variation in cognitive evaluation methods using:

– Digit Symbol Substitution Test (DSST);

– Perceived Deficits Questionnaire (PDQ-D);

2- Variation in depression symptoms, measured using the Montgomery-Åsberg Depression Rating Scale (MADRS).

3- Variation in functionality, measured using the Sheehan Disability scale (SDS).

Student's *t*-test and Chi² test were used to assess differences between baseline evaluation and subsequent visits.

Results.– A total of 24 patients were recruited.

Patient with Vortioxetine showed significant increase in the scores on the DSST ($\Delta = 9.78 \pm 1.26$; $P<0.01$) after 8 weeks of treatment. In addition significant decrease on PDQ-D ($\Delta = 14.88 \pm 9.56$; $P<0.01$), MADRS ($\Delta = 8.567 \pm 2.56$; $P<0.01$), SDS-work ($\Delta = 4.8 \pm 1.8$; $P<0.01$), SDS-social ($\Delta = 4.3 \pm 2.3$; $P<0.05$) and SDS-family ($\Delta = 3.9 \pm 1.8$; $P<0.05$) were demonstrated after vortioxetine treatment.

Conclusions.– Vortioxetine is effective in reducing cognitive impairment symptoms significantly and improving depression symptoms and functionality in adults with major depressive disorder.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0287

Depression is associated with reduced suppression of negative emotional interference in working memory

B. Velichkovsky¹, G. Rupchev², A. Kachina³, F. Sultanova¹, A. Alekseev², V. Kaleda², D. Tikhonov²

¹ Lomonosov Moscow state university, faculty of psychology, Moscow, Russia; ² Federal State Budgetary scientific institution “mental health research center”, laboratory of psychopharmacology, Moscow, Russia; ³ Lomonosov Moscow State university, psychology, Moscow, Russia

* Corresponding author.

Introduction.– Depression is a common psychiatric disorder which makes important the study of its psychological mechanisms. A possible factor in the development of depression may be decreased efficiency of processing of negative working memory representations.

Objectives.– To compare the efficiency of emotional working memory representations processing in patients with depression and healthy controls.

Methods.– Patients with depressive spectrum disorders ($n = 29$, 20 females, mean age 49 years) and healthy controls (21 females, mean age 32 years) were studied. The subjects performed a self-paced working memory counting task with face stimuli. The task was either neutral (counting male/female faces) or emotional (counting happy/angry faces). Response times indicative of working memory counters' updating efficiency were recorded with E-Prime 2.0 software and analyzed via a repeated-measures ANOVA and Student's t -criterion.

Results.– There was a tendency for less efficient processing of angry faces in depression ($P < 0.05$). This slowing of negative stimuli processing in depression was observed in the emotional task condition only ($P < 0.05$). This slowing was specifically driven by a slowing in the processing of angry faces following a now irrelevant angry face ($t = 2.01$, $P < 0.5$). That is, in depression the presentation of an angry stimulus in a previous probe negatively affects the processing of angry stimulus in the next probe. In controls the repetition of stimulus' valence leads to a speeded processing of the second stimulus ($t = 2.54$, $P < 0.01$).

Conclusions.– Depression is associated with less efficient processing of negatively valenced representations in working memory and, specifically, with less efficient suppression of irrelevant negative working memory representations.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0290

Indicators to facilitate the early identification of patients with major depressive disorder in need of highly specialized care: A concept mapping study

F. van Krugten^{1*}, M. Goorden¹, A. van Balkom², J. Spijker³, W. Brouwer¹, L. Hakkaart-van Roijen¹

¹ Erasmus university Rotterdam, Erasmus school of health policy and management, Rotterdam, The Netherlands; ² VU university medical center, department of psychiatry, Amsterdam, The Netherlands;

³ Radboud university medical center, behavioural science institute, Nijmegen, The Netherlands

* Corresponding author.

Introduction.– Early identification of the subgroup of patients with major depressive disorder (MDD) in need of highly specialized care could enhance personalized intervention. This, in turn, may reduce

the number of treatment steps needed to achieve and sustain an adequate treatment response.

Objectives.– To identify patient-related indicators that could facilitate the early identification of the subgroup of patients with MDD in need of highly specialized care.

Methods.– Initial patient indicators were derived from a systematic review. Subsequently, a structured conceptualization methodology known as concept mapping was employed to complement the initial list of indicators by clinical expertise and develop a consensus-based conceptual framework. Subject-matter experts were invited to participate in the subsequent steps (brainstorming, sorting and rating) of the concept mapping process. A final concept map solution was generated using non-metric multidimensional scaling and agglomerative hierarchical cluster analyses.

Results.– In total, 67 subject-matter experts participated in the concept mapping process. The final concept map revealed ten major clusters of indicators: (1) depression severity, (2) onset and (treatment) course, (3) comorbid personality disorder, (4) comorbid substance use disorder, (5) other psychiatric comorbidity, (6) somatic comorbidity, (7) maladaptive coping, (8) childhood trauma, (9) social factors, and (10) psychosocial dysfunction.

Conclusions.– The study findings highlight the need for a comprehensive assessment of patient indicators in determining the need for highly specialized care, and suggest that the treatment allocation of patients with MDD to highly specialized mental healthcare settings should be guided by the assessment of clinical and non-clinical patient factors.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0291

The Association of olfaction on everyday outcomes in older African, American and Caucasian men with HIV: A pilot study

D. Vance¹, P. Fazeli¹

University of Alabama at Birmingham, school of nursing, Birmingham, USA

* Corresponding author.

Background.– Deficits in olfaction are observed with advanced age and in certain diseases such as HIV. As people age with HIV, they may become more vulnerable to developing olfactory deficits that may compromise their eating habits, safety, cognition, and quality of life. In addition, African Americans are predisposed to such olfactory declines.

Objective.– This IRB-approved study examined whether racial differences were observed in olfactory measures in older African American and Caucasian men with HIV. In addition, the association between olfaction and everyday functioning (e.g., quality of life, eating habits) was examined.

Methods.– In this cross-sectional study, 33 African American ($M_{age} = 52.99$ years) and 18 Caucasian ($M_{age} = 56.16$ years) men with HIV were administered measures on quality of life, eating habits, in addition to two age-normed measures of olfaction (i.e., The Smell Threshold Test, The University of Pennsylvania Smell Identification Test).

Results.– With both olfactory tests, adults with HIV significantly performed below the adjusted HIV-negative age-norms; however, African Americans with HIV tended to display poorer olfaction sensitivity compared to their Caucasian counterparts. Furthermore, in African Americans, a greater sense of change in the way foods taste experienced poorer quality of life ($r = .36$; $P = .04$) and more depressive symptomatology ($r = 4.0$; $P = .018$). In Caucasians, better quality of life was associated with less change in the way foods taste

($r = -.50$; $P = .03$). Olfaction was not related to t-cell count or viral load.

Conclusions.– In HIV, neurological and structural damage to the nasal epithelium and olfactory bulb may compromise olfaction resulting in poorer health outcomes. Implications for clinical practice and research are provided.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0292

The association between olfactory functioning in aging African, American and Caucasian men with HIV and cognitive functioning

D. Vance*, P. Fazeli

University of Alabama at Birmingham, school of nursing, Birmingham, USA

* Corresponding author.

Introduction.– Deficits in olfaction are observed with advanced age and in certain diseases, including HIV. Concerns grow that as people age with HIV, the synergy from both will exacerbate such olfactory functioning. Furthermore, some evidence suggests that olfactory deficits may serve as a clinical marker for cognitive decline. This point is particularly germane as 52–59% of adults with HIV have observable cognitive deficits.

Objectives.– This study assessed whether olfactory functioning was associated with cognitive functioning in a racially diverse sample of older adults with HIV.

Methods.– This IRB-approved cross-sectional study examined olfaction between 33 African American ($M_{\text{age}} = 52.99$ years) and 18 Caucasian ($M_{\text{age}} = 56.16$ years) men with HIV. Age-normed measures of olfaction included the Smell Threshold Test and the University of Pennsylvania Smell Identification Test (UPSIT) as well as self-reported measures of smell and taste.

Results.– For African American men with HIV, better ability to identify odors was associated with better verbal recall on the Hopkins Verbal Learning Test ($r = .44$; $P = .009$) and fewer cognitive complaints. For Caucasian men with HIV, better odor threshold performance was associated with better executive functioning on Trails B ($r = .48$; $P = .42$). Better verbal recall on the Hopkins Verbal Learning Test was associated with fewer self-reported changes in the ability to smell ($r = -.57$; $P = .013$).

Conclusions.– In general, partial support was found for the association between olfaction and cognition. Although more research is needed, clinically changes/declines in olfaction may possibly indicate underlying neurological dysfunction in adults with HIV. Implications for practice and research are provided.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0294

Validation of a widely-used depression scale for detecting depression in family caregivers of persons with dementia

J. Ying^{1*}, P. Yap², M. Gandhi³, T.M. Liew⁴

¹ Institute of mental health IMH, general psychiatry general psychiatry, Singapore, Singapore; ² Khoo Teck Puat hospital, department of geriatric medicine, Singapore, Singapore;

³ Biostatistics, Singapore clinical research institute, Singapore, Singapore; ⁴ Institute of mental health, department of geriatric psychiatry, Singapore, Singapore

* Corresponding author.

Introduction.– Depression occurs in at least 1 in 3 caregivers of persons with dementia (PWD). Among the case-finding scales for caregiver depression, the Center for Epidemiological Studies Depression Scale (CES-D) is one of the most widely-used scales in caregivers of PWD.

Objective.– We sought to evaluate the validity and reliability of CES-D for detecting caregiver depression in dementia.

Methods.– We conducted a cross-sectional study with consecutive sampling in Singapore. Participants completed self-administered questionnaires containing CES-D and other scales of related construct. Factorial validity was assessed by confirmatory factor analysis; construct validity by Pearson's correlation coefficient; known-group validity by comparing CES-D scores at differing severities of caregiver burden; and internal-consistency reliability by Cronbach's α .

Results.– We recruited 394 participants. After analysis, CES-D demonstrated factorial, construct and known-group validity. Internal-consistency reliability was good for CES-D total scale (Cronbach's $\alpha = 0.92$), but lower for Positive Affect and Interpersonal Problems subscales ($\alpha = 0.70$ – 0.74).

Conclusions.– CES-D can be used in clinical care, as a valid and reliable scale, to detect caregiver depression in dementia. However, two subscales of CES-D (Positive Affect and Interpersonal Problems) show more modest reliability, possibly due to the influence of culture, and may need to be interpreted with caution when they are used among non-Caucasian caregivers.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Anxiety Disorders and Somatoform Disorders - Part II / Neuroimaging

PW0295

Neural correlates of selective attention to threat during target detection in persecutory delusions

C. Al-Ibrahim*, J. Yiend, S. Shergill

Institute of psychiatry, psychology & neuroscience, King's College London, psychosis studies research, London, United Kingdom

* Corresponding author.

Objective.– Selective attention to threat has been implicated in the development, maintenance and exacerbation of persecutory delusions in schizophrenia. This study is using the attention probe cuing paradigm to examine threat modulation of selective attention and mechanisms of spatial orienting, and investigate whether selective attention to threat is independent of paranoid symptoms severity.

Methods.– Using an event-related functional magnetic resonance imaging (fMRI), neural correlates of selective attention to threat were investigated by applying three types of semantic stimuli (i.e. paranoia relevant, physical threat and social threat) paired with neutral words. A sample of high ($n = 19$) and low ($n = 17$) paranoid patients with schizophrenia and healthy controls ($n = 27$) performed the task in which participants were instructed to detect a target appearing after a pair of emotional-neutral words by pressing a corresponding button as quickly and accurately as possible.

Results.– Patients showed decreased activation compared to healthy controls within the fronto-parietal brain regions. Differences between the high and low paranoia groups were significant during regions of interest analysis (ROI) within the anterior and posterior intraparietal cortices (IPC) in which the high paranoia group demonstrated increased activation when detecting targets

within the same spatial location of social threat stimuli relative to the low paranoia group.

Conclusion.– Our findings suggest that the persistence of paranoid symptoms in schizophrenia may reduce responsiveness to threat-related stimuli in patients compared to healthy controls in the IPC, and that attenuation of fMRI BOLD signal within this area might be influenced by the severity of paranoid symptoms.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0296

Value priorities are related to the fear of illness

M. Iosifyan, G. Arina*, V. Nikolaeva
Lomonosov Moscow State university, department of neuro- and pathopsychology, Moscow, Russia

* Corresponding author.

Introduction.– Fear of injury (or illness/injury sensitivity) is one of three fundamental fears and plays a key role in anxiety disorders (Reiss, 1991; Taylor, 1993). Value priorities are related to some fears people experience (for example, to the fear of war; Schwartz et al., 2000). However, it is not clear if values are related to fear of illness.

Objectives.– The study investigates how value priorities are related to the fear of illness.

Method.– Participants ($n = 43$, $M_{age} = 27.45$, 8 males) ranked 14 illnesses/injuries from most to least frightening. They next selected life values which a person will most probably lose in the case of each of these 14 diseases/injuries (e.g., stimulation, self-development, success).

Results.– Regression analysis revealed that values explained 76% of variance of fear of illness ($F(5,8) = 9.131$, $P = .004$). Values of success, self-development and stimulation were positively associated with the fear of illness; values of hedonism, health and conformism were negatively associated with it; and values of self-transcendence were not related to it.

Conclusions.– Value priorities, at least partly, explain the fear of illness. More the potential disease affects the loss of openness to change values, more frightening it is, contrary to conservation values (e.g. health value). Probably, among young healthy adults who did not experience any trauma related to health, conservation values are not affectively related to fear of illness, contrary to openness to change values. Health anxiety treatment strategies should take into account the associations between personal values and fear of illness.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0297

Is ultrasound the future of neuroimaging in psychiatry?

T. Desmidt
CHU de Tours, clinique psychiatrique universitaire, Tours, France

* Corresponding author.

Recent progresses in both probe technology and signal processing have allowed the development of innovative methods of ultrasound neuroimaging for characterizing brain physiology and for the stimulation of neural circuitry.

We want to review here the increasing data showing that, beyond the assessment of cerebrovascular functioning, newly developed techniques can accurately measure biomechanical properties of the brain, such as Brain Tissue Pulsatility (BTP) as the natural micro-movements of the brain parenchyma.

Notably, we and others have found that BTP was changed in cognitive tasks and tends to decrease with ageing. Moreover, our team has found that BTP was impaired in depression [1] (Fig. 1) and was correlated to brain volume and white matter lesions, suggesting that the progressive accumulation of excessive micro pulsatility in the brain can progressively damage the tissue and lead to cerebral impairments [2].

Our team has also demonstrated the efficacy of ultrasound neurostimulation in an animal model of depression, while trials are currently under inclusion in human resistant depression. As costless, portable and easy-to-realize methods, Ultrasound neuroimaging could ultimately provide routinely accessible techniques to characterize and to treat psychiatric pathologies such as depression.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

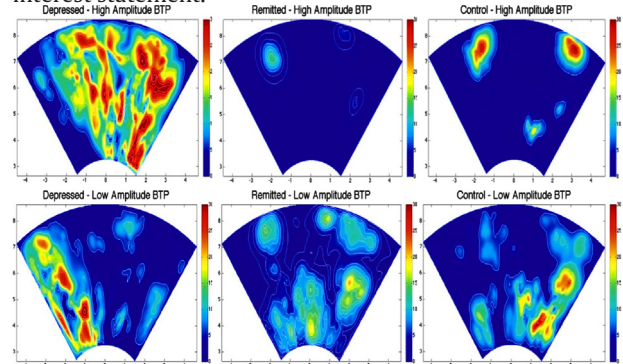


Fig. 1.

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PW0298

Behavioral digit span and spatial span performance and their correlates with brain connectivity: Insights into the cognitive machinery

B. Dvoracek^{1,2*}, I. Stamou^{1,2}, E. Bourama^{1,2}, K. Sedlakova^{1,2}, F. Spaniel^{1,2}, I. Fajnerova^{1,2}, Z. Yuliya^{1,2}

¹ 3rd faculty of medicine, Charles university in Prague, Prague, Czech Republic, department of psychiatry, Prague, Czech Republic;

² National institute of mental health, Klecany, Czech Republic, department of psychiatry, Prague, Czech Republic

* Corresponding author.

Objectives.– The application of tests in which different information context is manipulated in a similar way can bring insight into the cognitive machinery. Errors in performance in Digit Span and Spatial Span might be related to the altered brain connectivity. Thus we explored if the errors result on the connectome of the brain.

Methods.– We have administered Digit Span and Spatial Span and performed fMRI resting state scans in 70 first episode psychosis patients and healthy controls (patients 40, healthy controls 30). In the Digit Span 60 subjects performed without errors, in 10 subject errors were identified. In the Spatial Span 23 subjects performed with errors whereas in 47 subjects the performance was errorless. The performance was confronted to the resting state fMRI connectivity analysis.

Results.– Digit Span performance in error vs non-error group correlated with hypoconnectivity between inferior occipital cortex L and cerebellum L and hyperconnectivity bilaterally within cerebellar regions, temporal cortex, fusiform cortex and nucleus accumbens. Spatial Span performance in error vs non-error group was associated with hyperconnectivity in R hemisphere between inferior lateral occipital cortex and parietal operculum cortex, supramarginal gyrus, postcentral gyrus and planum temporale

Conclusion.– The analysis of behavioural tests and resting fMRI data revealed that patients who make errors in the tests exhibit disrupted connectivity. Errors in tests were associated with the cortical and subcortical structures that are related to the specific cognitive units, e.i processing of numbers, spatial positioning, error monitoring. The hyperconnectivity is presumably due to necessity for more effortful processing needed during the task performance.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0300

Is psychological morbidity associated with gastric sensitivity in patients with functional dyspepsia?

J. Hammer*, M. Führer

Medizinische Universität Wien, Gastroenterologie und Hepatologie, Wien, Austria

* Corresponding author.

The oral capsaicin test (CapsTest) is a novel diagnostic test to determine gastric hypersensitivity in patients with functional dyspepsia (FD). FD is associated with an increased risk of psychological morbidity.

Aims: To assess whether psychological illness or several clinical parameters are associated with the results of the CapsTest in patients with FD.

Methods.– 69 patients with confirmed FD (52 women; 17 men; mean age \pm SEM: 39.4 \pm 12.9 years) filled out HAD, Eysenck neuroticism scale, and SF12 QoL. The CapsTest evaluates intensity of upper gastrointestinal symptoms (by a graded questionnaire) after ingestion of 0.75 mg capsaicin. A score difference (before vs. after capsaicin) of > 9 was considered as a positive test (gastric hypersensitivity). Data are given as mean \pm SEM, significance level: $P < 0.05$; NS = not significant.

Results.– The CapsTest was positive in 58% ($n=40$; 32 female, 8 male; NS). Patients with gastric hypersensitivity (capsaicin positive) did not differ significantly from capsaicin negative patients in terms of anxiety scores (10.6 \pm 0.4 vs. 9.9 \pm 0.4), depression (8.5 \pm 0.3 vs. 8.7 \pm 0.4), neuroticism (5.7 \pm 0.6 vs. 6.6 \pm 0.7) or QoL (physical nor mental). However, patients with clinical manifest depression (HAD-score above 10) had significantly higher capsaicin scores (17.7 \pm 4.4 vs 10.7 \pm 7.8; $P < 0.05$) than patients with normal to mild depression levels. Multivariate analyses did not show a significant influence of any of the clinical parameters tested (Age, gender, Helicobacter status, clinical manifestation of FD) on the capsaicin test.

Conclusion.– Psychological morbidity is not associated with the results of the CapsTest in patients with functional dyspepsia, although patients with clinical depression score higher in the CapsTest than patients without manifest depression.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0302

Trauma and health symptoms: In the context of gender and daily stress

G. Karakurt¹, K. Silver², D. Concklin³, M. Kumari³¹ Case Western Reserve university, psychiatry, Cleveland, USA;² University of Akron, psychology, Akron, USA; ³ CWRU, psychiatry, Cleveland, USA

* Corresponding author.

As many people are affected by psychological distress and trauma across the lifespan, understanding risk factors, protective factors, and the relationships between types of stressors and medical variables is important for mental and physical health. The current study investigated whether trauma symptoms (anxiety, depression, dissociation, sexual abuse trauma, sleep disturbance, and sexual problems) are predictors of self-reported mental and physical health among adults. Furthermore, we are also curious as to whether daily stress and gender differences play a role in these relationships. Participants ($n = 103$; 50.5% women) completed self-report measures of trauma symptoms (TSC-40), mental health, physical health (SF-36), and daily stress (FDHI), along with demographic information. The Trauma Symptom Checklist-40 (TSC-40; Elliott & Briere, 1992) is a self-report instrument with 40 items designed to measure a range of traumatic stress symptoms. Short-Form Health Survey (SF-36; Ware & Sherbourne, 1992) is composed of 36 self-report quality-of-life items that measure both mental and physical health. The Family Daily Hassles Inventory (FDHI; Rollins, Garrison, & Pierce, 2002) consists of 22 items that characterize how much the daily life of their family is affected by each item's dimension: time and energy, negative influence, and positive influence. Regression results indicated that trauma symptoms predicted 25.2% of the variance in physical health symptoms. Gender significantly added to the variance accounted for, but daily stress was not significant in the model. Trauma symptoms predicted 37.1% of the variance in mental health symptoms. Daily stress added to the model, but gender did not.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0304

Psychological manifestations of maladjustment to educational activities

H. Kozhyna*, D. Marakushyn, K. Zelenska, M. Khaustov, V. Mykhalov, G. Zelenska

Kharkiv national medical university, psychiatry, narcology and medical psychology, Kharkiv, Ukraine

* Corresponding author.

Aim.– The study of the psychological features of adaptation disorders in students of medical University.

Material and methods.– A comprehensive survey of 603 students of Kharkiv national medical University were conducted.

Results.– 4.5% of the surveyed students revealed a high level of maladjustment; 13.3% severe level of maladjustment; 36.2% – moderate level of distress; in 20.2% – low level of maladjustment; 25.8% – no signs of maladjustment.

Students who have the high, pronounced and moderate level of maladjustment was the first study group, students with low levels or absence of signs of maladjustment – the second group.

As the results of diagnostic research of students of the first group at 15.8% of the observed clinical symptoms of anxiety, 16.3% – sub-clinical manifestations, compared with 3.5% and 8.2% of students in group II respectively. The clinical manifestations of depression typical of 5.4% of students of the first group and 2.1% of students in

group II; subclinical symptoms of depression for of 20.1% and 9.5%, respectively.

For students of the 1st group had higher average levels of asthenic state on a scale Malkova L.M. and T.G. Chertova (54.12 ± 1.98), neuro-mental stress on a scale of T.A. Nemca (48.38 ± 1.79) and gotm on a scale of Zung (50.30 ± 1.66) compared with students of group II, which had the lowest results and was respectively 41.97 ± 1.73 , the 38.24 ± 1.22 and 44.51 ± 1.96 scores.

Mental, manifested by deterioration of psychological well-being, growth, asthenia, anxiety and depressive disorders, decrease of activity, violation of interpersonal relations, increased intrapersonal conflicts.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0305

Yoga reduces the brain's amplitude of low-frequency fluctuations in patients with early psychosis

J.J. Lin¹, X. Geng², E.Y.H. Chen³

¹ The university of Hong Kong, school of nursing, Hong Kong, Hong Kong S.A.R.; ² The university of Hong Kong, state key lab of brain & cognitive sciences, Hong Kong, Hong Kong S.A.R.; ³ The university of Hong Kong, Psychiatry, Hong Kong, Hong Kong S.A.R.

* Corresponding author.

Background.– Exercise attracted increasing attention for improving neurocognitive functioning in patients with psychotic disorders. However, there has been limited understanding of the neural mechanism of these effects. This study aimed to investigate the effects of aerobic exercise and yoga on cerebral spontaneous functional fluctuations in patients with early psychosis.

Methods.– A total of 140 female patients with early psychosis were recruited and 124 received the allocated intervention in a randomized controlled study of 12 weeks of yoga or aerobic exercise compared with a wait-list group. 91 participants were scanned at baseline, and 72 had completed the scans at 12 weeks. The amplitudes of low-frequency functional (ALFF) fluctuations were compared among three groups, and the correlation between ALFF, cognition and clinical symptoms were examined.

Results.– Both yoga and aerobic exercise improved working memory and overall symptoms in patients with psychosis compared to the control group. There was no significant changes of ALFF in aerobic exercise group. The ALFF decreased in the left precuneus for the yoga group compared to the control group, which was correlated to the improvements of negative symptoms in all the participants.

Conclusions.– It is the first study to investigate the effects of yoga and aerobic exercise on brain function in patients with early psychosis. The results help to understand the possible neurobiological underpinnings for the cognitive and clinical improvements from yoga and aerobic exercise.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0307

Anxiety levels predict low bone mineral density in postmenopausal women assessed for osteoporosis

G. Martino¹, A. Catalano², F. Bellone², V. Langher³, R.A. Fabio⁴, S. Cataudella⁵, P. Velotti⁶, C. Lasco², A. Lasco², N. Morabito²

¹ University of Messina, department of cognitive sciences, psychology, education and cultural studies, university of Messina, Messina, Italy, Messina, Italy; ² University of Messina, department of clinical and experimental medicine, Messina, Italy; ³ University of Rome, department of dynamic and clinical psychology, Rome, Italy;

⁴ University of Messina, department of cognitive sciences, psychology, education and cultural studies, Messina, Italy; ⁵ University of Cagliari, department of pedagogy, psychology, philosophy, Cagliari, Italy;

⁶ University of Genoa, department of educational studies, Genoa, Italy

* Corresponding author.

Introduction.– Anxiety may be observed as a consequence of several chronic diseases, but the effects of anxiety levels per se on bone health in postmenopausal women are poorly investigated.

Objective.– To investigate the impact of anxiety severity on bone mineral density (BMD) and prevalent vertebral fractures in a set of ambulatory care Caucasian women referred for osteoporosis.

Methods.– Hamilton Anxiety Rating Scale (HAMA) for anxiety levels, Beck Depression Inventory for depressive symptoms and the 36-Item Short Form Health Survey (SF-36) for quality of life, in addition to multiple clinical risk factors (CRFs) for fractures and FRAX score, dual-energy X-ray absorptiometry for BMD measurement at lumbar spine and femoral neck, X-ray vertebral morphometry, were evaluated.

Results.– Of the 192 recruited women (mean age 67.5 ± 9.5 yr), patients allocated in the tertile of lower HAMA score (HAMA-1) showed lower probability of fracture compared with patients in the highest one (HAMA-3) (20.44 ± 9.3 vs. 24.94 ± 13 SD; $P=0.01$). Women in HAMA-3 exhibited lower *T*-score values at lumbar spine in comparison with women in HAMA-1 (-2.84 ± 1.4 vs. -2.06 ± 1.2 SD, respectively, $P<0.001$), and lower *T*-score values at femoral neck (-2.21 ± 0.9 vs. -1.93 ± 0.6 SD; $P<0.05$); lower *T*-score values were observed in HAMA-3 compared with HAMA-2. A higher rate of prevalent vertebral fractures were observed in HAMA-3 vs. HAMA-1. Anxiety levels were significantly related with age, menopausal age, years since menopause and depressive symptoms, and at a multiple regression analysis were predictive of reduced BMD.

Conclusions.– Anxiety levels were associated with BMD at both lumbar spine and femoral neck.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0308

Mobile phone use related anxiety among university students: Prevalence and typical symptoms

E. Nikolaev¹, S. Petunova¹, A. Zakharova¹, G. Dulina¹, M. Kulygina²

¹ Chuvash State university, department of social and clinical psychology, Cheboksary, Russia; ² Moscow State institute of international relations, medical and psychological center, Moscow, Russia

* Corresponding author.

Introduction.– Use of mobile phones all over the world results in an increasing number of previously unrecorded mental and behavioral disorders that do not always fit into the present classifications.

Objectives.– The research is aimed to find out the prevalence among university students of a specific anxiety associated with mobile phone use, as well as its characteristic manifestations.

Methods.– The research covered 406 university students (mean age 22.6) specializing in different professional spheres. To define the symptoms of the mobile phone use related anxiety, the students were asked to fill in a 35-item questionnaire. The current stress level was measured with the stress inventory (Ivanova, 2008). Basic statistics and correlation analysis were used for the data interpretation.

Results.– Two thirds of the respondents showed different degrees of anxiety manifestation. All the anxiety disorders can fit into five groups of clinical and behavioral manifestations: phantom ring-

ing (66.0%) and phantom vibration (61.6%) syndromes; potential phone loss or theft related anxiety (64.8%); continual unmotivated check of missed calls and messages (62.3%); “nomophobia” as an increased nervousness and anxiety over being without access to a working mobile phone (42.1%); high interest to brand-new mobile technologies accompanied by unreasonably frequent purchase of a more upgraded phone (31.0%). Manifestation of these symptoms positively correlates with the stress level ($P < 0.05$), but it does not correlate with the sex and age ($P < 0.05$).

Conclusions.– A wider access to modern mobile communication technologies not only promotes communication, but it also brings about new risks to mental health, which should become the subject of new studies.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0309

The psychological structure of perfectionism and motivational conflicts in patients with anxiety disorders

E. Pervichko^{1*}, Y. Babaev¹, I. Emelyanova², V. Krjukov², V. Krasnov², Y. Zinchenko¹

¹ Lomonosov Moscow state university, faculty of psychology, Moscow, Russia; ² Moscow research institute of psychiatry, department of affective disorders, Moscow, Russia

* Corresponding author.

Introduction.– Many studies show connections between anxiety disorders (AD), motivation and perfectionism; however, the inner nature of these connections is yet to be discovered.

Objectives.– To examine the connections between direction and power of motivation, strength of motivational conflicts and the structure of perfectionism in patients with AD compared to healthy individuals.

Methods.– Projective and semi-projective motivation tests (TAT of Heckhausen, Multi-Motive Grid (Sokolowski et al., 2000)), perfectionism questionnaires (Garanyan, Kholmogorova, Yudeeva, 2001; Hewitt, Flett, 2004). The participants were 21 AD patients (mean age 35.6) and 20 healthy individuals (mean age 28.4).

Results.–

1. AD patients differ from healthy individuals in total perfectionism (189.48 vs 170.15, $P < 0.05$) and socially prescribed perfectionism (63.62 vs 51.85, $P < 0.01$), polarized thinking (9.33 vs 5.15, $P < 0.01$) and negative filtering (8.10 vs 4.15, $P < 0.01$).

2. AD patients show prevalence of fear of failure over hope for success (−2.90 vs 4.35, $P < 0.01$), lower overall level of achievement motivation (4.81 vs 10.45, $P < 0.01$), increased fear of losing control in social situations (7.62 vs 5.30, $P < 0.01$) and fear of rejection (6.76 vs 4.60, $P < 0.05$).

3. In AD patients, achievement motivation correlates negatively with socially prescribed perfectionism (−0.533, $P < 0.05$), polarized thinking (−0.618, $P < 0.01$) and total perfectionism level (−0.550, $P < 0.05$), whereas in healthy individuals connection is between self-oriented perfectionism and achievement motivation (−0.544, $P < 0.05$). Total perfectionism correlates with fear of losing control (0.592, $P < 0.01$).

Conclusions.– The study results help broaden our vision of the psychological causes and correlates of anxiety disorders and open up perspectives for further studies on this topic.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0310

Aberrant ongoing brain activity after premature birth

J. Shang^{1,2*}, J.G. Bäuml^{2,3}, N. Koutsouleris¹, P. Bartmann⁴, D. Wolke⁵, C. Sorg^{2,3,6}

¹ Ludwig-Maximilians-university, department of psychiatry and psychotherapy, Munich, Germany; ² Technische Universität München, TUM-NIC neuroimaging center, Munich, Germany; ³ Technische Universität München, department of neuroradiology, Munich, Germany; ⁴ University hospital Bonn, Germany, department of neonatology, Bonn, Germany; ⁵ University of Warwick, department of psychology, Coventry, United Kingdom; ⁶ Technische Universität München, department of psychiatry, Munich, Germany

* Corresponding author.

Introduction.– Premature birth is characterized by long-term changes in large-scale brain organization. It has been suggested that slowly fluctuating ongoing activity is affected by premature birth. To test this idea, we investigated whether slow fluctuations in ongoing blood oxygenation of resting-state functional MRI (rs-fMRI) represent a robust feature to separate very premature born adults from term born ones.

Methods.– To investigate this question, 94 very preterm/very low birth weight (VP/VLBW) and 92 full term (FT) born young adults underwent rs-fMRI with the amplitude of low-frequency fluctuations (ALFF) as main outcome measure. Multivariate pattern classification framework based on support-vector machines (SVM) was used to generate and validate ALFF patterns for group separation. The dependence of birth complications, sociodemographic and IQ variables was evaluated.

Results.– ALFF patterns showed 79.1% accuracy to classify VP/VLBW from FT subjects, and clinical variables predicted SVM decision scores of ALFF (80.7% accuracy) by ϵ -support vector regression (SVR).

Conclusions.– Our results provide evidence for aberrant ongoing brain activity in premature born adults, mainly in lateral temporal and limbic cortices, with stronger alterations in persons with more severe birth complications and/or lower gestational age.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0311

Effect of anxiolytics on the plasma malondialdehyde levels in patients with anxiety disorders

T. Syunyakov*, N. Zolotov, G. Neznamov

FSBI “Zakusov institute of pharmacology”, laboratory of clinical psychopharmacology, Moscow, Russia

* Corresponding author.

Background.– Anxiety disorders associated with disturbed redox processes and excessive lipid peroxidation (LPO). Benzodiazepines and fabomotizole potentially have different mechanisms to reduce LPO: via interaction with peripheral benzodiazepine receptors or effects linked to membrane modulation. It is hypothesized that benzodiazepine and fabomotizole will have different effects on LPO.

Objectives.– To compare phenazepam and fabomotizole effects on the malondialdehyde (MDA) levels as a measure of LPO in patient with anxiety disorders.

Methods.– 66 patients with anxiety disorders participated the study (generalized anxiety disorder, agoraphobia and nosophobia). 36 were treated with phenazepam and 30 with fabomatizole. Treatment duration was 14 days. MDA plasma levels ($\mu\text{mol/l}$) measured before and after 14-day treatment. The control group included 33 healthy volunteers. To analyze MDA levels changes the three-

way ANOVA was used with drug and diagnosis as fixed factors. All statistical tests were two-tailed, and P -values < 0.05 considered significant.

Results.– Background MDA levels didn't differ between phenazepam (1.23 ± 0.50) and fabomotizole (1.19 ± 0.21) but were significantly higher than in control (0.55 ± 0.1 , $P < 0.05$). ANOVA revealed that MDA levels significantly decreased from the start to the endpoint without significant effect of interactions with drug and diagnosis. Analysis found that MDA levels variability of changes was significantly lower with fabomotizole comparing to phenazepam (standard deviations: 0.207 and 0.50, respectively, $F = 5.91$, $P < 0.001$).

Conclusion.– Both fabomotizole and phenazepam associated with MDA plasma levels reduction. Though fabomotizole induced more consistent effect comparing to phenazepam. Different patterns of drug effects on LPO may reflect distinct mechanisms of drug activity.

Disclosure of interest.– Syunyakov T. receive money from Pfizer LLC.

PW0313

Utilization of virtual reality exposure therapy in treatment of the patient with acrophobia – Pilot study

K.M. Wilczynski^{1*}, K. Krysta², E. Mazgaj², M. Ciułkiewicz², J. Paliga², A. Szczesna³, A. Strzelczyk³, M. Wojciechowska³, K. Wojciechowski³, M. Krzystanek²

¹ Medical university of Silesia, department of psychiatry and psychotherapy of developmental age, Katowice, Poland; ² Medical university of Silesia, department of psychiatric rehabilitation, Katowice, Poland; ³ Polish-Japanese academy of information technology, research and development center, Bytom, Poland

* Corresponding author.

Background.– Virtual reality exposure therapy (VRET) is becoming increasingly popular method of augmentation of treatment for patients suffering from anxiety disorders. One of the VRET methods, which could be utilized in this group of patients, is the MOTEK CAREN system, however, so far no studies have been published on its implementation in psychiatric disorders.

Methods.– Presented here is a case of a 32-year-old woman suffering from acrophobia, who underwent a series of four subsequent trainings with the use of the MOTEK CAREN system. Each of the trainings consisted of the control part, during which participant was walking through forest, and the test part, during which patient was crossing a catenary bridge over precipice. Data from the system were collected on the work of muscles, joints, reactions of the ground, etc. Blood pressure, pulse and salivary cortisol level were measured before and after each training.

Results and conclusions.– Visible differences in performance of the participant, between each part, suggest that the test part was more stressful than the control. Improvement noticed with each training may suggest a gradual adaptation of the patient to the stressful situation. Increased cortisol levels before training, in comparison with levels on a usual day, imply that the sole perspective of upcoming exposition was stressful for the participant. Trainings with the MOTEK KAREN system seem to be a promising adjunct method in treatment of patients with anxiety disorders, however further studies on large groups of patients are required.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Bipolar Disorders - Part I

PW0314

Cognitive functioning in unaffected first degree relatives of patients with bipolar one disorder and healthy controls: A comparison

Y. Abid^{1*}, S. Ellini², F. Amdouni², A. Feki², H. Maatallah², M. Cheour²

¹ Psychiatry, Razi hospital, ENNASR2, Tunisia; ² Psychiatry, Razi hospital, Mannouba, Tunisia

* Corresponding author.

Introduction.– Neurocognitive functions are considered to be reliable endophenotypes for bipolar disorders. They are consistently reported to be impaired in bipolar one disorder including executive functioning, language, and sustained attention. However, it is not clear which domains of cognitive impairment are most often linked to genetic transmission.

Objectives.– This study aimed to identify the neurocognitive functioning of unaffected first degree relatives of patients with bipolar one disorder and to compare the same with a group of healthy controls.

Methods.– We proceeded to a prospective and analytical study. Our study population was constituted by 30 unaffected first degree relatives of patients with bipolar one disorder and compared to 30 healthy control subjects. Matching was based on age, gender and level of education. Neurocognitive functioning was evaluated using the “Montreal Cognitive Assessment” test which assesses different cognitive domains: attention, executive functions, memory, language, visuoconstructional skills, conceptual thinking, calculations, and orientation.

Results.– Compared to healthy controls, unaffected first degree relatives of patients with Bipolar one disorder performed poorly on tests of executive functions, memory, conceptual thinking, and attention (respectively $P = 0.003$; $P = 0.025$; $P = 0.04$; $P = 0.015$). There were no significant differences between the two groups for language, visuoconstructional skills, calculations and orientation.

Conclusions.– Cognitive markers like executive functions, memory, conceptual thinking, and attention can distinguish unaffected first degree relatives of bipolar one disorder from healthy controls and can serve as an endophenotype for bipolar one disorder.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0316

Assessment of the compliance level in patients with bipolar disorder I

Y. Ashenbrenner^{1,2*}, E. Chumakov^{1,2}, N. Petrova¹

¹ Saint Petersburg State university, department of psychiatry and addictions, St. Petersburg, Russia; ² Saint Petersburg psychiatric hospital no. 1 named after P.P. Kaschenko, outpatient department no. 2, St. Petersburg, Russia

* Corresponding author.

Introduction.– Compliance in patients with Bipolar Disorder (BD) has become particularly relevant in recent years due to the emphasis on the prevention of relapse.

Objective.– To estimate the compliance level in patients with BD I. **Methods.**– 1900 patient's medical records were studied. 34 patients had BD I, including 12 men (average age 33.33 ± 3.94) and 22 women (37.23 ± 8.48). Age of the onset was 22.59 ± 3.21 years.

Results.– It was found that 31 patients with BD I (91.2%) had a history of non-compliance (lower doses or irregular therapy), which

was associated with a subjective feeling that “I already became healthy” (70.6%), relapse (32.6%), “lack of good contact with a doctor” (26.5%), side effects (17.7%), lack of medication, financial problems, alcohol abuse (8.8% each). Psychiatrist visits were irregular in the first month in 29.5% of cases. 67.7% of patients were characterized by non-compliance after the last hospitalization: visiting non-compliance (29.4%), therapy non-compliance (11.8%) and mixed non-compliance (26.5%). Residual symptoms were observed in 55.9% of patients in remission. Non-compliance was linked with such residual symptoms as sleep disturbances ($R=0.57, P<0.001$), loss of appetite ($R=0.43, P=0.01$), transitory affective fluctuations ($R=0.66, P<0.008$).

Conclusions.– Patients with BD I in remission are characterized by the high level of non-compliance, which can be due to the presence of residual symptoms of the disease. These data indicate the need to develop new approaches to BD I treatment in remission.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0317

Bipolar disorder among adolescents: Case-control study

A. Ben Haouala^{1*}, B. Amamou², A. Mhalla¹, L. Gaha¹

¹ Fattouma Bourguiba university hospital, psychiatry, Monastir, Tunisia; ² University hospital of Monastir, research laboratory vulnerability to psychosis, faculty of medicine of Monastir, university of Monastir, Tunisia, psychiatry, Monastir, Tunisia

* Corresponding author.

Introduction.– Bipolar disorder is an illness involving extreme shifts in mood. Age at onset of may be a key indicator for identifying more homogeneous clinical subtypes.

Objective.– To test whether bipolar disorder among adolescents represents a specific form in terms of clinical features, individual and familiar antecedents.

Methodology.– It was a case-control study involving 208 bipolar patients hospitalized at psychiatric Monastir department until December 2016. We have subdivided patients in two groups, group 1 with a beginning in adolescence < 18 years ($n=48$) and group 2 a control group with first episode at ≥ 19 years ($n=160$). In accordance with the case control design, patients were matched to control subjects.

Results.– The early onset of Bipolar Disorder was associated with lack of academic and professional qualifications ($P=0.003$). We found a significant difference between groups in marital status. Group 1 was associated with the presence of a psychiatric family history ($P=0.02$) and with the existence of suicidal behavior ($P=0.01$). In addition, they had significantly more substance abuse and significantly more criminal record ($P=0.02$). As regards the characteristics of the mood relapses, the 1st episode was more frequently of the manic type for the two groups without significant difference. However, the dominant polarity of the manic type was significantly associated with the early onset ($P=0.01$). The psychotic symptoms during mood relapses were associated with the early onset of BD

Conclusion.– Our study showed bipolar disorders among adolescents differs in historical and clinical expression

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0319

A new comprehensive and empirical clinical staging model for bipolar disorder

M.P. Garcia-Portilla¹, L. De La Fuente^{1*}, G. Safont², M. Sanchez-Autet², B. Arranz³, P. Sierra⁴

¹ University of Oviedo, psychiatrist, Oviedo, Spain; ² University of Barcelona, psychiatry, Barcelona, Spain; ³ Parc Sanitari Sant Joan de Deu, psychiatry, Barcelona, Spain; ⁴ La Fe university and polytechnic hospital, psychiatry, Valencia, Spain

* Corresponding author.

Objective.– Bipolar disorder (BD) is a progressive condition that would benefit from a clinical staging. Our aim was to develop a comprehensive clinical staging model empirically.

Method.– Naturalistic, prospective, 3-year follow-up, multicenter study. We included 224 subjects with BD (DSM-IV-TR) under outpatient treatment from 4 sites in Spain. We obtained information on sociodemography, clinical course, psychopathology, cognition, functioning, vital signs, anthropometry and lab analysis. Statistical analysis: k-means clustering, comparisons of between-group variables, and expert criteria.

Results.– We obtained 12 profilers from 5 life domains that classified patients in five clinical stages. The profilers were: Number of hospitalizations and of suicide attempts, comorbid personality disorder, body mass index, metabolic syndrome, the number of comorbid physical illnesses, cognitive functioning, being permanently disabled due to bipolar disorder, global and leisure time functioning, and patients' perception of their functioning and mental health. We obtained preliminary evidence on the construct validity of the model: (1) all the profilers behaved correctly, significantly increasing in severity as the severity of the stages increased, and (2) late stages needed more complex pharmacological treatment.

Conclusion.– We propose a new, empirically developed, comprehensive clinical staging model for BD that could easily be used in clinical daily practice and research.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0320

A study on the personality traits associated with a delayed diagnosis of bipolar disorder

M. Fraigneau^{1*}, P. Courtet¹, J. Lopez Castroman²

¹ CHU de Montpellier, urgences et post-urgences psychiatriques, Montpellier, France; ² CHU de Nîmes, unité d'évaluation médico-psychologique, Nîmes, France

* Corresponding author.

Introduction.– Bipolar Disorder (BD) is a frequent disease, with great morbidity and mortality. The later the diagnosis, the greater are the consequences. The average time to diagnosis is 8 to 10 years. Some diagnostic delay factors have already been identified, but to our knowledge no studies have investigated the influence of personality.

Objectives.– Our main objective was to look for the association between impulsive-aggressive personality traits in BD and longer diagnostic delay. Other personality traits were also examined, and we tried to determine specific profiles of diagnostic delay according to BD type.

Methods.– We used retrospective data from the FACE-BD cohort (French expert centers for BD). A total of 598 bipolar patients recruited from 2007 to 2015 were included in Cox logistic regression analyses according to BD type. Results were adjusted for

socio-demographic and clinical factors, as well as several personality traits. Impulsivity and aggressiveness were measured using the BIS-10 and BDHI scales respectively.

Results.– The median diagnosis delay was 9 years. There was no association between diagnostic delay and impulsive-aggressive personality traits for any BD type. Factors associated with longer diagnostic delay were a high score on the Childhood Trauma Questionnaire (CTQ), with an OR = 1.016 ($P=0.017$) for each additional point, for type I BD, and an early disease onset (before 21 years) for type II BD (OR = 1.861, $P<0.001$).

Conclusions.– Our results suggest that a long diagnostic delay in BD can be predicted. Further studies are needed to establish a risk score of late (or difficult) BD diagnosis.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0321

Does gender influence clinical expression of hypomania?

L. Jouini¹*, U. Ouali¹, M. Ghazai², Y. Zgueb¹, R. Jomli¹, F. Nacef¹
¹ Razi hospital, "A" adult psychiatry department, Tunis, Tunisia; ² Razi hospital, child and teenager psychiatry department, Tunis, Tunisia
 * Corresponding author.

Introduction.– The clinical features of bipolar disorder differ between men and women. However, few studies have explored the gender influence on hypomanic episodes.

Objectives.– The main objective was to determine the gender influence on hypomanic episodes in a sample of Tunisian bipolar patients.

Methods.– Fifty-four patients with Bipolar Disorder I (BPD I) or Bipolar Disorder II (BPD II) were evaluated for hypomania using the 32-items- Hypomania Checklist Questionnaire (HCL-32). Socio-demographic and clinical data were recorded.

Results.– BPD I was more prevalent among men (66.7%) and BPD II was more prevalent among women (62.1%). Male patients had more hypomanic episodes (5.67% vs 1.59%, $P=0.39$). HCL-32 differed according to gender. The following items were significantly more prevalent among women: more energetic and more active (100.0% vs 76.2%, $P=0.019$), more self-confident (100.0% vs 81.0%, $P=0.044$), more activities and projects (95.5% vs 61.9%, $P=0.009$), more colorful and more extravagant clothes/make-up (63.6% vs 28.6%, $P=0.022$), want to meet or actually do meet more people (86.4% vs 52.4%, $P=0.017$), think faster (95.7% vs 71.4%, $P=0.042$), more jokes or puns when talking (90.9% vs 52.4%, $P=0.006$). On the other hand, men smoked significantly more cigarettes during their hypomanic episode (19.0% vs 68.4%, $P=0.002$).

Conclusions.– Our study reflects that Tunisian women experience rather the sunny, positive side of hypomania whereas Tunisian men experience rather the dark, negative side, including increased consumption of coffee, tobacco, alcohol and drugs.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0323

The concentration of the stem cells in long-term treated bipolar disorder patients

J. Kucharska-Mazur¹*, A. Regina¹, M. Jabłoński¹, M. Tarnowski², B. Dołęgowska³, J.K. Rybakowski⁴, M.Z. Ratajczak⁵, J. Samochowiec¹

¹ Pomeranian medical university, department of psychiatry, Szczecin, Poland; ² Pomeranian medical university, department of physiology, Szczecin, Poland; ³ Pomeranian medical university, department of

microbiology, immunology and laboratory medicine, Szczecin, Poland; ⁴ University of medical sciences, department of adult psychiatry, Poznań, Poland; ⁵ University of Louisville, stem cell biology program at the James Graham Brown cancer center, USA
 * Corresponding author.

Introduction.– Literature data and our previous experiments proved that the stem cells and factors involved in their trafficking are engaged in etiopathogenesis of psychiatric disorders.

Aims.– In the present study we show the mobilisation of stem cells in long-term treated bipolar disorder (BP) patients.

Methods.– A group of 30 patients with BP, without the history of lithium treatment, was examined in remission and compared with a group of 30 healthy volunteers. In peripheral blood we have analysed the concentration of hematopoietic stem cells (Lin⁻/CD45⁺/CD34⁺ and Lin⁻/CD45⁺/AC133⁺) and very small embryonic-like stem cells (Lin⁻/CD45⁻/CD34⁺ and Lin⁻/CD45⁻/AC133⁺) and expression of several genes being potential markers of pluripotential or nervous stem cells.

Results.– The peripheral blood concentration of investigated stem cells does not distinguish BP patients from controls. In the analysis of the gene expression we found statistically significant correlations between pluripotency markers and nervous stem cells markers.

Conclusion.– Our results are indicative to the unclear role of the stem cells in aetiology of BP and suggest necessity of further studies.

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PW0324

Personality traits as a risk factor for bipolar disorders

R. Mesbah¹*, E.J. Giltay¹, M. de Leeuw¹, A.M. van Hemert¹, M.A. Koenders²

¹ Leiden university medical center, psychiatry, Leiden, The Netherlands; ² Leiden university, faculty of social sciences, Leiden, The Netherlands

* Corresponding author.

Introduction.– The bipolar disorder (BD) is characterized by the alternately occurrence of (hypo)manic and depressive episodes. It affects 1–2% of the population and has often serious consequences for the functioning of patients. Little is known about the role of personality factors on the course of the disorder.

Objective.– To determine which personality traits independently predict the incidence of BD episodes.

Methods.– The Netherlands Study of Depression and Anxiety (NESDA) study ($n=239$) is a cohort study with measurement points at baseline, 2, 4, 6, and 9 years of follow-up. The three groups were categorized as patients with current ($n=1701$) or remitted ($n=628$) anxiety and depressive disorders, and healthy controls ($n=652$). Based on the Mood Disorder Questionnaire (CIDI) and Mood Disorder Questionnaire (MDQ), the presence of a (hypo)mania was determined at each time point. The NEO Five Factor Inventory served as the independent variable in Cox and mixed regression analyses.

Results.– From all the participants (mean age 41.9 years, 66.4% women), 115(4.8%) have in total developed a BD during follow up. In multivariate analyses, high Neuroticism and low Agreeableness were the independent predictors for a bipolar disorder. Findings were consistent for the CIDI diagnoses (hazard ratios [HR] 1.77; 95% confidence interval [B1] 1.30–2.40; $P<0.001$; and 0.77; 95% B1: 0.63–0.93; $P=0.008$; respectively) and for the MDQ (HR 1.44; 95% B1: 0.97–2.13; $P=0.07$; 0.60; 95% B1: 0.46–0.78; $P<0.001$).

Conclusions.– High Neuroticism and Low Agreeableness are the personality-related risk factors for developing a (hypo)manic episode.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0325

Gut microbiome, methylation and the molecular clock in bipolar disorder

S. Mörk¹, S. Bengesser, A. Rieger, F. Fellendorf, M. Platzer, E. Reininghaus

Medical university of Graz, psychiatry and psychotherapeutic medicine, Graz, Austria

* Corresponding author.

Objectives.– The gut microbiome harbors even more genetic material than our body cells and has an impact on a huge variety of physiological mechanisms including the production of neurotransmitters and the interaction with brain functions through the gut-brain-axis. Recently, alterations of the gut microbiome in bipolar disorder (BD) became evident. In comparison to controls, BD patients exhibited a methylation of ARNTL (aryl hydrocarbon receptor nuclear translocator like), a clock gene responsible for the activation of monoamine oxidase A (MAOA) transcription. This current study investigated whether the diversity of microbiota correlates with the methylation of the clock gene ARNTL in BD study participants.

Methods.– Genomic DNA was isolated from peripheral fasting blood of study participants with BD in euthymic state ($n = 32$). The methylation analysis of the ARNTL CG site cg05733463 was performed by bisulfite treatment of genomic DNA (Epitect kit), PCR and pyrosequencing. In addition, DNA was extracted from stool samples and subjected to 16S rRNA gene analysis. QIIME was used to analyze microbiome data.

Results.– Methylation status (in %) of the ARNTL CpG position cg05733463 correlated significantly with bacterial diversity (Simpson index: $r = -0.389$, $P = 0.0238$) and evenness (Simpson evenness index: $r = -0.358$, $P = 0.044$) in BD patients.

Discussion.– The gene expression of ARNTL correlates positively with the gene expression of MAOA (monoamine oxidase A), which explains the concatenation between circadian rhythms and neurotransmitter dysbalances. Metabolism products of diverse microbiota strains may affect the epigenetic regulation of ARNTL and may affect mood swings by interfering with the molecular clock.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0326

Vitamin D levels in adult outpatients with bipolar disorder: A case-control study

C. Ortigosa Silva

Hospital Clinico Universitario San Juan, psychiatry department, Alicante, Spain

* Corresponding author.

Introduction.– Several studies show an association between mental disorders and vitamin D. However, there are few studies focus on bipolar disorder.

Objective.– To compare vitamin D levels of outpatients with bipolar disorder with healthy controls.

Methods.– This case-control study took place in Vitoria (latitude 42°51'N). Sociodemographical data were reported (Table 1).

Table 1.

	CASE GROUP n=21	CONTROL GROUP n=19	p-value
GENDER (male/female)	52.4%/47.6%	26.3% / 73.7%	$p = 0.17^{(*)}$
AGE	50.52 (SD=13.28)	37 (SD=11.85)	$p = 0.003^{* (**)}$
BMI (kg/m²)	28.75 (SD=4.96)	22.77 (SD=3.62)	$p = 0.000^{* (***)}$
SMOKING	3 (14.2%)	3 (15.8%)	$p = 0.66^{(***)}$

Note: + χ^2 = Chi-squared Test, ++Mann-Whitney U Test, +++Fisher's Exact Test

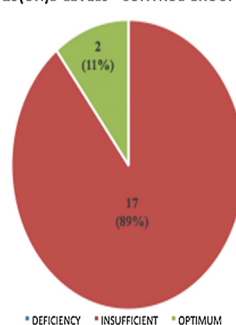
Depressive symptoms were evaluated with the Hamilton Depression Rating Scale (HDRS-17). All clinical and biological assessments were performed in routine practice. SPSS version 23.0 software package was used.

Results.– A total of 21 patients and 19 controls were included. The mean levels of 25-hydroxivitamin D showed no significant difference between groups ($P = 0.947$). Vitamin D deficiency (< 10 mg/ml) was identified only in the case group (Fig. 1). Neither sex, BMI nor smoking status were predictors of vitamin D deficiency. A very mild association was detected between the HDRS-17 score and vitamin D levels ($r_s = -0.022$, $P = 0.88$).

Conclusions.– Our study showed clinically relevant data that offer support to the prevalence of hypovitaminosis D in bipolar patients. Screening for vitamin D deficiency is a low-cost intervention with the potential to improve general health condition. Future researches are needed to conclude the real role of the vitamin D improving the prognosis of people with bipolar disorder.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

25(OH)D LEVELS - CONTROL GROUP



25(OH)D LEVELS - CASE GROUP

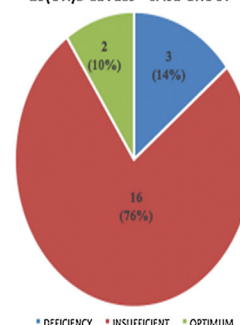


Fig. 2

PW0327

Recognition of facial emotion: A possible endophenotype for bipolar disorder?

F.D.L. Osório^{*}, A.L. Dualibe

São Paulo university, department of neurosciences and behaviour, Ribeirão Preto, Brazil

* Corresponding author.

Introduction.– Bipolar disorder (BD) is associated with high rates of heritability. Studies show that cognitive dysfunction may be a fundamental feature of the BD physiopathology and a strong

expression of its genetic component, stimulating the search for specific neuro-cognitive endophenotypes.

Objectives.– To assess the recognition of facial emotion expressions – a key facet of social cognition in euthymic BD individuals ($n=40$) and their first-degree relatives (siblings/offspring; $n=30$) compared to a group of healthy subjects without risk of BD ($n=30$).

Methods.– A computed black-white dynamic task with six basic emotions was used.

Results.– Subjects with BD showed a higher overall impairment in the accuracy regarding the other groups, which did not differ between them. However, as for some specific emotions (happiness: $P=0.02$; fear: $P<0.001$), the subjects at risk of BD also showed less accuracy compared to controls, that is, with a performance comparable to that of BD subjects. The reaction time to recognise the stimulus was longer in both BP and at-risk subjects (relatives) ($P<0.001$).

Conclusions.– Subjects at risk of BD showed impairment in the processing time and recognition of specific facial expressions, demonstrating a possible endophenotype for BP

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0328

The association between depressive residual symptoms and illness course characteristics in a sample of bipolar outpatients

G. Serafini¹, F. Santi¹, G.H. Vazquez², X. Gonda³, M. Pompili⁴, Z. Zoltan Rihmer³, M. Amore¹

¹ University of Genoa, neuroscience DINOGMI, Genoa, Italy; ² McLean hospital, international consortium for bipolar and psychotic disorder research, Belmont, MA, United States, USA; ³ Kutvolgyi clinical center, Semmelweis university, department of psychiatry and psychotherapy, Budapest, Hungary; ⁴ Suicide prevention center, Sant'Andrea hospital, university of Rome, department of neurosciences, Rome, Italy

* Corresponding author.

Introduction.– Patients with bipolar disorder (BD) presented residual symptoms referring to subsyndromal manifestations between episodes that do not meet the required criteria for episodes definition in 50–70% of cases. However, the impact of these symptoms on the course of BD is still unclear and needs to be more clearly elucidated.

Objectives.– Our aim is to explore factors associated with depressive residual symptoms in a sample of 255 currently euthymic BD outpatients on maintenance treatment.

Methods.– The sample includes 160 (62.8%) females and 95 (37.2%) males who were consecutively recruited at the Section of Psychiatry, University of Genoa (Italy) and underwent comprehensive structured interviews, detailed clinical interviews, and clinical record reviews for the assessment of information concerning the course of illness and clinical status. After categorizing subjects according to the presence/absence of residual symptoms, groups were compared according to the most relevant clinical variables and variables associated with residual symptoms were analyzed using multivariate analyses.

Results.– Subjects with residual symptoms were less likely to report substance abuse ($\chi^2_{(2)}=11.937$, $P\leq 0.005$) and lifetime psychotic symptoms ($\chi^2_{(2)}=10.577$, $P=0.005$), and more likely to report higher illness episodes, longer illness duration ($t_{253}=67.282$, $P\leq 0.001$; $t_{253}=10.755$, $P\leq 0.001$), and longer duration of illness episode ($t_{253}=7.707$, $P\leq 0.001$) relative to those without residual symptoms. After multivariate analyses, a significant positive contribution to residual symptoms was given only by duration of current

illness episode ($\beta=0.003$; $P\leq 0.05$), and lifetime psychotic symptoms ($\beta=1.041$; $P\leq 0.05$).

Conclusions.– Clinicians should aim to attenuate residual symptoms as they they may significantly affect the achievement of a full remission.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0329

Evaluation of cognition in a sample of patients affected by bipolar disorder and schizophrenia

E. Stella¹, M. La Montagna¹, F. Panza², D. Seripa³, G. Miscio³, C. Gravina³, M. Urbano³, A. Greco³, G. Logroscino², A. Bellomo¹, M. Lozupone¹

¹ University of Foggia, department of clinical and experimental medicine, Foggia, Italy; ² University of Bari "Aldo Moro", department of basic medicine sciences, neuroscience and sense organs, Bari, Italy;

³ IRCSS Casa Sollievo della Sofferenza, department of medical sciences, San Giovanni Rotondo, Italy

* Corresponding author.

Introduction.– Numerous systematic reviews and meta-analyses described cognitive deficits in major psychiatric disorders. Bipolar (BD) and schizophrenic (SC) patients exhibit significant cognitive impairments across a range of standard neuropsychological tests. Moreover, in literature cognitive dysfunction in BD appears to fall between the level of healthy controls and schizophrenic patients.

Objectives.– To demonstrate if cognitive dysfunctions are shared by either psychiatric illnesses or specific to each disorder.

Methods.– We enrolled 40 bipolar disorder patients, and compared them to 40 patients with schizophrenia. Neurocognitive performance of participants was assessed by a trained clinician, using the Measurement and Treatment Research to Improve Cognition in Schizophrenia Consensus Cognitive Battery (MCCB).

Results.– SC patients (mean age 42 years, 58% M) were directly compared with BD (mean age 45 years, 47% M) patients using Student's *t*-test, founding that they were more severely affected in some of the assessed parameters (Working Memory $P=0.002$; Visual Learning $P=0.01$; Social Cognition $P=0.002$). Moreover, schizophrenic compared to the bipolar group exhibited a more pronounced deficit in general measure of task performance (Overall Composite $P=0.005$).

Conclusions.– Our study results are consistent with a growing body of literature suggesting that patients with schizophrenia perform significantly worse than patients with BD across a spectrum of neurocognitive domains. A possible clinical and etiological overlap between schizophrenia and bipolar disorder has long been a matter of discussion. This study proposes that specific neuropsychological deficits may represent significant points of dissociation between schizophrenia and bipolar disorder. These alterations may help to distinguish the pathophysiological basis of these major psychiatric disorders.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0332

Screening for bipolar disorder and finding borderline personality disorder: A replication and extension

M. Zimmerman*, I. Chelminski, K. Dalrymple, J. Martin
Rhode Island hospital/Brown university,
psychiatry and human behavior, Providence, USA

* Corresponding author.

Introduction.– Replication is central to scientific study, and, when attempted, is often not achieved. Our group previously reported that patients who screened positive on the Mood Disorders Questionnaire (MDQ) were as likely to be diagnosed with borderline personality disorder (BPD) as with bipolar disorder.

Objectives.– In the present report from the Rhode Island Methods to Improve Diagnostic Assessment and Services (MIDAS) project, we attempted to replicate our initial findings in a new sample of psychiatric outpatients, and we also examined the performance of the MDQ in depressed patients.

Methods.– 721 psychiatric outpatients were interviewed with the Structured Clinical Interview for DSM-IV (SCID) and Structured Interview for DSM-IV Personality Disorders (SIDP-IV), and completed the MDQ.

Results.– More patients who screened positive on the MDQ were diagnosed with bipolar disorder (34.1%, $n=44$) than with BPD (25.6%, $n=33$). BPD was more frequently diagnosed in the MDQ positive group than the MDQ negative group (27.1% vs. 5.8%, OR = 6.0, 95% CI, 3.3–10.9, $P < .001$). We repeated the analyses for the 279 patients who were in a major depressive episode at the time of the evaluation, and the results were the same.

Conclusions.– The results of the present study were generally consistent with the original report. The present study found a 4 to 5-fold increase in the frequency of BPD in patients who screened positive compared to patients who screened negative on the MDQ, and this was also true when the analysis was limited to depressed patients.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Consultation Liaison Psychiatry and Psychosomatics - Part I

PW0333

Outcomes of delirium in older medical inpatient in six months post-discharge

D. Adamis^{1*}, O. Fitzpatrick¹, V. Melvin¹, D. Meagher², G. McCarthy¹

¹ Sligo mental health services, psychiatry, Sligo, Ireland;

² University of Limerick, department of psychiatry, Limerick, Ireland

* Corresponding author.

Introduction.– Delirium is associated with poor outcomes and high mortality in older people.

Objectives.– To examine the association of in-hospital delirium with mortality, cognition and functionality 6 months after discharge.

Methods.– Prospective, observational, study. Consecutive patients aged (70+) were recruited from the medical wards. Each participant was assessed among other scales with CAM, MoCA, and Barthel Index. Six months later they were reassessed in community with the same scales.

Results.– The initial sample consisted from 198 participants (mean age 80.63, SD:6.8), 92 females. The follow-up sample was 39, (Dead: 33, Decline: 19, Not contactable 25, Not-attended: 82). After exclusion of the in-hospital deaths no significant differences was found in rates of mortality in 6 months between those who developed delirium during the hospitalisation (CAM+) and those who did not ($n=178$, $\chi^2 = .563$, $df:1$, $P = .453$). Cognition (MoCA): Overall was significant cognitive improvement (paired t -test, $t = 5.326$, $df:38$, $P < .001$) however those who had delirium during hospitalisation had significantly lower scores in MoCA compared to those who did not. ($t = 2.545$, $df:37$, $P = .0015$). Similarly with function (Barthel

Index): Overall improvement ($t = 5.074$, $df:38$, $P < 0.001$), but those who had delirium had lower scores compared to those who did not ($t = 2.382$, $df:37$, $P = .02$).

Conclusions.– Although the follow-up sample was small it seems that those who had delirium continue to have lower cognitive and functional scores after six months. Delirium did not affect the mortality rates. Perhaps delirium is an epiphenomenon of an underlying cognitive dysfunction of a brain which cannot repair itself.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0334

Prevalence and predictors of depressive symptoms among attendees of a tertiary care dermatology clinic in Muscat, Oman

M. Al Alawi^{1*}, H. Al Sinawi¹, A.M. Al Qasabi², A.M. Al Mamari¹, S. Murthi P³, S. Al-Adawi⁴

¹ Oman medical speciality board, psychiatry training program, Muscat, Oman; ² Oman medical speciality board, dermatology training program, Muscat, Oman; ³ Oman medical speciality board, studies and research section, Muscat, Oman; ⁴ Sultan Qaboos university hospital, behavioral medicine, Muscat, Oman

* Corresponding author.

Introduction.– Various studies have suggested that depression is more prevalent among patients with skin disorders than in the general population. Most of the studies addressing this subject involve Euro-American populations.

Objectives.– The present study aimed to estimate the prevalence of depressive symptoms among patients with dermatological disorders and, then, to decipher the clinical-demographic factors associated with depressive symptoms.

Methods.– A cross-sectional analytical study was conducted among a random sample of patients attending a dermatology clinic in Muscat. The Patient Health Questionnaire-9 (PHQ-9) was used to screen for depressive symptoms. A logistic regression model was used to find the adjusted and unadjusted odds ratios (ORs).

Results.– A total of 260 patients participated in this study, with a response rate of 81%. The prevalence of depression symptoms was 24%. According to regression analysis, family history of depression, comorbid medical disorders and treatment with topicals or isotretinoin were significant predictors of depression (OR = 9.41, 95% confidence interval [CI]: 2.27–39.05, $P = 0.002$; OR = 2.0, 95% CI: 1.2–3.21, $P = 0.05$; OR = 2.28, 95% CI: 1.09–4.76, $P = 0.028$; and OR = 2.78; 95% CI: 1.08–7.19, $P = 0.035$, respectively).

Conclusion.– This study indicates that depression is common among patients with dermatological disorders in Oman, particularly in those with family history of depression, medical comorbidities and those who use specific dermatological medications. Screening for depression in patients attending dermatology clinics is essential in order to detect and promptly treat patients suffering from depression.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0335

The role of psychiatry in the approach of neurocardiogenic syncope

M. Arts^{1*}, S. Petrykiv², J. Fennema³, L. de Jonge⁴

¹ Mental Health Western Northern Brabant, geriatric psychiatry and neuropsychiatry, Halsteren, The Netherlands; ² University of Groningen, university medical center Groningen, department of clinical pharmacy and pharmacology, Groningen, The Netherlands;

³ *Mental health care, Friesland GGZ, Friesland, department of geriatric psychiatry, Leeuwarden, The Netherlands;* ⁴ *Leonardo scientific research institute, department of geriatric psychiatry and neuropsychiatry, Groningen, The Netherlands*

* Corresponding author.

Introduction.– Neurocardiogenic syncope, also known as vasovagal syncope, is a sudden transient loss of consciousness with loss of posture, followed by a spontaneous recovery. All age groups can be affected, with a mean prevalence of 22% in the general population and up to 29% in the elderly. Characteristic features include hypotension, bradycardia and peripheral vasodilatation. Typically syncope is treated by a cardiologist. However, a multidisciplinary team comprising a cardiologist, psychiatrist and possibly a psychologist would be of added value can be, especially in patients experiencing recurrent episodes of neurocardiogenic syncope.

Objectives and aims.– To investigate and discuss the added value of psychiatry in the treatment of neurocardiogenic syncope.

Methods.– An literature search was conducted using Pubmed, EMBASE, searching for studies reporting vasovagal syncope or neurocardiogenic syncope and possible psychiatric treatment strategies.

Results.– Several studies show that neurocardiogenic syncope is often accompanied with psychiatric disorders. Therefore, psychiatric evaluation is an essential component in the diagnosis and treatment of this type of syncope. Focused patient education may be helpful in minimize the risk of a syncope. There is also evidence that selective serotonin reuptake inhibitors, tricyclic antidepressants and benzodiazepines may prevent recurrent episodes. There are also studies which recommend cognitive behavioural therapy for the treatment of neurocardiogenic syncope.

Conclusions.– Next to physical examination by a cardiologist, a protocol including psychiatric evaluation by a psychiatrist, patient education, psychopharmacotherapy, and cognitive behavioural therapy should be suggested for the treatment of recurrent episodes of neurocardiogenic syncope.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0337

Neurotic conditions and psychosomatic disorders in highly qualified sportsmen

O. Dobrushina^{1*}, I. Mitin², G. Arina³, E. Razumets², A. Trofimova⁴, A. Malyutina³, S. Martunov⁵, A. Zholinskii⁶

¹ *International institute of psychosomatic health, director, Moscow, Russia;* ² *Federal research and clinical center of sports medicine and rehabilitation of federal medical biological agency, medical psychology, Moscow, Russia;* ³ *M.V. Lomonosov Moscow State university, psychology, Moscow, Russia;* ⁴ *International institute of psychosomatic health, psychology, Moscow, Russia;* ⁵ *International institute of psychosomatic health, founder, Moscow, Russia;* ⁶ *Federal research and clinical center of sports medicine and rehabilitation of federal medical biological agency, director, Moscow, Russia*

* Corresponding author.

Introduction.– Highly qualified sportsmen are supposed to be at risk for the development of psychosomatic disorders due to stressful professional activity. Evaluation of the influence of psychological factors on stress-related bodily reaction in this group is of interest.

Objectives.– To study the association between neurotic conditions and psychosomatic disorders in highly qualified sportsmen.

Methods.– Data from annual examination of highly qualified sportsmen, including Yachno-Mendelevich survey for neurotic conditions, underwent retrospective analysis. Medical records were analyzed for disorders with known psychosomatic mecha-

nisms, such as somatoform autonomic dysfunction, irritable bowel syndrome, chronic back/neck pain and other. 645 records on sportsmen with psychosomatic disorders and 255 records on control sportsmen entered the analysis.

Results.– Sportsmen with psychosomatic disorders had higher rate of neurotic conditions than the control group (18.2% vs. 12.9%, $P=0.05$); between-group differences in Yachno-Mendelevich survey subscores were seen in subscales “neurotic depression”, “asthenia”, “histrionic type reactions”, “obsessive-compulsive disorder” and “autonomic dysfunction”. Logistic regression revealed significant influence of the particular subscale “histrionic type reactions” on the development of psychosomatic disorders ($P=0.04$). The only association between specific neurotic condition and type of psychosomatic disorder was coexistence of chronic back/neck pain and neurotic depression, with anxiety found to be a significant additional factor in logistic regression.

Conclusions.– Neurotic conditions modulate the development of psychosomatic disorders in highly qualified sportsmen.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0339

Depressive disorders and sexual functioning among Malaysian women with polycystic ovarian syndrome (PCOS): A cross-sectional study

B. Francis^{1*}, K.Y. Wah², R.A. Jawan³, A.H. Sulaiman⁴, J.S. Gill⁴

¹ *University Malaya, department of psychological medicine, Kuala Lumpur, Malaysia;* ² *Hospital Mesra Bukit Padang, psychiatry, Sabah, Malaysia;* ³ *Hospital KPJ Seremban, obstetrics and gynaecology, Seremban, Malaysia;* ⁴ *University Malaya, psychological medicine, Kuala Lumpur, Malaysia*

* Corresponding author.

Introduction.– Depressive disorders in females with Polycystic Ovarian Syndrome (PCOS) are common with a prevalence of 25% to 64% [1]. Women with PCOS also showed higher levels of sexual dysfunction compared to control.

Objectives.– (i) To assess the prevalence of sexual dysfunction and depressive disorders among Malaysian women who have PCOS (ii) To analyse the correlates of depressive disorders in this population.

Methodology.– Women with PCOS who fulfilled the Rotterdam Criteria in University of Malaya Medical Center, Kuala Lumpur, Malaysia were enrolled into the study ($n = 105$). Socio-demographic data, Mini International Neuropsychiatric Interview (M.I.N.I.) and the Female Sexual Function Index-Malay (FSFI-M) were administered.

Results.– A sizeable portion of the population (66.7%) had depressive disorders. The most common depressive disorder was major depressive disorder (25.5%). The Malay race was significantly correlated with depressive disorders. Body mass index, parity, use of oral contraceptive pill and testosterone levels were not significantly correlated. Only 8 subjects (10.1%) reported to have female sexual dysfunction, and 71 subjects (89.9%) reported to have no sexual dysfunction. However, almost half of them (41.8%) were dissatisfied with their sex lives. Sexual dysfunction was significantly correlated with depressive disorders ($P=0.018$).

Conclusion.– We recommend that women with PCOS should be screened for depressive disorders and sexual dysfunction as their prevalence is high and are significantly correlated.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Reference

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PW0340

Correlates and prevalence of anxiety disorders among women with polycystic ovarian syndrome (PCOS): A Malaysian cross-sectional study

B. Francis^{1*}, K.Y. Wah², R.A. Jawan³, A.H. Sulaiman⁴, J.S. Gill⁴

¹ University Malaya, department of psychological medicine, Kuala Lumpur, Malaysia; ² Hospital Mesra Bukit Padang, psychiatry, Sabah, Malaysia; ³ Hospital KPJ Seremban, obstetrics and gynaecology, Seremban, Malaysia; ⁴ Kuala Lumpur, Malaysia

* Corresponding author.

Introduction.– The prevalence of anxiety disorders in females with Polycystic Ovarian Syndrome (PCOS) ranges widely, that is from 14–57% [1]. A recent meta-analysis showed that the odds of women with PCOS having anxiety disorders were 5 times that of control [2]. **Objectives.**– (i) To study the prevalence of anxiety disorders among Malaysian women with PCOS, (ii) To identify the correlates of anxiety disorders in this population.

Methodology.– Samples were collected among the women with PCOS who fulfilled the Rotterdam criteria ($n=105$). Socio-demographic data were collected and the Mini International Neuropsychiatric Interview (M.I.N.I) administered. The women were screened for anxiety using the Hospital Anxiety and Depression Scale anxiety subscale (HADS-A).

Results.– The HADS-A optimal cutoff was 7.5. Approximately 62.7% had anxiety disorders diagnosed with the M.I.N.I. The most common anxiety disorder was generalized anxiety disorder (30.4%). Age below 30 years was significantly correlated with anxiety. Body mass index, use of oral contraceptive pill, parity and testosterone levels was not significantly correlated.

Conclusion.– We recommend that women with PCOS should be screened for anxiety disorders, as their prevalence is much higher than what is expected of the normal population.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

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PW0342

Childhood trauma and psoriasis, as a psychosomatic disease

Y. Gorgulu^{*}, R. Kose Cinar, M.B. Sonmez

Trakya university, faculty of medicine, psychiatry, Edirne, Turkey

* Corresponding author.

Introduction.– Psychiatric disorders sometimes may be related to childhood psychological trauma. Recent studies have associated childhood exposure to trauma to some skin diseases, too.

Objectives.– Our study aimed at exploring whether psoriasis is related to the reported childhood traumatic life events. On the other hand, we investigated the relation between depression, dissociation experiences and psoriasis.

Methods.– Fifty-eight patients with psoriasis and 38 voluntary healthy controls were enrolled in the study. All participants completed a specific questionnaire measuring traumatic life experiences (Childhood Traumatic Questionnaire, CTQ), Beck depression inventory (BDI) and Dissociative experiences scale (DES). The CTQ assesses emotional and physical neglect and emotional, physical and sexual abuse in the childhood.

Results.– The mean age of the patients and controls was 39.81 (± 15.12) and 37.13 (± 12.28) years, consecutively. The sociodemographic characteristics of the patients and controls was not different ($P>0.05$). The mean scores of patients were 37.06 (± 7.04) for CTQ; 13.07 (± 9.44) for BDI and 312.91 (± 350.50) for DES. The mean scores of controls were 33.63 (± 9.13) for CTQ; 7.82 (± 7.10) for BDI and 207.95 (± 210.75) for DES. CTQ and BDI scores were significantly different between the two groups ($P<0.05$). Although the DES score of patients group was higher than the score of control group, but it was not statically significant. On ROC analysis, the AUC for CTQ was 0.678 ($P=0.003$), (sensitivity % 62.9 and specificity % 76.9) with optimal cutoff of ≤ 32 .

Conclusions.– Our findings suggest a relationship between childhood traumatic experiences and psoriasis.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0344

Somatic and mental complaints in the normative population: General “ill-being” or somatic “mask” of mental problems?

S. Khrushchev^{1*}, E. Rasskazova², A. Tkhostov³, V. Guldán⁴

¹ National research center for hematology, laboratory studying mental and neurological disorders, Moscow, Russia; ² Lomonosov Moscow state university / mental health research center, associate professor / senior researcher, Moscow, Russia; ³ Lomonosov Moscow state university, the head of the clinical psychology department, Moscow, Russia; ⁴ Moscow region center of social and forensic psychiatry, head of psychology laboratory, Moscow, Russia

* Corresponding author.

Introduction.– The assumption that somatic symptoms can express psychological conflict is the basis of psychosomatic medicine, but the relationship between somatic and mental complaints in healthy people is not well-investigated.

Objectives.– There are two alternative hypotheses compared in the study: according to the “general distress factor” hypothesis one can expect positive correlation between somatic and mental complaints. Alternatively, if somatic symptoms “mask” or express mental ill-being correlation should be zero or negative one.

Methods.– Data on 1443 healthy adults from Russian MMPI-2 validation project were used (Butcher et al., 2001, Rasskazova et al., 2013). Content scales reflecting mental and somatic complaints were factorized revealing “general distress” factor (explained 61% of variance with factor loadings .63–.91). Then each scale was regressed on general factor to differentiate specific complaints.

Results.– Complaints on somatic symptoms correlates positively to complaints on mental symptoms ($r=.33-.62$). Their relationship with personality characteristics is largely a non-specific manifestation of the general psychological distress ($r=.32-.69$ versus $r<.34$ for all clinical scales except for Hs and Mf). Hypochondriacal and hysterical traits are associated with a variety of specific somatic complaints, depressive traits – with a common concern for the health, schizoid traits – with gastrointestinal complaints ($r=.24-.48$).

Conclusions.– Data are in line with “general distress factor” hypothesis. A number of specific physical and mental complaints observed in different personality profiles should be taken into account in diagnostics and treatment.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

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PW0345

A case study of Munchausen syndrome: Developing a self-assessment scale

C. Lazzari¹, A. Shoka, B. Papanna, G. Mousailidis
 Essex partnership university NHS foundation trust, United Kingdom,
 general adult psychiatry, Colchester, United Kingdom
 * Corresponding author.

Introduction.– In United Kingdom, Munchausen Syndrome (MS) is becoming common within female patients, often comorbid with borderline personality disorder, and presenting with multiple admissions both to psychiatric and general hospitals.

Objectives.– To create a self-assessment tool for Munchausen Syndrome.

Methods.– A Delphi group of psychiatrists created a 23-item questionnaire with a 5-point Likert scale, The Munchausen Syndrome Self-Assessment Scale (MSAS), which reported major concerns and themes of presentation of a 21-year-old female being the case study. The MSAS was compared to results on standardized psychiatric scales (Table 1 and Fig. 1) by using meta-analysis and the coefficient of heterogeneity I^2 to search for sensitivity of MSAS.

Results.– There was a statistically significant heterogeneity within all the scales ($I^2 = 94.53\%$; $P < 0.001$). However, the MSAS did not show higher sensitivity compared to the other standardized scales. Nevertheless, PHQ-9 and GAD-7 were highly sensitive in spotting MS.

Conclusions.– Anxiety and depression with multiple physical symptoms are the most co-morbid psychiatric conditions in patients with MS. Special management is needed in MS as liaison psychiatry seems a promising way to improve quality of life in MS.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Table 1.

Psychiatric Scale	Total Score in the patient	Degree of severity	Total possible in the Scale	Proportion (95%CI) at meta-analysis
BPRS (Brief Psychiatric Rating Scale)	27	Low	126	0.21 (0.14-0.29)
MADRS (Montgomery-Asberg Depression Scale)	24	Moderate	60	0.40 (0.27-0.53)
HAM-D (Hamilton Depression Rating Scale)	22	Severe	44	0.50 (0.35-0.64)
KPS (Kamořky Performance Status Scale)	40	Moderate to severe	100	0.40 (0.30-0.49)
PHQ-15 (Physical Health Questionnaire 15)	16	Moderate	30	0.53 (0.34-0.71)
PHQ-9 (Physical Health Questionnaire 9)	24	Severe	27	0.88 (0.70-0.97)
GAD-7 (Generalized Anxiety Disorder 7)	21	Severe	21	1.00 (0.83-1.00)
BDI (Beck Depression Inventory)	54	Severe	63	0.85 (0.74-0.93)
SAS (Zung Self-Rating Anxiety Scale)	56	Mild to Moderate	80	0.70 (0.48-0.56)
MSAS (Munchausen Syndrome Self-Assessment Scale)	64	Moderate	115	0.55 (0.46-0.64)
Meta-analysis:				
Overall proportion for no-effect:				0.53 (0.49-0.56)
Heterogeneity I^2 :		94.53% (91.78% to 96.35%)		$p < 0.0001$

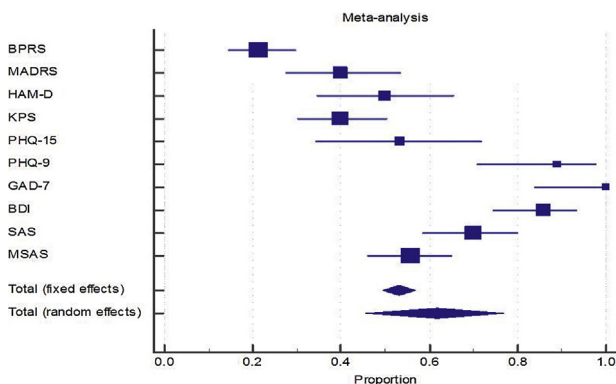


Fig. 1.

PW0346

Socio-demographic, tumor characteristics and presence of psychiatric diagnostic in patients with primary brain tumor

L. Martínez Sadurní¹, B. Samsó¹, M. Martínez-García², G. Villalba³, E. Sarsanedas⁴, I. Ruiz-Ripoll¹

¹ Hospital del Mar-Parc de Salut Mar, Institut de Neuropsiquiatria i Addiccions, Barcelona, Spain; ² Hospital del Mar, department of oncology, Barcelona, Spain; ³ Hospital del Mar, department of neurosurgery, Barcelona, Spain; ⁴ Hospital del Mar, department of clinica documentation, Barcelona, Spain
 * Corresponding author.

Introduction.– Patients with brain tumor present high risk of emotional, cognitive, psychiatric and behavioral symptoms. In these patients we can find stress reaction towards the health and the loss in their neurologic and cognitive function added to the burden of the direct effect of the tumor and the side effects of neurosurgery, chemotherapy, radiotherapy and pharmacological treatments. However, observational studies show heterogenic results about the frequency of psychiatric disorders, their characteristics and the relationship with socio-demographic aspects in relationship with the tumor.

Aims.– The aim of this study is to assess the socio-demographic, tumor characteristics and psychiatric symptoms of presentation of the patients with brain tumors diagnosed in Hospital del Mar.

Methods.– A sample of 148 patients with primary brain tumor diagnosis between 2008 and 2011 in Hospital del Mar in Barcelona was analyzed retrospectively. Socio-demographic, neuroimaging and histological data was collected. A psychiatric evaluation was carried out by consultation-liaison. A descriptive approach of the obtained data is presented.

Results.– No great differences were observed in the gender proportion. The majority of the tumors were located in frontal or temporal areas. Astrocytoma was the most prevalent histological type of tumor. A psychiatric disorder could be established in 38,5% of the patients with predominance of depression.

Conclusions.– Further research to better define the socio-demographic and tumor characteristics in the patients with brain tumor and determine its association with psychiatric symptoms would be of great interest to improve the clinical management and to provide stronger evidence on the importance of suspicion of brain tumors in new-onset psychiatric symptoms.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-mental Health

PW0350

Real-time schizophrenia monitoring using wearable motion sensitive devices

M. Bazhmin¹, T. Tron², Y. Resheff², A. Peled³, A. Grinshpoon³, D. Weinshtal²

¹ Technion university, Haifa, Israel, Shaar Menashe MHT, Shaked, Israel; ² Hebrew university of Jerusalem HUJI, Israel, The Edmond and Lily Safra center ELSC for brain science, Jerusalem, Israel; ³Technion university, Haifa, Israel, Shaar Menashe MHT, Hadera, Israel
 * Corresponding author.

Introduction.– The current subjective non-quantitative evaluation of motor disturbances in schizophrenia leads to multiple inaccurate

interpretations of phenomenology which impairs the reliability and validity of psychiatric diagnosis.

Objectives.– Our objective is to quantitatively measure motor behavior in schizophrenia patients, and develop automatic tools and methods for patient monitoring, follow-up and treatment adjustment.

Methods.– Wearable devices were distributed among 25 inpatients in the closed wards of a Mental Health Center. Motor activity was measured using embedded accelerometers, as well as light and temperature sensors. The devices were worn continuously by participants throughout the duration of the experiment. Participants were also clinically evaluated twice weekly, for mental, motor, and neurological symptom severity using common accredited evaluation scales. Medication regimes and outstanding events were also recorded by hospital staff.

Results.– Results show significant correlations between features of activity in various daily time-windows, and measures derived from the psychiatrist's clinical assessment or abnormal events in the patients' routine. Correlation analysis between steps count per minute, averaged sum of point-wise acceleration, variance and square acceleration, indicate a predictive benefit with respect to the PANSS factors. Daily step counts of a patient dramatically increased 5-fold, as a significant change in medication dosage. Measures in this study can track changes in the patient's condition as compared to normal baseline, and may identify external events which are correlated with the departure from normality.

Conclusions.– Sensors monitoring of motor activity in schizophrenia patient can be a proven additional valuable tool for clinical assessment, in schizophrenia inpatients.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0353

Validation and reliability of a set of stimuli of facial expressions of babies' emotions

M. Donadon^{1*}, D.L. Osório², R. Martin Santos³

¹ Medical school at Ribeirão Preto, neuroscience and behavior, Ribeirão Preto, Brazil; ² University of São Paulo, Neurociências e Ciências do comportamento, Ribeirão Preto, Brazil; ³ Universidade Autònoma de Barcelona, Psiquiatria, Barcelona, Spain

* Corresponding author.

Introduction.– Studies aiming to construct, validate or analyze reliability of sets of stimuli of facial expressions of basic emotions in infants are not explored by the literature.

Objectives.– describe the process of validation and reliability of a set of basic emotions stimuli of 12 babies.

Methods.– We used 72 photographs of infants, expressing the basic emotions (joy, sadness, fear, anger, surprise and neutral), elaborated in a previous study, which were inserted in a computational program. For this purpose, 119 subjects from the general population, from different age groups, levels of education, and ethnicities were selected to answer the task, and 31 subjects were randomly selected to redo the task in order to test reliability. The internal consistency of the stimuli was evaluated using the Cronbach's alpha, the difficulty index of each stimulus was calculated by means of the floor and ceiling effect, and the test/retest reliability analyzes were done through the McNemar test. The $P < 0.05$ was adopted.

Results.– It was observed that the 71 stimuli presented satisfactory test/retest reliability. Regarding the validity parameters, it was observed that the Cronbach's alpha of the different groups of emotions ranged from 0.44 to 0.76, confirming the adequacy of the set of stimuli. Finally, regarding the index of difficulty of the stimuli, it

was observed that six stimuli were considered very easy and eight stimuli, considered very difficult.

Discussion/Conclusion.– The stimulus set showed evidence of validity and reliability and is an important instrument for the evaluation of social cognition in different clinical groups.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0354

A systematic review of the effectiveness of mobile apps for common mental health disorders: Policy implications and future recommendations

A. Ferretti^{1*}, S.J. Kim², J.L. Haushalter³, G. Hopkin²

¹ ETH Zurich, health ethics and policy lab, department of health sciences and technology, Zurich, Switzerland; ² London school of economics and political science, department of health policy, London, United Kingdom; ³ Vanderbilt law school, department of criminal justice, Nashville, USA

* Corresponding author.

Introduction.– Mental health apps (MHapps) hold the potential to improve access to mental health services. IMS Institute reported that more than 4000 MHapps were available in 2015. However, it is unclear whether the effectiveness of MHapps is supported by evidence; this might generate uncertainty on technologies' adoption. **Objective:** This review examined the available evidence supporting the effectiveness of MHapps. Research's results might help to formulate considerations about this early stage of MHapps possibilities.

Methods.– A comprehensive literature search on relevant databases was conducted. Based on inclusion criteria, the synthesis included only randomised controlled trials that compared the effects of MHapps in reducing symptoms in people diagnosed with common mental disorders to a waiting-list or treat-as-usual control group. Furthermore, only outcomes measured by a validated scale were considered.

Results.– A total of 5,867 publications were identified but only 7 papers, describing 6 apps (concerning depression, anxiety, alcohol use, post-traumatic stress disorder (PTSD), and autism spectrum disorder), met inclusion criteria. There were mixed findings about the effectiveness of the MHapps with one proving ineffective and the remainder providing mild-to-moderate effectiveness in reducing the primary symptoms of mental illness at post-test and at follow-up.

Conclusions.– Few MHapps have published evidence of their effectiveness and where evidence is available, it suggests their effect is limited. Mental health professionals should be cautious about recommending unevidenced MHapps and policies that regulate the health app market should be considered. In addition, more rigorous evaluations that use comparable outcomes and consider both benefits and harms should be embedded in future research.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0355

Printemps project: E-health intervention for suicide prevention and mental health promotion in the French general population

G. Coralie, T. Kathleen, V. Marie-Amélie, L.J. Anaïs, J.B. Hazo*, C. Karine

INSERM, UMR-S 1123, Eceve, Paris, France

* Corresponding author.

The development of web-based interventions to prevent suicide, self-harm and psychological distress has been recommended and the French national plan for actions against suicide has supported the development of reference websites for suicide prevention. However, web-based interventions must be associated with promotional efforts.

Our primary objective is to assess the efficacy of a web-based intervention “StopBlues[®]” for primary prevention of suicide and promotion of mental health, promoted by cities and general practitioners (GPs). Secondary objectives include measures of quantitative and qualitative effects of StopBlues[®] and its promotion.

StopBlues[®] features include: general information on mental health and care, questionnaires and mood-followers, mapping of the (mental) health care, initiatives and structures, positive psychology exercises, emergency button and personal safety plan. StopBlues[®] will be available as a website and a free app.

It is a cluster randomized-controlled trial where clusters are 42 French district local areas randomized in 3 groups with distinct types of promotions of StopBlues[®]. Ancillary qualitative studies would be conducted to examine the conditions that favour such e-health prevention at local level.

Endpoints will include: total number of suicidal acts (before/after and between cities), users' psychological distress, suicidal risk, attitudes toward seeking help, feedback and comments of the web-app and, at cities level, the number and type of additional prevention measures developed by the cities, barriers to implementation, variability and types of promotion actions, quality of their mapping, resources allocated to the promotion.

If efficacy is proven, we would expand the intervention to the national and European levels with qualitative recommendations for such extension.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0356

European comparative effectiveness research on internet-based depression treatment (E-Compared-France). A study protocol

H. Jéôme¹, J.B. Hazo², P. Amélie², M. Morgane², D. Maya², C. Karine²

¹ Centre hospitalier universitaire de Grenoble, psychiatrie, Grenoble, France; ² INSERM, UMR-S 1123, ECEVE, Paris, France

* Corresponding author.

The epidemiological and economic burden of depression challenge European health care systems in terms of access to cost-effective treatments. Internet-based depression treatment is considered as a promising alternative to current strategies. The aim of this project, as part of the E-Compared project conducted in eight European countries, is to assess the clinical and cost-effectiveness of blended Cognitive Behavioral Treatment (CBT) i.e. combining Internet-based with face-to-face CBT, compared to treatment as usual (TAU) for major depressive disorder (MDD) in France.

A two-arm randomized controlled trial was carried out in 10 specialized major depression centers in different French cities. Adult patients who met DSM-IV criteria for MDD and a PHQ-9 score ≥ 5 were included either in the blended CBT arm, mixing face-to-face to internet-based CBT delivered through an online platform, or in the control group, consisting in 18 sessions of face-to-face CBT. The depressive symptoms, assessed by the PHQ-9 (primary outcome), QIDS, MADRS and MINI, as well as health-related QoL (EQ-5D-

5L) and economic impact information were taken at baseline, 3 months, post-treatment, 6 and 12 months. Cost-effectiveness will be assessed at five years from different perspectives using a cost-effectiveness analysis.

105 patients were included. Analyses and results of the French trial will be displayed in early 2018.

The results of this study are expected to provide knowledge to decision-makers on whether blended CBT is a cost-effective innovative solution to treat MDD.

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PW0357

Automatic detection of emotions in depressed patients and healthy subjects: A mobile application study

G.C.L. Hung

Taipei City Hospital, Songde Branch, department of psychiatry, Taipei, Taiwan R.O.C.

* Corresponding author.

Objective.– Improving the recognition and management of momentary emotion is crucial for mental health, both in depressed patients and in normal population. The objective of this study is to examine the performance of a mobile phone system regarding the detection of real-time emotion.

Methods.– A mobile phone application, iHOPE, was developed for detecting emotion. A Bayesian network with 15 nodes was used for inferring momentary emotion based on contextual factors and smartphone use patterns. Five patients with major depressive disorder and seven normal participants were recruited. Participants used the Circumplex model to label their daily emotions for 8 consecutive weeks, which were used for model training and validation. *Results.*– Depressed patients spent 77% more time with smartphone than healthy subjects. In comparison with accuracy of 25% by random guessing, our detection algorithm achieved an accuracy of 54% in all participants, as demonstrated by 10-fold cross validation. Predictive accuracy was better in patients than in healthy subjects. In depressed patients, using data 180 minutes prior to emotion tags achieved the best performance, whereas for healthy subjects, the optimal time window was 30 minutes. We also find that using more recent data (i.e. the past 2 weeks vs. the first 2 weeks or all data) resulted in better performance. The contribution of individual variable on predictive accuracy demonstrated significant inter-subject variability

Conclusions.– The findings here suggest that, both in depressed patients and in healthy subjects, it is possible to infer momentary emotion with individualized detection algorithm, while identifying personal attributes to improve emotional awareness.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0359

Telepsychiatry: Acute care in the suicidal adolescent – utility of off-site consultation and outcome

U. Jain^{1*}, D. Willis²

¹ SMS medical college, psychiatry, Jaipur, India; ² Hospital for sick children, psychiatry, Toronto, Canada

* Corresponding author.

Imminent danger requires assessment to determine the risk of lethality. With a considerable under-representation of child and adolescent psychiatrists, this problem is endemic even in urban

areas let alone remote communities. One of the common concerns about Telepsychiatry has been whether this medium is able to make an assessment of high risk adolescent youth in a manner that is both expeditious and competent that leads to disposition strategies that would be similar to that of face to face management. The data from the Hospital for Sick Children, one of the largest Telehealth Networks in the world, are presented.

Methods.– Fifty five youth (12-17) were assessed for their suicidal risk through the medium of Telepsychiatry while they were admitted at the Timmins District Hospital. They were followed by the local mental health agency after discharge and a follow-up was made between 1-3 months after discharge through Telepsychiatry. **Results.**– All of the patients (M:F; 4:51) came into hospital with suicidal ideation or an attempt. 27% were of aboriginal origin. 44/55 were deemed capable of being released. None of the patients died. 15/55 had multiple hospitalizations after discharge with a presumptive concurrent diagnosis of Borderline Personality Traits.

Conclusion.– While this is a retrospective study, the compelling story is that Telepsychiatry is an effective method of doing intricate and safe assessments in at-risk youth. The belief that the nuances of non-verbal communication or making a competent assessment are simply unfounded. A randomized control study is warranted to show this with definiteness.

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PW0362

Treating eating disorder symptoms with app-based cognitive behavioral therapy and video consultations

M. Lichtenstein^{1*}, C.J. Hinze²

¹ Department of psychology, university of Southern Denmark, Odense C, Denmark; ² Mental health services in the region of Southern Denmark, centre for telepsychiatry, Odense, Denmark

* Corresponding author.

Introduction.– Eating disorders (EDs) are characterized by disturbed eating patterns and undue influence of body shape and weight on self-evaluation. Four prominent symptoms in EDs are: restrictive eating, binge eating, purging and excessive exercise. Research has shown that app-based treatment can reduce ED-pathology and that symptom reduction is similar to traditional face-to-face treatment. An app-intervention based on cognitive behavioral therapy (CBT) combined with regular video consultations has not previously been developed and used for these four ED-symptoms.

Objectives.– The aim of the study was to develop a CBT app-intervention supplemented by weekly video-consultations with a psychologist for persons suffering from restrictive eating, binge eating, purging or excessive exercise.

Methods.– We conducted a feasibility study aiming to develop and pilot-test the treatment model consisting of a 10-week CBT program with app-interventions and psychotherapeutic video consultations.

Results.– The psychotherapeutic content of the app (including assessment, psychoeducation, exposure therapy and motivation to change) and the development of the app-design will be presented, as will the preliminary results of the pilot-test on 10 patients.

Conclusions.– The combination of an app and psychotherapeutic video consultations may be effective in the treatment of restrictive eating, binge eating, purging or exercise addiction. Furthermore, Internet-based ED-treatment makes treatment accessibility easier and may spare economical costs and travel time. The next part of this study is designed to evaluate the effect of the treatment in a randomized controlled trial addressing symptom reduction, qual-

ity of life and the participants' experience with technology-based treatment.

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PW0365

What are the facilitators and barriers for the uptake and adherence to digital therapies for depression in adults? A systematic review of qualitative literature

V. Soundararajan^{1*}, E. Fearon², J. Brown³

¹ London school of hygiene and tropical medicine, public health, Norwich, United Kingdom; ² London school of hygiene and tropical medicine, department of social and environmental health research, London, United Kingdom; ³ King's college london, department of psychology, London, United Kingdom

* Corresponding author.

Introduction.– Depression is a growing global burden that is compounded by several factors, including the existence of a “treatment gap.” Although digital therapies offer a potential solution, effectiveness trials experience high drop-out rates, with limited understanding of facilitators and barriers that determine uptake and adherence.

Objectives.– This review aims to provide an up-to-date synthesis of qualitative evidence by systematically identifying and reviewing literature exploring the facilitators and barriers for the uptake and adherence of digital therapies, as expressed by adults with depression.

Methods.– A systematic literature search was conducted in June and August 2017 using three scientific databases. A meta-ethnographic approach was used to synthesise data into key themes and lines of argument.

Results.– 542 studies were identified and refined to 8 studies for inclusion. Four main lines of arguments emerged, which encompassed key facilitators and barriers: (1) Virtual platform as a replacement of face-to-face therapy (2) Relationships with professionals, family and friends (3) Identifying “self” in content and structure of interventions (4) Patient expectations of therapy process and outcome.

Conclusions.– Facilitators and barriers were found to lie on a continuum rather than function as discrete, unchanging factors. A theme could act as a facilitator or a barrier depending on individual preferences and needs. Adequate therapist support and aligning patient expectations with therapy process and outcomes were identified as key facilitators. In the future, there is a need for research in low-to-middle income settings and broadening of participant characteristics for wider generalizability of results.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0366

When do people turn to Internet counselling? Exploring the time patterns of turning to initial Internet counselling consultations on a large sample

M. Tirel^{1*}, D. Rozgonjuk¹, M. Purre²

¹ Institute of psychology, institute of psychology, Tartu, Estonia; ² Institute of social studies, department of social studies, Tartu, Estonia

* Corresponding author.

Introduction.– Unlike traditional face-to-face counselling, internet counselling is easily accessible and not dependent on the time and location, potentially having the capability to provide mental health services to economically disadvantaged groups and people in remote or underserved areas. As its round-the-clock availability is one of its strongest advantages, it is important to study the temporal patterns of consultations. This paper is the first to study the temporal patterns of internet counselling consultations.

Objectives.– The aim of the paper was to explore when people write to internet counsellors for the first time and to ascertain whether there are temporal patterns in the initial consultations.

Methods.– The sample comprises 3291 first-time advice-seekers who contacted the Internet counsellors of the two largest Estonian internet counselling providers. Nonparametric graphic approach (heatmap analysis) was used to graphically represent the number of consultations at different times (e.g., the variability of first-time contacting in times of day, days of week, and seasons). Multinomial logistic regression was used to predict the time, day of the week and season of the consultations.

Results.– The preliminary findings showed that most of the initial consultations take place on Mondays, during evenings and darker seasons (autumn, winter).

Conclusions.– Most of the initial consultations take place during darker times: in the evening and in autumn and winter. This information can be used in planning the work of internet counsellors and ensuring that enough counsellors are available during peak times.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0367

Predictors of engagement with a digital intervention for promoting personal recovery in persisting psychosis

K.A. Villagonzalo^{1*}, D. Meyer², C. Arnold¹, F. Foley¹, R. Bruno³, J. Farhall³, N. Thomas¹

¹ Swinburne university of technology, centre for mental health, Hawthorn, Australia; ² Swinburne university of technology, department of statistics, Hawthorn, Australia; ³ La Trobe university, department of psychology and counselling, Bundoora, Australia

* Corresponding author.

Introduction.– Given the increasing popularity of e-mental health interventions, including their use as an adjunct to routine care, understanding how engagement with such tools may be predicted and enhanced is important.

Objective This study aimed to identify patterns and predictors of engagement with online resources promoting personal recovery, which focused on lived experience content and peer-to-peer learning for adults with persisting psychosis.

Methods.– A randomised trial was conducted as part of the Self-Management and Recovery Technology (SMART) research program, to evaluate the efficacy of a digitally-assisted intervention using online resources in individual sessions with a mental health worker, compared to befriending control sessions. In this study, optional independent use of the online resources was examined, and survival analysis conducted to identify demographic and baseline predictors of length of time engaged with the resources.

Results.– Of 73 participants, 51 (69.9%) used the resources independently at least once, with 14 (19.2%) continuing to access the resources over 12 months post-baseline. Lower baseline scores on anxiety and intrapersonal domains of recovery significantly predicted longer engagement with the resources, as did female gender. Psychotic symptom levels, age, and internet use abilities were not associated with engagement.

Conclusions.– These results suggest that independent engagement with online, recovery-focused resources, following supported use, is possible for people of varying age, internet use abilities and symptom severity. People with higher baseline scores on recovery may be less motivated to engage with such resources. Developers of e-mental health interventions could consider gender and anxiety as factors influencing engagement.

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Eating Disorders / Sleep Disorders and Stress

PW0369

PTSD symptoms associated with myocardial infarction: Practical clinical implications

W. Akosile^{*}, R. Young, D. Colquhoun, J. Voisey, B. Lawford
Queensland university of technology, school of psychology and counselling, health, Kelvin Grove, Australia

* Corresponding author.

Introduction.– Several studies have demonstrated an association between myocardial infarction (MI) and post-traumatic stress disorder (PTSD). Some studies have established that individuals who have PTSD are vulnerable to developing cardiovascular diseases (CVD) like MI. For unclear reasons, individuals with PTSD are at a higher risk of developing MI and other coronary heart diseases. Previous researchers have also noted that individuals with PTSD have a preponderance of known risk factors for MI. Also, sleep disturbance, somatic and anxiety symptoms could be prodromal symptoms for MI.

Objectives.– What phenotypic features or symptom profile associated with cardiovascular disease may help with early detection and intervention?

Methods.– This study cross-sectionally examined a well characterised trauma exposed post-Vietnam veterans with or without PTSD to explore symptoms associated with a positive history of MI.

Results.– Variables significantly associated with myocardial infarction from the bivariate analysis are avoidance memories; avoidance reminders and sleep disturbance. These variables were put into a logistic regression with known risk factors for myocardial infarction. Only sleep disturbance retained its effect with a p-value of 0.015.

Conclusion.– Sleep disturbance may be a modifiable risk factor in the treatment and prevention of myocardial infarction.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0370

How are eating disorders being portrayed in mass media outlets?

M. Alvarez de Mon Gonzalez^{1*}, V. Pereira¹, T. Dot¹, H. Saiz², G. Lahera³, I. Alberdi⁴, F. Ortuño¹

¹ Clínica Universidad de Navarra, psychiatry, Pamplona, Spain;

² Complejo Hospitalario de Navarra, psychiatry, Pamplona, Spain;

³ Universidad de Alcalá, Madrid, Spain; ⁴ Hospital Clínico San Carlos, Madrid, Spain

* Corresponding author.

Introduction.– In today's world, mass media outlets play a key role in the way we perceive different aspects of our lives such as beauty,

fashion, and standards of living. This ultimately affects our self-esteem, confidence, and the way we view society.

Objective: To conduct a qualitative analysis on the Tweets that refer to eating disorders, such as anorexia and bulimia nervosa, from the Twitter accounts of prominent US mass media outlets.

Method.– 15 US news media outlets were selected and analyzed. These outlets were chosen based on the number of followers on their Twitter accounts and were narrowed down to those with the most followers. Some major news outlets (ex. Wall Street Journal) were excluded for not having a section on health. The Tweets were selected if they made any reference to anorexia and/or bulimia nervosa (ex. anorexia from @latimes). This study focused on the Tweets from 2007–2016.

Results.– 275 Tweets were selected and divided into four categories. 26% focused on general interest (“Eating Disorder Roulette: Why do teens get eating disorders?”), 65% were testimonies from patients, 8% revolved around scientific advancements (“A look into an innovative eating disorder treatment”), and the rest were Tweets that had a condescending tone towards these disorders.

Conclusions.– People from different backgrounds are turning to Twitter to be used as an outlet for personal statements and recounts. Although only a small percentage of Tweets have a condescending tone, there still exists a need to eliminate completely this disrespectful attitude.

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PW0371

“It’s high time to go to bed” – Bedtime set by caregivers is still important, especially for older adolescents

N. Kalak¹, M. Gerber², U. Puehse², D. Sadeghi Bahmani¹, E. Holsboer-Trachsler¹, S. Brand^{3*}

¹ University of Basel, psychiatric clinics, Basel, Switzerland;

² University of Basel, department of sport, exercise and health, Basel, Switzerland; ³ Psychiatric university hospital, center of affective, stress and sleep disorders, Basel, Switzerland

* Corresponding author.

Background.– Later bedtimes in adolescence result in decreased sleep duration. However, sufficient and restoring sleep duration is important for psychological health. To investigate the connection, we assessed adolescents attending boarding schools with the same school schedules, but different set bedtimes.

Methods.– We examined a total of 1571 adolescents (mean age, 16.51 years; SD = 1.83; 55% females) attending boarding schools in German-speaking Switzerland. We compared those who slept at the boarding schools ($n = 1013$, 64%; INTERNS) with adolescents attending the same schools but who slept at home ($n = 558$; 36%; EXTERNS). For the INTERNS uniform bedtimes were set by school staff. For the EXTERNS caregivers set variable bedtimes. All adolescents reported their sleep duration and sleep quality on school days; psychological functioning was assessed by questionnaire.

Results.– Overall, adolescents in the EXTERNS group reported slightly shorter sleep duration, and had slightly better sleep quality and psychological functioning than adolescents in the INTERNS group. However, for older adolescents aspects of this pattern reversed; for the EXTERNS sleep and psychological functioning was poorer while the INTERNS had better sleep quality and psychological functioning. There was a U-shaped association between sleep duration and sleep quality, and an inverse U-shaped association between sleep duration and psychological functioning.

Conclusion.– Among a large sample of adolescents attending boarding schools, earlier set bedtimes were associated with both better sleep schedules and psychological functioning. Therefore, caregiver

should be encouraged to set prior bedtime limits, especially for their older adolescents.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0372

What sexuality tells us about long-term outcome of eating disorders: A three year follow-up study

G. Castellini*, L. Lelli, C. Emanuele, V. Ricca

University of Florence, department of neuroscience, psychology, drug research and child health, Florence, Italy

* Corresponding author.

Introduction.– The present study attempted to identify psychopathological and clinical factors associated with restoration of regular menses and sexual function in Eating Disorders (EDs) patients, and to evaluate the role of sexuality as a moderator of the recovery process after an individual Cognitive Behavioural Therapy (CBT).

Methods.– 39 Anorexia Nervosa (AN) and 40 Bulimia Nervosa (BN) female patients were evaluated by means of a face-to-face interview, self-reported questionnaires, including Eating Disorder Examination Questionnaire and Female Sexual Function Index, and blood sample for hormonal levels and biomarkers. The same assessment was repeated at baseline (T0), at one year follow up (T1), and at three years follow up (T2).

Results.– After CBT, both AN and BN patients showed a significant improvement of sexual functioning, which was associated with a reduction of core psychopathology, in particular with body uneasiness reduction. AN patients who recovered regular menses demonstrated a better improvement across time of both psychopathological and clinical features, and they were more likely to maintain these improvements at three years follow up. Recovery of regular menses and improvement of sexuality at the end of CBT were associated with a higher probability to have a full recovery at three years follow up (Fig. 1).

Conclusions.– The results of the present study challenges a concept of recovery in EDs, exclusively based on weight restoration or behavioral changes. A psychopathological assessment including sexual functioning and core psychopathology might identify the residual pathological condition, and it is able to provide information regarding the long term recovery process.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

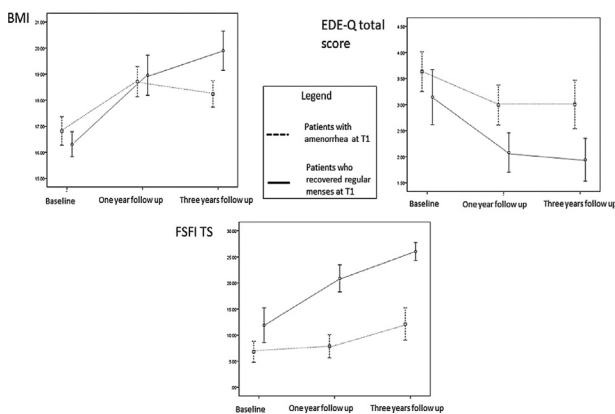


Fig. 1.

PW0377

Alterations in the ghrelinergic system in anorexia nervosa patients: Inputs from animal models

P. Duriez^{1,2}, O. Viltart², V. Tolle²

¹ *Clinique des maladies mentales et de l'encéphale, centre hospitalier Sainte-Anne, Paris, France;* ² *Centre de psychiatrie et neurosciences, Inserm U894, Paris, France*

* Corresponding author.

Introduction.– The physiological mechanisms involved in the adaptation to chronic food restriction could constitute an perpetuation factor in anorexia nervosa (AN) and favoring relapse. We aim to decipher whether ghrelin is a valuable biomarker of relapse after nutritional recovery. In a translational perspective, we have developed a preclinical mouse model.

Methods.– 8-week old female mice ($n=6$ /group) were placed in a cage containing a wheel (FRA) or not and were fed ad libitum (AL) or subjected to a progressive food restriction from 30 to 50% (FR) for a 2-weeks or 10-weeks protocol, followed or not by 20 days of refeeding. Blood samples were performed during the restriction and refeeding periods. Clinical data were obtained during inpatient weight restoration and at post-discharge period. Blood collection for ghrelin assays were performed at admission, after weight restoration and one month post-discharge.

Results.– As in AN patient, this mouse model displayed similar weight loss and inappropriate physical activity. Acylated ghrelin (AG) plasma concentrations increased throughout the undernutrition both in mouse model and AN patient. In mice, AG and DAG were differentially impacted by physical activity in the early stage of caloric restriction. The refeeding period did not permit to properly restore the plasma AG and DAG levels. Preliminary clinical data in AN showed that AG and DAG concentrations did not present similar prandial kinetics.

Conclusion.– The FRA model appears to be a preclinical model useful to clarify how the ghrelinergic system can influence or reflect the duration of recovery and predict relapse.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0378

Schema therapy and appetite-focused cognitive behaviour therapy versus cognitive behaviour therapy for transdiagnostic binge eating: A two year follow-up of a randomised controlled trial

J. Jordan¹, V.V. McIntosh², J.D. Carter², C.M. Frampton¹, P.R. Joyce¹

¹ *University of Otago, Christchurch, psychological medicine, Christchurch, New Zealand;* ² *University of Canterbury, psychology, Christchurch, New Zealand*

* Corresponding author.

Introduction.– Limited outcomes of current psychotherapies for bulimia nervosa (BN) and binge eating disorder (BED) has prompted the trialling of innovative psychotherapies. Our randomised trial compared cognitive behaviour therapy (CBT) with Jeffrey Young's schema therapy (ST, emphasising early life experiences related to eating disorders); and CBT-A (incorporating retraining awareness of appetite) to try to improve outcomes for BN and BED.

Objectives.– To examine outcomes 2 years post-therapy.

Methods.– 112 women aged 16–65 years participated in a 12 month randomised psychotherapy trial for binge eating (current BN or BED diagnoses) (McIntosh et al., 2016). Outcomes were eating disorder

diagnoses, objective binge frequency and global assessment of functioning (GAF). Statistics were ANOVAS, paired *t* tests (Cohen's *d*) and Chi².

Results.– Of the 76% attending at 2 years, 66% were abstinent from bingeing (past month) while others were still symptomatic (BN 8%, BED 8%, anorexia nervosa 1%, eating disorder not otherwise specified 16%). Effect sizes for reduction in binge frequency from pre-treatment were large ($d=1.26$). GAF mean scores of 72 were in the transient expectable reactions to psychosocial stressors range. There were no significant differences among therapies for these outcomes.

Conclusions.– All therapies were effective (but not significantly different) at 2-year follow-up, with good maintenance of change across treatments. The small sample size limits the power to detect statistically significant differences, despite the satisfactory follow-up rate. Although these innovative treatments, ST and CBT-A, did not improve outcomes by 2-year follow-up, they may offer alternative therapies addressing therapy matching and patient preferences.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0379

Developing and validating clinical efficacy for obesity digital CBT model

M. Kim¹, S. Choi¹, H. Choi², Y. Lee², S. Lee³, Y. Kim⁴

¹ *Duksung Women's university, clinical psychology, Seoul, Republic of Korea;* ² *Seoul national university hospital, functional neuroanatomy of metabolism regulation, Seoul, Republic of Korea;* ³ *Seoul national university, food and nutrition, Seoul, Republic of Korea;*

⁴ *Noom Korea, medical director, Seoul, Republic of Korea*

* Corresponding author.

It is markedly distressful for people with obesity to maintain a new lower weight from weight loss. The aim of the present study is to develop and validate the effects of a new cognitive behavioral therapy (CBT) using digital healthcare mobile apps such as Noom Coach and InBody. Seventy-five female participants whose BMI scores were above 25 and who had no other clinical problem except obesity were randomized into an experimental and a control group. Fifty people in the experimental group were connected with the therapist using digital healthcare apps, so they got daily feedbacks and assignments for 8 weeks. Twenty-five people in the control group also used digital healthcare apps but they were asked to do self-care without intervention. The main findings of this study are as follows. First, BMI scores for the experimental group decreased significantly at the post-assessment, resulting in an average weight loss of about seven percent of initial weight. Second, after implementing the intervention, the experimental group reported remarkably decreased in level of depression and anxiety compared to the control group. Moreover, the self-esteem became higher in experimental group than in control group. Third, the biological markers (e.g. leptin, glucose, cholesterol, AST, ALT and GGT) showed that experimental group became closer to the healthy level than the control group after the intervention. These findings lend further report to the notion that obesity is closely related to psychological problems which requires psychological intervention like the CBT in this research to manage the weight in healthy lifestyle.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0380

Trajectory of maturation of neuropsychological functions in anorexia nervosa

P. Meneguzzo*, E. Collantoni, E. Bonello, D. Degortes, M. Solmi, T. Catapano, E. Tenconi, P. Santonastaso, A. Favaro
 Psychiatric unit, department of neurosciences, Padova, Italy

* Corresponding author.

Background.– Many studies have reported the presence of specific types of cognitive dysfunction in Anorexia Nervosa (AN), particularly cognitive inflexibility and visual-spatial difficulties. However, the developmental trajectories of these types of cognitive difficulties in patients with AN are unknown. The present study aims at investigating various types of executive functions, in order to assess the impact of the presence of AN on the trajectories of their maturation.

Materials and methods.– We recruited 269 female patients with a lifetime diagnosis of AN and a control group consisting of 247 healthy women. All participants were administered a series of neuropsychological tests: Wisconsin Card Sorting Test (WCST), Iowa Gambling Task (IGT), Stop Signal Task (SST), Rey-Osterrieth Complex Figure Test (ReyCFT), and Reading-the-Mind-in-the-eyes task (RMET).

Results.– All cognitive functions were found to be impaired in adult AN patients compared to non-affected women, whereas adolescent patients performed similarly than adolescent controls. By studying the relationship between cognitive performance and age we observed qualitative and quantitative differences between patients and controls in the developmental trajectories of many executive tasks, in particular WCST, SST, ReyCFT and RMET.

Conclusions.– AN patients showed a disruption of developmental trajectories of empathy, central coherence and set-shifting abilities from adolescence to adulthood. These alterations might be partially due to the effects of malnutrition, but are more likely attributable to the pathogenetic role of early risk factors in interaction with genetic factors.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0381

The effects of clinical and psychological maternal problems during pregnancy on the onset of sleep disturbances in infants at 3 months of age

I. Morales-Muñoz¹*, O. Saarenpää-Heikkilä², A. Kylliäinen³, P. Pölkki⁴, T. Porkka-Heiskanen⁵, T. Paunio⁶, J. Paavonen¹

¹ National institute for health and welfare, department of health, Helsinki, Finland; ² Tampere university hospital, pediatric clinics, Tampere, Finland; ³ University of Tampere, department of psychology, school of social sciences and humanities, Tampere, Finland; ⁴ University of Eastern Finland, department of social sciences, Kuopio, Finland; ⁵ University of Helsinki, department of physiology, Helsinki, Finland; ⁶ University of Helsinki and Helsinki university hospital, department of psychiatry, Helsinki, Finland

* Corresponding author.

Introduction.– Sleep disturbances in early childhood are linked to several behavioral and psychological problems. Moreover, some prenatal factors have been found to influence infants' sleep. Among them, most of the studies have been focused on prenatal depression and/or anxiety, whereas other relevant psychological factors during pregnancy have not been acknowledged.

Objectives.– We aimed to examine the effect of several clinical and psychological maternal problems during pregnancy (i.e., anxiety, depression, sleep problems, alcohol abuse, seasonality, attention deficit and hyperactivity disorder-ADHD, and/or trauma) on the onset of sleep problems (i.e., short sleep, night awakenings, circadian rhythm and self-shooting problems, and irregular sleeping routine) in infants at 3 months of age.

Methods.– A sample of 1221 cases was recruited, with subjective measures during pregnancy in mothers, and at 3 months after birth in infants.

Results.– We found that some maternal problems during pregnancy were able to explain the onset of some sleep disturbances in infants at 3 months of age. Interestingly, ADHD symptomatology in mothers was the variable that predicted the highest number of sleep disturbances at 3 months.

Conclusions.– To the best of our knowledge, this is the first study reporting the effect of several maternal prenatal factors on child sleep, and not exclusively anxiety and depression.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0383

Frequency of burn-out among Moroccan medical residents

H. Nafaa¹*, A. ouanass²

¹ Mohammed V university, faculty of medicine and pharmacy, Arrazi psychiatric hospital, sale, Morocco; ² Mohamed V university, faculty of medicine and pharmacy, Arrazi hospital, psychiatry, Salé, Morocco

* Corresponding author.

Keywords: Burn-out; Exhaustion; Doctor; Stress

Introduction.– Burnout is a professional disorder, that could be either physical or mental, which mostly affects people who help others (caregivers, teachers, social workers, etc.).

Objective.– Determine the frequency of severe burnout in a population of resident doctors practicing in the various departments of the Ibn Sina hospital in Rabat, Morocco and to assess its impact on their performance.

Methodology.– A cross-sectional study of resident physicians in various specialties.

The evaluation of the Burn-out is done through the Maslach scale. We chose the Burn Out inventory test of Maslach and Jackson because it is one of the descriptive models of burnout that evaluates the psychological impairment at work by studying the consequences of chronic stress. It explores three dimensions: emotional exhaustion, dehumanization or depersonalization, and its degree of personal achievement at work.

Results.– Severe burnout was 18%. Several personal and occupational stressors were attributed to severe burnout, including personal and family history, lifestyle, hostile atmosphere, poor working conditions, and the relationship between staff and patients.

Conclusion.– the burn-out in the resident doctor is strongly linked to several factors, as just mentioned. It is therefore important to take action on modifiable factors in order to avoid the harmful consequences of burnout, both on the professional performance and on the personal life of the physician, who, to the detriment of his own health, is exhausted at work without realizing that he exposes himself to complications such as depression or drugs misuse.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0384

The influence of the dysmorphofobia on the affective state and the life quality of female patients with eating disorder

E. Okonishnikova*, I. Belokrylov, A. Bryukhin, T. Lineva, V. Karnozov, G. Kirsanova

Peoples' friendship university of Russia, RUDN university, department of psychiatry and medical psychology, Moscow, Russia

* Corresponding author.

Introduction.– Anorexia nervosa (AN) and bulimia nervosa (BN) take one of the first places in the risk of fatal outcome among eating disorders, have a tendency to chronicity and high suicidal risk. Psychopathological basis for AN and BN is a dysmorphofobia or a pathological dissatisfaction with one's body, characterized by intrusive, overvalued or delusional ideas of physical disability. Dysmorphofobia affects the formation of affective pathology and reduces the life quality.

Objective. The study of the correlation between the degree of dissatisfaction with one's bodies, affective disorders and life quality of patients with AN and BN.

Methods.– 50 female patients with AN and BN at the age of 16–30 years (the average age is 21). The disease duration from 6 months to 12 years. Validated Questionnaire image of one's own body (QIOB) and the Scale of satisfaction with one's body (SSOB), O. Scogarevsky's technique; Hospital anxiety and depression scale (Zigmond A., Snaith R.); Questionnaire for the assessment of life quality (SF-36); Microsoft Excel standard correlation calculation.

Results.– Dissatisfaction with one's body based on QIOB and SSOB tests has a significant correlation with anxiety, a moderate correlation with depression, a significant correlation with the psychological component of health, a weak correlation with the physical component of health.

Conclusions.– Dissatisfaction with one's body or dysmorphofobia of patients with AN and BN significantly affects their affective state and psychological component of life quality that leads to social maladjustment.

Disclosure of interest.– The publication was prepared with the support of the "RUDN University Program 5-100".

PW0385

The assessment of life quality of patients with eating disorders

E. Okonishnikova*, A. Bryukhin, T. Lineva, I. Belokrylov, V. Karnozov, G. Kirsanova

Peoples' friendship university of Russia, RUDN university, department of psychiatry and medical psychology, Moscow, Russia

* Corresponding author.

Introduction.– The life quality assessment of patients provides an opportunity to recognize and prevent medical, psychological, social and economic risks for the health and social functioning. Patients with eating disorders suffer physical, psychological and social adaptation. The life quality study of this group of patients helps to choose a more rational method of medication treatment, psychotherapy and rehabilitation.

Objective. To study life quality indicators of patients with anorexia nervosa (AN) and bulimia nervosa (BN).

Methods.– The study of 50 female patients with AN and BN at the age of 16–30 years (average age is 21). The disease duration from 6 months to 12 years. Non-specific questionnaire to assess life quality, created on the basis of the WHO methodology (SF-36).

Results.– The following regularities of the evaluation of physical (PH) and psychological (MH) health components are established.

The reduced PH value (21 to 40 out of 100 points) is identified in 30% of patients; the average PH value (from 41 to 60 points) in 64% of patients; the increased PH value (from 61 to 80 points) in 6% of patients. The low MH value (0 to 20 points) is identified in 30% of patients; the reduced MH value (21 to 40 points) in 42% of patients; the average MH value (41 to 60 points) in 28% of patients.

Conclusions.– AN and BN worsen life quality of patients and affects physical, emotional and social spheres of life.

Disclosure of interest.– The publication was prepared with the support of the "RUDN University Program 5-100".

PW0386

Features of obsessive-phobic disorders of patients with anorexia nervosa

E. Okonishnikova*, T. Lineva, A. Bryukhin, I. Belokrylov, V. Karnozov, G. Kirsanova

Peoples' friendship university of Russia, RUDN university, department of psychiatry and medical psychology, Moscow, Russia

* Corresponding author.

Introduction.– Obsessive-phobic disorders, often observed in patients with anorexia nervosa (AN), significantly increase the disease, complicate treatment and worsen the prognosis.

Objective. To study the clinic and the dynamics of the obsessive, compulsive and phobic disorders of patients with AN.

Methods.– Examined 250 patients with AN, ages 12 to 35 years. Applied clinical, psychometric, experimental-psychological and statistical methods. The presence and severity of obsessive, compulsive and phobic symptoms were determined using the Yale-Brown Obsessive-compulsive Scale, the Questionnaire "Hierarchical structure of the actual fears of the person" (Shcherbatykh Y., Ivleva E.).

Results.– Obsessive compulsive disorder at different stages of AN was diagnosed in 227 (90.8% of) patients. Obsessive-phobic disorders were divided into two groups: I group - related to dietary issues and the appearance correction (100%) and II group (23%) were not associated with such. Obsessions, compulsives and phobias from the first group had a number of features, including the frequent lack of criticism in obsessive thoughts, lack of vegetative component in the structure of phobias. Traced the close relationship of the dynamics of obsessive-phobic symptoms with violation of the food reflex and eating behavior of patients. Polymorphism of obsessive disorders indicated the severity of condition of patients.

Conclusions.– Obsessive-phobic disorders related to food theme and the appearance correction are a special type of obsessions in AN, largely related to the specifics of this disease, including a combination of psychological and somato-endocrine disorders.

Disclosure of interest.– The publication was prepared with the support of the "RUDN University Program 5-100".

PW0387

The severity of depression in anorexia nervosa

E. Okonishnikova*, A. Bryukhin, T. Lineva, I. Belokrylov, G. Kirsanova, V. Karnozov, E. Onegina

Peoples' friendship university of Russia, RUDN university, department of psychiatry and medical psychology, Moscow, Russia

* Corresponding author.

Introduction.– Previously it was thought that depression in anorexia nervosa (AN) is often mild or moderate because of the possibility easily correct the body weight and figure. However, emotional dis-

orders may indicate the severity of mental disorders in AN, being the cause of relapse and chronification of the disease.

Objective. To identify the prevalence and severity of depressive disorders of patients depending on the body mass index and age of patients

Methods.– Study of 27 patients in AN, the age from 15 to 36 years (average age is 20.6). Research methods: clinical, anthropometric, catamnestic, psychometric scaling (HAMD, MADRS), statistical

Results.– Premorbid 23 (85.2%) patients mentioned depression and subdepression. In 19 patients (70.4%) body mass index was $>23 \text{ kg/m}^2$ (excess). At admission, 18 (66.7%) patients had hypotrophy of the 3rd degree, 7 (25.9%) patients had hypotrophy of 1 and 2 degrees. 20 patients (74.1%) had severe degree of depression, 3 patients (11.1%) – moderate, 4 (14.8%) – easy. Severe depression is diagnosed in young patients, light or the lack of it in older. A positive significant relationship (correlation coefficient of 0.96) between severity of depression and the average proportion of age and body mass index was identified.

Conclusions.– Depressive disorders are often marked up before the period of development of AN, are expressed in the manifestation and further course of the disease, correlating with the age of patients and the degree of exhaustion.

Disclosure of interest.– The publication was prepared with the support of the “RUDN University Program 5–100”.

PW0388

Impulsivity, trauma and insecure attachment as mediators of suicidality in eating disorders

G. Patriciello^{1*}, U. Volpe¹, A.M. Monteleone¹, R. Amodio¹, P. Monteleone²

¹ University of Campania “Luigi Vanvitelli”, psychiatry, Naples, Italy;

² University of Salerno, medicine, surgery and dentistry

“Scuola Medica Salernitana”, section of neuroscience, Salerno, Italy

* Corresponding author.

Introduction.– Suicide is recognized as one of the major causes of mortality in eating disorders (ED); however, evidence on this subject are scarce yet. Particularly, risk and protective factors for suicide in ED have been not satisfactorily investigated.

Objectives.– In the present study, we aimed to explore the influence of impulsivity, childhood trauma and attachment styles on suicidal ideation and behaviors in ED subjects.

Methods.– We recruited 65 outpatients with a DSM-5 diagnosis of ED (25 with anorexia nervosa; 18 with bulimia nervosa; 10 with binge eating disorder; 14 with other specific eating disorders). Psychometric evaluations included questionnaires about eating symptoms (EDI-2), affective symptoms (HDRS), suicide severity (C-SSRS), childhood trauma (CTQ) and adult attachment style (ECR), as well as ad hoc schedule, to gather information about basic socio-demographic and clinical status. Furthermore, follow-ups at 6 and 12 months after intervention were planned.

Results.– Impulsivity resulted to exert the strongest influence over lifetime suicide behaviors, while clinical severity was not related to suicide ideation or behavior. Preliminary mediation analyses tend to confirm that insecure attachment and childhood trauma/abuse may significantly influence suicide behavior.

Conclusions.– Even if these results need to be replicated in a larger sample and over a longer period of observation, they suggest that attachment and childhood trauma/abuse may play an important role in increasing the risk of suicide. These findings highlight that therapeutic approaches should include specific elements for ED subjects at high risk of suicide.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0389

Impact of mindfulness-based cognitive therapy (MBCT) on eating impulsivity, hunger sensations and mental ruminations in bulimia or binge eating disorder

L. Sala^{1*}, C. Vindreau¹, P. Gorwood²

¹ Sainte-Anne hospital, clinic of mental illnesses & brain disorders, Paris cedex 14, France; ² Inserm U894, centre of psychiatry and neuroscience, Paris, France

* Corresponding author.

Introduction.– An increasing number of protocols incorporating mindfulness exercises are offered to people with eating disorders (ED) but, paradoxically, few studies exist on this subject. Since 2014, the Sainte-Anne Hospital has established eight-session MBCT groups for patients suffering from bulimia and binge eating disorder (BED). The programme has been tailored appropriately in the choice of cognitive tools and the duration of meditation practices. **Objectives.**– To study the effect of MBCT on eating impulsivity on the one hand, and the ability to distinguish hunger from other sensations on the other hand, and finally on mental ruminations.

Methods.– Participants comprised forty-seven subjects attending our ED day hospital. Each participant was evaluated before and after the programme using the following self-report questionnaires: the Three Factor Eating Questionnaire (TFEQ), the Ruminative Response Scale for Eating Disorder (RRS-ED), the Bulimia Inventory Test, Edinburgh (BITE), the Body Shape Questionnaire (BSQ), and the Five Facets Mindfulness Questionnaire (FFMQ).

Results.– A significant improvement in cognitive restraint of eating ($t=3.05, P=0.004$) and disinhibition ($t=2.37, P=0.02$) as measured by the TFEQ was observed but not hunger ($t=1.04, P=0.30$). Likewise a significant reduction in ED-specific ruminative processes ($t=2.67, P=0.01$) was measured by the RRS-ED.

Conclusions.– Our results provide new and interesting perspectives for patient care for which few studies have been published in literature to date.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0390

Weight suppression and weight suppression speed are associated with clinical characteristics before and at the end of treatment

M. Solmi^{*}, P. Menegeuzzo, E. Collantoni, A. Favaro, E. Tenconi
University of Padua, neurosciences department, Padua, Italy

* Corresponding author.

Background.– Growing evidence suggests a role of weight suppression (WS), namely the difference between life-time highest weight and current weight, in determining the severity of symptoms in the context of specific Eating Disorders (ED), and in the whole ED group. However, no study has investigated whether WS speed (WSS), is associated with symptoms in ED.

Methods.– Prospective cohort study including patients with ED, with diagnoses made according to DSM5 criteria, in the context of out-patients multidisciplinary treatment. ED symptoms were measured with Eating Disorder Inventory (EDI), and with binge, restriction, purging-wide behaviors, general psychopathology with Symptom Check List 90 (SCL-90), self-esteem with Rosenberg Self-Esteem Scale (RSES), and personality with Tridimensional Personality Questionnaire (TPQ), at baseline. Symptoms frequency,

response, remission, and drop-out rates were evaluated at the end of treatment.

Results.– We included 414 patients with ED, 146 with restrictive Anorexia Nervosa (AN-R), 62 bulimic-purgative AN (AN-BP), 206 bulimia nervosa (BN). At baseline, WS was associated with restriction ($P=0.027$) and drive for thinness ($P=0.008$) in AN-R group only, WSS with body dissatisfaction in AN-BP ($P=0.02$), with novelty seeking in AN-R ($P=0.046$), while inversely with novelty seeking in BN ($P=0.012$). After treatment, WS was associated with weight increase in AN-R ($P=0.031$), and BN ($P=0.001$). WSS was associated with purging ($P=0.003$) in AN-BP, with BMI increase in AN-R ($P=0.035$), and inversely with drop-out rates in BN ($P=0.014$).

Conclusion.– At baseline WS was associated with symptoms in AN-R, while WSS in AN-BP, the latter with personality features in AN-R and BN. After treatment, WS and WSS predicts BMI increase in AN-R, WS in BN, WSS in AN-BP, the latter protecting against drop-out in BN.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0391

Examining food craving: The relationship with BMI and food addiction

E. Sönmez¹, C. Çelebi², Y. Akvardar³

¹ Caycuma state hospital, psychiatry, Zonguldak, Turkey;

² Afyonkarahisar state hospital, psychiatry, Afyon, Turkey;

³ Marmara university school of medicine, psychiatry, Istanbul, Turkey

* Corresponding author.

Introduction.– Particular foods are linked with greater pleasure and therefore attributed to have reward-like properties. When frequently consumed, such foods reinforce their own consumption, resulting in an addiction-like eating pattern, despite negative consequences such as excessive caloric intake and weight gain.

Objectives.– This case-control study aimed to evaluate food cravings, with regard to its contribution in food addiction and obesity.

Methods.– The case group consisted of pre-operative bariatric surgery patients ($n=40$) and matched-controls from other other BMI subgroups (normal, pre-obese and obese) were enrolled. Yale Food Addiction Scale (YFAS) was used to assess food addiction symptoms and diagnosis. Food craving was examined by Food Craving Questionnaire – Short Form. Moreover, subjective perceptions of food craving (intensity, duration, frequency and capacity to resist) were assessed using visual analogue scales.

Results.– Food addiction prevalence was 15% in the case group, significantly higher than among controls ($\chi^2: 11.62, P<0.01$). Food craving scores differed between groups, obesity and morbid obesity groups scored significantly higher as compared to individuals with a lower BMI (22.32 ± 15.24 vs $9.39 \pm 10.62, P<0.01$). Those with food addiction reported to have more intense, long-lasting and more frequent cravings when compared to those without, this association was more prominent for women with a BMI of 30 kg/m^2 or more ($z=-2.37, P<0.01$; $z=-2.31, P<0.01$; $z=-1.43, p<0.05$; respectively).

Conclusions.– It can be interpreted that food craving constitutes a critical dimension of food addiction phenomenon, especially for female obesity patients. Targeting cravings might help achieving better treatment outcome in food addiction-related obesity.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Epidemiology and Social Psychiatry - Part I / Pain and Treatment Options

PW0394

Adolescent affective problems and premature mortality: A fifty-three year follow-up of a British National Birth Cohort Study

G. Archer^{1*}, D. Kuh¹, M. Hotopf², M. Stafford¹, M. Richards¹

¹ University College London, MRC unit for lifelong health and ageing at UCL, London, United Kingdom; ² Institute of psychiatry, psychology & neuroscience, Kings College London, psychological medicine, London, United Kingdom

* Corresponding author.

Introduction.– Little is known about the association between adolescent affective problems (anxiety and depression) and mortality.

Objectives.– To examine whether adolescent affective problems are associated with premature mortality, and to assess whether this relationship is independent of other early-life factors.

Method.– In Britain's oldest birth cohort, the MRC National Survey of Health of Development, adolescent affective problems were rated by teachers at ages 13 and 15. Scores were summed and categorised into 'mild or no', 'moderate', and 'severe' problems (1–50th, 51–90th and 91–100th percentiles, respectively). Mortality data were obtained from the NHS Central Register up to age 68 years. Potential confounders were parental social class, childhood health and cognition, and adolescent externalising behaviours. Survival analysis was used to examine the association between adolescent affective problems and mortality in 3884 study members.

Results.– Over the 53 year follow-up, 12.2% ($n=472$) of study members died. Severe adolescent affective problems were associated with an increased rate of mortality compared to those with mild or no problems (hazard ratio (HR)=1.76, 95% CI 1.33–2.33, adjusted for sex). This association was only partially attenuated following adjustment for potential confounders ($\text{HR}_{\text{adj}} = 1.61, 95\% \text{ CI } 1.20\text{--}2.15$). Severe problems were associated with deaths from cancers and cardiovascular disease; however the strongest associations were observed with respect to 'other' causes (sub-distribution $\text{HR}_{\text{adj}} = 2.03, 95\% \text{ CI } 1.07\text{--}3.85$). Moderate problems were not associated with mortality.

Conclusion.– Severe adolescent affective problems are associated with an increased rate of premature mortality over a fifty year follow-up, independent of potential confounders. These findings underscore the importance of early mental health interventions.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0397

Individual effectiveness of neurofeedback in migraine: The role of personality and emotional state

G. Arina¹, O. Dobrushina^{2*}, E. Osina³, G. Aziatskaya⁴, A. Trofimova³

¹ M.V. Lomonosov Moscow state university, psychology, Moscow, Russia;

² International institute of psychosomatic health, director, Moscow, Russia;

³ International institute of psychosomatic health, psychology, Moscow, Russia;

⁴ Neurology research center, neurorehabilitation, Moscow, Russia

* Corresponding author.

Introduction.– Effectiveness of headache treatment interventions, in particular, of neurofeedback, may be influenced by psychological factors. Information regarding individual effectiveness, important for clinical practice, is usually negotiated in group studies.

Objectives.– Assess the influence of personality and emotional state on individual effectiveness of neurofeedback in migraine in a single-case study.

Methods.– A single case design cross-over sham-controlled study with blinded evaluator included 8 females aged 19–32 years with frequent migraine. The study consisted of 4 phases: pre-evaluation (≥ 2 weeks), treatment 1 (5 weeks), treatment 2 (5 weeks), post-evaluation (≥ 2 weeks). Treatment 1 and 2 included 10 infra-low frequency neurofeedback and 10 sham-neurofeedback sessions at T3T4 site in randomized order. Baseline psychological assessment included Minnesota Multiphasic Personality Inventory (MMPI), Beck's Depression Inventory, The State-Trait Anxiety Inventory.

Results.– Real, but not sham neurofeedback resulted in significant reduction of migraine attacks frequency of six participants ($P < 0.03$). The rest two participants were characterized by high MMPI profile (see image) and severe depression, while no such abnormalities were detected in participants with high effectiveness of treatment. The anxiety level had no influence on therapeutic effects of neurofeedback (Fig. 1).

Conclusions.– High MMPI profile and severe depression interfere with neurofeedback effectiveness in migraine. It is worth to perform assessment of personality and depression level in migraine patients prior to treatment to prevent the inherently inefficient treatment approach.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

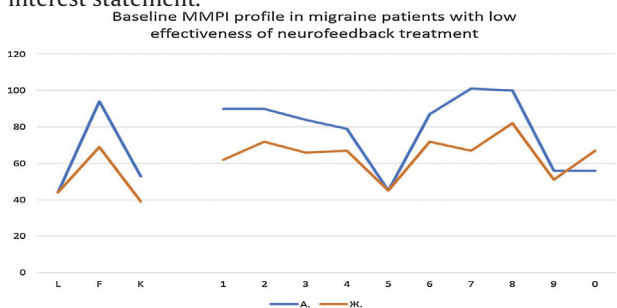


Fig. 1

PW0398

Reduction of intensive negative emotions in everyday life during the treatment of migraine with neurofeedback

O. Dobrushina^{1*}, G. Arina², E. Osina³, G. Aziatskaya⁴, A. Trofimova¹
¹ International institute of psychosomatic health, Director, Moscow, Russia; ² M.V. Lomonosov Moscow State university, psychology, Moscow, Russia; ³ International institute of psychosomatic health, psychology, Moscow, Russia; ⁴ Neurology research center, neurorehabilitation, Moscow, Russia

* Corresponding author.

Introduction.– Several relations between emotions and migraines are proposed: negative emotions may arise as a response to pain and disadaptation, may provoke the migraine attacks, and/or may be caused by the same neurophysiological mechanism as migraines do. Longitude studies assessing dynamics of emotional state during migraine treatment are of interest.

Objectives.– To study the dynamics of emotions in everyday life during the treatment on migraine with neurofeedback.

Methods.– During a single case design cross-over sham-controlled study of neurofeedback 6 females with frequent migraines filled an everyday electronic diary regarding headache, stress, emotions, coping-strategies. The study consisted of 4 phases: pre-evaluation (≥ 2 weeks), treatment 1 (5 weeks), treatment 2 (5 weeks), post-

evaluation (≥ 2 weeks), where treatments 1 and 2 were 10 infra-low frequency neurofeedback/sham-neurofeedback sessions at T3T4 site in randomized order.

Results.– Real, but not sham neurofeedback resulted in a decrease of the frequency of migraine attacks ($29.5 \pm 14.5\%$ during neurofeedback vs. $37.7 \pm 16.8\%$ during pre-evaluation, $P = 0.04$). No significant changes were observed in the level of stress and the use of different coping-strategies during the study phases. A reduction of the percentage of days with intensive negative emotions was seen during neurofeedback: $8.6 \pm 9.1\%$ vs. $16.7 \pm 13.2\%$ during pre-evaluation ($P = 0.03$) and vs. $15.1 \pm 11.3\%$ during the sham phase ($P = 0.03$). We failed to find any correlations between the headaches frequency and emotional state both at individual and group level.

Conclusions.– Neurofeedback results in concomitant reduction of the frequency of migraine attacks and of the frequency of intensive negative emotions.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0399

Long-run impact of prenatal exposure to the Chinese famine on risk of schizophrenia in adulthood

P. He^{*}, X. Zheng

Peking university, institute of population research, Beijing, China

* Corresponding author.

Introduction.– Schizophrenia is a common major mental disorder and prenatal nutritional deficiency may increase its risk.

Objectives.– We aimed to investigate long-term impact of prenatal exposure to the Chinese famine of 1959–1961 on risk of schizophrenia in adulthood.

Methods.– We obtained data from the Second National Sample Survey on Disability implemented in 31 provinces in 2006, and restricted our analysis to 369,949 individuals born from 1956 to 1965. Schizophrenia was ascertained by psychiatrists based on the International Statistical Classification of Diseases, Tenth Revision. Famine severity was defined as cohort size shrinkage index. The famine effect on adult schizophrenia was estimated by difference-in-difference models, established by examining the variations of famine exposure across birth cohorts.

Results.– Compared with the reference cohort of 1965, famine cohorts (1959–1962) had 101% higher odds (OR: 2.01; 95% CI: 1.21, 3.33; $P = 0.007$) of schizophrenia in the rural population. After adjusting for multiple covariates, this association remained significant and substantial (OR: 1.97; 95% CI: 1.17, 3.32; $P = 0.011$). We did not observe statistically significant differences in odds of schizophrenia among famine cohorts compared with the reference cohort in the urban population.

Conclusion.– Our study strongly supports the view that prenatal exposure to famine increased risk of schizophrenia in later life, and confirms urban-rural difference in the famine effect on schizophrenia. Further studies were needed to investigate corresponding mechanisms on this topic.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0400

Illness and treatment representation in patients with primary headache and headache secondary to psychiatric disorders

M. Kovyazina^{1,2}, J. Migunova¹, E. Rasskazova^{1,3}, A. Tkhostov¹, N. Varako^{1,2}, V. Barabanshchikova¹

¹ Lomonosov Moscow state university, psychology, Moscow, Russia;

² Research center of neurology, neurorehabilitation and physiotherapy, Moscow, Russia; ³ Mental health research center, psychosomatics and psychotherapy, Moscow, Russia

* Corresponding author.

Introduction.– Differentiation of patients with primary and secondary to mental illness pain is an important diagnostic task of general clinics and emergency centers (Radat et al., 2011). Emotional and cognitive factors that predict avoidance behaviour and quality of life decline in patients with chronic pain (Smitherman et al., 2015, Norton, Asmundson, 2004) could possibly help for differentiation.

Objectives.– The aim was to compare illness representation in patients with headache secondary to psychiatric disorders and other chronic headaches.

Methods.– 30 patients with headache secondary to personality and affective disorders and 74 patients with chronic migraines and tension-type headaches filled Migraine Disability Assessment Test (Stewart, 2001), Cognitions About Body and Health Questionnaire (Rief et al., 1998), Illness Perception Questionnaire (Moss-Morris et al., 2002) and Quality of Life and Enjoyment Questionnaire (Ritsner et al., 2005), Morisky–Green Test (Morisky et al., 1986).

Results.– Comparing to primary headaches, in patients with secondary pain intensity is more related to dissatisfaction with health and emotions ($r = -.69$; $-.66$ versus $r = -.39$; $-.31$). They almost never reported neutral relationship to headache from relatives ($\chi^2 = 6.51$, $P < .05$) but reported higher limitations in work, personal control of illness, more fears about diagnosis and better adherence ($t = -2.56$; -1.96 , $P < .05$).

Conclusions.– Higher sensitivity to pain intensity, feeling of control and adherence reported by patients with headaches if accompanied by fears about diagnosis, emotional reactions of relatives and limitations at work allow suspecting mental illnesses underlying chronic pain.

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Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0401

Stress urinary incontinence (SUI) and suicidality seen in the United Kingdom clinical practice research datalink (CPRD)

H. Li¹, M. Bangs², D. Ruff³, L. Mitchell⁴, S. Jonathan²

¹ Eli Lilly, GPS, Indianapolis, USA; ² Eli Lilly, patient safety, Indianapolis, USA; ³ Eli Lilly, global statistics, Indianapolis, USA;

⁴ Eli Lilly, patient safety, Erl Wood, United Kingdom

* Corresponding author.

Following authorisation of duloxetine in 2004 for stress urinary incontinence (SUI), the issue of suicidality and use of antidepressants became a topic of intense scrutiny around the world.

To assess the association between duloxetine and suicidality in women with SUI.

The analysis included eligible women with SUI aged ≥ 18 years, prescribed with duloxetine or other antidepressants, and an untreated

cohort matched 4:1 to duloxetine cohort. Cox proportional hazard models were used to estimate adjusted hazard ratios (HR) comparing duloxetine treated (as-treated, intent-to-treat) to untreated and other antidepressant cohorts.

5255 duloxetine-treated and 20,674 untreated patients with SUI were identified, aged 56.42 (± 13.92) and 56.40 (± 13.81) years respectively. Duloxetine-treated patients had more suicidality risk factors compared to the untreated: baseline depression (14.44% vs. 9.95%); and were similar compared to antidepressant cohort: baseline depression (10.7% vs. 10.9%). Comparing to untreated patients, using different follow-up time of untreated cohort (entire vs. matched), the adjusted HRs of suicidal attempts were 2.92 (1.44, 5.95, $P = 0.003$) and 5.06 (1.56, 16.45, $P = 0.007$); and adjusted HR of suicidal ideation were 3.32 (1.63, 6.78, $P = 0.001$) and 3.89 (1.46, 10.43, $P = 0.007$). However, comparing to antidepressant cohort, the adjusted HR of suicide attempt and ideation was not statistically significant: 1.94 (0.63, 5.95, $P = 0.25$), and 0.51 (0.16, 1.67, $P = 0.27$) respectively.

Although a statistically significant association was observed, there are concerns of biases due to confounding by indication and incomplete capture of depression diagnoses in CPRD. The study findings were not sufficient to change benefit risk of using duloxetine for the treatment of SUI.

Disclosure of interest.– I am employed by Eli Lilly and Company, and small stock holder.

PW0403

The effect of pain on cognitive flexibility assessed with Stroop task

C. Dondas¹, C. Munteanu², M. Iorga³, A. Rey⁴, M. Thar⁴, S. Mazza⁴

¹ University 'Alexandru Ioan Cuza', psychology and education

sciences, Iasi, Romania; ² "Gr. T. Popa" university of medicine and pharmacy, general medicine, Iasi, Romania; ³ University of medicine and pharmacy "Grigore T. Popa", behavioral sciences, Iasi, Romania;

⁴ University Lyon 2, psychology, Lyon, France

* Corresponding author.

Introduction.– Cognitive flexibility has been shown to modulate pain perception, but the relationship between cognitive flexibility and pain perception is still not clearly understood.

Objectives.– The aim of the study is to identify the manner in which acute experimental pain influences the level of cognitive flexibility of our participants.

Methods.– A number of 40 subject were included in this study. We used the Stroop task as a measure for cognitive flexibility. The test consists of three tasks: naming the color, reading the name of the color and the interference condition. Every subject had to read each of the three sheets two times, the first two sheets were performed in the nonpainful condition (cold pressor task, ambient temperature) and only the interference sheet had to be read depending of the experimental condition, either in the painful condition (cold pressor test, 12°Celsius) or the non painful one. The order of the hands was counterbalanced.

Results.– The results show that there are no significant differences at the Interference task for the time (M_{pain} = 85.12 s, M_{non-pain} = 83.76), the number of corrected errors (M_{pain} = 1.90, M_{non-pain} = 1.9) or non-corrected errors (M_{pain} = 0.55, M_{non-pain} = 0.39). The results are presented in Fig. 1.

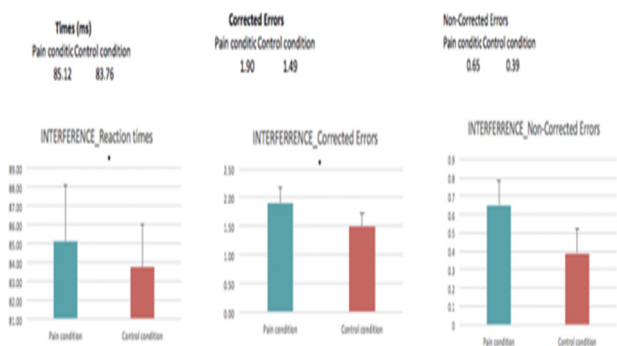


Fig. 1 Results for the interference condition.

Conclusions.– Acute experimental pain does not influence the performance for cognitive flexibility task.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0405

Serotonin syndrome as an interactions between SSRIs and Opiates

S. Petrykiv^{1*}, M. Arts², J. Fennema³, L. de Jonge⁴

¹ University of Groningen, university medical center Groningen, department of clinical pharmacy and pharmacology, Groningen, The Netherlands; ² Mental health care, West North Brabant GGZ-WNB, department of geriatric psychiatry and neuropsychiatry, Bergen op Zoom, The Netherlands; ³ Mental health care Friesland GGZ-Friesland, department of geriatric psychiatry, Leeuwarden, The Netherlands; ⁴ Leonardo scientific research institute, department of geriatric psychiatry and neuropsychiatry, Groningen, The Netherlands

* Corresponding author.

Introduction.– Depression and somatic pain are two of the most commonly treated conditions in the developed countries, while the antidepressants and opioids are among the most widely prescribed drugs in the world. There is a growing concern that SSRIs/SNRIs in combination with opioids might cause potentially life threatening serotonin syndrome (SS). However, the supporting evidence originates from several case reports and the magnitude of pharmacodynamic interaction between SSRIs/SNRIs and opioids is unclear.

Objectives and aims.– Review on iatrogenic complication from therapeutic use effects of SSRIs/SNRIs and opioid drugs.

Methods.– Detailed literature review through PubMed, EMBASE and Cochrane's Library to assess the clinical relevance of combined SSRIs/SNRIs and opioid use. In addition, we used the results of a Dutch survey performed in hospital pharmacies and general pharmacies accessing the incidence of SS in patients using the combination of different opioids and SSRIs/SNRIs.

Results.– Identified cases involved combining tramadol with citalopram, fluoxetine, paroxetine, nefazodone, sertraline, and venlafaxine. From the Dutch survey, eleven hospital pharmacies and 18 general pharmacies described an action when an SSRI/SNRI was combined with fentanyl or oxycodone, whereas more than 80% reacted when an SSRI/SNRI was combined with tramadol.

Conclusion.– Clinicians should be aware of interaction and the risk of serotonin syndrome when a patient receives a combination of different opioids and SSRIs/SNRIs. If an SSRI/SNRI is prescribed together with tramadol, prescribers and patients would be informed by the pharmacy and receive advice about alternative drugs.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0406

Treatment dropout at age of transition of care from child and adolescent psychiatric services to adult services (CRECER Project)

B. Reneses^{1*}, N. Tur¹, A. Escudero², I. Cruz², A.L. Del Rey³, E. Jose Carlos⁴, L. Agüera⁴, M.D. Moreno⁵, N. Szerman⁶, G. Seara³

¹ Hospital Clinico San Carlos, institute of psychiatry, Madrid, Spain;

² Hospital Clinico San Carlos, institute of research, Madrid, Spain;

³ Hospital Clinico San Carlos, institute of research, innovation unit, Madrid, Spain; ⁴ Hospital Universitario 12 de Octubre, department of psychiatry, Madrid, Spain; ⁵ Hospital Universitario Gregorio

Marañón, department of child and adolescents psychiatry, Madrid, Spain; ⁶ Hospital Universitario Gregorio Marañón, department of

psychiatry, Madrid, Spain

* Corresponding author.

Background.– Adolescence is a critical period in the detection and treatment of many psychiatric disorders. Recent research suggests that a proportion close to 50% of patients experience a poor transition from child and adolescent mental health services (CAMHS) to adult services (AMHS).

Objective.– To study the transition process from CAMHS to AMHS and to identify and characterize patients who dropout from treatment around transition age.

Methods.– Retrospective study of a cohort of individuals who reached age of 18 (or over) in a 12-month period and received treatment at CAMHS in 3 General Hospitals in Madrid (Spain) without a medical discharge. Subjects were studied two years before transition and until 6 months after having received care at AMHS. Variables: socio-demographic, clinical and related to transition process. Three groups of subjects were analyzed: Group 1: patients who dropped-out CAMHS just before transition without a medical discharge, Group 2: patients who were transferred to AMHS but did not attend the first visit and Group 3: patients who were transferred and attended their first visit at AMHS.

Results.– Sample: 234 subjects. Group 1: $n = 138$ (59%), Group 2: $n = 26$ (11,1%) and Group 3: $n = 70$ (29,9%). No significant differences in socio-demographic variables were found between groups. Emotional disorders and emerging personality disorders had the greater proportion of drop-outs before transition, Eating and neurodevelopmental disorders and patients receiving pharmacological treatment have less proportion of drop-out.

Conclusions.– Drop-out of care before transition is a crucial issue to bear in mind to improve youth people mental health care.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0407

The peaceful program: Initial outcomes from a mindfulness-based group therapy for adolescents with chronic pain

A. Revet^{1*}, C. Garnier², D. Cayzac³, P. Timsit³, S. Iannuzzi⁴, A. Suc¹

¹ CHU de Toulouse, service universitaire de psychiatrie de l'enfant et de l'adolescent, Toulouse, France; ² CHU de Toulouse, centre de

ressources et de compétences pour la mucoviscidose, hôpital des

enfants, Toulouse, France; ³ CHU de Toulouse, centre de ressource

douleur soins palliatifs pédiatriques, Toulouse, France; ⁴ CHU de

Toulouse, unité de neurologie pédiatrique, Toulouse, France

* Corresponding author.

Introduction.– Pediatric chronic pain can lead to serious consequences in terms of daily functioning (school absenteeism and loss of social interactions) and global quality of life. Mindfulness-based

interventions (MBI's) approaches have shown efficacy in treating adults with chronic pain, but their effectiveness in pediatric population is still poorly understood (Ruskin et al., 2015).

Objectives.– To study the feasibility of a group MBI for adolescents (MBI-A) with chronic pain and its initial effectiveness in terms of pain reduction, chronic pain acceptance, activity limitation, quality of life, anxiety and depression levels' reduction.

Methods.– A prospective pre-/post-interventional study is currently being conducted in adolescents aged 12–18 years old, followed in Toulouse Pediatric Hospital. 20 adolescents have been included, across 2 groups of 8 weeks. Treatment acceptability is assessed through participation in group activities, compliance with the home practice and global level of satisfaction (Ruskin et al., 2017). Different scales are used to assess level of pain (Visual Analog Scale), activity limitation (Functional Disability Index), quality of life (Perceived Experience and Health for Adolescent 12), pain acceptance (Chronic Pain Acceptance Questionnaire for Adolescent) and anxiety and depression (Revised Children's Anxiety and Depression Scale).

Results.– Based on group therapists' first clinical impressions, feasibility and acceptability appear to be good. Treatment's acceptability and its initial effectiveness will be assessed at the end of the first MBI-A group.

Conclusions.– MBI-A group therapy could constitute a promising new therapeutic approach for adolescent with chronic pain, not expensive, easy to implement and well-accepted by adolescents and their parents.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0408

Predicting physical health-related quality of life in chronic pain patients using numeric, semantic and graphic methods

O. Sarid^{1*}, C. Cedraschi Christine², M. Kossovsky³, J. Desmeules⁴, A.F. Allaz⁴, V. Piguet⁵

¹ Ben Gurion university of the Negev, social work, Beer Sheva, Israel;

² Geneva university hospitals & university of Geneva, Switzerland, division of general medical rehabilitation and division of clinical pharmacology and toxicology, multidisciplinary pain centre, Geneva, Switzerland;

³ Geneva university hospitals & university of Geneva, division of general medical rehabilitation, Geneva, Switzerland;

⁴ Geneva university hospitals & university of Geneva, division of general medical rehabilitation, Geneva, Switzerland;

⁵ Geneva university hospitals & university of Geneva, division of clinical pharmacology and toxicology, multidisciplinary pain centre, Geneva, Switzerland

* Corresponding author.

Purpose.– To examine the associations between the physical component summary score of SF-36, pain intensity measured by Visual Analogue Scales (VAS), Pain Drawing characteristics (PD), Pain Words (PW), psychological and sociodemographic variables.

Methods.– Cross-sectional study design with chronic pain patients referred to the Geneva University Hospital Pain Center (2013–2015). Self-administered questionnaires included SF-36 (Physical Component Summary-PCS, Mental Component Summary-MCS), McGill Pain Questionnaire, VAS, Hospital Anxiety and Depression Scale, sociodemographic. The number of PD (lines, arrows and crosses) was summed as an indicator of the patient's depiction of the extent of pain.

Full data were available for 82.8% ($n=236/285$); 63% women, 65% ≤ 10 years of education; 51% with French as their mother-tongue. Mean pain duration: 8 years $SD \pm 11$; 34% had mixed

(nociceptive and neuropathic) pain, 26% nociceptive pain, 14% chronic pain syndromes, 13% facial pain, and the rest neurogenic pain.

Results.– Sociodemographic variables (gender, age, education level, and living conditions) and pain duration were not related to PCS levels. PCS was negatively correlated with PD ($r = -.238$, $P = 0.000$), PW ($r = -.315$, $P = 0.000$), HADS anxiety and depression ($r = -.238$, $P = 0.000$; $r = -.601$, $P = 0.000$, respectively), and VAS ($r = -.458$, $P = 0.000$). PCS and MCS were strongly correlated ($r = .80$; $P = 0.000$). Our final model explained 47.9% of the variance in PCS with those using more PD ($P = .0000$) higher VAS ($P = .0000$) and expressing higher level of depression ($P = .000$) displaying lower PCS scores.

Conclusions.– By using numeric, semantic, and graphic facets of pain appraisal we assessed the effects of linguistic and symbolic ways patients used to define their suffering and their ability to function.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0412

Comorbidity of mental and physical illness in middle age: Impact on service utilisation

C.S. Wong^{1*}, W.C. Chan¹, E.Y. Chen¹, L.C. Lam²

¹ The University of Hong Kong, department of psychiatry, Hong Kong, Hong Kong S.A.R.; ² The Chinese university of Hong Kong, department of psychiatry, Hong Kong, Hong Kong S.A.R.

* Corresponding author.

Introduction and objectives.– Comorbidity of mental and physical illness is prevalent among middle-aged adults. It is of public health importance to understand the impact of comorbidity on the use of mental health services. The aim of this study was to examine the prevalence of mental-physical comorbidity in middle age, and its association with mental health service utilisation.

Methods.– Data were extracted from the Hong Kong Mental Morbidity Survey. A total of 3075 community-dwelling Chinese adults aged 40–64 years were interviewed from November 2010 to May 2013. Psychiatric diagnoses of common mental disorder (CMD) were established using the Revised Clinical Review Schedule, and the severity of physical illness was assessed by the Cumulative Illness Rating Scale. Participants were asked to report whether they had used any mental health services in the past year and lifetime.

Results.– After adjusting for other confounders, participants with CMD were associated with a higher risk of any chronic physical illness (OR = 1.93, 95% CI 1.08–3.43), in particular neurological, cardiac, musculoskeletal, genitourinary and upper gastrointestinal conditions (OR = 2.31 to 4.13). Comorbid mental and physical illnesses increased the likelihood of mental health service use both in the past year (OR = 2.06, 95% CI 1.01–4.29) and in lifetime (OR = 2.45, 95% CI 1.44–4.18). Participants with comorbid conditions were more likely to seek help from psychiatrists but not from general practitioners.

Conclusions.– CMD in midlife that is comorbid with physical health conditions increased the mental health service utilisation. The results emphasise the need for integrated general medical and mental healthcare in this population.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Neuroscience in Psychiatry - Part I / Intellectual Disability

PW0413

The behavioural consequences of chronic mild unpredictable stress measured in animal models

G. Biala*, K. Pekala, K. Sabara, B. Budzynska
 Medical university of Lublin, department of pharmacology and pharmacodynamics, Lublin, Poland

* Corresponding author.

Objective.– Stress is related to neurobiological disturbances, and can be described as a state of an organism characterized by an increase in emotional tension caused by threatening factors. Among animal models, the chronic unpredictable mild stress (CUMS) model is the most frequently used and considered one of the most perfect models of depression and stress-related disorders. Our experiments aimed to evaluate the behavioral changes in mice and rats submitted to the CUMS procedure, especially anhedonia-related, cognitive and rewarding effects.

Method.– Male Swiss mice and Wistar rats were submitted to the procedure of CUMS for 4 weeks, 2 hours per day, after which the behavioural tests were performed.

Results.– CUMS-exposed mice exhibited anxiety disorders in the elevated plus maze (EPM) test, the disturbances in memory in the passive avoidance (PA) test and depressive effects in the forced swim test (FST). In rats, only CUMS-exposed animals exhibited the conditioned place preference (CPP) after only 2 days of conditioning with nicotine indicating that stressed rats were more sensitive to the rewarding properties of nicotine, i.e., chronic stress exacerbates nicotine preference. An acute mild stress also provoked the reinstatement of the nicotine CPP after extinction.

Conclusion.– The results suggest that recent exposure to a stressor may induce anhedonia-related disorders in rodents, such as depression- and anxiety-like behavior and memory disturbances as well as it may augment the rewarding conditioned effects of nicotine. Our study contributes to the understanding of behavioral mechanisms involved in stress-induced disorders in animal models. (Statutory Activity of the MU of Lublin no. 23).

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PW0414

Coordination of emotion processing by GABAergic interneurons, and therapeutic applications

T.C. Bienvenu^{1*}, J. Courtin², C. Dejean³, F. Chaudun², D. Busti⁴, P.J. Magill⁵, F. Ferraguti⁴, M. Capogna⁶, C. Herry³

¹ Neurocentre Magendie, centre hospitalier Charles Perrens, university of Bordeaux, Inserm U1215, Bordeaux, France;

² Neurocentre Magendie, university of Bordeaux, Inserm U1215, Bordeaux, France; ³ Neurocentre Magendie, Inserm U1215, Bordeaux, France; ⁴ Innsbruck medical university, department of pharmacology, Innsbruck, Austria; ⁵ Medical research council brain network dynamics unit, university of Oxford, Oxford, United Kingdom;

⁶ Danish research institute of translational neuroscience, Aarhus university, department of biomedicine, Aarhus, Denmark

* Corresponding author.

Introduction.– The amygdala (AMY), hippocampus (HPC), and prefrontal cortex (PFC) process emotional information, and their dysfunction may result in anxiety disorders. Neuronal oscillations play a critical role in coordinating brain activities. In particular,

theta-band (4–12 Hz) oscillations have been suggested to support emotional memory formation, consolidation and retrieval. GABAergic interneurons (IN) powerfully coordinate oscillatory activities of neural ensembles. A variety of IN with distinct structures and neurochemical profiles can fulfill distinct roles. How distinct IN classes control neural activities in limbic systems and PFC during emotional information processing remains largely unknown.

Objectives.– To define roles of AMY, and PFC IN, and their interactions with the HPC in emotional memory processing.

Methods.– We used a combination of behavioral (fear conditioning), electrophysiological (extracellular and juxtacellular recordings), optogenetic and histological techniques in rodent animal models.

Results.– Parvalbumin (PV)-expressing, perisomatic-targeting IN within AMY and PFC, including basket and axo-axonic cells, were found to control fear memory formation and retrieval through integration of sensory stimuli and coordination of at least two distinct theta-band oscillations. Moreover, online closed-loop optogenetic control of PV IN in PFC on the basis of local field potential oscillations was sufficient to significantly reduce fear expression in mice.

Conclusions.– PV-expressing IN play major roles in encoding and expressing emotional memories through the coordination of neural ensembles. Studies are required to clarify the respective contributions of PV axo-axonic and basket IN in synchronizing PFC and AMY activities. Future work could open new perspectives by investigating pathological brain oscillations, leading to potential therapeutic applications for anxiety disorders.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0416

University students with overweight and obesity would yield lower than their peers in executive functions

K. Cabas-Hoyos^{1*}, Y. Gonzalez-Bracamonte², S. Mendoza²

¹ Universidad del Magdalena, Facultad de Salud, Programa de Psicología. Grupo de Investigación Cognición y Educación., Santa Marta, Colombia; ² Universidad Pontificia Bolivariana, Sede Montería, Facultad de Psicología. Grupo de Investigación CAVIDA, Montería, Colombia

* Corresponding author.

Introduction.– A relationship between obesity and executive functions has been found. It has been pointed out that at a higher Body Mass Index, there are difficulties in changing focus, alternation and sustained attention (Gunstad, Paul, Cohen, Tate, Spitznagel & Gordon, 2007; Boeka & Lokken, 2008; Cserjési, Luminet, Poncelet & Lénárd, 2009). It was also evidenced with the WCST (Wisconsin Card Sorting Test) that obese patients showed more persevering errors than their controls (Volkow & Wise, 2005; Boeka & Lokken, 2008). The objective of this research was to evaluate the executive functioning in a group of university students with normal weight, overweight and type I obesity.

Method.– Participated 45 university students distributed in three groups previously formed. The weight and height of the subjects were recorded using a conventional scale. The Body Mass Index (BMI) was calculated and transformed into percentiles using the World Health Organization growth charts. A frontal neuropsychological battery was administered. An ANOVA was used to compare intergroup performance.

Results and discussion.– An ANOVA analysis showed significant differences in TMT-B run times in obese adolescents. Overweight individuals had a lower performance on the subtest of “inverse digits”, “similarities” and “letters and numbers” reaching statistical differences between the three groups. There were no significant differences in the other components. Both overweight and obesity are

considered problems of food deregulation in which patients report difficulties in controlling the intake, quantity and quality of what they eat, which would lead us to propose a design profile.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0417

Longitudinal changes of fMRI connectivity in OCD patients undergoing cognitive-behavioral therapy

C. Tezenas du Montcel^{1,2*}, M. Morgièvre^{1,2,3}, L. Mallet^{1,2,3}, K. N'Diaye^{1,2,3}

¹ Institut du Cerveau et de la Moelle épinière, université Pierre-et-Marie-Curie UPMC, Inserm U1127, CNRS UMR 7225, CHU Pitié-Salpêtrière, Paris, France, behaviour, emotion and Basal Ganglia, Paris, France; ² Henri-Mondor–Albert-Chenevier hospital, psychiatry department, Créteil, France, psychiatry, Créteil, France;

³ Albert-Chenevier hospital, FondaMental foundation, Créteil, France, psychiatry, Créteil, France

* Corresponding author.

Along with pharmacological, cognitive behavioral therapy (CBT) is a first line treatment for Obsessive compulsive disorder (OCD). However, its neuro-psychological mechanisms remain poorly known despite evidence that event-related functional MRI (fMRI) responses to symptom provocation evolve through the course of psychotherapy while resting-state fMRI (rs-fMRI) reveals task-independent functional networks whose connectivity may be altered in OCD.

The current study compares the evolution of functional connectivity alterations measured in $n = 35$ patients (5 excluded) suffering from moderate OCD (Yale-Brown Obsessive and Compulsive Scale: YBOCS > 16) with resting-state fMRI (10-min, 200 EPI whole-brain volumes, 3T Trio) as they follow a 12-weeks CBT program: immediately before, halfway through, at the end, as well as 6 months after. rs-fMRI was processed using the SPM and the CONN toolbox to extract networks related to a priori seed-regions based on the activations observed in these patients in response to symptom provocation and in the so-called default-mode network (DMN). Parametric ANOVA are being conducted to compare functional connectivity across time within patients and in relation to clinical scores.

Preliminary analyses of rs-fMRI suggest a correlation between DMN hyperactivity and Y-BOCS score and decrease of functional connectivity within DMN regions after following CBT, in correlation with decrease of OCD symptoms (YBOCS scores reduced by 46% as reported in). Further analysis will assess the dynamics of changes in functional connectivity abnormalities associated with psychotherapeutic interventions. These changes, if confirmed, could lead to potential neuromarkers of response to CBT as well as possible response predictors across patients.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0418

Supporting social workers in promoting adaptive skills in persons with intellectual disabilities in a daily centre in Serbia: A case study in a psychosocial perspective

F. Draghelli^{1*}, V. Langher¹, G. Martino², V. Nannini¹, G. Scurci³

¹ Sapienza university of Rome, department of dynamic and clinical psychology, Rome, Italy; ² Messina university, department of

cognitive-psychological-pedagogical sciences and cultural studies, Messina, Italy; ³ Psy+ Onlus, department of dynamic and clinical psychology, Rome, Italy

* Corresponding author.

Introduction.– The present contribution is part of a collaboration between an Italian association of psychologists and a daily centre in Belgrade that teaches job skills to its 10 guests with intellectual disability to help them become active participants in society and be responsible for their own life.

Objective.– Elaborating qualitative evaluations of the 10 subjects attending the centre, for helping it to face an impasse situation in the working process and answer to their growing needs.

Methods.– Direct observation of subjects and Vineland Adaptive Behavior Scale-II (Survey Form), given to social workers and to guests' families, were used for investigating communicative, social and daily skills.

Results.– An overview of limits and strengths of each guest was outlined. 5 subjects showed a higher functioning in Communication, 3 in Socialization and 2 in Daily skills. We observed different competences according to the context and people with whom they have significant relationships (parents, personal assistants), especially in "Community" area (Daily abilities). Families had more information about "Writing" (Communication) and "Personal" (Daily abilities) areas, while workers showed in general better considerations or more information as regards Socialization. Some of the respondents (both from families and daily centre) weren't able to answer some items of Communication and Daily Abilities Scales, meaning that they were not aware of potential resources present in the subjects observed.

Conclusions.– Apart from exploring the functioning and potentials of the subjects, discussion of results enhanced the possibility of reflecting on workers' and relatives' representations of them and on the close interdependence between the individuals and their contexts. A bio-psycho-social model that goes beyond diagnosis and considers more variables in a development perspective could be useful in present and future projects and actions, that started to be defined.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0419

Intellectual disability and psychopathology: Analysis of cognitive functioning in a psychiatric sample

D. Galletta^{*}, F. Micanti, A.I. Califano

University of Naples Federico II, neuroscience, Naples, Italy

* Corresponding author.

Introduction.– Intellectual disability is the impairment of global mental abilities, which affects an individual's functioning in everyday life. According to DSM-5, ID has an impact on 3 broad domains in a person's life: conceptual, social and practical. Individuals with intellectual disabilities are more vulnerable to developing psychiatric disorders, such as the scientific literature highlighted several times.

Objectives.– Analyze the intellectual-specific functioning of a psychiatric sample with intellectual disability, highlighting its prevalence of psychopathology, cognitive deficits and gender differences.

Methods.– 125 subjects with intellectual disability were extrapolated from a wider psychiatric sample of 450 subjects assessed in the psychiatric clinic from 2004 to 2014. Tool used to assess cognitive functioning is the WAIS-R.

Results.– Within the sample, psychopathologies are distributed as follows: 51.2% consists of psychosis (22M, 42F), 22.4% consists of intellectual disability on an organic basis (17M, 11F), 8% consists of autistic spectrum disorder (10M), 8% consists of bipolar disorder (7F, 3M), 4.8% consists of borderline personality disorders (5F, 1M), 3.2% consists of schizoid personality disorder (4M), 0.8% consists of narcissistic personality disorder (1M), 0.8% consists of antisocial personality disorder (1M), 0.8% consists of depressive disorder (1F). Analyzing the deficits in the various cognitive domains, it is observed within the psychoses a greater impairment of visual-spatial abilities, as well as in depressive disorders and schizoid and narcissistic personality disorders. Theoretical-abstract abilities are more impaired in borderline and anti-social personality disorders, as well as in bipolar disorders.

Conclusions.– Within intellectual disabilities psychoses have a higher weight as literature underlines. Each psychopathology seems to have its own cognitive functioning also in relation to gender. Future research should commit itself to achieving a more precise phenotyping of the sample.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0420

Reduction of aggressive behavior in people with an intellectual disability by supplementation of vitamins, minerals and n-3 fatty acids

D. Gast¹, E. Giltay¹, R. Didden², O. van de Rest³

¹ Leiden university medical center, psychiatry, Leiden, The Netherlands; ² Radboud university, psychology, Nijmegen, The Netherlands; ³ WUR, human nutrition, Wageningen, The Netherlands

* Corresponding author.

Background.– The prevalence of aggression among people with an intellectual disability is high. Previous studies have demonstrated the potentials of multivitamin-, mineral-, and n-3 fatty acids (n-3FA) supplementation to reduce antisocial behavior and aggression among schoolchildren and prisoners.

Objective.– To test the hypothesis that multivitamin-, mineral-, and n-3 FA supplementation reduces aggression among adolescents and young adults with an intellectual disability.

Study design.– Pragmatic, randomised, double blind, placebo controlled, multicentre intervention study.

Study population.– People with an intellectual disability aged between 11–40 years, living at a care or treatment facility or having day care, who have shown aggressive behaviour. Two hundred participants will be recruited. The ratio placebo/supplement is 1:1. **Intervention.**– During 16 weeks, people in the active condition receive 4 supplements daily: 2 Bonusan Multi Vital Forte Actief (Multi vitamin and mineral) and 2 Bonusan Omega-3 Forte (n-3 fatty acids), while people in the placebo condition receive 4 placebo capsules.

Main study parameters/endpoints.– The main study parameter is the number of aggressive incidents from baseline to endpoint (16 weeks post baseline), as measured using the Dutch version of the Modified Overt Aggression Scale (MOAS).

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0421

New technical solutions in the training of various skills and in improving integration in the real world of patients with intellectual disability and developmental disorders

K. Krysta

Medical university of Silesia, department of rehabilitation psychotherapy, Katowice, Poland

* Corresponding author.

Background. Intellectual disability is a disorder with the onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social and practical domains. Developmental disorders is a group of disorders, which embrace cognitive, communication, social and motor impairments, which appear in the developmental period. Treatment and rehabilitation of people with intellectual and developmental disabilities is a multidisciplinary challenge, which require implementing new attitudes. The use of modern technology solutions like telepsychiatry or virtual reality may be a valuable addition to the traditional methods.

Objective.– The objective of this review was to explore the usability of new technological solutions in this special population of patients.

Methods.– The search in the PubMed was conducted using the following terms: (intellectual disability, developmental disability, learning disorder, virtual reality, telepsychiatry, telemedicine, e-mental health).

Results.– Telepsychiatry may be a useful tool in situations, when the direct access to professional assistance is limited, in solving particular problems like e.g. managing challenging behavior, also to support patients' parents and for diagnostic and educational purposes. Virtual reality can be a safe and effective method of improving different skills, developing physical fitness, and enriching the ways of spending the leisure time.

Conclusions.– Using modern technology is a relatively new and promising field in which new ideas may develop to support the already existing services for patients with intellectual and developmental disabilities.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0422

“Pop-out” effect findings in premature and normative children

O. Lvova¹, K. Kunnikova², A. Kotyusov², N. Pavlova¹

¹ Ural federal university named after the first President of Russia B.N. Yeltsin, laboratory of brain and neurocognitive development, Yekaterinburg, Russia; ² Ural federal university named after the first President of Russia B.N. Yeltsin, clinical psychology and psychophysiology department, Yekaterinburg, Russia

* Corresponding author.

Introduction.– The “pop-out” effect refers to faster search for a unique target among the distractors and considered to be the significant index of visual perception in children allows obtaining the data on the general mechanisms of the visual functions in the early stages of development.

The aim of the study was to find the features of visual search in normal and premature children.

Methods.– Case-control study. The experimental group: 12 preterm infants (8 males, 4 females) 12.18 ± 3.30 months old (corrected age), gestation age 30–35 weeks. Controls: 21 full-term infants (14 males, 7 females) 12.68 ± 2.69 months old. Eye-tracker SMI RED500

with contactless remotely controlled by the infrared camera was used for eye-movements detecting. There were two types of tasks: 8 images with complicated stimuli (social tasks, the stimuli were identical to those used by Elsabbagh et al., 2012) and 16 images with textones (non-social tasks, 8 “+” and 8 “O”; identical to those used by Gliga et al., 2015).

Results.– The proportion of first sight at the social stimuli was much higher in both groups than first sight at the textones “O” and “+” ($P=0.000$, $d=1.097$; $P=0.000$, $d=1.478$ in full-term group respectively; $P=0.000$, $d=1.38$; $P=0.000$, $d=1.55$ in preterm group respectively). Saccade latency was lower in social tasks in the control group ($P=0.035$, $d=0.638$).

Conclusion.– the performance of visual search was higher in social context compared with non-social. No difference in the “pop-out” effect in both groups has been found.

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PW0423

Correlations between diffusion parameters and neurometabolic status in the left frontal lobe in UHR subjects

P. Menshchikov^{1*}, I. Lebedeva², T. Akhadov¹, N. Semenova¹, M. Ublinskiy¹, A. Manzhurtsev¹, A. Tomyshev², V. Kaleda², M. Omelchenko²

¹ Scientific research institute of urgent children's surgery and trauma, radiology, Moscow, Russia; ² Mental health research center of Russian academy of medical sciences, laboratory of neuroimaging and multimodal analysis, Moscow, Russia

* Corresponding author.

Some previous findings that revealed loss of grey matter, and reduced numbers of synaptic structures could indicate participation of neurotransmitters in pathogenesis of schizophrenia. Also, abnormalities in diffusion parameters of anterior thalamic radiation (ATR) were previously reported in UHR patients. Main idea of this study was simultaneous measurement of GABA (major inhibitory neurotransmitter) concentration and ATR diffusion parameters in both brain hemispheres.

30 male right-handed patients with UHR (mean age – 20.4 ± 2.6 years) and 27 healthy volunteers (mean age – 21.1 ± 2.7 years) were participated in this study. Research protocol contains (1) Diffusion-weighted MRI images obtained by echo-planar pulse sequence (b -factors=800 and $0 \text{ mm}^2/\text{s}$) MR spectra registered with MEGA-PRESS pulse sequence ($TE=68 \text{ ms}$, $TR=2000 \text{ ms}$) from left (Lfl) and right frontal lobes (Fig. 1).

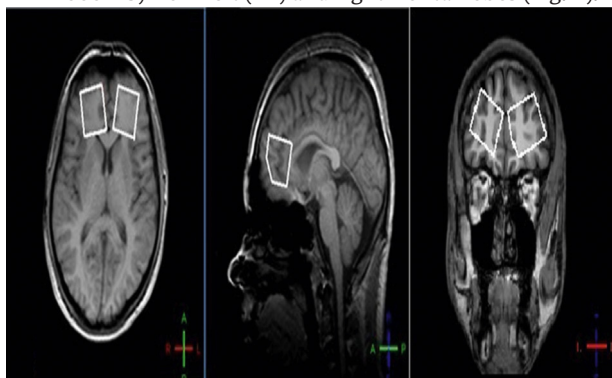


Fig. 1.

This study revealed significant intergroup differences in: (1) GABA/Cr ratios in Lfl (0.137 ± 0.041 for patients vs 0.191 ± 0.046 for controls, $P < 0.01$); fraction anisotropy

(0.420 ± 0.018 vs 0.435 ± 0.026 ; $P=0.016$) and mean diffusivity ($0.757 \pm 0.015 \times 10^{-3} \text{ mm}^2/\text{s}$ vs. $0.746 \pm 0.024 \times 10^{-3} \text{ mm}^2/\text{s}$; $P=0.019$) of ATR of the left hemisphere. GABA/Cr ratios were correlated with Axial diffusion ($r_s=0.60$; $P=0.012$) and fractional anisotropy ($r_s=0.53$; $P=0.027$) of the left ATR. No changes of diffusion parameters of ATR and GABA/Cr ratios were not found in the right hemisphere. No statistically significant correlations were observed in the control group.

UHR patients demonstrated worse structural organization of the ATR anterior, which appeared to be associated with an abnormal bioelectric activity in the region related to working memory maintenance and with lower concentration of the major inhibitory neurotransmitter.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0424

Thalamic contribution to pathogenesis of psychiatric disorders: Potential biomarkers for diagnosis and new targets for treatment

A. Pashkov

South Ural state university, biomedical school, Chelyabinsk, Russia

* Corresponding author.

Introduction.– Thalamus as a brain hub plays an important role in human cognition. Modern studies provide convincing data on the violation of information processing at the level of thalamus in schizophrenia, depression, addictions, Parkinson's disease and others.

Objectives.– Our aim was threefold: (1) to classify the available data regarding the involvement thalamic nuclei in the pathogenesis of mental disorders; (2) to identify the prospects for studying thalamus on model organisms and humans (taking into account translational neuroscience perspective); (3) to emphasize the main difficulties and advantages of carrying out such studies.

Methods.– PubMed, Science Direct and Google Scholar databases from January 2005 to June 2017 were searched for studies, including data on human and animal thalamic lesions, and those ones, concerning the role of thalamus in psychiatric disorders (in comparison with investigation of thalamic structure and mode of its functioning in healthy human controls).

Results.– Ninety-two studies met the inclusion criteria. Careful analysis of these papers has shown that lesions of individual groups of thalamus nuclei, as well as their structural and functional changes in psychiatric disorders, manifest themselves in various patterns of clinical symptoms, depending on the loci of their projections to extrathalamic brain structures (both cortical and subcortical), neurotransmitter/ neuropeptide specificity, as well as lateralization of the lesion.

Conclusions.– We suggest that such results, presented in form of novel biomarkers and treatment targets, may contribute to developing field of precise and objective diagnostics in psychiatry based on RDoC framework.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0425

Real-world effectiveness of clozapine for mental retardation: Results from a mirror-image and a reverse-mirror-image study

C. Rohde^{1*}, J. Nielsen²

¹ Aarhus university hospital 1, department of affective disorders, Aarhus, Denmark; ² Copenhagen university hospital, mental health centre Glostrup, Copenhagen, Denmark

* Corresponding author.

Background.– The most efficient pharmacological treatment of patients with mental retardation is antipsychotics, but whether clozapine is efficient remains unknown.

Objective.– We aimed to investigate the efficacy of clozapine on naturalistic outcomes in patients with mental retardation.

Methods.– By using the national health registers, all patients with mental retardation initiating clozapine between 1996–2012 were identified. First, a normal mirror-image model (self-controlled design) were used to investigate whether initiation of clozapine was associated with reduced psychiatric admissions and inpatient days, reduced number of individuals performing intentional self-harm or overdose, and less use of concomitant psychiatric drugs. Second, a reverse mirror-image model was used to investigate whether termination of clozapine did change the number of psychiatric admissions.

Results.– 405 patients with mental retardation redeemed clozapine. After initiation of clozapine the number of psychiatric admission were reduced by 0.65 (95% CI: 0.31–1.00) admissions and the inpatient days were reduced by 67.2 (95% CI: 83.3–164) days. The number of individuals performing intentional self-harm or overdose and using concomitant psychiatric drugs did not change. When terminating clozapine again, the psychiatric admissions were increased by 0.57 (95% CI: 0.01–1.12) admissions.

Conclusion.– This study, which is the largest to date, supports that clozapine is associated with a reduction in psychiatric admissions and inpatient days in patients with mental retardation. Further studies evaluating the effect of clozapine in patients with mental retardation is warranted.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0427

Psychotropic medication for challenging behaviour in people with intellectual disability: Results of an online survey of family carers

R. Sheehan^{1*}, K. Kimona¹, A. Giles², V. Cooper³, A. Hassiotis¹

¹ University College London, division of psychiatry, London, United Kingdom; ² The Challenging behaviour foundation, project management, Kent, United Kingdom; ³ The challenging behaviour foundation, executive office, Kent, United Kingdom

* Corresponding author.

Introduction.– There is ongoing controversy concerning the appropriate use of psychotropic medication for challenging behaviour in people with intellectual disability. However, there has been relatively little formal investigation of the experiences and views of family carers of people with intellectual disability and challenging behaviour regarding psychotropic medication.

Objectives.– To explore the experiences and attitudes of family carers of children and adults with intellectual disability and challenging behaviour with a focus on management and the use of psychotropic medication.

Methods.– An internet-mediated survey was devised in conjunction with family carers and disseminated by The Challenging Behaviour Foundation, a UK charity, and publicised on social media. Quantitative and qualitative data were gathered and analysed using descriptive statistics and thematic analysis.

Results.– Ninety-nine family carers of people with intellectual disability and various forms of challenging behaviour completed the online survey. The majority (83%) of people with intellectual disability and challenging behaviour had been prescribed psychotropic medication as part of their management, most often antipsychotic drugs. Proactive and holistic elements of care such as physical health checks and a functional behavioural analysis were frequently not completed. Many carers perceived that psychotropic medication had been used too readily and in the absence of psychosocial interventions. Adverse medication side-effects were frequently encountered but family carers felt they lacked information and were powerless in treatment decisions.

Conclusions.– The multi-modal management of challenging behaviour in people with intellectual disability can be improved. Preventative and non-pharmacological strategies should be available and efforts made to involve family carers in decision-making.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0430

Morphological study of human microglia in suicidal patients with possible depression using 3D reconstruction techniques

H. Suzuki^{1*}, M. Ohgidani², T. Kato², A. Koreki¹, M. Mimura³,M. Onaya¹, G. Lorin de la Grandmaison⁴, F. Chrétien⁵

¹ Shimofusa psychiatric medical center, department of psychiatry, Shinagawa-ku, Japan; ² Kyushu university, department of neuropsychiatry, Fukuoka, Japan; ³ Keio university, department of neuropsychiatry, Tokyo, Japan; ⁴ Versailles–Saint-Quentin university, AP–HP, Raymond-Poincaré hospital, department of forensic medicine and pathology, Garches, France; ⁵ Institut Pasteur, histopathology and animal models, Paris, France

* Corresponding author.

Introduction.– The latest developments in life science have enabled us to observe organic brain alterations such as inflammation, even in the brains of patients with functional psychoses of unknown organic basis. Among other factors, activation of microglia, a kind of neuroglia, is an important indicator of neuroinflammation. An increase in the number of activated microglia has been reported in the brains of mouse models of stress.

Methods.– In this study, we examined activated microglia in human brains from possible depressive patients (DP) who had committed suicide. After blocking, sections were stained with anti-Iba-1 antibody and fluorescent images were acquired with a confocal laser scanning microscope. We then performed a detailed morphological analysis of microglia using 3D reconstruction techniques. Control brains were obtained from subjects who had suddenly died of cardiac disease (CD).

Results.– Our study showed that there were some significant morphological differences in the microglia of DP and those who died of CD.

Discussion.– This is the first report using 3D reconstruction models of human microglia that suggests neuroinflammation in suicidal patients with possible depression, similar to reports based on animal experiments. Further studies using more appropriate methodology are needed to better understand microglial response in depression.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0431

Topographical reorganization of functional connectivity under alexithymia

S. Tukaiev^{1*}, M. Chernykh², I. Zyma³, Y. Havrylets⁴, V. Rizun⁴
¹ National Taras Shevchenko university of Kyiv, department of social communication, department of physiology of brain and psychophysiology, Kiev, Ukraine; ² National Taras Shevchenko university of Kyiv, department of human and animal physiology, Kiev, Ukraine; ³ National Taras Shevchenko university of Kyiv, department of physiology of brain and psychophysiology, Kiev, Ukraine; ⁴ National Taras Shevchenko university of Kyiv, department of social communication, Kiev, Ukraine

* Corresponding author.

The alexithymia construct is characterized by impairment of emotional processing and reduced interaction between different brain areas during various experimental conditions. Yet little known about permanent alteration of functional connectivity associated with alexithymia in resting state. The aim of current study was to investigate the resting state cortical networks of alexithymic personality type. 232 volunteers, first-third year students from the Taras Shevchenko National University of Kyiv aged 18 to 24 years participated in this study. EEG was registered during the rest state (3 min). We estimated the interhemispheric and intrahemispheric average coherence across all EEG segments in all frequencies from 0.2–45 Hz. To determine the level of alexithymia we used 26-item Toronto Alexithymia Scale (TAS-26). Alexithymic personality type was found in 43 volunteers (TAS-26 total score \geq 74, alexithymia group). A control group consisted 113 subjects with low alexithymia (TAS-26 total score \leq 62, non-alexithymia group). 85 participants formed intermediate group (TAS-26 total score $62 >$ and $<$ 74). In background EEG activity during the development of the alexithymia variations in EEG spatial synchronization were observed in low- and high-frequency EEG components. Alexithymic personality type includes breaking of interhemispheric anterior frontal-frontal (alpha 1,2-subband) and formation central-temporal links (alpha 1-subband) (awareness and cognitive processing of incoming information). We demonstrated left lateralization of intrahemispheric links in alpha3 (occipital-parietal area) and beta (central area) subbands (inner image formation, external attention). Inter and intrahemispheric coherence in low-frequency EEG components (theta2-subband) indicates the influence of alexithymia on attention focusing, working memory, and emotional processes. Topographical reorganization of functional connectivity under alexithymia had specific features reflecting information and emotion-activating processes.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0432

Bainbridge-ropers syndrome and epilepsy at older age in a male patient with a novel mutation in ASXL3

W.M.A. Verhoeven^{1*}, J. Egger¹, E. Räkens², A. van Erkelens³, R. Pfundt³, M. Willemsen³

¹ Vincent Van Gogh institute for psychiatry, centre of excellence for neuropsychiatry, Venray, The Netherlands; ² ASVZ, centre for people with intellectual disabilities, Leerdam/Sledrecht, The Netherlands; ³ Radboud university medical centre, departement of human genetics, Nijmegen, The Netherlands

* Corresponding author.

Introduction.– A mutation in the *additional sex combs like 3* (ASXL3) gene (18q12.1) causes Bainbridge-Ropers syndrome (BRPS) [OMIM:615485]. The phenotype typically includes severe intellectual disability, nearly absent speech and language, hypotonia as well as distinct craniofacial features such as prominent forehead, arched eyebrows, and hypertelorism. Apart from a small number of children and adolescents, no adult BRPS-patients have been described yet. As to behaviour, in addition to aggressive and autistic traits, periodic agitation and sleep disturbances are frequently described. In a minority, tonic-clonic seizures or absences occur in childhood.

Objectives.– In order to elucidate the clinical picture of BRPS over time, the phenotype at older age is extensively investigated.

Methods.– A male patient with a novel pathogenic heterozygous frameshift mutation in the ASXL3 gene is described. Somatic, neuropsychiatric, neuropsychological and neurological investigation was performed, including EEG registration and MRI scanning of the brain.

Results.– It concerns a 47-years-old male without any dysmorphisms but with severe intellectual disability and a long lasting history of challenging behaviours best typified by autistic-like repetitive and compulsive behaviours, not responding to psychotropics. In his fourth decade tonic-clonic seizures developed for which treatment with anti-epileptics was given effectively although absences persisted. MRI brain disclosed no abnormalities. *Conclusion.*– Extensive genetic analysis including whole exome sequencing is mandatory in patients with unexplained developmental delay and intellectual disability, also in adulthood and older age. The latter not only to detect the genetic etiology of syndromic ID, but especially also to further elucidate course and prognosis of newly discovered disorders.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0433

Successful treatment with lithium in an adult patient with phelan-McDermid syndrome caused by a heterozygous truncating mutation in the SHANK3 gene

J. Egger¹, W. Verhoeven^{1*}, R. Groenendijk-Reijenga², S. Kant³

¹ Vincent van Gogh institute for psychiatry, centre of excellence for neuropsychiatry, Venray, The Netherlands; ² Ipse De Bruggen, institute for people with intellectual disabilities, Zwammerdam, The Netherlands; ³ Leiden university medical centre, department of clinical genetics, Leiden, The Netherlands

* Corresponding author.

Introduction.– Phelan-McDermid syndrome (PMS) is caused by loss-of-function of the SHANK3 gene and is characterized by neonatal hypotonia, developmental delay, impaired speech, sleep disturbances, hyperreactivity to sensory stimuli, and higher risk of developing seizures. Its psychopathological phenotype comprises symptoms from the bipolar spectrum for which treatment with a mood stabilizing anticonvulsant in combination with an atypical antipsychotic is mostly effective. Brain imaging shows specific white matter changes and sometimes hypoplasia of the cerebellar vermis.

Objectives.– PMS may be accompanied by language, motor and behavioural regression. Then, psychotropic medications may be ineffective, whereas Lithium therapy seems to have beneficial effects on mood and behaviour.

Methods.– A 43-years-old adult male patient with a *SHANK3* mutation, intellectual disability, bipolar-like-symptoms, and regressive features is described. Extensive diagnostic assessments were performed.

Results.– A pathogenic heterozygous truncating mutation in the *SHANK3* gene was demonstrated. From adolescence on, marked behavioural instability accompanied by sleep disturbances, severe anxieties and attention deficits became apparent, for which over many years psychotropics were prescribed without, however, any beneficial effect. Because of intermittent aggressive and apathetic episodes and given the patient's history with serious side-effects on psychotropics, Lithium was started. MRI of the brain showed discrete loss of cerebral tissue without abnormalities of cerebellar vermis. Ultimately, Lithium addition (0.5 mmol/l) to existing olanzapine (10 mg) led to enduring stabilization of mood and behaviour.

Conclusions.– Pharmacological treatment of first choice in patients with PMS has to be a mood stabilizing agent in combination with a low dose of an atypical antipsychotic and, in case of *SHANK3* mutation, perhaps primarily with Lithium.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0434

Does time speed up when thoughts race? The experience of time in adult attention deficit/hyperactivity disorder and bipolar disorder

L. Weiner*, A. Giersch, G. Bertschy, S. Weibel

INSERM, 1114, university hospital of Strasbourg, Strasbourg, France

* Corresponding author.

Introduction.– Overestimation of durations has been reported in individuals with Attention-Deficit Hyperactivity Disorder (ADHD), but also in bipolar disorder (BD). Inattention and racing thoughts are symptoms shared between the two disorders, and might be associated with temporal distortions. However, the relation between the speed of thoughts, attention, and working memory impairment, on the one hand, and duration perception, on the other hand, has been underexplored in both groups of patients.

Method.– We compared performance of 18 euthymic patients with BD, 17 unmedicated adults with ADHD, and 27 controls on verbal estimation and production tasks and judgment of the passage of time. Participants filled out a self-report measure of racing thoughts, and several neuropsychological tests.

Results.– The ADHD group overestimated durations compared to the BD group, although both patient groups showed significant attention and working memory difficulties. The three groups did not differ in their judgment of the passage of time. However, the ADHD group showed elevated racing thoughts relative to the other groups, and these scores were correlated with the judgment of passage of time. In the ADHD group, a relative slowing of the passage of time was associated with racing thoughts, whereas the reverse pattern was observed in healthy controls.

Conclusion.– Overestimation of durations in ADHD seems independent from working memory and attention dysfunction. ADHD patients seem to rely on duration estimates, and the rate of internal events, when emitting judgements on the passage of time: the more thoughts race, the slower time seems to pass.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Psychoneuroimmunology / Psychosurgery and Stimulation Methods (ECT, TMS, VNS, DBS)

PW0435

Lithium use in depression resistant to electroconvulsive therapy

F. Almeida*, J. Andrade, D. Mota, S. Ferreira

Centro Hospitalar da Universidade de Coimbra, psychiatry, COIMBRA, Portugal

* Corresponding author.

Introduction.– Treatment resistant depression (TRD) remains a significant challenge in clinical practice. Multiples strategies have been proposed for the management of TRD. Electroconvulsive therapy (ECT) seems to be particularly effective in severe TRD. However, unsatisfactory responses are not uncommon and no clear orientations exist for this eventuality.

Objectives.– To present a literature review and a clinical case report on the management of depression resistant to ECT.

Methods.– Description of a clinical case. Literature search on PubMed with the terms “ECT-resistant depression” OR “ECT-resistant major depressive disorder”.

Results.– Lithium was rapidly effective in achieving full remission after unsatisfactory response to ECT, in a case of psychotic depression. The Hamilton Depression Rating Scale (HAM-D), the Bush-Francis Catatonia Rating Scale (BFCRS) and the Montreal Cognitive Assessment (MoCA) were administered. The scores were the following (pre-ECT, post-ECT, discharge): HAM-D (46, 27, 5), BFCRS (15, 1, 1), MoCA (15, 23, 27). To date, there has been no subsequent relapse with maintenance treatment with lithium, venlafaxine and mirtazapine.

We found 3 papers on the management of ECT-resistant depression: 2 small case series from 1988 and 1995, and a more recent case-control study from 2011.

Conclusions.– Lithium was effective in achieving a full sustained remission in a case of ECT-resistant depression. Other cases have been reported and there may be a role for ECT in altering subsequent sensitivity to medication. Considering the renewed interest and use of ECT in TRD, further evidence on the use of appropriate specific strategies for ECT-resistance is needed.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0439

Neuromodulation and treatment-resistant depression: Promises and pitfalls

L. Mallet^{1*}, B. Aouizerate², P. Domenech³, U. Palm⁴, T. Schlaepfer⁵, C. Baeken⁶

¹ ICM brain and spine institute, team behavior, emotion, and basal ganglia, Paris, France; ² Centre hospitalier Charles-Perrens, pôle de psychiatrie adulte, Bordeaux, France; ³ CHU Mondor, DHU Pepsy, Créteil, France; ⁴ Ludwig-Maximilians, university of Munich, department of psychiatry, Munich, Germany; ⁵ University of Freiburg, Klinik und Poliklinik für Psychiatrie und Psychotherapie, Freiburg, Germany; ⁶ Ghent university, department of psychiatry and medical psychology, Gent, Belgium

* Corresponding author.

Treatment-resistant depressions represent a serious public health problem considered as one of the major issue for early XXI century in psychiatry. Five to 18% of general population will experience a major depressive episode during their lifetime, 20–30% of which will relapse with the subsequent occurrence of multiple recurrences in spite of well-conducted antidepressant treatments.

New treatment strategies aiming at achieving significant clinical improvement of patients with such are thus needed. For this purpose, the effectiveness of both invasive (deep brain stimulation, vague nerve stimulation) and non-invasive (repetitive transcranial magnetic stimulation, transcranial direct current stimulation) brain neuromodulation techniques has extensively been investigated for the management of treatment-resistant depression. In this symposium, we propose to make a state-of-the-art review of the clinical research on four brain neuromodulation techniques and discuss in the light of recent experimental evidence, the therapeutic effects and tolerability, the use among therapeutic alternatives according to the standard algorithms, and the targeted depressed patient subpopulations. The present symposium will be proposed under the combined sponsorship of the Fondation FondaMental and the French Association of Biological Psychiatry and Neuropsychopharmacology.

Chair.– Luc Mallet

Co-chair.– Bruno Aouizerate

Speakers.–

- Ulrich Palm: tDCS
- Thomas Schlaepfer: DBS
- Chris Baeken: rTMS
- Philippe Domenech: VNS

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0443

Efficiency of multi-channel electrical stimulation of neck nervous structures in patients with panic disorder

T. Petrenko^{1*}, K. Retjunskiy², V. Kublanov³

¹ Ural federal university, research medical and biological engineering centre of high technologies, Ekaterinburg, Russia; ² Ural state medical university, the department of psychiatry, Ekaterinburg, Russia; ³ Ural federal university, research medical and biological engineering center of high technologies, Ekaterinburg, Russia

* Corresponding author.

Introduction.– Anxiety disorders are the most common among all mental disorders. The effectiveness of medication approach remains low.

Objectives.– In the current study, we have investigated the effectiveness of the method of dynamic correction of activity of the sympathetic nerves system (DCASNS) in comparison of standard medications approach in patients with panic disorder. The DCASNS method is realized by the medical device ‘SYMPATHOCOR-01’ that creates spatial-distributed field of current pulses to impact on neck nervous structures by means two multi-element electrodes, which are located on opposite sides of the neck.

Methods.– The study included 40 patients from clinical base of the Department of Psychiatry of Ural State Medical University with diagnosed ‘panic disorder’. All patients were randomly divided into two equal group. Patients from the first group received antidepressant – escitalopram 10 mg once daily. Patients from the second received a course of ten procedures of DCASNS by the ‘SIMPATOCOR-01’ device. The period of therapy and dynamic follow-up was six weeks. The Hamilton (HAM-A) and Sheehan (SPRAS) anxiety scales were used to determine changes in state of patients.

Results.– For patients from the first group were follow changes by scales for the six-weeks period: HAM-A (from 26.35 ± 7.53 to 15.35 ± 4.20), SPRAS (from 72.83 ± 21.41 to 39.27 ± 8.13). For patients from the second group (DCASNS): HAM-A (from

27.49 ± 7.32 to 7.30 ± 2.05), SPRAS (from 74.33 ± 23.42 to 24.22 ± 5.29).

Conclusion.– The neurostimulation therapy in comparison antidepressant was a faster onset of the therapeutic effect, a faster reduction quantity and severity of panic attacks during the whole period of observation.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0444

Maintenance electroconvulsive therapy: 6-year experience at 12 De Octubre Hospital in Madrid

D. Rentero Martín^{*}, M. Caballero, I. Torio, E.M. Sanchez-Morla, M. Dompablo, R. Rodriguez-Jimenez, G. Rubio

Hospital Universitario 12 de Octubre, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction.– Acute Electroconvulsive Therapy (aECT) is an effective treatment, and the response rates can be as high as 70–90% depending on the diagnosis. Nevertheless, up to 40–50% of patients relapse after successful acute treatment. Thus, it is necessary to establish maintenance ECT (mECT) programs for a given profile of patients.

Objectives.– We present sociodemographic and clinical data for 30 patients included in the mECT program of the 12 de Octubre Hospital in Madrid since its development in november 2011. An analysis of their clinical course is performed pre- and post-inclusion in the mECT program, with the aim of verifying its clinical usefulness and cost effectiveness.

Methods.– For each patient, a comparison of several clinical variables pre- and post-inclusion in the program is performed. Attendance to emergency department, number of admissions and length of stay pre- and post-initiation of the mECT is compared. Moreover, an analysis of the costs associated to these variables is conducted.

Results.– Our results show that following the inclusion in the mECT program, patients decreased their attendance to the emergency department, and reduced the number and length of hospital admissions. There was also a reduction in the associated costs.

Conclusions.– The mECT Program at 12 De Octubre Hospital has demonstrated clinical utility and a positive cost-effectiveness balance.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0445

Physical activity impacts positively on depression and objective sleep in patients with multiple sclerosis

D. Sadeghi Bahmani^{1*}, M. Papadimitriou², J. Bansi², J. Kesselring², U. Lang¹, E. Holsboer-Trachsler¹, S. Brand¹

¹ University of Basel psychiatric hospital, center for affective, stress and sleep disorders ZASS, Basel, Switzerland; ² Kliniken Valens, rehabilitation center, Valens, Switzerland

* Corresponding author.

Background.– There is growing evidence that regular physical activity has a favorable effect on psychological functioning and sleep. However, as regards patients with MS, evidence is still scarce. The aim of the present study was therefore to investigate the impact of a regular physical activity program on psychological functioning and subjective and objective sleep in patients with MS.

Methods.– A total of 14 patients (mean age about 40 years; EDSS: 2–5) took part in this longitudinal and four weeks lasting intervention study. At baseline and 4 weeks later, patients completed self-rating scores covering depression, mental toughness and subjective sleep. Further, sleep was assessed via sleep-EEG-recordings at both time points. Patients had physical activity programs every weekday for 1 to 4 hours.

Results.– Compared to baseline, at the end of the study symptoms of depression and sleep complaints decreased. Objective sleep onset latency decreased, slow wave sleep increased and the number of awakenings decreased, resulting in a more stable objective sleep.

Conclusions.– In patients with MS, regular physical activity has the potential to impact positively on psychological functioning and both subjective and objective sleep.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0448

Brain markers of clinical response to rTMS for auditory hallucinations in schizophrenia

F. Thomas^{1*}, C. Gallea², A. Valero-Cabr e³, D. Januel¹

¹ EPS Ville Evrard, unit e de recherche clinique, Neuilly-sur-Marne, France; ² Brain and spine institute, Cenir, Paris, France; ³ Brain and spine institute, UMR 7225 FrontLAB, Paris, France

* Corresponding author.

In schizophrenia, rTMS is proposed as a therapeutic treatment for HA resistant to antipsychotic drugs. Several reviews and meta-analyses show that magnetic stimulation of the left temporoparietal junction (ITPJ) resulted in a significant improvement in hallucinations in patients with schizophrenia (Freitas et al., 2009, Poulet et al., 2010). However, some patients do not appear to show significant improvement in their hallucinatory symptoms following brain stimulation treatment (Demeulemeester et al., 2012). Studies are needed to better understand this treatment and the variability of the clinical response after rTMS to increase its effectiveness. Recent findings generally suggest that interindividual differences in patterns of anatomical connectivity between a TMS-targeted region and its brain connections are likely to influence behavioral impact (Quentin et al., 2013) and also, most likely, the therapeutic impact induced by neurostimulation. The study of brain connectivity thus appears as a possible way of research for a better understanding and optimization of the effectiveness of the treatment of schizophrenia by rTMS. The main objective of this project is to determine if there are differences in structural and / or functional connectivity before the application of rTMS treatment between responder and non-responder patients to this treatment.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Child and Adolescent Psychiatry - Part III

PW0453

Favorable impact of aerobic exercise training (AET) on disease symptoms, depression and cardiovascular fitness in children and adolescents with inflammatory bowel disease (IBD)

L. M ahlmann¹, M. Gerber², R. Furlano³, C. Legeret³, N. Kalak¹, E. Holsboer-Trachsler¹, S. Brand^{4*}

¹ University of Basel, psychiatric clinics, Basel, Switzerland;

² University of Basel, department of sport, exercise and health, Basel, Switzerland; ³ University of Basel, children's hospital, Basel, Switzerland; ⁴ Psychiatric university hospital, center for affective,

stress and sleep disorders, Basel, Switzerland

* Corresponding author.

Background.– Acute and chronic exercise has the potential to impact on the physiological system related to cardiovascular fitness, inflammatory indices and depression in pediatric patients with Inflammatory Bowel Disease (IBD). The aim of the present intervention study was to investigate the influence of acute and chronic exercise on IBD-related inflammatory indices, exercise capacity and depression, among children and adolescents with IBD and healthy controls.

Method.– Twenty-one children and adolescents with IBD were compared to 23 gender- and age-matched healthy controls (HC). At baseline and after 8 weeks, exercise capacity, physical activity, fitness, IBD-related inflammatory indices (erythrocyte sedimentation rate (ESR), albumin, C-reactive protein (CRP), cortisol, hemoglobin, hematocrit, thrombocytes and leukocytes) were assessed. Depression was self-rated.

Results.– Patients with IBD were less subjectively and objectively active, and reported higher scores of depression. After a single exercise bout (6 MWT) albumin, haemoglobin, erythrocytes, haematocrit and leukocytes increased in all participants.

After a long-term AET intervention, ESR, CRP and thrombocytes significantly decreased in all participants. Depression decreased over time.

Conclusion.– The pattern of results suggests that moderate regular PA may be recommended as an adjuvant anti-inflammatory therapy in pediatric IBD. Further, regular PA had a favourable impact on depression.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0454

The effects of psychosociological factors associated with male circumcision on child mental health in Turkey: A preliminary report

F.H.  etin^{1*}, T. Sekmenli², H.A. G uler¹, S.A. Ersoy¹, K. Durmuş¹, S. T urkođlu¹, I.  ift i²

¹ Selcuk university medical faculty, child and adolescent psychiatry, Konya, Turkey; ² Selcuk university medical faculty, child surgery, Konya, Turkey

* Corresponding author.

Introduction/Objective.– In this preliminary study; it was aimed to determine sociodemographic and psychometric variables on the child's anxiety level before the circumcision and to shed light on the development of preventive measures in this context.

Method.– Thirty-four children aged 8–12 years were analyzed. All cases were assessed with Revised Child Anxiety and Depression Scale (RCADS) child form and Piers-Harris Children's Self-concept Scale (PHCSS); children's parents were assessed with RCADS – parent form, Eysenck Personality Inventory (EPI), Beck Depression Inventory (BDI), and Beck Anxiety Inventory (BAI). All cases were assessed with Schedule for Affective Disorders and Schizophrenia for School-age Children (K-SADS) and clinical evaluation. Sociodemographic data form was filled in for each case.

Results.– There was a negative correlation between PHCSS-anxiety and popularity subscale scores with the RCADS-child form anxiety and depression subscale scores ($\rho = -0.357$, $P < 0.05$; $\rho = -0.528$, $P = 0.001$; $\rho = -0.354$, $P < 0.05$; $\rho = -0.423$, $P < 0.05$). A positive correlation was found between total anxiety and total anxiety-depression subscale scores of the RCADS child form with BDI score of the parents ($\rho = 0.425$, $P < 0.05$; $\rho = 0.422$, $P < 0.05$). In the group who were not informed about operation before circumcision, the scores of RCADS-child form total anxiety-depression subscale were higher (36.00 ± 20.98 v.s. 23.86 ± 17.90 , $P < 0.05$). Interestingly, the post-circumcision ceremony plan increased the total anxiety-depression subscale score of RCADS-child form (30.07 ± 19.93 v.s. 19.16 ± 16.73 ; $P < 0.05$).

Conclusions.– This study showed that; adequate information should be given before circumcision, the anxiety levels of children with low self-esteem may be higher and the depressive mood of the parents may lead to anxiety in child.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0455

Longitudinal association between childhood conduct problems and first line mental health service reception

M. Déry¹, C.E. Temcheff², R. St-Pierre², A. Storey-Martin¹, J. Toupin¹, P. Hanan²

¹ Université de Sherbrooke, psychoéducation, Sherbrooke, Canada;

² McGill university, educational and counselling psychology, Montreal, Canada

* Corresponding author.

Introduction.– While elevated levels of mental health service use are associated with conduct problems (CP) in children, little is known about the reciprocal relationships between the severity of CP and first line mental health service usage over time. Objective. To explore the transactional relationships between the severity of CP and first line mental health service utilization over two years.

Method.– The participants were 340 elementary school children who were rated above the threshold for elevated risk on DSM-oriented scales for CP and oppositional defiant problems. The longitudinal relationships between CP severity and service use were tested using autoregressive cross-lagged model (three measurement points), with CP severity scores being provided by teachers and information on service use being provided by parents.

Results.– The fit of the autoregressive cross-lagged model was satisfactory ($\chi^2(18) = 26.16$, $P = 0.10$; CFI = 0.97; TLI = 0.96; RMSEA = 0.04). The stability coefficients were moderate to strong for severity of CP and for service reception. A negative relationship between service reception at T1 and CP at T2 was observed, suggesting that CP were rated as less severe one year later when children received first line services compared to children who did not receive services.

Conclusion.– Despite the strong continuity of CP, the fact that first line mental health services for CP were linked to subsequent lower CP severity one year later is encouraging. Understanding this

dynamic relationship represents a first step in the amelioration of services in first line clinics for children with CP.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0457

Anaclitism/autocriticism in female adolescents with borderline personality disorder: Associations with non-suicidal self-injuring

F. Guénolé¹, S. Spiers¹, L. Gicquel², M. Corcos³, A. Pham-Scottez⁴, M. Speranza⁵

¹ Centre hospitalier universitaire de Caen, service de psychiatrie de l'enfant et de l'adolescent, Caen, France; ² Centre hospitalier universitaire de Poitiers, service de psychiatrie de l'enfant et de l'adolescent, Poitiers, France; ³ Institut Mutualiste Montsouris, service de psychiatrie de l'adolescent et du jeune adulte, Paris, France; ⁴ Hôpital Sainte-Anne, clinique des maladies mentales et de l'encéphale, Paris, France; ⁵ Centre hospitalier de Versailles, service universitaire de psychiatrie de l'enfant et de l'adolescent, Le Chesnay, France

* Corresponding author.

Introduction.– Psychodynamic models of adolescent borderline functioning suggest that non-suicidal self-injury (NSSI) – a particularly frequent symptom in borderline girls – may constitute a way of coping with distress resulting from anaclitic interpersonal-relatedness difficulties they typically experience (Clarkin et al., 2015).

Objectives.– To investigate the relationship in borderline female adolescents between NSSI and the two dimensions of Blatt's developmental model of lifelong depressive experience (Blatt, 2008): anaclitism and autocriticism; we hypothesized that NSSI would be more strongly associated with anaclitism than with autocriticism.

Methods.– The study was conducted within the European Research Network on Borderline Personality Disorder in Adolescence (Corcos et al., 2013). Participants were administered the Ottawa Self-Injury Inventory (OSI; Cloutier and Nixon, 2003) and the Depressive Experience Questionnaire (DEQ; Blatt et al., 1992).

Results.– Borderline patients ($n = 57$; mean age = 16.5 ± 1.2) had significantly higher scores than healthy controls on both Anaclitism and Autocriticism DEQ dimensions (0.97 vs 0.22 and 0.93 vs 0.01 , respectively; $P < 0.001$). Patients with NSSI on the OSI ($n = 40$) had significantly higher Anaclitism scores than patients without NSSI (1.17 vs 0.48 ; $P < 0.01$); Autocriticism scores did not significantly differ between subgroups (1.00 vs 0.76).

Conclusions.– The study corroborates the hypothesis that NSSI in adolescents with borderline functioning is linked to high anaclitism, which should be taken into consideration in clinical practice with these patients. More studies are necessary to better understand the relationships between NSSI and developmental psychopathology in borderline patients.

Disclosure of interest.– This research was supported by a grant from the WYETH Foundation for Child and Adolescent Health & by a grant from the LILLY Foundation. This work was conducted in a European collaborative research project on borderline personality disorder (European Research Network on Borderline Personality Disorders EURNET-BPD).

PW0459

Prevalence of attention deficit hyperactivity disorder (ADHD) in a pediatric endocrine clinic in Saudi Arabia

S. Habis^{1*}, F. Alhaidar², A. Alharbi¹, L. Alanazi¹, A. Babiker³¹ King Saud university, King Khalid university hospital, college of medicine, Riyadh, Saudi Arabia; ² King Saud university, King Khalid university hospital, psychiatry department, Riyadh, Saudi Arabia;³ King Abdullah specialized children's hospital and King Saud Bin Abdulaziz for health sciences, pediatric endocrine, Riyadh, Saudi Arabia

* Corresponding author.

Keywords: ADHD; Child; Endocrine; Neurobehavioral; Saudi Arabia

Background.– Attention-deficit hyperactivity disorder (ADHD) is a chronic neurobehavioral disorder with a substantial lifelong impact on personal and social functioning, academic performance, and the health system in general. It is one of the most frequent childhood-onset psychiatric conditions, with an estimated worldwide-pooled prevalence exceeding 5% in school-age children, and a prevalence of 1.3–16% in Arab countries. It was previously hypothesized that ADHD may be associated with hormonal changes. We aimed to address this association in the study group.

Methods.– This is a quantitative cross-sectional study to estimate the prevalence of ADHD among children with Endocrine disorders who attended the Pediatric Endocrine clinic at King Khalid University Hospital, Riyadh, Saudi Arabia (November 2015–March 2016). The data was gathered by an interview answering questions about social demographics, basic medical profile including the endocrine diagnosis, and a valid screening tool for ADHD (ADHD Rating Scale). **Results.**– The study showed that ADHD was associated with low socioeconomic status and other social demographic characteristics in our study group. Analysis revealed that the prevalence of ADHD was 14.9% ($n = 46/309$ children). Of these, 67.39% ($n = 31/309$) were males. There was no statistical evidence suggesting association between ADHD and obesity, thyroid dysfunction, and growth deficit. However, there might be an association with diabetes (Tables 1–3).

Conclusion.– According to our findings, ADHD may not be associated with other endocrine disorders; diabetic children are probably less likely to develop ADHD. Further larger studies are required to confirm and possibly explore potential protective mechanisms of diabetes against ADHD.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Table 1 Distribution and comparison of children medical and psychological conditions in relation to ADHD.

Variable	ADHD (yes/no) (%)
Medical Conditions	
Obesity	6/29 (17.1%)
Diabetes	1/51 (1.9%) *
Growth Deficit	25/119 (17.4%)
Thyroid Dysfunction	17/86 (16.2%)
Heart Diseases	4/8 (33.3%)
Neurological Diseases	6/22 (21.4%)
Psychological Conditions	
Intellectual disabilities	3/11 (21.4%)
Learning disabilities	9/13 (40.9%)
Autism	1/4 (20.0%)
Anxiety	3/13 (18.8%)
Depression	1/2 (33.3%)

P - value = 0.008, Odd ratio is 0.0924 with confidence interval of (0.0124 to 0.6861)

Table 2 Distribution of medical and psychological conditions for parents of some children with suspected ADHD in our study group.

Variable	Parents (yes)	ADHD cases n=46
Medical Conditions		
Diabetes*	67	11
Obesity	27	7
Thyroid	61	10
Growth Deficits	11	2
Psychological Conditions		
ADHD*	3	2
Anxiety*	19	6
Depression*	18	5
Bipolar disorder	1	0
Schizophrenia	0	0
Personality disorders*	3	0

* The highest frequency

Table 3 Distribution of medical and psychological conditions for siblings of some children with suspected ADHD in our study group.

Variable	Siblings (yes)	ADHD cases n=46
Medical Conditions		
Diabetes	20	5
Obesity	15	3
Thyroid	23	4
Growth Deficits*	25	6
Psychological Conditions		
ADHD*	13	4
Anxiety*	3	2
Depression*	4	1
Bipolar disorder	1	0
Schizophrenia	0	0
Personality disorders	1	0

* The highest frequency

PW0460

The relationship between the number of internet game genre usage and adolescent internet game addiction

H. Hyunho^{1*}, Y. HyeonWoo¹, J. Sun-jin¹, J. Hyunsuk¹, S. Hye jung¹, L. Seung-Yup²¹ Catholic medical center/Catholic university of Korea, department of preventive medicine, Seoul, Republic of Korea; ² Uijeongbu St. Mary's hospital, college of medicine, The Catholic university of Korea, department of psychiatry, Seoul, Republic of Korea

* Corresponding author.

Introduction.– In the modern age, a variety of internet game genres are emerging, and youths who use Internet games will be exposed to more diverse genres in the future. Therefore, it is necessary to study game genre variety and internet game addiction. Studies that have explored the relationship between the number of used game genres and internet game addiction is rare.

Objectives.– This study is to examine whether there is a difference in the prevalence of Internet game addiction according to the number of internet game genres used by adolescents.

Methods.– This study analyzed the data of 1103 middle school students at the baseline of the Internet user Cohort for Unbiased Recognition of gaming disorder in Early Adolescence (iCURE) study. The number of Internet game genres used by subjects as independent variables was calculated. The number of game genre was divided into 1–2 types, 3–5 types. Internet game addiction was surveyed using Internet Gaming Use-Elicited Symptom Screen (IGUESS). IGUESS scale consists of 9 questions and total score was 0–27. Score of 10 or over were classified as Internet game addicts.

Results.– Adolescents using 3–5 types of Internet game genre are 1.9 times higher possibility to take an Internet game addiction than adolescents using 1–2 types of Internet game genre (95% CI: 1.136–3.051).

Conclusions.– Adolescents with various game genre usage patterns are more likely to be addicted to internet games. We need to look through prospective observational studies.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0461

The negative effects of media exposure on behavioral problems in toddlers and young children

S.J. Kim¹, Y. Shin¹, S. Cho¹, L. Kiyong¹, M. Jang², D. Kim³

¹ Ajou university hospital, psychiatry, Suwon, Republic of Korea;

²National center for mental health, psychiatry, Seoul, Republic of Korea; ³ Korean development institute, health economics, Sejong, Republic of Korea

* Corresponding author.

Introduction.– Previous studies on television-use shows the negative associations between excessive TV-viewing in early childhood and behavioral problems. Recently, the increasing amount of time children are spending on smart-devices has raised concerns on the impact of these behaviors on their psychological development. The use of smart devices by very young children has not been studied comprehensively.

Objectives.– This study examines the association between the use of smartphone and television and behavior problems among toddlers and young children(2–5 years old) in Korea.

Methods.– This research is based on the first wave of the I-CURE (Internet-Cohort for Understanding of internet addiction Risk factors/Rescue in Early livelihood) study where 400 caregivers were invited to enroll. We analyze 326 children whose primary caregiver is the biological mother. Time for each media use of a child is reported by their mother, and child behavior reported by their mother is assessed with a Korean version of Child Behavior Checklist (K-CBCL)1.5–5.

Results.– Among 326 toddlers, 12.3% used smartphone daily (Fig. 1).

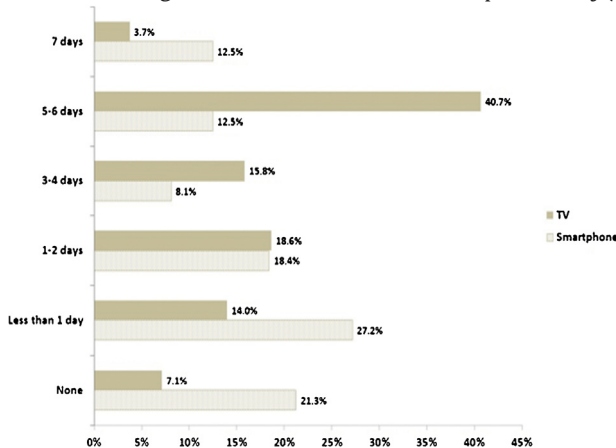


Fig. 1 Frequency of Usage of TV and Smartphone Per Week.

Total TV viewing time (10.2 h/week) is longer than Smartphone using time (4.1 h/week), but smartphone exposure time is more associated with children’s behavior problems than TV exposure time. The smartphone excessive use is highly associated with both internalizing and externalizing symptoms, while TV use is mainly associated with externalizing symptoms (Table 1).

Conclusions.– Early smartphone use may lead to internalizing and externalizing behaviors among young children, especially to sleep disorder and somatic symptoms. These results imply that smartphone use among young children should be carefully monitored and controlled by mothers.

Table 1.

Dependent variable	Total Score	Internalizing	Externalizing	Emotion	Anxious	Somatic	Withdrawal	Sleep	Externalizing	Aggression	Other
Smartphone use (hr)	0.256** (0.115)	0.269** (0.116)	0.197* (0.110)	0.060 (0.075)	0.098 (0.072)	0.200*** (0.079)	0.020 (0.057)	0.289*** (0.109)	0.071 (0.076)	0.001 (0.059)	0.109 (0.090)
TV watching (hr)	0.064 (0.067)	0.001 (0.072)	0.145** (0.072)	-0.012 (0.048)	-0.011 (0.039)	0.027 (0.041)	-0.025 (0.042)	-0.010 (0.051)	0.120*** (0.042)	0.082* (0.047)	0.002 (0.044)
SAS of mother	1.426 (2.648)	1.638 (2.681)	-2.047 (2.902)	-1.168 (1.492)	-0.071 (1.639)	-0.669 (2.126)	1.823 (2.863)	1.812 (2.711)	0.840 (1.561)	-3.247* (1.860)	1.948 (2.548)
BDI of mother	6.422*** (1.572)	5.261*** (1.649)	6.336*** (1.518)	2.740** (1.177)	2.104** (1.001)	2.007* (1.105)	2.215** (1.057)	3.763*** (1.204)	1.427 (1.010)	4.572*** (1.177)	4.285*** (1.139)
BAI of mother	0.822	0.923	-0.820	3.966*	2.778	-1.544	0.151	2.014	1.561	-1.210	0.527
N	326	326	326	326	326	326	326	326	326	326	326
adj. R-sq	0.116	0.069	0.094	0.009	0.042	0.049	0.082	0.118	0.075	0.093	0.136

Note: Robust standard errors are in parentheses. * p<0.10 ** p<0.05 *** p<0.01.

SAS: Smartphone Addiction Scale

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0462

The neurocognitive development of premature male infants at 10 months of age

S. Kiselev*, E. Suleimanova, M. Lavrova, I. Tuktareva

Ural federal university, clinical psychology, Ekaterinburg, Russia

* Corresponding author.

Background.– It was shown that prematurity is a risk for neurodevelopmental disorders, particularly for ADHD and autism [Anderson & Doyle, 2008]. However, the impact of prematurity on neurocognitive functions in the early stages of development is not investigated thoroughly. We have revealed that prematurity has specific (not global) negative effect on neurocognitive development in premature male infants at 5 months age (Kiselev et al., 2017). The aim of this research was to reveal the differences in neurocognitive development in premature and mature full-term male infants at 10 months of age.

Method and participants.– The participants were 13 premature male infants at 10 months of corrected age and 13 age-matched healthy full-term male infants. The gestational age of preterm infants was between 29 and 35 weeks. The Bayley Scales of Infant and Toddler Development (3rd Edition) were used to evaluate the neurocognitive abilities in infants.

Results.– The results were evaluated by one-way ANOVA, with level of performance in five Bayley scales as dependent variable, with group as between-subjects factors. Premature infants performed significantly (P ≤ 0.05) more poorly than the full-term infants on cognitive scale, receptive language, gross and fine motor. No significant (P ≤ 0.05) differences were found between preterm and full-term infants on expressive language.

In view of the obtained results it can be assumed that the prematurity has specific (not global) negative effect on neurocognitive development in premature male infants at 10 months age.

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Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0463

Effect of body-oriented therapy on executive abilities in preschool children with ADHD

S. Kiselev^{1*}, A. Parshakova²¹ Ural federal university, clinical psychology, Ekaterinburg, Russia;² Child hospital, neuropsychological department, Ekaterinburg, Russia

* Corresponding author.

Background.– It is known that children with ADHD have deficit in executive abilities. The goal of this study was to reveal the effect of body-oriented therapy on executive abilities in preschool children with ADHD. We compared the efficacy of two methods of treatment (body-oriented therapy for children vs. conventional motor exercises) in a randomized controlled pilot study.

Methods and participants.– 12 children with ADHD between 5 to 6 years of age were included and randomly assigned to treatment conditions according to a 2 × 2 cross-over design. The body-oriented therapy included yogas' exercises and breathing techniques.

To assess the executive functions and attention in children we used 5 subtests from NEPSY (Tower, Auditory Attention and Response Set, Visual Attention, Statue, Design Fluency). Effects of treatment were analyzed by means of an ANOVA for repeated measurements. **Results.**– The ANOVA has revealed ($P < .05$) that for all 5 subtests on executive functions and attention the body-oriented therapy was superior to the conventional motor training, with effect sizes in the medium-to-high range (0.51–0.87).

Conclusions.– The findings from this pilot study suggest that body-oriented therapy can effectively influence the executive abilities in preschool children with ADHD. However, it is necessary to further research the impact of body-oriented therapies on the prevention and treatment of ADHD in children.

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Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0466

Multiple comorbidities in a fidgety child: Sotos syndrome type I with ADHD, hypothyroidism, anemia, vitamin D deficiency, abnormal EEG and borderline intelligence quotient

D.K. Mohinder Singh^{1*}, P. Jha², V. Ghildiyal², S. Ganpatrao Patil³, R. Ghildiyal²¹ Mahatma Gandhi missions medical college, Navi Mumbai, India,department of psychiatry, Mumbai, India; ² Mahatma Gandhi

missions medical college, Navi Mumbai, India, department of

psychiatry, Navi Mumbai, India; ³ Mahatma Gandhi missions medical

college, Navi Mumbai, India, pediatric neurology, Navi Mumbai, India

* Corresponding author.

Introduction.– There is sparse data on Sotos syndrome in the contextual interplay of neuropsychiatric and medical comorbidities.

Objectives.– To report a rare case report of multiple comorbidities in a 7-year-old fidgety boy.

Methods.– Case report. Master Y, a 7-year-old boy presented to the child psychiatry clinic brought by his parents with chief complaints of problems in his studies, hyperactivity, inattentiveness, behavioral problems since past few years. No features of autism were reported. Mild Facial dysmorphism was noted in physical examination. The child was not cooperative for formal mental status examination and was very restless, inattentive, hyperactive and fidgety.

Results.– Patient was diagnosed with ADHD (combined type). His blood report revealed iron deficiency anaemia (Hemoglobin 9 g) and severe vitamin D deficiency and an elevated TSH (8.61). His EEG profile revealed sharp waves over frontal region and generalized epileptiform activity. He was started on Thyroid Hormone, Vitamin D and Iron Supplements from Pediatrics. He was diagnosed with Sotos Syndrome type I from Pediatric Neurology after clinical evaluation and appropriate genetic testing and was given clearance for Methyl Phenidate for ADHD and no antiepileptics were advised. IQ testing according to WISC testing came to 82. Tablet Methyl Phenidate 10 mg od and behavior therapy and OT was advised. His subsequent EEG and blood tests were normal and is doing clinically well.

Conclusions.– Sotos syndrome Type I can have ADHD and interplay of thyroid dysfunction, iron deficiency anemia, EEG abnormalities and Vitamin D deficiency as seen in our case.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0467

Comparative efficacy and tolerability of lurasidone versus other atypical antipsychotics for the treatment of adolescent schizophrenia: A systematic literature review and network meta-analysis

D. Ng-Mak^{1*}, C. Arango², E. Finn³, A. Byrne³, K. Rajagopalan⁴, A. Loebel⁵¹ Sunovion pharmaceuticals Inc., health economics and outcomesresearch, Marlborough, USA; ² Hospital General Universitario

Gregorio Marañón, department of child and adolescent psychiatry,

Madrid, Spain; ³ QuintilesIMS, n/a, London, United Kingdom;⁴ Sunovion pharmaceuticals, health economics and outcomesresearch, Marlborough, USA; ⁵ Sunovion Pharmaceuticals, health

economics and outcomes research, Fort Lee, USA

* Corresponding author.

Introduction.– This comparative analysis assessed the relative efficacy and tolerability of lurasidone versus other atypical antipsychotics in the treatment of adolescent schizophrenia.

Methods.– A systematic literature review identified 13 randomized-controlled trials in adolescent schizophrenia-spectrum disorders. The Bayesian network meta-analysis compared lurasidone to other atypical antipsychotics on Positive and Negative Syndrome Scale (PANSS), Clinical Global Impressions-Severity (CGI-S), all-cause discontinuation, discontinuation due to adverse events, weight gain, somnolence, and extrapyramidal symptoms. Results from the fixed effects models were reported as mean differences for continuous outcomes and odds ratios for binary outcomes; each with a 95% credible interval.

Results.– Lurasidone had numerically greater improvement for PANSS and CGI-S compared with ziprasidone, asenapine, paliperidone ER, aripiprazole, and quetiapine, but not with olanzapine, risperidone, or clozapine. The odds ratios for all-cause discontinuation were significantly lower for lurasidone than aripiprazole (0.28 [0.10, 0.76]) and paliperidone ER (0.25 [0.08, 0.81]) as were discontinuations due to adverse events for lurasidone compared with asenapine (0.16 [0.03, 0.80]), aripiprazole (0.17 [0.02, 0.90]), olanzapine (0.06 [0.00, 0.47]), paliperidone ER (0.02 [0.00, 0.23]) and quetiapine (0.13 [0.02, 0.70]). Lurasidone was also associated with significantly lower weight gain than olanzapine (–3.62 kg [–4.84, –2.41]), quetiapine (–2.13 kg [–3.20, –1.08]), risperidone (–1.16 kg [–2.14, –0.17]), asenapine (–0.98 kg [–1.71, –0.24]), and paliperidone ER (–0.85 kg [–1.57, –0.14]). Rates of somnolence and

extrapyramidal symptoms were similar for lurasidone and comparators.

Conclusions.– This network meta-analysis showed lurasidone was associated with comparable efficacy, lower weight gain and fewer discontinuations due to adverse events than other atypical antipsychotics for the treatment of adolescent schizophrenia.

Disclosure of interest.– Daisy Ng-Mak, Krithika Rajagopalan, and Antony Loebel are employees of Sunovion Pharmaceuticals Inc. Elaine Finn and Aidan Byrne are employees of QuintilesIMS, which received funding from Sunovion Pharmaceuticals Inc. This study was sponsored by Sunovion Pharmaceuticals Inc.

PW0468

Knowledge, practices and needs of french general practitioners regarding psychotic symptoms in adolescents and young adults

F. Perquier¹, V. Kovess-Masféty², M. Ferrua³, G. Gozlan^{4,5}, M.O. Krebs^{5,6,7,8}

¹ GHT Paris, psychiatrie & neurosciences, centre hospitalier Sainte-Anne, département d'épidémiologie, Paris, France; ² EHESP Sorbonne Paris Cité, EA 4057 université Paris Descartes, Paris, France; ³ Gustave Roussy, équipe management des organisations de santé, Villejuif, France; ⁴ SAMSAH, Prépsy, Paris, France; ⁵ Faculté de médecine Paris Descartes, centre hospitalier Sainte-Anne, service hospitalo-universitaire, Paris, France; ⁶ Université Paris Descartes, université Paris Sorbonne Paris Cité, centre de psychiatrie et neurosciences UMR S 894, Paris, France; ⁷ CNRS, GDR3557 institut de psychiatrie, Paris, France; ⁸ Inserm, laboratoire de psychopathologie des maladies psychiatriques, centre de psychiatrie et neurosciences UMRS 894, Paris, France

* Corresponding author.

Introduction.– General practitioners (GPs) play a significant role in detecting emerging psychiatric disorders in young adults aged 15 to 25, including psychosis. The way they screen and refer these patients has rarely been investigated in France.

Objectives.– To estimate the proportion of GPs who had ever seen young patients with symptoms of psychosis or schizophrenia and to assess GPs' knowledge, practices and needs in treating these patients.

Methods.– A web-based survey was completed by 300 GPs aimed to be representative of the French GP population according to age, sex, region and size of GPs' municipality of practice.

Results.– Approximately 69% of French GPs have ever seen a young person with obvious symptoms of psychosis or schizophrenia. They mostly refer them to specialized emergency services (57%). Among symptoms suggestive of early psychosis, GPs mostly identify school withdrawal (72%), aggressive behaviors (71%) and deterioration in personal hygiene (55%). 42% of them systematically refer young patients with suggestive signs to a specialized facility or to a mental health professional. However, GPs still report fear of stigma or of scaring the patient (50%), inadequate mental-health structures (19%) and/or insufficient information regarding existing structures (18%). 97% of GPs would be willing to refer these patients to mental-health services dedicated to young adults, 94% to receive information about early intervention and 87% would agree to use self-administered screening questionnaires.

Conclusion.– Implementation of rapid screening tools, information repositories and services dedicated to early intervention may improve GPs' management of early psychosis in young patients.

Disclosure of interest.– The study was supported by the Pierre Deniker Foundation.

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PW0470

Non-syndromic orofacial clefts and increased risk for psychiatric disorders

K. Tillman^{1*}, M. Hakelius², M. Ramklint¹, J. Höijer³, L. Ekselius¹, F. Papadopoulos¹

¹ Akademiska university hospital, department of neuroscience, psychiatry, Uppsala, Sweden; ² Akademiska university hospital, department of surgical sciences, maxillofacial surgery, and the department of surgical sciences, plastic surgery, Uppsala university hospital, Uppsala, Sweden; ³ Karolinska Institutet, Biostat Core, unit of biostatistics, IMM, Stockholm, Sweden

* Corresponding author.

Introduction.– Being born with an orofacial cleft (OFC) can increase the risk of poor academic achievements and psychological health later in life.

Objectives.– To investigate the risk of psychiatric diagnoses in individuals with OFC, stratified by cleft type, compared with individuals without OFC and healthy siblings.

Methods.– A nationwide register-based cohort of all individuals born in Sweden with OFC between 1973 and 2013 ($n=7842$) was compared to a comparison cohort of healthy individuals ($n=78,409$) as well as to their healthy siblings. By linking to Swedish registers, we examined the risk of psychiatric diagnoses, suicide attempts and suicides by using Cox regression. The analyses were adjusted for perinatal factors, genetic syndromes and associated anomalies, parental socioeconomic factors as well as parental psychiatric morbidity and history of suicide attempts.

Results.– Children with non-syndromic OFC had a significantly higher risk of intellectual disability, language disorders, ADHD, ASD, psychosis and behavioral and emotional disorders with onset in childhood, compared with individuals without OFC. Children with cleft palate only (CPO) had the highest risks and those with cleft lip (CL) the lowest. No increased risks were found regarding suicide or suicidal attempts. The healthy siblings of patients with OFC were less likely to be diagnosed with a psychiatric disorder.

Conclusions.– Children with non-syndromic OFC have increased risk for several neurodevelopmental disorders. The sibling analyses suggest that the higher risk cannot fully be explained by shared environmental or genetic factors.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0473

Early onset of Gilles de la Tourette syndrome. Treatment results

I. Zaytsev^{1*}, D. Zaysev¹, N. Titov²

¹ D.E. Zaytsev's psychoneurological center, psychiatry, Saint-Petersburg, Russia; ² D.E. Zaytsev's psychoneurological center, neurology, Saint-Petersburg, Russia

* Corresponding author.

Introduction.– Gilles de la Tourette syndrome (GTS) is a neurodevelopmental condition with onset in childhood and characterized by multiple motor tics and at least one phonic tic. Associated clinical features determine the severity of outcome and social disability (social impact).

Objectives.– To determine treatment results depending on the age of onset GTS and severity of coexistent psychopathology.

Methods.– Were included 46 children (31 boys, 15 girls) with onset of GTS in age from 3 to 10 years old. According to the age of onset GTS all children were divided into 3 groups: group I – age of onset GTS up to 3 years old (10 boys, 2 girls); group II – age of onset GTS from 3 to 6 years old (18 boys, 5 girls); group III – age of onset after 6 years old. All children were treated with Metaklopromid 0.01 as initial therapy in total dosage till 0.5 mg/kg/day. They got plus second drug – Tiaprid 0.1 in total dosage till 400 mg/day.

Results.– Despite the fact that children in group I had almost always ADHD, impulsiveness, aggression showed the fastest and more persistent reduction of tics and coexistent psychopathologies. Most children in group II with OCD and ADHD couldn't be totally reduced with tics and coexistent psychopathologies. Children in group III were reduced with OCD and ADHD, but not totally with their tics.

Conclusion.– Children with early onset of GTS (up to 3 years old) are compensated better with adequacy antipsychotic therapy compared to children with onset after 3 years old.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Old Age Psychiatry - Part II / Sexual Medicine and Mental Health

PW0474

The prevalence of depression among the elderly in the Municipality of Igoumenitsa, Greece

N. Lamprou¹, K. Argyropoulos¹, D. Avramidis^{2*}, P. Gourzis³, E. Jelastopulu¹

¹ University of Patras, Greece, public health, Patras, Greece;

² University of Patras, Greece, medical school, Patras, Greece;

³ University hospital of Patras, Greece, psychiatry, Patras, Greece

* Corresponding author.

Introduction.– Depression is the commonest psychiatric disorder in the elderly; it is often misdiagnosed and under-treated.

Objective.– To estimate the prevalence of depression among the elderly of a rural area in Greece and to identify its associated factors.

Method.– A cross-sectional study was conducted among 263 elderly residents aged 60 years old and above, all members of day care centers or home care recipients. Data was collected using the Geriatric Depression Scale (GDS-15) questionnaire. Furthermore, socio-demographic data and three questions from the European Health Interview Survey (EHIS), regarding self-reported or by a physician diagnosed depression, was included. A third questionnaire part consisted of the Athens Insomnia Scale (AIS), a self-assessment psychometric instrument to evaluate the quality of sleep.

Results.– Based on the GDS scores, 41.2% of the respondents screened positive for depressive symptoms. In 153 (58%) participants reported never have been affected by depression, depressive symptoms were found in 43 (27.8%). Depression was more common among the respondents who were aged 80 years old and above (59%) compared to those aged 60 to 79 years old (33.1%). Depression was also more frequent among females (45.4%) compared to males (27.9%), the elderly who lived alone (52%) compared to those living with family (41.2%), and among home recipients (57.7%) compared to members of day care centers for elderly (29%).

Conclusions.– High prevalence of depression in elderly is evident but rarely recognised. Primary Care providers need to be vigilant when treating elderly patients as depression is commonly found in this age group.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0475

The SIMARD-MD screening tool may falsely label “safe” older drivers as “unsafe” when used in healthy populations

M. Bedard^{1,2*}, N. Mullen¹, C. Gibbons², H. Maxwell^{1,2}, S. Dubois^{1,2}

¹ Lakehead university, health sciences, Thunder Bay, Canada;

² St-Joseph's Care Group, centre for applied health research, Thunder Bay, Canada

* Corresponding author.

Introduction.– Tools to identify unsafe older drivers are wanted. Dobbs and Shopflocher (2010) proposed the Screen for the Identification of Cognitively Impaired Medically At-Risk Drivers, A Modification of the DemTect (SIMARD-MD). The DemTect is a cognitive screening test (Kalbe et al., 2004) but was not developed to identify unsafe drivers.

Objectives.– To examine: (a) associations between scores on the SIMARD-MD and DemTect and other measures of cognition (e.g., Standardized Mini-Mental State Examination [SMMSE]), and (b) the association between SIMARD-MD and DemTect and on-road tests results.

Methods.– Thirty healthy older drivers (17 men, 13 women; aged 70 to 87) completed cognitive tests and a standardized on-road driving test.

Results.– The SIMARD-MD and DemTect were inter-correlated ($r = .85$, $P < .001$) and with other tests (e.g., SMMSE, $r = .59$, $P = .001$ and $r = .47$, $P = .009$). Neither SIMARD-MD nor DemTect scores were associated with on-road scores ($r = .17$, $P = .364$ and $r = .19$, $P = .313$ respectively). Using proposed SIMARD-MD cut-points, 21 participants (70%) were predicted to pass the on-road test, eight participants (26.7%) were “indeterminate”, and one participant (3.3%) was predicted to fail. The driving instructor's determination was that all participants passed.

Conclusions.– The SIMARD-MD was not associated with on-road results. Furthermore, when a test developed with a high prevalence of a condition (both the SIMARD-MD and DemTect were) is used in a low prevalence situation (as the SIMARD-MD was applied here and as suggested by its proponents) a positive result is likely a “false positive”. This study demonstrates the pitfalls of administering the SIMARD-MD to healthy older drivers.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0478

Body esteem as a common factor of binge eating and sexual dissatisfaction among women: The role of dissociation and stress response during sex

G. Castellini^{1*}, C. Lo Sauro¹, V. Ricca¹, A. Rellini²

¹ University of Florence, department of neuroscience, psychology,

drug research and child health, Florence, Italy; ² University of Vermont, department of psychology, Burlington, USA

* Corresponding author.

Introduction.– The relationship between eating disorder psychopathology and sexuality is a promising field of research, as eating disorders and sexual dysfunction show several shared cognitive, emotional and biological maintaining factors.

Objective.– The present cross-sectional study performed in a non-clinical sample showed that a dysfunctional body image esteem and binge eating behaviors are associated with less sexual satisfaction in women.

Methods.– In the present cross-sectional study we evaluated a non-clinical sample of 60 heterosexual women (ages 25–35 years), in terms of dissociation during sex with a partner, body image disturbance and pathological eating behaviors. Finally we evaluated the stress-induced Hypothalamic-Pituitary Adrenal Axis (HPA) activation in response to a sexual stimuli and its association with both binge eating and dissociation.

Results.– A dysfunctional body image esteem and binge eating behaviors are associated with higher sexual distress in women. In particular, body esteem was significantly associated with greater dissociation during sex with a partner. Moreover, women who reported greater dissociation during sex with a partner and binge eating behaviors (Fig. 1) showed higher levels of cortisol in response to sexual stimuli.

Conclusions.– Women reporting binge eating episodes and dissociation during sexual experiences represented a subpopulation with a relevant uneasiness towards their body perception, and with higher stress response during sexual stimuli. Trans-diagnostic treatments targeted on dissociation and body image esteem may improve sexual dysfunction as well as pathological eating behaviors.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

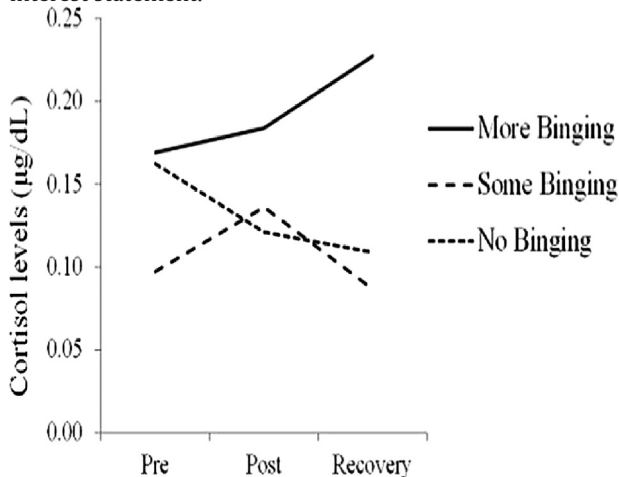


Fig. 1.

PW0479

Psychotropic drugs are associated with functional decline and more needs in nursing homes

A.R. Ferreira¹, E. Moreira², J. Guedes³, M.R. Simões⁴, L. Fernandes^{2*}
¹ Faculty of medicine, university of Porto, PhD program in clinical and health services research/PDICSS, center for health technology and services research/CINTESIS, Porto, Portugal; ² Faculty of medicine, university of Porto, center for health technology and services research/CINTESIS, Porto, Portugal; ³ Higher institute of social work, of Porto, Porto, Portugal; ⁴ Faculty of psychology and educational sciences, university of Coimbra, psychological assessment laboratory, CINEICC, Coimbra, Portugal

* Corresponding author.

Introduction.– Ageing is associated with higher prevalence of chronic and mental health conditions, determining greater care demands and functional disabilities that often precipitate institutionalization in nursing homes (NH). In NH, psychotropic drugs are frequently prescribed as long-term treatment, regardless of adverse effects, which are likely to worsen functional decline.

Objectives.– To analyse the NH prescription of psychotropics, and examine their relation with cognition, function and needs.

Methods.– A cross-sectional study was conducted. All NH residents were eligible (≥ 60 years). Psychotropic drugs were grouped using the Anatomical Therapeutic Classification(ATC), and participants were assessed with Mini Mental State Examination/MMSE (cognition), Camberwell Assessment of Needs for the Elderly/CANE (needs), and Adults and Older Adults Functional Assessment Inventory/IAFAI (basic/BALD and instrumental activities of daily living/IADL).

Results.– Overall, 170 residents entered the study, with a mean age of 83.9 (sd = 7.1) years. Cognitive and functional decline were prevalent, with 57.6% presenting cognitive decline and IAFAI mean score of 45.1% (sd = 23.4). From the sample, 79.6% were prescribed with at least one psychotropic, and 31.8% were using ≥ 3 , being anxiolytics (53.3%), antidepressants (33.5%) and antipsychotics (16.2%) the most frequent. Positive associations were found between psychotropics and IAFAI total ($r_s = 0.183$, $P = 0.046$), IADL ($r_s = 0.189$, $P = 0.040$), met ($r_s = 0.275$, $P = 0.001$), unmet ($r_s = 0.177$, $P = 0.039$) and global needs ($r_s = 0.240$, $P = 0.005$), but not with cognition ($r_s = -0.026$, $P = 0.743$).

Conclusions.– Psychotropic drugs were frequently prescribed, and were associated with important negative outcomes. This association with worse functional capacity may increase the overall dependency and subsequently the number of needs. Non-pharmacological interventions should be encouraged.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

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PW0480

Adherence to physical activity in elderly diabetic patients: The association with depression and anxiety

R. Mendes^{1,2}, M. Cunha¹, S. Martins^{2,3}, L. Fernandes^{2,3,4*}

¹ São João hospital centre CHSJ, department of internal medicine, Porto, Portugal; ² Center for health technology and services research CINTESIS, faculty of medicine, university of Porto, Porto, Portugal; ³ Faculty of medicine, university of Porto, department of clinical neurosciences and mental health, Porto, Portugal; ⁴ São João hospital centre CHSJ, clinic of psychiatry and mental health, Porto, Portugal

* Corresponding author.

Introduction.– Diabetes Mellitus/DM is a chronic pandemic disease, affecting about 422 million people worldwide. Its increase has been associated with many factors, in particular physical inactivity and obesity. In this context, physical activity/PA is recommended since it can prevent and contribute to the management of the DM and the associated morbidity. Furthermore, patients with DM are less likely to engage and adhere to PA. Some barriers, such as pain, tiredness and depression have been reported as poor adherence factors.

Objective.– To analyze whether anxiety/depression were associated with adherence to PA in elderly patients with DM.

Methods.– This cross-sectional study included elderly outpatients from Internal Medicine Department in CHSJ/Porto, Portugal. Patients aged ≥ 65 y.o. and had been diagnosed with DM. Those unable to communicate were excluded. The Hospital Anxiety and Depression Scale/HADS was used for anxiety and depression assessment. Adherence to regular PA was dichotomized for analysis.

Results.– This study included 94 elderly patients, with a mean age of 75.2 y.o.(sd = 6.6), mostly female (53.2%), married (63.8%) and with low education level (61.7%). According to HADS, 16.1% pre-

sented depression and 25.8% anxiety. Most of the patients (85.1%) were non-adherent to PA. Comparing the two groups, non-adherent patients presented higher depression (median 3 vs. 1, $P=0.004$) and anxiety scores (median 4 vs. 2, $P=0.28$).

Conclusions.– Higher anxiety and depression has been associated with less adherence to PA, which is in accordance with previous research. Considering this data, early detection and treatment of anxiety and depression could be used in order to improve patients' engagement with exercise, contributing also to prevention and better management of this disease.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0482

Evaluation of the psychosocial profile of elderly with fall-related hip fracture: Preliminary results from 6-month follow-up descriptive study

M. Gardea Resendez^{1*}, A. Lopez-Rangel¹, O. Kawas-Valle¹, V. Peña-Martinez², R. Eguia-Rodriguez¹, A. Barragan-Rodriguez¹

¹ Universidad Autonoma de Nuevo Leon, psychiatry, Monterrey, Mexico; ² Universidad Autonoma de Nuevo Leon, orthopaedics & traumatology, Monterrey, Mexico

* Corresponding author.

Fall-related hip fractures (FRHP) in the elderly represent a major public health concern of increasing incidence. Studying the psychosocial profile of these patients can contribute to the development of preventive and rehabilitation strategies.

The objective was to determine the sociodemographic and psychological characteristics of elderly hospitalized for FRHP in the department of orthopedics of a northeastern Mexican university hospital.

A cross-sectional study was conducted, including all patients over 65 years hospitalized for FHRP. A questionnaire assessing sociodemographic characteristics and comorbidities, the Barthel Index of Activities of Daily Living, Downton Fall Risk Index and the Ryff's Psychological Well-Being Scale were applied during the first 6 months of the year-long evaluation.

A total of 37 cases were identified, 30 of which met the criterion of inclusion. 76.66% of patients were females and 86.66% had none or elementary education. Analysis of work status, monthly income and main income source showed that most patients lived in extreme poverty. 83.33% were engaged to at least one social, religious or physical activity on a regular basis. Prior to the fracture, 60% of the patients were at high risk of falls and 40% had moderate to full dependence for daily-life activities. Analphabetism and cognitive or sensorial impairment impeded the application of Ryff's Scale in 86.66% of patients.

Preliminary findings showed that female gender, low education, extreme poverty, inadequate support system, lack of engagement in social and productive activities, as well as elevated risk for falls and diminished functional independence, are common denominators among elderly with FHRP.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0483

Behavioural symptoms in Alzheimer's disease in Central Africa: EPIDEMCA study

Y. Ines^{1*}, P. Nubukpo¹, P. Mbelesso², B. Ndamba-Bandzouzi³, J.F. Dartigues⁴, P.M. Preux¹, M. Guerchet⁵

¹ INSERM, U1094, tropical neuroepidemiology, Haute Vienne, Limoges, France; ² Department of neurology, Amitié hospital, Bangui, Bangui, Central African Republic; ³ Department of neurology, Brazzaville university hospital, Brazzaville, Brazzaville, Congo; ⁴ Center of recherche Inserm U1219 "Bordeaux Population Health", Gironde, Bordeaux, France; ⁵ King's College London, centre for global mental health, health service and population research department, London, London, United Kingdom

* Corresponding author.

Introduction.– Behavioral symptoms are common in Alzheimer's disease (AD). Few data are available concerning the prevalence of these in low- and middle-income countries.

Objective.– To estimate the prevalence of behavioral symptoms among the older people with AD in the Central African Republic (CAR) and the Republic of Congo (ROC).

Methods.– The EPIDEMCA (Epidemiology of Dementia in Central Africa) is multicentre population-based study carried out in rural and urban areas of the CAR and the ROC between 2011 and 2012 in people aged 65 and over, following a Two-phase design. The first phase was a cognitive screening using the Community Screening Interview for? Dementia. In the second phase, participants suspected of dementia underwent clinical assessment. Diagnosis of dementia was established through the DSM-IV criteria and the clinical criteria proposed by the NINCDS-ADRDA for AD. Behavioral disorders were evaluated through the neuropsychiatric inventory. **Results.**– The study population consisted of 98 AD patients. At least one behavioral disorder was reported in 91.7% (CI_{95%}: 84.3–96.3), 38.1% of them reporting one or two behavioral disorders and 53.6% reporting three or more. The most frequent symptoms were depression (62.2%), anxiety (41.8%), irritability (36.7%), apathy (33.6%) and delusions (31.6%).

Conclusion.– The prevalence of behavioural disorders is high in our study. However, further studies will be needed to better characterize behavioral disorders in others African countries.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0484

Apolipoproteine E and neuropsychiatric symptoms in Central Africa

Y. Ines^{1*}, P. Nubukpo¹, P. Mbelesso², B. Ndamba-Bandzouzi³, J.F. Dartigues⁴, P.M. Preux¹, M. Guerchet⁵

¹ INSERM, U1094, tropical neuroepidemiology, Haute Vienne, Limoges, France; ² Department of neurology, Amitié hospital, Bangui, Central African Republic; ³ Department of neurology, Brazzaville university hospital, Brazzaville, Congo; ⁴ Center of recherche Inserm U1219 "Bordeaux Population Health", Bordeaux, France; ⁵ King's College London, centre for global mental health, health service and population research department, London, United Kingdom

* Corresponding author.

Introduction.– Genetic determinants of behavioral disorders in dementia have been proposed from family studies, especially the $\epsilon 4$ allele of the apolipoprotein E (APOE $\epsilon 4$) gene which increases the risk of dementia in Caucasian populations.

Objective.– To evaluate the association between behavioral symptoms and APOE among the older people in the Central African Republic (CAR) and the Republic of Congo (ROC).

Methods.– The EPIDEMCA (Epidemiology of Dementia in Central Africa) is multicentre population-based study carried out in rural and urban areas of the CAR and the ROC between 2011 and 2012 in people aged 65 and over, following a two-phase design. After a cognitive screening using the Community Screening Interview for Dementia, participants suspected of dementia underwent clinical assessment. Diagnosis of dementia was established through the DSM-IV criteria and the clinical criteria proposed by the NINCDS-ADRDA for AD. Behavioral disorders were evaluated through the neuropsychiatric inventory during the clinical assessment. Blood sample was taken from all consenting participants and the APOE gene was genotyped.

Results.– The study population consisted of 322 older people. The median age was 75.5 years [65–99]. There was a female predominance. Behavioral disorders were reported by 192 participants (59.8%). The APOE ϵ 4 gene was present in 135 (41.9%) older people. This allele was protective for behavioral disorders after univariate analysis (OR = 0.7, 95% CI: 0.6–0.9, $P = 0.031$).

Conclusion.– In this study, APOE ϵ 4 is protective of the behavioral disorders. However, complementary analyzes are necessary to better characterize this link.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0485

Testosterone and luteinizing hormone levels in hypersexual men and healthy controls; Associations with methylation status of HPA and HPG axis genes

J. Jokinen

Umeå university, clinical sciences, Umeå, Sweden

Hypersexual disorder as suggested to be included in the DSM-5 integrates aspects of sexual desire deregulation, impulsivity and compulsivity. However, it is unknown how it affects gonadal activity and the function of HPG axis.

Objective.– To investigate testosterone and luteinizing hormone (LH) levels in 67 men with hypersexual disorder compared to 39 age matched healthy controls and epigenetic modifications in HPA and HPG-axis coupled CpG-sites (5'-Cytosine-phosphate-Guanine-3' regions in DNA).

Methods.– Basal morning plasma levels of testosterone, Sex Hormone-Binding Globulin (SHBG), and LH were assessed. The genome-wide methylation pattern of over 850K CpG-sites was measured in whole blood using the Illumina Infinium Methylation EPIC BeadChip adjusted for white blood cell type heterogeneity. CpG-sites located within 2000 bp of the transcriptional start site of HPA and HPG axis coupled genes were included. We performed multiple linear regression models of methylation M -values to plasma testosterone levels as well as methylation M -values to plasma LH levels respectively.

Results.– LH plasma levels were significantly higher in hypersexual patients compared to healthy volunteers. Plasma testosterone and SHBG levels did not differ between the groups. 221 individual CpG-sites were tested. For testosterone plasma levels, twelve were nominally significant ($P < 0.05$), and twenty for LH plasma levels. No individual CpG site was significant after multiple testing corrections.

Conclusions.– Our results show evidence of dysregulation of the HPG axis with increased LH plasma levels but no significant epi-

genetic changes of HPA and HPG axis coupled genes were related to LH and testosterone levels in hypersexual men.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0486

Relationship between forgiveness elderly and prosperous aging in primary health care

M. Karvela¹, E. Kotsotsiou², C. Hatzoglou³, M. Gouva¹

¹ TEI of Epirus, research laboratory psychology of patients families and health professionals, Ioannina, Greece; ² TEI of Thessaly, research laboratory of care, T.E.I. of Thessaly, Larisa, Greece, Ioannina, Greece;

³ Postgraduate Program “Primary Health Care”, university of Thessaly, Larisa, Greece, medical school, university of Thessaly, Larisa, Greece

* Corresponding author.

Background.– The elderly persons continue to invest substantially in emotional relationships and the forgiveness has been linked to conditions that reduce the symptoms of psychopathology and high levels of quality of life.

Objectives.– The overall objective of this research study was to investigate the relation of the forgiveness of the elderly with their quality of life and psychopathology, in the context of primary health care.

Method.– The total sample included 192 older people with a mean age 74.80 (SD = 6.80). The elderly people completed: (a) The Heartland Forgiveness Scale (HFS), (b) The SCL-90-R: Symptom Checklist-90-R, (c) Quality of Life (SF-36) and (d) questionnaire concerning socio-demographic information.

Results.– Univariate and multivariate analysis was applied for the statistical analysis of the data, which showed that: the forgiveness of the older people is positively related to all subscales of quality of life and negatively to the sub-scales of psychopathology. More specifically, observed statistically significant correlation between the scale Heartland Forgiveness Scale (HFS) and mental health (SF36) ($P = 0.000$), social role functioning (SF36) ($P = 0.000$), general health perceptions (SF36) ($P = 0.004$).

Conclusions.– The results from this study highlight the important role of forgiveness in the high quality of life in older people.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0488

The effects of short-term psychosocial support and hormone therapy on quality of life in individuals with gender dysphoria

E. Mutlu¹, G. Öz², K. Başar¹

¹ Hacettepe university, faculty of medicine, psychiatry, Ankara, Turkey; ² Ceylanpinar state hospital, psychiatry, Şanlıurfa, Turkey

* Corresponding author.

Introduction.– In people with gender dysphoria (GD), transition involves psychiatric evaluation and follow-up, hormone therapy (HT) and surgical interventions. Quality of life (QoL) has been reported to be worse in people with gender dysphoria. Cross-sectional studies support that hormone therapy reduces mental and social distress and improves QoL.

Objectives.– To investigate the effects of psychosocial support and hormone therapy on mental health indices including QoL, and perceived discrimination in people with GD by naturalistic follow-up design.

Methods.– Individuals presenting to the psychiatry clinic for sex-reassignment and diagnosed as GD were evaluated twice: initially at the first interview and finally before the decision was made for genital surgery. Turkish version of the WHO QoL-BREF, Perceived Discrimination Scale (personal and group subscales), Multidimensional Scale of Perceived Social Support, Beck Depression Inventory, and a form on sociodemographic and transition-related features were filled by the participants.

Results.– Participants' ($n = 33$, all assigned female at birth) mean age at first assessment was 26.6 ± 4 . Mean follow-up duration was 25.9 ± 11 months, mean HT duration was 13.8 ± 5 months. Improvement in the psychological and social domain QoL scores ($t = -3.581$, $P = .001$, $t = 2.609$, $P = .014$ respectively) and family support scores ($z = -2.671$, $P = .008$), reduction in the scores of perceived discrimination against the individual ($z = 3.487$, $P \leq .001$) and depressive symptoms' severity ($z = -3.650$, $P \leq .001$) were significant.

Conclusions.– To our knowledge, this is the first follow-up study that shows that short-term psychosocial support and hormone therapy is associated with better QoL and lower personal perceived discrimination, however this study only involved transmen.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0489

The role of neuropsychiatric symptoms in predicting course and progression in major neurocognitive disorders

J.M. Santacruz Escudero, C. Chimbí, D. Chavarro, M. Borda, R. Samper, H. Santamaría García*

Pontificia Universidad Javeriana, Psiquiatría, Bogotá, Colombia

* Corresponding author.

Neuropsychiatric symptoms are crucial for determining course in neurocognitive disorders. However, little is known regarding to what extent presence of neuropsychiatric symptoms predicts disease progression, cognitive and functional impairments in behavioral variant frontotemporal dementia (bvFTD) and in Alzheimer dementia.

Methods.– We performed two different evaluations (Time 1 (T1) and Time 2 (T2)) with 3 years of difference in a group of bvFTD ($n = 49$), AD ($n = 50$). Neuropsychological, clinical and cognitive correlates were measured in each time T1 and T2. By using different multiple regression models, we explored if behavioral symptoms (measured by Columbia, Yesavage at T1) predict disease progression as measured by changes over T1 and T2 in cognitive (MoCA, IFS, and clock figure) and functional dependency (Lawton scale).

Results.– Behavioral symptoms, in particular depression, psychosis, apathy and disinhibition were factors able to predict cognitive and functional progression in bvFTD. By contrast, regression model revealed that depression and insomnia were behavioral factors able to predict progression in AD.

Conclusion.– Neuropsychiatric symptoms are crucial to predict disease progression in bvFTD and AD patients in differentiated ways. Our results suggest that tracking early behavioral symptoms in neurocognitive disorders playing an important role in the early detection, disease tracking, and neuroanatomical specification of bvFTD, as well as in future research on potential disease-modifying treatments.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0491

The relationship between oral health and internal and external shame in elderly people

C. Tsironis^{1*}, C. Hatzoglou², E. Kotrotsiou³, M. Gouva⁴

¹ Postgraduate Program "Primary Health Care", university of Thessaly, Larisa, Greece, medical school, university of Thessaly, ARTA, Greece; ² Postgraduate Program "Primary Health Care", university of Thessaly, Larisa, Greece, medical school, university of Thessaly, Larisa, Greece; ³ Research laboratory of care, T.E.I. of Thessaly, Larisa, Greece, department of nursing, T.E.I. of Thessaly, Larisa, Greece; ⁴ Research laboratory psychology of patients families and health professionals, T.E.I. of Epirus, Greece, department of nursing, Ioannina, Greece

* Corresponding author.

Background.– The quality of oral health in older people has been linked to conditions that increased psychological and social symptoms.

Objectives.– This study examined the relationship between oral health in older people and internal and external shame.

Method.– The total sample included 204 older people with a mean age 74.17 (SD = 7.06). The elderly people completed (a) The Geriatric Oral Health Assessment Index (GOHAI), (b) The Other As Shamer Scale- OAS, (c) Experience of Shame Scale, ESS and (d) questionnaire concerning socio-demographic information.

Results.– One way ANOVA and MANCOVA was used for statistical analysis. Results did not show significant differences in oral health of elderly people in educational level, place of residence, friends in the past and marital status. Chronic disease was found to directly contribute in the in reducing the quality of oral health ($F = 5.063$, $P = .025$). Thus GLM analysis found strong associations between quality of oral health and feeling of emptiness (OAS) ($P = .000$), feeling of inferiority (OAS) ($P = .009$), mistakes (OAS) ($P = .012$), total external shame (OAS) ($P = .002$), characterological shame (ESS) ($P = .008$), bodily shame (ESS) ($P = .000$) and total internal shame (ESS) ($P = .005$).

Conclusions.– Our findings provide more detailed information on the negative effects of oral health on external and internal shame in elderly people.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0493

Can the tailored meeting centre support programme modify the experience of stigma among people with dementia? MEETINGDEM study in Italy, Poland and the United Kingdom

K. Urbańska^{1*}, D. Szcześniak¹, S. Evans², S. Evans², D. Brooker², R. Chattat³, E. Farina⁴, A. d'Arma⁴, F. Saibene⁴, F. Meiland⁵, R.M. Dröes⁵, J. Rymaszewska¹

¹ Wrocław medical university, department of psychiatry, Wrocław, Poland; ² University of Worcester, association for dementia studies, Worcester, United Kingdom; ³ University of Bologna, department of psychology, Bologna, Italy; ⁴ Don Gnocchi, foundation, Milan, Italy; ⁵ VU university medical center, department of psychiatry, Amsterdam, The Netherlands

* Corresponding author.

Introduction.– Very little is known about experiencing stigma in dementia and factors which may influence it. The study was conducted within the JPND-funded MEETINGDEM project (2014–2017) which aimed to adapt and implement the Meeting

Centre Support Programme (MCSP) for people with dementia and their carers in Italy, Poland and the United Kingdom.

Objectives.– To study if the experience of stigma is influenced by participation in the MCSP as compared to care as usual.

Methods.– People living with dementia recruited to participate in the study were assessed regarding the stigma experience (SIS), their depressive symptoms (CSDD), quality of life (DQoL, AOL-AD), obtained social support (DSSI) before and after 7 months of using MCSP ($n = 65$) or usual care ($n = 49$) available in Italy, Poland and the UK. Obtained data were statistically analysed using e.g. Kruskal-Wallis test or ANCOVAs.

Results.– People with dementia in all countries experienced stigma, although there were differences between countries and between MCSP and UC users. Statistically significant changes among MCSP users compared to the UC, after 7 months, were noticed for Social Isolation in Poland ($P = 0.000$) and for Social Rejection in the UK ($P = 0.03$). There were no significant changes in stigma experiences among people in Italy or among the whole group.

Conclusions.– People with dementia, living in Italy, Poland and the UK, experience stigmatisation. This study results shows that there may be a possibility of influencing the experience of stigmatisation via delivering adjusted support as MCSP. But there is still a need for further research in this field.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0494

Effectiveness of a psychosocial intervention in dementia: The meeting centre support programme for people with dementia and their carers in Poland, Italy and the UK

J. Rymaszewska¹, D. Szcześniak¹, K. Urbańska^{1*}, D. Brooker², S. Evans², S. Evans², J. Bray², R. Chattat³, E. Farina⁴, A. d'Arma⁴, F. Saibene⁴, I. Hendriks⁵, F. Meiland⁵, R.M. Dröes⁵

¹ Wroclaw medical university, department of psychiatry, Wroclaw, Poland; ² University of Worcester, association for dementia studies, Worcester, United Kingdom; ³ University of Bologna, department of psychology, Bologna, Italy; ⁴ Don Gnocchi, foundation, Milan, Italy; ⁵ VU university medical center, department of psychiatry, Amsterdam, The Netherlands

* Corresponding author.

Introduction.– The Meeting Centre Support Programme (MCSP) for people with dementia and carers was adapted and implemented in Italy, Poland and the United Kingdom within the JPND-funded MEETINGDEM project (2014–2017).

Objectives.– To study the effectiveness of MCSP compared to care as usual on various outcome measures.

Methods.– A pretest-post test multicentre controlled study was conducted. 9 Meeting Centres (MCs) participated (Italy-5, Poland-2, UK-2). Outcomes measures assessed after 7 months were: behaviour (NPI), depression (CSDD) and quality of life (DQoL, QOL-AD). Data were analysed by ANCOVAs. Additionally, a mixed methods explanatory design was used to measure satisfaction of MCSP participation.

Results.– 85 people with dementia and 93 carers using MCSP as well as 74 dyads getting UC were included in this study. QoL aspects of people with dementia in MCSP, compared to UC, raised (DQoL: Self-esteem; $F = 4.80$, $P = 0.03$; Positive Affect; $F = 14.93$, $P < 0.00$; Feelings of Belonging; $F = 7.77$, $P = 0.01$). Number of neuropsychiatric symptoms decreased more in MCSP compared to UC. Higher attendance levels correlated with a neuropsychiatric symptom reduction ($\rho = 0.24$, $P = 0.03$) and an increase of obtained social support ($\rho = 0.36$, $P = 0.001$). Moreover, the percentage of satisfied

users increased significantly over time ($P = 0.05$) and the majority of carers (91%) reported a decrease in burden after 7 months. Focus group analysis showed that people with dementia and carers improved their ability to maintain an emotional balance in all countries.

Conclusions.– The MCSP successful implementation and its effectiveness observed in all countries encourages to disseminate this type of support world-wide.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0495

Does whole-body cryotherapy improve cognition?

K. Urbańska^{1*}, B. Stańczykiewicz², D. Szcześniak¹, E. Trypka¹, L. Pawlik - Sobiecka³, S. Płaczkowska⁴, I. Kokot³, A. Zabłocka⁵, J. Rymaszewska¹

¹ Wroclaw medical university, department of psychiatry, Wroclaw, Poland; ² Wroclaw medical university, department of nervous system diseases, Wroclaw, Poland; ³ Wroclaw medical university, department of professional training in clinical chemistry, Wroclaw, Poland; ⁴ Wroclaw medical university, diagnostics laboratory for teaching and research, Wroclaw, Poland; ⁵ Ludwik Hirszfild institute of immunology and experimental therapy, polish academy of sciences, department of immunochemistry, Wroclaw, Poland

* Corresponding author.

Keywords: Whole-body cryotherapy; Mild cognitive impairments; Memory deficits; Cognitive functions

Introduction.– Reduction in neuronal activity, oxidative stress and inflammatory processes are supposed to impact the cognitive processes. Whole-body cryotherapy (WBC), used mostly in rehabilitation, is a biological intervention by exposure to extremely low temperatures. There are some research showing its anti-inflammatory and anti-oxidative effects which suggests that it may be used in other medical fields.

Aim.– The assessment of whole-body cryotherapy effect on cognitive functions, mood and blood parameters measures among people with mild cognitive impairment (MCI).

Materials and methods.– 21 people with MCI ($21 \leq \text{MoCA test} \leq 26$) recruited to participate in the study underwent 10 WBC sessions (-110°C do -160°C). They were assessed before (T1), after the last WBC session (T2) and at follow-up after two weeks using DemTect, SLUMS, TYM, FAS, GDS. Additionally, BDNF, NO, interleukins (IL-6, IL-8, IL-10) were measured in T1 and T2. Obtained data were statistically analysed.

Results.– The memory processes, measured by DemTect and TYM, improved significantly ($P = 0.000$ i $P = 0.0001$, respectively). Moreover, participants declared the increase of their activity level (GDS, item 13) in T2 and T3 ($P = 0.009$). The NO level in plasma raised significantly ($P = 0.014$) and IL-6 level decreased ($p = 0.023$) with the increase of BDNF concentration ($P = 0.031$).

Conclusions.– Short, repetitive exposure on extreme low temperatures may be a possible additional form of therapy in mild cognitive impairment. The possible explanations are immunostimulative and immunomodulative role of WBC.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0496

Quality of life of the elderly – Assessing physical and mental comorbidities

V. Voros^{1*}, P. Osvath¹, A. Kovacs¹, A. Boda-Jorg¹, M. Popa², T. Tenyi¹, S. Fekete¹, C. ICT4Life³

¹ University of Pecs, department of psychiatry and psychotherapy, Pecs, Hungary; ² University of Maastricht, department of data science and knowledge engineering, Maastricht, The Netherlands; ³ ICT4Life, Consortium, Madrid, Spain

* Corresponding author.

Introduction.– ICT4Life project is aimed to improve quality of life and independence of patients with Alzheimer's disease and their caregivers while using the developed ICT platform and integrated care system.

Objectives.– To assess cognitive functioning of elderly and to investigate whether cognitive decline is associated with quality of life and physical and mental comorbidities. Our hypothesis was that patients with cognitive decline have poorer quality of life and have more co-morbid illnesses.

Methods.– In the framework of the ICT4Life project, 60 elderly completed a structured interview and self-administered questionnaires assessing cognitive functions (MMSE, CDT), quality of life (OPQOL, QoL-AD), depression (BDI-SF), and associated physical and mental disorders. Sample correlation and sample variances were performed on two populations (elderly with and without dementia).

Results.– The MMSE and the CDT were well correlated in measuring cognitive levels, representing an efficient way of tracking cognitive functioning in elderly. Dementia was associated with higher mean age (78 years vs. 73 years), lower educational level and poorer quality of life (28% vs. 72% have moderate or better QoL). Subjects with cognitive decline were more likely to have other physical and mental illnesses, especially cardiovascular disorders and depression (78% vs. 10%).

Conclusions.– Clinically significant cognitive decline was found in the majority of elderly people. These subjects have poorer quality of life and have more physical and mental comorbidities. Different ICT technologies with an integrated care platform providing continuous monitoring may help patients with Alzheimer's disease to improve their quality of life and reduce burden of caregivers, medical staff, and society.

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PW0497

Lithium's impact on the sexual function of bipolar patients

O. Zerriaa^{*}, F. Fekih-Romdhane, J. Jendoubi, B. Oueslati, I. Ghazali, R. Ridha

Razi hospital, forensic psychiatry department, Mannouba, Tunisia

* Corresponding author.

Introduction.– Lithium is the gold standard mood stabilizer. Yet there are only few studies examining the effect of this drug on sexual function in patients with bipolar disorder.

Objectives and methods.– The aim of our study was to evaluate the impact of lithium on the sexual function of bipolar patients.

We conducted a systematic review of the literature. Search has been made in Medline using the following keywords: "sexual dysfunction", "lithium" and "bipolar disorder". No time restrictions have been applied.

Results.– Biological studies suggest that lithium could decrease testosterone levels in males and increase oestradiol levels in females resulting in a menstrual disturbances and sexual dysfunction.

Clinical studies results were heterogeneous. Some studies showed that one third of bipolar patients treated with lithium experienced difficulties in sexual functions. In fact, lithium may reduce sexual thoughts and desire, worsen erectile function and reduce sexual satisfaction.

Other studies found that using only lithium did not have remarkable effect on sexual function among bipolar patients. However, patients on concomitant benzodiazepines prescription with lithium, reported negative effects on their sexual function. Thus, sexual dysfunction among bipolar patients treated with lithium seemed to be a result of its association with other drugs such as antipsychotics, antidepressants and benzodiazepines.

Conclusion.– The combination of lithium with other drugs appeared to be associated with sexual dysfunction. Sexual dysfunction during lithium treatment among bipolar patients is thought to be an important cause of non compliance resulting in frequent relapses. Psychiatrists should systematically search for sexual difficulties when treating bipolar patients with lithium to reduce the risk of non compliance.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0498

Sexual dysfunction during pregnancy: Prevalence and relationship with depression among the women of Azad Jammu Kashmir

U. Zubair^{1*}, A. Ali²

¹ PIMS-SZAMBU, psychiatry, Islamabad, Pakistan; ² Poonch medical college Rawalkot AJK, psychiatry, Rawalakot, Pakistan

* Corresponding author.

Keywords: Sexual function; Pregnancy; FSFI; Depression

Introduction.– Sexual dysfunction is defined as the inability of a person to experience the sexual arousal or to achieve sexual satisfaction under appropriate circumstances as a result of either physical or psychological problems. Female sexual dysfunction (FSD) affects ≈ 40–50% of the women. FSD occurs as a part of various medical conditions like pregnancy, Diabetes Mellitus, psoriasis, depression and anxiety, etc.

Objective.– To determine the sexual function and its relationship with depression among the pregnant women.

Methods.– The sample population comprised of 161 pregnant women reporting for the ante natal checkup at a tertiary care hospital in AJK. Sexual function was assessed using the Female sexual function index (FSFI). Depression was assessed by using the Patient Health Questionnaire-2 (PHQ-2). Relationship of depression and other socio-demographic factors was assessed with the sexual dysfunction.

Results.– Out of 161 pregnant women screened through FSFI, 19.9% had normal sexual function while 80.1% had sexual dysfunction. After applying the logistic regression we found that parity, tobacco smoking, worry about future, previous loss or complication, duration of marriage and depression had significant association with the sexual dysfunction.

Conclusion.– This study showed a high prevalence of sexual dysfunction among pregnant women in AJK. Special attention should be paid to the primiparous women or those with longer duration of marriage and previous pregnancy loss or complications. Worry about future and presence of depressive symptoms also emerged

as an independent factors responsible for the sexual dysfunction in our target population.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Psychotherapy

PW0500

Grief in a mental health center: A brief psychotherapy evaluation

P. Marqués Cabezas¹, J.A. Espina Barrio¹, A. Alvarez Astorga^{1*}, P. García Vazquez¹, I. Sevillano Benito², R. Hernandez Anton¹

¹ HCU Valladolid, psychiatry, Valladolid, Spain; ² Hospital Provincial de Avila, Psychiatry, Avila, Spain

* Corresponding author.

Introduction.– The Complicated Grief diagnostic criteria are included in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The prevalence is around 20%. Over 5–15% of bereaved people develop severe long term reactions to their lost.

Methods.– Patients from a Health Center were evaluated. They were treated from August 2014 to August 2015 with psychotherapy and drugs. The Grief Coping Program (Espina Barrio, 1995) based on The Grief Counselling and Therapy (Worden, J. W., 1997) was used. Retrospective evaluation was made by telephone or interview. We collected socio demographic data, Inventory of Complicated Grief (ICG) and some questions about Grief Recovery.

Results.– 45 patients were included, 11 of them did not complete the study (2 did not meet criteria, 5 did not complete enough sessions, 3 abandoned and 1 declined. 34 concluded the therapy, 3 did not answer, 10 were not located. 21 completed the psychotherapy and the evaluation. The results are similar other work made 10 years ago in other sector by the same therapist.

Conclusion.– This kind of psychotherapy decrease symptoms, and a change of attitude towards the lost. Patients have a better perception of their present state and expectations for improvement.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0502

A complementary qualitative analysis in a clinical trial with a new technique for severe mental disorder based on fictional films

A. Fernández Alonso^{*}, A. Rodríguez Rodríguez, M. Magariños López, I. García del Castillo, L. Caballero Martínez
Hospital Universitario Puerta de Hierro Majadahonda, psychiatry, Majadahonda Madrid, Spain

* Corresponding author.

The authors designed a technique inspired on film analysis to help mitigate the distortions and deficiencies in film perception and understanding, caused by severe mental disease (Caballero et al., 2010; Caballero et al., 2016). This technique was tested in a randomized and controlled clinical trial with 48 patients suffering schizophrenia. Measured with the PANSS the effect size turned out in favour of the new technique for positive factor (0.82; $P < 0.01$) negative factor (0.89. $P < 0.005$) and disorganized factor (0.49; 0.05) (Magariños, 2016; García; 2016).

An additional qualitative study was made focusing on the acceptability, perceived utility, and gender biases in this technique between the Experimental Group and Control Group, with the

results and comparisons between both groups showed in the attached tables. Patients in the Experimental Group reported greater improvement in memory, concentration and recognition of the characters emotions. However, patients in the Control Group enjoyed more the cinematic experience and perceived greater subjective improvement in their “general mental capacities”. Qualitative analysis can complement and better define the quantitative results obtained in controlled clinical trials regarding psychotherapy on serious mental illnesses and contribute, in this way, to the correct application of their results.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0506

The effectiveness of cognitive-behavioral group therapy on quality of life in Iranian patients with rheumatoid arthritis

H. Jamilian^{*}, M. Nokani, M. Ghasemi, N. Tavakoli
School of medicine, Arak university of medical sciences, psychiatry, Arak, Iran

* Corresponding author.

Introduction.– Rheumatoid arthritis (RA) has many deleterious consequences. The main management aim is to reduce the impact of the disease on patients' lives by improving quality of life and reducing disability.

Objectives.– The aim of the present study is to investigate the effectiveness of cognitive-behavioral group therapy (CBT) on quality of life in patients with RA.

Methods.– Two-arm, parallel randomized controlled trial was employed in which the participants were selected from an academic rheumatology clinic in Arak, Iran. Female adults with RA of at least one but no more than eight years duration with mild to moderate disease activity (Disease Activity Score (DAS28) ≤ 5.1) defined as eligible. All participants received standard medical care from a rheumatologist and the intervention group received additional twelve weekly sessions of CBT for pain management. The primary outcomes were the post treatment physical and mental components of quality of life assessed by 36-Item Short Form Survey.

Results.– Analysis of covariance revealed no significant difference between CBT and control group regarding post treatment physical component (adjusted mean 51.8 vs 50.2 respectively) and mental component (adjusted mean 54.2 vs 51.5 respectively) of quality of life questionnaire. However, significant differences were found in terms of depression ($P = 0.003$) anxiety ($P = 0.031$), fatigue ($P = 0.033$), and visual analog scale for pain ($P = 0.046$) in favor of CBT. There were no significant differences regarding disability and pain rating index between two groups.

Conclusion.– Our findings indicate that CBT can be used as an adjunct to standard clinical management of RA.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0507

Influence of mindfulness training on stress reduction during pregnancy

S. Kiselev^{*}, I. Volik
Ural federal university, clinical psychology, Ekaterinburg, Russia

* Corresponding author.

Background.– It is known that women who experience high stress during pregnancy are more likely to deliver preterm infants. The

goal of this study was to evaluate the influence of mindfulness training on stress reduction during pregnancy.

Method.– In the current study we included 27 women who participated in the mindfulness training during pregnancy. The control group included 27 women who were in the reading control condition during pregnancy. Women were eligible to participate if they were experiencing elevated levels of perceived stress or pregnancy-specific anxiety (PSA), as indicated by responses to the Perceived Stress Scale and the PSA scale on a screening questionnaire. Women enrolled between 12 and 26 weeks gestation were randomly assigned to either the mindfulness training or to the reading control condition. Effects of training were analyzed by means of an ANOVA with repeated measurements.

Results.– ANOVA has revealed that women in the mindfulness intervention experienced larger decreases from pre- to postintervention in pregnancy-specific anxiety and pregnancy-related anxiety than participants in the reading control condition.

Conclusion.– This study suggests that mindfulness training during pregnancy may effectively reduce pregnancy-related anxiety. However, it is necessary to do further research on the impact of mindfulness training on stress reduction during pregnancy.

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PW0508

System of integrative psychotherapy of somatoform and psychosomatic disorders patients

O. Kudinova*, T. Chorna

Kharkiv medical academy of postgraduate education, psychotherapy, Kharkiv, Ukraine

* Corresponding author.

The main goal of the investigation was the integrative psychotherapy system established. On the basis of the examined 350 patients with somatoform disorders and 250 patients with chronic psychosomatic diseases we have elaborated a test that allows to evaluate quantitatively the influents of the disease on patients' social functions. We created the integrative psychotherapy system with cognitive-oriented, suggestive and autosuggestive implementations. Elucidation of peculiarity of personal perception of the disease served as basis of elaboration of purposeful system of psychotherapy, consulting, psychological support for psychosomatic patients with high-effectiveness 1.5–3 years catamnesis in 85% patients. Psychotherapy should be used first of all as a target-oriented. Our experience showed the necessity of the use the integrative models of psychotherapy, parted on stages. On the first stage the receptions of cognitive and suggestive psychotherapy are used. There is group therapy on second stage. On the third stage elements of the autogenic training mastered. The system examination high efficacy was shown.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0509

Feasibility of a new interactive group implementation on an acute inpatient psychiatric floor during the critical period of shift changes

L. Leontieva¹, S. Safadi², N. Javaid¹, S. Tabi¹, C. Leddy¹, D. Tylee¹, C. Roe³

¹ SUNY upstate medical university, psychiatry, Syracuse, USA;

² Neurons Away LLC, n/a, Syracuse, USA; ³ SUNY upstate medical university, research, Syracuse, USA

* Corresponding author.

Agitation on inpatient psychiatric units is one of the major challenges in psychiatry. Most studies done so far have focused on pharmacological treatments for agitation, few have initiated investigations focusing on non-pharmacological interventions. Art therapy is a new modality that is being researched and explored. Studies on inpatient psychiatric units incorporating art therapy have shown improvement in the emotional and psychological well-being of patients. This project examines the effects of implementing a group focused on creative expression as a means to decrease incidences of agitation on the inpatient unit during the critical period of staff shift change.

This observational study was conducted for 3-month on the acute, 23 beds inpatient psychiatric unit. Group sessions were designed to target inpatients' ineffective coping strategies and encourage new cognitive and emotional brain pathways. Each 1-hour group session was conducted on the unit in an open area where the maximum number of patients could join. We tracked group attendance, incidents of agitation during the 5 hour period starting from the beginning of the group session, and as-needed medications administration during the same time frame.

The average daily census was 17. Average group attendance was 41%. Average agitation incidences were 2%, as-needed medications was 10% of daily census. Patients indicated an increase in happy feelings, a decrease in sad feelings, and decrease in anger.

Group proved to be feasible and well received by the patients and staff. It helped to decrease agitation and extra-medication administration. The patients felt happier, less sad, and less angry.

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PW0511

Psychotherapy within psychiatric training: Are we improving?

L. Matutyte¹, E. Sönmez², T. Gargot³

¹ Vilnius university, faculty of medicine, clinic of psychiatry, Vilnius, Lithuania; ² Caycuma state hospital, psychiatry department, Zonguldak, Turkey; ³ Hôpital Pitié-Salpêtrière, service de psychiatrie de l'enfant et de l'adolescent, Paris, France

* Corresponding author.

Introduction.– The European Federation of Psychiatric Trainees (EFPT) states that practice of “psychotherapy is an integral part of being a psychiatrist”. To evaluate the extent of psychotherapy training, EFPT Psychotherapy Working Group led a study between 2013–2015 in 23 European countries among psychiatric trainees. The study showed the discordance between the interest of psychotherapy and the real training situation (Gargot et al., 2017).

Objective.– To evaluate the changes in conditions regarding psychotherapy training throughout the years.

Methods.– Each year, EFPT collects information about the actual situation of psychiatric training in member countries. Delegates from 34 National Trainees Associations fill an online survey and share updates on various aspects of psychiatric training in their coun-

try. In this study, we compared member countries' responses about psychotherapy training from 2011 to 2017.

Results.– Findings have shown a shift of trainees' preferences in psychotherapy training. According to the most recent survey, psychotherapy training was the most important issue of postgraduate psychiatric training, leaving behind the salary and working conditions. Despite the importance of psychotherapy training, financial support for trainees has decreased (from 27% in 2015 to 11.90% in 2017). Even with less financial support, in recent years, more trainees got practical skills of psychotherapy, but less than one half of respondents received appropriate supervision, thus psychotherapy training remains mostly based on theoretical knowledge and at the trainees' own expense.

Conclusion.– Greater institutional funding and more time for supervision are highly demanded, since for trainees psychotherapy was one of the most important factors of improvement.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0512

The psychotherapy competention in somatic medicine

B. Mykhaylov¹, B. Fedak², O. Kudinova³, V. Zabashta²

¹ Kharkov medical academy of postgraduate education, psychotherapy, Kharkov, Ukraine; ² Healthcare utility “regional clinical hospital, centre of urgent medical care and accident medicine”, psychotherapy, Kharkiv, Ukraine; ³ Kharkiv medical academy of postgraduate education, psychotherapy, Kharkiv, Ukraine

* Corresponding author.

Over the last years there is a worldwide steady growth of somatic diseases, in aetiopathogenesis of which a psychogenic factor plays a significant role. The same trend is representative to Ukraine. Provided that in the clinical pattern of somatic diseases are observed states posing a vital threat, such as Coronary Heart Disease (CHD), Myocardial infarction (MI), Transient Ischaemic Attacks (TIA), Cerebral Stroke (CS) patients. The main goal of our research were observed the psychosomatic relationships in these patients and established the psychotherapy oriented support system. Thus the 480 patients, were investigated 165 CHD, 90 TIA, 105 CS, 110 MI. A formation of inadequate internal disease pattern, fear of oneself future promote generation and progression of maladaptive psychological responses that are unfavourable for disease prognosis and decrease a level of patients' social function and life quality the all groups patients.

In most cases, an efficiency of treatment products depends on both adequacy of therapeutic methods choice and numerous psychological factors. A formation of motivation, greater patient's involvement in treatment process is the philosophy of our psychotherapy system, multimodal based. All patients were separated on randomized intervened and control groups. The more high efficacy were observed in intervened groups ($P < 0.05$).

It also requires an introduction of new organizational forms of medical and psychological and psychotherapeutic activity's implementation on all levels of health care system. Provided of importance is a development of new programs for medical and psychological follow-up of such patients on different treatment stages.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0513

Multiple sclerosis patient: Identifying targets for psychotherapy

E. Nikolaev¹, N. Vasil'eva², T. Karavaeva³, E. Chekhlaty³

¹ Chuvash state university, department of social and clinical psychology, Cheboksary, Russia; ² Chuvash republic clinical hospital, neurology unit, Cheboksary, Russia; ³ Bekhterev national center for psychiatry and neurology, department of neuroses and psychotherapy, Saint-Petersburg, Russia

* Corresponding author.

Introduction.– According to Saint-Petersburg school of psychotherapy “targets” for psychotherapy is a clinical and psychological phenomenon the change of which is the goal of psychotherapy at a particular stage of treatment. This phenomenon has not been studied enough in multiple sclerosis (MS) patients.

Objectives.– To determine the characteristics of the clinical and psychological state of MS patients, whose change in the process of targeted psychological intervention could become the goal of ongoing psychotherapy.

Methods.– The study involved 104 MS patients aged 19 to 64 during in-patient treatment in Chuvash Center for MS, Cheboksary. Clinical interviews, psychological diagnostics of personal traits were used in the sample of MS patients. The interrelations of different clinical and psychological parameters were found by factor analysis.

Results.– A set of psychotherapy targets were specified while studying the sample: targets related to the specificity of MS (asthenic disorders, depression and anxiety spectrum disorders, cognitive impairment), targets related to a patient's personality (psychopathological traits, dissatisfaction with social support, perfectionist self-control, suppression of emotions, characteristic time perspective); targets related to psychotherapy contact (expectation of high results from treatment, magic defenses, suicide tolerance), targets related to patient's social situation (reduced professional activity, dissatisfaction with the economic standing, instability of the family relations); targets related to psychotherapy methods (lack of understanding of the disease progression mechanisms in case of psychoeducation, and cognitive impairment in case of supportive psychotherapy). No sex-related differences were revealed.

Conclusions.– The construct of targets for psychotherapy may provide a more definite rationale for personalized programs of psychological interventions for MS patients.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0514

Psychological and psychotherapeutic approaches to verbal hallucinations

C. Noël

Queen Fabiola Children's university hospital, adolescent unit, Brussels, Belgium

Introduction.– Verbal hallucinations are experienced by a considerable proportion of the general population, with, in particular, a significant prevalence among adolescents and children.

Objective and method.– Lines of approach to work with the patient on his hallucinatory experience are provided through a literature review about verbal hallucinations.

Results.– This review shows first that, among adolescents and children, most hallucinations are transient and occur in a context of anxiety or are associated with trauma. Their persistence and one's reaction to them are more significant than their presence. Psychologically, verbal hallucinations can be seen as a dissociative response to trauma, by which the emotional and experiential content is dissociated. From a psychoanalytic point of view, they come

from an “unthinkable” that is rejected out of the mind and considered as a perception.

Psychotherapeutic approaches nowadays have the advantage of giving to the patient the place of an expert. The psychoanalytic outlook aims at transforming the hallucination into a thought, as the intolerable experience is symbolized within the clinical relationship. CBT offers protocols such as role plays, avatar therapy or reality testing, as well as attentional training or acceptance and commitment therapy, which aim at promoting psychological flexibility. Hallucination Focused Integrative Treatment helps among others to develop one's own coping strategies.

Conclusion.– Every one of these outlooks implies listening to the patient's experience, addressing it openly and focusing on its singularity and on the appropriation process which can be based on the hallucinatory experience.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Suicidology and Suicide Prevention - Part I

PW0517

The link between aggression and suicidality among adolescents

L. Pechnikova, M. Iosifyan, G. Arina*

Lomonosov Moscow state university, department of neuro-and pathopsychology, Moscow, Russia

* Corresponding author.

Introduction.– The relation between personality traits and susceptibility to suicidality is excessively studied during the last decades. The role of such personality traits as hopelessness, neuroticism, and extroversion has been already established (Brezo, Paris & Tureck, 2016). However, more research is needed to investigate the role of aggression and anger in susceptibility to suicidality, especially among adolescents.

Objective.– The aim of present study is to investigate the extent of aggression among adolescents with suicidal behaviors.

Methods.– 23 girls (age range 13–17, $M_{age} = 14.5$), which performed suicidal attempts in the past and were diagnosed with conduct disorder, participated in the study. 20 healthy girls (age range 13–17, $M_{age} = 14.9$) also participated in the study. All adolescents completed the 29-item Buss–Perry Aggression Questionnaire (Buss & Perry, 1992).

Results.– Mann-Whitney *U*-test showed that girls with suicidal attempts had higher scores in Physical Aggression ($U = 142$, $P = .033$, $r = .325$), Anger ($U = 129$, $P = .014$, $r = .375$) and Hostility ($U = 88$, $P = .001$, $r = .526$), compared to their healthy peers.

Conclusion.– The study revealed a link between aggression, more characteristically hostility, and suicidality among female adolescents. These results are in line with previous research on positive links between aggression and suicidal behavior, as well as depression (also related to suicide), among adolescents (Benarous et al., 2014; Zhang et al., 2012). Thus, the severity of aggression traits should be taken into account in diagnostics and treatment of adolescents with susceptibility to suicidality.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0518

Investigating the role of childhood victimization in suicidal and self-injurious behavior among a sample of male inmates: A cross-sectional study

E. Capuzzi*, C. Cappellini, M. Clerici

University of Milano-Bicocca, department of medicine and surgery, Monza MB, Italy

* Corresponding author.

Introduction.– Suicide and non suicidal self-injury (NSSI) are common among prisoners. The prevalence of mental illness and substance use disorder is higher in prison than in the community¹ and the risk of death by suicide inside the prison is about 3–6 times that of the general population². In addition prisoners have greater experiences of childhood trauma (CT), an exposition associated with suicidal behaviors³.

Objectives.– To examine associations among CT and life-time suicide attempt or NSSI.

Methods.– We enrolled 88 male inmates. The sample was divided, according to presence of life-time suicide attempts or NSSI, into two groups, compared for sociodemographic and clinic characteristics. History of CT was assessed with the Childhood Trauma Questionnaire Short Form (CTQ-SF)⁴. The presence of specific trauma (emotional, physical and sexual abuse; emotional and physical neglect) was determined by meeting a threshold of moderate maltreatment severity⁵.

Results.– Subjects with ($n = 25$) and without a history of suicide attempt or NSSI ($n = 63$) show a statistically significant association in the scores of all five subscales of CTQ-SF. After controlling for potentially confounders, dual diagnosis (OR:2.6, 95% CI: 1.1–3.9) and childhood physical abuse (OR:2.9, 95% CI: 1.2–4.6) was related to an increasing likelihood of suicide attempt or NSSI. The likelihood was higher among subjects with two or more CT (OR:6.2, 95% CI: 3.3–9.2) (Table 1).

Conclusions.– The findings could indicate the importance of considering the impact of co-occurring CT in terms of intervention on suicidal behaviors and NSSI mostly in prisoners with dual diagnosis.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Table 1 Factors associated with Life-time suicide attempt or NSSI: multiple logistic regression analyses.

Variable	Model 1		Model 2	
	OR (95% CI)	P	OR (95% CI)	P
Age	.0 (-0 - 0)	0.901	-0 (-1 - 1)	0.691
Foreigner (yes/not)	0.4 (-1.1 - 1.9)	0.628	.1 (-1.8 - 1.9)	0.946
Incarceration (years)	-0 (-2 - 1)	0.651	-0 (-2 - 1)	0.718
Parental mental illness (yes/not)	.50 (-0.9 - 2.0)	0.491	-.2 (-2.2 - 1.8)	0.831
Parental substance use (yes/not)	.4 (-1.2 - 2.1)	0.612	-.5 (-2.6 - 1.5)	0.612
Physical Abuse (yes/not)	2.9 (1.2 - 4.6)	0.001	-	-
Dual Diagnosis (yes/not)	2.6 (1.1 - 3.9)	<0.001	2.2 (.5 - 4.0)	0.012
One CT	-	-	2.6 (.6 - 4.5)	0.009
Multiple CT	-	-	6.2 (3.3 - 9.2)	<0.001

PW0519

Ketamine and its anti-suicidal effects: A systematic review

L. Castanheira¹, E. Fernandes¹, C. Ferreira¹, L. Ferreira²,
J. Jerónimo¹, J.M. Pereira¹

¹ Centro Hospitalar Lisboa Norte, Hospital de Santa Maria, psychiatry, Lisboa, Portugal; ² Hospital Distrital de Santarém, psychiatry, Santarém, Portugal

* Corresponding author.

Introduction.– About 90% of individuals who die by suicide have a history of mental illnesses. Pharmacological approaches to the treatment and prevention of suicide depend mostly on the treatment of the primary psychiatric disorders. Lithium and clozapine are two pharmacological interventions reported to reduce suicide risk. Early evidence suggests that ketamine may be an effective intervention for preventing suicide.

Objectives.– To discuss the efficacy of ketamine as an anti-suicidal agent.

Methods.– The PubMed and Cochrane databases were searched up to June 2017, using key-words “ketamine” and “suicidal ideation” (SI).

Results.– There were selected twelve significant articles published on the topic. A total of 316 patients with SI have been reported in the literature as undergoing ketamine therapeutic. Nine studies administered a dose of 0.5 mg/Kg intravenously(i.v.) over 40 minutes, while two studies delivered a 0.2 mg/kg i.v. over 1–2 minutes and another study administered an oral suspension. The first effects were observed after 40 minutes and the last effects were seen up to 10 days post-infusion.

Conclusion.– The evidence to date supporting the clinical use of ketamine as a treatment for patients with SI is preliminary. Larger controlled studies that compared the risks with the potential benefits of ketamine as a treatment strategy in the clinical setting are needed. All studies reviewed examined the effects of ketamine on SI. Future studies are necessary to evaluate the effectiveness of ketamine for long-term prevention of suicidal behavior and to determine if ketamine induced effects on SI and behavior will be generalizable to patients who do not suffer primarily from a mood disorder.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0523

Cracked not broken

K. Hines

The Kevin & Margaret Hines foundation, brain health & wellness, Alpharetta, USA

Kevin Hines is a suicide attempt survivor who survived a jump from the Golden Gate Bridge in San Francisco. He is one of only thirty-four (less than 1%) to survive the fall and he is the only Golden Gate Bridge jump survivor who is actively spreading the message of living mentally healthy around the globe.

Now, he is a mental health advocate, global speaker, best-selling author, documentary filmmaker and social entrepreneur who reaches audiences all over the world with his story of an unlikely survival and his strong will to live. Kevin shares his story of hope and celebration of life. He discusses his evidence informed recovery 10-step toolkit which plays a crucial role in his recovery.

He travels the globe sharing his inspiring story of hope and recovery. In addition to saving thousands of lives, his storytelling normalizes the conversation around brain health and suicide prevention, thus eradicating stigma.

The first time Hines shared his story in public, it was to a group of seventh and eighth graders at the middle school. He received 120 letters, one from each of the students who had listened to him. Among those were six from children who were suicidal. Because the letters were screened, those students received help. That was the beginning of his mission. Hines has spoken to millions of people since then, always with the same basic message: You are not alone. Recovery is possible.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0525

Profile of suicide victims in non-psychiatric units of general hospitals

A. Paraschakis, K. Goulas

Department of general adult psychiatry, psychiatric hospital of Attica “Dafni”, Athens, Greece

* Corresponding author.

Introduction.– Patients hospitalized for physical illness(es) have an increased suicide risk. Psychiatrists apart, other medical specialties are generally unfamiliar with identifying and managing suicidal patients.

Methods.– Literature review (PubMed, articles in English, adult victims, years 1997–2017).

Results.– Victims are usually men, > 50 years of age, 50% married, with economic difficulties, weak supportive system and/or family conflicts, without history of psychiatric disorders or prior attempts. Main somatic problems: malignant neoplasms (~30%), cardiovascular and neurologic diseases, chronic obstructive pulmonary disease, brain injuries. Commonest psychiatric diagnoses: depression, delirium, drug/alcohol (ab)use. Uncontrolled pain, dyspnea, visual hallucinations, excessive anxiety and psychomotor agitation may act as precipitating factors. The medications apremilast, varenicline, isoretrinoïn and mefloquine appear to increase suicide risk. Particularly risky are the periods of the announcement of the diagnosis/grave prognosis and of frequent/severe recurrences. Such individuals were usually “silent”, withdrawn, indifferent for treatment or prognosis, unwilling to be visited by relatives and may have asked for an early discharge. Very rarely had they expressed suicidal intentions. They usually die by jumping from a height. Suicide usually takes place within the first 1–2 weeks of hospitalization, mostly at night (probably due to reduced supervision). Suicide victims in psychiatric units are younger, 2/3 single, with positive psychiatric history, have usually communicated their intentions, die mostly by hanging and act later during their hospitalization.

Conclusion.– Suicidal patients in medical-surgical wards apparently have distinct characteristics from the respective in the psychiatric ones. The primary physician should be vigilant for such cases, promptly identify them and swiftly involve the consultation-liason psychiatry team.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0526

Organizational conditions associated with suicidal ideation in resident physicians

K. Pereira-Lima*, J.A. Crippa, S.R. Loureiro

Ribeirão Preto medical school, university of São Paulo, department of neuroscience and behavior, Ribeirão Preto, Brazil

* Corresponding author.

Introduction.– Despite the marked increase in suicidal ideation with the start of residency training, few studies have investigated organizational variables associated with this problem in resident physicians. **Objectives.**– To investigate the associations of measures of organizational structure and culture with suicidal ideation in resident physicians.

Methods.– A total of 288 (72.0%) resident physicians from 30 residency programs completed a survey including demographic (age, sex, marital status) and residency (specialty, year, duty hours) information, and the following standardized measures: Patient Health Questionnaire-9 (PHQ-9); Positive and Negative Organizational Conditions Scale of the Burnout Syndrome Inventory. Suicidal ideation was defined as endorsement of item 9 in the PHQ-9. Univariable and multivariable logistic regression analyses were performed to identify organizational factors associated with suicidal ideation in the overall sample of resident physicians, as well as within the subgroup of residents with depressive symptoms (PHQ-9 \geq 10).

Results.– A total of 127 (44.1%) resident physicians screened positive for depression and 26 (9.0%) for suicidal ideation. Multivariable analysis of the overall cohort identified feeling of belonging to a team (OR 0.395, 95% CI 0.226–0.693, $P = .001$) and safety culture (OR 0.415, 95% CI 0.234–0.737, $P = .003$) with reduced risk for suicidal ideation. Multivariable modeling within the subgroup with depressive symptoms also demonstrated a negative association between suicidal ideation and feeling of belonging to a team (OR 0.273, 95% CI 0.154–0.485, $P < .001$).

Conclusions.– Promoting feelings of belonging to a team and safety culture are potential targets for organizational interventions to prevent suicidal ideation in resident physicians.

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PW0527

Different impact of childhood adversities on suicide behavior in borderline personality disorder and postpartum major depression

A. Plaza Estradé^{1*}, V. Esther², G. Estel³, R. Alba⁴, B. Judith⁵, T. Anna⁴, R. M. Jesus⁵, G.E. Lluís⁴, D.A. Luis⁶, V. Joan⁷

¹ CPB mental health services, crisis intervention and suicide prevention unit, Barcelona, Spain; ² CPB mental health services, BPD program day hospital, Barcelona, Spain; ³ Universidad Autónoma de Barcelona, psychology department, Barcelona, Spain; ⁴ Hospital clinic, perinatal psychiatry program, Barcelona, Spain; ⁵ CPB mental health services, BPD program day hospital, Barcelona, Spain; ⁶ CPB mental health services, CPB mental health center, Barcelona, Spain; ⁷ CPB mental health services, BPD program day hospital, crisis intervention and prevention suicide unit, Barcelona, Spain

* Corresponding author.

Introduction.– Childhood abuse has been associated with the presence of suicide attempts in both, borderline personality disorders (BPD) and postpartum major depression (PMD), although there is little literature regarding the impact of childhood adversities and its characteristics in the presence of ideation suicidal, in both diagnoses.

Objective.– The study aim was to compare the influence of childhood adversities and its characteristics (age, perpetrator, frequency) in suicidal ideation (SI) and suicide attempt (SA), between PMD and BPD women.

Method.– One hundred women diagnosed of PMD (DSM-IV; SCID) and sixty eight women with BPD DSM-IV-TR diagnostic criteria participate in the study. Socio-demographic and clinical variables

were collected through a clinical interview. Childhood adversities (CAs), including physic (CPA), emotional (CEA) and sexual (CSA) abuses, were evaluated using the Early Trauma Inventory Self Report (Bremner et al., 2007).

Results.– The BPD sample has the most elevated presence of previous SA and SI. BPD women showed also a significantly greater number of CAs, including abuses compared with PMD and HC women, except in parental death, and presence of CSA with penetration. There is a significant increase of SI in PMD women in presence of Total CAs ($P = .009$), Global CAs ($P = .009$), CPA ($P = .045$), CEA ($P = .015$), and CEA by intra-familial perpetrator ($P = 0.032$). Only the presence of CEA with start between 12–18 years old in BPD women had a significant association ($P = .049$) with SA.

Conclusions.– The presence of abuse in childhood has a different impact on women with BPD and women with PMD, regarding the presence of suicide ideation, showing no differences in its impact on the suicide attempt.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0530

Psychological manipulation as a predictor of parasuicidal behavior in persons with reaction to severe stress and adjustment disorders

E.T. Sokolova, K.O. Andreyuk, A. Ryzhov*

Lomonosov MSU, faculty of psychology, Moscow, Russia

* Corresponding author.

Introduction.– Psychological manipulation deteriorates cooperation, compliance and psychotherapeutic change.

Objectives.– To study the correlation of repeated suicidal attempts with the inclination to employ manipulation as an available means of control for own and others behavior and emotional states in situations of distress. Additionally, it is assumed that the high-levels of the manipulateness have a negative effect on the mentalization functions and can be regarded as suicide predictors.

Methods.– 41 patients with ICD-10 F43.2 and F43.8 diagnoses and repeated suicidal attempts and 41 controls were administered (1) MACH-IV modified machiavellism scale (Christie, 1970, Znakov, 2002), (2) a modification of Rosenzweig Picture-Frustration Study with the additional task to describe thoughts and feelings of depicted personages. Expert ratings, quantitative and qualitative analyses of data were employed.

Results.– Suicide attempters scored significantly higher on manipulative attitudes than controls. Within suicide attempters the high level of machiavellism was associated with multiple, and low level with singular attempts ($P < .01$). This points to the link between machiavellism and the choice of parasuicide as a persistent method of manipulative communication and self-regulation. The parasuicidal group demonstrates combination of two opposite types of mentalization distortion: over-concreteness and over-abstraction (with predominance of the latter), coupled with intolerance to ambiguity, lack of cooperation in conflictual situations, excessive demands on self and others ($P < .05$).

Conclusions.– The tendency to manipulate other people in conjunction with weak capacity to symbolize and differentiate one's own and others experiences, deteriorates a tolerance of interpersonal ambiguity, are regarded as predictors and maintaining factors of suicidal behavior.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0533

Associations among history of suicidal attempt and gonadal axis hormones in hospitalised patients with high suicidal risk

A. Marčiulionienė*, B. Berentaite, V. Adomaitiene, V. Steibliene
Lithuanian university of health sciences, psychiatry clinic, Kaunas,
Lithuania

* Corresponding author.

Introduction.– There were an estimated 788,000 suicide deaths worldwide in 2015 (WHO). It is known that suicidal behavior is associated

with higher scores in personality domains with self-directed aggression [1]. There is the hypothesis about the role of gonadal hormones in the pathophysiology of suicidal behavior [2,3].

Objectives.– To evaluate the associations between suicidal attempt, personality type, prolactin and free-testosterone concentrations in hospitalized patients with high suicidal risk.

Methods.– All non-psychotic patients, without organic brain disorders, with high suicidal risk, hospitalized during 9 month period in Psychiatry Clinic were invited to participate in this prospective study: 56 patients (males – 33.9%) signed an informed consent form. Serum concentrations of total testosterone, sex hormone binding globuline and prolactin were collected on the day of admission; Columbia suicide severity rating scale and Big Five Inventory were used.

Results.– All patients were divided into 2 groups according to suicidal risk: suicidal attempt before hospitalisation ($n = 47$, 84%) and no suicidal attempt ($n = 9$, 16%). No significant associations were found between age, gender, personality type and suicidal risk. The history of suicidal attempt in male patients group associated with significantly lower serum prolactin concentration, in comparison to males without suicidal attempt (676.2 ± 492.6 mmol/l vs. 2031.04 ± 1549.9 mmol/l; $P = 0.007$). In female patients group, the history of suicidal attempt associated with significantly lower free-testosterone concentration, in comparison to females without suicidal attempt (0.0197 ± 0.0142 nmol/l vs. 0.0395 ± 0.0247 nmol/l; $P = 0.013$).

Conclusions.– History of suicidal attempt was associated with lower prolactin concentration in male and with lower free-testosterone concentration in female patients group.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Schizophrenia and Other Psychotic Disorders - Part II

PW0534

Is there a stigma towards schizophrenia in mass media outlets?

M. Alvarez de Mon Gonzalez^{1*}, V. Pereira¹, T. Dot¹, H. Saiz², I. Alberdi³, G. Lahera⁴, F. Ortuño¹

¹ Clinica Universidad de Navarra, psychiatry, Pamplona, Spain;

² Complejo Hospitalario de Navarra, psychiatry, Pamplona, Spain;

³ Hospital Clínico San Carlos, psychiatry, Madrid, Spain; ⁴ Hospital Príncipe de Asturias, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction.– Schizophrenia has been portrayed in many movies, tv shows, and such. However, in some occasions, the disorder has not been given a proper representation.

Objective.– To conduct a qualitative analysis on the Tweets that refer to schizophrenia, from the Twitter accounts of prominent US mass media outlets.

Methods.– 15 US news media outlets were selected and analyzed. These outlets were chosen based on the number of followers on their Twitter accounts and were narrowed down to those with the most followers. Some major news outlets (ex. Wall Street Journal) were excluded for not having a section on health. The Tweets were selected if they made any reference to schizophrenia (ex. schizophrenia from @washingtonpost). This study focused on the Tweets from 2007–2016.

Results.– 174 Tweets were selected and divided into four categories. 50% focused on general interest (“Man accused of faking sign interpretation at #MandelaMemorial hallucinated angels, suffers from schizophrenia”), 29.31% were testimonies from patients (“A young man writes about living with schizophrenia and the struggle to connect”), 16% revolved around scientific advancements (“Talk therapy is found to ease schizophrenia”) and 5% had a condescending tone towards these disorders (“1/3 of Americans believe that prayer is sufficient to cure severe mental illness like schizophrenia”).

Conclusions.– Although the mass media outlets have been very respectful when dealing with patients and their families, these platforms have not been utilized to their full potential. Social media can be a great intermediary that bridges the gap between science and the general public.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0535

Improvement of schizophrenia social amotivation and expressive deficits over time after cariprazine and risperidone treatment: Post hoc analysis of a phase-3 trial

I. Laszlovszky, A. Barabassy*, B. Szatmári, J. Harsányi, E. Szalai, G. Németh

Gedeon Richter Plc., clinical development unit, Budapest, Hungary

* Corresponding author.

Introduction.– In recent years, primary and secondary negative symptoms and sub-domains such as social amotivation and expressive deficit referred to as Liemburg factors have been recognized. Cariprazine is a potent dopamine D₃ receptor preferring partial agonist approved by EMA for the treatment of schizophrenia and by FDA for the treatment of schizophrenia and bipolar mania.

Objectives.– To utilize the Liemburg factors to conduct a post-hoc analysis of social amotivation and expressive deficit over time in patients with predominant negative symptoms of schizophrenia.

Methods.– Subjects with schizophrenia and a PANSS factor score for negative symptoms (PANSS-FSNS) ≥ 24 with minimal EPS, positive and depressive symptoms were randomized to a target dose of cariprazine 4.5 mg/d or risperidone 4 mg/d for 26 weeks of double-blind treatment. Post hoc analyses evaluated the change from baseline (CfB) and the time course of the PANSS-derived Liemburg factors (social amotivation and expressive deficit).

Results.– A total of 461 patients were randomized (1:1) to double-blind treatment. Statistically significant improvement in favor of cariprazine versus risperidone was seen on core negative symptoms ($P = .004$) and expressive deficit ($P = .004$) at Week 26. The mean CfB always favored cariprazine with statistically significant differences for expressive deficit from Week 14 and for social amotivation from Week 18 onwards.

Conclusion.– By targeting negative symptoms of schizophrenia, including social amotivation and expressive deficits, cariprazine

can be a solution for patients who are attempting to gain back their lost initiative and their ability to interact with the community.

Disclosure of interest.– I am a co-worker of Gedeon Richter PLC.

PW0536

The method of improving compliance in patients with schizophrenia

I. Belokrylov*, V. Sokolov, A. Bryukhin

Peoples' friendship university of Russia, RUDN university, department of psychiatry and medical psychology, Moscow, Russia

* Corresponding author.

Introduction.– Low compliance significantly reduces the effectiveness of treatment of patients with schizophrenia. To improve it, various psychotherapeutic technologies are offered. However, in Russia, many of them are poorly reproduced due to the weak development of appropriate methods.

Objectives.– Development of psychotherapeutic technology to improve compliance with patients with schizophrenia based on the most reproducible methods; efficiency mark.

Methods.– A group of patients with a paranoid form of schizophrenia (F20.0, ICD-10): $n=50$, 29 men, 21 women, mean age 32 ± 6.4 years, randomized to 2 groups (25/25); the main group received psychotherapy to improve compliance, developed in the study (3 sessions per week for 30 minutes each for 1 month). In the control of patients psychological and educational conversations were conducted, which were completely identical in time and frequency. The results were analyzed using testing.

Results.– The factor analysis of clinical-pathopsychological parameters, correlating with low adherence to treatment, divided them into 3 groups: (1) cognitive – associated with a distorted awareness of the disease; (2) communicative – associated with dysfunctional family relationships; (3) irrational – associated with the unconscious benefit of the disease. Based on these data, compliance therapy is built on 3 methods: cognitive-behavioral; family and psychodynamic. The analysis shows significantly better results in the main group both in terms of increasing compliance and reducing the symptoms of the disease ($P < 0.05$).

Conclusions.– The developed method of corrective therapy can be recommended for systematic use.

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PW0537

Retinal ganglion cells dysfunction in schizophrenia patients with visual hallucinations

F. Bernardin*, R. Schwan, T. Schwitzer, V. Laprevote

Centre psychothérapique de Nancy, pôle hospitalo-universitaire de psychiatrie d'adultes du Grand Nancy, Laxou, France

* Corresponding author.

Structural abnormalities of the retinal ganglion cells are documented in schizophrenia and have been associated to visual hallucinations (VH) in neurological disorders. We aim to study functional abnormalities of retinal ganglion cells in schizophrenia patients with VH.

We compared the amplitude and implicit time of the P50 and the N95 waves of the pattern electroretinogram in schizophrenia patients with VH (VH group, $n=7$), Auditory Hallucinations or no hallucination (AH/NH group, $n=8$) and controls ($n=30$). Preliminary findings showed a significant increase of the N95 implicit time in the HV group compared with controls ($P = .05$). No difference was

found between the HV and HA/NH groups but a gradient appeared to emerge between the 3 groups.

Functional impairment of the retinal ganglion cells appears to be more pronounced in schizophrenia patients with HV. These preliminary results need to be confirmed with a larger sample.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0538

Global functioning and quality of life in primary versus secondary negative symptoms in schizophrenia

O.O. Capatina*, A. Campean, A. Toma

Iuliu Hatieganu university of medicine and pharmacy, neuroscience, Cluj-Napoca, Romania

* Corresponding author.

Background.– Negative symptoms in schizophrenia are considered to be a core feature of the disease and may be classified as primary or secondary. Primary negative symptoms are considered to be an intrinsic feature of schizophrenia while secondary symptoms are considered to be caused by depression, medication side-effects, positive symptoms, social deprivation.

Aims.– The aim of this study was to determine the impact of primary versus secondary negative symptoms on the quality of life and functional outcomes in patients diagnosed with schizophrenia.

Methods.– Patients were assessed using the Positive and Negative Symptoms Scale (PANSS), Negative Symptoms Assessment Scale (NSA-16), Calgary Depression in Schizophrenia Scale (CDSS), Simpson Angus Scale (SAS), Lehman Quality of Life Scale (QoL), Global Assessment of Functioning Scale (GAF). The patients were divided in two groups a first group with primary negative symptoms and a second group with secondary one.

Results.– In this ongoing study our preliminary results show primary negative symptoms have a greater impact on global functioning and patients have greater social and vocational impairments than patients with secondary negative symptoms.

Conclusions.– Negative symptoms have a strong contribution to poor functioning and reduced quality of life, but an important distinction should be made between primary and secondary negative symptoms. Even though these symptoms often appear to have similar phenomenology at a clinical level, and that they are not easily distinguished, secondary negative symptoms have often clearly defined causes and are easier to treat than primary ones.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0539

Working memory and visual binding in schizophrenia

V. Cestari¹*, A. Sciarretta², P. Spataro¹, D. Sarauli³, V. R.S: Marques¹, C. Rossi-Arnaud¹

¹ Sapienza university of Rome, department of psychology, Rome, Italy; ² San Giovanni Evangelista hospital, acute psychiatric care unit, department of mental health RM-G, Tivoli, Italy; ³ CNR, cell biology and neurobiology institute, Rome, Italy

* Corresponding author.

Introduction.– Working memory (WM) is a limited capacity system which temporarily stores and manipulates information. More recently, a component allowing WM to be linked to perception and long-term memory, the episodic buffer, was added to the model (Baddeley, 2000) and its role has been investigated using paradigms in which features had to be bound together and remembered. A few

studies have begun to assess whether individuals with schizophrenia show a specific deficit in these WM binding processes.

Objectives.– To investigate the capacity of individuals with schizophrenia to form and maintain bound representations of visual features.

Methods.– The performance of schizophrenic patients and healthy controls was examined in simultaneous (Experiment 1) and sequential (Experiment 2) visual WM tasks used by Allen et al. (2012) to investigate the attentional requirements of colour-shape binding processes.

Results.– Patients with schizophrenia did not show a disproportionate deficit in the encoding and maintenance of integrated representations (here, coloured shapes). However, with sequential presentation, their memory performance was worse than that of healthy controls in the first three serial positions, but not in the last (most recent) position.

Conclusion.– Individuals with schizophrenia are not specifically impaired in feature binding processes. Rather, findings suggest that their visual representations are more fragile and susceptible to interference from upcoming items compared to healthy controls. These data provide important clinical evidence in support of the two-component view of visual WM advanced by Allen et al. (2014).

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0540

Differences in intensity of cognitive impairment in patients with schizotypal disorder

O. Dorofeeva^{1*}, M. Vinogradova², A. Chepeliuk²

¹ FSBI “Zakusov institute of pharmacology”, laboratory of clinical psychopharmacology, Moscow, Russia; ² Lomosov Moscow state university, department of neuro- and pathopsychology, faculty of psychology, Moscow, Russia

* Corresponding author.

Introduction.– The research of cognitive functions in patients with schizotypal disorder (SD) is important to elucidate their contribution in clinical pattern, severity of disease and prognosis following treatment. The commonalities and differences in results of investigations of cognitive impairment in SD suggest the heterogeneity of this group. It's important to study the similarities and differences in cognitive profiles of schizotypy and schizophrenia spectrum disorders.

Objectives.– To research differences in intensity of cognitive impairment of schizotypy and schizophrenia spectrum disorders.

Methods.– Wechsler Adult Intelligence Scale, a revised form (WAIS-R). 32 schizotypal personality disorder (SPD) patients and 30 schizophrenic patients (pseudoneurotic type) were enrolled to the study. Patients had an equivalent age and educational level. ANOVA one-way test was used.

Results.– SPD subjects had better performance in the Similarities ($F(1;58)=5.227, P=0.026$), the Digit Symbol ($F(1;57)=4.759, P=0.033$) and the Picture Arrangement ($F(1;56)=4.091, P=0.048$) subtests in comparison with schizophrenia. They also demonstrated a tendency to increase in Picture Completion subtest ($F(1;56)=3.966, P=0.051$) and had a higher level of nonverbal intelligence ($F(1;56)=4.860, P=0.032$). SPD and schizophrenic patients had similarities in peculiar answers, subjective association with stimuli. SPD patients could switch from subjective manner of performance to a standard one, use compensatory strategies. Schizophrenic patients had limitations in changing of the performance manner and applying of compensatory strategies.

Conclusions.– These findings suggest commonalities in some of verbal tests in SPD and schizophrenia. The main differences in cog-

nitive profiles in schizophrenia and SPD primarily laid in higher intensity of impairments in performance of visual-perceptual tasks in schizophrenia.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0543

Aripiprazole-induced hypersexuality:

A case report and literature review

M. Kaji^{1*}, M. Onaya², K. Akihiro², S. Hisaomi²

¹ Keio university hospital, neuropsychiatry department, Shinjuku, Japan; ² National hospital organization Shimofusa psychiatric medical center, neropsychiatry, Chiba, Japan

* Corresponding author.

Hypersexuality is a pathological sexual behaviour. It has been reported as a side effect of antipsychotics, as well as a symptom of neuropsychiatric illnesses. However, the mechanism is still unclear. We present a case of a 34-year-old female patient with schizophrenia who was diagnosed at the age of 25 years. At the age of 31 years, she reported auditory hallucinations and persecutory delusions, and was admitted to our hospital. Aripiprazole 12 mg was started and was increased to 24 mg, after which her positive symptoms decreased. However, the patient developed hypersexuality, and exhibited behaviour such as approaching a male patient's crotch with her face. Aripiprazole was decreased to 12 mg and olanzapine 10 mg was started, which resulted in a decrease in her hypersexuality. Olanzapine treatment was discontinued after the patient's discharge, but she did not report hypersexuality or any positive symptoms.

One year later, aripiprazole was discontinued because of the patient's pregnancy. Two months after delivery, her auditory hallucinations worsened, and she entered our hospital. As aripiprazole 12 mg did not improve her symptoms, the dosage was increased to 24 mg. Subsequently, she reported increased libido and kissed a male patient in public. Aripiprazole was decreased to 12 mg and olanzapine 10 mg was started, which resulted in a decline in hypersexuality.

In this case, hypersexuality was observed twice after increases in aripiprazole dosage. Neither the patient's positive symptoms nor prolactin accounted for this behaviour. Considering the mechanism of action of aripiprazole and past reports, dopamine stimulation could lead to hypersexuality.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0544

Emotional stroop performance in psychotic disorders; Preliminary results

B. Keřková

Charles university and general university hospital in Prague, department of psychiatry, first faculty of medicine, Prague, Czech Republic

Introduction.– Abnormal emotional reactivity plays a key role in the development and maintenance of psychotic disorders. Ineffective management of general or disorder-specific stress relates to a poor prognosis. The emotional Stroop task (EST), in which participants respond to the color of a series of emotional words, can quantify emotional reactivity and compare the effect of general and disorder-specific threat. The task has not been thoroughly utilized in research on psychotic disorders.

Objectives.– This study aimed to adapt the EST for persons with a psychotic disorder and to examine their performance.

Methods.– Patients diagnosed with a psychotic disorder (F20, F23 and F25 by the ICD-10 criteria) and matched controls completed a control questionnaire (CAPE-42) and a digital version of the EST. The EST included 360 experimental trials comprised of length and frequency-matched words belonging to one valence category (neutral, negative) and one semantic category (neutral, positive-symptom-related, negative-symptom-related). Words occurred on screen in a random order for a fixed response period of 1000 ms, preceded by a variable 1000–2000 ms inter-trial-interval.

Results.– Mean participant RTs were calculated for each word category, with errors and trials in which the RT fell more than 2 SDs from the participant's mean removed. The means were submitted to a $2 \times 2 \times 3$ (group, valence, semantics) repeated-measures ANOVA. Group differences in reactivity to general and disorder-specific threat are reported.

Conclusions.– This study describes a novel EST paradigm designed for persons with a psychotic disorder. Preliminary results trace trends in emotional reactivity in this subgroup.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0545

Alterations of regional cerebral blood flow and emotional recognition in patients with first episode psychosis

P. Makarić^{1*}, D. Bosnjak², M. Živković³, A. Savić⁴, P. Brečić⁵, V. Jukić⁶, Z. Madžarac⁷, R. Petrović⁸, M. Rojnić Kuzman⁷

¹ University psychiatric hospital Vrapče, the addictions department, Zagreb, Croatia; ² University psychiatric hospital Vrapče, general psychiatry, Zagreb, Croatia; ³ University psychiatric hospital Vrapče, department for psychotic disorders, Zagreb, Croatia; ⁴ University psychiatric hospital Vrapče, urgent psychiatry, Zagreb, Croatia;

⁵ University psychiatric hospital Vrapče, department for affective disorders, Zagreb, Croatia; ⁶ University psychiatric hospital Vrapče, forensic psychiatry, Zagreb, Croatia; ⁷ University clinical hospital center Zagreb, psychotic disorders, Zagreb, Croatia; ⁸ University clinical hospital center Zagreb, department for nuclear medicine, Zagreb, Croatia

¹ University psychiatric hospital Vrapče, the addictions department, Zagreb, Croatia; ² University psychiatric hospital Vrapče, general psychiatry, Zagreb, Croatia; ³ University psychiatric hospital Vrapče, department for psychotic disorders, Zagreb, Croatia; ⁴ University psychiatric hospital Vrapče, urgent psychiatry, Zagreb, Croatia; ⁵ University psychiatric hospital Vrapče, department for affective disorders, Zagreb, Croatia; ⁶ University psychiatric hospital Vrapče, forensic psychiatry, Zagreb, Croatia; ⁷ University clinical hospital center Zagreb, psychotic disorders, Zagreb, Croatia; ⁸ University clinical hospital center Zagreb, department for nuclear medicine, Zagreb, Croatia

* Corresponding author.

Introduction.– Alterations of regional cerebral blood flow (rCBF) have been observed in patients with schizophrenia, even in the first episode of psychosis (FEP). However, these alterations have been associated with psychopathology inconsistently.

Objectives.– To analyse the relationship of the rCBF alterations, psychopathology status and emotional recognition in FEP during acute phase.

Methods.– We conducted a cross-sectional study on 40 patients with FEP at the acute phase of illness during their hospitalization at Zagreb University Hospital Centre. Assessment included Single-photon emission computed tomography (SPECT), Penn emotion recognition task and Positive and Negative Syndrome Scale (PANSS).

Results.– While our results showed hypoperfusion of rCBF in various brain regions, there was no statistically significant correlation of rCBF with emotional recognition. Correct recognition of fear was in statistically significant negative correlation with the severity of psychopathology in general and overall PANSS scales ($P < 0.01$).

Conclusion.– Emotion recognition seems to be affected by psychopathology status. However, the link of emotional recognition deficits and alterations of rCBF is still unclear.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0546

Positive changes in severity of enduring primary negative symptoms in patients with episodic schizophrenia – Is it possible?

M. Morozova^{1*}, G. Rupchev², D. Burminskiy¹, A. Beniashvily¹, S. Potanin¹, T. Lepilkina¹

¹ Mental health research center, laboratory of psychopharmacology, Moscow, Russia; ² Lomonosov Moscow state university, faculty of psychology, clinical psychology department, Moscow, Russia

* Corresponding author.

Introduction.– Primary enduring negative symptoms (PENS) in patients with schizophrenia are considered to be stable or worsening with time course. We hypothesized that some factors can have positive impact on these disorders.

Objectives.– Severity of PENS in patients with episodic schizophrenia in remission

Aims.– To determine factors, which can have impact on the severity of PENS.

Method.– 66 patients of both sex with episodic schizophrenia, who were observed more than 4 years, were included into the study. Five signs of PENS, based on criteria of deficit syndrome, were selected. Their severity was assessed on the platform of CGI-S: CGI-S-emotional deficit, CGI-S-poverty of speech, CGI-S-restricted interests, CGI-S-diminishing of purposefulness, CGI-S-diminishing of social activity and general assessment of severity of PENS as a summa of them. GAF, PSP, CGI-S-compliance and the scale of autonomy were used as well. The list of coping-activities was developed. All patients were assessed twice.

Results.– All patients of the group demonstrated the signs of PENS. Severity of PENS correlated with functional scales (GAF $r = -0.71$; PSP $r = -0.70$, scale of autonomy $r = -0.84$). 68% of patients demonstrated positive changes of PENS. Reduction of severity was small but statistically significant. Only the “constriction of interest” of PENS was stable throughout the observation. Severity of other symptoms reduced. Changes of severity of PENS was linked to changes in indices functional scales ($r > 0.50$), especially with improvement of capability for independent living.

Conclusion.– There is some space for reduction of PENS due to activation of compensatory mechanisms.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0547

Sex differences in cognitive impairment and relationships between cognitive functioning and psychopathological symptoms in patients with paranoid schizophrenia

M. Morozova^{*}, T. Lepilkina

Mental health research center, laboratory of psychopharmacology, Moscow, Russia

* Corresponding author.

Introduction.– Despite the decades of studying cognition in schizophrenia the existing data are rather inconsistent. Patients' sex may be an essential factor of cognitive functioning.

Objectives.– The aim of the study was to investigate sex differences in cognition and its correlations with symptomatology in patients with paranoid schizophrenia.

Methods.– 101 patients (79 males, 22 females) were assessed with Benton test, WCST, Tower of London Test, CAT, Stroop test and several memory, attention and psycho-motor coordination sub-

tests from WAIS and WMS. PANSS was used for measurement of psychopathological symptoms.

Results.– There were no differences in cognitive functions between groups with the exception of males' advantage in executive functioning. The inner structure of cognitive processes in females is more diffused and less structured than in males. Gender differences were also revealed in correlation between cognitive processes and psychopathological symptoms. Psychopathological symptoms correlate with executive functioning in females, and with memory and attention impairment and lowering of psychomotor speed in males. Only in males psychopathological symptoms were associated with involvement, cooperation and efforts during the testing.

Conclusion.– The factor of sex in patients suffering paranoid schizophrenia is important and needs to be taken into account when studying cognitive impairment with clinical symptoms.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0548

Efficacy, tolerability and functionality in schizophrenia with aripiprazole long-acting injectable. A six-month follow-up study

B.O. Plasencia García de Diego^{1*}, S.L. Romero Guillena², O. Santamaría Gómez³, R. Navarro Pablo³, F. Gotor Sánchez-Luengo³

¹ Dela Merced Hospital-Osuna, Departmentos Psychiatry, Seville, Spain; ² U.S.M.C "Carmona" U.G.C. Salud Mental-Virgen Macarena hospital, department of psychiatry, Seville, Spain; ³ Nuestra Señorade Valme hospital, department of psychiatry, Seville, Spain

* Corresponding author.

Introduction.– Aripiprazole is a partial dopamine agonist with low sedation, better metabolic profile and a tendency to lower prolactin [1].

Objectives.– To assess the effectiveness, functionality and tolerability of Aripiprazole long-acting injectable (ALAI) in patients with schizophrenia.

Methods.– 18 patients with schizophrenia who started treatment with ALAI between January and December 2016.

Variables: age, gender and treatment.

Assessments at:

– Baseline and at 1, 3, and 6 months: Brief Psychiatric rating Scale (BPRS), Brief Negative Symptoms Scale (BNSS) and Global Clinical Impression Scale (ICG).

– Baseline and 6 months:

Personal and social Performance (PSP)

– Physical health: Body Mass Index (BMI), Prolactin.

Results.– Mean dose of ALAI: 400 mg.

Results are summarized in the Table 1 (Table 1)

Table	1Baseline	1 month	3 months	6 months	BPRS	20.53
	(± 3.17)	20.33	(± 2.32)	18.63	(± 2.73)	17.81
	(± 1.03)	6.80	(± 0.76)	6.50	(± 0.79)	6.14
	(± 0.73)	7.50	(± 0.55)	6.72	(± 0.75)**	6.44
	(± 5.77)	41.62	(± 3.14)	38.68	(± 4.19)*	35.34
	(± 0.83)	3.93	(± 0.65)	3.41	(± 0.81)*	3.10
	(± 4.05)	60.79	(± 4.37)	63.08	(± 5.77)	Treatment
	100%	100%	77.7%	66.6%	BMI	26.39
	(± 3.76)	Prolactin	477.2	(± 336.2)	299.94	(± 41.88)
	(± 49.7)****	P < 0.001;	** P < 0.01;	* P < 0.05.		

There is an indirect correlation between age and changes in the score on:

– BPRS-N, BNSS and ICG-SI scales (p < 0.05).

– PSP scale.

The greatest score reductions were observed in subjects aged < 35 years.

Conclusions.– ALAI is effective in improving psychopathological symptoms, especially negative symptoms and functionality. ALAI does not cause weight gain and achieving a reduction in prolactin levels.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Reference

[1] Keks NA, Hope J, Culhane C. Aripiprazole long-acting injection: promising but more evidence needed. *Australas Psychiatry* 2016;24(4):368–70.

PW0549

Impact of sociodemographic variables and vulnerability to stress in the onset of first episode psychosis

L. Rossini Gajsak^{1*}, M. Celic Ruzic², A. Koricanic Makar³, M. Rojnic Kuzman³

¹ 1Neuropsychiatric hospital Dr. Ivan Barbot, department of biological psychiatry, Popovaca, Croatia; ² Psychiatric hospital Sv. Ivan, department of integrative psychiatry, Zagreb, Croatia;

³ University clinical hospital center Zagreb, department of psychiatry, Zagreb, Croatia

* Corresponding author.

Introduction.– Recent findings in patients with first episode psychosis (FEP) indicate that they are associated with elevated baseline and challenge-induced hypothalamic pituitary adrenal (HPA) activity.

Objectives.– To assess the difference in response to psychosocial stress and connections with sociodemographic variables in FEP patients and healthy controls.

Methods.– We have assessed clinical status through clinical psychiatric interviews, standardized psychiatric scales and validated psychological scales, (LEQ, WHOQOL-BREF, PBI, Rosenberg) in 48 subjects with FEP and 50 age and gender matched controls. All participants were then exposed to the Trier Social Stress Test (TSST). We have analyzed distribution of frequencies between the groups for categorical variables through chi square test.

Results.– Our findings indicate a differences between patients and controls in salivatory cortisol measured in 5 time points during the TSST, ANOVA repeated measures $F=5.09$, $P=0.03$, post-hoc test, 1-cortisol i 3-cortisol, $P<0.05$. We have also found statistically significant results in elevated cortisol levels between the participants with serious childhood illnesses, ANOVA repeated measures, $df=1.0$, $F=6.3$, $P=0.01$, post-hoc, 2-cortisol, $P<0.05$, as well as between the participants regarding cigarette smoking, ANOVA repeated measures $df=1.0$, $F=4.4$, $P=0.04$, post-hoc, 1-cortisol i 2-cortisol, $P<0.05$.

Conclusions.– Our findings support the alterations of stress response, indicating vulnerability to stress in participants with FEP and possibly proneness to psychotic state in correlation to sociodemographic variables.

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Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0550

Perception of contradictions in schizophrenia: Primary approbation of questionnaire

G. Rupchev¹, A. Alekseev¹, A. Tkhostov², M. Vinogradova², A. Ryzhov², A. Spivakovskaya², O. Tikhomandritskaya²

¹ Federal state budgetary scientific institution “mental health research center”, laboratory of psychopharmacology, Moscow, Russia; ² Lomonosov Moscow state university, faculty of psychology, department of neuro- and pathopsychology, Moscow, Russia

* Corresponding author.

Introduction.– Incoherence is a new concept in psychology. It characterizes the inconsistency in person’s representations of the world, himself and other people. The development of psychodiagnostic tools for assessing incoherence is an actual problem.

Objectives.– The purpose of this study is to appraise the questionnaire for the assessment of the perception of contradictions.

Method.– The study involved 26 schizophrenia patients and 15 healthy subjects. Experimental questionnaire “Study of contradictions” includes 39 pairs of opposing or not opposing characteristics of the person (both physical and psychological and social). The subject is asked to answer “YES” or “NO” to questions whether a person can be characterized simultaneously by both characteristics of the pair. The results are processed on 4 scales: physical antonyms (tall and short); physical non-antonyms (tall and lightweight); social and psychological antonyms (kind and evil); social and psychological non-antonyms (happy and evil).

Results.– Most subjects of both groups had no difficulty completing the questionnaire which indicates the possibility of its use in clinical settings. There were no significant differences between groups on the scale “physical antonyms”. However, it was found that patients with schizophrenia significantly less likely to coexist in a person’s opposite psychological and social characteristics. Also, patients with schizophrenia significantly more often than healthy subjects rejected the possibility of coexistence in humans not opposite characteristics, both physical and psychological and social.

Conclusions.– The results allow to consider that tolerance of some inconsistency in the perception of themselves and others is a normative phenomenon.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0551

The gender factor in the value orientations of patients with schizophrenia

E. Leontieva¹, A. Tkhostov¹, G. Rupchev²

¹ Lomonosov Moscow state university, faculty of psychology, department of neuro- and pathopsychology, Moscow, Russia;

² Federal state budgetary scientific institution “mental health research center”, laboratory of psychopharmacology, Moscow, Russia

* Corresponding author.

Introduction.– The rehabilitation success of patients with schizophrenia depends on the necessity of reassessment that should be done during the rehabilitation period. Gender plays a significant role within differentiated approach for schizophrenia patients.

Objectives.– Gender specific factors in the value orientations of schizophrenia patients.

Method.– 111 patients diagnosed with F20XX according to ICD-10, 53 men and 68 women, aged 35 ± 9 with disease duration of 5.4 ± 4.5, underwent a formalized clinical interview where they chose close and rejected values (direct naming), compared the

values among themselves (the hierarchy analysis method) and reported values that had changed after the illness. Chosen values were then divided into clusters: abstract, interpersonal communication, social strength and self-realization values.

Results.– Significant differences among men and women with schizophrenia were found in close value choices such as family ($P < 0.01$), friendship ($P < 0.01$), faith ($P < 0.01$), freedom ($P < 0.1$) categories.

Conclusion.– Men and women with schizophrenia are different in their value choices what can be considered/concluded/claimed as they have different goals for rehabilitation and social adaptation. Women with schizophrenia mostly focused on interpersonal communication, thus, they showed significantly higher score in “family values score” than men, who denied or did not support those clusters of values. Men were orientated towards abstract and religious values. Hence, it should be taken into consideration while setting the rehabilitation goals.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0552

Assessment of quality of life changes among first episode psychosis patients in Singapore

P. Satghare^{*}, E. Abdin, S. Shahwan, B.Y. Chua, S. Verma, M. Subramaniam

Institute of mental health, research, Singapore, Singapore

* Corresponding author.

Introduction.– Quality of Life (QOL) is a vital and valid outcome measure in first episode psychosis (FEP).

Objectives.– To determine the prevalence of change in QOL among FEP patients who indicated minimal clinically important difference (MCID) scores using World Health Organisation Quality of life- BREF (WHOQOL- BREF) and to identify its socio-demographic and clinical correlates over 1 year.

Methods.– The change in QOL scores between two study visits were determined by MCID scores by distribution-based methods, namely standard error of measurement ($1 \text{ SEM} = \sqrt{2} \times \text{SD}_1 \times \sqrt{(1 - r_{xx})}$) for the four domains of WHOQOL-BREF and using logistic regression to determine the significant correlates of improvement.

Results.– 89 participants who completed both baseline and 1 year follow-up were included in the study. Based on 1 SEM approach, MCID cut-offs derived were – 1.65 (Physical health), 1.76 (Psychological health), 2.27 (Social relationship) and 1.42 (Environment). Improvement in QOL of FEP patients across the four domains: 69.66% (Physical health), 67.42% (Psychological health), 76.4% (Social relationships) and 57.3% (Environment). For Physical health ($P = 0.0172$) and social relationships ($P = 0.049$), patients belonging to Malay ethnicity (versus Chinese) and for Psychological health ($P = 0.0484$), brief psychotic disorders patients showed positive MCID scores in QOL (versus schizophrenia) at the end of 1 year.

Conclusion.– The current study provides MCID scores on WHOQOL-BREF instrument among patients with FEP. Clinical cut-offs enable researchers and clinicians to better interpret the impact of disease on QOL of patients over time as well as to improve the efficacy of the interventions.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0553

Is smoking cannabis protective effect against metabolic alterations in psychosis? Results From a 3-years longitudinal study on patients with a first-episode of psychosis

J. Vázquez Bourgon¹, R. Romero Jiménez¹, M. Gomez Revuelta¹, F. Pilar Cuéllar², E. Castro Fernández², B. Crespo-Facorro¹

¹ University hospital Marqués de Valdecilla-IDIVAL, CIBERSAM, psychiatry, Santander, Spain; ² Instituto de Biomedicina y Biotecnología de Cantabria IBBTEC, CIBERSAM, Santander, Spain, pharmacology, Santander, Spain

* Corresponding author.

Background.– Cannabis smoking is highly prevalent among patients with a psychotic disorder. Its use has been found related to clinical characteristics of the disorder including age of onset, symptoms' severity and cognitive impairment. However, recent studies, both in healthy subjects and patients with psychosis, propose a possible protective effect of cannabis on weight gain and related metabolic alterations. Even so, there are no previous studies on the long-term longitudinal effect of cannabis on first-episode drug-naïve patients, thus not avoiding confounding effects of chronicity and previous treatment exposure. We aimed to explore the effect of cannabis smoking on weight and lipid/glycemic metabolic measures in a sample of first-episode non-affective psychosis patients.

Material and methods.– Anthropometric measurements and glycemic and lipid parameters were obtained at baseline and after 3 years of having initiated treatment. Patients were divided into two groups depending on self-reported cannabis use (cannabis users and non-users).

Results.– Cannabis users presented at baseline lower weight ($F=14.85$, $P<0.001$), BMI ($F=13.14$, $P<0.001$), total cholesterol ($F=4.85$, $P=0.028$) and LDL-cholesterol ($F=6.26$, $P=0.013$), than non-users. These differences were also observed at 3 years: weight ($F=8.07$, $P=0.005$), BMI ($F=4.66$, $P=0.032$) and LDL-cholesterol ($F=3.91$, $P=0.049$).

Conclusions.– Our results support the hypothesis that cannabis has a protective effect against weight gain and related metabolic alterations that are frequently observed in psychotic patients. However, this positive effect does not overcome the well known negative impact of cannabis on psychosis prognosis. Thus, clinicians should continue recommending cannabis use cessation, although being aware of a probable occurrence of a deterioration in metabolic parameters.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0554

Positive and negative symptoms in schizophrenia and their relation to depression, anxiety, hope, self-stigma and personality traits – A cross-sectional study

K. Vrbova¹, J. Prasko¹, M. Holubova¹, M. Slepecky², M. Ociskova¹

¹ Faculty of medicine and dentistry, Palacky university and university hospital, department of psychiatry, Olomouc, Czech Republic;

² Faculty of social science and health care, Constantine the Philosopher university, department of psychology sciences, Nitra, Slovak Republic

* Corresponding author.

Introduction.– Both positive and negative symptoms of schizophrenia may be related to other clinical variables.

Objectives.– The purpose of the investigation was to explore the relationship between positive or negative symptoms, social anxiety, hope, personality, and self-stigma in schizophrenia spectrum disorders.

Methods.– 57 outpatients took part in this cross-sectional study. All patients completed the Liebowitz Social Anxiety Scale, Internalized Stigma of Mental Illness Scale, Beck Depression Inventory-II, Beck Anxiety Inventory, Adult Dispositional Hope Scale, and Temperament and Character Inventory – Revised. The disorder severity was evaluated by Clinical Global Impression – Severity scale, and Positive and Negative Syndrome Scale. The patients were in a stabilized state.

Results.– Both positive and negative symptoms of schizophrenia positively correlated with global severity of the disorder, the severity of the general and social anxiety symptoms, the severity of self-stigma, and negatively with personality traits Self-directedness and Cooperativeness. Only negative symptoms significantly positively correlated with the severity of depressive symptoms and personality trait Harm-avoidance and negatively with the hope and personality trait Persistence. Comorbidity with social phobia is associated with statistically significantly higher mean scores on the total score of schizophrenic symptomatology, negative subscale average rating, and general psychopathological items. Patient with comorbid depression would experience a higher level of negative symptomatology than patients without such comorbidity.

Conclusions.– Both positive and negative symptoms highly correlated with the severity of anxiety symptoms including social anxiety, self-stigma and negatively with the character traits Self-directedness and Cooperativeness. The negative symptoms only correlated negatively with hope, depression, Harm-avoidance, and Persistence.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0555

Comorbidity of schizophrenia and social phobia – impact on quality of life, hope, and personality traits: A cross-sectional study

K. Vrbova¹, J. Prasko, M. Ociskova, M. Holubova

Faculty of medicine and dentistry, Palacky university and university hospital, department of psychiatry, Olomouc, Czech Republic

* Corresponding author.

Introduction.– The most common comorbid disorder in schizophrenic patients is a social phobia. It is usually an unrecognized problem that may be associated with a high distortion in managing claims of life.

Objectives.– The purpose of the study was to explore whether the comorbidity of social phobia affects symptoms severity, positive and negative symptoms, self-stigma, hope, and quality of life in patients with schizophrenia spectrum disorders.

Methods.– This is a cross-sectional study in which all participants completed the Internalized Stigma of Mental Illness scale, Adult Dispositional Hope Scale, Liebowitz Social Anxiety Scale, Beck Anxiety Inventory, Beck Depression Inventory-II, Positive and Negative Syndrome Scale, Quality of Life Enjoyment and Satisfaction Questionnaire, Temperament and Character Inventory – Revised, and the demographic questionnaire. The disorder severity was assessed both by a psychiatrist and by the patients.

Results.– The study included 61 patients of both genders. Clinically, the patients with comorbid social phobia had the earlier onset of the illness, more severe current psychopathology, more intense anxiety, and higher severity of depressive symptoms. The patients

with comorbid social phobia had the significantly lower quality of life, lower mean level of hope and experienced a higher rate of the self-stigma compared to the patients without this comorbidity. They also exhibited higher average scores of personality trait harm avoidance and a lower score of personality trait self-directedness.

Conclusions.– The study demonstrated differences in demographic factors, the severity of the disorder, self-stigma, hope, and personality traits between patients with schizophrenia spectrum disorders with and without comorbid social phobia.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0556

Motor function and psychotic symptoms in patients with schizophrenia

S.M. Wang^{1*}, L.C. Kuo²

¹ The Hong Kong Polytechnic University, Department of Rehabilitation Sciences, Kowloon, Hong Kong S.A.R.; ² National Cheng Kung University, Department of Occupational Therapy, Tainan, Taiwan R.O.C.

* Corresponding author.

Introduction.– Emerging evidence indicates that motor abnormalities are associated with progression of psychotic symptoms in individuals at the prodromal stage and can predict onset of full-blown psychosis. It is proposed that because of shared neurological malfunction in basal ganglia, motor abnormalities and psychotic symptoms are connected. To date little is known about whether the association between different types of motor function and psychotic symptoms exists in patients with full-blown schizophrenia.

Objectives.– This study was to examine the association of fine motor, muscle strength, and balance to psychotic symptoms in schizophrenia patients only treated with second-generation antipsychotics.

Methods.– Seventy schizophrenia patients (42 men and 28 women) were recruited. The McCarron Assessment of Neuromuscular Development was used to evaluate fine motor, muscle strength, and balance. The Positive and Negative Syndrome Scale was used to assess severity of psychotic symptoms. Considering gender differences, correlations between muscle strength and psychotic symptoms were analyzed separately by gender.

Results.– Poorer fine motor and balance were correlated to more severe negative symptoms ($r = -.46$, $P < .001$) and positive symptoms ($r = -.28$, $P = .02$), respectively. Weaker muscle strength was correlated to more severe negative symptoms ($r = -.53$, $P < .001$), but increased muscle strength was correlated to more severe positive symptoms ($r = .42$, $P = .006$) in men.

Conclusions.– Motor function keeps association with psychosis in patients with full-blown schizophrenia, supporting the hypothesis of shared basal ganglia dysfunction. Future research to examine whether compensatory mechanisms in cortical regions affect muscle strength is warranted.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Substance Related and Addictive Disorders - Part II

PW0557

How are we using mass media in the combat against drug addiction?

M. Alvarez de Mon Gonzalez^{1*}, V. Pereira¹, H. Saiz², T. Dot¹, I. Alberdi³, G. Lahera⁴¹ Clinica Universidad de Navarra, psychiatry, Pamplona, Spain;² Complejo Hospitalario de Navarra, psychiatry, Pamplona, Spain;³ Hospital Clínico San Carlos, Madrid, Spain; ⁴ Psychiatry, Madrid, Spain

* Corresponding author.

Introduction.– The harmful use of alcohol ranks third among the main risk factors for premature death and disability in the world, after smoking and hypertension. Problems with illegal drug use are increasing worldwide.

Objective.– To conduct a qualitative analysis on the Tweets that refer to drug addiction or alcoholism, from the Twitter accounts of prominent US mass media outlets.

Methods.– 15 US news media outlets were selected and analyzed. These outlets were chosen based on the number of followers on their Twitter accounts and were narrowed down to those with the most followers. The Tweets were selected if they made any reference to drug or alcohol addiction (ex. “alcoholism or alcohol abuse” from: @HuffingtonPost). This study focused on the Tweets from 2007–2016.

Results.– 277 Tweets were selected and divided into four categories. 25% focused on general interest (“How an epidemic of heroin and prescription drug addiction has left its mark on the 2016 presidential race”), 58.33% were testimonies from patients (“My bottom was gonna be death” – Eminem opens up about drug addiction, “Retired soccer star Abby Wambach opens up about her drug and alcohol abuse”), 10% had a condescending tone towards these disorders and the rest revolved around scientific advancements.

Conclusions.– Twitter is a platform that is frequently used to express personal experiences, in the hopes of inspiring people to avoid the use of drugs. However, Twitter is not being sufficiently utilized to spread awareness about the devastating psychological, neurological, and general health effects these addictions may cause.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0558

Sexual Addiction in HIV-infected men

Y. Ashenbrenner^{1,2*}, E. Chumakov^{1,2}, N. Petrova¹

¹ Saint Petersburg state university, department of psychiatry and addictions, St. Petersburg, Russia; ² Saint Petersburg psychiatric hospital no. 1 named after P.P. Kaschenko, outpatient department no. 2, St. Petersburg, Russia

* Corresponding author.

Introduction.– Sexual addiction (SA) is associated with risky sexual behavior and an increased risk of HIV.

Objective.– To estimate the frequency of SA in HIV-infected men.

Methods.– 63 HIV-infected men were examined. The R. Irons and J. Schneider criteria (1997) were used for diagnosis of SA.

Results.– The sample was divided into two groups: men who have sex with men (51%; MSM; average age 30.4 ± 8.9) and men who have sex with women (49%; MSW; 34.2 ± 7.9). SA was established in 19 MSM and 6 MSW (59.4 and 19.4%, respectively, $P < 0.001$). Men with SA were characterized by the desire for simultaneous or repeated subsequent sexual contacts (46.9 for MSM and 16.1% for MSW, $P = 0.009$), an increasing amounts of unfamiliar sexual

partners (71.9 and 19.4%; $P < 0.001$), perception of a partner only as a sexual object (59.4% and 22.6%, $P = 0.003$), use of commercial sex services (9.4% and 54.8%, $P < 0.001$), neglect of safe sex (100% men). The drug dependence was more common among MSW (18.8 and 61.3%, $P < 0.001$). The comorbidity of chemical and non-chemical addictive behavior reached 25.0% for MSM and 19.4% for MSW. MSM took drugs before sexual intercourse to raise mood, reduce anxiety and increase sexuality. Chemical addictive behavior in MSW was not associated with sexual intercourse.

Conclusions.– We revealed a high incidence of sexual addiction in HIV-infected men especially in MSM (59%). Sexual addictive behavior is one of the main factors that forms the conditions for HIV infection in MSM, while chemical addictive behavior was dominated in MSW.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0559

Low serum level of epidermal growth factor in chronic ketamine users

N. Fan¹, M. Zhang¹, H. He¹, Y. Ning¹, Y. Ding¹, X. Ke², D. Wang¹, X. Deng³

¹ Guangzhou psychiatric hospital, biological psychiatry laboratory, Guangzhou, China; ² Shenzhen Kangning hospital, psychiatry, Shenzhen, China; ³ Guangzhou Baiyun voluntary drug rehabilitation hospital, psychiatry, Guangzhou, China

* Corresponding author.

Background.– Growth factors play an important role in brain developing and mature. Whether Epidermal growth factor (EGF) plays a role in the pathophysiology of ketamine related disorders is unexplored. In this study, we examined the serum levels of EGF in chronic ketamine users as compared to healthy controls. The possible relationship between serum EGF levels with the demographic, ketamine use characteristics and psychopathological symptoms were also analyzed.

Methods.– 67 chronic ketamine users and 40 healthy subjects were recruited. Serum EGF levels were measured by enzyme-linked immunosorbent assay (ELISA). The psychopathological symptoms were assessed using Positive and Negative Syndrome Scale (PANSS), Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI).

Results.– The serum level of EGF in the chronic ketamine users were significantly lower than that of healthy subjects (22.34 ± 4.81 pg/ml vs. 87.10 ± 2.96 pg/ml, $F = 15.169$, $P < 0.01$). The serum EGF level was negatively correlated with the current average dose of ketamine consumption per day of use ($P = 0.015$), and positive association with the PANSS positive symptom score ($P = 0.022$).

Conclusions.– Serum level of EGF decreased in chronic ketamine users compared to healthy subjects, which may play a role in the pathophysiology of chronic ketamine use.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0561

Binge drinking, mood and psychological well being in university students

T. Heffernan*, M. Michell

Northumbria university, psychology, Newcastle upon Tyne, United Kingdom

* Corresponding author.

Introduction.– Low to moderate alcohol use in university students is associated with a range of positive outcomes, including improved academic performance, cognitive performance, and psychological well-being; whereas heavy episodic drinking or ‘binge drinking’ is associated with lower ratings on these indices. However, a recent survey of students’ drinking habits reported at the 2012 Annual American Sociological Association Meeting found that students who binged felt ‘happier’ and more socially satisfied than non-bingers; although the ‘happiness’ measure used was not a standardised tool.

Objectives.– The current study explored this further by comparing binge and non-binge university students on mood and psychological well-being.

Methods.– An existing-groups design was used to compare 35 binge-drinkers (drinking 8 units/more for females and 10 units/more for males in one/more sessions across the week; mean age = 20.0) and 35 non-binge drinkers (mean age = 21.2). Each completed a Recreational Drug Use Questionnaire; the Hospital Anxiety and Depression Scale measuring mood; and the Oxford Happiness Questionnaire which measures psychological well-being.

Results.– The two groups did not differ significantly in terms of gender, age, mood, cigarette use, years spent drinking alcohol and last drink in hours ($P > .05$ in all cases); none reported using any illicit drug. However, binge drinkers scored significantly lower in terms of psychological well-being compared with non-binge drinkers ($F(1, 68) = 9.57$, $P < .005$).

Conclusions.– The findings of this study suggest that binge-drinking students report significantly lower levels of psychological well-being than non-binge drinkers. The implications of this will be discussed at conference.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0562

What impact does alcohol hangover have upon event based prospective memory?

T. Heffernan

Northumbria university, psychology, Newcastle upon Tyne, United Kingdom

Introduction.– The alcohol hangover (AH) state is characterized by range of symptoms that remain after one’s blood-alcohol level returns to zero following a previous bout of excessive drinking. These symptoms include drowsiness, fatigue, gastro-intestinal problems, dry mouth, nausea, sweating, and tremulousness. Research on what impact a state of AH has upon cognitive performance is sparse, with some evidence of reduced alertness, problems in concentration, as well as deficits in executive function.

Objectives.– The present study aims to extend this focus to explore what impact a state of AH has upon everyday memory in the form of prospective memory (PM: memory for future plans/actions).

Methods.– 20 participants in a state of AH were compared with 24 controls that did not have a hangover. The Prospective Remembering Video Procedure (PRVP) was used as an objective test of objective PM – within which each participant was required to recall previously assigned actions in response to location cues as they appeared during a short 10-minute video focusing on shop fronts/passers-by in an unfamiliar shopping area.

Results.– The results found that, after observing no between-group differences on gender, age alcohol use (weekly units and years spent drinking), cigarette use, depression and anxiety, the AH group recalled significantly fewer action-location combinations than the non-AH group ($P < .05$).

Conclusions.– It appears that the alcohol hangover state impairs event based everyday prospective memory. The wider implications are considered further at the conference itself.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0563

Four-itemed problematic internet game screener: Usefulness of the brief version of internet game use elicited symptom screen (IGUESS-4)

S.J. Jo¹, H.K. Lee², Y. Hyeon Woo³, J. Hyunsuk⁴, S. Hye Jung⁴, H. Hyunho³

¹ College of medicine, The Catholic university of Korea, Seoul, Korea, department of preventive medicine, Seoul, Republic of Korea; ² The Catholic university Uijeongby St. Mary's hospital, department of psychiatry, Uijeongbu, Republic of Korea; ³ The Catholic university of Korea, department of preventive medicine, Seoul, Republic of Korea; ⁴The Catholic university of Korea, department of preventive medicine, Seoul, Republic of Korea

* Corresponding author.

Introduction.– The Internet Game Use Elicited Symptom Screen(IGUESS) was an Internet gaming disorder(IGD) screener based on the IGD's nine diagnostic criteria of DSM-5. Recently ICD-11 beta draft included three diagnostic criteria for gaming disorder, which has prompted academic debate.

Objectives.– This study performed to develop a brief, core symptom-focused, and diagnostically valid screener for IGD.

Methods.– We conducted the IGD screening test among 121 child and adolescent using the IGUESS. A clinicians conducted diagnostic interviews for all, which generated a gold-standard of IGD diagnosis. Among nine items of IGUESS, four items with the highest diagnostic accuracy were identified for the IGUESS-4. Convergent validity was assessed via correlation of Young's Internet addiction test (IAT) and IGUESS-4. ROC curve analysis was used to assess criterion-related validity and optimal cut-off score was estimated. Reliability of the iguess-4 was assessed using Cronbach's alpha and Cohen's Kappa statistic.

Results.– Saliency, getting longer time spent, try and failure on control, and continuation despite problems were selected as the items of IGUESS-4. Correlation coefficient of IAT and IGUESS-4 was $r=0.870$ ($P<0.001$). As a result of ROC analysis, the area under the curve(AUC) was 0.919. With the cut-off score of 5, sensitivity and specificity was 0.868 and 0.868 respectively. Cronbach's alpha of the IGUESS-4 is 0.909, and Cohen's Kappa between screening results of the IGUESS-4 and the full-version was 0.916.

Conclusions.– The IGUESS-4 is suggested as a brief, valid and reliable screening tool for IGD, and could be used in the community resources and primary care settings with lower burden.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0565

Goal commitment predicts outcome of adolescent cannabis use disorder

Y. Kaminer

University of Connecticut health center, psychiatry, Farmington, USA

Objective.– Commitment to change is an innovative potential mediator in adolescents with cannabis use disorders (CUD). The Adolescent Substance Abuse Goal Commitment (ASAGC) questionnaire is a new reliable and valid 2-scale measure developed to assess the adolescent's commitment to either abstinence (i.e.,

recovery model) or harm reduction (HR) model, that in addition to decrease in negative consequences, includes consumption reduction as a stated treatment goal. The objective of this paper is to examine the ASAGC's ability to predict treatment outcome of adolescents with CUD.

Method.– During sessions three and nine of a 10-week treatment program, therapists completed the ASAGC for 170 adolescents 13–18 years of age with alcohol use disorder (AUD), the majority of whom (82%) were diagnosed with co-occurring CUD. Cannabis use was confirmed by drug urinalysis and self-reports.

Results.– Logistic regression analyses assessing goal commitment (GC) at Session 3 indicated that both HR and recovery predicted cannabis use at Session 3. However, only recovery assessed predicted later cannabis use. When GC at Session 9 was examined, only recovery predicted cannabis use, concurrently and longitudinally during aftercare. These results indicated that adolescents who had higher scores for recovery were less likely to use cannabis. HR was not a significant predictor for outcome.

Conclusions.– Study findings demonstrate that GC consistently predicts CUD treatment outcome. Only GC to abstinence is a salient predictor for cannabis use.

Kaminer@uchc.edu. 195 Farmington Avenue, Farmington, CT, USA, 06030-6326. Tel: 860 679 4344

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PW0566

Spine density in the nucleus accumbens is differentially changed after rat gambling task with different housing condition

J.H. Kim

Yonsei university college of medicine, physiology, Seoul, Republic of Korea

Introduction and aims.– Poor decision-making is closely related to symptoms of various psychiatric disorders. Rat gambling task (rGT) adopts the basic principle of Iowa Gambling Task. Dendritic spine is a key structure for structural plasticity in the brain, and its morphology dynamically changes through the learning process. Here we examined how housing condition and choice preference appeared in rGT contributes to morphological change of dendritic spines in the nucleus accumbens (NAc).

Methods.– Rats were housed as isolated or paired, and trained in a touch screen chamber to learn the relationships between 4 different light signals on the screen and accompanied reward outcomes or punishments set up with different schedules. Once they show a stabilized pattern of preference upon free choice, rats were separated as risk-averse or risk-seeking group according to their preference of choice. Then, NAc tissues were immunostained with antibodies against GFP proteins and confocal imaging was conducted. With Neuronstudio Software, spine density was counted and its morphological differences were identified.

Results.– We observed that rGT alone with pair-housing, whether it turned out to be risk-averse or risk-seeking, did not contribute to show any difference in spine density compared to control group. However, when combined with isolation-housing, rGT showed increased number of total and thin spine density only in risk-seeking compared to control groups.

Conclusions.– These results indicate that trait (risky choice preference) and environment (isolated housing) inter-influence to contribute to morphological changes of dendritic spines in the NAc, and may suggest that these changes might underlie maladaptive decision making.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0567

Wide difference in symptoms distribution among the DSM-5 internet gaming disorder criteria

Y.S. Kweon^{1*}, S.Y. Lee¹, H.K. Lee¹, H. Jeong², H.W. Yim², S.J. Jo², S.Y. Bang³, J.S. Choi⁴

¹ Uijeongbu St. Mary's hospital, psychiatry, Uijeongbu-si, Republic of Korea; ² The Catholic university of Korea, department of preventive medicine, Seoul, Republic of Korea; ³ College of Medicine- Eulji university, department of psychiatry, Seoul, Republic of Korea; ⁴ SMG-SNU Boramae medical center, department of psychiatry, Seoul, Republic of Korea

* Corresponding author.

Introduction.– Although diagnostic criteria were proposed for internet gaming disorder (IGD) in the DSM-5, exploration of the prevalence of each criterion relied extensively on self-measurement.

Objectives.– To explore the relative prevalence of IGD criteria.

Methods.– We interviewed 766 students, who participated after informed consents. The subjects were grouped as normal (0–2), at-risk group (3–4) and IGD group (≥ 5) according to the number of positive criteria and were compared using Wilcoxon rank sum test or Kruskal-Wallis test with a two-sided *P*-value of 0.05.

Results.– The most common DSM-5 criterion displayed by the IGD group was 'loss of control' (90.5%). Compared to the control, the at-risk group and the IGD group demonstrated significantly higher 'loss of control' in the post hoc. However, the at-risk group and the IGD group displayed no statistical difference for 'loss of control' ($P=0.196$).

'Continued gaming despite negative consequences' (78.6%) and 'Preoccupation' (73.8%) were the second and the third common IGD symptom. Unlike 'loss of control', these two criteria showed significant differences between the at-risk group and the IGD group ($P<0.001$ and $P=0.001$, respectively).

'Tolerance', 'escapism', 'withdrawal', 'loss of interest other than gaming' and 'jeopardizing opportunities' followed in descending order. The most infrequently displayed IGD criteria among the IGD group was 'Deceiving' (31.0%).

Conclusions.– The prevalence of the proposed IGD criteria of DSM-5 varied widely in the IGD group. Each criterion may have a different level of clinical implication in the diagnosis and such difference should be considered when making potential refinement in the diagnostic criteria.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0568

Is exercise addiction in fitness centers a socially accepted behavior?

M. Lichtenstein^{1*}, B. Emborg², S. Hemmingsen³, N.B. Hansen⁴

¹ Department of psychology, university of Southern Denmark, Odense C, Denmark; ² Aarhus university, department of public health, Aarhus, Denmark; ³ Odense university hospital, department of clinical research, Odense, Denmark; ⁴ University of Southern Denmark, department of psychology, Odense, Denmark

* Corresponding author.

Introduction.– Fitness exercise is popular and associated with improved health and social status. Taken to extremes, however, exercise can become an addiction. One suggested symptom of exercise addiction is "conflicts" with family and friends. However, it

may be difficult to recognize excessive exercise patterns if they are accepted and encouraged by relatives.

Objectives.– The aim of this study was to explore if fitness exercisers with a high risk of addiction experienced the same level of exercise support as exercisers with a low risk of addiction. Furthermore, we wanted to examine if social support affected the subjective reporting of "conflicts".

Methods.– The Exercise Addiction Inventory was completed by 577 fitness members. They further rated their "exercise support from family and friends" and "present eating disorder".

Results.– Exercisers at high risk of exercise addiction reported the same level of support from relatives as those at low risk. Exercisers with high levels of exercise support reported significantly fewer conflicts, even if they were at high risk of addiction. If an eating disorder was present, the level of exercise support was significantly reduced.

Conclusions.– Exercise addiction might be difficult to identify with the general behavioral addiction symptom "conflict", since exercise is socially accepted even in subjects with high risk of exercise addiction. If an eating disorder is present, the exercise routines seem to be interpreted as socially undesirable. Screening for exercise addiction with the EAI should take into account that fitness exercisers rarely report conflicts, which could result in false negative cases.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0569

Results of a clinical trial of a new antagonist of opioid receptors

E. Mukhametshina^{1*}, M. Samsonov², E. Krupitsky³

¹ R-Pharm, Medical, Moscow, Russia; ² R-Pharm, Medical, Moscow, Russia; ³ Bekhterev Research Psychoneurological Institute, Department of Addictions, St. Petersburg, Russia

* Corresponding author.

Odelepran is a new pan opioid receptor antagonist for the treatment of alcohol dependence.

To reach the goal a multinational, multicenter, randomized, double-blind, placebo-controlled phase III trial of the efficacy and safety of the 125 mg Odelepran tablets in patients with alcohol addiction was conducted ($n=644$ patients). Over three months course of treatment, Odelepran had the highest effect in decreasing the rates of alcohol consumption, where the difference in comparison with placebo was statistically significant. The contribution of the individual consultation of the patients, which was more frequent during the first three months of the treatment, should not be ignored in achieving those results. Decrease in the rates of daily alcohol consumption was higher during the first three months of the treatment, and the statistically significant differences with Odelepran superiority were observed during the second and third months of the treatment. Analysis of percentage of days abstinent in a month shows that the difference with placebo group was statistically significant at the three months period with Odelepran superiority.

Differences in alcohol craving, which was measured by the Obsessive-Compulsive Drinking scale (objectively), and by the Visual Analogue Scale (subjectively), show Odelepran superiority during the course of the treatment, and at the end of the treatment. Clinical significance of the treatment efficacy was proved by the indications that were not directly related to the alcohol consumption, such as CGI-I scale and effectiveness index. Both of these indications were higher at the Odelepran group versus placebo at the three months treatment period.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0570

Evaluating readiness-to-change drinking behavior in treatment naïve alcoholic out-patients

P. Ponizovskiy, A. Gofman

Moscow research institute of psychiatry, department of mental disorders complicated by substance abuse, Moscow, Russia

* Corresponding author.

Background.– Assessing readiness to alter drinking behavior in alcoholic patients is important in choosing individual-focused treatment strategies.

Aims.– The study identifies the level of readiness-to-change drinking behavior in treatment naïve alcoholic patients seeking medical advice at early stages of the disease.

Method.– 34 treatment naïve alcoholic patients were investigated regarding the level of their motivation for treatment. The level of motivation for treatment was defined by summing up the overall quantitative ratings of awareness of alcohol addiction and its harmful effects.

Results.– A high level of motivation for treatment was identified in 30% of patients ($n = 10$) who reported negative effects of alcohol consumption on their health and social relations. 38% of patients ($n = 13$) demonstrated middle level of motivation reporting the presence of alcohol related problems in their life but demonstrated tendencies to self-justification and positively described the euphoric, relaxing, and tranquilizing effects of alcohol. 32% of patients ($n = 11$) had low level or no motivation for treatment correlating with high levels of addiction denial and strong craving for alcohol. Patients reported their alcohol consumption as “natural”. Their motivations to enter treatment were related to current external threats to employment, driving license, or spouse.

Conclusion.– The study provides evidence of patients seeking treatment at the early stages of alcohol dependence. In spite of displaying similar clinical features they have different motivation profiles. A high proportion (70%) of patients with low and middle level of motivation for treatment support adopting graded therapeutic interventions.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0572

From goals to habits in alcohol dependence: Association with treatment outcome and cognitive bias modification training

M. Sebold¹*, M. Garbusow¹, S. Nebe², L. Sundmacher¹, S. Kuitunen-Paul², H.U. Wittchen², M. Smolka², U. Zimmermann², M. Rapp³, Q. Huys⁴, F. Schlagenhauf¹, A. Heinz¹

¹ Charité, Universitätsmedizin Berlin, department of psychiatry and psychotherapy, Berlin, Germany; ² Technische Universität Dresden, Technische Universität Dresden, Dresden, Germany; ³ University of Potsdam, Potsdam, Germany; ⁴ University of Zürich, Zürich, Switzerland

* Corresponding author.

Introduction.– The dominance of the habitual, model-free over the goal-directed, model-based decision system might contribute to high relapse rates in individuals suffering from addictive disorders. In alcohol dependence (AD), however, results for this shift is mixed presumably because decision-making in AD depends on alcohol-associated expectations. Moreover, associations with prospective relapse and the effectiveness of therapeutic interventions have not yet been examined.

Objectives.– To investigate the shift from model-based to model-free decision-making in AD and its association with relapse, alcohol expectancies and a cognitive bias modification (CBM) training.

Methods.– We performed two studies including detoxified AD patients and controls. All subjects performed a Markov-decision task to assess model-free and model-based decision-making. In study 1, we assessed neural correlates via fMRI, alcohol expectancies via questionnaire and followed up all patients for one year to assess relapses. In study 2, AD patients performed the task prior to a CBM training.

Results.– In study 1, patients who relapsed had reduced medial prefrontal cortex (mPFC) activation during model-based decision-making. High alcohol expectancies were associated with low model-based control in relapsers, while the opposite was observed in abstainers and control subjects. In study 2, AD patients with a shift towards model-free decision-making at baseline showed stronger benefit from a cognitive bias modification training.

Conclusions.– Study 1 suggests that therapeutic interventions in AD patients could target subjective alcohol expectancies and that increased mPFC activation might be an important neural correlate of relapse risk. Study 2 further suggests that patients with predominantly model-free decision-making might specifically benefit from a CBM training.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0573

The relationship between adolescents' internet game addiction and suicidality

H.J. Son¹*, H.W. Yim¹, S.J. Jo¹, H. Jeong¹, H. Han¹, Y.S. Kwon²

¹ Catholic University of Korea, Preventive Medicine, Seoul, Republic of Korea; ² Uijeongbu St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Psychiatry, Uijeongbu, Republic of Korea

* Corresponding author.

Introduction.– Various social, physical and mental problems cause suicide ideation, suicide plan and suicide attempt.

Particularly, it is an important issue because the first leading of death among adolescents in Korea is suicide. Also, Internet game addiction has been mentioned to increase suicidality.

Objectives.– The purpose of this study was to examine the relationship between adolescents' internet game addiction and suicidality. **Methods.**– This study was targeting 2319 subjects enrolled in iCURE, a prospective cohort study that was conducted for the purpose of identify internet game addiction and risk factors. And data were collected from 2198 people, excluding 121 people with depressive symptoms.

The internet game addiction, which is an independent variable, used the Internet Game Use-Elicited Symptom Screen (I GUESS). If the total score is above 10 points, it is internet game addiction. The suicidality, a dependent variable, was considered to be a suicidality in the last 12 months using one of the three items of suicide ideation, suicide plan and suicide attempt.

To determine the association between adolescents' internet game addiction and suicidality, multiple logistic regression analysis were conducted to adjust effect of confounding variables.

Results.– Internet game addiction was not significantly associated while controlling suicidality with sex, school level, time to use internet game, anxiety, friend support and sleep time.

Conclusions.– It is difficult to suggest that internet game addiction plays an important direct significant factor in suicidality of adolescents. It is needed to examine how Internet game addiction plays a role in adolescents' suicidality by prospective observation.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0574

Sexual hormones mediate the behavioral response to D-amphetamine in healthy female subjects

A. Weidenauer^{1*}, U. Sauerzopf¹, M. Bauer², L. Bartova¹, N. Praschak-Rieder¹, 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

* Corresponding author.

Introduction.– Several studies in animals and humans show a modulating role of sexual hormones not only on neuronal development but also on dopamine release and the behavioral response to dopamine-releasing agents. Studies in humans and rodents suggest that estrogen might facilitate while progesterone might inhibit the stimulating effects of d-amphetamine. Effects of hormonal contraceptives are unknown.

Objectives.– To assess the impact of sexual hormones and hormonal contraception on the behavioral response to d-amphetamine in healthy female subjects.

Methods.– Thirteen female stimulant-naïve healthy subjects underwent one oral administration of d-amphetamine 0.4 mg/kg bodyweight (8 subjects on hormonal estrogen/progesterone combination contraceptives). Behavioral effects were assessed using the drug effects questionnaire (DEQ) and the subjective states questionnaire (SSQ). Blood serum levels of follicle stimulating hormone (FSH), luteinizing hormone (LH), estrogen, progesterone, and testosterone were measured before amphetamine administration.

Results.– There was a significant positive relationship between the behavioral response to d-amphetamine and serum concentration of LH, FSH and estrogen, with estrogen explaining up to 65% of the behavioral response. No negative relationship with progesterone was observed. Regarding hormonal contraception a significant “blunting” influence on the action of d-amphetamine was observed. *Conclusions.*– Our preliminary data suggest that sexual hormones exert a significant impact on the stimulating effects of d-amphetamine and, for the first time to our knowledge, show a “blunting” effect of hormonal contraceptives on the behavioral response of d-amphetamine in healthy female subjects.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0575

Pharming or self-medication? A case report of three patients addicted to fentanyl treated in a care center for drug addicts

I. Zabaleta Andreu^{1*}, S. Arias Rubio¹, C. Sanahuja Muñoz¹, C. Aguilar Romero¹, I. García Hoyos¹, J. Klotz²

¹ Hospital Universitario de Fuenlabrada, psychiatry, Fuenlabrada, Spain; ² N.Y. State psychiatric institute, Columbia university, division of child and adolescent psychiatry, New York, USA

* Corresponding author.

Introduction.– Fentanyl is an opioid agonist utilized in medicine as an analgesic and anesthetic. It is characterized by having a potency 80 to 100 times stronger than morphine and a brief latency period. *Objectives.*– To describe the recreational use of Fentanyl among population groups other than “traditional” consumers of opiates.

Methods.– Clinical cases of three youths with similar consumption patterns are presented.

Results.– Case 1, R.L, a 22-year-old male who goes to the CAID in November 2015 for smoking fentanyl for 1 year. He consumes fentanyl both socially and solitarily. He has had depressive symptoms since childhood and consumption of drugs since adolescence.

Case 2, R.V, a 22-year-old male who came to CAID in November 2015 for consumption of sublingual fentanyl patches for 1 year. He uses the substance with two friends in a social context. He has experienced anxious symptoms since childhood and consumption of various types of drugs since the age of 15.

Case 3, A.S., a 22-year-old male attending the CAID in June 2016 for fentanyl addiction. He makes a claim for treatment because his two fentanyl-user friends come to the center and refers to “wanting to understand what is happening to him” and refuses medication. Consumption of fentanyl occurs in the context of “experiencing sensations”. There was no mention of psychiatric antecedents.

Conclusions.– The rise in consumption of fentanyl and other synthetic opioids by certain groups of users, can become a serious public health problem. It is urgent that measures are implemented to study and control this phenomenon.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Depression - Part II

PW0577

A combination of Rhodiola Rosea and Crocus Sativus extracts for depression: A prospective observational study

M. Bangratz^{1*}, S. Ait Abdallah², A. Guilbot¹, M. Dubourdeaux³, P. Lemoine⁴

¹ PiLeJe laboratory, research and development R&D, Paris, France;

² PiLeJe laboratory, clinical research, Paris, France; ³ PiLeJe Industrie, research and development, Saint Bonnet de Rochefort, France;

⁴ Clinique Lyon Lumière, Meyzieu, France

* Corresponding author.

Conventional antidepressants have substantial side effects and often result in premature treatment discontinuation. In addition, their efficacy in non-severe major depression is questionable. The search for alternative treatments has therefore become a high priority. Many natural products and medicinal plants have been shown to produce interesting results for the treatment of depression, among them, *Rhodiola rosea* and *Crocus sativus* (saffron). In this study conducted with general practitioners, 45 adults aged 18 to 85 years who were suffering from mild or moderate depression (CIM-10 definition) and had a score on the Hamilton rating scale for depression (HAM-D) between 8 and 18 received two tablets containing 308 mg of an extract of *rhodiola* and 30 mg of an extract of saffron per day for 6 weeks. After 6 weeks of supplementation (D42), the HAM-D score (primary outcome) significantly decreased from 13.5 ± 2.5 at D0 to 5.5 ± 3.8 at D42 ($P < 0.0001$). At D42, score improvement was reported in 83.3% of the patients. Both the HADS-Anxiety and HADS-Depression scores significantly decreased between D0 and D42, the decrease being significant from two weeks of supplementation. At the end of the study, both the general practitioners and patients rated a significant improvement in the depressive state. Supplementation was well tolerated. The results of this observational study performed in primary care suggest that the proprietary supplement containing *rhodiola* and saffron tested could be of interest for mild and moderate depres-

sion. Further double-blind placebo-controlled study are needed to confirm these results.

Disclosure of interest.– employee of PiLeJe Laboratory.

PW0578

A positive correlation between self-ratings for aggression and severity of major depression

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.

Keywords: Self-ratings for aggression; Intensity of depression

Introduction.– Studies of depressive individuals show a relationship between, on the one hand, the severity of depression and, on the other, aggression directed towards their environment and themselves.

Objectives.– The aim of the study was to ascertain the correlation between self-ratings for aggression and severity of major depression (MDD), as well as gender differences in the expression of aggression in the context of depressive disorder.

Methods.– The study sample consisted of 82 patients (51 female, 31 male) diagnosed with MDD, aged between 18 and 65 years old ($M = 46.21$). Assessment instruments included The Beck Depression Inventory-II (BDI-II) and The Buss-Perry Aggression Questionnaire (BPAQ) consisting of 4 sub-scales: Physical Aggression, Verbal Aggression, Hostility and Anger.

Results.– The average BPAQ and BDI-II scores were 80.98 ($SD = 17.74$) and 27.21 ($SD = 11.53$), respectively. The total score of the BPAQ and its sub-scales of Physical Aggression, Hostility and Anger showed a significant positive correlation with the BDI-II score ($P < 0.01$). Verbal aggression did not significantly correlate with BDI-II score ($P = 0.289$). In addition, there was a significant difference between depressed males and depressed females in terms of physical aggressiveness (males were more physically aggressive), but not in terms of total aggressiveness, verbal aggression, anger, or hostility.

Conclusions.– The study results show that the greater the general aggression and its correlates – physical aggression, anger and hostility – the greater the depression. Interventions focusing on identifying and targeting aggression should be considered in the successful treatment of patients diagnosed with MDD.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0579

Diurnal salivary alpha-amylase and cortisol in out-patients with major depressive disorder

S. Bauduin^{*}, M. van Noorden, S. van der Werff, B. van Hemert, N. van der Wee, E. Giltay

Leiden university medical center, psychiatry, Leiden, The Netherlands

* Corresponding author.

Introduction.– Previous research has shown that the stress hormone cortisol in saliva differentiates between patients with psychiatric disorders and healthy controls on a group level. The enzyme alpha amylase in saliva (sAA), released under the influence of the autonomic nervous system (ANS), may be a more specific biomarker, differentiating between MDD and other psychiatric disorders.

Methods.– sAA and salivary cortisol levels were determined in 7 saliva samples collected during the day from participants that par-

took in a Routine Outcome Monitoring (De Beurs et al., 2011) measurement (97 MDD patients, 142 patients with other psychiatric problems (OPP), and 594 controls). Clinical diagnoses were assessed using the Mini International Neuropsychiatric Interview (MINI; Van Vliet & De Beurs, 2007).

Results.– On average, MDD patients had higher sAA levels upon awakening (day 1: $P = 0.05$; day 2: $P = 0.03$) and the area under the curve with respect to the increase (AUC_i ; $P = 0.05$), in comparison to both controls and the OPP group. Evening cortisol levels were higher in MDD patients compared to healthy controls. Cortisol levels did not differentiate between MDD and other psychiatric disorders at any time point.

Conclusion.– MDD patients showed increased morning levels of sAA and increased levels of evening cortisol, indicating enhanced stress systems of the ANS and hypothalamus-pituitary-adrenal axis. Moreover, sAA levels were also able to differentiate between the MDD and OPP groups. Although these biomarkers are useful on a group level, they show too much variability to be beneficial for the individual patient within the clinical care setting.

PW0580

Biomarkers of antidepressant pharmacological treatment response: A systematic review and meta-analysis of the last 15 years

P. Gorwood^{1*}, G. Voegeli¹, N. Ramoz², M.L. Cléry-Melin-Galichon¹

¹ Hopital Sainte-Anne, Paris Descartes university, cmme, Paris, France; ² Inserm U894, centre of psychiatry and neuroscience, Paris, France

* Corresponding author.

Background.– Antidepressant drugs are widely prescribed, but response rates after 3 months are only around one-third, explaining the importance of the search of objectively measurable markers predicting positive treatment response. These markers are being developed in different fields, with different techniques, sample sizes, costs, and efficiency. It is therefore difficult to know which ones are the most promising.

Objective.– Our purpose was, for the first time, to compute comparable (i.e., standardized) effect sizes, at study level but also at marker level, in order to conclude on the efficacy of each technique used and all analyzed markers.

Methods.– We conducted the first systematic search on the PubMed database to gather all articles published since 2000 using objectively measurable markers to predict antidepressant response from five domains, namely cognition, electrophysiology, imaging, genetics, and transcriptomics/proteomics/epigenetics. A manual screening of the abstracts and the reference lists of these articles completed the search process.

Results.– Executive functioning, theta activity in the rostral Anterior Cingulate Cortex (rACC), and polysomnographic sleep measures could be considered as belonging to the best objectively measured markers, with a combined d around 1 and at least four positive studies. For inter-category comparisons, the approaches that showed the highest effect sizes are, in descending order, imaging (combined d between 0.703 and 1.353), electrophysiology (0.294–1.138), cognition (0.929–1.022), proteins/nucleotides (0.520–1.18), and genetics (0.021–0.515).

Conclusion.– Markers of antidepressant treatment outcome are numerous, but with a discrepant level of accuracy. Many biomarkers and cognitions have sufficient predictive value ($d \geq 1$) to be potentially useful for clinicians to predict outcome and personalize antidepressant treatment.

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PW0582

Depression in women but not men is associated with a very high risk of cardiovascular mortality in primary care population in Latvia

R. Ivanovs¹, A. Kivite², I. Mintale³, J. Vrublevska⁴, R. Logins¹, L. Berze¹, E. Rancans¹

¹ Riga Stradins university, department of psychiatry and narcology, Riga, Latvia; ² Riga Stradins university, department of public health and epidemiology, Riga, Latvia; ³ University Clinic of Paul Stradins, department of cardiology, Riga, Latvia; ⁴ Riga Stradins university, department of psychiatry and narcology, Riga, Latvia

* Corresponding author.

Introduction.– Depression has been recognized as independent risk factor for development and prognosis of cardiovascular diseases (CVD). Recent evidence suggests that women with depression have a poorer CVD prognosis than men. The Systematic Coronary Risk Evaluation (SCORE) system estimates the 10-year risk of a first fatal atherosclerotic event.

Objectives.– To examine association of depression and the 10-year risk of a first fatal atherosclerotic event in primary care population in Latvia.

Methods.– This cross-sectional study was carried out within the framework of the National Research Program BIOMEDICINE at 24 primary care facilities. During one week period in 2015 all consecutive adult patients attending General practitioner (GP) for medical reasons were invited to complete the Patient Health Questionnaire (PHQ-9) followed by physical measurements. The Mini International Neuropsychiatric Interview (MINI) was conducted over the telephone within 2 weeks after the visit to GP. A hierarchical multivariate analysis was carried out.

Results.– The study population consisted of 1569 subjects, 31.0% men and 69.0% women. Of the interviewed participants 23.4% showed a very high 10-year CV mortality risk according to the SCORE ($\geq 10\%$). Depression symptoms (PHQ-9 ≥ 10) were present in 15.0% of individuals. According to the MINI 10.2% had current and 28.1% had a lifetime depression. Subjects with depression symptoms had 1.57 times higher odds of very high CV risk. When analysis was stratified by gender, depression (PHQ-9) remained statistically significant only for women (odds ratio = 2.16).

Conclusions.– We found a statistically significant association between depression and a very high CV mortality risk in women but not men.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0583

Efficacy and tolerability of patients' treatment with moderate to severe depression with trazodone in comparison to SSRI/SNRI

O. Khaustova

Bogomolets National Medical university, psychosomatic medicine and psychotherapy, Kiev, Ukraine

* Corresponding author.

Introduction.– Antidepressants' effective treatment is limited by delay in onset of therapeutic effects, poly-symptoms' and intolerable

side-effects' presence. New rationale strategy for greater treatment efficacy is multi-targets drugs with combining multiple pharmacological actions.

Objective.– We studied the efficacy and tolerability of patients' treatment with moderate to severe depression with trazodone in comparison to SSRI/SNRI.

Methods.– 100 patients with MDD was randomly assigned to two treatment groups for 8 weeks. Study group (SG) was treated with trazodone average dose 255 mg; control group (CG) – SSRI/SNRI (average doses: paroxetine 23.75 mg; sertraline 63.6 mg; escitalopram 12.5 mg; venlafaxine 170 mg). The evaluation was by scales HAM-D17, HAM-A.

Results.– Therapeutic effect was faster in SG compared with CG (SG W1 HAM-D17 decreased on 6.2 ± 4.3 , W2 – on 9.3 ± 4.6 ; CG, respectively 5.3 ± 3.9 and 8.1 ± 4.1). Therapeutic response in SG was 67.2%, in CG – 65.8%. Significant reduction HAM-D17 score was in insomnia and somatic symptoms of anxiety items in SG. Overall decline HAM-A score was 11.3 ± 5.9 in SG, 10.8 ± 5.3 in CG. More rapid onset of anxiolytic trazodone action was compared to SSRI/SNRI (SG W1 HAM-A decreased on 5.4 ± 2.9 , CG – 3.5 ± 2.5 , $P=0.04$). The overall proportion of adverse events was 1.87 times lower in the study group compared with the control.

Conclusions.– Was confirmed trazodone superiority in efficacy and safety compared to SSRI/SNRI in more rapid onset of action, anxiolytic effect, reducing insomnia and minimize side effects.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0585

Relationships between major depression symptoms and circadian rhythm

Y.M. Li¹, R. Möttus

The University of Edinburgh, department of psychology, Edinburgh, United Kingdom

* Corresponding author.

Introduction.– Physiological changes based on 24-hour day-night cycle are widely observed in nature. In humans, sleep-wake cycle, body temperature, feeding, and mood also exhibit circadian rhythm.

Objectives.– The goal is to investigate the relationships between Major Depression (MD) symptoms and circadian rhythm in healthy volunteers.

Methods.– Experience sampling methodology and on-line questionnaires were used in two studies. Mobile phone apps were used to collect momentary ratings of MD symptoms 4–6 times per day over 14–15 days. On-line questionnaires were employed to collect retrospective ratings of MD symptoms using the Patient Health Questionnaire-9. The relationships between the momentary ratings of each MD symptom and circadian rhythm were analysed using three linear mixed-effect models. The fixed factors included MD severity as represented by the total score of the PHQ-9, age, gender, educational attainment, marital status, employment status, and the times of measurement (mornings, afternoons, or evenings). The random factors were participant or both participant and the time of measurement.

Results.– In the two studies, significant differences between momentary MD symptom ratings and the times of measurement were observed in the items in the mobile questionnaire including – “I enjoy what I am doing”, “I don't care about anything”, and “I am restless”. The replicability of the associations across the studies was tested by correlating the standardised betas of the linear mixed-effect models: there was evidence for the effect of evenings on the depression symptoms.

Conclusions.– Circadian rhythm could be observed in some MD symptoms.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0586

Fears of compassion: Magnifiers of the impact of shame on depressive symptomatology

J. Marta-Simões*, C. Ferreira

CINEICC - Cognitive-behavioural research centre university of Coimbra, clinical psychology, Coimbra, Portugal

* Corresponding author.

Compassion, a warm and understanding attitude toward oneself or others in situations of suffering or failure, associates with several good mental health indicators. Nonetheless, some individuals find receiving or expressing affiliative and compassionate emotions, from self or others, to be difficult, discomforting or frightening.

Three path analyses were conducted to test whether fears of self-compassion, of expressing compassion to others, and of receiving others' compassion, moderate the association of shame with depression symptoms.

A total of 234 men and 590 women ($n=824$), aged from 18 to 65, participated in this study. Participants provided demographic data and completed self-report questionnaires (evaluating external shame, fears of compassion and depression symptoms). Moderator effects were tested via path analyses and graphical representations. Fears of self-compassion, of expressing compassion to others, and of receiving others' compassion, appear to be moderators of the relationship between external shame and depression symptoms. Specifically, for any level of shame experienced, individuals who are more afraid of any form of compassion present higher levels of depression, comparing to those who are less afraid of compassion. The three moderation models (fears of self-compassion, of expressing compassion to others, and of receiving others' compassion) explained 48%, 43% and 47% of depression symptoms' variance, respectively.

Present results seem to corroborate the malignancy of fearing compassion, and add to literature by showing its exacerbator role on the impact of shame on the display of depression symptoms. Findings of this study underline the pertinence of working with fears of compassion in clinical approaches to ashamed and depressed individuals.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0587

Big five personality characteristics and metabolic syndrome in patients with major depressive disorder

M. Martinac¹, D. Babić², M. Pavlović², R. Babić²

¹ Public health centre, Mostar, Bosnia, Herzegovina; ² University clinical hospital Mostar, department of psychiatry, Mostar, Bosnia, Herzegovina

* Corresponding author.

Aim.– To investigate the prevalence and correlation of different types of personalities in depressive disorder with respect to the presence of the metabolic syndrome and healthy controls.

Methods.– We conducted a cross-sectional study with a sample of 120 respondents of which 40 were with melancholic type of depression, 40 with nonmelancholic type of depression and 40 healthy subjects. The NEO-FFI personality questionnaire was used to iden-

tify personality types. Depression diagnosis was conducted with the MINI questionnaire and Hamilton rating scale for depression. The diagnosis of MS was made according to ATP III criteria. Blood pressure, waist circumference, and the concentrations of blood glucose, cholesterol, HDL-cholesterol, triglycerides and CRP were determined to all participants.

Results.– We found a high neuroticism and low extraversion, openness and conscientiousness in depressive patients. In MS group expressed personality characteristics was neuroticism. Neuroticism was an independent risk factor for MS in general, neuroticism and conscientiousness for decreased HDL-cholesterol, conscientiousness for the development of hyperglycemia, neuroticism were independent risk factor for hypertension, while openness had a protective role.

Conclusion.– The results of the research show a statistically significant high incidence of neuroticism in depressed patients. In patients with MS high scores on neuroticism also was found, neuroticism was an independent predictor of the occurrence of MS in general in the studied sample.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0588

Everybody needs to feel safe: the aversive role of shame feelings and self-critical attitudes on depression symptoms

A.L. Mendes*, C. Ferreira

CINEICC - Cognitive and behavioural centre for research and intervention university of Coimbra, clinical psychology, Coimbra, Portugal

* Corresponding author.

Early positive and secure experiences have been consistently linked with well-being and with feelings of connectedness, safeness and acceptance. Secure attachment is defined as the individual's perception that their caregivers function as a secure base to regulate anxiety and adverse feelings when confronted with stressful contexts, and that they attend to one's needs of emotional support, protection and proximity. A lack of a secure base is associated with several psychopathological symptoms, specifically with depression symptoms.

A path model which hypothesised that social safeness, external shame and self-criticism may act as mediators in the association between secure attachment and depression symptomatology was tested. The study's sample comprised 91 Portuguese women, aged between 18 and 47 years old.

The tested model accounted for 42% of depression symptoms and showed excellent model fit indices. Particularly, results indicated that a lack of early secure attachment seems to explain higher levels of depressive symptomatology through a poorer experience of social safeness and connectedness with others, the adoption of self-critical attitudes, and feelings of inferiority and non-acceptance.

These results seem to emphasise the impact of early experiences of security, acceptance and warmth in one's later well-being. Furthermore, these findings reinforce the relevance of promoting self-compassion abilities, which have been pointed out as particularly important in the prevention and treatment of depression symptomatology.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0589

Depression among parents of children diagnosed with rare diseases

M. Iorga¹, C. Munteanu², C. Domdas¹, D. Muraru¹, S. Drochioi³, D.T. Anton-Paduraru³

¹ University of medicine and pharmacy “Grigore T. Popa”, behavioral sciences, Iasi, Romania; ² “Gr. T. Popa” university of medicine and pharmacy, general medicine, Iasi, Romania; ³ University of medicine and pharmacy “Grigore T. Popa”, mother and child, Iasi, Romania

* Corresponding author.

Introduction.– Depression among parents of children with rare diseases represents an important factor that influence quality of life of pediatric patients.

Objectives.– The aim of the study is to identify the level of depression among parents with children diagnosed with three rare diseases: phenylketonuria, cystic fibrosis and hypothyroidism.

Methods.– A number of 29 parents (23 mothers and 6 fathers) were included in the research. The parents had to answer to the items of Beck Depression Inventory. Socio-demographic data and medical information about the disease of their children were also registered. Descriptive, comparative and correlational analysis were realized using the program SPSS Statistics v23.0.0 for MAC.OSX.

Results.– Parents are aged between 18 and 56 ($M=34.44 \pm 9.34$). The mothers are younger ($M=33.08 \pm 9.29$) than fathers ($M=39.66 \pm 8.18$). More than half of the families (51.7%) live in urban area. Mothers score higher on depression compared to fathers ($t(27)=2.472, P=.020$). Variables like type of chronic disease, parents' age or their level of education do not influence depression scores. The results showed positive significant correlations between the levels of parents' depression or child's age and the time passed from the diagnostic. We found that the older the child is or the longer the period from the diagnostic is, the more depressed the parents are.

Conclusions.– The results obtained are important for constructing personalized psychotherapies for children and their families in order to offer suitable support for enhanced quality of life

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0591

Tellenbach's orderliness in depression and anxiety disorders

A. Maraone¹, V. Roselli^{1*}, V. Magliocchetti¹, M. Pasquini¹, L. Tarsitani²

¹ SAPIENZA university of Rome, department of neurology and psychiatry, Umberto I hospital, Rome, Italy; ² SAPIENZA university of Rome, Rome, Italy

* Corresponding author.

Introduction.– One of the more consistent premorbid personality vulnerable model to endogenous depression was that described by Tellenbach. Orderliness, conscientiousness, hyper/heteronomia and intolerance of ambiguity are the core features of Typus Melancholicus (TM). Several studies showed that in the 30–60% of patients a relationship between unipolar depression and TM.

Objectives.– To evaluate the potential association between TM, using orderliness (Factor 1) and conscientiousness (Factor 2), and mood and anxiety disorders. The second purpose is to assess the degree of empathy and stress vulnerability in TM.

Methods.– Population of 131 subjects, consists of 101 outpatients with mood and anxiety disorders according to DSM IV and 30 non-clinical controls, was enrolled. The two dimensions of TM were assessed with Kasahara's Inventory for the Melancholic Type Personality (KIMTP). Furthermore the sample was interviewed with

Table 1.

SVS subscales	KIMTP Factor 1 orderliness	KIMTP Factor 2 conscientiousness
SVS 1 tension	0,126	-0,121
SVS 2 demoralization	0,418**	-0,086
SVS 3 Reduced social support	0,333**	-0,143
SVS tot	0,344**	-0,129

*p<0.05; **p<0.01

Table 2.

IRI subscales	KIMTP Factor 1 orderliness	KIMTP Factor 2 conscientiousness
IRI_fantasy	-0,056	0,071
IR_perspective taking	-0,006	0,199
IRI_empathic concern	-0,008	0,334**
IRI_personal distress	0,330**	-0,008
IRI_tot	0,147	0,242*

*p<0.05; **p<0.01

Interpersonal Reactivity Index (IRI) and Stress-related Vulnerability Scale (SVS).

Results.– Patients with Major Depressive Disorder (DDM) ($P < 0.008$) and Anxiety Disorders (AD) ($P < 0.003$) have a considerably higher score only in Factor 1 of KIMTP than control sample. A significant correlation was both highlighted between the factor 1 and the dimension of perceived stress, demoralization and reduced social support of SVS (Table 1) and personal distress of IRI (Table 2). The factor 2 has a correlation with dimension Empathic Concern of IRI (Table 2).

Conclusions.– Just the dimension orderliness could considered a factor of vulnerability for DDM and AD. This result could be explained through a socio-cultural challenge in the development of mood and anxiety disorders.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0592

Multimodal antidepressant in Major Depressive Disorder: Use of vortioxetine in depressive outpatients

O. Santamaria^{1*}, S.L. Romero²

¹ Nuestra Señora de Valme university hospital, psychiatry, Seville, Spain; ² Virgen Macarena university hospital, psychiatry, Seville, Spain

* Corresponding author.

Introduction.– 50% of patients with Major Depressive Disorder (MDD), discontinue or do not respond to treatment. Vortioxetine is an antidepressant with a multimodal mechanism of action.

Objectives.– To assess efficacy, functionality and tolerability of Vortioxetine in a real setting.

Methods.– A prospective observational 8-week follow-up study. Patients with a diagnosis of MDD and a score on Montgomery-Åsberg Depression Rating Scale (MADRS) of ≥ 20 points.

The efficacy variables were changes in MADRS, in anhedonia using the Snaith Hamilton Rating Scale (SHAPS) and in functionality using the Sheehan Disability Scale (SDS). Also, the proportion of responsive and remission patients as well as continuity rate and rate of side effect reports.

Results.– A total of 66 patients were included in the study (44 female and 22 male).

The mean baseline score of 29.7 (± 5.3) on the MADRS and 7.5 (± 1.2) on the SAHPS. 7.9 (± 1.3) on the SDS-Work, 8.2 (± 1.3) on the SDS-Social life and 8.1 (± 1.1) on the SDS-Family life.

We observed a significant decreased in the total score on:

- MADRS scale ($\Delta = 20.5 \pm 8.7$; $P < 0.01$), after 2 weeks.
- SHAPS scale ($\Delta = 3.2 \pm 1.5$; $P < 0.05$), after 4 weeks.
- SDS-work scale ($\Delta = 4.9 \pm 1.6$; $P < 0.01$), after 2 weeks.
- SDS-social scale ($\Delta = 4.4 \pm 2.1$; $P < 0.05$), after 8 weeks.
- SDS-family scale ($\Delta = 3.9 \pm 1.7$; $P < 0.05$), after 4 weeks.

At the study end, the mean treatment response rate was 68.18%, whereas the mean remission rate was 54.4%; with a rate of treatment adherence of 78.78%

Conclusions.– Vortioxetine is well-tolerated and effective in depression, and improves functionality in patients with MDD.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0593

Neurocognitive characteristics of patients with and without treatment-resistant depression

G. Serafini¹*, M. Pompili², P. Girardi³, M. Amore¹

¹ University of Genoa, neuroscience DINOGMI, Genoa, Italy; ² Suicide prevention center, Sant'Andrea hospital, Sapienza university of Rome, Rome, Italy, neurosciences, Rome, Italy; ³ Sant'Andrea hospital, Sapienza university of Rome, Rome, Italy, neurosciences, Rome, Italy

* Corresponding author.

Introduction.– Approximately 30% of patients with major depression do not successfully respond to available antidepressant medications (NRTD). Treatment-resistant depression (TRD) is commonly associated with relevant disability and psychosocial impairment worldwide.

Objectives.– We aimed to compare neurocognitive functions in TRD and NTRD subjects and identify possible neurocognitive predictors of resistance.

Methods.– Overall, 32 depressed outpatients with TRD according to Thase and Rush staging method and 22 with NTRD were recruited at the section of Psychiatry, University of Genoa (Italy). Participants completed the Trail Making Test (TMT-A/B), Verbal Fluency test (VFT), Rey Auditory Verbal Learning Test (RAVLT), Stroop Color Word Interference (SCWT), and Continuous Performance Test (CPT).

Results.– TRD patients reported a more impaired performance at SCWT ($P \leq 0.001$), RAVLT ($P = 0.001$), and TMT-A/B ($P \leq 0.05$) relative to subjects with NTRD. In particular, TRD patients showed a more impaired visuospatial coordination ($P \leq 0.05$) and altered cognitive flexibility ($P \leq 0.05$) than patients with NTRD. TRD subjects also reported lower rates of correct detections at CPT ($P = 0.001$) with a greater number of omission errors ($P \leq 0.05$) than NTRD patients. After multivariate regression analyses, the amount of variation in TRD that was accounted for all predictors was 75% ($R^2 = 0.75$) with the SCWT ($P < 0.001$) and RAVLT ($P < 0.001$) that resulted significant predictors of TRD. The rate of correct detections at CPT ($P = 0.001$), phonemic ($P = 0.001$) and semantic ($P = 0.009$) verbal fluency, SCWT ($P = 0.005$ e $P = 0.001$), and TMT-B ($P = 0.010$) scores further predicted TRD.

Conclusions.– TRD was associated with greater neurocognitive impairments when compared with NTRD. Selective neurocognitive impairments might be used as early targets of treatment.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0594

Memory deficit upon ECT treatment of major depression is associated with increased levels of neurotoxic tryptophan catabolite in blood

J. Söderlund¹*, T. Kocki², B. Owe-Larsson¹, E. Urbanska²

¹ Karolinska Institutet, department of clinical neuroscience, Stockholm, Sweden; ² Medical university of Lublin, department of experimental and clinical pharmacology, Lublin, Poland

* Corresponding author.

Introduction.– Tryptophan degradation produce neuroactive substances including neurotoxic 3-hydroxy-kynurenine (3HK) and neuroprotective kynurenic acid (KYNA). Reduced levels of KYNA and increased levels of 3HK, detected in blood, has been associated with major depression. Increasing KYNA in blood prevented stress induced depression in a rodent model of depression. Electroconvulsive therapy (ECT) induce an excitotoxic state which may affect both these substances.

Objective.– To investigate if KYNA and 3HK is induced by ECT, and whether altered levels can explain antidepressive and cognitive side effects of this treatment.

Methods.– Blood samples and results from the cognitive testing were obtained from fourteen patients with major depression, before the first and the last ECT session in a serie of 5–7 sessions. Also blood samples one hour after the first and the last session was obtained. Nine healthy volunteers were recruited as controls. KYNA and 3HK were analyzed using HPLC.

Results.– Patients with reduced cognitive performance after a serie of ECT had a decreased level of KYNA and increased level of 3HK in blood, and patients with unaffected or improved performance show the opposite pattern. These chronic changes were unrelated to the antidepressive effects of ECT. However, also a 2–3-fold increase of KYNA of short duration was observed as early as 1 hour after ECT.

Conclusion.– ECT seem to induce changes in tryptophan degradation towards a neurotoxic dominance in patients with reduced cognitive performance after treatment. Acute changes in KYNA after ECT may suggest a new possible mechanism for how ECT exerts its antidepressive effect.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0595

Latvian family physicians' experience and attitude in diagnosing and managing depression

J. Vrublevska^{*}, V.V. Vinogradova, R. Ivanovs, E. Rancans

Riga Stradins university, department of psychiatry and narcology, Riga, Latvia

* Corresponding author.

Introduction.– Despite high prevalence rates of depression in primary care it continues to be under-diagnosed.

Objectives.– To identify family physicians' (FP's) experience and attitude in diagnosing and managing depression in Latvian primary care setting.

Methods.– FP's complete the structured questionnaire during educational seminars on diagnosing and treating depression carried

out all over Latvia within the framework of National Research Program BIOMEDICINE.

Results.– In total 208 respondents (or 15.5% out of 1346 FP's in contract with the government) were recruited. Mean age of FP's was 53.2 (95% CI 51.9–54.5) and practical experience 26.7 years (95% CI 25.1–28.2). 76.4% ($n = 165$) FP's absolutely agree that depression is serious disease and 81.9% ($n = 177$) of FP's admit, they often must come across with the patients with depression. 72.2% ($n = 156$) of doctors consider, that patients with depression use primary care more often, than other patients. 66.3% ($n = 143$) of doctors quite often ask their patients about psycho-emotional status during the visits, however, 52.3% ($n = 113$) suppose, their usual contact with depressive patients is middling or quite bad. 62.6% ($n = 135$) of FP's suppose their practice is well suitable for the treatment of depressive patients but half of the respondents (50.9%; $n = 110$), assess their ability to motivate patients for treatment as middling.

Conclusions.– Most of the FP's critically assess their ability to build trustful contact with depressive patients and motivate them for treatment. It is necessary to introduce FP's training program and the screening program for depression in Latvia.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0596

Early improvement of executive test performance during antidepressant treatment predicts treatment outcome in patients with major depressive disorder

S. Wagner^{1*}, I. Helmreich¹, S. Kaaden², J. Reiff², S. Roll³, D. Braus², A. Tadic⁴, K. Lieb¹

¹ University medical center, department of psychiatry and psychotherapy, Mainz, Germany; ² Helios Horst Schmidt Kliniken, psychiatry and psychotherapy, Wiesbaden, Germany; ³ Vitos Rheingau, psychiatry and psychotherapy, Eltville, Germany;

⁴ Agaplesion Elisabethenstift, department of psychiatry, psychosomatics and psychotherapy, Darmstadt, Germany

* Corresponding author.

Executive dysfunctions frequently occur in patients with Major Depressive Disorder and have been shown to improve during effective antidepressant treatment. However, the time course of improvement and its relationship to treatment outcome is unknown. The aim of the study was to assess the test performance and clinical outcome by repetitive assessments of executive test procedures during antidepressant treatment. Executive test performance was assessed in 209 – patients with Major Depressive Disorder (mean age 39.3 ± 11.4 years) and 84 healthy controls five times in biweekly intervals from baseline to week 8. Patients were treated by a defined treatment algorithm within the early medication change study (EMC trial; ClinicalTrials.gov NCT00974155), controls did not receive any intervention. Executive domains included processing speed, cognitive flexibility, phonemic and semantic verbal fluency. Intelligence was assessed at baseline. Depression severity was tested once a week by the Hamilton Depression Rating Scale (HAM-D₁₇). 130 patients (62%) showed executive dysfunctions in at least one of four tests at baseline. A majority of these patients (65%) experienced a normalization of the impaired test performance in parallel to the improvement of depressive symptomatology. The early improvement of semantic verbal fluency predicted treatment outcome in patients with executive deficits at baseline ($P \leq 0.037$). Executive dysfunctions occur in the majority of patients with Major Depressive Disorder and normalize in most patients with successful antidepressant treatment. The early improvement of semantic verbal fluency may be a candi-

date easily to apply for therapy response prediction which should be tested in further prospective studies.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0597

A combined marker of early non-improvement and the occurrence of melancholic features improve the treatment prediction in patients with major depressive disorders

S. Wagner^{1*}, A. Tadic², S. Roll³, N. Dreimüller¹, J. Engelmann¹, K. Lieb¹

¹ University medical center, department of psychiatry and psychotherapy, Mainz, Germany; ² Agaplesion Elisabethenstift, department of psychiatry, psychosomatics and psychotherapy, Darmstadt, Germany; ³ Vitos Rheingau, psychiatry and psychotherapy, Eltville, Germany

* Corresponding author.

Background.– Early improvement of depressive symptoms within two weeks of antidepressant treatment is a highly sensitive but less specific predictor of later treatment outcome. The aim of this study was to identify clinical features at treatment initiation which are associated with early improvement and non-improvement as well as to identify variables predicting non-remission in patients showing an early improvement.

Methods.– 889 patients with a major depressive episode according to DSM-IV who had participated in an antidepressant treatment trial served as study sample. Clinical predictors (demographic variables, psychopathology, comorbid disorders) were analysed in 698 (79%) early improver, Hamilton Depression Rating Scale reduction $> 20\%$ after 14 days of treatment, compared to 191 (21%) non-improver. Furthermore, clinical predictors for later remission and non-remission were analysed in the 698 patients showing an early improvement.

Results.– Patients with more severe depression and suicidality were more likely to become non-improver, and also non-remitter after 8 weeks of treatment in case of early improvement. Early improver with melancholic, anxious or atypical depression as well as with comorbid social phobia or avoidant personality disorder had an increased risk for non-remission at study end. The combined marker of early non-improvement and the occurrence of melancholic features increased the specificity of treatment prediction from 30 to 90%.

Limitations.– A limitation was that comorbid disorders were only assessed at baseline.

Conclusions.– Patients with early non-improvement and melancholic features at treatment initiation have a particularly high risk of later non-remission. This group of patients should be considered more attention in treatment decisions.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Obsessive-Compulsive Disorder / Personality and Personality Disorders

PW0598

Maladaptive perfectionism and obsessive-compulsive symptoms: The role of stress vulnerability, controlling negative affect

A.P. Amaral¹, M.J. Soares², A.T. Pereira², A. Macedo³

¹ Institute Polytechnic of Coimbra and university of Coimbra, Coimbra Health School, Coimbra, Portugal; ² University of Coimbra, department of psychological medicine, faculty of medicine, Coimbra, Portugal; ³ University of Coimbra and Coimbra hospital and university centre, department of psychological medicine, faculty of medicine, Coimbra, Portugal

* Corresponding author.

Introduction.– Maladaptive perfectionism dimensions are highly prevalent in patients with Obsessive-Compulsive Disorder (OCD) and some researchers consider perfectionism as a risk factor for the development of obsessive-compulsive symptoms. Perfectionism is also viewed as a necessary, but insufficient, predisposing factor for OCD (Pinto et al., 2017). Additionally, several studies have reported that stress acts as a mediator or moderator of the link between perfectionism and psychological distress (Flett et al., 2016).

Objectives.– To analyze the mediation role of stress vulnerability in the association between maladaptive perfectionism and OC symptoms, controlling for negative affect.

Methods.– In a transversal study 217 students filled in: (1) Maudsley Obsessional-Compulsive Inventory; (2) Composite Frost and Hewitt & Flett - Multidimensional Perfectionism Scale; (3) Questionnaire of Stress Vulnerability, and (4) Profile of Mood States.

Results.– After mediation analysis, and controlling negative affect (depression, anxiety and hostility), it was found that maladaptive perfectionism contributes to higher levels of OC symptoms, either directly ($c' = .056, P = .014, 95\% \text{ CI} = .012 \text{ to } .100$) or indirectly ($axb = .27, 95\% \text{ CI} = .008 \text{ to } .054$) as a result of its impact on stress vulnerability ($a = .220, P < .001$), which in turn leads to OC symptoms ($b = .123, P = .012$). The total effect of maladaptive perfectionism on OC symptoms is significant ($c = .083, 95\% \text{ CI} = .044 \text{ to } .123, P < .001$).

Conclusions.– Stress vulnerability is a mediator of the relationship between maladaptive perfectionism and obsessive-compulsive symptoms, controlling the effect of negative affect. Perfectionism and stress vulnerability should be taken into account in prevention and cognitive interventions of obsessive-compulsive symptoms.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0599

Maladaptive perfectionism, stress vulnerability and depressive symptoms in college students

A.P. Amaral¹, M.J. Soares², A.T. Pereira², A. Macedo³

¹ Institute Polytechnic of Coimbra and university of Coimbra, Coimbra health school, Coimbra, Portugal; ² University of Coimbra, department of psychological medicine, faculty of medicine, Coimbra, Portugal; ³ University of Coimbra and Coimbra hospital and university centre, department of psychological medicine, faculty of medicine, Coimbra, Portugal

* Corresponding author.

Introduction.– Accumulated evidence suggests that stress acts as a mediator or moderator of the link between perfectionism and psychological distress (Flett et al., 2016), and according to Smith

et al. (2016), perfectionistic concerns exacerbate effect of stress on depressive symptoms across clinical and non-clinical samples. Among university students, maladaptive perfectionism is associated with a wide range of psychological distress, including depression (Hamamura & Laird, 2014).

Objectives.– To analyze the mediation role of stress vulnerability in the association between maladaptive dimensions of perfectionism and depressive symptoms.

Methods.– In a transversal study, 217 students (82% females) filled in the Composite Frost and Hewitt & Flett – Multidimensional Perfectionism Scale, the Questionnaire of Stress Vulnerability, and the Profile of Mood States.

Results.– We found positive associations between maladaptive dimensions of perfectionism and stress vulnerability (from $r = .181, P < .005$ to $r = .661, P < .005$). More adaptive dimensions of perfectionism were not significantly associated with stress vulnerability. After mediation analysis, there was evidence that maladaptive dimensions of perfectionism led to more depressive symptoms, either directly ($c' = .104, P = .046, 95\% \text{ CI} = .002 \text{ to } .205$) or indirectly ($axb = .106, 95\% \text{ CI} = .097 \text{ to } .238$), as a result of its impact on stress vulnerability ($a = .299, P < .001$), which in turn led to depressive symptoms ($b = .532, P < .001$).

Conclusions.– Stress vulnerability mediated the relationship between the maladaptive dimensions of perfectionism and the depressive mood. Perfectionist students with higher scores of maladaptive dimensions are more vulnerable to stress and have greater propensity to develop depressive symptoms.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0600

Confirmatory factor analysis of the big three perfectionism scale in a sample of Portuguese university students

F. Lino¹, C. Marques², A.T. Pereira², P. Sousa¹, A.P. Amaral³, P. Oliveira⁴, A.I. Araújo⁵, A. Macedo⁵

¹ University of Coimbra, faculty of medicine, Coimbra, Portugal; ² University of Coimbra, psychological medicine, faculty of medicine, Coimbra, Portugal; ³ Institute Polytechnic of Coimbra, university of Coimbra, Coimbra health school, Coimbra, Portugal; ⁴ University hospital, department of psychiatry, Coimbra, Portugal; ⁵ University of Coimbra, university hospital, psychological medicine, faculty of medicine, Coimbra, Portugal

* Corresponding author.

Introduction.– The Big Three Perfectionism Scale (BTPS) is a new measure to study the perfectionism as a multidimensional personality trait. The BTPS postulates the existence of three second-order factors (rigid perfectionism, self-oriented perfectionism and narcissistic perfectionism).

Objective.– A confirmatory factor analysis was conducted to examine the factor structure of the BTPS in a sample of Portuguese university students.

Method.– A sample of 398 university students (68.5% females; M of age = 21.47 ± 2.19; range: 17–32) answered the Portuguese preliminary version of the BTPS and other validated perfectionism measures (Multidimensional Perfectionism Scales from Frost and Hewitt & Flett). A sub-sample of 163 participants completed the BTPS again after approximately eight weeks.

Results.– After correlating items errors, the second order model of the Portuguese version of BTPS presented a marginal acceptable fit ($\chi^2/\text{df} = 3.006$; TLI = 0.788; CFI = 0.802; GFI = 0.745; RMSEA = 0.071). The three factors of the Portuguese version of BTPS showed acceptable to good internal consistency reliability (Cronbach's alphas ranging from .79 to .88) and temporal stability ($r > .69, P < .001$). In

general, Pearson correlations with other perfectionism measures were significant, positive and low to moderate.

Conclusions.– The Portuguese version of the BTPS has an underlying three-factor model. Given the model fit indices, these findings should be interpreted with caution and it will be important to enlarge the sample size. All the dimensions present good reliability and concurrent validity. Further research is needed to confirm this factor structure in other Portuguese samples.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0601

Confirmatory factor analysis of the HEXACO-60 in a sample of Portuguese university students

P. Sousa¹, C. Marques², A.T. Pereira², F. Lino¹, A.P. Amaral^{3*}, D. Mota⁴, S. Ferreira⁵, M. Coroa⁵, A. Macedo⁴

¹ University of Coimbra, faculty of medicine, Coimbra, Portugal;

² University of Coimbra, faculty of medicine, psychological medicine, Coimbra, Portugal; ³ Institute Polytechnic of Coimbra, Coimbra Health School, Coimbra, Portugal; ⁴ University of Coimbra, university hospital, faculty of medicine, psychological medicine, Coimbra, Portugal; ⁵ University hospital, department of psychiatry, Coimbra, Portugal

* Corresponding author.

Introduction.– The HEXACO-60 inventory assesses the HEXACO model of personality structure which posits that personality traits consist of six dimensions – Honesty-Humility, Emotionality, Extraversion, Agreeableness, Conscientiousness and Openness to Experience.

Objective.– A confirmatory factor analysis was conducted to examine the factor structure of the HEXACO-60 in a sample of Portuguese university students.

Methods.– A sample of 632 university students (65.5% women), between 17 and 34 years old ($M=21.42$; $SD=2.28$) answered the Portuguese version of the HEXACO-60. A sub-sample of 212 participants completed the HEXACO-60 again after approximately eight weeks.

Results.– The initial model resulted in a poor fit ($\chi^2/df=2.526$; $TLI=0.741$; $CFI=0.755$; $GFI=0.803$; $RMSEA=0.049$). After eliminating three items (6, 19 and 36) due to low loadings ($\lambda < .30$) and correlating item errors, the second order model of the Portuguese version of the HEXACO-60 presented a marginal acceptable fit ($\chi^2/df=2.317$; $TLI=0.787$; $CFI=0.801$; $GFI=0.825$; $RMSEA=0.046$). The six dimensions of the Portuguese version of HEXACO-60 showed acceptable to good internal consistency reliability (Cronbach's alphas ranging from .72 to .82) and temporal stability ($r > .75$, $P < .001$).

Conclusions.– The findings seem to suggest that the HEXACO-60 has an underlying six dimensions. The factorial model presented a marginal acceptable fit, thus these findings should be interpreted with caution. All the dimensions present good reliability. Further research is needed to confirm this factor structure in other Portuguese samples.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0602

A preliminary analysis of affiliation and social safeness in psychotic disorders: The role of negative symptoms and external shame

M. Argel¹, T. Cruz¹, M.J. Martins¹, M. Bajouco¹, A.I. Araújo^{2*}, P. Castilho¹, A. Macedo¹

¹ Faculty of medicine of the university of Coimbra, psychological medicine department, Coimbra, Portugal; ² Psychological medicine department, faculty of medicine, university of Coimbra, Macieira de Cambra, Portugal

* Corresponding author.

Background.– Often psychotic-spectrum disorders are associated with significant burden in global functioning. Negative symptoms, such as amotivation and asociality, have been reported as one of the major contributors to disability. There is still a strong social stigma involved, which may lead to a sense of devaluation and problems in feeling safe in the social world. This may be influenced by the emergence of shame (an emotion with high social importance, crucial to the self-identity). This study aims to investigate the associations between negative symptoms, external shame and social safeness (perceiving social world as safe and soothing); and explore the mediator role of external shame in the relationship between negative symptoms and social safeness.

Method.– A sample of 33 patients diagnosed with a psychosis-spectrum disorder were recruited, assessed with the Positive and Negative Syndrome Scale and completed the Other as Shamer Scale and Social Safeness and Pleasure Scale.

Results.– All variables under study were significantly associated with each other. Negative symptoms were correlated with external shame and both were negatively associated with social safeness. Simple mediation revealed that external shame was a significant mediator in the relationship between negative symptoms total and social safeness.

Discussion.– These results appear to indicate that in people with psychosis, the thought of being held negatively in the mind of others is a pathway from which negative symptoms impact on social interactions and safeness. Shame can be a useful therapeutic target for patients with negative symptoms of psychosis.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0603

Vegetarian food behavior as a means of implementing a consistent axiological position of an individual

G. Arina¹, A. Bykov

Lomonosov Moscow state university, department of neuro- and pathopsychology, Moscow, Russia

* Corresponding author.

Introduction.– A significant number of people for various reasons choose to limit meat consumption or adhere to different types of vegetarian diets (e.g., Cunningham, 2009; Ruby, 2012; Fox, 2008). Objective: A conscious change in food behavior is a phenomenon when a choice is made to modify a long-term internalized pattern of body regulation. The study aims to present a summary of the axiological basis of such a transformation and the motivational dynamics in the vegetarian food behavior.

Methods.– 51 vegetarians (average adherence period of 7 years) in Russia participated in a semi-structured interview, a survey and Rokeach's Value Survey (RVS) (1974).

Results.– The majority of respondents (85%) perceived their transition to vegetarianism as a possibility of a “new life”, a personal

value-driven act, which involved overcoming cultural and/or family habits. Retrospectively, initial motivation for the transition was linked to ethics (63%) and health (37%) and meaningfully coincided with key life value orientations of the individual in RVS (e.g. love, health, active life). Subsequently, vegetarians who initially stated health motivation to be the reason for the change tended to become more ethically conscious.

Conclusions.– Vegetarianism not only presents itself as a form of food behavior, but as a means of implementing a consistent values' position of an individual. The dominant motives of vegetarianism, i.e. ethics and health, meaningfully coincide with key value orientations of an individual. Long-term adherence to vegetarianism while preserving its primary motivation acquires a broader motivational basis.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0604

Behavioral flexibility in obsessive compulsive disorders: A translational study

N. Benzina*, K. N'Diaye, L. Mallet, E. Burguière

Institut du Cerveau et de la Moelle épinière, BEBG Team, Paris, France

* Corresponding author.

Obsessive-Compulsive Disorder (OCD) is a mental disorder featuring obsessions (intrusive ideas) and compulsions which are repetitive behaviors performed through rigid rituals. This phenomenological observation has led to explore the idea that OCD patients have diminished behavioral flexibility. The pathophysiology of OCD supports this hypothesis with dysfunctional cortico-basal ganglia loops including structures involved in behavioral flexibility.

Thus, our objective is twofold: to verify the involvement of behavioral flexibility in the compulsive behavior and to explore the neurobiological bases underlying flexibility in patients and an animal model of OCD (SAPAP3-KO).

Behavioral flexibility may be challenged in reversal learning paradigms. This task has been implemented easily for neuropsychological studies in human. However, the adaptation of non-spatial reversal learning task in rodents is much more laborious due to the high number of trials required for the learning. To overcome this issue, we developed automated behavioral cages where animals could live and be exposed continuously to the task. We succeeded in designing a similar reversal learning task in both species and observed that both OCD patients and SAPAP3-KO mice showed impaired performance in our task with more trials needed than controls to reach the reversal criterion, a marker of their difficulty to reverse a previously learned association.

These results suggest that OCD condition is associated with a diminished behavioral flexibility. The next step is to explore the neural basis of the behavioral flexibility and its link with compulsion by modulating the cortico-basal ganglia pathways both in patients (DBS) and SAPAP3-KO mice (optogenetic) during behavioral tasks.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0605

Development of the Padua Inventory Short Form (PI-SF): Factor structure and psychometric properties

A. Galhardo*, D. Santos, I. Massano-Cardoso, M. Cunha Miguel Torga institute, psychology, Coimbra, Portugal

* Corresponding author.

Introduction.– The Padua Inventory (PI) is 60-item self-report measure of obsessive-compulsive symptoms. Several studies analysed its factor structure and convergent and divergent validity. Recently, there is a research trend to develop more concise instruments.

Objectives.– The current study aimed the development of a short form of the PI Portuguese version (PI-SF). Dimensional structure and psychometric properties were examined.

Method.– PI-SF items were selected based on psychometric criteria. This preliminary study was conducted in a sample of 604 participants from the general population. In another sample of 338 subjects a 5-factor model was verified through confirmatory factor analysis (CFA). Cronbach alpha and composite reliability (CR) were estimated. Correlations with the Coimbra Obsessive Inventory (COI) and the Depression, Anxiety and Stress Scales (DASS-21) were calculated. Test-retest reliability was studied in a subsample of 23 participants.

Results.– The PI-SF included 21 items and 5 dimensions: doubt, magic thinking, contamination/washing, repeated checking, and need for order/symmetry. The 21-item version and 5 factor structure revealed a good fit to the data. (CFI = .939; GFI = .906; TLI = .928; RMSEA = .056; MECVI = 1.430). A strong correlation between the PI and the PI-SF was found ($r = .97$). Concerning internal consistency, Cronbach alpha was .91 and the CR was .97. The PI-SF showed high correlations with the COI ($r = .80$; $r = .74$) and moderate correlations with the DASS-21 ($r = .45$; $r = .44$; $r = .48$).

Conclusion.– Our findings provided a piece of evidence that the PI-SF is a reliable and valid measure of obsessive-compulsive symptoms keeping the same factor structure and being more practical to use in research and clinical settings.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0606

Borderline personality disorder awareness month

K. Gintalaite-Bieliauskiene

Avon and Wiltshire Mental Health Partnership NHS Trust, Recovery Service, Weston super Mare, United Kingdom

Introduction.– Many patients diagnosed with Borderline Personality Disorder (BPD) find this diagnosis challenging and stigmatising. Family members experience high level of distress and they are rarely involved in treatment. Understanding BPD helps to put in place effective compassionate treatments and develop a common language.

Objectives.– To raise awareness and provide accurate information about BPD, share the message of hope amongst mental health-care professionals, clinical commissioning group, patients and their families.

Methods.– 16 education sessions in March 2016 and 5 sessions in March 2017 were offered to multidisciplinary teams in North Somerset, United Kingdom. The following topics aimed at professionals were covered: structured clinical management, neurobiology, attachment, art therapy, mentalization based therapy, lessons learnt from serious untoward incidents, support through transitions, BPD traits in later life and research findings. The sessions were facilitated by clinicians, management and researchers.

In addition, two evening sessions were provided to patients and their families and the third session was dedicated to families only. Handouts, websites and books list were provided. . .

Results.– All sessions were well attended, including families and patients from the neighbourhood Trust. The idea of developing local families support network and regular carers group was raised by the families and is being explored with the commissioners. The feedback for each session was provided, with excellent feedback received from families.

Conclusion.– Awareness about BPD was successfully raised. We gave a BBC radio talk following this event. We are aiming that BPD Awareness Month will become a tradition across the organisation.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0609

Clinical personality patterns and well-being at work in physicians working with life-threatening illnesses: Comparisons of clinicians and laboratory workers

S. Khrushchev^{1*}, D. Vybornykh¹, V. Barabanshchikova², E. Rasskazova³, A. Tkhostov⁴

¹ National research center for hematology, laboratory of neurological and mental disorders in hematology, Moscow, Russia; ² Lomonosov Moscow state university, the head of the laboratory of work psychology, Moscow, Russia; ³ Lomonosov Moscow state university, mental health research center, associate professor, senior researcher, Moscow, Russia; ⁴ Lomonosov Moscow state university, the head of clinical psychology department, Moscow, Russia

* Corresponding author.

Introduction.– Although disruptive for functioning at work and well-being personality disorders often remain undiagnosed. Revealing risk groups is especially important in those working under stress like communicating with severe ill patients.

Objectives.– The aim was to reveal patterns of personality disorders related to well-being in clinicians and doctors working in laboratories.

Methods.– 180 doctors treating life-threatening illnesses (23.5% males, 84 clinicians and 96 lab workers) filled Millon Clinical Multiaxial Inventory III (Millon et al., 2009), Big Five Questionnaire – 2 (Caprara et al., 2007), Satisfaction With Life Scale (Diener et al., 1985), Work Engagement, Boredom at Work Scales (Schaufeli, Salanova, 2014), Maslach Burnout Inventory (Maslach et al., 1997).

Results.– In both groups schizoid, avoidant, depressive, dependent, antisocial, aggressive, passive-aggressive and self-defeating personality patterns are related to burnout, boredom at work and dissatisfaction with life ($r = .22-.60$) while dynamism, emotional and impulse control correlate to lower risk ($r = .24-.62$). Histrionic and narcissistic patterns are associated with better well-being and lower burnout ($r = .20-.60$). Clinicians are more dominant, less scrupulous, demonstrate more histrionic and narcissistic and less avoidant, paranoid, schizotypal, self-defeating traits ($F = 4.14-11.47$, $P < .05$, $\eta^2 = .02-.06$). Comparisons of correlations indicate that dynamism, perseverance, low schizoid traits are more important for well-being of lab workers while compulsive traits – in clinicians ($P < .05$).

Conclusions.– Personality patterns predicting poor well-being are close in clinicians and lab workers but most of them are more prominent in lab workers indicating that both groups are targets for prevention programs.

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PW0612

Obsessive compulsive disorder among university students and its impact on academic achievement

S. Ntyl^{1*}, T. Almuhaeni¹, M. AlAwaji¹, E. Soliman²

¹ Fourth year medical student, CM, Princess Nourah Bint Abdelrahman University, Riyadh, KSA, College of Medicine, Riyadh, Saudi Arabia; ² Assistant Professor of Psychiatry, College of Medicine, Princess Nourah Bint Abdelrahman university, Riyadh, KSA. Lecturer of Psychiatry, faculty of medicine, Zagazig university, Egypt, Psychiatry Department, Riyadh, Saudi Arabia

* Corresponding author.

Introduction.– One of the overlooked psychiatric disorders in the adult is Obsessive Compulsive Disorder (OCD). The prevalence of OCD in Saudi Arabia is 1.2% and to date there are no solid figures about OCD among university students.

Objectives.– To estimate how frequent is OCD among university students in Saudi Arabia and to determine its effect on academic achievement.

Materials and methods.– Questionnaire based Cross sectional study was conducted among 771 consented university students. The questionnaire used included sociodemographic data and Florida Obsessive-Compulsive Inventory that consists of 20 questions divided in two parts. Part 1: Identifies common symptoms of OCD and was answered in the form of (yes or no) and the cutoff point was 5, part 2: measures the severity of symptoms of OCD according to Likert five response with a cutoff point of 8. A Grade Point Average (GPA) was used as objective summative assessment for students' performance.

Results.– The average age of participants was (20.9 ± 1.63) years. Most of them were females (78.9%), single (94.7%), Saudi (96.6%) and GPA was (4.095 ± 0.661). Students with OCD were (30%). It was found that OCD is more common in females ($P = 0.002$), younger age ($P = 0.01$). There's a significant relation between family history of some psychiatric disorder and occurrence of OCD (Anxiety, $P = 0.001$) and (ADHD, $P = 0.007$). Also, significant effect of OCD on academic achievement was reported ($P = 0.01$).

Conclusion and recommendation.– There is a high frequency of OCD among university students with different severities which impacted their academic achievement. Further confirmation by clinical interview is needed.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0613

How does perfectionism relate to psychological wellbeing? A study in Tunisian university students

U. Ouali^{*}, Y. Zgueb, E. Akrimi, A. Ouertani, F. Nacef Razi Hospital, Psychiatry A, La Manouba, Tunisia

* Corresponding author.

Introduction.– Perfectionism is a multidimensional construct, with some dimensions being adaptive (perfectionistic strivings) and others maladaptive (perfectionistic concerns). The majority of studies on perfectionism was conducted in Western and East Asian societies, whereas few research on this topic exists in Arab societies.

Objectives.– The aim of our study was to explore perfectionism and its relationship with psychological wellbeing in a Tunisian student sample.

Methods.– This is a cross-sectional study conducted in April 2016 on a sample of students from Tunis-El Manar University. Students filled in the Revised Almost Perfect Scale (Short form) (SAPS) and the Depression, Anxiety and Stress Scale (DASS 21), as well as a questionnaire containing socio-demographic and clinical variables. Statistical analysis was performed using SPSS 20.

Results.– Our sample consisted of 416 students with a mean age of 22.5 years. 23% of the sample had an adaptive perfectionism, whereas 20.1% had a maladaptive perfectionism and 30% had a mixed adaptive/maladaptive perfectionism. Students presenting with maladaptive and mixed adaptive/maladaptive perfectionism were more prone to stress, anxiety and depression than their non-perfectionistic counterparts and students with adaptive perfectionism. A history of psychiatric disorder, mostly depression and anxiety disorders, was found in 7.2% of students. However, there was no relationship between perfectionism and psychiatric disorder.

Conclusion.– More than half of the students had maladaptive perfectionistic traits which seem to have a negative impact on the students' psychological wellbeing. These findings underline the need for specific psychoeducational measures and psychological counseling at universities.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0614

Theory of mind and self-injury in borderline personality disorder

B.O. Plasencia García de Diego^{1*}, F. Gotor Sánchez-Luengo², S.L. Romero Guillena³, O. Santamaría Gómez², R. Navarro Pablo²
¹ De la Merced Hospital-Osuna, Department of Psychiatry, Seville, Spain; ² Nuestra Señora de Valme Hospital, Department of Psychiatry, Seville, Spain; ³ U.S.M.C "Carmona" U.G.C Salud Mental Virgen Macarena Hospital, Department of Psychiatry, Seville, Spain

* Corresponding author.

Introduction.– Theory of mind (ToM) is an important area of social cognition. ToM impairments have been associated with difficulties in interpersonal relationships and disruptive behaviours in patients with borderline personality disorder (BPD) [1].

Objective.– To analyze the correlation between ToM and the number of suicide. As well as determining whether impulsivity and depersonalization are potential confounding factors.

Methods.– 22 patients with a diagnosis of BPD (DSM-5 criteria) were included.

ToM was assessed using the revised version of the Reading the Mind in the Eyes Test (REMET).

Impulsivity was assessed using the Barrat Impulsivity Scale (BIS) total score and depersonalization levels using the Cambridge Depersonalization Scale (CDS)

Results.– The mean age was 25.91 years (± 7.20). The mean number of suicide attempts in the last two years was 3.09 (± 2.30).

We found:

– A strong correlation ($r = -0.701$; $P < 0.001$) between the number of suicide attempts and REMET. Both variables are linearly related and this relationship is indirect.

– No correlation between: the number of attempts and the BIS ($r = 0.273$) and the number of attempts and the CDS ($r = 0.170$).

When performing the multivariate analysis, the correlation with REMET is confirmed ($\beta_1 = -0.632$; $CI = -0.88$; -0.37).

Conclusions.– There is a strong association in our work between poorer performance in ToM and a greater number of suicide attempts, not finding impulsivity and depersonalization symptoms to be potential confounding factors.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

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PW0615

Cognitive, emotional and communicative mechanisms of mentalization impairment in schizotypal disorder

E.T. Sokolova, K.O. Andreyuk, A. Ryzhov^{*}
 Lomonosov MSU, Faculty of Psychology, Moscow, Russia

* Corresponding author.

Introduction.– The development and functioning of mentalization, defined as the ability to represent internal states and intentions broadly depends on the relationships with important others. The objective of this study was to investigate the underlying mechanisms of the influence of destructive forms of communication and manipulateness on mentalization capacity.

Methods.– 40 patients with schizotypal disorders (F21) were compared to 40 controls. Mentalization quality was measured on basis of TAT narratives with the use of Social Cognition and Object Relations Scales (SCOR-S, Westen 1985). Manipulative tendencies were measured by a modified MACH-IV scale (Christie, 1970, Znakov, 2002).

Results.– The comparative analysis of means found significant differences (Mann-Whitney) between groups in three components of mentalization: complexity of representations of people ($U = 281,500$, $P < .01$), emotional investment ($U = 594,500$, $P < .05$), and understanding of social casualty ($U = 292,000$, $P < .001$). This points to the predominance in schizotypal subjects of the difficulties of representation of internal reality, reflected in a low differentiation and integration of images of people, lack of emotional response to other's feelings, logical errors and inconsistencies in explanation of causal relations between observable behavior and internal states. The regression analysis indicates causal relationship between manipulative tendencies and emotional investment aspect of mentalization ($b = -.333$, $P < .01$), with significant negative correlation: the higher is machiavellism, the lower is the emotional responsiveness.

Conclusions.– Mentalization ability manifests a significantly higher degree of impairment in schizotypal group than in normal controls, and high levels of machiavellism can be regarded as a predictor of decrease of emotional investment aspects of mentalization functions.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0616

The relationship between the level of insight and cognitive functions in obsessive compulsive disorder

Y. Satan^{1*}, M. Sahingoz², E. Yilmaz³, A.A. Dagistan⁴
¹ Konya Numune State Hospital, Psychiatry, Konya, Turkey;
² Necmettin Erbakan University, Department of Psychiatry-Merem Faculty of Medicine, Konya, Turkey; ³ Osmaniye State Hospital, Psychiatry, Osmaniye, Turkey; ⁴ Konya Konya Training and Research Hospital, Psychiatry, Konya, Turkey

*Corresponding author.

Keywords: Cognitive functions; Insight; OCD

Objective.– The aim of this study is to evaluate the relationship between the level of insight and cognitive functions in obsessive compulsive disorder.

Materials and methods.– In our study the Stroop Test, Cancellation Test, WAIS-R Number Sequencing subtests, Line Orientation Test, and the AVLT were used to evaluate cognitive functions like attention and memory, visual-spatial functions and executive functions like response inhibition and resistance to interference.

Results.– It was found that the patients with OCD performed significantly worse than the control group in all the areas except for executive functions like response inhibition and interference affect and some of the attention areas. When all the results of the neuropsychological tests given to patients with a high level of insight, patients with a low level of insight, and to the healthy control group were evaluated, it was seen that while the patients with a high level of insight performed significantly worse in the attention, visual-spatial functions, and verbal working memory areas, those with a low level of insight performed significantly worse in almost all areas than the healthy control group. Further, when the neuropsychological test results of patients with a high level of insight and patients with a low level were compared, it was found out that there was no statistically significant difference between them except for long-term memory and verbal learning areas.

Conclusion.– Moreover, the fact that OCD patients with a low level of insight have more severe impairment in neuropsychological performance suggests that this group presents different neurobiological characteristics than patients with no problem of insight.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0617

Caregiver Burden and associated risk factors in relatives of patients with obsessive compulsive disorder

D. Suculluoglu Dikici^{1*}, E. Eser², F.P. Çökmüş³, M.M. Demet⁴

¹ Manisa Mental Health and Disease Hospital, psychiatry, Manisa, Turkey; ² Manisa Celal Bayar University Hospital, Public Health, Manisa, Turkey; ³ Nazilli State Hospital, Psychiatry Clinic, Aydın, Turkey; ⁴ Manisa Celal Bayar University Hospital, Psychiatry, Manisa, Turkey

* Corresponding author.

Introduction.– Obsessive compulsive disorder (OCD) is chronic disease that affects family and social relationships, occupational and academic performance for both the patients and their relatives due to cognitive, emotional and behavioral aspects of the disease. There are few studies available in the literature regarding causality of burden in relatives of patients with Obsessive-Compulsive Disorder [1].

Objective.– We aimed to evaluate disease burden in caregivers of patients with OCD and factors that negatively affect their lives.

Methods.– Study population was consisted of sixty-eight patients with OCD and their caregivers. Structured Clinical Interview for DSM-IV /Clinical Version (SCID-I/CV), Yale-Brown obsessive-compulsive scale (Y-BOCS), Y-BOCS symptom checklist, Hamilton depression rating scale (HDRS) and World Health Organization quality of life questionnaire brief form (WHOQOL-BREF-TR) were completed by the patients whereas SCID-I/CV and burden assessment scale (BAS) by the caregivers. The dependent variables is “burden in caregivers”. Student’s t test, MWU, ANOVA, Kruskal Wallis ANOVA and Pearson or Spearman’s correlations were appropriate; multiple linear regression were run in multivariate analyses. Type 1 error was taken as 0.05 in the analyses.

Results.– We found that patient’s gender, patient’s occupational status, YBOCS obsession scores, YBOCS compulsion scores and

patient’s WHOQOL-Bref environmental dimension scores are significant predictor in the OCD caregiver’s burden ($P < 0.05$).

Conclusion.– Perceived burden was affected by severity of the disease and lower socioeconomic level.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

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Bipolar Disorders - Part II

PW0619

Mixed bipolar disorder: Among 173 bipolar type 1 patients

A. Ben Haouala^{1*}, B. Amamou², A. Mhalla¹, L. Gaha¹

¹ Fattouma Bourguiba University Hospital, psychiatry, Monastir, Tunisia; ² university hospital of Monastir, research laboratory vulnerability to psychosis, faculty of medicine of Monastir, university of Monastir, Tunisia, psychiatry, Monastir, Tunisia

* Corresponding author.

Introduction.– Mixed Bipolar Disorder is characterized by both mania and depression simultaneously or in quick sequence.

Objective.– To determine the prevalence and characteristics of type I bipolar patients with mixed episodes.

Methodology.– This is a retrospective cross-sectional descriptive study, including all patients hospitalized for bipolar disorder type I from January 2008 to December 2015 using a pre-established form.

Results.– Our study involved 173 bipolar type 1 patients. 32 of them presented at least one mixed episode which corresponds to 18.5% with an average number of mixed episodes equal to 2 ± 1.5 , a minimum of 1 and a maximum of 7. The mean age of our group was 46.4 ± 12.7 years. 65.6% was men. The average age of onset of the disease is 27 ± 10 years. The 1st episode was depressive in 46.9% ($n = 15$) and mixed in 9.4% ($n = 3$). The recurrence frequency of manic episodes was 5.6 ± 4.91 and the frequency of mixed episodes was 2.03 ± 1.6 with a maximum of 7. A dominant polarity of the manic type was found in 75% compared to 25% of depressive type. Almost all of our patients were under mood-stabilizer associated with antipsychotic. Antidepressants were prescribed in 25% of patients ($n = 8$). The appearance of mixed episodes was associated with the manic polarity ($P = 0.001$) and the prescription of antidepressants ($P = 0.002$).

Conclusion.– Our study shows some specificity in bipolar disorder with mixed episodes which requires further replication in independent samples.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0621

Efficacy and tolerability of Quetiapine-Valproate combination therapy in the treatment of bipolar depression

S. Bise^{1*}, I. Lokmic-Pekic², G. Sulejmanpasic³, A. Hrnjica¹

¹ Psychiatric Hospital, women, Sarajevo, Bosnia, Herzegovina;

² Psychiatric Hospital, intensive care, Sarajevo, Bosnia, Herzegovina;

³ Clinical center University of Sarajevo, Psychiatric clinic, intensive care, Sarjevo, Bosnia, Herzegovina

* Corresponding author.

Introduction.– The treatment of bipolar disorder (BD) in the depressed phase is complicated by a tendency for conventional antidepressant drugs to worsen the course of the illness. Quetiapine was approved for the treatment of depressive episodes in patients diagnosed with BD. Antidepressant efficacy valproate, which is an effective treatment for the manic phase of bipolar disorder, is of considerable interest.

Objectives.– To investigate the efficacy and tolerability of combination therapy quetiapine and valproate in the treatment of the bipolar depression.

Method.– Eight patients (23 to 65 years old) participated in this study with a diagnosis of BD, depressed phase. Patients were treated with the combination of valproate (range 900–1500 mg/day) and quetiapine (range 300–450 mg/day). Outcome measures included the Hamilton Anxiety Scale (HAM-A), as the primary outcome measure, as well as the Hamilton Rating Scale for Depression-17 item (HAM-D17) and the Clinical Global Impression-Severity subscale (CGI-S). Clinical status was evaluated at baseline and at the 4 and 8 week.

Results.– At 8 weeks, there was a statistically significant ($P < 0.001$) clinical improvement for both the depressive and anxiety symptoms for all patients. The biggest decreases on the Ham-D occurred on the subscales of agitation, somatic anxiety, psychologic anxiety. Significant improvements were noted on the CGI scores.

Conclusion.– Quetiapine and valproate combination is an effective in the reducing the symptoms of depression and anxiety in the treatment BD, depressed phase, provides greater improvement and it appears to be safe with a lower risk of metabolic syndrome, without increased risk of adverse effects.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0623

Blood-brain barrier dysfunction may be predictive of neuroprogression in bipolar disorder

C. Calkin¹*, L. Kamintsky², K. Cairns³, M. Ruzickova¹, M. Schmidt⁴, C. Bowen⁵, A. Friedman²

¹ Dalhousie University, Psychiatry, Halifax, Canada; ² Dalhousie University, Medical Neurosciences, Halifax, Canada; ³ Nova Scotia Health Authority, Psychiatry, Halifax, Canada; ⁴ Dalhousie University, Neuroradiology, Halifax, Canada; ⁵ Dalhousie University, Health Physics, Halifax, Canada

* Corresponding author.

Background.– In previous studies we found that insulin resistance (IR) and type-2 diabetes (T2D) are associated with a more chronic course of bipolar disorder (BD), poor response to mood stabilizing treatment, cognitive impairment and adverse changes in brain structure and chemistry. These findings suggest that metabolic state and IR-comorbidities, such as microvascular pathology and related blood-brain barrier dysfunction (BBBD), may play a role in the “neuroprogression” of BD. Indirect evidence of BBBD (serum/CSF markers or post-mortem tissue analysis) has been reported in both psychiatric and neurodegenerative pathologies, yet our recent advances in magnetic-resonance imaging (MRI) analysis now present a unique opportunity to characterize and quantify BBBD in living patients with BD.

Objective.– Test the hypothesis that neuroprogression and pharmacoresistance in bipolar patients with IR are associated with microvascular pathology in the brain.

Methods.– Dynamic contrast-enhanced MRI (DCE-MRI) was used to compare BBB permeability between bipolar patients with and without IR (BD+IR, BD-IR) and healthy controls ($n = 6$ per group).

Results.– We found that BD+IR patients have significantly higher volumes of BBB-disrupted brain tissue, compared to both control and BD-IR groups ($P < 0.01$). Interestingly, BBBD in BD+IR patients was found to involve specific brain regions, primarily left-temporal and medial-frontal cortices.

Conclusions.– Our novel BBB permeability imaging and analysis technique may reveal a specific brain network predictive of BD neuroprogression in a subset of patients. Moreover, the robust nature of the BBBD assessment approach allows us to re-quantify BBBD and test the efficacy of new microvascular-targeting treatments for pharmacoresistance in BD.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0625

Diabetes mellitus and insulin resistance affect the clinical presentation of bipolar disorder

G. D'Agostino¹*, L. Steardo¹, M. Fabrazzo¹, G. Del Buono², G. Cascino¹, L. Perna², P. Monteleone²

¹ University of Campania “Luigi Vanvitelli”, Department of Psychiatry, Naples, Italy; ² University of Salerno, Department of Medicine and Surgery, Section of Neurosciences, Salerno, Italy

* Corresponding author.

Introduction.– Bipolar disorder (BD) is associated with significant medical comorbidity, especially type 2 diabetes mellitus (T2D). Medical comorbidity may affect the course, the prognosis and the response to pharmacological treatments of BD patients.

Objectives.– Our study aimed to investigate the clinical characteristics of BD patients with T2D or with insulin resistance (IR) compared to euglycemic BD patients.

Methods.– We recruited 90 patients with BD. According to their glycemic status, they were divided into three groups: those with T2D (glycemia > 7 mmol/L), those with IR (HOMA index ≥ 1.88) and those with normal glucose metabolism. Clinical characteristics and anamnestic data were recorded through ad hoc clinical interviews. The response to pharmacological treatments was assessed retrospectively by the Alda scale.

Results.– 19.5% of BD patients had IR, 35.6% had T2D, and 44.8% were euglycemic. Compared to euglycemic BD patients, those with T2D or IR were significantly older ($P = 0.002$), had an older age at onset of the illness ($p = 0.04$) and higher values of body mass index and triglyceridemia. Moreover, BD patients with T2D or IR were less responsive to mood stabilizer treatment than euglycemic patients. No significant differences emerged among the 3 groups in the course of the BD, number and types of affective episodes, number of previous hospitalization.

Conclusions.– These findings suggest that the presence of comorbid T2D or IR may impair the response to mood stabilizers in BD and is associated to specific metabolic abnormalities, which may affect the prognosis of the disorder.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0626

Evaluation of executive functions in bipolar disorder

G. Hamdi^{*}, H. Ben Ammar, N. Smari, R. Nefzi, Z. El Hechmi
Razi Hospital, F, Mannouba, Tunisia

* Corresponding author.

Introduction.– The executive functions correspond to high level functions operating in complex situations. The function of the exec-

utive system is to facilitate the adaptation of the subject to new situations. The aim of our study was to evaluate executive functions in euthymic bipolar patients.

Subjects and methods.– A cross-sectional study was conducted among 50 euthymic bipolar patients and 50 healthy volunteers matched for age, sex and educational level. The evaluation of the executive functions was based on validated scales: The Stroop Test, the Wisconsin Card Sorting Test (WCST), Trail Making Test A (TMT-A) and phonemic verbal fluency.

Results.– The assessment by the Stroop test revealed an average completion time of the boards B and C significantly prolonged in bipolar patients compared to controls. The inhibition index was 60.70 + 58.53 seconds in bipolar patients versus 38.1 + 26.54 in controls ($P=0.01$). We found no significant link between average scores at the Stroop test among bipolar patients and the different socio-demographic or clinical characteristics.

Bipolar patients took significantly more time than the controls for passing the card sorting test, with a larger number of errors ($P=0.001$).

At the phonemic fluency test, the average number of correct words generated during 60 seconds was significantly higher in the controls group ($P=0.018$).

Conclusion.– This study has shown an impairment of executive functions among stabilized bipolar patients which explains the difficulties those subjects face to adapt to new situations.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0627

Evaluation of attention among bipolar patients

G. Hamdi^{*}, H. Ben Ammar, R. Nefzi, N. Smari, Z. El Hechmi
Razi Hospital, F, Mannouba, Tunisia

* Corresponding author.

Introduction.– There are several forms of attention: selective attention, which allows the extraction of relevant information from a set of stimuli, sustained attention to maintain an interest in relevant information; and divided attention responsible for the coordination between two tasks.

The objective of this work was to evaluate attention in stabilized bipolar patients by comparing them to a control group.

Subjects and methods.– A case-control study was led with 50 euthymic bipolar patients and 50 healthy volunteers matched for age, sex and educational level. The study of attentional abilities has been done with the ZAZZO test and Letter Digit Substitution Test (LDST).

Results.– The score established at the LDST was significantly higher in the controls group ($P=0.008$). The LDST score was correlated with a good educational level among the bipolar group ($P=0.044$).

Assessment by the double Zazzo test showed better scores in controls in both events (1 $P<0.001$, 2 $P=0.039$).

We did not notice any significant association between the different Zazzo test scores and the socio-demographic or clinical factors among patients followed for bipolar disorder.

Conclusion.– This work showed significant impairment of attention in euthymic bipolar patients compared to healthy subjects with a negative impact on their social performance.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0628

Creactive protein during cognitive impairments in bipolar disorder

G. Hamdi^{*}, H. Ben Ammar, R. Nefzi, Z. Elhechmi
Razi Hospital, F, Mannouba, Tunisia

* Corresponding author.

Introduction.– The role of the immuno-inflammatory system in triggering cognitive decline in BD patients arouses interest in immuno-psychiatric research. The aim of this work was to evaluate the association between serum levels of high-sensitivity C-reactive protein (hs-CRP), as a marker of chronic inflammation, and cognitive disorders in a cohort of bipolar patients during remission.

Methods.– A cross-sectional case-control study was conducted in 50 subjects with bipolar disorder, in clinical remission, and in 50 voluntary and healthy control subjects. The evaluation focused on cognitive characteristics and the hs-CRP level determined by immunoassay.

Results.– Cognitive functioning was significantly more impaired in patients with BD during remission than control subjects. However, the average scores of the span of the figures evaluating the working memory did not show a significant difference between the two groups. A significant increase in mean serum hs-CRP level was observed in patients compared to controls. The analytical study of the relationship between the average hs-CRP level and the mean scores of the various neuropsychological tests in patients with BD revealed that the mean hs-CRP level was significantly associated with cognitive impairment, based on the HVLIT inhibition index ($P=0.011$), and with the executive functions based on the Stroop test inhibition ($P<0.05$).

Conclusions.– Cognitive impairments in bipolar disorder seem to be associated with a state of chronic inflammation. This should make it possible to consider controlled randomized trials evaluating the interest of anti-inflammatory drugs in the management of cognitive decline associated with bipolar disorder.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0629

Mitochondrial respiration in patients with bipolar disorder

J. Hroudová^{1*}, Z. Fišar¹, L. Kališová¹, E. Kitzlerová¹,
A. Lambertová¹, M. Zvěřová¹, H. Hansíková², J. Raboch¹
¹ Charles University, Department of Psychiatry, Prague, Czech Republic; ² Charles University, Department of Pediatrics and Adolescent Medicine, Prague, Czech Republic

* Corresponding author.

Our research is focused on extension of knowledge related to pathophysiological processes of bipolar affective disorder (BAD). Changes in the activities of compounds of intracellular signaling pathways are studied with the aim of discovering new biological markers of mood disorders or predictors of response to pharmacotherapy, which can be easily examined in blood samples. The aim of our study is to find out association between changes in energy metabolism, different episodes of BAD and pathophysiological processes associated or provoking BAD.

Analyses were examined in patients suffering from BAD (in period of mania, depression, remission) and compared to controls. Clinical evaluation of BAD was provided by clinicians using diagnostic scales. Mitochondrial respiration was examined in blood platelets using oxygraph; enzyme activities were measured spectrophotometrically.

Results from spectrophotometric measurements correlate with respirometry measurements. Complex-I linked respiration was

found increased in patients in mania and in remission compared to healthy controls. Increased complex I activity and decreased complex II activity were observed in BAD patients in episodes of mania, depression and remission. Decreased complex IV activity was observed in BAD patients suffering from depression in comparison to controls.

It can be presumed that decrease in complex II activity is caused by adaptive mechanisms as a result of increased complex I activity. Achieved results support the hypothesis that energy metabolism in blood platelets of BAD patients differs from healthy controls. Different episodes of BAD had no effect on measured mitochondrial parameters.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

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PW0630

Open randomized comparative 7-week study of efficacy and tolerability of sertraline, agomelatine, valproate and combination of sertraline with valproate in bipolar II depression

E. Kostyukova^{1*}, A. Ushkalova², M. Ladyzhensky³, S. Mosolov³

¹ Moscow research institute of psychiatry branch of federal medical research centre for psychiatry and narcology by the name of V.P. Serbsky, therapy of mental disorders, Moscow, Russia;

² Limited liability company International Medical Centre LLC IMC-, Limited liability company International Medical Centre LLC IMC, Moscow, Russia;

³ Moscow research institute of psychiatry branch of Federal Medical Research Centre for Psychiatry and Narcology by the name of V.P. Serbsky, Therapy of mental disorders, Moscow, Russia

* Corresponding author.

Introduction.– Pharmacotherapy of depressive episodes in bipolar II disorder (BD II) is a subject of discussions. There are no direct randomized comparative studies of different medications.

Objectives.– Comparative efficacy and safety of sertraline, agomelatine, valproate and sertraline + valproate in depression in BDII.

Methods.– 89 depressive patients (total score HDRS \geq 17, CGI score \geq 3) with BD II diagnosis, 18–65 years old (average 38 ± 2.5 years), disease duration \geq 2 years, were randomized into 4 groups: agomelatine ($n=28$); sertraline ($n=20$); valproate ($n=21$); valproate + sertraline ($n=21$). Rating scales were assessed at the screening and every week of therapy. The main efficacy measures were the rates of response (50% score reduction in HDRS) and remission (total HDRS score $<$ 7).

Results.– 72 patients completed the study. The reasons for the premature discontinuation: mood switches to hypomania – 1 (3.6%) for agomelatine, 4 (20%) for sertraline, 1 (5%) – suicide attempt in the combination therapy group, adverse events – 1 (3.6%) for agomelatine, 3 (14.3%) for valproate, 4 (20%) for combination, lack of efficacy – 3 (10.7%) for agomelatine.

At the end of the study the number of responders was: sertraline – 65%, agomelatine – 42.9%, valproate – 57.1%, combination – 60% (N/S); number of remitters: combination – 45%, valproate – 33.3%, agomelatine – 32.1%, sertraline – 20% (N/S). The differences in adverse events frequency between groups were N/S. *Conclusions.*– Efficacy and tolerability were comparable in all therapeutic groups with some advantage of valproate + sertraline combination, providing the lowest level of mood switches.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0632

Association between family history of bipolar disorder and therapeutics characteristics of bipolar disorder in the offspring

H. Maatallah^{*}, R. Dammak, F. Amdouni, I. Berrahal, A. Feki, W. Cherif, M. Cheour

Razi Hospital, F, Tunis, Tunisia

* Corresponding author.

Introduction.– The age at onset of bipolar disorder varies greatly in different countries and continents. The association between load of family history of mood disorder and clinical evolution has not been adequately explored.

Objectives.– To compare therapeutics characteristics of bipolar disorder (BD) in patients with and without a family history of bipolar disorder.

Methods.– Two-hundred DSM-V BD patients were included. They were divided between those with family history of bipolar disorder FHBD ($n=80$) and without FHBD ($n=120$). We compared these two groups on clinical and therapeutic variables.

Results.– BD patients with FHBD presented an early onset of the mood disorder and more psychiatric hospitalizations than BD patients without FHBD. Furthermore, BD patients reporting family history of this disorder showed a worse therapeutic profile with poor compliance, irregular follow up and polypharmacy medication.

Conclusion.– These findings may help to identify the offspring of BD patients as patients with risk for particular manifestations of bipolarity.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0634

Effect of adjunctive infliximab on general cognition in individuals with bipolar I/II depression: A phase-II double-blind placebo-controlled trial

Z. Pan^{*}, M. Subramaniapillai, Y. Lee, R. Mansur, R. McIntyre

University Health Network-Toronto Western Hospital,

University of Toronto, Psychiatry, Toronto, Canada

* Corresponding author.

Background.– Impairment due to decreased cognitive function is a major factor subserving suboptimal recovery in Bipolar Depression (BD). Elevated levels of TNF- α , a pro-inflammatory cytokine, have been consistently reported in depressed individuals and has been linked to negatively impact cognitive performance. Infliximab is a TNF-antagonist that has shown efficacy in individuals with treatment-resistant depression. Efficacy of adjunctive Infliximab on cognitive symptoms of BD is unknown. The primary purpose is to empirically evaluate the efficacy of adjunctive intravenous Infliximab in mitigating cognitive symptoms in individuals with DSM-5-defined BD I/II as compared to placebo.

Materials and methods.– Study is a 12-week, fixed-dose, randomized, double-blind, placebo-controlled clinical trial. Male and female outpatients age 18–65 at Toronto Western Hospital who meet DSM-5 criteria for a current depressive episode were enrolled. Infliximab was prescribed adjunctively to a conventional mood stabilizer. Participants were randomized to receive intravenous Infliximab or saline placebo at baseline, weeks 2, 4, and 6 under clinical observation. Follow-up assessments were performed at weeks 8, 10, and 12. Cognitive and mood assessments were performance and evaluated against placebo-controls.

Results.– As of Sept 2017, 212 individuals have signed informed consent; 49 subjects have enrolled in the study. We hypothesize that modulation of inflammatory systems will improve a measure of cognition in individuals with BD I/II exhibiting elevated inflammation.

Conclusions.– Positive results would instantiate the relevance of inflammatory systems in the phenomenology and pathoetiology of mood disorders. Moreover, positive results would encourage the development of scalable treatments targeting inflammatory systems to mitigate transdiagnostic disturbances such as cognitive dysfunction.

Disclosure of interest.– Roger S. McIntyre is a consultant to speak on behalf of, and/or has received research support from, Allergan, Astra-Zeneca, Bayer, Bristol-Myers, Squibb, Janssen-Ortho, Eli Lilly, Lundbeck, Merck, Otsuka, Pfizer, Sunovion, and Takeda. All other authors have no financial disclosures to declare.

PW0635

Predictors of response to electroconvulsive therapy in bipolar depression – A population-based register study

K. Popiolek^{1*}, O. Brus², M. Landén³, J. Lundberg⁴, P. Nordanskog⁵, A. Nordenskjöld¹

¹ Örebro University, School of Medical Sciences, Örebro, Sweden;

² Örebro University, Clinical Epidemiology and Biostatistics- School of Medical Sciences, Örebro, Sweden; ³ Karolinska Institutet, The Sahlgrenska Academy at Gothenburg University, Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden, Institute of Neuroscience and Physiology, The Sahlgrenska Academy at Gothenburg University, Gothenburg, Sweden, Stockholm, Gothenburg, Sweden; ⁴ Karolinska Institutet, Department of Clinical Neuroscience, Center for Psychiatry Research, Karolinska Institutet and Stockholm County Council, SE-171 76 Stockholm, Sweden, Stockholm, Sweden; ⁵ Linköping University, Center for Social and Affective Neuroscience, Department of Clinical and Experimental Medicine- Faculty of Health Sciences, Department of Psychiatry, Region Östergötland, Linköping, Sweden

* Corresponding author.

Introduction.– Electroconvulsive therapy (ECT) is an effective treatment for severe depression, but not all patients benefit. Few studies investigated response predictors in bipolar depression.

Objectives.– To identify predictors of response to ECT in bipolar depression.

Methods.– Inpatients treated between January 2011 and December 2014 for bipolar depression were identified by the Swedish National Patient Register. The Swedish National Quality Register for ECT provided data on response. Response was defined as 1 (very much improved) or 2 (much improved) on the Clinical Global Impression-Improvement scale. National registers provided data on current social status, prior co-morbid diagnoses, and psychopharmacological treatment in the 100-days period before admission. Logistic regression was utilized to calculate odds ratios in uni- and multivariate models.

Results.– Among 668 patients with a mean age of 52.4 (SD 16.8) years, 530 (79.3%) were classified as responders. Psychotic symptoms and older age (51–70 versus <31 years) were associated with response, (odds ratio, 95% confidence interval 2.2, 1.1–4.2 and 2.0, 1.0–3.9 respectively), while personality disorders were associated with non-response in the multivariate model (0.48, 0.27–0.86). Anxiety disorders, obsessive compulsive disorder, and attention deficit hyperactivity disorder, as well as use of antipsychotics, benzodiazepines, and anxiolytics were associated with non-response

in univariate models only. Socio-demographic factors (sex, education, relationship) were not associated with response.

Conclusions.– Most patients (79%) with bipolar depression treated with ECT responded. As previously seen in unipolar depression, psychotic symptoms and older age predicted response while presence of a personality disorder was a negative predictor.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0636

Cognitive dysfunctions in patients diagnosed with unipolar (Major Depressive Disorder) and bipolar depression

B. Suci^{1*}, R. Paunescu, I. Miclutia

Iuliu Hațieganu University of Medicine and Pharmacy Cluj-Napoca, Department of Neurosciences, Cluj-Napoca, Romania

* Corresponding author.

Objectives.– Studies reveal the presence of a common characteristic in many psychiatric illnesses, such as Bipolar Disorder or Major Depressive Disorder. This characteristic is represented by the cognitive impairment, which is rarely assessed, but an important issue in affective disorders.

Methods.– The study included 40 patients (age between 18 and 70) diagnosed with recurrent major depressive disorder and 42 patients (age between 18 and 70) diagnosed with bipolar disorder (according to ICD-10 and DSM-V) which were evaluated during an acute depressive episode. The severity of depression was quantified clinically and by using the Hamilton Depression Rating Scale – 17 items – whereas cognitive functions were evaluated with standard cognitive tests.

Results.– The 2 groups had similar level of education and a predominance of the feminine gender. Both groups showed significant impairment at tests assessing phonemic fluency. Bipolar patients displayed attention focusing deficits, whereas unipolar patients obtained lower results, but not statistically significant. On the assessment of psychomotor speed, the bipolar group presented notable impairment related to psychomotor coordination, whereas the unipolar group did not reveal any differences.

Conclusions.– These results are similar with the literature and unveil that cognitive deficits are present in both disorders during an acute depressive episode but they show slightly different patterns of impairment.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0637

Age at onset and memory function in bipolar disorder

K. Tournikioti^{1*}, P. Ferentinos¹, I. Michopoulos¹, D. Dikeos², C. Soldatos³, A. Douzenis¹

¹ National and Kapodistrian University of Athens, Medical School, 2nd Department of Psychiatry, Athens, Greece; ² National and Kapodistrian University of Athens, Medical School, 1st Department of Psychiatry, Athens, Greece; ³ National and Kapodistrian University of Athens, Medical School, Mental Health Care Unit, Evgenidion Hospital, Athens, Greece

* Corresponding author.

Introduction.– Neuropsychological deficits in Bipolar Disorder (BD) have been examined in relation to various clinical factors (such as duration of illness and number of episodes).

Objectives.– However, the effect of age at onset on cognition has been scarcely studied despite its clinical relevance.

Aims.– The aim of our study was to investigate whether age at onset affects visual memory in patients with BD.

Methods.– Cognitive performance of 60 bipolar-I patients and 30 healthy controls was evaluated by using CANTAB battery tasks targeting spatial memory (SRM) and paired associative learning (PAL). Multiple linear regression analyses were performed for memory function tasks based on age at onset with age, gender and education as covariates.

Results.– Bipolar patients showed statistically significant worse performance in PAL compared to healthy controls ($P=0.001$) whereas no statistically significant difference was observed for SRM. Moreover, among patients a statistically significant association was found ($P=0.006$) between age at onset and performance in PAL. Specifically, after correcting for confounders (age, gender, education) an earlier age of illness onset was correlated with more errors committed in PAL.

Conclusions.– The present study is one of the few studies that have examined the effect of age at onset on memory function in BD. Early onset BD has been associated with greater genetic load and poorer prognosis and our findings indicate that it may also be associated with worse memory function as assessed with PAL. Age at onset might help identify bipolar patients at a greater risk for memory/learning impairment.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0638

Dynamic prosodic features in bipolar disorder: How shifting vocal patterns in verbal fluency tasks can aid the detection of mixed symptoms

L. Weiner^{1*}, N. Vanello², A. Guidi², E.P. Scilingo², N. Doignon-Camus³, G. Bertschy¹, A. Giersch¹

¹ INSERM, 1114, University Hospital of Strasbourg, Strasbourg, France;

² University of Pisa, Dipartimento di Ingegneria dell'Informazione and in the Research Center "E. Piaggio", Pisa, Italy;

³ INSERM, 1114, University of Strasbourg, Strasbourg, France

* Corresponding author.

Introduction.– Bipolar disorder is characterized by episodes of mania, depression, and mixed episodes whereby depressive and manic symptoms may co-occur. Although patients frequently experience mixed episodes, the clinical boundaries between mixed depression and typical depression, and mixed mania and typical mania, are still a matter of debate. Studies have shown that speech parameters could be used to obtain relevant information regarding patients' mood states. One such parameter is the fundamental frequency (F0), i.e., the lowest frequency of a periodic waveform. The aim of this work is to investigate whether F0 dynamics are able to distinguish mixed states from typical depression and mania in patients with bipolar disorder.

Method.– Nineteen manic patients, 8 patients with mixed mania, 17 patients with mixed depression, and 12 patients with typical depression were recruited. Speech samples were acquired via nine verbal fluency tasks whereby participants had to produce as many words as possible during 120s. Voiced segments were estimated so that single words could be highlighted. Prosodic features, derived from Taylor's tilt intonational model, were estimated on each voiced segment.

Results.– Findings show that leave one out classification could successfully discriminate between mixed mania and mania (accuracy 88.8%, specificity 94.4%, sensitivity 77.7%, F1 score 82%), and mixed

depression and depression (accuracy 72%, specificity 70%, sensitivity 74%, F1 score 78%).

Conclusion.– Our results suggest that discrete prosodic modulations might be informative regarding the presence of mixed symptoms. Future analyses will focus on the relationship between these parameters and mixed clinical features, such as racing thoughts.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Consultation Liaison Psychiatry and Psychosomatics - Part II

PW0639

Reducing inpatient suicide rates: The success of a suicide management programme in a general hospital

A. Ang

Tan Tock Seng Hospital, Psychological Medicine, Singapore, Singapore

* Corresponding author.

Introduction.– Inpatient suicides are common hospital sentinel events. International data on rates of inpatient suicides have ranged from 1.8 to 4.0 per 100,000 general hospital admissions.

Objective.– This study reviews the effectiveness of a suicide management programme in reducing the inpatient suicide rates in a general hospital.

Methods.– All inpatient suicides were reviewed from the period of 2000 to 2015. The suicide management programme was initiated in 2005. Comparisons of suicide rates and methods were made pre and post intervention.

The study demonstrates that the suicide management programme, which followed the principles of (1) developing guidelines and policies, (2) training of healthcare staff and (3) reducing environmental hazards, has made a significant impact in reducing suicide rates.

Results.– Inpatient suicide rates dropped from 5.76 per 100,000 general hospital admissions to 1.17 per 100,000 general hospital admissions for pre- and post-programme respectively.

Conclusion.– This study supports mandatory sentinel event reporting and demonstrates that the monitoring, robust analysis as well as customizing interventions according to the hospital's and unit's context can dramatically reduce inpatient suicides.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0640

The role of consultation-liaison psychiatry in patients with self-inflicted burns: A five case series and a review of current literature

S. Gunturu

Columbia University, Psychiatry, New York, USA

* Corresponding author.

Objectives.– (1) To describe the collaborative role of a consultation-liaison psychiatry in managing patients with self-inflicted burns. (2) Discuss the American Burn Association Guidelines.

Background and aims.– Self-inflicted burns encompass a range of deliberate self-harm behaviors involving burns with the intent to self-mutilate or to end a life by attempting suicide. As per The National Burn Repository (2006–2015), suspected self-inflicted injuries comprised a total of 1,937 cases (1%) out of 205,033 burn injuries.

Materials and methods.– We discuss Five cases of self-inflicted burns. Electronic data searches of PubMed, Medline, and the Cochrane Library (years 1990–2017) were performed using keywords: “burn”, “self-immolation”, “suicide”, and “self-inflicted burn”. The authors, in consensus, selected pivotal studies and conducted a narrative review of fifteen clinical studies. **Results.**– A total of Five patients were treated by the consultation-liaison psychiatry team after self-inflicted burns as a suicide attempt. Four out of five patients were male. The reported total body surface area burned involved ranged from 23 to 70 percent. The mean length of stay in the hospital was 99.18 days. All five cases met criteria for at least one psychiatric diagnoses, and all cases had a history of substance use.

Conclusions.– Guidelines for trauma centers caring for burn patients have been developed in partnership with the American Burn Association (ABA). An organized and coordinated team is essential to facilitate the functional recovery of burn patients, given the devastating effect on the psychological well-being, including but not limited to dealing with intentional self-harm, acute mental illness exacerbation, substance use and other consequences of the burn injury.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0641

Evaluation of the relationship between caregiver burden, coping styles and levels of anxiety and depression in caregivers of old age patients

S. Ay¹, H. Unubol¹, S. Ezer², O. Omay³, G. Hızlı Sayar⁴*

¹ Uskudar University, Institute of Social Sciences, Istanbul, Turkey;

² Okan University, Vocational school of Health Services, Istanbul, Turkey;

³ La Teppe Medical Center, Psychiatry, Tain l'Hermitage, France;

⁴ Uskudar University, Psychiatry, Istanbul, Turkey

* Corresponding author.

Introduction.– At present, caregiver's health is a public health challenge in itself, as important as the health of the elderly. This study aims to investigate the relationship between caregiver burden and levels of anxiety and depression, the factors influencing them, and also to evaluate the coping strategies of the caregivers.

Methods.– This study is a survey-based cross-sectional study, including a total of 70 caregivers. Sociodemographic characteristics of caregivers and care receivers were collected by a survey. The functional status of the elderly was evaluated by Katz' Index of Independence in Activities of Daily Living (ADL). Burden Interview Scale, Hospital Anxiety and Depression Scale and COPE were used to examine the caregiver burden, anxiety and depression levels and coping strategies of the caregivers.

Results.– Anxiety and depression levels of the caregivers included in our study were higher when compared with the other studies. The anxiety levels were correlated with the non-functional coping strategies. The use of effective social support decreased the anxiety levels.

Conclusion.– Country specific guidelines should be prepared for the primary healthcare centers in order to evaluate and protect caregiver health. Long-term multicenter clinical studies are needed to develop culture-specific programs for the intervention of functional coping strategies and to help caregivers cope more effectively with their daily life stressors.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0642

Depression, anxiety and health related quality of life in patients with asthma and chronic obstructive pulmonary disease (COPD) attending primary care: A cross sectional survey

M. Husain¹, N. Chaudhry², T. Kiran³, B. Ameer³, N. Husain⁴

¹ South London and the Maudsley NHS Foundation Trust, General

Adult Psychiatry, London, United Kingdom;

² Pakistan Institute of Living and Learning, Adult Psychiatry, Karachi, Pakistan;

³ Pakistan Institute of Living and Learning, Mental Health Research, Karachi, Pakistan;

⁴ University of Manchester, Global MEntal Health, Manchester, United Kingdom

* Corresponding author.

Introduction.– Depressive and anxiety symptoms in patients with respiratory conditions such as COPD and asthma are associated with poorer survival, longer hospitalisation and poorer health related quality of life. Despite these consequences depression and anxiety often remain unrecognised in such patients.

Objective.– In this study we aimed to study the prevalence of depression and anxiety and its association with health related quality of life in patients with COPD and asthma attending participating general practices in Karachi, Pakistan.

Methods.– This was a cross sectional survey with 293 COPD and asthma patients (162 non-depressed, 131 depressed). Patient Health Questionnaire (PHQ-9) was used to categorise the depressed and non-depressed patients. Generalised Anxiety Disorder (GAD-7) was used to assess the anxiety, and health related quality of life was assessed through EuroQol – 5 Dimensions (EQ-5 D).

Results.– The prevalence of depression in this group was high. Depressed patients were more likely to be anxious compared to non-depressed group. Depressed COPD and asthma patients reported significantly poorer health related quality of life compared to the non-depressed patients.

Conclusion.– High rates of depression and anxiety in COPD and asthma patients warrant further research to inform development of appropriate interventions in Pakistan.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0644

Neuropsychiatric symptoms associated with perampanel usage in people with pharmacoresistant epilepsy: A case series of 11 patients

I. Koychev¹, D. Okai², A. Sen³

¹ University of Oxford, Department of Psychiatry, London, United Kingdom;

² Oxford University Hospitals NHS Foundation Trust, Psychological Medicine Service, Oxford, United Kingdom;

³ Oxford University Hospitals NHS Foundation Trust, Nuffield Department of Clinical Neuroscience, Oxford, United Kingdom

* Corresponding author.

Aims.– Perampanel is an anti-epileptic drug (AED) licensed in in the UK in 2012 for the treatment of focal epilepsy with or without secondary generalisation. Perampanel is a second/third line AED and therefore used often in those who are treatment resistant to other AEDs. Pooled analyses have shown a consistent efficacy in terms of seizure frequency reduction. Perampanel can have an adverse effect on mood and associates with significant psychiatric and behavioural change. These side effects appear to be dose-dependent: irritability is a prime example affecting 4% of patients taking perampanel at the lowest dose (2 mg per day), increasing to 12% in those taking 12 mg per day. In the current presentation we

summarise a case series of patients treated with perampanel where irritability, aggression, psychosis and/or self-referential ideas were major psychiatric side effects.

Methods.– A case series of 11 patients treated with perampanel at the Department of Neuroscience, Oxford University Hospitals NHS Foundation Trust.

Results.– We illustrate the neuropsychiatric side effects with case report examples alongside the pooled characteristics of the whole case series. The most common side effect was irritability and aggression which associated with learning disability or organic personality change. Polymorphic psychosis was also reported and associated with history of low mood. We discuss the relationship between the emergence of these side effects and drug dose, time from initiation of perampanel.

Conclusions.– The incidence and characteristics of perampanel-associated psychiatric symptoms, requires awareness among neurologists and psychiatrists to inform risk management and appropriate treatment.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0645

Liaison psychiatry in a general hospital. Analysis of the demand for seven years

R. Navarro Pablo^{1*}, F. Gotor Sanchez-Luengo², C. Casas Gómez², O. Santamaria Gómez², B.O. Plasencia Garcia de Diego³, S.L. Romero Guillena⁴

¹ Nuestra Señora de Valme Hospital, Department of Psychiatry, Sevilla, Spain; ² Nuestra Señora de Valme Hospital, Department of Psychiatry, Sevilla, Spain; ³ De la Merced Osuna Hospital, Department of Psychiatry, Sevilla, Spain; ⁴ U.G.C Salud Mental Virgen Macarena Hospital, Department of Psychiatry, Sevilla, Spain

* Corresponding author.

Introduction.– Hospitalization is a stressful event for most people and can develop in many cases to significant psychological problems, such as emotional reactions to illness or complications of previous mental health disorders. Liaison Psychiatry has been recognized as a sub-speciality of Psychiatry that provides psychiatric care concerned with the management of general hospital inpatients (medical, surgical or obstetric units). The role of the Liaison Psychiatrist is to assist with the evaluation and treatment of psychiatric conditions related to medical illness.

Objective.– To evaluate the characteristic and overall utilization rates of the psychiatric consultation liaison service in a general hospital for seven years.

Methods.– Evaluation of clinical data obtained from the consultations attended from October 2009 to December 2016 in a general Hospital (Seville, Spain). We analysed sociodemographics and clinical factors. **Results.**– A total of 1496 psychiatric consultations were received. Most patients were women (53%). The average age was 56 years. In most cases the inpatients had not a pre-existing psychiatric diagnosis (44%). The most frequent diagnoses were adjustment disorders (30.5%), personality disorders (11.7%) and depressive episode (8.5%).

Medical Units provided 76% of requests for psychiatric consultation. The most frequent intervention were clinical evaluation (33%) and pharmacological interventions (27%).

Conclusions.– According to previous studies, our data corroborate the majority of the demand for medical services versus surgical ones. Specialized training medical and nursing staff may recognize psychological distress and consequently request for early intervention.

Consultation-liaison psychiatry presents an opportunity to improve health outcomes for inpatients and reduce burden on the health care system.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0646

The consultation-liaison psychiatry and the substance use disorder in a general hospital

R. Navarro Pablo^{1*}, C. Casas Gómez², F. Gotor Sanchez Luengo², S.L. Guillena Romero³, O. Santamaría Gomez², B.O. Plasencia García de Diego⁴

¹ Nuestra Señora de Valme Hospital, Department of Psychiatry, Sevilla, Spain; ² Nuestra Señora de Valme Hospital, Department of Psychiatry, Sevilla, Spain; ³ U.G.C Salud Mental Virgen Macarena Hospital, Department of Psychiatry, Sevilla, Spain; ⁴ De la Merced Osuna Hospital, Department of Psychiatry, Sevilla, Spain

* Corresponding author.

Introduction.– Psychiatry comorbidity is very common among general hospital inpatients, including substance use disorder. The combination of medical and psychiatric illness has been linked with increased functional and occupational disability, poorer quality of life and accelerated mortality compared with those with one diagnosis alone. The Consultation-Liaison Psychiatry (CLP) objectives and operating procedures have evolved in recent years from administration of psychiatric treatment to integrating therapy into the bio-psycho-social model.

Objective.– Describe the characteristics of liaison psychiatric patients in the general hospital with a diagnosis of substance use disorder

Methods.– A retrospective study of consultations between October 2009 and December 2016 were collected and analyzed. Sociodemographic data, application, and clinical results was performed.

Results.– During the study period 1496 consultations were attended of which 54 were substance abuse disorder. 80% were male and 20% female. The average age was 50 years. Internal Medicine (24%) and Digestive (20%) were the services who asked for more psychiatric evaluations. 53% of total had no psychiatric history. The most frequent interventions were evaluation (35%) and pharmacological treatment (24%).

Conclusions.– Our study is consistent with data collected in previous literature regarding the higher prevalence of men and increased demand for medical services versus surgical. Liaison psychiatry can act as a bridge between psychiatry and medicine, ranging from derivatives psychiatric disorders, other organic diseases or use /abuse of substance and co-occurring psychiatric disorders in somatic patients, working in a multidisciplinary, we offer a comprehensive approach patient.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0647

Clinical correlates of psychopharmacotherapy and anxiety in practice of cardiology department

N. Petrova^{1*}, S. Zadvorev²

¹ St Petersburg University- Faculty of Medicine, department of psychiatry and addiction, St-Petersburg, Russia; ² City multi-field hospital No. 2, department of cardiology, St Petersburg, Russia

* Corresponding author.

Introduction.– The burden of mental disorders in primary care population is extremely high and underestimated. User-friendly scale for identifying non-specific correlates of mental disorders in primary care might be helpful.

Objective.– To analyze non-specific clinical correlates of psychopharmacotherapy in practice of in-patient cardiology department, and to develop the scale identifying a group of patients with significant contribution of the psychogenic component to the clinical presentation.

Methods.– A retrospective analysis of 1095 patients (mean age 66.8 ± 13.1 years, 56.7% women) presented to cardiology department. The frequency of psychotropic drugs out-patient prescriptions was analyzed, HADS scale was used to objectify the anxiety and depression. Psychopharmacotherapy was initiated by cardiologist without consulting by psychiatrist. Association between therapy and clinical parameters was evaluated by using multiple regression.

Results.– 22.9% of patients received out-patient psychopharmacotherapy. Its independent correlates of drug prescription were labile arterial hypertension; number of comorbidities; female gender; onset of palpitations before 55 (or 50) years. Regression model included these parameters taken with coefficients 8, 1, 3 and 3 (or 6), respectively. The model's R^2 was 0.14. The mean score was 6.9 ± 4.5 points. Out-patient drug prescription rate is 11.2% if the score is < 5 , whereas it was 25.2% for 5–12 points, 40.5% for 13–15 points, and 59.6% for > 15 points. The score correlates with HADS anxiety ($r = 0.24$, $P = 0.002$), but not with depression score ($r = 0.12$, $P = 0.12$).

Conclusions.– The proposed algorithm, including clinical data available at the primary care level, may be helpful in identifying the candidates for an elective counselling by psychiatrist.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0648

Cognitive function and depressivity in patients with obstructive sleep apnea before and after CPAP treatment

M. Hobzova¹, L. Hubackova², J. Prasko³, J. Vanek⁴, S. Genzor¹, M. Ociskova⁴, A. Grambal⁴

¹ University Hospital Olomouc- Faculty of Medicine and Dentistry, University Palacky Olomouc, Department of Respiratory Medicine, Olomouc, Czech Republic; ² University Hospital Olomouc, Department of Clinical Psychology, Olomouc, Czech Republic;

³ University Hospital Olomouc, Department of Psychiatry, Olomouc, Czech Republic; ⁴ University Hospital Olomouc, Faculty of Medicine and Dentistry, University Palacky Olomouc, Department of Psychiatry, Olomouc, Czech Republic

* Corresponding author.

Obstructive sleep apnea (OSA) is a disordered form of sleep-disordered breathing described as repeated obstruction of the upper airways during sleeping. OSA episodes lead to recurrent hypoxia and arousals from sleep or awakening. OSA is often accompanied by depressivity and struggles in cognitions. Treatment using continuous positive airway pressure (CPAP) is efficacious in patients with OSA. The key issue is whether the treatment of sleep apnea may decrease depressivity and improve cognitive symptoms. **Objective.**– The target of the investigation was to find if there is any improvement of depressive symptoms and cognitive functioning after continuous positive airway pressure (CPAP) treatment in the severe obstructive apnea (OSA) patients.

Method.– The study included 59 patients treated with CPAP for OSA in the Sleep Laboratory of the Department of Respiratory Medicine. Thirty-eight patients were treated with CPAP for one month, and

twenty-one patients were in a control group. We used the following methods: Test of Visual Memory (ViMe), Numeric Rectangle, d2 (test of attention), and the Beck Depression Inventory-II, respectively.

Results.– Among the OSA patients, there were statistically significant improvements in all parameters: attention, working memory, and depressive symptoms after the treatment with CPAP. We found a statistically significant positive connection between the decrease in depressive symptoms and the improvement in attention. In the control group, there were no improvements in the investigated factors.

Conclusions.– According to our results, the patients with sleep apnoea improved their mood and cognitive functions during the treatment by the CPAP device.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0649

Mental illness and functional gastrointestinal syndromes – Update on mediating mechanisms

N. Trovão¹, A.R. Marques^{2*}, A. Marques¹, L. Ribeiro¹

¹ Centro Hospitalar Vila Nova de Gaia Espinho, Psychiatry, Vila Nova de Gaia, Portugal;

² Hospital Distrital de Santarém- Santarém, Psychiatry, Santarém, Portugal

* Corresponding author.

Introduction.– Functional Gastrointestinal Syndromes (FGIS) are a complex entity of disturbances of nervous processing, visceral sensitivity and intestinal mucosa and microbiome with consistently proved influence of psychiatric comorbidity.

Objectives.– Considering the relevant disease impact, we aimed at obtaining updated and furthered data on FGIS pathophysiology and achieve a disease model considering the interaction with psychological aspects.

Methods.– We conducted a selective literature review through the queries of “psych*”, “functional”, “irritable”, “intestinal” and “bowel” in Pubmed/Medline online databases, considering relevant references based on their focus on psychological parameters and disease mechanisms.

Results.– Various publications are found in which authors take into account the importance of downstream effects from altered brain processes over enteric functioning, mainly relating to the neuroendocrine stress response axis. Most psychotherapeutic interventions conducted so far seem also to act on symptom mediation by stressful cognitions. However, a clear place for personality traits and complex dimensions of psychiatric illness is lacking in recent models. Organic vulnerability for the FGIS seems to rely on impaired mucosal integrity due to abnormal immune responses to environmental insults such as diet or infections. Interestingly, disturbed inflammation in mental disorders has gained mounting evidence, which reinforces the loop behaviour of the gut-brain axis.

Conclusions.– Awareness of FGIS complex nature involving circular brain-gut axis influences is mandatory among doctors for adequate referral to expert teams, including the gastroenterologist and the liaison psychiatrist, and for integrative, more successful treatment strategies.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0650

Prevalence of anxiety, depression and sexual dysfunction in geriatric patients before undergoing transrectal ultrasound-guided prostate biopsy

A. Salaj¹, R.Y. Akman²

¹ Baskent University Istanbul Hospital, Department of Psychiatry, Istanbul, Turkey; ² Hizmet Memorial Hospital, Department of Urology, Istanbul, Turkey

* Corresponding author.

Objective.— Being an interventional procedure, prostate biopsy may increase the level of anxiety in patients preparing to undergo it. In our study we aimed to investigate the level of the anxiety, depressive symptoms and sexual dysfunctions of patients one week before the procedure.

Method.— 32 patients who have undergone prostate biopsy are enrolled in this prospective study. Patients have filled out the questionnaire one week before the procedure. The patients also filled out the Beck Anxiety and Depression Inventory, Arizona Sexual Experiences Scale (ASEX), Golombok Rust Inventory of Sexual Satisfaction.

Results.— The median age was 66. 20 patients (62.5%) were graduated from an university and 50% of the patients were married. 25 of the patients (78%) were undergoing prostate biopsy for the first time. 40% of the patients have evaluate biopsy as an anxious procedure. 99% of them feel agitated about the procedure, 99% feel anxious about undergoing another biopsy but 93.5% would accept another biopsy if recommended. Only 2 (6.3%) patients had sexual dysfunction according to ASEX. According to GRISS frequency, communication, satisfaction, avoidance, sensuality, impotence and premature ejaculation prevalence is calculated as 72%, 60%, 50%, 41.7%, 54.2%, 72.7%, 58.3% and 59.1% respectively. Only 10 patients (31.3%) had anxiety disorder. 5 patients have moderate depressive symptoms and only one patients had severe depression.

Conclusion.— Although most of the patients planned to undergo Prostate Biopsy feel agitation about the procedure, clinically only one in three patients have anxiety disorder. Although more than 50% of the patients had sexual dysfunction, it is not found any relationship with anxiety.

Disclosure of interest.— The authors have not supplied a conflict of interest statement.

PW0651

Subjects characteristics of medical requests to the addiction liaison psychiatry unit in hospital del Mar

D. Sanagustin Bosqued^{*}, J.J. Fuentes Valenzuela, A. Trabsa Briski, E. Monteagudo Gimeno, M. De Dios Felis, S. Perez Gonzalez, M.F. Fonseca Casals, C. Tamarit, M. Torrens Melich
Hospital Parc de Salut Mar, Psiquiatria, Barcelona, Spain

* Corresponding author.

Introduction.— Addiction Liaison Psychiatric Units are frequently requested for other medical services due to the high prevalence of medical pathologies in substance use disorders. Knowing the patient's characteristics could improve the approach.

Objectives.— To describe patient characteristics of all medical requests to the Addiction Liaison Psychiatry Unit from January 2010 to December 2016.

Materials and methods.— Study data was obtained from all patients that were referred to the Addiction Liaison Psychiatry Unit to assess addictive disorders and withdrawal symptoms related to drugs during 7 years in Hospital del Mar (Barcelona, Spain). Demograph-

ics and clinical data (substance use, dual diagnosis and infectious comorbidity) were obtained.

Results.— 2011 medical requests were referred to the Addiction Liaison Psychiatry Unit (78% men; mean age: 49 + 12 years). The main medical services that requested were Gastroenterology ($n = 756$, 37.6%), Infectious Medicine ($n = 504$, 25.1%) and Internal Medicine ($n = 230$, 11%). Focusing in drugs, alcohol related queries came from Gastroenterology ($n = 187$, 54%) in most cases and heroin related ones came from Infectious Medicine ($n = 154$, 57.2%). When comparing the gender characteristics, alcohol and amphetamine related samples were 83% men and 90.9% men respectively meanwhile benzodiazepines and tobacco related were 60% men. Patients were usually referred to the community addiction treatment center.

Conclusions.— Gastroenterology and Infectious Medicine were the main services that asked for drug problems to the Addiction Liaison Psychiatry Unit. Most of the subjects were men and the main drug was alcohol. The community addictions treatment center is the main resource at discharge.

Disclosure of interest.— The authors have not supplied a conflict of interest statement.

PW0652

Psychiatric comorbidities in patients undergoing bariatric surgery

G. Oviedo, C. Fillizzola, J. Pacheco, H. Santamaría García^{*}
Pontificia Universidad Javeriana, Psiquiatría, Bogotá, Colombia

* Corresponding author.

Bariatric surgery is the only proven effective therapy for long-term control of morbid obesity. This surgery can be broadly divided into procedures that limit the stomach's capacity, that interfere with digestion or a combination of both the techniques. It has been consistently shown to be effective in long-term marked weight loss and in bringing significant improvement to medical comorbidities such as metabolic syndrome, type 2 diabetes mellitus and obstructive sleep apnea. However, empirical data suggest a high prevalence of psychiatric disorders among bariatric surgery candidates. In this review, we focus on high impact of bariatric surgery on generating mental problems and mental disorders. Moreover, we studied a sample of patients who underwent recent surgery exploring which demographical, cognitive and mental health factors were crucial in predicting incidence of mental problems and mental disorders. Against this background, we run a longitudinal prospective cohort study in consecutive patients undergoing bariatric surgery assessing demographical factors, cognitive function and mental health determinants in two different stages, before surgery and 6 months after surgery intervention.

Together this study shows changes in prevalence of certain psychiatric symptoms after weight loss with bariatric surgery and a high burden of eating disorders such as binge eating disorder. In addition, the results suggest that mental problems and mental disorders after bariatric surgery are predicted by cognitive and mental health states in a previous phase to the surgery. Those results suggest new directions for psychiatric evaluation and interventions for bariatric surgery patients.

Disclosure of interest.— The authors have not supplied a conflict of interest statement.

PW0653

Feeding in postpartum: Psychological experiences associated as referred by Brazilian women with obesity from a university public outpatient service

D.B. Faria-Schützer, F.G.C. Surita, L. Rodrigues, E.R. Turato, D.A.R. Silva*

Laboratory of Clinical-Qualitative Research,
Faculty of Medical Sciences, State University of Campinas, Brazil

* Corresponding author.

Introduction.– Pregnancy is a period of high risk for body weight gain. Studies on obesity have focused mainly on diet and physical activity, however association with psychological factors is relevant for the clinical management regarding individuals with obesity.

Objective.– To explore psychological meanings that puerperal women with obesity attribute to their eating at this stage of life: how they feed themselves and their relationships with themselves and their baby.

Method.– Clinical-qualitative study. The construction sample of subjects was intentional, with sixteen obese women selected to participate of a free individual interview. Data was treated by content analysis

Results.– The analysis revealed four categories: (1) Consciousness and suffering due to obesity – ignorance of the internal motivations that make them obese; (2) Eat to fill the void – to deal with the emotions coming from the puerperium; (3) Economic and cultural issues of food in the puerperium; (4) Family and health care support.

Conclusions.– The women in these conditions can not perceive and express their needs, however realizing that there is a relationship between the act of eating and the feelings coming from the postpartum. After the baby's first month's care, they regained weight, returning to eating habits prior to gestation. The food for these women serves as a fill, a source of pleasure amid so many waivers by the baby. These women need a family support and health service to assist and support them in caring for themselves and their baby, especially in relation to diet and a healthy behaviour.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0654

Emotional distress in elderly patients with diabetes

I. Feki*, M. Turki, R. Sellami, I. Baati, I. Zitoun, A. Feki, J. Masmoudi Hedi Chaker university hospital, psychiatry "A" department, Sfax, Tunisia

* Corresponding author.

Introduction.– Several studies have demonstrated an association between diabetes and impairment in mental health, especially depression. This relationship appears to be more marked in the elderly, given that depression is a frequently occurring condition among this age range.

Objective.– To assess the prevalence of depression in elderly patients with diabetes, as well as associated factors.

Methods.– We conducted a cross-sectional, descriptive and analytic study, among 50 elderly patients (≥ 65 years), followed for diabetes at the outpatient department for chronic diseases of the Regional Hospital of Aguerreb, Sfax, Tunisia. The Geriatric Depression Scale (GDS) was used to screen for depression.

Results.– The mean age was 73.3 years, with a sex-ratio of 0.62. The mean duration of diabetes was 7.7 years. Somatic comorbidities were noted in 94% of cases (hypertension 84%; dyslipidemia 34%). Psychiatric histories were reported in 18% of patients.

The mean GDS score was 9.8 points. According to this scale, the prevalence of depression was 34%. It was correlated with: smoking ($P=0.04$), hypertension comorbidity ($P=0.04$), psychiatric history ($P=0.031$), absence of leisure activity ($P=0.035$), long duration of diabetes ($P=0.04$).

Conclusion.– Our study highlighted a high prevalence of depression among elderly patients with diabetes. This relationship seems to be bi-directional, and may darken the prognosis by increasing somatic complications and altering the quality of life. Thus, besides pharmacological treatment, psychological support is essential to ensure a better control of diabetes and improve the well-being.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Comorbidity/Dual Pathologies - Part II

PW0655

Substances-induced psychosis: Looking for specific clinical and demographic differences

A. Alvarez Astorga^{1*}, A. Lubeiro², F. Arias³

¹ HCU Valladolid, psychiatry, valladolid, Spain;

² Universidad de Valladolid, Psychiatry, Valladolid, Spain;

³ Hospital Universitario 12 de Octubre, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction.– DSM-5 defines “substance-induced psychotic disorder” as the presence of delusions and / or hallucinations during or shortly after intoxication, withdrawal or exposure to a substance. Although there are some bibliography analyzing specific clinical aspects depending on the type of substance [1], specific research in that area is needed.

Objectives.– To search for specific clinical and demographic characteristics in patients with substance-induced psychosis depending on the type of substance abuse.

Methods.– A sample of patients diagnosed with substances-induced psychosis at Hospital 12 de Octubre was recruited. Demographic data were analyzed and clinical and consumption variables were collected through medical interviews and using PANSS, ASI and SCIP scales.

Results.– Form the whole sample (127 patients), 113 were men (89%) and 14 women (11%). Mean age was 29.09 ± 7.69 (16–50). 73 (57.5%) patients consumed only cannabis, 11 (8.7%) consumed only cocaine, 24 (18.9%) consumed both cannabis and cocaine, 10 (7.9%) consumed cannabis and alcohol, 7 (5.5%) consumed alcohol and cocaine and 2 (1.6%) consumed only alcohol. We decided to divide patients in three groups (i) cocaine, (ii) cannabis and cocaine and (iii) cannabis users. There were no significant differences between groups neither on PANSS and SCIP scales nor on consumption (Table 1).

Conclusion.– Cannabis users suffered psychosis symptoms at earlier age and present more visual hallucinations than cocaine users. Besides cocaine abuse is associated with more alcohol abuse and legal and family problems. Limitations: the number of patients in each subgroup was relatively small so more population studies would be necessary.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Table 1.

variables	mean (sd)/ %			p
	cannabis	cannabis+cocaine	cocaine	
first symptoms age	25.51(6.5)	24.0(6.2)	30.31 (7.4)	0.26
visual hallucinations	68.6%	19,04%	12,4%	0.019
ASI-M	1.04(1.4)	1.01(2.9)	0.75(1.6)	0.04
ASI-L	1.50(2.4)	2.80(5.2)	2.24 (4.9)	0.01
ASI-F	2.88(3.8)	4.93 (1.33)	3.30(5.2)	0.04
ASI-A	2.53(1,8)	3.67(1.4)	4.00 (1.9)	0.013

PW0656

Influence of co-morbid (Unipolar) affective disorders on the effectiveness of pharmacotherapy for adult attention deficit hyperactivity disorder, a naturalistic cohort

N. Bothof*, C. Kan

RadboudUMC, psychiatry, Nijmegen, The Netherlands

* Corresponding author.

Background.– In clinical practice, adult attention deficit hyperactivity disorder (ADHD) complicated by a co-morbid affective disorder is prevalent in adult ADHD ranging from 5 to 40%. Evidence is scarce, about how this factor affects treatment effectiveness and treatment choice. We set out to investigate if affective co-morbidity alters the effectiveness of pharmacotherapy. Our study is relevant in testing specific efficacy of varying ADHD pharmacotherapy choices, in the common clinical situation.

Methods.– In 306 adult patients with ADHD that received care of outpatient academic healthcare, department of psychiatry, RadboudUMC university clinic, in Nijmegen the Netherlands between 2013 and 2017 were analyzed. Diagnosis was confirmed by Diagnostic Interview for ADHD in adults (DIVA 2.0), performed by trained clinicians. Affective disorders were determined by Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I). Measurements of ADHD symptoms were determined twice, by questionnaire: Conners Adult ADHD Rating Scales Quikscore Forms (CAARS-S-S) at baseline, and after final optimal medication titration. Information of pharmacotherapy is drawn from patient files.

Results.– Statistical methods used was independent-sample students *T*-test, 2 tailed, in SPSS. Treatment in subjects with a history of affective disorder had 24% ($t = 2.38$ df 216, $P = 0.018$) reduction – and subjects with current affective disorder had 37% ($t = 2.84$ df 216, $P = 0.005$) reduction of ADHD-symptom score's. In final published results, subgroup analyses for medication-type's will be presented.

Conclusion.– In contrast to previous literature, our study shows a negative effect of ADHD pharmacotherapy, associated with co-morbid affective disorders in adults primarily treated for ADHD.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0657

Personality traits, depression and anxiety in females diagnosed with primary Sjogren's syndrome and rheumatoid arthritis

D. Duisin^{1*}, V. Milic², N. Damjanov³, J. Barisic⁴, B. Batinic⁵

¹ Clinic of Psychiatry, Clinical Centre of Serbia, Belgrade, Serbia, Center for Partial Hospitalisation, Belgrade, Serbia; ² Institute of Rheumatology, Faculty of Medicine, University of Belgrade, Belgrade, Serbia, Rheumatology, Belgrade, Serbia; ³ Institute of Rheumatology, Faculty of Medicine, University of Belgrade, Belgrade, Serbia, Rheumatology, Belgrade, Serbia; ⁴ Clinic for Psychiatry Clinical Center of Serbia, Center for partial hospitalisation, Belgrade, Serbia; ⁵ Clinic for Psychiatry Clinical Center of Serbia, Faculty of Philosophy, department of Psychology Belgrade University, Center for Partial Hospitalisation, Belgrade, Serbia

* Corresponding author.

Introduction.– Despite the fact that the relationship between personality, emotions and chronic somatic disorders are complex and bidirectional, there is still scant data about its interference in females diagnosed with primary Sjogren's syndrome (pSS) and Rheumatoid Arthritis (RA).

Objectives.– The aim of the study was to analyze and compare personality traits, depression and anxiety in females diagnosed with pSS, RA and healthy control.

Methods.– The total study sample ($n = 211$) comprised 105 females diagnosed with PSS (mean age of 51.34 years), 52 females diagnosed with RA (mean age of 51.37 years), and 54 healthy females (mean age of 51.35 years). The following assessment instruments were applied: the Revised NEO Personality Inventory (NEO-PI-R), the Zung Self-Rating Depression Scale and the Zung Self-Rating Anxiety Scale. All statistical analyses were performed using SPSS [Version 16.0. SPSS Inc., Chicago, IL, USA].

Results.– Females with pSS and RA had significantly higher Neuroticism scores ($P < 0.01$), significantly lower Extraversion and Openness to experience ($P < 0.01$), and significantly higher Anxiety ($P < 0.0001$) compared to the healthy controls. The two subgroups of patients differ only in the level of depression, which was significantly higher in the subgroup with pSS, compared to RA subgroup and healthy control ($P < 0.01$).

Conclusions.– A specificity of personality and emotional state in females diagnosed with pSS and RA should be among important treatment targets in the integrative treatment program of these chronic and disabling autoimmune diseases.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0659

Prevalence of psychiatric symptoms in patients with treatment-resistant epilepsy with and without epilepsy surgery

B. Hinterbuchinger^{1*}, F. Friedrich¹, L. Weitensfelder¹, S. Takacs¹, E. Patarai², S. Aull-Watschinger³, N. Mossaheb¹

¹ Clinical Division of Social Psychiatry, Department of Psychiatry and Psychotherapy, Medical University of Vienna, Vienna, Austria;

² Department of Neurology, Department of Neurology, Medical University of Vienna, Vienna, Austria; ³ Department of Neurology, Department of Neurology, Vienna, Austria

* Corresponding author.

Purpose.– Psychiatric comorbidities are more common in patients with epilepsy compared to individuals from the general population. The aim of this study was to examine the prevalence of psychiatric

symptoms in patients with drug resistant epilepsy who underwent presurgical evaluation and were subjected to epilepsy surgery.

Materials and methods.– Baseline and month 4 data are reported for 23 patients, 12 patients (52.2%) had surgery (SURG patients) and 11 (47.8%) had no surgery (NO-SURG patients) either because they declined ($n = 2$) or because indication was not given after thorough neurological evaluation. Psychiatric symptoms were assessed by standardized instruments: the Hamilton Anxiety Rating Scale, Beck Depression Inventory, Hamilton Rating Scale for Depression, Structured Clinical Interview I & II as well as the Global Assessment of Functioning Scale at baseline and after 4 months.

Results.– SURG-patients were significantly younger compared to NO-SURG patients ($P < 0.05$). There was no significant sex difference between SURG- and NO-SURG patients ($P = 0.22$). Furthermore NO-SURG patients showed significantly higher scores in the Hamilton Anxiety Rating Scale compared to SURG-patients both at baseline (mean difference = 5.017, $P < 0.05$) and after 4 months (mean difference = 4.250, $P < 0.05$). No significant differences were found regarding depressive symptoms, SCID diagnoses and global functioning.

Conclusion.– Besides symptoms of anxiety, there were no differences in prevalence of psychiatric symptoms and diagnoses between patients with drug resistant epilepsy who underwent epilepsy surgery compared to those without surgery.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0660

The benefits of physical activities in patients with dual diagnosis

J. Jaber*, J. Verissimo Jr, J. Cardoso, S. Carvalho, A. Hollanda, B. Reys
Clínica Jorge Jaber, Saúde Mental, Rio de Janeiro, Brazil

* Corresponding author.

Introduction.– The work describes the benefits of physical activities in patients with dual diagnosis in a psychiatric clinic of Rio de Janeiro city, Brazil.

Objectives.– Present the benefits of physical activities inside the hospital space. Evaluate the impact of the introduction of regular physical activity practice in patients having dual diagnosis in hospitalization environment.

Aims.– Demonstrate the decrease of the resistance to treatment in hospitalization regime, the behavioral and social improvement of patients, as well as the physical and mental capacities and the wellness promotion during and after the treatment.

Methods.– 45 patients carrying the dual diagnosis, hospitalized in the clinic for the period of 1 year, were monitored. All the patients were assessed by a general practitioner, a psychiatrist and a physiotherapist, before starting the physical activity, being the classification of mental disorders ICD-10 used for the diagnosis. The patients were treated with psychotropics, according to the diagnosis and the signs and symptoms presented. The therapeutic project offered physical and psychological treatment, promoting the recovery possibility through aerobic and anaerobic ludic physical activities inside the therapeutic environment.

Results.– All the patients presented improvement in the physical and mental capacities and in socializing. In the physical activities, the patients participated respecting their limitations, respecting the next and having a higher body perception.

Conclusions.– Through the development of the activities, the patients demonstrated excellent involvement and interaction with the treatment, favoring their psychological and behavioral recovery and impacting positively their response to the treatment of various mental disorders.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0661

Cocaine-induced psychotic symptoms and psychotic proneness in cocaine use disorder patients

E. Karsinti^{1*}, L. Romo², K. Piani¹, V. Bloch³, G. Brousse⁴, F. Bellivier⁵, M. Fortias¹, F. Vorspan⁵

¹ *Hopital Fernand Widal- APHP, Service de Psychiatrie, Espace Murger, Paris, France;* ² *Université Paris Nanterre, Laboratoire CLIPSYD, Nanterre, France;* ³ *Hôpital Fernand Widal, Pharmacie, Paris, France;* ⁴ *Hôpital Clermont Ferrand, Service addictologie, Clermont Ferrand, France;* ⁵ *Hopital Fernand Widal- APHP, Departement Universitaire de Psychiatrie et de Médecine Addictologique, Paris, France*

* Corresponding author.

Introduction.– It's well known that cocaine can induce transient psychotic symptoms in the hour after intake (Vorspan et al., 2012). On the other hand, frequent cannabis use is associated with transient psychotic symptoms and permanent psychosis proneness (Verdoux et al., 2003).

Objective.– To describe cocaine induced psychotic symptoms and psychotic proneness among cocaine users.

Method.– we evaluated 181 current cocaine users in clinical setting. Cocaine-induced psychotic symptoms during the worst period of cocaine use were assessed with the SAPS-CIP questionnaire (Cubells et al., 2005); psychosis proneness was evaluated using the PDI (Peters, 2004); patients with schizophrenia were excluded. Statistics: Anova's and Pearson's correlations with a .05 threshold. **Results.**– Among the 181 patients, 76% were men, they preferentially used cocaine (72% vs crack). The average cocaine age at onset was 24 years old. The mean PDI score was 7. The mean SAPS-CIP score was 7. The delusion proneness scale correlated with SAPS-CIP scores (hallucinations, delusion and total score) but not to the behavioral scale. Association with lifetime and current cocaine and cannabis use will be presented.

Conclusion.– High delusion proneness could predict higher delusions and hallucinations during cocaine use. It could be a vulnerability factor for several psychotic experiences with or without substances.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0663

Use of substances in obese patients candidates to bariatric surgery (Obenol project)

M. Forner, L. Nuño, G.C. Gavotti, P. Gavin, M. Monràs, R. Navinés, A. Lligoña*, S. Cañizares

Hospital Clínic, Neuroscience Institut, Barcelona, Spain

* Corresponding author.

Introduction.– Bariatric surgery (BS) is an effective treatment to reduce overweight in patients with morbid obesity. This surgical procedure produces changes in substances' absorption. For this reason, operated patients are more sensitive to the effect of substance use (Buffington et al., 2006). A previous history of substance use has been detected in 60% of patients undergoing BS (Conason et al., 2013). Moreover, Li & Wu (2010) reported that the prevalence of alcohol use among patients operated by BS is around 10%. The aim of this study is to evaluate alcohol consumption between patients'

candidates for BS. In this poster, we present preliminary results of substance consumption.

Methods.– Transversal study. The sample consisted of 100 patients with morbid obesity candidates for BS. Patients were assessed through a psychiatric interview, a psychological assessment and a urinalysis to assess substance use.

Results.– Regarding the last 3 months, 13% of the sample reported tobacco use, 15% had drunk alcoholic drinks and 6% had smoked cannabis. 4% reported the use of benzodiazepines and 1% of cocaine. No one reported consumption of other drugs such as amphetamines, hallucinogens or opiates. None of the subjects reported risky alcohol consumption, while 8 had positive results in etilglucuronide test.

Conclusions.– Preliminary results show that alcohol is the most consumed substance in our sample. However, the prevalence of risky alcohol consumption appears to be lower as expected. It is important to evaluate substance abuse pre BS with questionnaires and add urine control tests, as patients tend to minimize their consumption.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0666

Bipolar disorder in ADHD: frequent comorbidity or severe neurodevelopmental disorder?

F. Oliva¹, P. Ferreri², A. Portigliatti Pomeri², S. Bramante², M. Boero¹, C. Mangiapane¹, G. Nibbio¹, G. Maina²

¹ University of Turin, Biological and Clinical Sciences department, Orbassano TO, Italy; ² University of Turin, Neurosciences “Rita Levi Montalcini” department, Turin, Italy

* Corresponding author.

Background.– The aim of the present study was to evaluate prevalence and clinical variables of patients with and without bipolar disorder in a sample of adult ADHD outpatients.

Methods.– We examined all medical records of outpatients accessing the adult ADHD center of the AOU San Luigi Gonzaga, Orbassano (TO), Italy, in order to collect data about socio-demographic factors, medical history, medical and psychiatric diagnosis. Adult DSM-IV ADHD diagnosis was made by DIVA 2.0 whereas DSM-IV comorbidities were assessed by SCID I and II.

Results.– Above one quarter of our sample with ADHD (26,6%) had also a bipolar disorder that was a type II in almost all of cases (90,5%). ADHD combined type (ADHD-C) is more common than inattentive type (ADHD-I) in patients with bipolar disorder only (ADHD+DB; ADHD-C:85,7% vs. ADHD-I:14,3%; ADHD; ADHD-C:51,7% vs. ADHD-I:48,3%; $p=0,006$). ADHD-C is more common in bipolar patients even in childhood (ADHD+DB; ADHD-C:65% vs. ADHD-I:25% vs. ADHD-H:10%; ADHD; ADHD-C:52% vs. ADHD-I:48%; $P=0,048$).

Moreover, ADHD with bipolar disorder had more frequently a comorbid psychiatric disorder or other co-occurring conditions (personality disorder, 19% vs. 1,8%, $P=0,006$; sleep disorder, 52.3% vs. 32.7%, $P=0,009$; use of benzodiazepines without anxiety disorder, 47.6% vs. 10.9%, $P=0,001$; immune system disease, 23.8% vs. 5.2%, $P=0,015$).

Conclusions.– Our findings are consistent with previous studies reporting a high prevalence of bipolar II disorder among adults with ADHD. ADHD patients with comorbid bipolar disorder seem most likely to have shown a combined manifestation of inattention and hyperactivity in childhood that evolved in a complex and severe clinical picture with personality and sleep disorders co-morbidities.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0667

Double screening for dual disorder – alcoholism and depression

B. Pavkovic¹*, M. Zaric¹, M. Markovic¹, M. Klacar², A. Huljic³, A. Caricic³

¹ Health Center Dr Simo Milosevic Cukarica, Psychiatry, Belgrade, Serbia; ² Health Center Dr Simo Milosevic Cukarica, Pediatrics, Belgrade, Serbia; ³ Health Center Dr Simo Milosevic Cukarica, General Practice, Belgrade, Serbia

* Corresponding author.

Introduction.– Comorbidity between depressive and alcohol use disorders have been reported in samples and it is confirmed that alcohol use disorder (AUD) often co-occur with major depressive disorder (MDD).

The aim of study was to examine the relationship between alcoholism and depression in undiagnosed patients by simultaneously applying screening tests for both disorders.

Methods.– A total of 500 subjects were tested, of which 421 were included in the study, 175 male and 246 female. Two screening tests, Michigan Alcoholism Screening Test (MAST) and Beck Depression Inventory (BDI), were used. Collected data processed using the statistical package Statistica 13.2 and methods of descriptive and analytical statistics.

Results.– Of the total sample, 28.03% of respondents were any of problem drinkers and 55.82% had some level of depression, 59.14% of respondents at the same time had both, any of problem drinking and some level of depression.

Results of statistical analysis showed that more problematic alcohol use type is associated with more severe level of depression, greater positive association between problematic alcohol use and severity of depressive symptoms in female and more harmful alcohol consumption in male.

Conclusion.– This study points to the importance of screening for alcoholism and depression in primary health care for the early detection of these often comorbid disorders, because their timely treatment improves better quality of life in newly diagnosed individuals and reduces economic burden to society in terms of allocating funds for the health service due to their more frequent use of health services if they reach greater level of dual disorder severity.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0668

A retrospective observational study of seasonal variation and alcohol consumption: Implementation of the sample

R.A. Colombo, M. Preve*, E. Bolla, R. Traber
Sociopsychiatric Organization, Psychiatric Clinic, Mendrisio, Switzerland

* Corresponding author.

Introduction.– Seasonal and geographic variations in light exposure influence human mood and behavior, including alcohol consumption. Similarly, manipulation of the environmental lighting regimen modulates voluntary ethanol intake in experimental animals [1–3]. The aim of our study is to evaluate the relationship between alcohol consumption and seasonal variation in a sample of alcohol dependent patients.

Method.– 234 inpatient are assessed with: the SCID-P for axis I diagnosis. Inclusion criteria are: (1) acute alcohol intoxication at the admission. All the sociodemographic characteristics are explained.

Results.– There are no difference when we compare total admission of 2013 and 2014. The peak period of alcohol admission is in the spring in april-may, the lowest period is in autumn october–november in 2013, whereas the peak period of alcohol admission is in the autumn in september–october, the lowest period is in spring in april and may in 2014. The rates of comorbidity are: personality disorders (30.3%), affective disorders (28.9%) and psychotic disorders (8.8%).

Discussion and conclusion.– Developmental alcohol exposure produces subtle abnormalities in circadian rhythms that may contribute to the development of seasonal and nonseasonal mood disorders [4]. Seasonal variability of alcohol admission in Ticin (Switzerland) is influenced by natural factors and by social factors. 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 a conflict of interest statement.

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PW0669

Dissociative amnesia due to acute alcohol intoxication during SSRIs (Fluoxetine) treatment: Tree case report and literature review

M. Preve*, G. Canitano, M. Godio, R.A. Colombo, R. Traber
Sociopsychiatric Organization, Psychiatric Clinic, Mendrisio, Switzerland

* Corresponding author.

Introduction.– Serotonin-specific reuptake inhibitors (SSRIs) like fluoxetine are antidepressant drugs commonly used to treat a wide spectrum of mood disorders, in particular fluoxetine is used in unipolar depression, anxiety disorders, obsessive compulsive disorder, bulimia and is an option among the “serotonergic” agents that have been evaluated for alcoholism treatment [1]. Depersonalization and derealization symptoms sometimes compare during alcohol intoxication [2]. The purpose of this report is to review the presence of dissociative amnesia due to acute alcohol intoxication and explain the role of SSRIs treatment (fluoxetine) in this condition. We propose tree different case reports and literature review.

Method.– We conducted a systematic review of the literature with the principal database (PubMed, Enbase, PsychInfo) and we present tree different case reports.

Results.– The acute alcohol intoxication during fluoxetine treatment determine a dissociative amnesia characterized by autobiographical memory compromission, compromission of subjective reliving, memory disturbances in the form of retrograde amnesia, derealization and depersonalization symptoms. Moreover in dissociative amnesia, several serious consequences were identified like impulsiveness, loss of control and aggressiveness.

Discussion and conclusion.– In our case reports we suppose that SSRIs treatment (fluoxetine) play a role with alcohol in significant cognitive and behavioral impairment, but also in dissociative amnesia, derealization and depersonalization, loss of control, impulsiveness as well as aggressiveness [3]. Further research is warranted to replicate our clinical and qualitative observations and,

in general, quantitative studies in large samples followed up over time are needed.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

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PW0670

Efficacy of pregabalin in cocaine dependence: Case series and literature review

M. Preve*, N.E. Suardi, M. Godio, G. Canitano, S. Casigliani, R.A. Colombo, R. Traber

Sociopsychiatric Organization, Psychiatric Clinic, Mendrisio, Switzerland

* Corresponding author.

Introduction.– Pregabalin has shown greater potency than gabapentin in preclinical models of epilepsy, pain and anxiety, and pregabalin may have potential in the treatment of some aspects of cocaine addiction [1-3]. The purpose of this report is to review the efficacy of pregabalin in a sample of dependence patients. We propose different cases and literature review.

Method.– 20 inpatients with alcohol and cocaine dependence were assessed with: the SCID-P, HAM-A, BIS-11 and BPRS. We conducted a systematic review of the literature with the principal scientific database (PubMed, Embase, PsychInfo), using the terms “pregabalin”, “alcohol”, “cocaine”.

Results.– There are any significant different in sociodemographic characteristics of the sample ($n = 20$), only gender differences male are more the female ($P = .036$). We found a significant reduction of anxiety symptoms at the HAM-A scale, in particular item 2 $P = .001$; item 4 $P = .002$; item 7 $P = .001$; item 13 $P = .003$; item 14 $P = .001$ and HAM-A total score ($P = .003$), a significant reduction of the BIS total score ($P = .001$). Comorbidity and clinical correlates are explained in the table (not supplied).

Discussion and conclusion.– In our opinion this is the first study that explain the efficacy of pregabalin treatment in a sample of cocaine dependent patients to reduce anxiety and impulsivity. 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 a conflict of interest statement.

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PW0672

Suicide attempts associated to substance use disorders; A descriptive study

A. Trabsa^{1,2*}, G. Sánchez-Moncunill¹, M. de Dios^{1,2}, I. Ezquiaga^{1,2}, Á. Palma^{1,2}, D. Sanagustin¹, E. Monteagudo¹, V. Pérez^{1,2}, M. Campillo¹

¹ Hospital del Mar, Psychiatry, Barcelona, Spain;

² Institut de Neuropsiquiatria i Addiccions, Parc Salut Mar, Barcelona, Spain

* Corresponding author.

Introduction.– Suicide is the 15th leading cause of death worldwide being a major public health concern. Suicidal attempt and substance use disorders (SUD) are associated with increased risk for suicide, however, relatively little is known about the real impact SUD on suicidal behaviour.

Objective.– To describe the presence of SUD in suicidal attempts and its characteristics, such as: age, hospitalization after suicide attempt and relapse.

Methods.– A total of 7911 psychiatric emergency visits were registered during 2013 in two different units in Barcelona (Hospital del Mar and Centre Emili-Mira). Suicide attempt ($n=452$) were selected from the database. Afterwards, the information was completed with electronic medical records. Descriptive analysis was performed with IBM SPSS Statistics (Chicago INC).

Results.– From 452 suicide attempt patients sample, 165 (36.5%) were associated to substance use disorder. The highest prevalence of concomitant SUD was detected between the age of 28–47 yo (40.5%) and the lowest between 68–87 yo (0%). From total patients who required hospitalization 166 (44.50%) had SUD and 70 (24.40%) did not. Relapse suicide attempt was reported in 36 (22%) SUD patients and in 54 (18.8%) without concomitant SUD.

Conclusions.– Relapse of the attempt were similar between patients with SUD and patients without SUD. However, patients with concomitant SUD were more likely to require hospitalization. Therefore, SUD appears to be an important target in suicidal attempts assessment. Further studies should evaluate the clinical relevance of exploring and treating SUD in order to prevent hospitalization.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0673

Premature ejaculation dysfunction in adult attention deficit and hyperactivity disorder: Relation with 2D:4D ratio

A.N. Inci Kenar¹, S.U. Aydin², A. Zıblak^{1*}

¹ Pamukkale University, Psychiatry, Denizli, Turkey;

² Pamukkale University, Child and Adolescent Psychiatry, Denizli, Turkey

* Corresponding author.

Introduction.– In this study, it was aimed to determine the relationship between adult ADHD and, PE frequency and 2D:4D ratio, which is accepted as a fetal testosterone exposure indicator.

Methods.– Twenty-four ADHD patients and 38 healthy controls were included into the study. Sign and ring fingers of the individuals, included into the study, are measured directly with digital caliper (0.01 mm accuracy). The diagnosis of PE was made by clinical interview.

Results.– Mean age of the adult ADHD group is 28.67 ± 8.55 and control group is 31.97 ± 8.11 . There was no statistically significant difference between the two groups. In the adult ADHD group, the PE frequency was found to be 45.8% and history of enuresis nocturna (EN) frequency was found to be 37.5%. Adult ADHD patients with PE were found to have lower 2D:4D ratios, but it was not statistically significant, when compared to those without PE.

Conclusion.– As a result; PE was found more frequent and 2D:4D ratio was found low in adults with ADHD, suggesting that high testosterone levels play a role in the etiology of both ADHD and PE, and it was supposed that high frequency of the coexistence of these two clinical diagnoses is due to the possible common etiology. This study is the FIRST one to investigate the relationship between PE frequency in adult ADHD and the 2D:4D ratio, which is considered to be a marker of fetal testosterone exposure. In addition, it

is the SECOND study showing the frequency of adult ADHD and PE comorbidity.

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Ethics and Psychiatry / Forensic Psychiatry

PW0674

Risk assessment of dangerous behavior in persons with mental disorders

O. Makushkina

Federal Budgetary Institution “V. Serbsky National Medical Research Center for Psychiatry and Narcology” of Ministry of Health of the Russian Federation, Forensic Psychiatric Prevention, Moscow, Russia

* Corresponding author.

The prediction of the risk of committing socially dangerous acts by persons with mental pathology is the important subject in the system of preventive measures in the mental science. By the way there's a low understanding of the dangerous behavior predictors of mentally ill offenders. It causes significant difficulties in the risk prevention of potential dangerous acts.

This study aimed at validation and verification the methods of structured risk assessment of dangerous behavior (SRADB).

The SRADB contains 22 characteristics that contribute to the risk of committing offence. All characteristics are distributed between three blocks: (1) clinical symptoms; (2) characteristic associated with the patient's life history; (3) characteristic associated with maladjustment. The sum of the predictive coefficients is distributed in the range from “–20” to “+20” points. “+20” points is the cut-off value that shows the high risk of committing dangerous acts. The threshold “–20” corresponds with the low risk.

506 patients (424 men and 82 women) from 22 to 85 years old were surveyed with the SRADB; median age was $41.54 + 12.17$. 406 patients are on the compulsory treatment, who committed dangerous actions; 100 patients are on the follow-up care with stable lawful behavior.

The reliability (α -Cronbach 0.8) and the test validity (Kendall's tau coefficient from 0.5 to 0.85) of the SRADB were demonstrated. ROC-analysis shows the high predictive power of the SRADB (AUC > 0.75). The sensitivity is 93.8% and specificity is 77%.

The results of the study make it possible to recommend the SRADB for assessing the risk of dangerous behavior in persons with mental disorders.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0675

The subjective truth and the will to power: Ethical issues euthanasia and physician-assisted death in the psychiatrically and neuropsychiatrically ill

D. Banayan

Rush University Medical Center, Psychiatry, Chicago, USA

* Corresponding author.

Introduction.– A number of countries in Europe and several states in the United States have developed and implemented health care policies on euthanasia and physician-assisted death. Psychiatrists

play a critical gatekeeping role in maintaining the integrity and ethical administration of end-of-life laws, by identifying patients who are incapable to make the decision or are suffering from a treatable psychiatric illness.

Objectives.– This session will explore ethical dilemmas in the administration and delivery of life-ending medical therapies in patients with psychiatric or neuropsychiatric disease. Participants will further elucidate their own ideas and values on the subject, and acquire more insight into patient choice and perspectives. Practice models and outcomes studies from a variety of countries will be reviewed.

Methods.– A brief review of core concepts in clinical ethics will set the stage for critiquing data obtained from a comprehensive literature review (PubMed, Ovid Medline) on international practices, trends and ethical issues in physician-assisted death and euthanasia.

Results.– Increasing numbers of patients with psychiatric or neuropsychiatric disorders are seeking physician-assisted death or euthanasia. Conceptual challenges of defining ‘unbearable suffering’, and ‘loss of dignity’ make it difficult to discern if or when life-ending treatment is appropriate or ethical. The rate of acceptance and denial of these requests is highly variable. Some studies have identified that a significant proportion of psychiatric patients have not exhausted all treatment possibilities.

Conclusions.– Psychiatrists need to be prepared to talk with and respond to patients who make enquiries about physician-assisted suicide / euthanasia.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0676

Euthanasia for mental suffering perforates the therapeutic resiliency of mental health care

A. Bazan¹*, G. Van de Vijver², L. Willem³

¹ Université Libre de Bruxelles,

Faculté de Sciences Psychologiques et de l'Éducation, Brussels, Belgium; ² Ghent University, HICO – Centre for the History of Philosophy and Continental Philosophy, Ghent, Belgium;

³ Departement Wijsbegeerte, Universiteit Antwerpen, Antwerp, Belgium

* Corresponding author.

Introduction.– The Belgian law on the depenalisation of euthanasia requires (1) that the suffering is unbearable, (2) that the condition is “medically hopeless”, and that (1) is due to (2). On the basis of the terms of the law, we [1,2] have been arguing before that in case of sole mental suffering the law can not be applied because (2) can not be objectified. However, the law continues to be applied, including in young adults, for which empirical evidence shows that the prognosis cannot objectively be qualified as “medically hopeless”. So, factually, the application of the law amounts to a practice of assisted suicide, sealed with a medical warrant.

Objectives.– We want to show how the seemingly innocuous medical seal on this practice, in fact, jeopardizes the field of mental health care.

Methodology.– With excerpts for clinical cases, we illustrate how patients put ultimatums on treatment trajectories, how therapists lose their patients suddenly in the midst of their careful treatment journeys, how euthanasia is played out in morbid interactions which sometimes resemble practices of grim blackmail.

Conclusion.– When there is a plan B, namely euthanasia, both patients and therapists are trapped and the therapeutic resiliency of the mental health care field is perforated.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

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PW0677

Euthanasia for psychic suffering: Urgent call from Belgium

M. Calmeyn¹*, M. eneman²

¹ Private practice 'Lelieveld'

Loppem & Psychiatric Hospital OLV Bruges, medical department, Loppem Zedelgem, Belgium;

² University Psychiatric Centre Sint-Kamillus Bierbeek Belgium, medical directory, Bierbeek, Belgium

* Corresponding author.

Introduction.– The Belgian law for euthanasia includes that people suffering from mental disorders can request it. Indeed, the number of people asking for euthanasia and getting permission for it is growing every year after the introduction of the law in 2002.

Objectives.– By exploring the non-evident question whether euthanasia – according to the Belgian law – for psychic suffering is permitted or not, some remarkable and unavoidable findings are explored in the presentation. Some basic question marks can no longer be neglected by the professional community.

Methods.– Those levels necessary to explore this question are clinical, theoretical and ethical. The authors of the presentation have extensive clinical experience as a psychiatrist and psychotherapist in the field. From a theoretical point of view philosophical principles concerning euthanasia for psychic suffering are explored and explained in the presentation. Nosological knowledge about psychopathology is crucial to surmount ideological judgments and prejudices. Ethical considerations on being human and human being, on the (im)possibility of treatment, on mental suffering itself are indispensable to (even) consider the decision for life or death.

Results.– It's not evident to put the question for euthanasia for mental disorders on the same level as for somatic disorders. Even more, due to the specificity of psychiatric disorders, the so called evident permission to perform euthanasia for psychic suffering should be seriously challenged.

Conclusions.– Euthanasia for psychic suffering is a not at all an answer for the human brokenness of which psychiatric disorders are testimonies.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0681

On psychiatry in context of philosophical anthropology

E. Neu¹*, M.C. Michailov¹, C. Lütge², R. Neu¹, P. Birkenbihl¹, U. Welscher¹, M. Schratz³, G. Weber⁴

¹ Inst. Umweltmedizin c/o ICSD e.V., Pharmaco-Physiology, Munich, Germany; ² Techn. Univ. München, Inst. Ethics Dir., Munich, Germany; ³ Univ. Innsbruck, School Education Dean, Innsbruck, Austria; ⁴ Univ. Lxbg. and Vienna, Fac. Psychology Dean, Vienna, Austria

* Corresponding author.

Introduction.– Central position of psychiatry in medical sciences needs renewal by philosophical anthropology. Conception.–

A. Epistemology. An integral anthropology should include essential information about human being (spiritual-mental upto physical “spheres”) and interaction with nature (geo-biospheres) & society (family-school-etc.). Individual-natural-social anthropology is related to psychiatry in context of psychosomatic (Th.von UEXKÜLL) & somatopsychic theories (Y.IKEMI).

B. Moral philosophy. Ethical-frames destination for psychiatrists (also medical personnel) acc. to KANT’s human obligations to himself, other humans, sub-human: plants-animals, supra-human beings related to modern ethical theories (deontology-utilitarianism-etc.) & Buddhism-Brahmanism-Christianism-etc. are fundamental for psychiatry.

C. Aesthetics. Psychotherapy, psychopharmacological and surgical therapy in psychiatry must be in concordance with medical ethics (primum non nocere), e.g. for oncological patients (radiochemotherapy). Self-control of pathophysiological & psychopathological influences by cognitive therapy, Buddhist, Yoga practises, etc. could support mental health of patients.

Conclusion.– Foundation of an International Academy for Psychiatry, similar to European Acad. Neurology (EAN-2015-Berlin) by EPA/WPA and other societies, could support education, research, therapy in psychiatry about mental health, related to UNO-Agenda21 for better health-ecology-economy on global level [1–4]. *Dedication for moral support.*– Nobel Laureates: Austria: K. Lorenz, China-Taiwan: Y.T. Lee, France: J. Dausset, J.-M. Lehn, Germany: M. Eigen, K. von Klitzing, H. Michael, E. Neher, GB: B. Josephson, Lord A. Todd, Japan: K. Fukui, USA-India: J. Deisenhofer, H.B. Khorana, L. Pauling, E. Wiesel.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

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PW0682

Ethical and spiritual aspects of attitudes toward euthanasia in junior medical students

E. Nikolaev^{1*}, A. Aleksandrov², I. Poverinov³

¹ Chuvash State University,

Department of Social and Clinical Psychology, Cheboksary, Russia;

² Chuvash State University, Department of Public Law, Cheboksary,

Russia; ³ Chuvash State University,

Department of Philosophy- Sociology and Pedagogics, Cheboksary, Russia

* Corresponding author.

Introduction.– Euthanasia is one of the ethical problems that medical professionals start to form their attitude to still studying in medical school.

Objectives.– This study is aimed to clarify the specifics of ethical and spiritual representations on euthanasia in junior medical students.

Methods.– Study participants were 221 first- and second-year medical students who filled in a 19-item questionnaire (E. Nikolaev, 2016) measuring different aspects of attitudes to euthanasia. Basic

statistics and correlation analysis were used for the data interpretation.

Results.– Two-thirds of the students (67.3%) represent euthanasia as not a medical or legal problem, but as a moral or ethical one. Three quarters (78.2%) are confident that euthanasia legalization can lead to abuses, 64.6% believe that practicing euthanasia is contrary to the divine nature of a human, and 63.2% indicate that since humans comes to this world not of their own free will, neither should they leave it of their own will. More than half of the students (53.4%) believe that legalization of euthanasia indicates lack of spirituality in the society. Correlation analysis shows ($P < 0.05$) that this ratio is more pronounced among believing students than among non-believers. With age, the negative attitude toward euthanasia grows. Greater opposition to passive euthanasia is accompanied by greater aversion to active euthanasia, fears of possible abuses, low interest in euthanasia experience in other countries, pronounced personal time perspective for future.

Conclusions.– The ethical and spiritual aspects of euthanasia are closely interrelated in representations of junior medical students and can be attributed both to religious views and professional education.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0684

A complicated case of an obsessive homicidal patient – The Copycat effect

H. Raai^{1*}, A. Ali², K. Frischer³

¹ Bronx Lebanon Hospital Center,

Department of Psychiatry and Behavioral Sciences, New York, USA;

² Bronx Psychiatric Center, Forensic Psychiatry, New York, USA;

³ Albert Einstein College of Medicine, Psychiatry Department, New York, USA

* Corresponding author.

A copycat crime is a criminal act that is modeled or inspired by a previous crime that has been reported in the media or described in fiction. The copycat effect is the tendency of sensational publicity about violent murders or suicides to result in more of the same through imitation. While copycat phenomenon is more frequently studied in mass killing, the effect of violent media on single acts of violence, from petty crimes to homicides, is not well studied. It is not clear whether individuals who express an interest in copycat violence have a high rate of mental illness. However it is possible that having impaired reasoning abilities combined with poor impulse control makes mentally ill patients more vulnerable to suggestibility and imitation of violent acts. Studies and reports warn of the copycat effect after mass killings. It has been indicated that threats to conduct similar attacks tend to increase dramatically in the weeks following a highly publicized mass murder. This poster will present a case of a psychiatric patient who expressed obsessive homicidal thoughts and later committed murder while being treated in a long term psychiatric hospital. The patient was fascinated with reality based historical mass murderers, as well as movies and TV shows portraying serial killers such as “Dexter”. This poster aims to present the potential significance of media violence and copycat effect on mentally ill patients. It will examine whether psychiatric patients have a higher likelihood of threatening or committing copycat offenses.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0685

Profiling violence: The role of pathological narcissism and maladaptive personality traits

G. Rogier¹, V. Nannini¹, P. Velotti²¹ La Sapienza, Dynamic and Clinical Psychology, Rome, Italy;² University of Genoa, Educational Sciences, Psychology Unit, Genoa, Italy

* Corresponding author.

Introduction.– Aggressive behavior has been linked to both narcissistic personality traits (Lambe et al., 2016) and personality disorders (Howard, 2015). However, there is a lack of study investigating the role of the relationships between pathological narcissism and others maladaptive personality traits in relation to aggression.

Objective.– To explore the relationships between pathological narcissism, maladaptive personality traits and aggression among a sample of violent offenders and community participants.

Method.– We administered to a sample of violent offenders ($n = 70$) and a sample of community participants ($N = 100$) the Aggression Questionnaire (AQ, Buss & Perry, 1992), the Pathological Narcissism Inventory (PNI, Pincus et al., 2009) and the Personality Inventory for DSM-5 (PID-5, American Psychiatric Association, 2013).

Results.– As expected, we found that violent offenders scored higher on the PNI and specific subscales of the PID-5 compared to community participants. Moreover, AQ scores correlated positively and significantly with maladaptive personality traits and with pathological narcissism. Finally, among our sample of violent offenders, we observed specific and significant associations between pathological narcissism and some subscales of the PID-5.

Conclusions.– Our results suggest that pathological narcissism and specific maladaptive personality traits play an important role in relation to aggression. Clinical implications and future directions are discussed.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0686

The Southend domestic violence perpetrator pilot: A multiagency project to tackle domestic abuse risk

G. Romano¹, D. Ho¹, A. Kotze¹, S. Jones²¹ Essex Partnership University NHS Foundation Trust, EPUT Secure Mental Health Services, Wickford, United Kingdom;² Essex Partnership University NHS Foundation Trust, Criminal Justice, South Essex, Rochford, United Kingdom

* Corresponding author.

Introduction.– Domestic violence (DV) is a public health concern associated with mental health morbidity and societal burden. In the UK, high risk DV offenders are managed by a multiagency panel, but there is no similar provision for low to medium risk offenders. In an attempt to deliver early intervention, the Southend Domestic Abuse Strategy Group brought together a number of stakeholder organisations to develop a joint strategy; this was a novel collaboration between Southend Borough Council and the local Mental Health Trust.

Objectives.– To reduce the risk of reoffending in perpetrators of DV by identifying and addressing mental health, substance use and associated social needs.

Methods.– The project took place between 1st February and 31st July 2017. The Criminal Justice Liaison and Diversion Team screened adult arrestees identified as requiring mental health assessment in police custody.

Three follow-up appointments were offered over the course of 6 weeks to individuals presenting with a risk of DV and offenders where a history of DV was elicited.?

Results.– A total of 7 referrals were received, 12 appointments were booked however only one appointment was attended over the course of 4 months.

Conclusions.– Significant difficulties were encountered in the recruitment process. Reluctance to engage was likely due to the impression that participation with the project may imply guilt especially in cases where no further legal action was taken. The risk of volatility, including domestically, appears to be increased in this heterogeneous group of individuals. Without statutory measures, early intervention may be difficult to achieve.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0687

Intimate partner violence (IPV) and associated factors: A cross-sectional survey in community psychiatry

J. Santambrogio¹, M. Bava¹, E. Biagi², M. Caslini², F. Colmegna², G. Gamba¹, D. La Tegola¹, F. Parma², I. Riboldi¹, G. Trotta¹, L.E. Zappa², M. Clerici¹¹ University of Milano-Bicocca, Department of Medicine and Surgery, Monza, Italy; ² San Gerardo Hospital of Monza, Department of Mental Health, Monza MB, Italy

* Corresponding author.

Introduction.– For its consequences on physical and mental health and the burden on healthcare services, Intimate partner violence (IPV) is a relevant public health issue (Campbell, 2002). The most common mental disorders associated with IPV are depression and PTSD (Golding, 1999).

Objective.– The purpose of this study is to evaluate the prevalence and the consequences of IPV in a sample of women with anxious-depressive spectrum disorders.

Materials and methods.– Subjects were recruited between October 2016 and May 2017 at the outpatient service for anxiety and depressive disorders (“VADEMECUM”) (Colmegna, 2013). We used a screening questionnaire (Hind Khalifeh, 2015) to investigate IPV and K6 questionnaire (Carrà, 2011) as index of psychological distress.

Results.– Among 150 women, 36 (24%) were victims of IPV: 35 with emotional abuse, 23 with physical abuse and 7 with sexual abuse. In the “abused” group, 29 (80%) women had psychic and physical health consequences, whilst 19 (53%) requested help from relatives/friends and/or healthcare staff. Conjugal status ($P = 0.024$), voluntary pregnancy interruptions ($P = 0.015$), anxiety episodes history ($P = 0.028$), previous or current psychological treatment ($P = 0.001$ and $P = 0.036$, respectively), K6 average score ($P = 0.0004$) and child abuse ($P = 0.012$) were significantly associated with IPV.

Conclusions.– “Abused” women have positive psychiatric history of anxiety, greater demand for psychological care, child abuse, and worst psychological distress status compared to “not abused”. The high prevalence in this study suggests the need of IPV screening and specific treatment pathways in psychiatric services (Howard, 2010).

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0688

Correlation of self-esteem and aggression: Female prisoners and control group in Greece

G. Kalemi, M.L. Psarra, D. Tsaklakidou, G. Tzeferakos*, A. Douzenis
University of Athens, 2nd Department of Psychiatry,
Attikon General Hospital, Athens, Greece

* Corresponding author.

Keywords: Self-esteem; Aggression; Female population/women
Background.– Contradicting findings have been reported regarding the relationship between self-esteem and aggression. This study aimed to investigate the relationship between aggression and self-esteem in women inmates and in controls without criminal history.
Methods.– The study included 307 women: 157 female inmates in the Attica's "Korydallos" female prison, and 150 female controls without a criminal history. Physical aggression, Verbal aggression, Anger and Hostility were assessed with the Buss & Perry Aggression Questionnaire, while Self esteem was evaluated according to the Rosenberg's Self-esteem Scale.

Results.– Lower self-esteem was associated with higher physical aggression, anger and hostility. Moreover, it emerged that the female inmates had higher physical aggression and higher hostility as well as lower self-esteem in comparison with the female controls.

Conclusion.– The results of the present study are consistent to previous studies which suggest that low self-esteem is connected to aggression.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0689

Neuropsychological and neuroimaging findings for paedophilia

M.L. Psarra, K. Kampouris, G. Kalemi, D. Tsaklakidou,
G. Tzeferakos*, A. Douzenis
University of Athens,
2nd Department of Psychiatry - Attikon General Hospital, Athens,
Greece

* Corresponding author.

Aim.– To present the latest neuropsychological and neuroimaging findings for pedophilia.

Method.– We searched the database of www.google.com, www.pubmed.com and www.elsevier.com, using the terms pedophilia, neuroimaging, neuropsychology, erotic visual stimulation, human face processing, and reviewed the related papers.

Results.– Pedophilic sex crimes cause intense emotions to the public, however, despite repeated efforts to identify a pattern of neurocognitive and neurobiological factors related to pedophilia, up to now there hasn't been found a unique etiological factor. In the past, etiological theories supported the environment's significant effect, contemporary research, however, suggest there are cognitive deficits, neurobiological factors (i.e hormonal alterations), neurodevelopmental disorders and acquired organic conditions, mostly related to frontal and temporal brain regions, that are associated to pedophilic desire and behavior. Contemporary neuroimaging and erotic visual stimulation, resting state fMRI, human face processing findings, neuropsychological, neurocognitive and personality factors that are related to pedophilia are presented in the poster.

Conclusions.– Relevant research studies are few in number, with small samples, methodological limitations and contradictory results. The above findings suggest the need for further research

regarding the effect of neurobiological and neuropsychological factors contributing to pedophilia.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0690

A GP trainee's experience of a difficult case in community psychiatry: Threat to others vs threat to self

V. Vala¹, M. Wise²*

¹ CNWL NHS Foundation Trust, Brent South Recovery Team, London, United Kingdom; ² Wiser Minds Ltd, Adult, London, United Kingdom

* Corresponding author.

A new Trainee is asked to assess a complex case: XY a 47-year-old male initially seen by a CMHT with low mood following alleged sexual abuse of his 6-year-old granddaughter. He reported constant sexual thoughts, recurrent sexual urges and fantasies involving sexual activity with prepubescent children. He was diagnosed with [ICD-10 F65.4] Paedophilia and started on Cyproterone acetate whilst waiting trial at the crown court.

XY reported that he had no contact with children and was now living alone. However, he was living opposite a secondary school but could not see any children from his accommodation. He presented with active suicidal thoughts on the day of his trial. He felt anxious and like "hitting a brick wall". He reported ongoing thoughts of "ending his life" - "drive into the river with moped" whilst "tying his foot to moped with rope" and jumping "in front of train" or from "train" whilst travelling to crown court. He reported that he "can't get to court" himself and needed help.

The issues of confidentiality and risk to others are discussed, along with the conflicts that emerge over professional conduct vs counter-transference, and societal norms. How does one balance the duties to a patient with the duties to unidentified others, and the vulnerable?

The trainee identified the following critical issues: Risk Assessment; Safeguarding; Countertransference; the limits of Confidentiality?

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Epidemiology and Social Psychiatry - Part II / Quality Management

PW0692

The birth and development of an inter-professional transplant psychiatry quality improvement initiative in renal transplantation

D. Banayan*, L. Tushla, J. Ellison, N. Kenyon, E. Hollinger, R. Dreas, G. Zingraf

Rush University Medical Center, Psychiatry, Chicago, USA

* Corresponding author.

Introduction.– Organ transplantation is a life-saving and life-changing intervention that utilizes one of the scarcest resources of society. Psychiatric and psychological factors play a major role in transplant recipients' outcome, such as organ survival and recipient survival.

Objectives.– This interactive session will explore the birth and development of a unique, inter-professional transplant psychiatry quality improvement (QI) program in renal transplantation, led by a

transplant psychiatrist. It is hoped that sharing this experience will spawn increased dialogue about inter-professional collaboration in the domain of transplant surgery quality improvement.

Methods.– Qualitative and quantitative analysis of a QI initiative developed and implemented at our own institution.

Results.– The discussion opens with an exploration of the challenges that engendered the QI initiative: patient flow, time to listing from presentation and medical workup, and discovery of significant psychiatric illness either after medical workup is completed or after the surgery. We explore how all of the above factors interdigitate with patient satisfaction and the risks associated with medical investigations required to be listed for organ transplantation. Subsequently, we focus on the construction of our inter-professional quality improvement committee and the step-wise development and implementation of the multi-faceted improvement intervention. In brief, our intervention protected patients from unnecessary medical investigations, improved patient satisfaction in certain domains, and resulted in earlier treatment and identification of those patients with psychiatric illnesses.

Conclusions.– Transplant Psychiatrists are uniquely positioned to play leading roles in the establishment of quality improvement initiatives that can improve primary medical endpoints in organ transplantation.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0693

Effectiveness of psychiatric nurse and administrator personnel led quality improvement projects at a crisis resolution team

T. Barry^{1*}, S. Manuel², K. Heyman², S. Jadoo², M. Bhat¹, B. Travers²
¹ NELFT, Medical Education, London, United Kingdom; ² NELFT, Waltham Forest Home Treatment Team, London, United Kingdom

* Corresponding author.

Introduction.– Quality improvement methodology has become popular among medical professionals however quality improvement projects led by nursing and administration staff at less common.

Objectives.– To evaluate the effectiveness of psychiatric nurse and administration personnel led quality improvement projects.

Methods.– Psychiatric nurses and administration staff were encouraged to conduct their own quality improvement project within their sphere of work within a Crisis Resolution team based in London. Staff were informed about basic quality improvement methodology and given support with their projects by a trainee grade psychiatrist.

Results.– Staff chose the focus of their own quality improvement project. Projects were completed using quality improvement methodology over a period of 12 weeks. Projects included measuring improvement patient involvement with the crisis resolution team as well improving communication with general practitioners in primary care.

Conclusions.– Both administration and nursing staff within the crisis resolution team enjoyed completing their respective quality improvement projects. Both parties felt empowered to tackle issues using quality improvement methodology and felt that that they were both making a tangible difference to patient care.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0694

The role of internet addiction on fatigue, sleep disturbances and poor life-style habits among adolescents

A. Bener

Istanbul University, Biostatistics&Public Health, Istanbul, Turkey

* Corresponding author.

Aim.– The aim of the study was to assess the reliability and validity of Internet Addiction Test (IAT) performing a factorial approach and its association with fatigue and sleep problems among university students.

Subjects and methods.– A total of 3000 students aged 18 to 25 years were approached and 2350 students (43.1% males and 56.9% females) participated in this cross-sectional study during 2017 at universities in Istanbul. Data collection was based on a structure questionnaire including socio-demographic details, lifestyle and dietary habits, Internet Addiction Test (IAT), Fatigue Scale and Epworth Sleepiness Scale (ESS). Descriptive statistics, multivariate regression and factorial analyses were performed.

Results.– The overall prevalence of Internet Addiction (IA) among the studied population was 17.7%. There were significant differences between gender, family income, father occupation, school performance, frequency and duration of watching TV, physical activity, internet use duration, and sleeping duration ($P < 0.001$). The significant differences were found between IA and normal subjects in having headaches ($P = 0.001$), blurred vision, double vision, eye hurt, hearing problem, and eating fast food frequently ($P < 0.001$). Regarding to multivariate regression analysis, the duration of internet use, fatigue physical and mental symptoms, ESS, headache, eye hurt, eye tired and hearing problem were significantly associated and leading predictors for internet addiction.

Conclusion.– Our results confirmed that there is a sizable population of youth already showing or at risk of developing fatigue and sleeping problems with the internet use.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0696

The relationship between suicide risk and psychotic symptoms in non-clinical populations

B. Girela Serrano^{1*}, M. Guerrero Jiménez²,

C.M. Carrillo de Albornoz Calahorra³, J. Cervilla Ballesteros⁴

¹ Hospital Santa Ana Motril, Psiquiatría, Motril, Granada, Spain; ² P, Granada, Spain; ³ Hosp, P, Granada, Spain; ⁴ Granada, Spain

* Corresponding author.

Introduction and objectives.– The objective of our study is to know the prevalence of psychotic symptoms in the population of our area. There are no studies in Andalusia showing the correlation between these symptoms and the suicidal risk.

Material and methods.– We performed a cross-sectional epidemiological study (GRANADEP). Through the Unified Database of the Andalusian Health System we obtained a randomized and stratified sample of 809 individuals living in the province of Granada. These individuals were interviewed by trained psychologists through the semi-structured MINI interview on psychotic symptoms. We also collected epidemiological data that may be associated with the presence of this psychopathology (lifestyle factors, sociodemographic, family history, childhood experiences, labor problems and social support).

Results.– The prevalence of psychotic symptoms in the population of Granada was 10.3%. The 6.1% of the sample reported hallucinations and 7.4% delusions. An increased of the suicide risk,

less functionality, worse working memory, less verbal fluency and greater impulsivity.

Conclusions.– Previous studies agree on the higher risk of suicide in individuals with PS independently of other factors such as increased impulsivity or being abuse as a child. This information is relevant given the high percentage of people with non-clinical PS and should be taken into account in the prevention and supportive campaigns.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0697

The impact of stigma and discrimination on the quality of life and social disability in persons with a diagnosis of mental disorder

T.M. Gondek^{1*}, K. Kotowicz¹, P. Ryta², M. Janusz¹, A. Kiejna³

¹ Wroclaw Medical University, Department of Psychiatry, Wroclaw, Poland; ² Lower Silesian Centre of Mental Health,

Lower Silesian Centre of Mental Health, Wroclaw, Poland;

³ University of Lower Silesia, Institute of Psychology, Wroclaw, Poland

* Corresponding author.

Stigma and discrimination of persons with mental disorder has been a significant problem in the last decades. In the majority of the European countries, researches on this issue have been conducted to quantify this phenomenon and provide data to tackle this problem more effectively. In Poland, such studies had only been conducted on very limited samples or with a small number of variables.

The objective of the study was to assess the prevalence of stigma and discrimination regarding the patients hospitalized between 2016–2017, as well as to investigate the relationship between stigma and quality of life and social disability in persons diagnosed with a mental disorder classified within the spectrum of F20–F48 under ICD-10 classification, aged 18–65, admitted to a psychiatric day unit or an in-patient ward.

The main questionnaire gathers the sociodemographic and medical data from the patient. Stigma and discrimination is measured using the Consumer Experiences of Stigma Questionnaire (CESQ). Quality of life is assessed with WHOQOL-Bref, WHO-5 questionnaire and Rosenberg Self-Esteem Scale, while social disability is measured with the second version of the Groningen Social Disabilities Schedule. The severity of psychopathological symptoms is measured with Brief Psychiatric Rating Scale Expanded Version 4.0.

The assessment of the prevalence of stigma and its impact on social disability and quality of life can be useful in the context of developing evidence-based interventions for persons with mental, while it could also provide scientific data to support public information campaigns designed to tackle the stigma against persons with mental disorders in Poland.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0698

Suicide attempts by self-poisoning in children: The past 34 years in Morocco

L. Amiar¹, H. Hami^{2*}, N. Rhalem³, A. Aarab¹, A. Mokhtari²,

A. Soulaymani², R. Soulaymani-Bencheikh³

¹ Faculty of Science and Techniques, Abdelmalek Essaadi University, Tanger, Morocco;

² Laboratory of Genetics and Biometry- Faculty of Science,

Ibn Tofail University, Kenitra, Morocco; ³ Moroccan Poison Control, Center, Rabat, Morocco

* Corresponding author.

Introduction.– Suicide is an important public health problem in children and adolescents around the world.

Objectives.– The present study aims to determine the epidemiological features of deliberate self-poisoning in children.

Methods.– This is a descriptive retrospective study of suicidal poisoning in children under the age of 15 years, reported between 1980 and 2013 to the Moroccan Poison Control Center.

Results.– There were 1312 cases of suicidal poisoning among children under 15 years of age, which was 5.5% of all suicidal poisoning cases reported during the study period (among the 23,710 cases for whom the age is known). Nearly three-quarters of the cases (73.4%) were girls with a female-male ratio of 2.7. The average age of the patients was 12.6 ± 2.1 years. The drugs were the primary means employed by victims (54.8%), followed by pesticides (28.8%). According to the results, the poisoning symptoms were varied, depending on the toxins involved, the quantity of substance ingested and the delay before treatment. Among the 922 cases for whom the outcome was known, 19 (2.1%) of them died. For other cases, the outcome was favorable with or without sequelae.

Conclusions.– Suicide and suicide attempts in children and adolescents continue to be a major public health problem, and topical research and surveys have clearly highlighted suicide as one of the commonest causes of death among young people.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0699

Comparison of buprenorphine and methadone exposures reported to U.S. poison centers, 2013–2016

C. Holstege^{1*}, S. Rege¹, A.D. Ngo², J. Rizer¹, S. Sharma³,
N. Ait-Daoud Tiouririne³

¹ University of Virginia, Emergency Medicine, Charlottesville, USA;

² University of Virginia, Student Health. Division of Student Affairs,

Charlottesville, USA; ³ University of Virginia, Psychiatry and Neurobehavioral Sciences, Charlottesville, USA

* Corresponding author.

Background.– Buprenorphine and methadone are widely used within the U.S. society. We compared the patterns of buprenorphine and methadone exposures reported to the U.S. Poison Centers (PCs).

Methods.– We retrospectively identified all closed, human exposures to buprenorphine and methadone as reported to the National Poison Data System (NPDS) from 2013 to 2016. Trends in exposures were evaluated by using Poisson regression. We descriptively assessed key demographic and clinical characteristics of the exposures.

Results.– Buprenorphine exposures increased by 12.3% ($P=0.01$) from 2013 (3321) to 2016 (3731). Conversely, methadone exposures decreased by 23.1% ($P<0.001$) from 2013 (3777) to 2016 (2906). Adults between 20 and 39 years (40.2% and 40.1%), and males (53.2% and 52.4%, $P=0.16$) constituted the highest percentage of buprenorphine and methadone cases. Suspected suicides (15.7% vs 29.7%, $P<0.001$) and drug abuse (20.6% vs 22.1%, $P<0.001$) were higher in methadone exposures. Compared to buprenorphine exposures, major clinical effects (4.7% vs 13.7%, $P<0.001$) and deaths (0.3% vs 1.27%, $P<0.001$) were more frequent with methadone. Methadone exhibited a significantly higher number of deaths due to intentional exposures (85% vs 53.5%, $P<0.001$). Buprenorphine exposure cases were less frequently admitted to the critical care unit (CCU) as compared to methadone exposures (26.1% vs 34.1%, $P<0.001$). Multiple substance exposures accounted for a higher proportion of major medical outcomes in buprenorphine

exposures (73.1% vs 32.9%). The most common products reported for buprenorphine exposures were Suboxone films (37.8%).

Conclusions.– Buprenorphine exposures were more frequent but demonstrated fewer mortalities, admissions to the CCU and major outcomes compared to methadone.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0700

Affective temperaments and problematic Internet use in adolescence

J. Jovic^{1*}, D. Ignjatovic-Ristic^{2,3}, D. Hinic^{4,5}, I. Ristic⁶, Z. Bukumiric⁶, D. Ilic¹, G. Trajkovic⁶, A. Corac¹

¹ University of Pristina, Kosovska Mitrovica, faculty of medicine, Kosovska Mitrovica, Serbia; ² University of Kragujevac, faculty of medical sciences, Kragujevac, Serbia; ³ Clinical center “Kragujevac”, psychiatric clinic, Kragujevac, Serbia; ⁴ University of Kragujevac, faculty of science, Kragujevac, Serbia; ⁵ University of Kragujevac, faculty of philology and arts, Kragujevac, Serbia; ⁶ University of Belgrade, faculty of medicine, Belgrade, Serbia

* Corresponding author.

Introduction.– Investigating temperament types in adolescents is very important. Studies have suggested that certain affective temperament types are considerably more important for the development of symptoms of certain affective disorders. On the other hand hyperthymic temperament is considered to be a protective factor for the development of some disorders. Also it is important to examine today’s adolescent Internet use, which has become one of the most essential factors in their environment.

Objectives.– The purpose of this paper was to examine the differences between hyperthymic and other types of affective temperaments (depressive, anxious, cyclothymic, irritable) in relation to internet use.

Methods.– The final sample included 2113 adolescents, 56% girls and 44% boys, with mean age of 16.73. The research was conducted in 10% of all high schools in Serbia. Internet Use Disorder Scale (IUDS) and Temperament Evaluation of Memphis, Pisa, Paris and San Diego scale (TEMPS-A) for adolescents (Cronbach $\alpha = 0.77$), were used. A two-part questionnaire (about content and activity on the internet) was also used.

Results.– Adolescents with hyperthymic temperament in a statistically significantly lower percentage spend more than 20 hours per week online (Chi = 25.92, $P < 0.05$) and they statistically significantly more often search for the following content (sports, religious content, education, pornography). The score on IUDS scale is statistically significantly smaller lower in subjects with hyperthymic temperament ($Z = -9.57$, $P < 0.05$).

Conclusions.– Adolescents with different types of affective temperaments act differently online, which offers us opportunities for prevention.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0701

Personalized value development in adolescences and health and well-being in adulthood: A retrospective Study

N. Kawakami*, K. Watanabe

The University of Tokyo, department of mental health, graduate school of medicine, Tokyo, Japan

* Corresponding author.

Introduction.– The establishment of own personalized value may act as an important psychological resource to affect health and well-being in adulthood.

Objectives.– This cross-sectional study aimed to investigate the association between retrospectively reported own personalized value in adolescent and current health and well-being of adult workers.

Methods.– An Internet-based self-report questionnaire survey was conducted in 2016 of 516 Japanese adult workers (sex ratio, 1:1) aged from 30 to 49 years. Respondents were asked to fill in two sets of the Personal Values Questionnaire-II (PVQ-II) (Blackledge et al., 2010), one for their adolescence (15–16 years old) and the other for the current. A total score of PVQ-II was used as a measure of their commitment to own value. For current health and well-being, the followings were measured: psychological distress (K6), health-related quality of life (SF8), life satisfaction, and happiness. We used SEM to identify a direct and indirect effect of adolescent PVQ-II score on current health and well-being outcomes.

Results.– Adolescent and current PVQ-II scores correlated each other ($r = 0.54$), and with all four health and well-being outcomes ($|r| = 0.09 - 0.34$, $P < 0.05$). Adolescent PVQ-II scores was only indirectly associated with SF8, life satisfaction, and happiness, mediated by current PVQ-II scores. No significant association between sex, age, parents’ education and socioeconomic status and adolescent PVQ-II scores was found.

Conclusions.– Adolescent personalized value may be associated with health and well-being in adulthood, but only mediated by the current value.

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PW0702

Psychiatrists ability to interpret ECGS

C. Maddock^{1*}, D. McColgan², F. Kelly³

¹ Stewarts Care, Psychiatry, Dublin, Ireland; ² Our Lady of Lourdes Hospital, paediatrics/general practice training scheme, Drogheda, Co Louth, Ireland; ³ Drogheda department of psychiatry, psychiatry, Drogheda, Ireland

* Corresponding author.

Introduction.– Many psychiatric medications may deleteriously impact the heart. Besides prescribed medications, psychiatric patients have high rates of smoking and metabolic disorders, which predispose to cardiac issues. Being able to correctly interpret an Electrocardiogram (ECG) is therefore an important skill for psychiatrists.

Methods.– A questionnaire comprising 18 ECG rhythms was given to 21 psychiatrists. The questionnaire comprised 4 normal and 14 abnormal rhythms. Of the 14 abnormal rhythms 9 were considered emergencies, which would require medical review and intervention within 24 hours.

Results.– Respondents correctly identified 92.54% of abnormal rhythms. They correctly identified normal sinus rhythm only 69% of the time. While respondents could identify a rhythm as abnormal 92.54% of the time they were only able to identify which abnormal rhythm it was 30.27% of the time. Only one respondent (4.7%) correctly identified Long QT and Digoxin Toxicity. Only 2 respondents (9.4%) correctly identified Pericarditis and only three (14.1%) correctly identified Posterior Myocardial Infarction and Hyperkalaemia, both medical emergencies.

Conclusions.– While psychiatrists have responsibility for ordering and reviewing ECGs on admissions and established in-patients it is

clear that there are significant deficiencies in their ability to correctly differentiate between abnormal and normal rhythms and to differentiate abnormal rhythms requiring urgent medical review from those which only require a more routine review.

In the first instance psychiatric trainees may benefit from additional training to aid them in identifying ECG rhythms more accurately. It may also be beneficial to arrange a system whereby the nearest cardiology department reviews all psychiatric in-patient ECGs.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0704

Is there a relationship between adherence to therapy and depressive symptoms in people facing type 1 and type 2 diabetes?

I. Massano-Cardoso^{1*}, A. Galhardo¹, F. Daniel¹, V. Rodrigues²

¹ Miguel Torga Institute, Portugal, Coimbra, Portugal; ² Faculdade de Medicina da Universidade de Coimbra, Coimbra, Coimbra, Portugal

* Corresponding author.

Introduction.– Diabetes mellitus (DM) integrates a heterogeneous group of metabolic disorders characterized by the body's inability to maintain glucose homeostasis. This public health problem affects 425 million people in world (8.8% of adults from 20–79 years old). The number increases to 451 million if age is expanded to 18–99 years. It is estimated that by 2045, 693 million people will have diabetes. The centrality of the patient's role in self-administered health care management is a crucial topic. Adherence to treatment does not imply simply the scrupulous following of the medical regimen; it also entails engaging in several health-related behaviours, such as eating or physical activity.

Objectives.– The current study aims to explore whether depressive symptoms are associated with adherence in diabetes mellitus (DM).

Methods.– A descriptive correlational study with cross-sectional design was conducted. Patients attending diabetes consultations ($n = 347$) completed the Beck Depression Inventory (BDI). Adherence was established based on HbA1c criteria.

Results.– The BDI mean score, for either DM type 1 or type 2, was higher than in general population but not clinically significant. The association between depression and adherence was significant in both types of DM. Type 2 diabetes participants presenting more depressive symptoms were those with greater adherence. Type 1 and type 2 diabetes differences regarding depressive symptoms were in somatic symptoms.

Conclusion.– In type 2 DM depressive symptoms may be confused with DM physical consequences. There is the possibility that negative mood plays a mediating role in mobilizing survival strategies that activate adherence.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0705

Gender differences in self-esteem and quality of life among patients with type 2 diabetes

I. Massano-Cardoso^{1*}, A. Galhardo¹, F. Daniel¹, V. Rodrigues²

¹ Miguel Torga Institute, Portugal, Coimbra, Portugal; ² Faculdade de Medicina da Universidade de Coimbra, Portugal, Coimbra, Portugal

* Corresponding author.

Introduction.– The prevalence as well as incidence of type 2 diabetes are increasing worldwide, mostly in developing countries.

Previous research has shown that there are gender differences concerning social support, acceptance of the disease, quality of life, and adherence behaviors in people facing type 2 diabetes but other psychological variables such as self-esteem have deserved less attention.

Objectives.– The aim of this study was explore whether there were gender differences regarding self-esteem and quality of life in patients with type 2 diabetes.

Methods.– A descriptive correlational study with cross-sectional design was carried out. Patients with a type 2 diabetes diagnosis attending endocrinology consultations participated in the study ($n = 175$). Participants completed the Rosenberg Self-esteem Scale (RSE) and Quality of Life Scale Abbreviated Version (WHOQOL-BREF).

Results.– Mean score on RSE, for type 2 diabetes patients are different between males ($M = 32.50$; $SD = 4.42$) and females ($M = 30.46$; $SD = 4.08$). Women reported lower self-esteem when compared to male patients ($t = 3.09$; $P = 0.002$). Men reported higher quality of life (QoL) in all dimensions (physical, psychological and environment), except for the social dimension [$(t = 2.70$; $P = 0.008$); ($t = 4.34$; $P < 0.001$); ($t = 1.20$; $P = 0.231$); ($t = 3.35$; $P = 0.001$)].

Conclusion.– QoL and self-esteem might be considered as important targets for prevention in type 2 diabetes patients. Identifying strategies to improve self-esteem and QoL in diabetic patients, in a solid, organized public health organization, involving health professionals and patients can be effective.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0706

Clinical and sociodemographic profile of psychotic patients receiving long-acting antipsychotic injectable in mental health centre.

L. Pérez Gómez^{1*}, A. González Fernández², L. García González³, C.M. Rodríguez Mercado⁴, L. Rubio Rodríguez⁵, A. Sánchez Palacio⁶, M. Jalón Urbina⁷

¹ Consultant psychiatrist, CSM Langreo, Oviedo, Spain; ² Consultant psychiatrist, AGC Salud Mental, Hospital de Cabueñes, Gijón, Spain;

³ Consultant psychiatrist, hospital universitario central de Asturias, Oviedo, Spain; ⁴ Consultant psychiatrist, AGC Salud Mental, hospital de Cabueñes, Gijón, Spain; ⁵ Psychiatry trainee, AGC Salud Mental, Hospital de Cabueñes, Gijón, Spain; ⁶ Psychiatry trainee, servicio de psiquiatría, hospital universitario de Cruces, Barakaldo, Spain;

⁷ Consultant psychiatrist, CTI, Montevil, Gijón, Spain

* Corresponding author.

Introduction.– Since their introduction in sixties decade, long-acting antipsychotic injectable drugs, commonly known as LAIs, have looked for improving therapeutic adherence. Nowadays they are widely used both, in hospital and ambulatory care. There are limited studies attending to demographic and social features of psychotic patients receiving this pharmaceutical formulation in Spain and more specifically in our region, the Principality of Asturias.

Objectives.– The main objective is to describe clinical and sociodemographic features of psychotic patients treated with LAIs in two mental health centres of the region.

Methods.– This is a descriptive retrospective study. A total of 311 clinical histories of every psychotic patient receiving LAIs in two mental health centres of Gijón and Avilés were checked. We selected those patients who fulfilled the inclusion criteria previously established resulting a sample size of 107.

Results.– The studied population had similar proportions by sex and the average age was 49.8 years, slightly higher in men. More than 60% of the subjects were singles and almost the half coexisted with

their origin family. Just over 30% of studied patients had completed primary school and only 7.4% of them had university degree. Most patients (40%) were retired, followed by unemployed (34.3%). The most frequent diagnosis was schizophrenia.

Conclusions.– In our study women seem to have better adaptation to psychosis with higher rates of autonomy and own family coexistence but vastly lower unemployment rates. The work activity and the level of studies attained by our patients is reduced compared with general population.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0707

Assessing social conditions to improve care for psychiatric patients

F. Perquier¹, V. Dauriac-Le Masson², A. Maamar¹, G. Oger², D. Barruel², M.C. Otto-Bruc³, A. Tortelli³, V. Leroux⁴, F. Chapiro⁵, M. Lejoyeux^{6,7,8}, A. Mercuel⁹

¹ Paris hospital group, psychiatry and neurosciences, Sainte-Anne hospital, department of epidemiology, Paris, France; ² Paris hospital group, psychiatry and neurosciences, Sainte-Anne hospital, department of medical information, Paris, France; ³ Paris hospital group, psychiatry and neurosciences, hospital of Maison-Blanche, psychiatry-preciousness division, Paris, France; ⁴ Hospitals of Saint Maurice, department of medical information, Saint-Maurice, France; ⁵ Paris 13 association of mental health ASM13, department of medical information, Paris, France; ⁶ Paris hospital group, psychiatry and neurosciences, hospital of Maison-Blanche, department of community psychiatry, Paris, France; ⁷ Paris Diderot University, Paris VII, Paris, France; ⁸ Assistance publique-Hôpitaux de Paris AP-HP, Bichat Claude Bernard hospital, department of psychiatry and addictive medicine, Paris, France; ⁹ Paris hospital group, psychiatry and neurosciences, Sainte-Anne hospital, psychiatry-preciousness division, Paris, France

* Corresponding author.

Introduction.– Social characteristics may influence mental health care pathways. However, few studies have described the social vulnerability dimensions of psychiatric patients.

Objectives.– To assess social conditions of patients present on January 31, 2017, in the five public psychiatric hospitals in Paris, to identify distinct social profiles and their correlates.

Methods.– Information about patients' sociodemographics, housing and social conditions (including employment status, economic resources and medical insurance coverage), long-term illness exemption, involuntary care and psychiatric diagnoses were collected by health care professionals using a standardized questionnaire. We determined social profiles by factorial analysis and hierarchical clustering on housing and social data.

Results.– Among 4005 patients included, 3.0% were homeless, 7.4% lived in poor or inadequate housing conditions and 10.1% stayed at the hospitals without a home address. Only 21.2% were employed, 63.8% were social benefits recipients- among whom 70.6% received disability-related benefits and 94.3% were covered by the general public health insurance system. We identified a “very deprived” group of 97 patients (2.4%). Most of them were homeless or in an unstable and inadequate housing situation, were living without any resources, were covered by the free-state medical assistance or had no health insurance. This cluster was associated with male gender, younger age, being born abroad and living outside Paris. It was also linked to involuntary care and to substances-induced disorders but inversely associated with mood disorders (all χ^2 : $P < 0.05$).

Conclusions.– Parisian mental health facilities provide care to a substantial part of socially vulnerable patients. These results could help developing joint medical and social strategies.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0710

The impact of postpartum depression on self-reported infant health at the age of 12 months: A prospective cohort study

A. Ruohomäki^{1*}, E. Toffol^{2,3}, V. Airaksinen¹, L. Keski-Nisula^{4,5}, J. Pekkanen^{6,7}, J. Lampi^{6,8}, S. Voutilainen⁹, T.P. Tuomainen⁹, S. Heinonen^{10,11}, K. Kumpulainen¹², M. Pasanen¹³, S. Lehto^{1,2,14}

¹ University of Eastern Finland, institute of clinical medicine / Psychiatry, Kuopio, Finland; ² University of Helsinki, faculty of medicine, department of psychology and logopedics, Helsinki, Finland; ³ National institute of health and welfare, department of health, Helsinki, Finland; ⁴ Kuopio university hospital, department of obstetrics and gynaecology, Kuopio, Finland; ⁵ University of Eastern Finland, department of health sciences, clinical medicine, Kuopio, Finland; ⁶ National institute of health and welfare, department of health protection, Helsinki, Finland; ⁷ University of Helsinki, department of public health, Helsinki, Finland; ⁸ City of Kuopio, social and health, Kuopio, Finland; ⁹ University of Eastern Finland, institute of public health and clinical nutrition, Kuopio, Finland; ¹⁰ University of Helsinki, department of obstetrics and gynaecology, Helsinki, Finland; ¹¹ Helsinki university hospital, department of obstetrics and gynaecology, Helsinki, Finland; ¹² University of Eastern Finland, institute of clinical medicine / child psychiatry, Kuopio, Finland; ¹³ University of Eastern Finland, faculty of health sciences, school of pharmacy, Kuopio, Finland; ¹⁴ Kuopio university hospital, department of psychiatry, Kuopio, Finland

* Corresponding author.

Introduction.– An extensive evidence exists on the effects of maternal depression on infant cognitive development, but little is known about how postpartum depression (PPD) affects morbidity of infants during the first year of life.

Objectives.– To examine whether any maternal self-reported or physician-determined health conditions of infants during first year of life are more frequent in PPD group than in non-PPD group.

Methods.– Altogether, 846 mothers from the Kuopio Birth Cohort Study (www.kubico.fi) were included. Depression during pregnancy and postpartum were evaluated with the Edinburgh Postnatal Depression Scale. Infant health variables were gathered from the questionnaire at one year after delivery and based on self-reports of physician-determined diagnoses or of parental observation. Associations were examined using logistic regression adjusted for maternal age at delivery, primiparity, need for neonatal intensive care unit admission, depression during pregnancy and Cohen's Perceived Stress Scale.

Results.– The prevalence of PPD was 11.3%. PPD was associated with an increased likelihood of belonging to the groups of mothers who reported physician-determined infant gastroesophageal reflux (adjusted odds ratios (aOR) 3.39, 95% confidence interval (CI) 1.63–7.07), physician-determined infant food allergy (aOR 3.65, 95% CI 1.41–9.45) and infant wheezing (aOR 2.77, 95% CI 1.4–5.37).

Conclusions.– PPD is associated with a higher likelihood of gastroesophageal reflux, food allergy and wheezing in the infants. It is urgent to replicate these findings and determine the underlying reasons.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0711

Audit on completeness of documentation by medical officers at a mental health inpatient unit in Sri Lanka

V. Seneviratne^{1*}, M. Ranasinghe¹, J. De Silva¹¹University of Sri Jayawardenepura, department of psychiatry, faculty of medical sciences, Depanama, Pannipitiya, Sri Lanka

* Corresponding author.

Introduction.– Psychiatric diagnosis is based on detailed history taking and mental state examination. Documentation of the same is essential for diagnosis, communicating of patient related information, as well as, for medico-legal purposes.

Objectives.– To audit completeness of admission-assessment notes in an inpatient mental health unit

Methods.– The audit standard was based on the Shorter Oxford Textbook of Psychiatry (6th Edition) recommendations, on the essential components in history and mental state examination. Thirty consecutive paper based admission notes from admissions to the Colombo South Teaching Hospital, Psychiatry unit in January 2016 were assessed. Prior to the re-audit, a single session of education was provided to medical officers on components of assessments, along with reading material. After six months, performing a re-audit completed the audit cycle.

Results.– Documentation of presenting complaint was 100%. The re audit demonstrated, improvements in documenting forensic history 40 to 56.7%, developmental history 26.7 to 40% and personality 53.3 to 60%. However, there was a decline in recording past medical history 83.3 to 80%, past psychiatric history 90 to 83.3%, family history 96.7 to 86.7% and substance use 63.3 to 56.7%. Recording of cognitive functions increased from 40 to 63.3% and insight from 76.7 to 96.7%. Noting down of the other components of the mental state examination was close to 100%

Conclusion.– This audit lead to a higher percentage of notes being complete. However, there continued to be clear deficits in key components of the history and mental state.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0712

Domain specific physical activity in pregnancy and postpartum depression risk in the French EDEN and ELFE cohorts

J. van der Waerden^{1*}, A. Nakamura¹, J. Salla², L. Pryor¹, M.A.Charles³, F. El-Khoury¹, P. Dargent-Molina³¹ Inserm-IPLESP, social epidemiology research team, Paris, France;² University of Bordeaux, faculty of psychology, Bordeaux, France;³ Inserm, UMR1153 epidemiology and biostatistics Sorbonne Paris Cité Center CRESS, Villejuif, France

* Corresponding author.

Introduction.– The potential beneficial effects of physical activity during pregnancy on postpartum depressive symptoms remain inconclusive. Using data from two large prospective French mother-child cohorts (EDEN and ELFE), the objective of the current study was to examine the relationship between total and domain-specific physical activity in pregnancy and the occurrence of postpartum depressive symptoms.

Methods.– Participants of the ELFE cohort ($n = 15,538$) completed the Pregnancy Physical Activity Questionnaire which assesses the following physical activity domains: household/caregiving, occupational, sports/exercise and transportation during the third pregnancy trimester. In the EDEN cohort ($n = 1745$) women

completed the Baecke Questionnaire measuring occupational, sports/exercise, leisure-time physical and locomotive activity, and overall activity during the first trimester of pregnancy. Depressive symptoms during the first year postpartum were measured using the Edinburgh Postnatal Depression Scale in both cohorts. Analyses were controlled for confounding factors.

Results.– Outcomes from multivariate logistic regression analyses showed that higher levels of household/ caregiving activities ($OR = 1.07$ (95% CI 1.00–1.14), $P = 0.04$) and overall activities ($OR = 1.08$ (95% CI 1.02–1.14), $P = 0.01$) in the third pregnancy trimester were significantly associated with postpartum depression. No significant associations were found for the different physical activity domains or overall activity during the first pregnancy trimester.

Conclusion.– Higher levels of household and caregiving activities and overall physical activity in the last trimester of pregnancy appear to increase the risk for postpartum depression. Purpose and context of physical activity should be taken into account when encouraging physical activity as a strategy to help prevent postpartum mental health problems from pregnancy onwards.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Neuroscience in psychiatry – part II / psychopharmacology and pharmacoeconomics

PW0713

Advanced concepts in neuroprotection: An animated journey into the complex cellular protective mechanisms of psychotropics and nutraceuticals

D. Banayan

Rush university medical center, psychiatry, Chicago, USA

Introduction.– There has been explosive growth in the scientific ability to study the post-receptor, down-stream intracellular effects of numerous psychotropic agents and nutraceutical compounds. This expansion of knowledge is setting the stage for enhanced prevention, recovery, or delayed progression in the context of neuropsychiatric and psychiatric disorders.

Objectives.– Custom-made animations will bring to life, in real time, mechanisms of cellular insult, and specific endogenous neuroprotective pathways activated by psychotropic and nutraceutical compounds. Participants will learn about recent discoveries in the field and develop greater capacity to read and critique literature on the subject.

Methods.– Focused, comprehensive literature review on specific psychotropics (e.g. lithium, SSRIs, dextromethorphan) and nutraceuticals (e.g. curcumin, epigallocatechin-3-gallate) using the PubMed, Ovid Medline, and Embase databases.

Results.– Both psychotropic agents and nutraceutical compounds have pleiotropic effects on cellular processes. Classification by receptor binding fails to capture the importance and complexity of their spectrum of biological activities. For example: Mitochondrion integrity, calcium homeostasis, membrane lipid metabolism, enhancement of defenses against oxidative stress, and up-regulation of neurotrophic factors, are all important in neuroprotection. While certain agents strengthen neuronal resilience to toxic insult, others can halt progressive neurodegenerative processes or even reverse neuronal damage.

Conclusion.– A deeper understanding of the neuroprotective properties of psychotropic drugs and nutraceutical compounds is becoming more and more important as science uncovers the mysteries behind psychiatric and neurodegenerative disorders. In some cases this knowledge is already impact clinical decision-making.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0714

Lipid profile of patients taking antipsychotic

R. Ben Soussia*, W. Bouali, S. Younes, I. Marrag, L. Zarrouk
CHU Tahar Sfar, psychiatry, Mahdia, Tunisia

* Corresponding author.

Introduction.– Patients with psychiatric conditions are more vulnerable to metabolic abnormalities related mainly to genetic exposure, their particular lifestyle, and the side effects of psychotropic drugs.
Objective.– The aim of our work was to describe the lipid profile of patients on antipsychotics.

Methodology.– This is a cross-sectional and descriptive study carried out in the department of psychiatry with patients on antipsychotics for at least 3 months. Plasma concentrations of total cholesterol (CT), triglycerides (TG) and HDLc (high-density lipoprotein cholesterol) were determined by a colorimetric enzyme assay.

Results.– 148 patients were included in our study. The mean age was 38 years, the sex ratio was 2.6, the association between two antipsychotics was revealed in more than half of the patients. The median duration of antipsychotic medication was 96 months with adherence considered good in 79.7% of patients. The mean BMI of the patients was 26.8 ± 6.1 . The mean TG score was 1.48 ± 1.1 mmol/L and an elevation of triglyceridemia was found in 25.7% of patients. The mean HDL count was 1.21 ± 0.28 mmol/L and 33.8% of the patients had a decrease in HDL cholesterol. The mean cholesterol level was 4.5 ± 1.2 mmol/L, a hypercholesterolemia was found in 23% of the patients.

Conclusion.– In order to prevent morbidity and mortality from cardiovascular diseases, the clinical and biological monitoring of these patients, the regular monitoring of their lipid balance and advice on their lifestyle should be recommended as part of their overall burden.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0715

Study of QT interval in patients treated by antipsychotics

W. Bouali*, R. Ben soussia, I. Marrag, L. Zarrouk
Hospital, psychiatrie, Mahdia, Tunisia

* Corresponding author.

Introduction.– Cardiovascular mortality of patients on antipsychotics is higher than that of the general population, and most unexplained sudden deaths may be due to ventricular arrhythmia or QT prolongation caused by antipsychotics.

Objective.– The purpose of our work is to study the QT interval in patients treated with antipsychotics.

Methodology.– This is a cross-sectional and descriptive study carried out in the department of psychiatry. The calculation of the QT interval is measured from the beginning of the Q wave to the end of the T wave. The duration of QT must be corrected by the Bazett formula. An interval that exceeds 440 ms can be suspect of QT prolongation. The risk of arrhythmia becomes greater when the QT interval is greater than 500 ms.

Results.– 148 patients were collected. The mean age was 38 years, the association between two antipsychotics was revealed in more than half of the patients. The median duration of antipsychotic medication was 96 months with adherence considered good in 79.7% of patients. More than half the sample with a frequency of 55.4% ($n = 82$) were smokers. An ECG was performed in 130 patients. The QT interval had an average value of 387.1 ± 39.9 , ranging from 280 to 484.

Conclusion.– Patients in psychiatry have an excess mortality associated in part with sudden death, favored by certain antipsychotics and other psychotropic drugs. The poor cardiac tolerance of these drugs is related to the prolongation of the QT interval which increases the risk of sudden death.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0717

Paliperidone for the treatment of Tourette syndrome: A case report and literature review

M. Díaz Durán

Hospital Dr. R. Lafora, psychiatry, Madrid, Spain

Introduction.– Tourette syndrome (TS) is an early onset disease characterized by brief, repetitive, uncontrollable movements or sounds [1]. Although some studies show positive results, there is little evidence on the treatment with atypical antipsychotics [2].

Objectives.– To determine whether paliperidone was effective in the treatment of TS.

Methods.– A clinical case of a patient suffering from TS is exposed. A search was conducted in PubMed database using the terms Tourette's syndrome, treatment, paliperidone, tics.

Results.– A 23 year old woman who had been presenting with tics since childhood was treated with risperidone. While tics disappeared, upper limb paresthesias were produced. After switching risperidone by paliperidone, the sensation of paresthesia ceased, but tics severely recurred. Whilst five reviews published in the last 5 years were found on TS and atypical antipsychotics [1-5], none of them provides information about treatment with paliperidone.

Conclusions.– There is no evidence in the existing scientific literature concerning paliperidone and TS. Despite paliperidone was proved ineffective in the case reported, further research is needed.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

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PW0718

Hyponatremia in a psychiatry of later life mental health service in North West of Ireland

C. Dolan^{1*}, B. McMorrough², M. Corcoran³, M. Cryan², J. Perlinska², F. Nagra², G. McCarthy⁴

¹ Sligo mental health services, psychiatry of later life, Sligo, Ireland;

² Sligo Leitrim mental health services, psychiatry of old age, Sligo, Ireland; ³ HSE, Sligo university hospital, pharmacy, Sligo Miche, Ireland; ⁴ Sligo Leitrim mental health service, psychiatry of old age, Sligo, Ireland

* Corresponding author.

Introduction.– Antidepressants are associated with hyponatraemia and incidence varies from 0.5–32%, and increases with age. Acute hyponatraemia is a medical emergency while chronic hyponatraemia is associated with an increased length of stay in hospital and increased risk of death.

Aims/objectives.– To evaluate presentations of hyponatraemia and measure antidepressant monitoring in a psychiatry of later life mental health service.

Method.– Data associated with hyponatraemia presentations among patients attending the service from January to September 2017 was gathered. Maudsley guidelines were used to set standards on monitoring of sodium for individuals prescribed antidepressants.

Results.– Eighteen cases (87.5% female) of hyponatraemia were found, mean age at presentation was 78.9 years, 61.1% were prescribed an antidepressant, Figure 1 shows medication use. One third were asymptomatic, two thirds had moderate symptoms and half required hospital admission (average stay 21.3 days). Of the remainder, 22.2% cases were managed by psychiatry services, 5.5% in primary care. Maudsley guidelines were poorly adhered to; (i) 45.4% of patients had sodium measured at baseline, (ii) 36.4% at 2 weeks, (iii) 27.3% at 4 weeks, (iv) 18.2% at 12 weeks. Risk factors for hyponatraemia included: 94.4% with existing co-morbidities, 44.4% aged over > 80, 33.3% with low baseline sodium.

Conclusions.– Hyponatraemia associated morbidity among patients attending a psychiatry of later life service was high with poor compliance with guidelines for monitoring of sodium in context of antidepressant use found. Prescribers of antidepressants including primary care physicians need further education on best practice for sodium monitoring to reduce risk of hyponatraemia associated morbidity.

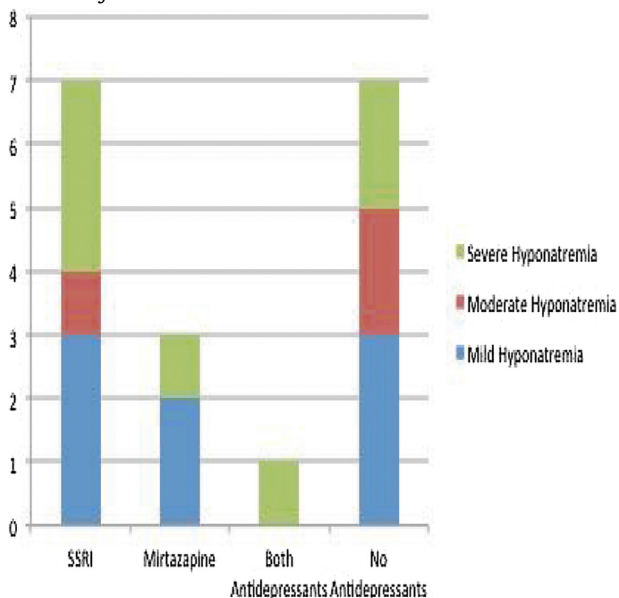


Figure 1.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0720

Update on the in vitro actions of loxapine on dopaminergic and serotonergic receptors. Can loxapine be considered as an atypical antipsychotic?

F. Ferreri^{1*}, D. Drapier², E. Baloché³, M. Ouzid³, L. Zimmer⁴, P.M. Llorca⁵

¹ Upmc, AP-HP, hospital Saint-Antoine, psychiatry, Paris, France;

² Université de Rennes 1, Rennes university hospital, department of psychiatry, Rennes, France; ³ Eisai sas, psychiatry, La Défense, Paris, France; ⁴ Université Claude-Bernard-Lyon1, CNRS, Inserm, Lyon, France, CERMEP, imaging platform, hospices civils de Lyon, Lyon, France; ⁵ CMP B, CHU de Clermont-Ferrand, EA 7280, université Clermont-Auvergne, psychiatry, Clermont-Ferrand, France

* Corresponding author.

The first aim is to focus on dopamine and serotonin receptors. Our second aim is to transfer this receptor exploration toward in vitro positron emission tomography neuroimaging (PET) by the use of clinical radiopharmaceutical in autoradiography performed with non-human primate brain tissues.

Method.– Competition binding experiments were performed on expressed human recombinant receptors in CHO cells and HEK-293 cells. PET autoradiographies on non-human primate brain tissue.

Results.– The measured K_d demonstrated high affinity of loxapine succinate for the D₂ receptor and 5-HT_{2A} receptor with a value below 2 nM. Using the PET autoradiographies, a competition occurred at low concentrations of loxapine on D₂ receptors (–50% of [¹¹C]–Raclopride displacement at 10 nM, –80% at 50 nM and –90% at 100 nM of loxapine, respectively). In a similar manner, the displacement of [¹⁸F]–altanserin (5-HT_{2A} receptors) was significant at 10 nM, 50 nM and 100 nM of loxapine (–30%).

Conclusion.– Loxapine succinate has a high affinity for the D₂ receptor and 5-HT_{2A} receptor, in an in vitro binding study with humans' cell, with a 5-HT_{2A}/D₂ ratio superior to 1. These in vitro results are confirmed by the PET study in non-human primates, that displays a high affinity of loxapine for D₂ receptors and for 5-HT_{2A} receptors at different concentrations. The PET study, confirms the affinity of loxapine for other 5HT (5-HT_{1A} and 5-HT₆), that can be related to the clinical profile this compound.

Disclosure of interest.– F. Ferreri has received consulting fees within the last 3 years from Bristol Myers Squibb, E. Lilly and Compagny, Eisai, Lundbeck and Otsuka pharmaceutical.

D. Drapier discloses personal fees for travel reimbursement from Eisai, Janssen Lundbeck and Otsuka not related to this study, personal fees from Eisai, Janssen, Lundbeck, Otsuka not related to this study, and personal fees from Eisai related to this study.

E. Baloché and M Ouzid are Eisai SAS employees

L. Zimmer has received consulting fees within the last 3 years from Otsuka pharmaceutical and Shire and research funding from Eisai, Neurolix, Novartis, Biocodex, Erytech, Pragma Therapeutics and ORA Radiochemistry and Siemens.

PM. Llorca discloses personal fees for travel reimbursement from Eisai, Janssen Lundbeck and Otsuka not related to this study, personal fees from Eisai, Janssen, Lundbeck, Otsuka not related to this study, and personal fees from Eisai related to this study.

PW0721

A Case of early-onset tardive dyskinesia with paliperidone palmitate

D. Göverti¹, N. Ozcelik, H. Kaya, E. Goka
Ankara Numune education and research hospital, psychiatry, Ankara, Turkey

* Corresponding author.

Introduction.– Tardive dyskinesia (TD) is a disorder characterized by involuntary, repetitive and purposeless movements, typically of the orofacial muscles and also of the extremities and other muscle groups. TD is generally a late-onset and occasionally persistent complication expected with long-term treatment with neuroleptics. Paliperidone palmitate (PP) is a long-acting injectable (LAI) formulation of paliperidone. We present a case of TD in a schizophrenia case developing with only 2 PP injections.

Case description.– We report the case of a 35-year-old male who has been diagnosed with schizophrenia for 7 years. Quetiapine (600 mg) was started at the time of diagnosis. With this treatment, his psychotic symptoms relieved. But recently he stopped using oral treatment and his symptoms started. PP was chosen due to its advantage of once-monthly dosing. A loading dose was used with 150 mg on day 1 followed by 100 mg on day 7. And 10 days later he developed facial, lingual and perioral dyskinesic movements. On Abnormal Involuntary Movement Scale (AIMS) he scored 3 in three areas (facial, lingual and perioral) which showed positive AIMS examination. PP was stopped and quetiapine was restarted. After 1 month, dyskinesic movements resolved.

Discussion.– It should be noted that as 3-monthly or 6-monthly LAI antipsychotics are developed, clinicians must be aware of this side effect which is hard to treat and most often persistent.

Conclusion.– PP is a LAI antipsychotic described to have lower risks of extrapyramidal symptoms. However, it should be in mind that TD can occur with any antipsychotic.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0722

A preclinical assessment of the antidepressant-like effect of isoflurane

A.J. Harpoeth^{*}, G. Wegener, B. Elfving, H.K. Müller
Aarhus university hospital, translational neuropsychiatry unit, institute of clinical medicine, Risskov, Denmark

* Corresponding author.

Introduction.– New research points to sleep abnormalities as a key component of major depression and a target for new treatments. Isoflurane, an anaesthetic agent, shares mechanisms of action with ketamine. It has been suggested that isoflurane might have rapid antidepressant effects in low doses.

Objective.– The objective of the study was to examine the effect of isoflurane treatment in Sprague-Dawley rats on depressive-like behaviour and examine possible pathways.

Method.– The treatment groups received treatment with 2.5% isoflurane for five minutes as a single treatment or once daily for five days. They were compared to a sham treated control group and tested for locomotor activity with the open field test and depressive-like behaviour with the forced swim test.

Results.– Neither of the treatment groups showed a significant effect on the immobility measured in the forced swim test. However, we observed a significant reduction in locomotor activity in the open field test in the group which received five consecutive treatments indicative of residual sedation.

Conclusion.– Our study cannot support the hypothesis that isoflurane should have a rapid antidepressant effect. However, the presented study holds large positive implications for the many studies on antidepressants and antidepressant behaviour performed in labs around the world. This is because isoflurane is used extensively to sedate prior to sacrifice and during surgical procedures.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0725

Psilocybin: Antidepressive, anxiolytic and antiaddictive effects

C. Machado^{*}, L. Monteiro, C. Fragoeiro, B. Almeida
Hospital Magalhães Lemos, psychiatry, Porto, Portugal

* Corresponding author.

Psilocybin, a psychoactive alkaloid contained in hallucinogenic mushrooms, has recently been tested for its safety and efficacy in clinical populations for the treatment of depression, anxiety disorders and substance dependence.

The main objective of this study is to summarize the mechanism of action of psilocybin and its efficacy in the treatment of different psychiatric conditions. We also present the ethical issues concerning psilocybin use in clinical practice and its safety profile.

We did a review using the Pubmed database with the Mesh terms: “psilocybin” and “depression” or “anxiety” or “dependence”. We selected clinical trials and reviews published in the last 20 years written in English, Portuguese or Spanish according to our aims.

Psilocybin and psilocin (the psychoactive metabolite of psilocybin) are substances with predominant agonist activity on serotonin 5HT_{2A/C} and 5HT_{1A} receptors. Psilocybin acts as a hallucinogen and has a profound effect on cognition, perception and emotion, producing transient psychosis-like symptoms.

Clinical trials showed that the administration of psilocybin resulted in significant reductions in Yale–Brown Obsessive–Compulsive Scale, in anxiety scores and in tobacco and alcohol craving. The analysis of the psilocybin safety profile showed that it can be safely administered in controlled settings.

The evidence overall strongly suggests that psilocybin should be re-examined in modern clinical trials for their use in non-psychotic mental health conditions.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0726

Paresthesias and quetiapine: A case report

E. Mancha^{1*}, Y. D' Hiver Cantalejo², M.J. Leñero Navarrete³, H. Saiz García⁴

¹ Servicio Navarro de Salud, CSM Ansoain, Pamplona, Spain;

² Sescam, Hospital Universitario de Guadalajara, Guadalajara, Spain;

³ Sacyl, hospital universitario Río Hortega, Valladolid, Spain;

⁴ Servicio Navarro de Salud, Complejo Hospitalario de Navarra, Pamplona, Spain

* Corresponding author.

Objectives.– Differentiate the symptoms of the conversive disorder of possible pharmacological secondary. A wide variety of diffuse symptoms, such as motor paralysis or blindness, disorders of the nervous system and paresthesias are presented in conversion hysteria.

Methods.– To analyze the case of a 58-year-old woman, with a history of histrionic personality disorder and recurrent depressive disorder, after suffering a new depressive relapse and attending a

long admission to Day Hospital and a new psychopharmacological treatment consisting of zonisamide 100 mg/día and quetiapine 600 mg/día, develops paresthesias in the left side of her body with great affective repercussion and functional limitation.

Results.– These symptoms are identified as a possible conversion, so that the patient could be turning the psychological conflict into a physical disorder. Psychotherapeutic treatment is carried out, without achieving any result. A neurological evaluation is then made but the examination is normal. The progressive withdrawal of zonisamide is then attempted, considering a possible pharmacological etiology, but the symptomatology persists, and finally the gradual decrease in the dose of quetiapine is carried out. Paradoxically, within three weeks of its withdrawal the symptomatology returns completely.

Conclusions.– We would think of a drug origin and more specifically in a possible secondary use of quetiapine in elderly patients. It is of vital importance to evaluate the importance of this type of pictures in our usual clinical practice and the need for a correct detection, evaluation and intervention of the same, being essential the study of the individual symptoms beyond the psychiatric tags.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0727

Antipsychotic's plasma level variability and its influence on treatment response in schizophrenia exacerbation

M. Morozova^{*}, S. Potanin, D. Burminskiy, A. Beniashvili

¹ Mental health research center, laboratory of psychopharmacology, Moscow, Russia

* Corresponding author.

Introduction.– Up to 40% of patients with schizophrenia exacerbation don't achieve satisfactory treatment response. One of the explanations for that may be significant individual variability of antipsychotic's pharmacokinetics.

Objective.– To investigate the individual variability of the antipsychotics concentration in plasma and its influence on the treatment efficacy among patients with schizophrenia exacerbation.

Methods.– 41 patient (23 women and 18 men, aged 23–60 years), hospitalized to the city mental health hospital and treated according to the routine practice were included in the study. The patients were treated by the following antipsychotics: haloperidol, risperidone, zuclopenthixol, paliperidone, clozapine, aripiprazole, quetiapine, or olanzapine. On 2–5 and 26–30 days PANSS rating was conducted. Blood sampling for antipsychotics plasma level was performed twice – at 7–10 day and at 26–30 day.

Results.– In 66% of patients (27 subjects) were found deviations from the optimal antipsychotic's plasma level in at least one of the test points. Patients with optimal concentration showed a significantly better treatment response. Significant differences between the groups were found in changes of the total score in PANSS, negative and anxiety/depression Marder factors, general pathology PANSS subscale ($p < 0.05$). The greatest difference between the groups was observed in regard to the changes of the negative Marder factor scores (1.7 points versus 0.3 points to the 26–30 day of treatment in average).

Conclusion.– The study shows the benefit of further research on the use of antipsychotic's therapeutic drug monitoring for the purpose of acute schizophrenia treatment personalization.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0728

An epigenetic biomarker for depression and trait of childhood trauma with sex-specific effects

C. Nasca^{1*}, B. Bigio², S. Young³, A. Cochran⁴, J. Beasley³, D. Millington³, J. Kocsis⁴, J. Murrough⁵, F. Lee⁴, B. McEwen⁶, N. Rasgon⁷

¹ The Rockefeller University, McEwen laboratory of neuroendocrinology, New York, USA; ² The Rockefeller University, biostatistics and experimental research design, center for clinical and translational science, The Rockefeller University, New York, USA, New York, USA; ³ Duke University, division of medical genetics, department of pediatrics, Duke, USA; ⁴ Weill Cornell medical college, Sackler institute for developmental psychobiology, New York, USA;

⁵ Mount Sinai school of medicine, mood and anxiety disorders program, department of psychiatry, New York, USA; ⁶ The Rockefeller University, laboratory of neuroendocrinology, New York, USA;

⁷ Stanford University, center for neuroscience in women's health, Palo Alto, USA

* Corresponding author.

Mechanistic insights from animal studies can inform the development of diagnostics and better treatments for major depressive disorder (MDD), which is a leading cause of ill health and disability worldwide. Converging evidence from our and other groups revealed that animals with an endogenous reduction in the levels of the epigenetic modulator of glutamatergic function with insulin-sensitizing properties, acetyl-L-carnitine (LAC), in plasma and mood-regulatory brain regions (hippocampus and prefrontal cortex) showed depressive and metabolic-like dysfunctions that were rapidly rescued by LAC supplementation. Therefore, our objective was to determine whether patients with MDD differed in LAC levels in comparison to healthy controls (HC).

Plasma distribution of LAC and of internal control free-carnitine were determined in 71 patients with MDD and 45 age- and sex-matched HC using UPLC-MS/MS and ESI-MS/MS. The psychiatric examination included: SCID and MINI, and the two psychiatric scales HDRS-17 and MADRS. Childhood Trauma Questionnaire was used to assess childhood trauma. Two-tailed t-tests, chi-square, and multiple regression were used as appropriate.

LAC was lower in patients with MDD compared to HC ($P < 0.0001$, effect size = 0.8). Of note, LAC was lower in patients who exhibited greater severity and earlier age-of-onset of MDD. Moreover, in those patients with TRD, the reduction in LAC was stronger, and emotional neglect and being a female predicted decreased LAC ($P = 0.04$, $r = 0.66$). Our new findings suggest that LAC may serve as marker to delineate a MDD phenotype, providing a target for precision medicine and rational path forward for novel pharmaceuticals. Future studies will test whether such biologically-defined MDD phenotype could benefit by LAC treatment.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0729

Three-month injection of paliperidone palmitate (3MPP), for whom? Informed consent, patients preferences, and clinical decision making

S. Navari^{1*}, M. Curto^{1,2}, C. Silvestrini¹, A. Manzi¹, V. Bianchini¹, P. Pompili¹, G. Nicolò¹, E. Pompili¹

¹ Department of mental health and drug abuse, ASL Roma 5, Rome, Italy; ² Sapienza University of Rome, department of neurology and psychiatry, Rome, Italy

* Corresponding author.

Introduction.– Long-acting injectable antipsychotics (LAIAs) were introduced to improve treatment adherence of antipsychotic medication. After risperidone was introduced as the first LAI-second-generation antipsychotic, olanzapine pamoate, once-monthly paliperidone palmitate and once-monthly aripiprazole were also approved for schizophrenia. Recently, a three-month injection of paliperidone palmitate (3MPP) is available in Europe, offering a substantially longer dosing interval than previously options.

Objectives.– To identify, among patients under LAIAs, potential candidates for 3 MPP, with the favorable risk/benefit profile. First, to characterize patients clinically suitable to 3MPP, then, to evaluate their understanding of risks and benefits of 3MPP and to assess patients preferences.

Methods.– The study sample includes 150 patients under LAIAs, in the Mental Health Community Treatment Team of Colliero/Palestrina, ASL Roma 5, Italy. Clinical and socio-demographic parameters are collected in details, Visual Analogue Scales (VAS) measure satisfaction with current treatment and informed consent of 3MPP, including a test to check patients understanding, as well as VAS to measure patients treatment preferences, are administered. **Results.**– 65% of the patients sample is under atypical LAIAs (37% paliperidone, 28% risperidone, 17% olanzapine), 79% male, mean age $43,6 \pm 11,73$ and 35% under typical LAIAs, 66% male, mean age $57,3 \pm 8,63$ years. We expect, from updated results, to identify a sub-population of patients under LAIAs who could benefit and might prefer to switch to 3MPP.

Conclusions.– The sub-population who could benefit from switching to 3MPP should be clinically identified on the basis of socio-demographic and clinical data and, therefore, evaluated in terms of awareness and preferences regarding the new treatment.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0730

Do brain/behavioral systems mediate the relationship between Internet addiction and executive functions?

F. Nebtoun*, N. Nazarboland, S. Ghanbari
Shahid Beheshti university, psychology, Tehran, Iran

* Corresponding author.

Internet addiction, a behavioral dependency on internet, results in psychological, educational and job-related problems. Given that? internet? addiction? is? related? to? individuals'? cognitive,? behavioral? and? emotional functions and that personality is one of the determinants of how individuals behave, the present study attempts to shed light on the relationship between 'internet addiction', 'executive functions' and biologic indexes of personality regarding 'brain/behavioral? systems'? ?in? adolescent? students.? The? participants ?included? 463? Iranian high school students (234 females and 229 males) aging 13–18 years old who were selected using multi-stage cluster random sampling. Young's? Internet? Addiction Questionnaire (1998), Cognitive Abilities Questionnaire (Nejati, 2013) and the short-form of Gray-Wilson Personality Questionnaire (2001) were completed by the participants. Data analysis was conducted through regression and path analysis. Results indicated that there was an inverse relationship between executive functions and internet addiction, and a significant relationship between behavioral activation system and internet addiction. However, no significant relationship was found between behavioral inhibition system and internet addiction. Besides the direct paths, executive functions affect internet addiction through indirect paths and behavioral activation system, i.e., the behavioral activation system functions works as a

mediating variable in the relationship between executive functions and internet addiction. According to obtained goodness-of-fit the validity of the using model was approved. Such results may help to understand cognitive and personality aspects of the problems associated with internet addiction, and take necessary preventive measures and prepare therapy packages and cognitive rehabilitation.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0731

Impact of using long-acting antipsychotic injectable drugs versus oral formulation in outpatients diagnosed with psychosis

L. Pérez Gómez^{1*}, L. García González², A. González Fernández³, M. Jalón Urbina³, D.F. Frías Ortiz⁴, A. Sánchez Palacio⁵, C.M. Rodríguez Mercado³

¹ Consultant psychiatrist, CSM, Langreo, Oviedo, Spain; ² Consultant psychiatrist, hospital universitario central de Asturias, Oviedo, Spain;

³ Consultant psychiatrist, AGC Salud mental hospital de Cabueñes, Gijón, Spain; ⁴ Psychiatry trainee, AGC Salud Mental Hospital de Cabueñes, Gijón, Spain; ⁵ Psychiatry Trainee, Hospital Universitario de Cruces, Barakaldo, Spain

* Corresponding author.

Introduction.– Since long-acting antipsychotic (LAI) drugs appeared in the market there have been arguments for and against their use in clinical practice. While LAIs seem to improve therapeutic adherence and their range of application is comfortable for some patients, other voices notice that they could be perceived as stigmatizing.

Objectives.– The main objective is to describe the differences derived from the prescription of LAIs versus oral antipsychotics in patients diagnosed with psychosis in two ambulatory care centers of the region.

Methods.– This is a descriptive retrospective study. A total of 311 clinical histories of every psychotic patient receiving LAIs in two mental health centres of Gijón and Avilés were checked. We selected those patients who fulfilled the inclusion criteria established, being one of them previous treatment with oral antipsychotic. At last 107 subjects took part in the research.

Results.– In this study 72.9% of the cases changed from oral to injectable formulation because of the lack of adherence, and only 14% of replacements were due to patient choice. The number of hospital admissions, hospital emergencies and suicide attempts were significantly lower with long acting formulation.

Conclusions.– The results, favorable to LAIs are concordant with other researches with similar design. These data must be carefully interpreted considering the own investigation limitations.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0732

Verbal memory research in adolescents following traumatic brain injury of mild severity

S. Pervichko
Moscow State university, psychology, Moscow, Russia

Introduction.– The effect of the traumatic brain injury of mild severity (mTBI) on the memory influences on the educational activities of adolescents in school.

Objectives.– To study of verbal and visual memory in adolescents after mTBI in acute period (3–5 days after trauma).

Materials and methods.– The study is based on the original set of techniques designed by A.R. Luria. We used the technique of “remembering 5 words” and “2 groups of 3 words” for investigate the verbal memory.

31 patients with mTBI (mean age was 11.5 + 1.3) and 20 healthy subjects (mean age was 12 + 1.5) took part in the study.

Results.– Analysis of the results showed that 26% of adolescents with mTBI has a decrease in auditory memory. In the method of “remembering 5 words” the reproduction of words after interference caused difficulties in 13% of patients who manifested themselves in the form of a reduction in the volume of direct reproduction ($P < 0.05$) and an increase in the number of presentations for the reproduction of words in the correct order ($P < 0.005$). When performing the “2 groups of 3 words” method 23% of patients had difficulty remembering words in the correct order ($P < 0.05$). Errors in the form of verbal paraphrases and selectivity errors predominated more often ($P < 0.05$).

Conclusions.– The study of memory in the acute period after mTBI revealed the presence of modal-nonspecific subclinical disorders, in the form of a reduction in direct reproduction and pathological inhibition of memory traces.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0733

Triple-blind randomized placebo-controlled clinical trial of oral naloxone for opioid-induced constipation in patients with opioid use disorder receiving methadone maintenance treatment

A.V. Samokhvalov¹, J. Rehm²

¹ Centre for Addiction and mental health, addictions division, institute for mental health policy research, Toronto, Canada; ² Centre for addiction and mental health, institute for mental health policy research, Toronto, Canada

* Corresponding author.

Introduction.– Constipation is a very common and one of the most persistent side effects of opioids. In many cases constipation causes severe discomfort and puts limitations on methadone maintenance treatment (MMT). Conventional laxatives are not always effective and do not address the pathophysiological basis of constipation. It was suggested that opioid receptor antagonists with low oral bioavailability e.g. naloxone might reverse constipation while not affecting the course of MMT.

Objectives.– Primary objective is to assess the effectiveness of oral naloxone for methadone-induced constipation in MMT patients.

Secondary objective is to evaluate the side effects of this treatment, specifically – potential opioid withdrawal symptoms.

Methods.– Randomized triple-blind placebo-controlled clinical trial ($n = 20$). Crossover design. Each subject received oral naloxone or placebo for 1 week in a random order. The dose of naloxone was proportional to the methadone dose (1:50). Statistical analysis: descriptive statistics; mixed effect models.

Results.– Twenty patients were enrolled into the study. All of them completed the 16-day study protocol. While majority of patients demonstrated improvement in their bowel functioning as measured by Bowel Functioning Index, there was no significant difference between naloxone and placebo arms ($P = 0.86$). There was also no difference in side effects between the two groups as per Subjective Opioid Withdrawal Scale ($P = 0.48$).

Conclusions.– The results of the study indicate that oral naloxone is a safe option for constipation in MMT patients, but lacks effectiveness

at the 1:50 dose. Further research with different formulations of oral naloxone needed.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0734

Proteomics study of the striatum of mice chronically exposed to haloperidol

J.F. Coelho¹, C. Santa^{1*}, D. Bessa-Neto², S.I. Anjo¹, G. Baltazar², D.R. Cotter³, M.J. Dunn⁴, B. Manadas¹

¹ CNC, center for neuroscience and cell biology, university of Coimbra, life sciences mass spectrometry, Coimbra, Portugal; ² CICS, university Beira interior, health sciences research centre, Covilhã, Portugal;

³ Royal College of Surgeons in Ireland, department of psychiatry, Dublin, Ireland; ⁴ UCD Conway Institute of Biomolecular and Biomedical Research, Proteome Research Centre, Dublin, Ireland

* Corresponding author.

Haloperidol is one of the most frequently used antipsychotic in the treatment of schizophrenia (SCZ). SCZ is a severe mental disorder characterized by a combination of positive, negative and cognitive symptoms. Haloperidol is thought to alleviate the positive symptoms by antagonizing dopamine D2 receptors widely expressed in the striatum. What is less clear are the long-term molecular effects of this medication. Many studies have assessed the molecular alterations induced by antipsychotic medication in schizophrenic patients however, the reports from these studies are inconsistent and not able to assure if the identified changes are disease or drug-related or a consequence of chronic impairment.

The main aim of this study was to evaluate the molecular effects of chronic Haloperidol in mice striatum. Mice striatum protein samples were analyzed by a relative quantitative LC-MS approach, SWATH. In total, 3311 proteins were identified and 1366 confidently quantified. Among these quantified proteins, the majority of the ones considered as altered were involved in three several biological key pathways, such as metabolism, synaptic or calcium signaling. Disturbances in the mitochondrial respiratory chain, particularly in oxidative phosphorylation were observed, as well as proteins involved in GABAergic, glutamatergic and dopaminergic neurotransmission. Changes in CaM-related proteins and Ca²⁺ extrusion proteins were also detected, suggesting disturbances in calcium signaling pathway.

Altogether, these findings highlight several pathways affected in the striatum by haloperidol chronic treatment suggesting the long-term molecular mechanisms of action of the drug. This study also elucidates new directions for recognizing and differentiating disease from medication-related changes.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0735

A lesion model of legal, deservingness and moral dimensions of socio-moral emotions as revealed by neurodegeneration

H. Santamaría García^{*}, S. Baez, J. Santamaría García, P. Reyes, J.M. Santacruz Escudero, D. Matallana, A. García, A. Ibanez

Pontificia Universidad Javeriana, Psiquiatría, Bogotá, Colombia

* Corresponding author.

The study of moral emotions (i.e., Schadenfreude and envy) is critical to understand the ecological complexity of everyday interactions between cognitive, affective, and social cognition processes.

Most previous studies in this area have used correlational imaging techniques and framed Schadenfreude and envy as unified and monolithic emotional domains. Here, we profit from a relevant neurodegeneration model to disentangle the brain regions engaged in three dimensions of Schadenfreude and envy: deservingness, morality, and legality. We tested a group of patients with behavioral variant frontotemporal dementia (bvFTD), patients with Alzheimer's disease (AD), as a contrastive neurodegeneration model, and healthy controls on a novel task highlighting each of these dimensions in scenarios eliciting Schadenfreude and envy. Compared with the AD and control groups, bvFTD patients obtained significantly higher scores on all dimensions for both emotions. Brain anatomy findings confirmed the partially dissociable nature of the moral emotions' experiences and highlighted the importance of socio-moral brain areas in processing those emotions. In all subjects, an association emerged between Schadenfreude and the ventral striatum, and between envy and the anterior cingulate cortex. By contrast, bvFTD patients exhibited a negative association between increased Schadenfreude and envy across dimensions and critical regions supporting social-value rewards and social-moral processes (dorsolateral prefrontal cortex, angular gyrus and precuneus). Our results offer new insights into the mechanisms subsuming complex emotions and moral cognition in neurodegeneration. Moreover, this study presents the exacerbation of envy and Schadenfreude as a new potential hallmark of bvFTD that could impact in diagnosis and progression.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0736

Vestibular dysfunction impairs visuospatial working memory independently of co-morbid depression, anxiety, fatigue and sleep disturbance

S. Surenthiran¹, L. Smith^{2*}, D. Wilkinson², M. Bodani², R. Bicknell²

¹ Medway Maritime Hospital, neurosciences, Kent, United Kingdom;

² University of Kent, psychology, Canterbury, United Kingdom

* Corresponding author.

Introduction.– Beyond the acute effects of vertigo and unsteadiness, vestibular dysfunction is commonly accompanied by subjective reports of memory loss and problems concentrating. The co-morbid presence of psychiatric illness, fatigue and difficulty sleeping, coupled with the lack of comprehensive, validated neuropsychological assessment, has left questions unanswered about the origin and nature of these underlying cognitive impairments.

Methods.– 100 patients diagnosed with primary vestibular disorder (mostly vestibular migraine) at their initial neuro-otology appointment completed validated neuropsychological assessments of depression, anxiety, depersonalisation, fatigue, sleep, memory and attention. Vestibular pathology was characterised using a range of behavioural and physiological assessments.

Statistical analyses first calculated the prevalence of cognitive and other comorbid impairments. A series of structural equation models then tested whether vestibular function exerted a direct influence on cognition, or influenced performance indirectly via psychiatric, fatigue/ sleep mechanisms.

Results.– The majority of patients presented with a combination of anxiety, depression, sleep disturbance, fatigue, working memory and attentional impairments. Most important, balance function, assessed via balance platform (a measure of unassisted posture), influenced visuospatial memory performance independently of any age, psychiatric or fatigue/ sleep-related effects.

Conclusions.– The present findings identify new clusters of impairment in vestibular patients and highlight a direct effect of vestibular dysfunction on short-term visuospatial memory. We suggest that the most likely anatomical route is via the vestibulo-thalamo-cortical pathway which passes vestibular signals to several areas associated with working memory and visuospatial processing. From a clinical perspective, the results suggest that psychiatric treatments may do little to reduce co-morbid cognitive symptoms.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0738

Methamphetamine sensitization enhances the rewarding efficacy of ketamine via an enhancement in ketamine-stimulated dopamine release in nucleus accumbens

W.Y. Tzeng, L. Yu

National Cheng Kung University College of Medicine, Department of Physiology, Tainan, Taiwan R.O.C.

* Corresponding author.

Introduction.– Per illicit drug users' polydrug use in local area, methamphetamine (MA) sensitization development is suspected to prime later ketamine (KE) use.

Objectives.– Mice pretreated with repeated saline or MA injections received KE-induced conditioned place preference (CPP) training and test.

Methods.– A 10-day repeated MA treatment (2 mg/kg/day) followed by a 10-day withdrawal was used to prime for the development of MA sensitization. Following a standard 3-day CPP training protocol, KE-induced CPP magnitude was used to reveal th rewarding efficacy of KE (1 mg/kg/conditioning). In vitro superfusion methods were used to reveal the remaining dopamine content in dopaminergic terminals in brain slab containing the nucleus accumbens.

Results.– We found that MA sensitized mice exhibited greater KE-induced CPP as compared with the saline-treated controls. Moreover, MA-sensitized mice exhibited a greater KE-stimulated dopamine (DA) release in the nucleus accumbens than saline-treated ones as revealed in in vitro superfusion experiment.

Conclusions.– These results, taken together, suggest that MA sensitization development may enhance the rewarding efficacy of KE.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0739

Minimal size of social buffering and oxytocin buffering effects against robust stress-induced decreases in dentate cell proliferation and early neurogenesis

L. Yu

National Cheng Kung University College of Medicine, department of physiology, Tainan, Taiwan R.O.C.

Introduction.– The presence of three conspecific companions, serving as social support, has been known to prevent a compound stress regimen-induced decreases in newly proliferated cell and neuroblast in mouse dentate gyrus (DG).

Objectives.– In an attempt to control for mouse physical interaction throughout the stress regimen, a 1-hr restraint and immersed in water stressor preventing any physical interaction in mice, was used instead in this study. We sought to determine the minimal size of companions necessary for exerting the afore-mentioned stress-

preventing effects. Moreover, experiments were done to study on the buffering effects of oxytocin in this regard.

Methods.– Bromodeoxyuridine (BrdU) staining was used to reveal newly proliferated cell, while BrdU and doublecortin co-staining was used to indicate newly proliferated neuroblast.

Results.– We found that the presence of one companion exerted comparable stress-preventing effects as the presence of three companions. Furthermore, the presence of one saline- or oxytocin-treated mouse both prevented the stress-induced decreases in newly proliferated cell and neuroblast in DG. Finally, the presence of oxytocin (evaporating from a cotton-tip) alone effectively prevented the stress-induced decreases in DG newly proliferated cell and neuroblast.

Conclusions.– These results, taken together, prompt us to draw two provisional conclusions. First, social support consisting of one conspecific companion is effective in preventing the stress-induced decreases in newly proliferated cell and neuroblast in DG. Second, the presence of oxytocin is a feasible substitute for the social support consisting of companions.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Schizophrenia and other psychotic disorders – part III

PW0741

Schizophrenia – innovations in programmable interventions and integrated care to improve recovery

A.I. Ahmed^{1*}, A. Choudhury¹, R. Singh², G. Sharma²

¹ PsyCare, psychiatry, Delhi, India; ² PsyCare, Psychology, Delhi, India

* Corresponding author.

Schizophrenia is a chronic disabling illness with relapses worsening the outcomes with serious implications for disease progression. Majority of the patients are partially or non adherent. Relapse prevention is a key therapeutic goal which may result in functional recovery

Objectives.– To study various modalities of intervention after inpatient treatment of patients of schizophrenia in a 30 bedded psychiatric hospital for followup and adherence to achieve functional recovery

Significance.– Time to Discontinuation for any cause is the main variable to compare effectiveness of different treatments. Any program designed to provide longer pharmacological treatment combined with psychosocial treatments improves the possibility of functional recovery

Methodology.– The study is naturalistic, prospective in nature. 32 patients of schizophrenia consecutively admitted and managed over a 2 year period were subjects of the study. At discharge they were continued on oral antipsychotics with conventional psychosocial interventions (PSI) ($n = 14$) or Long Acting Injectables with PSI and telepsychiatry (TP) (Recovery program) ($n = 18$).

Result.– Out of the 14 patients on oral antipsychotic group 10 were lost to follow up (71.4%). Of the 18 patients in LAI + PSR + TP, 5 patients (27.7%) were lost to follow up. Of the 13 remaining in Recovery Program, 3 shifted to LAIs + PSI, opting out of TP. The results were statistically analysed

Conclusion.– The patients remaining under follow up were significantly higher when on LAIs with psychosocial interventions and Telepsychiatry than those on Oral antipsychotics with psychosocial interventions. It is likely that the patients remaining in follow up have better outcomes and possibility of recovery.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0742

Co-morbid obsessive-compulsive disorder and schizophrenia in highly endogamous population: Which came first?

A. Bener

Istanbul university, biostatistics & public health, Istanbul, Turkey

Background.– Co-occurrence of Schizophrenia (SZ) and obsessive compulsive disorder (OCD) is a common and difficult co-morbid condition to manage. Also, the relationship between SZ and OCD remains unclear.

Aim.– The study was to determine the prevalence of co-morbidity with obsessive-compulsive disorder (OCD) among Schizophrenia (SZ) patients in order to assess the impact of OCD on the socio-demographic and clinical features of patients in endogamous population.

Subjects and methods.– A cohort study was carried out on 396 patients. We employed the WHO Composite International Diagnostic Interview (WHO-CIDI) and Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition-IV/Clinical Version for diagnoses, the Yale-Brown Obsessive Compulsive Scale Symptom Checklist for scoring OCD.

Results.– Patients were grouped in SZ patients with OCD (SZ-OCD) and SZ patients without OCD. Groups were compared for socio-demographic and clinical variables. There were no significant differences for age, gender, marital status, education, occupation, cigarette smoking, and place of living between SZ patients with and without OCD. Number of hospitalizations and Young Mania Rating Scale score were not different among SZ patients with or without OCD whereas there were significant differences in Hamilton-Depression score, Clinical Global Impression-SZ Score, duration of illnesses, and Global Assessment of Functioning (GAF). Also specific phobia, somatization, depression, mania, any mood disorder, oppositional defiant disorder, ADHD and personality disorder were more common in SZ than OCD-SZ group.

Conclusion.– This study confirms that SZ-OCD is a common co-morbidity, largely under-recognized in clinical practice, which may significantly change SZ presentation and outcome.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0743

Conscious detection of facial expressions in schizophrenia: A Preliminary study using the breaking-continuous flash suppression technique

J. Grave^{1,2}, M.J. Martins^{3,4}, N. Madeira^{3,5}, T. Santos⁶, S. Silva^{7,8}, S. Korb⁹, M. Coroa^{3,5*}, S. Soares^{1,10,11}

¹ University of Aveiro, CINTESIS-UA department of education and psychology, Aveiro, Portugal; ² Nova Medical School/Faculdade de Ciências Médicas, Universidade Nova de Lisboa, department of mental health, Lisbon, Portugal; ³ Faculty of medicine of the University of Coimbra, department of psychological medicine, Coimbra, Portugal; ⁴ Faculty of psychology and educational sciences of the university of Coimbra, cognitive-behavioral centre for research and intervention, Coimbra, Portugal; ⁵ Coimbra hospital and university centre, department of psychiatry, Coimbra, Portugal; ⁶ Baixo Vouga Hospital Centre, department of psychiatry and mental health, Aveiro, Portugal; ⁷ University of Aveiro, department of electronics

telecommunication and informatics, Aveiro, Portugal;⁸ University of Aveiro, institute of electronics and informatics engineering, Aveiro, Portugal;⁹ Faculty of psychology of the University of Vienna, department of applied psychology, health development enhancement and intervention, Vienna, Portugal;¹⁰ Instituto Superior de Psicologia Aplicada, William James Research Centre, Lisbon, Portugal;

¹¹ Karolinska institute, division of psychology of the department of clinical neurosciences, Stockholm, Sweden

* Corresponding author.

Introduction.– Schizophrenia (SZ) is a very debilitating psychiatric disorder, associated with deficits in the detection of facial expressions. Although recent evidence has suggested that patients with SZ exhibit a perception bias towards happy faces, most psychotic experiences are threat-related, having a negative impact on patients' functioning. However, to our knowledge, the access to visual awareness by different emotional facial expressions in SZ is still unclear.

Objectives.– To analyze the conscious detection of fearful and happy faces, in comparison to neutral faces, in patients with SZ.

Methods.– 11 patients with SZ-spectrum disorder and 10 healthy controls, age- and gender-matched, performed a breaking-Continuous Flash Suppression task. Suppressors were presented to the dominant eye while faces were gradually introduced to the non-dominant eye. Participants were asked to indicate on which quadrant the face became visible. The speed of access to visual awareness was analyzed via response time (milliseconds).

Results.– Patients exhibited a significantly slower access to visual awareness of facial expressions than controls. In SZ, happy faces broke suppression significantly faster, in comparison with fearful faces. In controls, no significant differences between emotions were found.

Conclusions.– SZ may be related to abnormal facial expression detection at an early stage of information processing. SZ is associated with a constant perception of threat and patients may tend to attribute threat to positive social cues, leading to a preferential access to visual awareness by happy faces. Investigating the conscious detection of facial expressions will provide new insight on the comprehension and treatment of SZ.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0744

Violent behavior in first psychotic episode: An overview

C. Ferreira¹*, L. Castanheira¹, L. Ferreira², F. Coelho¹, T. Queirós¹

¹ Centro Hospitalar Lisboa Norte, Psychiatry Department, Lisboa, Portugal; ² Hospital Distrital de Santarém, psychiatry department, Santarém, Portugal

* Corresponding author.

Introduction.– Violent behaviour can be a presenting sign of first-episode psychosis (FEP). It is important to consider the possible explanations and implications for this association.

Objectives.– To discuss the findings about the prevalence of violent behavior before and after treatment in FEP and the relation with duration of untreated psychosis (DUP).

Methods.– Searched Internet databases indexed at MEDLINE using the key-words “violent”, “aggressive”, “behaviour”, “first psychotic episode” and selected the articles published in the last 10 years in English.

Results.– A substantial proportion of patients in FEP commit an act of violence before presenting for treatment, including an act of more serious violence causing injury to another person. The prevalence of violent behavior in the FEP is greater than during the later stages of the illness, dropping gradually to rates close to those of the

general population. FEP is also associated with an increased risk of homicide. The data is inconsistent about the existence of significant relation between DUP and violent behavior in FEP, with some studies showing contradictory conclusions. Comorbid substance abuse, male gender, lower educational level and past history of violence were found to independently predict occurrence of serious violence after commencement of treatment and may be more important than psychotic symptoms in the development of aggressive behavior in patients with FEP.

Discussion and conclusion.– Close monitoring of patients with history of violence and treatments to reduce substance abuse seem to be the best way to lower long-term risk for violent behavior in FEP patients. It would be crucial to clarify the relation with DUP and violent behavior to support a more preventive approach.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0745

Clozapine: Anti-aggressive effects in schizophrenia

P. Ifteni^{*}, A. Teodorescu

Universitatea Transilvania din Brasov, Facultatea de Medicina, Brasov, Romania

* Corresponding author.

Keywords: Restraint; Aggressiveness; Clozapine; Schizophrenia

Background.– In the entire world, restraint and seclusion are common interventions in psychiatric in-patient settings due to aggressive behavior.

Objectives.– Our objective was to test for the immediate anti-aggressive property of clozapine compared to other antipsychotic treatments in a cohort with high rates of restraint during early hospitalization.

Methods.– We present a retrospective chart review of all admissions for aggressiveness of patients with schizophrenia during 2011–2014 in Psychiatry and Neurology Hospital, Brasov, Romania. Timing and number of restraints in addition to clinical, demographic and treatment characteristics were extracted. Based on our earlier observation of clinical efficacy of clozapine, we tested the hypothesis that clozapine treatment was associated with reduced use of restraint, and with longer restraint-free periods.

Results.– In 115 patients with schizophrenia (age = 39.7 ± 11.1 years; male = 59%) involuntarily admitted due to externalized (74.78%) or self-directed violence (25.22%), restraint was used in 89.6%; with a median duration of 3 hours until restraint past admission. Antipsychotics used immediately after hospitalization included haloperidol (70.4%), clozapine (11.3%), olanzapine (10.4%) and other second-generation antipsychotics (7.9%). Comparison of restraint characteristics favored immediate clozapine use with highly reduced rates of restraint (38.5% vs. 95.6%, $P < 0.001$) and significantly extended hours until restraint ($P < 0.001$) relative to the remaining cohort. These effects remained highly significant after controlling for potential moderators of restraint use in multivariate models.

Conclusions.– These retrospective data suggest an early anti-aggressive effect of clozapine during the immediate use of clozapine in highly problematic patients.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0746

Coronary artery calcification in patients diagnosed with severe mental illness

P. Kugathasan^{1*}, M. B. Jensen¹, J. Aagaard¹, M. B. Johansen², S. E. Jensen²

¹ Centre for Psychosis research, psychiatry, Aalborg University Hospital, Aalborg, Denmark; ² Department of cardiology, Aalborg university hospital, Aalborg, Denmark

* Corresponding author.

Introduction.– Patients with severe mental illness (SMI) have an excess mortality causing 15–25 years of life lost. Mortality is primarily caused by coronary heart diseases, and while the general population is declining in mortality from ischemic heart disease, this decline is not observed in patients with SMI. Coronary artery calcification is a clinical predictor of coronary artery disease, which can be measured by CT-Coronary Angiography (CT-CAG). Little is known about the level and progression of premature coronary atherosclerosis in patients suffering from SMI.

Objectives.– The objective is to investigate the prevalence and extent of coronary artery calcification in patients diagnosed with SMI and compare the results to controls from the general population.

Methods.– The study included all patients with a CT-CAG registered in the Western Denmark Heart Registry from 1st January 2008 to 31st December 2016. We identified patients with schizophrenia (ICD-10; F20) and bipolar disorder (ICD-10; F30-31) from the National Patient Registry and the Psychiatric Central Research Registry.

Results.– We observed that patients with schizophrenia were younger than controls and bipolar disorder patients with an average difference in age of 8–10 years. In addition, patients with schizophrenia had much higher rate of cardiovascular risk factors. Despite these characteristics, the frequency of patients presenting with high calcium score were lowest in patients with schizophrenia when comparing to the other groups.

Conclusions.– The conclusion is that even with the characteristics of developing atherosclerosis is present in patients with schizophrenia, these patients are not demonstrating signs of early coronary artery calcification.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0749

Schizophrenia, dopamine and eeg resting-state functional connectivity: A systematic review

A. Mackintosh^{*}, L. Golz, C. Andreou

University of Basel Psychiatric Clinics UPK, centre for psychotic disorders ZPE, Basel, Switzerland

* Corresponding author.

Introduction.– EEG resting-state functional connectivity in various frequency ranges and cortical networks is altered in schizophrenia. However, it is not clear how these connectivity disturbances are connected to dopaminergic dysfunction – a core neurobiological substrate of schizophrenia.

Objectives.– In this systematic review, we examine the effects of dopaminergic agents on EEG resting-state functional connectivity in healthy individuals and screen evidence on aberrant functional connectivity in various schizophrenia patient groups, including high risk, first episode, drug-naïve, treatment refractory and remitted schizophrenics.

Methods.– We searched for suitable publications in the Pubmed database using the following search string: (schizophren* OR dopa* OR antipsychot*) AND (EEG) AND (connectivity OR coher* OR synchron*) AND (resting). A total of 135 hits were subsequently screened for relevance. 44 publications matched predefined criteria for inclusion.

Results.– Complex patterns of deviant EEG resting-state connectivity are reported in patient groups; results vary depending on the population, medication status, networks studied and applied connectivity measures. Some of the changes reported in patient populations have been observed in healthy individuals after administration of the dopamine agonist dexamphetamine. Few studies have assessed the effects of antipsychotic medication on EEG resting-state connectivity in schizophrenia; in some, but not all studies medication has been reported to normalize some aspects of aberrant resting-state EEG connectivity in patients.

Conclusions.– Some aspects of abnormal EEG resting-state connectivity in schizophrenia might be associated with aberrant dopamine function. Further research is warranted to assess longitudinal effects of antipsychotic medication in patients.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0750

Exploring treatment discussions in schizophrenia: Results from a survey of psychiatrists in Europe

C. Maria^{1*}, K. Pungor², A. Wooller³

¹ Janssen Pharmaceutica N.V., Communications & Public Affairs, Beerse, Belgium; ² Janssen Cilag, EMEA Medical Affairs, Neuss, Germany; ³ Janssen Cilag, EMEA Medical Affairs, High Wycombe, United Kingdom

* Corresponding author.

Objective.– To explore the discussions about treatment options that psychiatrists have with their patients living with schizophrenia, and to understand their outlook for those living with the condition. Analysing these discussions is fundamental to improving patient care.

Methods.– An independent market research agency commissioned by Janssen performed an online pan-European survey among 347 psychiatrists from 8 countries in Europe. Those who took part in the survey had between 3 and 35 years in practice and treated at least 20 people living with schizophrenia each month (at least 10 in Sweden and Hungary).

Results.– At diagnosis, only 22% of psychiatrists discuss long-acting ‘injectable’ treatments (LATs) with their patients, whilst 35% discuss the full range of treatments options. A third of psychiatrists (34%) delay conversations about the full range of treatment options with their patients living with schizophrenia, and 22% limit discussions with their patients about different treatments to avoid upsetting the relationship they have with their patients. Despite the majority of psychiatrists not discussing LATs with their patients, 63% of psychiatrists think long-term management of schizophrenia is best achieved by LATs. In fact, 85% of psychiatrists believe that their patients who remain on treatment can maintain functional personal relationships.

Conclusions.– These findings highlight the need for more open, earlier dialogue around available treatment options between psychiatrists and their patients, especially LATs.

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PW0751

A circle and a triangle dancing together: Alteration of social cognition in schizophrenia

G. Martinez^{1*}, E. Mosconi², C. Daban-Huard³, M. Parellada⁴, R. Gaillard¹, M.O. Krebs¹, I. Amado¹

¹ Université de Paris-Descartes, centre hospitalier Sainte-Anne, centre psychiatrie et neurosciences, institut de psychiatrie, Inserm Umr894, Paris, France; ² Université de Paris-Descartes, centre hospitalier Sainte-Anne, centre psychiatrie et neurosciences, institut de psychiatrie, Inserm Umr994, Paris, France; ³ Université de Paris-Descartes, centre hospitalier Sainte-Anne, centre psychiatrie et neurosciences- institut de psychiatrie, service hospitalo-universitaire, Paris, France; ⁴ Hospital General Universitario Gregorio Marañón, School of Medicine, Universidad Complutense, child and adolescent psychiatry department, Madrid, Spain

* Corresponding author.

Social cognition difficulties are present in both persons with schizophrenia (SCZ) and those with autism spectrum disorders (ASD). However, similarities and differences in this field remain unclear. The aim of this study was to explore attribution of intentionality in patients with SCZ in comparison to those with ASD, and to explore relationships between attribution alterations and clinical profile. Animated shapes are a non-verbal Theory of Mind (ToM) task involving the interpretation of geometric figure interactions in three conditions: random, goal-directed and ToM. We compared 51 young adults with SCZ, 32 with ASD and 23 healthy controls (HC) matched for age and gender. In random, goal-directed and ToM conditions, subjects with SCZ attributed less intentionality and their answers were less appropriate than those of HC, while in subjects with ASD, the same anomalies were found in the ToM condition only. In SCZ, thought and language disorganization and earlier age at onset were related with intentionality score in the random condition. Animated Shapes revealed a mixed ToM impairment in SCZ, combining undermentalizing (for movements involving a mental state) similar to that found in ASD, and overmentalizing (for random movements), related to disorganization and precocity of the first psychotic episode. These results partly support the hypothesis of a continuum between autism and schizophrenia.

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PW0752

Folie à deux: Spotting the commonalities among the differences

F. Martins Silva¹, F. Caetano²

¹ Centro Hospitalar do Porto, Psiquiatria da Infância e Adolescência, Porto, Portugal; ² Hospital de Magalhães Lemos, Departamento de Psiquiatria, Porto, Portugal

* Corresponding author.

Introduction.– Folie à Deux (FAD) is a rare clinical syndrome, conceptualized as the transference/induction of delusional ideas from one person to another. It is a heterogeneous concept, which has been recurrently redefined.

Objectives.– Analyse FAD main characteristics, mapping the specificities and generalities among the cases described in the literature.

Methods.– A literature search was conducted and articles concerning FAD were included. The disorder main characteristics were abstracted and a narrative synthesis was performed.

Results.– FAD is a broad concept, including disorders such as schizophrenia, paranoid/delusional disorder and reactive psychosis. Several subcategories have been described, which may be important for clinicians to understand the various patterns of the

delusional contagion and, ultimately, aetiology. Despite its heterogeneity, general conditions required for the delusional contagion are described: one individual (the active element) is more intelligent, creating the delusion and gradually imposing it upon the second one (the passive element); individuals typically live very close and isolated from external influences; the plausibility of the delusion makes it communicable. Treatment should include separating the two patients, allowing the second one to recover, once disconnected from the “delusional source”. The active element, truly psychotic, usually needs pharmacological intervention.

Conclusion.– Although FAD can present diversely, basic commonalities can be spotted in the different cases. It is particularly relevant to note that relational issues are evident in the analysis of cases and in the therapeutic approach.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0753

Clinical-psychopathological peculiarities of the prodromal period of psychosis in patients with paranoid schizophrenia and acute polymorph psychotic disorder

N.O. Maruta^{1*}, V.S. Bilous²

¹ Institute of neurology, psychiatry and narcology of the NAMS of Ukraine, department of neuroses and borderline conditions, Kharkov, Ukraine; ² Ternopil State Medical University of the MoH of Ukraine, department of psychiatry, narcology and medical psychology, Ternopil, Ukraine

* Corresponding author.

Introduction.– An opportunity to identify persons who are at high risk of formation of psychosis is stipulated by a necessity of early intervention in formation of psychosis in order to prevent its further development and consequences.

Objective.– The aim of the investigation was to study clinical characteristics in the prodromal period of psychosis (PPP) in patients with paranoid schizophrenia (PSch) and acute polymorph psychotic disorder (APPD).

Methods.– In the study 137 patients with the firstly identified psychosis were examined, including 65 patients (2nd or 3rd hospitalization) with PSch (F20.0) as the main group and 72 patients (1st hospitalization) with APPD (F23.0, F23.1) as the control group. PANSS, SOPS, and PAS-SI scales were used (in real time and retrospectively).

Results.– It was demonstrated that in patients with PSch in PPP significantly more frequent there were disorders of thinking (32.3%; $P < 0.01$); passive-apathy social detachment (30.8%; $P < 0.05$); social isolation (33.8%; $P < 0.01$); emotional alienation (40.0%; $P < 0.01$), and persecution ideation (30.8%; $P < 0.05$). In patients with APPD in PPP it was registered a prevalence of a decreasing stress tolerability (43.1%; $P < 0.01$); hallucinatory behavior (26.4%; $P < 0.01$); excitation (25.0%; $P < 0.05$); anxious conditions (31.9%; $P < 0.01$); tension (34.7%; $P < 0.01$); impairments of attention (30.6%; $P < 0.05$); sleep disturbances (27.8%; $P < 0.01$), and odd meaning of thinking (27.8%; $P < 0.01$).

Conclusions.– These results suggest that negative symptoms predominate in patients with PSch, whereas symptoms of disorganization and general symptoms prevail in patients with APPD. That is a prognostic criterion for persons in PPP.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0754

Recognizing dopamine supersensitivity and clozapine withdrawal symptoms in a schizophrenic patient

R. Patel

Bronx-Lebanon Hospital, Mt Sinai health system, psychiatry, Bronx, USA

Introduction.– Dopamine supersensitivity has been described as the response to chronic dopamine blockage induced by neuroleptics, which in turn causes a relative increase in dopamine functions in the mesolimbic pathway. Symptoms can include perceptual, mood and movement disturbances, delusions and cognitive deficits. Clozapine withdrawal symptoms have similarly been reported to cause a rapid deterioration in mental state and can be severe with abrupt onset. Symptomatology can include agitation, movement disorders and additional psychotic features.

Methods.– Here we describe the case of a 35 year old male who presented to the Comprehensive Psychiatric Emergency Program (CPEP) after cessation of Clozapine, with subsequent worsening of psychotic symptoms contextual to treatment noncompliance and substance use. The patient presented as combative, paranoid, internally preoccupied, observed responding to internal stimuli, with waxing and waning cognitive states.

Results.– After medical stabilization, patient was resumed on typical antipsychotic haloperidol and mood stabilizer Depakote, titrated according to effectiveness with potential side effects monitored. The patient's behaviors were likely due to delirium, perhaps the result of central cholinergic rebound. The withdrawal symptoms and delirium resolved rapidly following medical stabilization and resumption of medications. Patient continues to follow up in outpatient psychiatry.

Conclusions.– This case aims to bring awareness to practicing clinicians the potential for combative, agitated behavior and psychotic symptoms after Clozapine cessation and withdrawal. Severe withdrawal symptoms may be avoided by slowly tapering Clozapine or simultaneously substituting another psychotropic with high anticholinergic activity.

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PW0755

Predictors of treatment with long-acting injectable antipsychotics among inpatients with schizophrenia-spectrum disorders: An exploratory study

I. Riboldi*, F. Bartoli, M. Bava, E. Capuzzi, G. Castagna, L.C. Colzani, C. Di Brita, G. Trotta, E. Verrengia, M. Clerici

University of Milano Bicocca, department of medicine and surgery, Monza, Italy

* Corresponding author.

Introduction.– The predictors of treatment initiation with long-acting injectable antipsychotics (LAI) among inpatients with schizophrenia-spectrum disorders are poorly explored.

Objectives.– We aimed at estimating if there might be individual characteristics associated with LAI treatment initiation.

Methods.– We selected adults with schizophrenia-spectrum disorders consecutively admitted to an Inpatient Acute Care in Northern Italy. We collected information on age, gender, alcohol/substance misuse, history of suicide attempts and violence, current suicidal ideation (as measured by Columbia Suicide Severity Rating Scale),

current aggression (Modified Overt Aggression Scale), psychological distress (K-10 scale), impulsivity (Barratt Impulsiveness Scale), biochemical parameters (from routine blood samples), and QTc interval. Standard statistical tests were used to estimate relevant correlations. Due to the exploratory nature of this study, statistical significance was set at $P < 0.10$.

Results.– We identified 61 adults with schizophrenia-spectrum disorders (mean age: 43.0 ± 13.6 years). 29.5% received LAI treatment before discharge. Subjects receiving LAI treatment were more often males ($P = 0.07$), younger ($P = 0.07$), and have less prolonged QTc interval ($P = 0.01$). No associations were estimated for other variables, including alcohol/substance misuse, history of suicide attempts and violence, suicidal ideation, aggression, psychological distress, impulsivity, and biochemical parameters.

Conclusions.– Our preliminary findings showed that inpatients with male gender, lower age, and lower QTc interval, were more likely to receive LAI treatment. No further individual correlates were identified. Despite controversial evidence has been found for the relationship between QTc prolongation and antipsychotics, it seems confirmed that treatment choice is significantly influenced by ECG reports.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0756

The lack of association between serum interleukin-6 and c-reactive protein serum levels and treatment-resistance in patients with schizophrenia

M. Šagud^{1*}, S. Vlatković², D. Švob Štrac³, D. Batinić⁴, A. Mihljević Peleš¹, D. Perušić², N. Pivac³

¹ School of Medicine, University of Zagreb, department of psychiatry, university hospital centre Zagreb, Zagreb, Croatia; ² Clinics for psychiatry Vrapče, department for psychotic disorders, Zagreb, Croatia; ³ Rudjer Boskovic Institute, division of molecular medicine, Zagreb, Croatia; ⁴ School of medicine, university of Zagreb, department of immunology, department of laboratory diagnostics, university hospital centre Zagreb, Zagreb, Croatia

* Corresponding author.

Introduction.– There is compelling evidence on the increased peripheral interleukin-6 (IL-6) and C-reactive protein (CRP) levels in patients with schizophrenia across different stages of the disease. However, the data regarding their concentration in patients with treatment-resistant schizophrenia (TRS) are scarce and inconsistent.

Objective.– The aim of this study was to compare IL-6 and CRP concentration between patients with TRS and non-treatment-resistant schizophrenia (non-TRS).

Patients and methods.– This cross-sectional study included 210 male inpatients diagnosed with schizophrenia, who were evaluated by Positive and Negative Symptom Scale (PANSS), Calgary Depression Scale for Schizophrenia (CDSS) and International Suicide Prevention Trial (InterSePT) Scale. Serum IL-6 and CRP levels were measured and patients were also evaluated for the presence of Metabolic Syndrome (MetS).

Results.– Serum IL-6 and CRP levels were similar in patients with TRS and non-TRS, and were also not associated with PANSS total, positive, negative, cognitive and general scores, CDS scores and with the presence of MetS. However, both serum IL-6 and CRP levels were significantly associated with age ($P < 0.0001$; $P = 0.0002$), duration of the disease ($P = 0.0002$; $P = 0.0003$), and body mass index (BMI) ($P = 0.0342$; $P = 0.0048$). In addition, IL-6 levels were associated with smoking ($P < 0.0001$), whereas there was a positive correlation between IL-6 and CRP levels ($P < 0.0001$).

Conclusions.– While IL-6 and CRP serum levels were associated neither with treatment-resistance nor with severity of symptoms, there is a complex relationship between those inflammatory parameters and some cardiovascular risk factors such as obesity and smoking in male inpatients with schizophrenia.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0757

Antipsychotics drugs during pregnancy

H. Saiz Garcia^{1*}, M.Á. Álvarez de Mon², V. Pereira², Á.S. Rosero¹, L. Montes¹, E. Mancha¹

¹ Complejo Hospitalario de Navarra, Psychiatry, Pamplona, Spain;

² Clínica Universidad de Navarra, Psychiatry, Pamplona, Spain

* Corresponding author.

Introduction.– Women with stable psychotic or affective disorders treated with antipsychotic drugs face treatment dilemmas as they become pregnant. Non treated psychosis face problems both to the mother and the newborn. Psychiatric illness during pregnancy predicts post-partum psychosis. Women with previous affective disorders, mainly with a bipolar disorder, have a risk of about 50% of perinatal psychosis. The choice of antipsychotic treatment during treatment remains controversial. Ethical reasons make clinical trials almost impossible.

Methodology.– A review was conducted aiming to clarify the biological mechanisms of antipsychotic and the risk and benefits of treating psychosis during pregnancy. The literature search was conducted in PubMed data reviewing articles dating between 2013 and 2017 and reviewing prescribing guidelines.

Results.– 1. First generation antipsychotics are more likely to produce pre-term birth and low birth weight than second generation antipsychotics.

2. First generation antipsychotics can cause neonatal dyskinesia.

3. Olanzapine can cause increased risk of intensive care admission of the fetus and also lower birth weight.

4. Gestational diabetes may be increased with all second generation antipsychotics.

5. NICE recommends avoiding depot preparations and anticholinergic drugs during pregnancy.

Conclusions.– It is important to assess the risk and benefits of treating pregnant or breastfeeding women with antipsychotic drugs, including anomalies and developmental problems on the fetus. Evidence from the literature on antipsychotic is controversial. Future research is needed to clarify which antipsychotic drugs are safer during the pregnancy period and which drugs are more effective if an affective or psychotic disorder is onset during the pregnancy period.

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PW0758

Higher BMI in 25-OH vitamin D deficit than non-deficit patients treated with MARTA antipsychotics

P. Švancer^{1*}, V. Andrashko¹, P. Knytl¹, B. Kohútová¹, D. Protopopová¹, J. Hanka², P. Mohr¹, M. Kopeček¹

¹ National Institute of Mental Health, inpatient ward 3: psychotic disorders, Klecany, Czech Republic; ² National Institute of mental health, outpatient clinic, Klecany, Czech Republic

* Corresponding author.

Introduction.– The metabolic syndrome is a side effect of treatment with multi-acting receptor target antagonist (MARTA) antipsychotics. Recent data-mining study found that vitamin D decreased the occurrence of atypical antipsychotic-induced, DM-related adverse events.

Objectives.– The purpose of our study was to evaluate if the metabolic parameters in patients treated with MARTA antipsychotics are influenced by the vitamin D level.

Methods.– We measured both 25-OH vitamin D plasma levels and metabolic parameters in 33 patients treated with MARTA antipsychotics (≥ 1 months). Since 25-OH vitamin D level has circannual rhythm, we used corrected vitamin D level for patients assessed during the whole year. Mann-Whitney U test with significant p value below 0.05 was used for analysis.

Results.– Eleven patients were 25-OH vitamin D deficient (corrected vitamin D value less than 25 nmol/l). The BMI was significantly higher in MARTA vitamin D deficient patients than in non-deficient patients (median (1–3 quartile) 28.05 (26.03–34.53) vs 24.94 (21.20–28.47), $P=0.044$). There was no significant difference between groups in age, serum glucose, total cholesterol, HDL, LDL, TAG or duration of MARTA antipsychotics treatment.

Conclusions.– The vitamin D deficiency could be a risk factor for MARTA-induced obesity that is not routinely assessed in clinical practice. Further intervention study with cholecalciferol supplementation in patients treated with MARTA antipsychotics is needed to evaluate cost and benefit of the supplementation. Lower 25-OH vitamin D levels can also be a consequence of limited outdoor activities of patients, reduced physical activity is a risk factor for a BMI increase.

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PW0759

Comparison of inflammatory markers between patients with the first episode psychosis and bipolar mania

R. Tekdemir^{*}, H. Tomar Bozkurt, O. Imre, V. Erbasan, M. Aydin, K. Altınbaş

Selcuk University, psychiatry, Konya, Turkey

* Corresponding author.

Introduction.– There is growing evidence about the role of inflammation in the underlying pathology of major psychoses. Early diagnosis and intervention strategies are thought to be excessively important lately.

Objectives.– Neutrophil-lymphocyte ratio (NLR), platelet-lymphocyte ratio (PLR) and monocyte-lymphocyte ratio (MLR) have recently been used as indicators of inflammation. In this study, we aimed to compare inflammatory markers between hospitalized patients with the first episode psychosis and bipolar mania.

Methods.– Patients hospitalized with the diagnosis of first episode bipolar mania ($n=44$) or psychosis ($n=44$) were recruited for the study. Patients with comorbid medical conditions were excluded from the study. White blood cell (WBC), neutrophil, lymphocyte, platelet and monocyte counts, Neutrophil-lymphocyte ratio (NLR), platelet-lymphocyte ratio (PLR) and monocyte-lymphocyte ratio (MLR) were evaluated.

Results.– There were no significant difference between diagnostic groups in terms of age ($P=0.2$, $\chi^2=1.6$), gender ($P=0.06$, $z=-1.6$), neutrophil ($P=0.67$, $t=-1.86$), lymphocyte ($P=0.45$, $t=0.76$), monocytes ($P=0.49$, $t=-0.69$) platelet ($P=0.98$, $t=0.03$) counts,

NLR ($P=0.09$, $z=-1.18$), MLR ($P=0.29$, $t=-1.07$) and PLR ($P=0.85$, $z=-0.18$) values.

Conclusions.– Even though inflammation markers were higher in psychotic disorders than bipolar disorder, we could not find any significant difference between patients with the first episode psychosis and bipolar mania. It could be concluded as there is no difference at the first episode of mood and psychotic disorders and the difference is related with the chronicity and duration of illness. However, it is difficult to make further comments due to the lack of a healthy control group and relatively small sample size in our study.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0761

Is metabolic profile of the patients with first episode mania and psychotic disorder different?

H. Tomar Bozkurt^{1*}, R. Tekdemir², V. Erbasan², O. Imre², M. Aydin², K. Altinbaş²

¹Selcuk University, Psychiatry, Konya, Turkey; ²Selcuk University, Psychiatry, Konya, Turkey

* Corresponding author.

Introduction.– Several studies indicated that patients with chronic mood and psychotic disorders have higher blood fasting glucose and lipid levels than general event at the first episode of the illness. Metabolic disturbances were reported to be related with the disease severity and chronicity.

Objectives.– From here, we aimed to compare fasting glucose and lipid levels of the patients with first episode psychosis and first episode bipolar mania.

Methods.– 44 inpatients with first episode psychosis and 44 patients with first episode bipolar disorder mania recruited for the study. Sociodemographic variables, blood fasting lipid and glucose levels were compared.

Results.– Groups did not differ in terms of age ($P=0.06$; $z=-1.6$), gender ($P=0.2$; $\chi^2=1.6$) and duration of hospitalization ($P=0.87$; $t=0.17$). There were no statistically significant differences in plasma levels of fasting glucose ($P=0.07$; $t=1.83$), high density lipoprotein ($P=0.51$; $z=-0.66$) and low density lipoprotein ($P=0.06$; $t=1.87$) cholesterol between patient groups. Mean triglyceride and total cholesterol levels were significantly higher in patients with first episode psychosis than first episode bipolar mania, respectively ($P=0.003$, $z=-2.95$; $P=0.02$, $t=2.39$).

Conclusions.– Higher triglyceride and total cholesterol levels in the first episode psychosis than first episode bipolar are consistent with the view that metabolic syndrome is more likely to occur in psychotic patients comparing with the chronic mood disorders. However, we could not find a difference in fasting glucose, HDL and LDL levels. This could be related with the lack of control group, relatively small size and evaluation of only the first episode patients. Further longitudinal follow-up studies are required for better understanding of this condition.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0762

Psychotic disorders and violence: possibility of objective assessment

M. Zholob^{1*}, S. Godinova¹, M. Zelman²

¹ Psychiatricka nemocnica Hronovce, Acute male department, Hronovce, Slovak Republic; ² Psychiatricka nemocnica Hronovce, Acute female department, Hronovce, Slovak Republic

* Corresponding author.

Possibility to properly recognize and diagnose the aggressiveness of patients in an acute state of mental disorder may be suitable not only for the treatment itself and for the determining of prognosis, but can guide the choice of suitable approach to patients to eliminate the risk of aggressive behavior.

The aim of this study was to explore and to show possibilities of objective evaluation of the risk of violent / aggressive behavior in patients diagnosed with psychotic disorder. This paper is presenting partial preliminary outcomes of wider study.

Study group was made up of 65 patients hospitalized in Psychiatric Hospital Hronovce with the diagnose of psychotic disorder. The cohort was divided into 2 sections according to required criteria. The first group of aggressive patients included 21 inpatients with history of aggressive behavior at baseline or prior and leading to hospitalization (age 18 to 61 years; Mean = 32.09; SD = 11.81). The second nonaggressive group included 44 inpatients without the history of aggressive behavior (age 19 to 61 years; Mean = 33.77; SD = 10.44).

The risk of violent behavior was assessed by the use of HCR – 20. Its total score and the outcomes of its subscales (H factors – history of problems, C factors – recent Problems, R factors – future problems) were compared between two study groups.

Results show statistically significant differences in comparison between study groups in each of HCR – 20 subscale.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0763

Social cognition and their relation to individual domains of psychopathology in psychotic disorders with depressive-paranoid symptoms

O. Zubatiuk

Shupyk National Medical Academy of postgraduate education, Psychiatry, Psychotherapy and Medical Psychology, Kyiv, Ukraine

Introduction.– Cognitive dysfunction in mental disorders is a relevant field of research at present. Violation of social cognition is particularly important.

Objectives.– The study of social cognition (SC) in patients with depressive-paranoid symptoms in schizophrenia (Sch), schizoaffective disorder (SchD) and recurrent depressive disorder (RDD) and their relation to individual factors of psychopathological symptoms and the level of social functioning.

Participants.– The study involved 70 patients divided into three groups according to the nosology: group 1–24 patients with Sch (F 20.0 ICD-10), group 2–23 patients with SchD (F 25.1) and group 3–23 patients with RDD (F 33.3).

Methods.– MATRICS Consensus Cognitive Battery (MCCB) – Social cognition, PANSS (five-factor model) and PSP.

Results.– Patients in Sch and RDD with depressive-paranoid symptoms have a decrease in SC, but in the SchD group this decrease is not observed. Decreasing in SC correlates with a decrease in the level of social functioning. At Sch, a negative correlation of SC with cognitive and excitement domains of psychopathology is detected, and with RDD there is a positive one. At the same time, at Sch, a positive correlation between SC with depression domain of psychopathology is observed, and with RDD – negative. In both SchD and RDD, a positive correlation of SC with the cognitive domain of psychopathology is detected.

Conclusion.– Social cognitive dysfunction is of transdiagnostic nature, but it has a different nature in different nosologies. Detect-

ing its general tendencies and characteristics will allow improving existing psycho-rehabilitation programs for these patients.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

Child and adolescent psychiatry – part IV

PW0764

Predictors of depressive symptoms among caregivers of children with Autism Spectrum Disorder (ASD) attending a tertiary care facility: a cross-sectional analytical study from Muscat, Oman

N. Al Balushi^{1*}, M. Alalawi², M. Al Shekaili³, S. Adawi⁴

¹ Oman medical speciality board, general psychiatry, Barka, Oman;

² Sultan Qaboos university, general psychiatry, muscat, Oman;

³ Ministry of health, child and adolescent psychiatry, Muscat, Oman;

⁴ Sultan Qaboos university, psychology, muscat, Oman

* Corresponding author.

Keywords: Depressive symptoms; Depression; Patient Healthcare Questionnaire (PHQ-9); Autism spectrum disorder; ASD; Caregivers Depression; Oman

Background.– A number of studies suggested that the rates of depression in Western populations are higher among caregivers of children with Autism spectrum disorder (ASD) than typically-developing children. There is a dearth of studies in this field among non-Western populations. Therefore, this study aimed to find the predictors of depressive symptoms among caregivers of children with a diagnosis of ASD in Oman.

Methods.– A cross-sectional analytical study was conducted among a sample of caregivers of children with a diagnosis of ASD who sought consultation from a child and adolescent mental health services unit in Muscat. Depressive symptoms was quantified using the Patient Health Questionnaire-9. A logistic regression model was used to depict predictors of depression.

Results.– 117 caregivers participated, with a response rate of 82%. The prevalence of depressive symptoms was 75%. Logistic regression analysis indicated that low income, being the only caregiver in the family and severity of ASD were significant predictors of depression

Conclusion.– Depression is common among caregivers of children with ASD in Oman, especially among those with financial difficulties, sole caregivers and whose children suffer from severe type of ASD. Therefore, detecting, and promptly treating, depression among these caregivers is essential.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0765

Burden of care among caregivers of children with autism spectrum disorder in Oman: A cross sectional analytical study, Muscat, Oman

M. Al Balushi^{1*}, N. Al Balushi², M. Alshekaili³, S. Adawi⁴

¹ Oman medical speciality board, general psychiatry, Barka, Oman;

² Oman medical speciality board, general psychiatry, muscat, Oman;

³ Ministry of health, child psychiatry, muscat, Oman; ⁴ Sultan Qaboos university, psychology, muscat, Oman

* Corresponding author.

Introduction.– ASD have a wide impact on the children life, and more likely to have negative implication for the children, their parents and the community. There are many studies indicating caring for children with Autism spectrum disorder (ASD) is critically associated with psychological burden. In non western countries like Oman, there is dearth of studies exploring the factors related to the burden of care

Objectives.– The study aims to measure the level of burden of care among caregivers of children diagnosed with ASD and the relationship between the degree of burden with socio-demographic factors.

Methods.– This is a cross sectional study conducted in Oman. Arabic-version of the Zarit Burden Interview (ZBI) was used to evaluate the level of burden among caregiver of children with ASD. Socio-demographic background and clinical data were gathered either from medical records or from the caregivers.

Results.– The study included caregivers of 100 children with ASD with a response rate of 78%. The mean ZBI score of the burden of care was higher for the parents of children with ASD. a regression analysis indicated Factors such as income, number of siblings in the household, duration of the illness were associated with high perceived burden.

Conclusion.– This study showed that burden of care is common among caregiving individuals of ASD children in Oman . Some of the socio-demographic and appear to have direct bearing on the level of burden so optimizing their psychological well-being and prognosis of their children eventually is needed.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0766

Association between Autism Spectrum Disorder (ASD) and immune mediated conditions

* Corresponding author.

A. Alshiban^{1*}, M. Alomar¹, L. AL-Ayadhi²

¹ College of medicine- King Saud University, Autism Research and Treatment Center, Riyadh, Saudi Arabia; ² College of medicine, King Saud University, Department of Physiology, Autism Research and Treatment Center, Riyadh, Saudi Arabia

Introduction.– Autism spectrum disorder (ASD) is a complex neurodevelopmental disorder with significantly increasing prevalence over the last decades. Although, there are multiple theories regarding the etiology, the cause of ASD is still unknown. Immune system dysregulation hypothesis got its popularity in the past decades. Association between ASD and other comorbid immune mediated conditions seems controversial.

Objectives.– To evaluate the prevalence of immune mediated conditions in patients with ASD and their families and compare it to control group.

Methods.– Case control observational study ($n=293$, ratio = 1:1.5). ASD cases ($n=115$) were approached through autism schools in Riyadh. Age and gender matched controls ($n=178$) were obtained from primary and intermediate schools. Data was collected through an Arabic questionnaire contains questions assessing the presence of diagnosed immune mediated conditions. Questionnaire were filled by the parents.

Results.– Autoimmune diseases were significantly higher in ASD children (11.3%) compared to (4%) in the control group ($P=0.01$). Similarly, ASD group mothers reported to have significantly higher prevalence of immune mediated disorders compared to control group, 25.2% and 10% respectively ($P=0.001$).

Allergic diseases were also reported more in ASD children and mother compared to control group. 58% of ASD children ($n=55$) have at least one allergic disease compared to 27% ($n=48$) in control

group ($P \leq 0.0001$). Child asthma, eczema, urticaria and drug allergy were reported more in ASD group than controls with statistically significant difference.

Conclusion.– ASD children and their mothers reported to have more immune mediated conditions than controls. However, fathers of ASD children showed no statistical significant difference compared controls.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0768

Temperament and character in ultra-high risk for psychosis (UHR) compared to non-UHR helpseeking adolescents

M. Biagiarelli^{1*}, M. Curto², M.P. Andraos³, S. Pelaccia⁴, G. Listanti⁴, G. Trabucchi⁴, F. Pazzelli⁴, F. Caccia⁴, V. Aprile⁵, B. Mantovani⁵, R. Carpentieri⁵, S. Ferracuti², P. Girardi⁶, M. Pompili⁶, R. Tambelli³, C. Sarlato⁵

¹ La Sapienza- University of Rome, Dynamic and Clinical Psychology, Roma, Italy; ² Sapienza University of Rome, Department of Neurology and Psychiatry, Roma, Italy; ³ Sapienza University of Rome, Department of Dynamic and Clinical Psychology, Roma, Italy; ⁴ Sapienza University of Rome, Psychiatry Residency Training Program, Roma, Italy; ⁵ Sant'Andrea Hospital, Psychiatry Unit, Roma, Italy; ⁶ Sapienza University of Rome, NESMOS Department, Roma, Italy

* Corresponding author.

Introduction.– The psychobiological model of temperament and character indicates that personality traits are heritable and, during development, constantly influence one's susceptibility to psychotic disorders.

Objectives.– The aim of this study was to investigate temperament and character in ultra-high risk (UHR) for psychosis helpseeking adolescents compared non-UHR ones.

Methods.– A sample of 75 help seeking adolescents, including 12 UHR and 63 non-UHR subjects, aged 14–19 years, with anxiety, mood and bipolar spectrum disorders were included in the study. All were recruited at the first visit and evaluated with the Temperament and Character Inventory-Revised (TCI-R) and the Structured Interview for Prodromal Symptoms (SIPS).

Results.– UHR patients showed significantly lower temperament traits of Novelty Seeking (NS) and Self Directedness (SD) with respect to non-UHR adolescents (NS: 95.9 ± 12 and 106.2 ± 12 respectively, $U = 157$, $P = 0.02$; SD NS: 106.1 ± 21 and 120.5 ± 17 respectively, $U = 157$, $P = 0.02$). Conversely, UHR adolescents showed a higher temperament trait of Harm Avoidance (HA) (125.1 ± 14 and 110 ± 19 respectively, $U = 145$, $P = 0.01$).

Conclusions.– UHR adolescents show reduced novelty seeking and self directedness temperament traits and increased harm avoidance with respect to non-UHR patients with mood and anxiety disorders.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0770

Mental health indicators in parents of children with ADHD and their relation to parenting styles

L.R.R. Carreiro^{*}, M.C.T.V. Teixeira, C.N. Cantiere, A.D.F. Ribeiro, A.P.R. Micieli, M. Regina Luisa de Freitas

Universidade Presbiteriana Mackenzie, Programa de Pós-graduação em Distúrbios do Desenvolvimento, São Paulo, Brazil

* Corresponding author.

Attention deficit hyperactivity disorder (ADHD) is characterized by inattention and/or hyperactivity-impulsivity impacting on personal, academic, and social functioning of the child and family. The characteristic behaviors of children with ADHD contribute to parents experiencing less adaptive educational strategies.

Objective.– Evaluate correlations parents' behavioral profiles, their perceptions of quality of life (QOL) and social support, and adopted parenting practices in 26 mothers of children and adolescents with ADHD.

Method.– Spearman correlations were performed between scores for the Parenting Styles Inventory (PSI) and Family Support Perception Inventory (FSPI), and the WHOQOL-BREF scores for QOL. To assess the relationship between parental educational practices and their behavioral profiles, Spearman correlations were performed between PSI scores and scales of the Adult-Self-Report/18-59 (ASR). **Results.**– Negative parental practices of inconsistent punishment and physical abuse presented greater correlation with indicators of social support and QOL. These practices are associated with lower satisfaction of parents in all domains QOL, as with lower scores in the family adaptation factors ($r = -0.641$, $P = 0.001$ and -0.705 , $P < 0.001$), and in the affective-consistent factors ($r = -0.435$, $P = 0.030$ and $r = -0.798$, $P < 0.001$). The parental practice of inconsistent punishment was associated with higher aggression rates ($r = 0.769$, $P < 0.001$), externalizing problems ($r = 0.702$, $P < 0.001$) and with lower means of adaptation ($r = -0.760$, $P < 0.001$).

Conclusion.– The family should be considered in the intervention for treatment of children with ADHD to develop skills for managing the difficulties arising from the symptomatology of the disorder.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0773

Pre-, peri- and neonatal risk factors for autism spectrum disorder

A. Hajji^{1*}, S. Hallit², S. Abi Haidar³, R. ElKhatib³, F. Hajj Moussa Lteif¹, L. Hajj⁴, M. Mdawar⁵, L. Rabbaa Khabbaz¹

¹ Saint Joseph University, laboratoire de pharmacologie, pharmacie clinique et contrôle de qualité des médicaments LPCQM, pôle technologie, Santé PTS, Beyrouth, Lebanon; ² Hôpital psychiatrique de la Croix, Research department, Beirut, Lebanon; ³ Saint Joseph University, faculté de pharmacie, Beyrouth, Lebanon; ⁴ Sesobel, plateau technique, Beirut, Lebanon; ⁵ Sesobel, département pédagogique, Beirut, Lebanon

* Corresponding author.

Introduction.– Investigations have shown increased evidence of an association between some obstetric risk factors and autism spectrum disorders (ASD) but more robust studies are still needed. **OBJECTIVE:** To identify pre-, peri- and neonatal risk factors for ASD. **Methods.**– We performed a case-control study (51 children with ASD versus 50 control children) to identify whether risk factors related to family history, pregnancy (including all medication and substances taken during pregnancy and infection history), gestational age, delivery, birth milestones and the neonate's condition at birth could be associated with a higher prevalence of ASD (Approval of the local ethical committee: USJ-2016-910).

Results.– A bivariate analysis showed that sex, excessive vomiting, vaccines, number of children, diabetes and pregnancy assistance were significantly correlated to ASD (P -value < 0.05). All factors with a P -value < 0.2 were included in a multivariate analysis (Table 1). Only the first four variables remained significant.

Conclusion.– The results presented here are preliminary and inclusion is still ongoing in an attempt to identify a combination of factors that could be considered as potential risk factors, hence improving earlier detection and better treatment of the disease.

Table 1 Multivariable analysis: Logistic regression taking the absence/presence of ASD as the dependent variable.

Variable	P-value	OR	Confidence Interval	
Sex (males* vs females)	<0.0001	0.05	0.015	0.170
Excessive vomiting (no* vs yes)	0.016	0.204	0.056	0.740
Vaccines during pregnancy (no* vs yes)	0.035	0.124	0.018	0.866
Pregnancies before the concerned child	0.014	1.780	1.123	2.820

*Independent variables associated with ASD.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0774

Mindfulness-based cognitive-behavioral therapies for treatment of attention deficit hyperactivity disorder in children and adolescents: A literature review

T. Khan^{1*}, R. Cosme²

¹ Rush University Medical Center, Child and Adolescent Psychiatry, Chicago, Usa; ² Rush University, Child and Adolescent Psychiatry, Chicago, USA

* Corresponding author.

Introduction.– Attention-deficit/hyperactivity disorder (ADHD) is a common psychiatric disease in children. Despite the demonstrated effectiveness of current ADHD medications, treatment discontinuation is fairly common. In recent years, there has been evidence that mindfulness meditation strengthens attention regulation [1–3] and improves some executive functions [4]. This approach offers a novel and potentially useful tool in the multimodal treatment of ADHD. *Objective.*– Our objective is to evaluate and review the current literature on the effectiveness of implementation of mindfulness techniques in children and adolescents suffering from ADHD.

Methods.– We examined a total of 7 studies [5–11], 3 interventional studies and 4 literature reviews. Interventional studies, as described in detail in Table 1, use mindfulness techniques with treatment and control groups. 4 literature reviews are described in detail in table 2.

Results.– All interventional studies favor the beneficial effects of mindfulness techniques in improving symptoms of ADHD. Out of the 4 literature review studies, 1 provides support for the feasibility of mindfulness-based interventions, 1 remains inconclusive due to high risk of bias and 2 provide evidence of benefit in both adults and children suffering from ADHD.

Conclusion.– Thus we conclude that there is strong evidence to support that mindfulness-based therapies have a beneficial effect on improving attention, behavior and in some cases lifestyle of the patients suffering from ADHD and their parents. However, there is much need for further evidence-based research in this area, in order to establish this treatment modality as standard of care for children and adults with ADHD

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

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Table 1

Study name/author	Research Design	Number of Participants (N)	Study Population	Intervention	Outcome Measures in Children	Outcome Measures in Parents	Results in Children	Results in Parents
Sakia van de Oord et al., 2011	Prospective (Quasi-experimental) design	Children: n=22 Parents: n=22	Children: aged 12-16 Parents	6-week mindfulness training for children and their parent	Reduction on symptoms of ADHD	Parenting stress Parental ADHD behavior Parental co-occurring mental awareness	-There was a significant reduction of parent-rated ADHD behavior from pre-post and from pre- to follow-up test -Teacher ratings showed no significant effects	Significant reduction of parent-rated ADHD behavior of themselves from pre-post and from pre- to follow-up test Significant increase of mindful awareness from pre to posttest Significant reduction of parenting stress and over-protective behavior from pre to follow-up test
Eva de Waele-Beyens et al., 2011	Prospective Non-experimental design	Children: n=13 Parents: n=13	Children: aged 11-15 ys	6-week mindfulness training for adolescents and their parents	-Attention and behavioral problems -Mindfulness awareness -Executive functioning	Parenting Stress Mindful awareness	-Attention and behavior problems reduced -Executive functioning improved -Performance on attention tests improved -No effect on mindful awareness	Reduction in mothers' executive parenting -Increase in fathers' executive parenting -No effect on mothers' awareness of both parents
Azhar/Shaikh et al., 2017	Randomized Controlled Trial	Children in treatment group: n=34 Children in control group: n=22	Children: aged 10 to 17 ys	Integrates Mindfulness-Based Attention (MBA) which is a program treatment program that incorporates mindfulness meditation with yoga, cognitive behavioral therapy (CBT) and marital art.	-Therapeutic, bio-psycho-social -Thechondriosis (FB) was calculated as ECG during one sample point for each week and two active attention tasks	NA	Significant improvement in attentional ability, indicated by decreased RT, for the treatment group -Not controls	NA

Table 2

Study Name/Author	Description of Studies	Study Participants Characteristics	Interventions Used	Conclusion
Christie & Burke 2009	Review of the current research base of mindfulness-based approaches with children and adolescents Sample size of inclusive studies ranges from 1 to 228 9 studies intervened with clinical samples 8 studies intervened with non-clinical samples All studies investigated feasibility and acceptability of mindfulness-based interventions with the population investigated	Preschool, elementary school and high school children age from 1 year to 17 yrs	Mindfulness-based approaches include: -MBSR (mindfulness-based stress reduction) -MBCT (mindfulness-based cognitive therapy) -DBT (dialectic behavior therapy) -ACT (acceptance and commitment therapy)	Overall conclusions indicate that interventions were acceptable and well-tolerated by the participants, and no studies report any adverse effects. Research base provides support for the feasibility of mindfulness-based interventions with children and adolescents. There is no generalized empirical evidence of the efficacy of these interventions.
Mohamed Asif et al., 2017	17 articles have been reviewed to look for the beneficial effects of mindfulness-based cognitive therapies in adult patients with ADHD	Adult patients with ADHD	mindfulness-based cognitive behavioral therapy	Small to significant reduction in ADHD symptoms in adult patients.
Sahana Eren et al., 2017	16 studies were identified (8 that included children in treatment, and 8 that included combined parent-child treatment). children: n=348 Parents: n=Complete data N/A	Children up to 18 years of age and diagnosed with ADHD	meditation-based intervention to children and/or parents.	Results are inconclusive due to high risk of bias across the studies. At this stage, no definitive conclusions can be offered regarding the utility of meditation-based interventions for children with ADHD and/or their parents, since the methodological quality of the studies reviewed is low.
David S. Black et al., 2008	A systematic review of 18 studies conducted from 1982 to 2008, obtaining a sample of 18 empirical studies related to using meditation interventions among youth. -Sample size: 800 participants.	Youth with preexisting conditions such as: -High-normal blood pressure, -Attention-deficit/hyperactivity disorder, -Learning disabilities	Meditation modalities included: -Mindfulness meditation, -transcendental meditation -Mindfulness-based stress reduction -Mindfulness-based cognitive therapy	Strong meditation seems to be an effective intervention in the treatment of physiologic, psychosocial, and behavioral conditions among youth

PW0777

Weight gain and metabolic changes in antipsychotic-naïve young people after twelve months of treatment with second generation antipsychotics.

P.A. Leganes Pastor^{1*}, C.M. Diaz-Caneja², A. Andreu-Bernabeu², L. Pina-Camacho³, D. Fraguas⁴, J. Merchán Naranjo², J. Castro-Fornieles⁴, M.I. Baeza Pertegaz⁴, E. De la Serna Gómez⁵, C. Martínez-Cantarero⁶, J.A. Alda Díez⁷, C. Arango López²

¹ Hospital General Universitario Gregorio Marañón, Hospital Dr. Rodríguez Lafora, Psychiatry, Madrid, Spain; ² Hospital General Universitario Gregorio Marañón, IISGM. CIBERSAM, School of Medicine, Universidad Complutense. Madrid, Child and Adolescent Psychiatry, Madrid, Spain; ³ Hospital General Universitario Gregorio Marañón, Institute of Psychiatry, Psychology & Neuroscience- King's College London., Child And Adolescent Psychiatry, Madrid, Spain;

⁴ Hospital Clinic de Barcelona, Child and Adolescent, Barcelona, Spain; ⁵ Centro de Investigación Biomédica, Barcelona, Red de Salud Mental CIBERSAM, Barcelona, Spain; ⁶ Hospital Infantil Universitario Niño Jesús, Psychiatry, Madrid, Spain; ⁷ Hospital Sant Joan de Déu, Child and Adolescent Psychiatry, Barcelona, Spain

* Corresponding author.

Background.– Second-generation antipsychotics (SGAs) have been associated with increased risk of metabolic adverse events such as weight gain, insulin resistance and metabolic syndrome (1). The information on the long-term metabolic effects of treatment with SGAs in antipsychotic-naïve young people is still scarce (2). **Objective.**– To assess changes in weight and metabolic parameters after one year of treatment with SGAs in naïve or quasi-naïve children and adolescents (i.e. lifetime exposure to antipsychotics ≤ 30 days).

Methods.– We conducted a 12-month prospective study in children who were prescribed SGAs for the first time for any DSM-IV diagnosis. We assessed them at baseline and 1-, 3-, 6- and 12-month follow-up visits. Age- and sex-adjusted body mass index (BMI) z-scores were calculated. Metabolic parameters: glucose, total cholesterol, LDL-cholesterol, HDL-cholesterol and triglycerides were assessed.

Results.– We included 232 patients (age 14.46 ± 2.94 years, 62.5% male), There were prescribed risperidone in 138, 51 olanzapine and 43 quetiapine. There were significant changes in BMI z-scores during the first twelve months of treatment with risperidone (F = 22.046, P < 0.001), quetiapine (F = 16.830, P < 0.001) and olanzapine (F = 54.948, P < 0.001). Olanzapine was associated with significantly greater increase in BMI z-scores than both risperidone, (SMD = 0.317, P < 0.001) and quetiapine (SMD = 0.265, P < 0.001) during this period. In all antipsychotic groups, there was no significant increase in BMI z-scores from the 6- to the 12-month visits.

Conclusions.– The effect of SGAs on weight gain and metabolic changes during the first twelve months of treatment appears to be drug-dependent. The specific safety profile of each drug should guide treatment choices in this population.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0779

Comparison of psychiatric disorders in children without caregiver in welfare centers of Gorgan with a control group, 2017

H. Moheimani^{1*}, M.Z. Kamkar²

¹ Medical student, golestan university of sciences, Gorgan, Iran;

² Sazar hospital, golestan university of medical sciences, gorgan, Iran

* Corresponding author.

Keywords: Welfare centers; (CSI-4); Orphans children

Introduction.– Because of deprivation and failure of children without caregiver, they often have psychological and behavioral problems that require the attention and care of mental health professionals. In recent years, various measures have been taken to improve the status of day care centers for abortive and mentally handicapped children so that children and adolescents who develop in this center are less likely to experience problems and behavioral disorders, so knowing the prevalence of mental disorders and The condition of psychiatric disorders among these children is also very important.

Materials and methods.– To carry out the research and collect data, firstly, the relevant authorities in Gorgan Welfare Centers were coordinated. The children were included in the study and their demographic information was collected by census method. The

children's symptom questionnaire (CSI-4) was used to assess the mental status of the participants in the study.

Results.– Out of the total number of children, 78 (46.2%) were male and 90 (53.3%) were female. The mean age of the children was 9.55 ± 1.78 years. In our study, there were significantly more cases of attention deficit disorder, hyperactivity, impulsivity, conduct, behavioral disorder, PTSD, motor tics, autism, urinary tract disorder and defecation disorder in the case group.

Conclusion.– The level of mental disorders among overweight children is much higher than that of the normal population, which, given the management status of these children, needs to be further investigated so that, if possible, the development of these disorders To be prevented.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0780

Neurocognitive profile and onset of psychotic symptoms in individuals with 22q11DS: A longitudinal study

M. Pontillo¹, D. Menghini, S. Vicari

Children Hospital Bambino Gesù, Neuroscience and Neurorehabilitation, Rome, Italy

* Corresponding author.

Introduction.– The neurobehavioral phenotype of 22q11 deletion syndrome (22q11DS) include cognitive dysfunction and high rates of psychiatric disorders, in particular schizophrenia. IQ, executive functioning, attention and working memory are cognitive domains that are impaired often in 22q11DS. The aim of this study was to investigate, in a longitudinal perspective, the role of IQ and other cognitive domains (especially executive functions) to predict a later psychosis onset in a sample of children and adolescents with 22q11DS.

Methods.– 75 participants with 22q11DS, aged between 6 and 27 years at baseline, were included in the study.

All participants completed neurocognitive assessment at baseline. The cognitive domains evaluated were IQ, lexical comprehension, visual-spatial abilities and executive functions. All participants were assessed with SIPS/SOPS at baseline and at the one-year follow-up.

Out of 75 participants, two groups were selected based on the early onset of psychosis at the one-year follow-up.

The first group of participants with 22q11DS who had developed psychosis (early onset -EO) at the one year follow-up was composed of 18 participants and the second group who had not developed a psychosis (without early onset - WEO) was composed of 57 participants

Results.– At baseline, participants with EO showed lower IQ and more perseverative errors and a reduced number of correct categories on Wisconsin Card Sorting Test (WCST) compared to participants WEO. Discussion: In 22q11DS, low IQ and deficit of cognitive set-shifting are both traits that are preexisting and raise the risk for psychosis.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0781

Variability of C-heterochromatin of 1, 9, 16 Chromosomes in Girls with Phobic-anxiety Disorders

T. Proskurina¹, N. Bagatska², E. Mykhailova¹, T. Matkovska³, A. Goloborodko⁴

¹ SI¹Institute for Children and Adolescents Health Care of the Nat, psychiatry, Kharkov, Ukraine; ² SI²Institute for Children and Adolescents Health Care of the Nat, V. N. Karazin Kharkiv National University, Ukraine, Laboratory of Medical Genetics, Kharkiv, Ukraine; ³ SI³Institute for Children and Adolescents Health Care of the Nat, V. N. Karazin Kharkiv National University, Ukraine, department of psychiatry, Kharkiv, Ukraine; ⁴ V. N. Karazin Kharkiv National University, Ukraine, medical faculty student 3rd year of education, Kharkiv, Ukraine

* Corresponding author.

Introduction.– The C-heterochromatin regions of chromosomes are mitotic form of existence of constitutive heterochromatin. Connection between some variants of the heterochromatin polymorphism with susceptibility to distinct disorders has been established in a series of investigations. The aims: To study polymorphism of C-heterochromatin regions of chromosomes 1, 9, 16 in adolescents with phobic-anxiety disorders (PAD).

Methods.– Investigation of heterochromatin area sizes 1gh, 9gh, 16gh has been performed in 10 probands with PAD and in age-matched healthy adolescents. PAD was diagnosed in the psychiatric department of the Institute on the basis of complex clinical and psychopathological examination of patients. Statistical analysis of the research results has been carried out using Microsoft Excel and SPSS Statistics 17.0 software.

Results.– Analysis of chromosomal morphofunctional peculiarities has testified to the fact that the karyotype in the patients with PAD corresponded with normal female karyotypes (46,XX). Based on the research, we identified options with polymorphism-heterochromatins regions of chromosomes 1, 9, 16 in girls with PAD. Prevalence of reduced size with segments in patients in comparison with healthy girls has been revealed. C-blocks with estimated scores of 1 and 2 in all the studied chromosomes of girl-patients have been registered more often, whereas healthy age mates had scores of 3 and even 4 to 5. The greatest variability has been detected in segments of chromosome 1 which assessed score of 2 (88.8%).

Conclusion.– Prevalence of reduced size with segments of chromosomes 1, 9, 16 has been revealed in girls with TGF in comparison with healthy girls.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0782

Features of Depression in adolescents

T. Proskurina¹, E. Mykhailova², T. Matkovska³, A. Goloborodko⁴

¹ SI¹Institute for Children and Adolescents Health Care of the Nat, psychiatry, Kharkov, Ukraine; ² SI²Institute for Children and Adolescents Health Care of the Nat, psychiatry, Kharkov, Ukraine; ³ SI³Institute for Children and Adolescents Health Care of the Nat, V. N. Karazin Kharkiv National University, Ukraine, psychiatry, Kharkov, Ukraine; ⁴ V. N. Karazin Kharkiv National University- Ukraine, student 3rd year of education, Kharkiv, Ukraine

* Corresponding author.

Background and aims.– The notion of adolescence includes somatic and psychoendocrine status of puberty, characteristics of ontogenetic development, psychic sphere with its features of behavioral and adaptation response to stress factors (Brent.D.A. 2007; Levis C.C. Simons A.D., 2009). Clinical phenomenology of depression

comorbid with endocrine diseases in adolescents still remains insufficiently studied.

Methods.– 156 adolescents with depression aged from 12 to 18 years have been examined. Design of investigation: clinical psychopathological, somatic neurological, psychological (rating scale for depression by Boyko V.M. MADRS: pathological diagnostic personal questionnaire by Lichko A. Ye.).

Results.– In the patients aged from 12 to 14 years, asthenic, anxiety and hypochondriac syndromes have been found: in the patients aged from 14 to 18 years, behavioral, dysmorphic, apathy syndromes were present. Depression severity was positively correlated with insuline-resistant obesity ($r=0.776$, $P<0.001$); apathy – with thyroid pathology ($r=0.338$, $P=0.020$), behavioral symptoms were positively correlated with hypothalamic pubertal syndrome ($r=0.654$, $P<0.001$), dysmorphia with anorexia nervosa syndrome ($r=0.556$, $P<0.001$).

Conclusion.– Depression in adolescents is comorbid with certain endocrine diseases; it generates the risk of late recognition of affective disorders and untimely therapeutic intervention.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Substance Related and Addictive Disorders - Part III

PW0785

A drug of choice psychopathological profile: Focus on clinical, sociodemographic, personality, attachment and parental bonding characteristics

M. Antonioli¹, A. Nivoli, L. Folini, L. Floris, G. Ricci, P. Milia, L. Loretto

Institute of Psychiatry, Psychiatry, Sassari, Italy

* Corresponding author.

Introduction.– Literature on psychopathological and attachment/parenting profiles amongst drug abusers is inconsistent.

Objectives.– To investigate psychopathology and attachment/parenting profiles related to the drug of choice.

Methods.– 146 patients from a rehabilitation community in Sardinia were assessed through the Millon-Clinical-Multi-axial-Inventory (MCMI-III), the Aggression Questionnaire, the Attachment Questionnaire and the Parental Bonding Instrument in Cocaine, Heroin, Alcohol and Cannabis abusers. Student's *t*-tests and Pearson Chi-square were performed.

Results.– Cocaine addicted had low level of education, were single and polyabusers, with low comorbidity of Axis I disorders and high hospitalizations. Showed more Histrionic and Narcissistic and less Dependent and Avoidant personality. They showed less frequent perceived maternal "Affectionate Constraint" parenting style high level of Secure attachment.

Heroin addicted showed low level of education, were separated, polyabusers, with high familiarity for detentions, with high score in MCMI-III drug dependence scale and Avoidant attachment style. Alcohol addicted reported higher level of education, were married and with lower chance of polyabuse, low frequency of crime and detention, higher hospitalization and suicidal ideation. They showed more Dependent and Obsessive Compulsive and less Antisocial personality. Prevalent attachment style was Anxious-Ambivalent.

Cannabis addicts had a younger age of onset, low level of education and singles. They had high frequency of crime detentions and

younger age of the first suicide attempt. They showed less Obsessive compulsive personality and "Affectionless Control" as prevalent perceived paternal parenting style.

Conclusions.– Our results showed that Drug abusers have different psychopathological characteristics as well as different parenting and attachment styles related to the specific Drug of Choice.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0786

Temperamental characteristics related to the drug of choice. changes in a 1-year follow up at a rehabilitation community program based in Sardinia

M. Antonioli¹, A. Nivoli, L. Floris, L. Folini, G. Ricci, P. Milia, L. Loretto

Institute of Psychiatry, Psychiatry, Sassari, Italy

* Corresponding author.

Introduction.– Prior findings revealed how specific temperamental characteristics are related to the Drug of Choice in substance abusers. Little is known on how these temperamental traits can be modified by rehabilitation treatment.

Objectives.– To investigate temperamental characteristics associated with the Drug of choice in a population of drug abusers at baseline and at 1-year follow up.

Methods.– 146 patients from a rehabilitation community in Sardinia were recruited. Data were collected through the Temperament Character Inventory (TCI) in Cocaine, Heroin, Alcohol and Cannabis abusers. Student's *t*-tests and Pearson Chi-square were performed.

Results.– Cocaine addicts scored lower in Enlightened second nature, Empathy and Self Forgetfulness at baseline. At follow up they showed a general increase in Self Directedness scores.

Heroin addicts showed no specific TCI scores at baseline. At follow up they showed a decrease in Novelty Seeking and Harm Avoidance and an increase in Self Directedness scores.

Alcohol addicts scored high in Enlightened Second Nature, high in Fear of Uncertainty and low in Novelty Seeking at baseline. At follow up they showed a reduction of Harm Avoidance and an increase in Self Directedness.

Cannabis addicts scored high in Exploratory Excitability and low in Fear of Uncertainty at baseline. No variations were registered at follow up.

Conclusions.– Drug of Choices appear associated with different Temperamental characteristics. Rehabilitation community programs are a useful treatment strategy to create changes in substance abusers personality. Interestingly, these modifications seems specific and different in relation to the drug of choice.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0789

Impact of depression on smoking cessation: Are depressed patients more dependent?

M. Bernardo^{1*}, S. Nascimento², S. Viveiros³, I. Carvalho³, A. Alves³, J. Pereira³, E. Freire³, A. Lopes³

¹ Hospital Garcia de Orta, Department of Psychiatry and Mental Health, Lisboa, Portugal; ² University Hospital Center of Algarve, Department of Psychiatric and mental health, Faro, Portugal;

³ Hospital Center of Oporto, Department of Psychiatric and mental health, Oporto, Portugal

* Corresponding author.

Introduction.– One of the mental illnesses most common among smokers is depression. A depressed humour and expectations that smoking modulates humour may be associated with higher dependency rates and more failed attempts to quit smoking.

Objectives.– To evaluate the impact of depression on smoking cessation.

Methods.– A retrospective analysis was performed using data from patients that attended smoking cessation consults provided by the liaison psychiatry service of a central hospital, between 2006 and 2016. The data concerned demographic parameters, smoking habits, as well as results from Fagerstron and Richmond tests and the Hospital Anxiety and Depression Scale (HADS).

Results.– Of the 1278 patients comprised in the sample, 531 (41.6%) could be classified as having depression. The mean degree of nicotine dependence in patients with depression was significantly higher than in non-depressed patients ($P < 0.05$). A statistically significant and positive correlation was found between depression severity and the degree of dependence ($r = 0.77$, $P < 0.05$). A statistically significant difference between those two groups was also found in the mean degree of motivation to quit smoking, however, no statistically significant correlation was found between the severity of the depressive disorder and the degree of motivation.

Conclusions.– Depressed patients are less motivated to stop smoking and are more dependent on nicotine. There is a correlation between the severity of the depressive disorder and the degree of addiction.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0790

Psycho-emotional determinants of binge drinking among 15-year-old adolescents in Latvia

N. Bezborodovs¹, A. Villerusa²

¹ Riga Stradins University, Department of Psychiatry and Narcology, Riga, Latvia; ² Riga Stradins University, Department of Public Health and Epidemiology, Riga, Latvia

* Corresponding author.

Introduction.– Adolescence is a time when youngsters start engaging in binge drinking, a high-risk behaviour that is linked to a number of negative health outcomes, high persistence rate and risk of alcohol addiction in adulthood.

Objectives.– To examine the relationship between individual and environmental psycho-emotional risk factors and binge drinking in a representative sample of 15-year-old adolescents in Latvia.

Methods.– The study was conducted using data from the international Health Behaviour in School-aged Children (HBSC) study year 2013/2014 Latvian database. Statistical modelling was performed to explore the link between binge drinking and a number of socio-demographic and psycho-emotional risk factors.

Results.– The sample consisted of 1674 15-year-old 9th grade students. Only 399 (23.8%) students reported never having used alcohol, and 181 (10.8%) students reported drinking more than 5 standard drinks (binge-drinking) in an episode of alcohol use during last month. Boys were 1.82 (CI 1.25–2.67) times more likely to binge drink than girls. Adolescents with low self-perceived family support were 1.81 (CI 1.19–2.75) times more likely to binge drink. Adolescents with good self-perceived peer relationships were 1.59 (CI 1.05–2.39) times more likely to binge drink. The odds of binge drinking in the study population did not statistically significantly depend on ethnicity, family income level, self-reported health status, quality of life or school-related factors.

Conclusions.– The rate of binge drinking among Latvian 15-year-olds is significant, with as much as 10.8% admitting to binge drink

during last month. Male gender, low self-perceived family support and good self-perceived peer support appear to be important risk factors.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0792

Do cannabis users develop tolerance for the psychoactive effects of delta-9-tetrahydrocannabinol? An fMRI study

M. Colizzi¹, P. McGuire¹, V. Giampietro², S. Williams², M. Brammer², S. Bhattacharyya¹

¹ Institute of Psychiatry, Psychology and Neuroscience, Psychosis Studies, London, United Kingdom; ² Institute of Psychiatry, Psychology and Neuroscience, Neuroimaging, London, United Kingdom

* Corresponding author.

Introduction.– Cannabis can induce transient psychotic and anxiety symptoms and long-lasting disorders. The acute psychoactive effects of the main active ingredient in cannabis, (–)-trans- Δ 9-tetrahydrocannabinol (Δ 9-THC), may be modulated by previous cannabis exposure.

Objectives.– To test whether modest previous cannabis exposure modulates the acute effects of Δ 9-THC on attentional salience and emotional processing and their neurophysiological substrates.

Methods.– Twenty-four healthy men participated in a double-blind, randomized, placebo-controlled, repeated-measures, within-subject, Δ 9-THC challenge study using an fMRI paradigm.

Results.– Compared to non-users ($n = 12$; < 5 lifetime cannabis joints smoked), abstinent modest cannabis users ($n = 12$; 24.5 ± 9 lifetime cannabis joints smoked) showed less efficient attentional salience processing, also recruiting different/additional brain areas to process both attentional salient and emotional stimuli (all $P \leq 0.01$). Δ 9-THC challenge disrupted attentional salience and emotional processing-related brain activity, also inducing transient anxiety and psychotic symptoms (all $P \leq 0.02$). However, Δ 9-THC-induced psychotic symptoms and attentional salience behavioral impairment were more pronounced in non-users compared to users (all $P \leq 0.04$). Intriguingly, while non-users under Δ 9-THC shifted towards recruitment of other brain areas to perform the tasks, cannabis users were less affected by the acute challenge, showing a neurophysiological pattern similar to that of non-users under placebo. Only in non-users, the Δ 9-THC-induced psychotic symptom and cognitive impairment severity was associated with a more pronounced neurophysiological alteration (all $P \leq 0.048$).

Conclusions.– Abstinent modest cannabis users display residual effects of cannabis exposure but more blunted responses to the acute symptomatic, behavioral, and neurophysiological effects of Δ 9-THC, which are more marked in people who have never used cannabis.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0793

Drinking among high risk students receiving the brief alcohol screening and intervention in a public university in the United States

C. Holstege¹, D.A. Ngo², S. Redge³, N. Ait-Daoud⁴

¹ University of Virginia, Emergency Medicine, Charlottesville, USA;

² University of Virginia, Student Health and Emergency Medicine,

Charlottesville, USA; ³ University of Virginia, Emergency Medicine,

Charlottesville, USA; ⁴ University of Virginia, Department of Psychiatry and Neurobehavioral Sciences, Charlottesville, USA

* Corresponding author.

Introduction.– Alcohol abuse in the collegiate population continues to be a significant problem.

Objectives.– This study examined knowledge and experience of high risk students receiving the brief alcohol screening and intervention of college students (BASICS) with the negative effects of excessive drinking in a major public university in the United States.

Methods.– Questionnaire-based interviews were administered to students prior to the BASICS session during 2016–2017 academic year. Data on students' demographics, frequency and amount of drinking, knowledge on the effects of alcohol use, experience with negative effects of excessive drinking was descriptively analyzed. **Results.**– A total of 122 students (75% males) visited the BASICS clinic. The median age was 19 (77% under 20). The median age of first time drinking was 17. Students reported failing to do something (66%), feeling of guilt (78%), reduced memory (83%), and feeling bad (70%) following their drinking. Furthermore, 92% ever felt sick, 77% ever felt tired, and 24% ever had an injury. A significant proportion of students reported problems with study due to their alcohol use: 25% doing poorly on the test, 53% not getting things done, 26% missing class, 83% having trouble with police, 53% having fight or argument, 46% passing out, 25% having unwanted sex, 11% drinking driving; they also had problems with family (30%) and partners (27%).

Conclusion.– The majority of students reported negative physical and mental consequences of risky drinking. Findings indicate that timely referral of such high risk students to BASICS could mitigate the risk and requires further study.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0794

Characteristics and predictors of hydrocodone misuse: Results from the 2015 National Survey on drug use and health

C. Holstege, S. Rege

University of Virginia, Emergency Medicine, Charlottesville, USA

* Corresponding author.

Background.– The abuse and diversion of prescription opioids, especially hydrocodone, continue to be a serious concern. This study aims to identify predictors of hydrocodone misuse using the National Survey of Drug Use and Health (NSDUH) data.

Methods.– The 2015 NSDUH data were used to identify past year hydrocodone users and misusers. Demographics, clinical factors, substance use and misuse were assessed descriptively. Logistic regression was used to identify predictors of hydrocodone misuse. **Results.**– The survey comprised of 57,146 respondents, of which 10,884 respondents (19%) reported using hydrocodone. In the sample, 1,812 reported hydrocodone misuse. Hydrocodone misusers were more likely to be males (54.8% vs 39.9%, $P < 0.001$), unmarried (64.5% vs 40.7%, $P < 0.001$), and non-Hispanic whites (67.4% vs 66.2%, $P < 0.001$). Past year use and misuse of substances was significantly higher in hydrocodone misusers. Previous year use of tramadol (OR: 1.66, 95% CI: 1.16–2.38) and ecstasy (OR: 3.05, 95% CI: 1.46–6.36) were significant predictors of hydrocodone misuse. Males were 53% more likely to be hydrocodone misusers. Hydrocodone misuse was significantly more likely among misusers of other substances including sedatives (OR: 3.31, 95% CI: 1.57–6.97), hydromorphone (OR: 3.91, 95% CI: 1.04–14.64), and methamphetamines (OR: 2.31, 95% CI: 1.05–5.58). Conversely, previous year oxycodone misusers

(OR: 0.52, 95% CI: 0.40–0.68) were significantly less likely to misuse hydrocodone.

Conclusions.– The results indicate a high prevalence of hydrocodone misuse within a nationally representative sample of survey respondents. Use and misuse of substances were important predictors of hydrocodone misuse.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0797

Association between alcohol withdrawal and sequence variation in the GABRA2 and TDO2 gene regions

V. Karpyak¹, D. Liu², J. Geske³, A. Batzler³, M. Frye¹, R. Weinshilboum⁴, D.S. Choi⁵, J. Biernacka⁶

¹ Mayo Clinic, Psychiatry and Psychology, Rochester, USA; ² Mayo Clinic, Molecular Pharmacology and Experimental Therapeutics, Rochester, USA; ³ Mayo Clinic, Biomedical Statistics and Informatics, Rochester, USA; ⁴ Mayo Clinic, Pharmacology and therapeutics, Rochester, USA; ⁵ Mayo Clinic, Psychiatry and Psychology, Molecular Pharmacology and Experimental Therapeutics, Rochester, USA; ⁶ Mayo Clinic, Psychiatry and Psychology, Biomedical Statistics and Informatics, Rochester, USA

* Corresponding author.

Background.– Alcohol withdrawal syndrome (AWS) is a fundamental component of alcohol use disorder (AUD). We conducted a pilot genome-wide association study of the two commonly used definitions of the AWS phenotype.

Methods.– Illumina HumanCore genotyping array was used to genotype DNA samples from 400 European Americans meeting DSM-IV criteria for alcohol dependence. SNP genotypes were tested for association with two phenotypes: (a) hand tremor plus on or more of the AWS symptoms; (b) the total number of AWS symptoms in a single subject. Top signals were queried in the GTEx database for potential expression quantitative trait loci (eQTLs).

Results.– The presence of tremor together with at least one other AWS sign was associated with a peak located on chromosome 4 ($P = 1.11E-07$ for the top SNP) close to promoter and regulatory regions of the GABRA2 gene previously associated with alcohol dependence. Based on the GTEx dataset, the variant SNP allele is significantly associated with decreased GABRA2 expression in brain cortex, hippocampus and cerebellar hemisphere. The analysis that focused on the number of AWS symptoms revealed two SNPs on chromosomes 14 and chromosome 2 ($P = 1.8E-08$ and $2.5E-08$, respectively) and a strong signal ($P = 1.43E-07$ for the top SNP) on chromosome 4 located 11 kb 5' of the TDO2 gene encoding tryptophan dioxygenase.

Conclusions.– Our pilot study revealed that two phenotypic definitions of AWS included in the analyses revealed strong, albeit different association signals. The strength of association indicates that the selected phenotypes have the potential to reveal significant associations in larger samples.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0798

Buprenorphine implant in opioid use disorder

B. Martins¹, C. Agostinho¹, A. Aleixo², M. Martins³

¹ Hospital de Portalegre, Unidade Local de Saúde do Norte Alentejano, Departamento de Psiquiatria e Saúde Mental, Portalegre, Portugal; ² CHPL, Centro Hospitalar Psiquiátrico de Lisboa, Lisboa, Portugal; ³ ARSLVT, Centro de Respostas Integradas de Lisboa Oriental, Lisboa, Portugal

* Corresponding author.

Introduction.– Buprenorphine is an effective therapeutic option in treatment of opioid use disorder (OUD). Yet, Buprenorphine's efficacy and safety are sometimes limited by irregular intake, diversion for illicit reasons and accidental ingestion by other people. In order to minimize the disadvantages of its oral formulation, some sustained release systems have been developed in USA, namely a subcutaneous implant, approved in 2016 by the Food and Drug Administration (FDA).

Objectives.– To review the characteristics of Buprenorphine implant.

Methods.– Research in Medline for “sustained released buprenorphine” and “buprenorphine implant”. Only the relevant articles, published from 2007 to November 2017, were considered.

Results.– 8 articles were selected: 4 clinical trials and 4 reviews. The use of Buprenorphine implants has been shown to be effective in reducing the use of opioids (negative urine tests) and in reducing withdrawal symptoms compared to placebo implants. Additionally, it was not inferior in terms of efficacy compared to sublingual buprenorphine. Some local adverse reactions were verified as the main disadvantages of its use. In addition, interpretation of the data is limited by the fact that some participants of the trials had required supplemental oral doses of buprenorphine because of remaining withdrawal symptoms.

Discussion.– The use of buprenorphine implants aims to respond to the risks of sublingual formulation. The pertinence of its prescription implies the recognition of groups of patients who would benefit from this formulation (eg. patients with children in their households). However, besides medication, therapeutic success also implies the availability of other types of intervention, namely of psychosocial nature.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0800

Baclofen is more efficacious than oral naltrexone in individuals with severe alcohol dependence for maintaining abstinence – a preliminary report

S. Karthik^{1*}, B. holla¹, R.D. Bharath², G. venkatasubramanian¹, V. benegal¹

¹ National Institute of mental Health and Neuro Sciences, Psychiatry, Bangalore, Karnataka, India; ² National Institute of mental Health and Neuro Sciences, Neuro Imaging and Interventional Radiology, Bangalore- Karnataka, India

* Corresponding author.

Introduction.– Anti-craving agents form the backbone of pharmacological treatment for alcohol use disorders without which majority of patients relapse. Evidence about comparative efficacy of different anti-craving agents is limited. No study has compared the effects of baclofen and naltrexone on craving reduction and maintenance of abstinence among people with severe alcohol dependence.

Objective.– The present study aimed at comparing the effect of baclofen v/s oral naltrexone treatment on reduction of craving and period of abstinence.

Methods.– The study was conducted on 32 treatment-seeking right-handed in-patients with severe alcohol dependence (average SADQ = 29.53 ± 7.14) who were recruited for the study after informed consent. Following detoxification and drug-washout, craving scores were measured using Penn alcohol craving scale (baseline PACS = 23.84 ± 4.01), which was repeated after 15 days of treatment (post treatment PACS = 4.48 ± 2.46) with either baclofen or naltrexone (baclofen-60-80 mg/d, n = 16; naltrexone-

50-100 mg/d, n = 16) all patients were prospectively followed-up till their first alcohol lapse.

Results.– There was significant level of reduction in craving scores in those who completed study, calculated using RMANOVA. The mean difference was 19.023, which was Significant at P = 0.05, irrespective of the medication received. The survival function analysis with Kaplan – Meier (KM) curves indicated significantly higher (log-rank P = .035) median survival with Baclofen (67 days) than Naltrexone (37 days). Suggesting longer period of abstinence in people treated with baclofen.

Conclusion.– These findings indicate that craving scores reduced following treatment with any drug whereas baclofen was more efficacious as compared to naltrexone in maintaining abstinence in the population studied.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0803

Predicting re-offending from self-reported criminal behavior after residential drug use treatment: A prospective data linkage study

B. Thylstrup^{*}, K. Rømer Thomsen, M. Hesse
Department of Psychology and Behavioural Sciences, Centre for Alcohol and Drug Research, Aarhus, Denmark

* Corresponding author.

Criminal involvement is common among people with drug use disorders. This study assessed the predictive validity of self-reported offending items in a consecutive cohort of 5011 patients enrolled in residential rehabilitation 2000–2010 who had been administered the European Addiction Severity Index. Patients were tracked through national criminal justice registers and the central person register until any offending, death, or by December 2012, and competing risks regression was used to assess predictors of offending, using items from the EuropASI legal problems area.

Offending was positively associated with main income from criminal activities, awaiting charges, trial or sentencing, perceived seriousness of legal problems (P < .01), but unrelated to days of offending or perceived importance of counselling about legal problems. Self-reported legal problems can identify patients with need for targeted interventions to prevent post-treatment offending. Given the cost and consequences of crime, such counselling should be a priority in treatment services.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0804

Polymorphisms in rora gene are associated with older age at onset of opiates and alcohol use in patients with severe polysubstance use disorders

F. Vorspan^{1*}, L. Grichy¹, E.H. Zerdazi², A. Marees³, E. Derks⁴, B. Etain¹, F. Bellivier¹, C. Marie-Claire², V. Bloch²

¹ Hopital Fernand Widal- APHP, Departement de Psychiatrie et de Medecine Addictologique, Paris, France; ² Université Paris Descartes, Inserm Umrs 1144, Paris, France; ³ AMC-Amsterdam University, Psychiatry Genetics, Addiction Research Institute, Amsterdam, The Netherlands; ⁴ QIMR Berghofer Medical Research Institute, Translational Neurogenomics, Birsbane, Australia

* Corresponding author.

Background.– Many of our biological functions follow circadian rhythms like sleep, body temperature, mood regulation, etc. These circadian rhythms are under the control of an internal clock ruled by clock genes and of external time indicators like light/darkness, meal/fasting, or the use of psychoactive substances.

Objective.– To test if polymorphisms in core clock genes were associated with specific patterns of stimulants or sedatives use in patients with polysubstance use disorders, thus exposed to all types of substances.

Methods.– Patients with polysubstance use disorders were assessed for age at onset and lifetime dependence for stimulants (tobacco, cocaine) and sedatives (alcohol, opiates, and benzodiazepines). Genotyping: Illumina PsychArrays were used to characterize 560 snps located in 18 core clock genes (ARNTL; ARNTL2; BHLHE40; BHLHE41; CLOCK; CRY1; CRY2; CSNK1D; CSNK1E; DBP; GSK3B; NR1D1; PER1; PER2; PER3; PPARGC1A; RORA; TIMELESS). Statistical analysis: Quality check of the genetic data included MAF, HWE, SNP/individual missingness. Gene-based tests were performed with plink software. To further correct for ethnic diversity within Caucasian subjects, we used the first two dimensions of Multi-Dimensional Scaling plots of the sample as covariates. At the end, the analysis was performed in 329 subjects and 173 snps. Significance threshold was chosen at $P = 3.10^{-4}$.

Results.– Polymorphisms in RORA, the gene encoding for the RAR-related orphan receptor a (RORA), a nuclear hormone receptor required for the consolidation of daily locomotor activity, were found statistically associated with older age at onset of opiates and alcohol use (empirical P value $P = 1.10^{-4}$, and $P = 3.10^{-4}$).

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Training in Psychiatry

PW0805

The medical student will see you now: How can we improve the educational value of the psychiatry ward round?

E. Abrol

University College London UCL, Division of Psychiatry, London, United Kingdom

Introduction.– In the UK, the ward round is a cornerstone of day-to-day clinical practice, and an excellent learning opportunity for medical students. Uniquely in psychiatry, a large proportion of the apprenticeship is occupied by the ward round, lasting up to one hour per patient. If not properly engaged, students risk losing interest, engagement and enthusiasm.

Objectives.– The present study aimed to qualitatively analyse third year medical student experience, views and perceptions of the educational value of the psychiatry ward round.

Methods.– A qualitative semi-structured focus group study of a convenience sample of six third year medical students was performed. The focus group was audio-recorded (Olympus® WS-852 Dictaphone), transcribed, and coded into relevant themes.

Results.– The average number of ward rounds attended by students ($n = 6$) was 2.8 (range: 0–4). Key themes were subdivided into: (a) features of the session: “efficient use of our time,” “relevance to our learning,” “prior knowledge and understanding,” (b) engagement between doctors and students: “interaction amongst doctors and students,” “development of professional values,” and (c) what is taken away from the session: “yield of knowledge” and “long term learning.”

Conclusions.– Learners overwhelmingly craved ‘time-efficiency’ from their ward rounds. Whilst they appreciated that observing professional behaviours and how to “be a doctor” was essential, learners felt this could be observed from one session, and further sessions should focus on interaction and engagement. A ward round worksheet was designed in order to consolidate their learning and complete Kolb’s learning cycle.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0806

Skills-training to improve care for psychiatric and physiological comorbidities: An interprofessional approach to mind and body care

C. Attoe

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

* Corresponding author.

Introduction.– Providing better care for psychiatric and physiological comorbidities is a significant priority for healthcare systems, to address health inequalities, improve patient experience, and tackle mounting financial costs (Naylor et al., 2016). Health and education systems have been called to action internationally to better equip healthcare workforce with the skills to provide this care, with a focus on providing effective multi-disciplinary, interprofessional training for clinicians (Frenk et al., 2010). However, implementing interprofessional skills training for clinicians from mental and physical healthcare settings has proved challenging and requires further attention.

Aim.– To evaluate the effectiveness of skills training for interprofessional groups of clinicians from mental and physical healthcare settings.

Methods.– Participants in the skills teaching ($n = 131$) were doctors, nurses, and allied health professionals from primary care, community, and hospital settings working with patients with psychiatric and physiological needs. Participants completed self-report questionnaires assessing confidence and knowledge in meeting psychiatric and physiological health needs, as well as the Readiness for Interprofessional Learning Scale (RIPLS) on attitudes towards interprofessional working. Participants also completed post-course surveys with open questions to collect qualitative data.

Results.– There were statistically significant increases in confidence and knowledge following training, as well as in attitudes towards interprofessional working. Thematic analyses of qualitative data highlighted valuable aspects of the training relating to interprofessional working, group learning, and skills-focused training.

Conclusions.– Skills training can improve clinicians ability to address psychiatric and physiological health needs, while training interprofessionally in this area brings added benefits.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0807

Simulation training to improve care for psychiatric and physiological comorbidities: A review of the evidence

C. Attoe*, S. Cross

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

* Corresponding author.

Introduction.– The prevalence of psychiatric and physiological comorbidities continues to increase, along with health inequalities experienced by patients and the associated financial costs to healthcare systems (Naylor et al., 2016). Worldwide, contemporary education and training methods must be devised to support healthcare professionals and services to better address this field of health (Frenk et al., 2010). Simulation training in psychiatry has been posited as part of the solution to this problem, and is receiving increased support in the literature (Attoe et al., 2016). However, existing evidence is yet to be collated and reviewed in a coherent manner

Aim.– To comprehensively review the impact of simulation training for psychiatric and physiological comorbidities on participants and their clinical practice.

Methods.– Existing simulation training courses addressing psychiatric and physiological comorbidities across various healthcare settings in South London were identified ($n = 5$). Courses generally focused on patient journeys through mental and physical healthcare settings, using simulated scenarios and patients followed by debriefing and reflection. Evaluations of these training courses, both published and unpublished, were collected and screened for suitability for inclusion in this review. Subsequent data was collated and interpreted.

Results.– Analyses demonstrated quantitative improvements to the knowledge, confidence, and attitudes in working with psychiatric and physiological comorbidities. Qualitative findings demonstrated skills development in key areas, such as teamwork, reflective practice, communication, and interprofessional collaboration.

Conclusions.– Simulation training can be an effective contemporary educational tool for clinicians working with psychiatric and physiological comorbidities, and should be considered for wider use across healthcare systems.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0808

Integrating neuroscience into psychiatric training in the United Kingdom: the Royal College of Psychiatrists Gatsby/Wellcome neuroscience project

G. Cuttle^{1*}, M.J. Travis², W. Burn¹

¹ Royal College of Psychiatrists, Gatsby/Wellcome Neuroscience Project, Professional Standards, London, United Kingdom; ² Western Psychiatric Institute and Clinic WPIC, Department of Psychiatry, Pittsburgh, PA, USA

* Corresponding author.

Introduction and objectives.– The Royal College of Psychiatrists has launched a 2-year initiative to integrate a modern neuroscience perspective into psychiatrists' clinical work: the Gatsby/Wellcome Neuroscience Project. This involves a full review of the Core Curriculum and examination syllabus for trainee psychiatrists.

Methods and results.– UK-wide consultation (face-to-face, email, social media) with over 1000 key stakeholders showed:

Overwhelming support for the integration of more, and more modern, neuroscience into psychiatric training

An unmet need for support and training opportunities for educators teaching neuroscience to psychiatric trainees

Strategies being developed to proactively facilitate and support neuroscience teaching include:

Regional training events – 'Inspiring Excellence in Neuroscience' – for educators in psychiatry, with expert teachers of neuroscience

from universities/research institutions, to promote exchange of knowledge and skills

Regional 'Neuroscience in Psychiatry Networks', a forum for interaction and collaboration between neuroscientists and clinicians to enable the sharing of best practice in neuroscience teaching

An annual Neuroscience Spring Conference, bringing together leading scientists, academics and clinicians to discuss the role of neuroscience in contemporary psychiatry, to strengthen networks of scientific and clinical professionals and to forge new links

The development of teaching materials to support the delivery of neuroscience

Conclusions.– Implementation of these strategies is underpinned by close collaboration with the British Neuroscience Association and colleagues working in psychiatric training in the USA, including the National Neuroscience Curriculum Initiative. Through this project, UK trainees will be 'neuroscientifically literate' and better prepared for the advances that will be made during their working lives, leading to better patient care.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0812

How competent is our competency training? Evaluation of the RANZCP training program

K. Jenkins

The Royal Australian and New Zealand College of Psychiatrists, OPCEO, Melbourne, Australia

Introduction.– In December 2012, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) introduced the Competency Based Fellowship Program.

The RANZCP undertook an evaluation of Stages 1 and 2 in November 2015, and an initial evaluation of Stage 3 in 2017.

Objectives.– The aim was to gather feedback on key areas such as Entrustable Professional Activities (EPAs), Workplace-based Assessments (WBAs), assessments, examinations, regulations, supervision arrangements, and the overall impact of the new program.

Methods.– Links to online surveys were sent out to all active trainees and accredited supervisors in November 2015, and survey details were communicated through newsletters, Psyche and via Directors of Training. The surveys were closed at the end of December 2015.

Results.– 39% of trainees and 38% of supervisors responded to the surveys. This presentation provides a summary of the results from the trainee and supervisor surveys, a comparison of the responses, and key findings.

Conclusions.– Overall, the results from trainees and supervisors were comparable with minimal differences across most survey items. Trainees and supervisors did, however, differ on the time taken to prepare for and complete the WBA activities, on supervision arrangements, and perceptions of supervision.

Based on the survey responses, the RANZCP Education Committee developed a series of recommendations for action in 2016/2017, including improved communication from RANZCP, continued prioritisation of trainee welfare, increased clarity regarding assessment requirements and standards, and consideration of development of an online e-portfolio. Indicative data on Stage 3 will investigate how these recommendations improved or changed trainees' perspectives.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0813

Workforce migration in the Scandinavian countries – do trainees still want to leave from what is perceived by everyone else as the paradise?

K. Jesper Noergaard^{1*}, T. Mogren², M. Asztalos³, M. Pinto da Costa⁴

¹ Aarhus University Hospital, Department of Affective Disorders, Risskov, Denmark; ² General Psychiatry, Sätters sjukhus, Allmänpsykiatriska kliniken Falun/Säter, Säter, Sweden; ³ Aalborg University Hospital, Department of Psychiatry, Aalborg, Denmark; ⁴ University of Porto, Institute of Biomedical Sciences Abel Salazar, Porto, Portugal

* Corresponding author.

Introduction.– Workforce migration in high-income countries remains poorly understood and under researched. It is unclear if psychiatric trainees earning higher salaries would still be motivated to move abroad and what opportunities could pull them out.

Objectives.– To assess opinions and experiences of workforce migration in the Scandinavian countries (Denmark, Finland and Sweden).

Method.– Data collected between 2013–2014 through a cross-sectional study (the EFPT Brain Drain study) has been analysed in the Scandinavian countries (Denmark, Finland and Sweden).

Results.– In the Scandinavian countries trainees earn > 3000 € per month. Among the Swedish trainees ($n=88$) 36% had another nationality which indicates a frequent migratory background, as it is one of the main host countries in Europe. In Finland, all participants ($n=25$) had Finnish nationality and in Denmark 12% of 33 participants had another nationality. In Sweden, Finland and Denmark the main reasons for trainees to emigrate were academic, work and personal.

Conclusions.– Scandinavia receives plenty of “brain gain” with the immigration of psychiatric trainees from abroad. Still, there are trainees that leave these host countries for short and long term, and the main reasons expressed are academic, work-related or personal.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0814

Psychiatry trainees go on exchange. Trends from the EFPT exchange programme

A. Kjellstenius^{1*}, A. Lengvenytė²

¹ Queen Silvia Children's hospital, Sahlgrenska, Child and Adolescent Psychiatry, Göteborg, Sweden; ² Vilnius University, Faculty of Medicine, Clinic of Psychiatry, Vilnius, Lithuania

* Corresponding author.

Introduction.– Intercultural competence has become a vital skill for a successful psychiatrist working with patients from various backgrounds and participating in international collaborations. To address it, European Federation of Psychiatric Trainees (EFPT) started an exchange programme led by trainees in 2011. It consists of 2–6 weeks observerships in various European healthcare facilities and is completely free of charge.

Objectives.– To overview the trends from the first five years of exchange programme.

Methods.– After exchange trainees were asked to fill an online questionnaire consisting of sociodemographic and exchange-related questions.

Results.– 140 (30 male and 110 female) out of 183 confirmed exchange participants filled the questionnaire after their exchange. Average age was 29.3 years, average year in training – 3.4. Most

common destination was United Kingdom ($n=32$), country of origin – Portugal ($n=22$). Respondents with previous exchange experience were significantly younger (28.22 years, SD 2.22 vs. 29.91, SD 3.58; $P=0.03$) and in earlier stage of training (3.06, SD 1.46 year vs. 3.64, SD 1.35; $P=0.02$). 90% ($n=126$) of trainees said that they were very satisfied with the experience, 73% ($n=102$) rated it as very useful for their practice and 94% ($n=129$) would recommend it to their colleagues. Language level of the recipient country was not correlated with exchange satisfaction, and only 9 trainees (6.5%) reported language barrier as an issue in communication with the staff.

Conclusions.– Most trainees rated the exchange experience very positively. The EFPT Exchange Programme is an accessible way to gain international experience and may help to increase intercultural competence.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0816

Violence against psychiatric trainees in Europe: Data from surveys in Spain and Turkey

V. Pereira Sánchez^{1*}, G. Erzin², A. Gürcan², C. Gomez Sanchez-Lafuente³, H. Saiz⁴, M. Asztalos⁵, T. Mogren⁶, A. Szczegieliński⁷

¹ Clinica Universidad de Navarra, Psychiatry and Medical Psychology, Pamplona, Spain; ² European Federation of Psychiatric Trainees EFPT, EFPT Research Group, Ankara, Turkey; ³ European Federation of Psychiatric Trainees EFPT, EFPT Research Group, Malaga, Spain; ⁴ European Federation of Psychiatric Trainees EFPT, EFPT Research Group, Pamplona, Spain; ⁵ European Federation of Psychiatric Trainees EFPT, EFPT Research Group, Budapest, Hungary; ⁶ European Federation of Psychiatric Trainees EFPT, EFPT Research Group, Säter, Sweden; ⁷ European Federation of Psychiatric Trainees EFPT, EFPT Research Group, Katowice, Poland

* Corresponding author.

Introduction.– Psychiatric trainees sometimes face violence while working with patients, risking their safety and the quality of their clinical care. Aggressions against medical staff have been reported, but have not been thoughtfully studied among psychiatric trainees in Europe.

Objective.– To estimate the prevalence and consequences of physical aggressions from patients against psychiatric trainees in different European countries, as part of the Violence Against Psychiatric Trainees (VAPT) project of the European Federation of Psychiatric Trainees (EFPT).

Methods.– A survey was conducted among psychiatric trainees in Spain and Turkey, combining quantitative and qualitative questions: prevalence of physical aggressions, factors associated and consequences for the victims and questions on institutional support. The open questionnaire was spread via National Trainees Associations. The results were analyzed with SPSS.

Results.– 265 trainees responded (Spain: 63; Turkey: 202). 74.5% of the participants suffered violence during their training: 23.45% were assaulted once and 40.8% 2–5 times. 39.6% of them were assaulted during their first year of training, and 42.3% did not feel the support of their institution. 43% of the participants felt fear and anxiety due to the violence. Turkish trainees suffered violence more frequently than the Spanish ($P<0.01$) and received less support ($P<0.01$), although reporting an institutional protocol in case of violence ($P<0.01$).

Conclusion.– Psychiatric trainees in Spain and Turkey report a relevant prevalence of physical aggressions against them and a deficiency in the policies to manage it. These results indicate that

further studies are needed to address this issue and to promote national and international policies.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0817

Physician associates: The future of European healthcare? Evaluation of a novel clinical placement in a new profession

D. Rigby^{*}, E. Lumley, P. Carter, M. Bhat
North East London NHS Foundation Trust, Medical Education,
Rainham, United Kingdom

* Corresponding author.

Introduction.– Physician Associates (PAs) are a new health professional in Europe who assist doctors in the diagnosis and management of patients. 260 were estimated to be working in the UK in 2016 but 2000 are expected by 2020. PA numbers are also increasing across Europe, including Germany and the Netherlands.

Objectives.– Our healthcare trust developed a new 5 week clinical placement for 20 PA students in psychiatry. Our objective was to provide a high quality training experience, to evaluate feedback from students and supervisors, and to use this feedback to improve future placements and assess the students' clinical competencies.

Methods.– The students were taught in a variety of methods including use of simulated patients, a hearing voices simulator, reflective practice and lecture based teaching. Students were allocated supervisors and a clinical placement. Feedback was gathered on each of these components from the students and the supervisors.

Results.– The students gave more positive feedback on simulation based training compared to lecture based teaching. They wanted shorter lectures and more use of simulated patients. The supervisors reported that the students showed a high level of interest and good attitudes but variable clinical knowledge and skills. The results suggest that some students would need a high level of supervision in future employment.

Conclusions.– Evaluating feedback from supervisors suggests that PAs require further clinical training to meet educational objectives. Considering the increased use of the PA, this could have important implications for European healthcare. Feedback from students has guided future improvements to the placement including increased use of simulation training.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0818

How to develop an academic career in psychiatry? Results from the world psychiatric association section on education in psychiatry international survey

M. Luciano, G. Sampogna^{*}, V. Del Vecchio, C. De Rosa, G. Vincenzo, B. Pocar, G. Borriello, M. Savorani, A. Fiorillo
University of Naples SUN, Department of Psychiatry, Naples, Italy

* Corresponding author.

Introduction.– Choosing an academic career in psychiatry is challenging, since it is a demanding and time-consuming career that requires a balance between personal and professional life.

Objectives.– To evaluate the current status of training on academic skills worldwide, and to identify gaps and unmet needs.

Methods.– In the period January-December 2016, the Section on Education in Psychiatry of the World Psychiatric Association has

promoted an on-line survey on the status of training in academic psychiatry. An ad-hoc questionnaire consisting of 19 multiple choice or open-ended items was administered. The items are divided in 2 sections: (a) description of the training programmes; (b) personal experience in academic career.

Results.– 620 participants completed the questionnaire; they were mainly female (60%), 31–40 years old (63.5%) and 40% of them work in European countries (40%). The majority of participants (60%) reported not to have a dedicated mentor for academic skills. As regards, 70% of participants reported that their received training on academic skills was inadequate, with a poor level of personal satisfaction. As regards personal experiences on academic skills, more than 70% of respondents reported to have performed lessons and/or presentations during the training course to medical students or at national or international congresses or scientific meetings.

Conclusion.– The quality of training on academic career skills is not satisfying; there is the need to counterbalance this trend, if we want to train future academicians in psychiatry.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0819

Balint group training and physician empathy – systematic review

G. Santos¹, M. Alves¹, A. Moreira²

¹ Hospital Magalhães Lemos, Psiquiatria, Porto, Portugal; ² Hospital Magalhães Lemos, Psiquiatria Comunitária Porto, Porto, Portugal

* Corresponding author.

Physician empathy is a complex concept involving cognitive and affective domains. Given the general recognition of its importance in the medical relationship, several interventions have been proposed in order to improve empathy among medical students and doctors in training. The Balint Group (BG) is one of the earliest methods of clinical supervision, used in Psychiatry and General Medicine, yet there is still little knowledge about its potential relationship with empathy.

The aim of this systematic review was to access the effectiveness of BG training to increase empathy in physicians.

We systematically searched EMBASE, PsycINFO, Web of Science and MEDLINE databases with the following meSH terms: "EMPATHY AND ("BALINT GROUP)". Only articles written in English or Spanish were included. We excluded studies with no specific health intervention and no outcomes or outputs. Bibliographical references to the relevant articles were also analyzed. Risk of bias assessments was carried out independently by all authors. Meta-analysis was not possible because of the heterogeneity of data.

Preliminary findings suggest that overall BG training might have a positive, albeit small, impact on empathy. BG training has shown to prevent burnout syndrome and to enable physicians to better handle difficult clinical situations, in which the core conditions of empathy are at stake. Still, the association between BG training and physician empathy remains to be fully understood. There is limited research on outcomes of BG training, and a huge lack of randomized controlled studies with valid measures of empathy and long-term efficacy assessments.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0820

Where sits Poland in Europe in the middle of the current workforce migration trends? Findings from the EFPT brain drain study

A.R. Szczejelniak^{1,2}, D. Frydecka³, M. Pinto da Costa^{4,5,6}¹ Medical University of Silesia, Department of Psychiatry and Psychotherapy, Katowice, Poland; ² Multidisciplinary District Hospital, General Psychiatry Unit, Tarnowskie Góry, Poland;³ Wrocław Medical University, Department of Psychiatry, Wrocław, Poland; ⁴ Queen Mary University of London, Unit for Social and Community Psychiatry WHO Collaborating Centre for Mental Health Services Development, London, United Kingdom; ⁵ Hospital de Magalhães Lemos, Psychiatry Unit, Porto, Portugal; ⁶ University of Porto, Institute of Biomedical Sciences Abel Salazar ICBAS, Porto, Portugal

* Corresponding author.

Introduction.– Brain drain among health care professionals is a known issue threatening the quality of healthcare in Central and Eastern Europe, with many doctors leaving. Poland is no different, yet little is known about the extent of this phenomenon.

Aim.– The main aim of this work has been to assess the experiences of short-term mobility and long term migration among psychiatric trainees in Poland.

Methods.– Data from Poland collected in 2013–2014 through a European cross-sectional study (the EFPT Brain Drain study) has been analysed.

Results.– In Poland, 75 psychiatric trainees were approached from the three main teaching institutions and those that attended a nationwide conference in the country. From these, 41.3% ($n = 31$) psychiatric trainees (27 adult psychiatric and 3 child and adolescent psychiatric trainees) responded to the survey. 32% ($n = 10$) of psychiatric trainees in Poland had a short-mobility experience. These experiences changed the attitude towards migration for the majority of these Polish respondents (90%), in favour of migration for most of them (80%). The reasons for these short-mobility experiences were mostly for work and education purposes, enabling these junior trainees with the possibility to travel. In regards to long-term migration, 84% of the psychiatric trainees in Poland have “ever” considered leaving the country, of which 45% had taken practical steps towards migration, planning to move abroad to a different country.

Conclusions.– According to the EFPT Brain Drain study, across Europe 13.3% of psychiatric trainees are already immigrants. Of which, many are and may continue being of Polish nationality as these findings suggest.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0821

Are junior doctors getting adequate induction training about mental health legislation?

F. Wood¹, I. Adebekun

Oxleas NHS Foundation Trust, Bexleyheath Centre, Kent, United Kingdom

* Corresponding author.

Introduction.– Many junior doctors will complete an attachment in psychiatry during their training, even if not specialising in this area. Knowledge of relevant parts of mental health legislation is low among junior doctors (1). This restricts the ability to provide high quality patient-centred care.

Objectives.– To assess if local induction training about mental health legislation is adequate and how it can be improved.

Methods.– A survey was sent online to junior doctors working in psychiatry posts locally except those completing specialist training in psychiatry. The questions assessed general knowledge about mental health legislation and opinions about the recent induction training. The implications for practice were then considered [1].

Results.–

Key themes	Significance
Inadequate understanding among junior doctors surrounding mental health legislation	Junior doctors lack confidence in their roles.
Induction is failing to provide any substantial addition to the awareness of mental health legislation	Junior doctors feel frustrated by the induction; it does not equip them for their roles
Induction needs to be improved	Junior doctors agree that significant improvement needs to be made to the induction process

Conclusions.– There is a need to improve induction training in mental health legislation for junior doctors. The use of both face-to-face sessions and written information packs was considered.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Reference

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Suicidology and suicide prevention – part II

PW0824

Suicidal ideation in Parkinson's disease: A control study

I. Berardelli¹, D. Belvisi², V. Corigliano¹, M. Costanzo¹, G.Fabbrini³, A. Berardelli³, M. Pompili¹¹ Sapienza University of Rome, Department of Neuroscience, Mental Health and Sensory Organs. Suicide Prevention Center- Sant'Andrea Hospital., Rome, Italy; ² IRCCS Neuromed Institute, Pozzilli, IS, Italy, IRCCS Neuromed Institute- Pozzilli, IS, Italy, Isernia IS, Italy;³ Sapienza University of Rome, Department of Neurology and Psychiatry, Rome, Italy

* Corresponding author.

Background.– Previous studies investigating the risk of suicide in patients with Parkinson's disease (PD) reported conflicting results and it is still unclear whether suicidal ideation is increased in PD patients compared to controls.

Objective.– To evaluate past and current suicidal ideation in PD patients in a controlled study designed to compare PD patients with patients affected by a different chronic disease (open-angle glaucoma-OAG).

Methods.– We consecutively enrolled 73 PD patients and 91 age- and sex-matched patients with OAG. All patients underwent a psychiatric evaluation with the Columbia-Suicide Severity Rating Scale (C-SSRS), the Italian Perceived Disability Questionnaire (IPDQ) the Beck Hopelessness Inventory (BHS). The diagnosis of PD was based on clinical criteria. The severity of the disease was assessed by the Hoehn and Yahr scale and Movement Disorder Society-sponsored revision of the Unified Parkinson's Disease Rating Scale part III. Non-motor symptoms were evaluated by the Non-Motor Symptoms assessment scale for PD.

Results.– PD patients were more likely to have past (32% vs 23%) and current (21% vs 5%) suicidal ideation than OAG patients. C-SSRS ($P=0.04$) and IPDQ ($P=0.0001$) scores were significantly higher in PD than in OAG. In PD C-SSRS scores positively correlated with IPDQ scores ($P=0.005$). IPDQ scores positively correlated with parkinsonian motor ($r=0.44$; $P=0.0001$) and non-motor symptoms severity ($r=0.52$; $P<0.0001$).

Conclusions.– We found that in PD patients suicidal ideation is increased in comparison to OAG patients. This result suggest that the risk of suicide is higher in PD in comparison to other chronic disease.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0827

Risk factors for suicide attempts repetition

I. Ezquiaga Bravo^{1,2*}, G. Sánchez-Moncuñill³, M. De Dios^{1,2}, A. Trabsa^{1,2}, E. Ribera¹, L. Martínez¹, M. Angelats¹, L. Pujol^{1,2}, V. Pérez-Sola^{1,2}, M.T. Campillo¹

¹ Institut de Neuropsiquiatria i Addiccions, Parc de Salut Mar, Barcelona, Spain, ² Hospital del Mar d'Investigacions Mèdiques-IMIM, Parc de Salut Mar, Barcelona, Spain., ³ Universitat Pompeu I Fabra, Medicine, Barcelona, Spain

* Corresponding author.

Introduction.– Over 800,000 people die due to suicide every year worldwide, one every 40 seconds. Suicides are preventable and studying their main risk factors is crucial for developing prevention strategies. Female gender, previous attempts and mental disorders have been described as the most important risk factors for re-attempts.

Objectives/aims.– To study the role of gender, previous suicide attempts and psychiatric diagnosis as risk factors for relapse in suicide attempts.

Methods.– Cross-sectional descriptive analysis of visits attended at two different psychiatric emergency units in Barcelona (Hospital del Mar and Centre Emili-Mira) during 2013 ($n=452$). Database information was completed with electronic medical records. Bivariate and multivariate logistic regression models and Kaplan–Meier curves with Log-Rank tests were used to estimate the risk of new attempts within the mentioned risk factors.

Results.– During 2013, from a total of 7911 visits assisted at our psychiatric emergency units, 452 visits were attended for suicide ideation or suicide attempt ($n=452$, female rate: 58.6%; mean [SD] age in years: 42.78 [17.72]). 92 of them (20.4%) visited the emergency room again for suicide attempts the following year. Having previous suicide attempts ($OR=4.25$; $P<0.001$) and being diagnosed with a psychiatric disorder ($OR=4.73$; $P<0.01$) showed statistically significant association with higher risk of re-attempts. Gender did not achieve statistically significant results in our sample.

Conclusions.– Our results agree with current literature and show previous attempts and psychiatric disorders as outstanding risk factors for relapse. Specific prevention programmes taking into account these markers should be conducted in order to develop new strategies and improve clinical outcomes.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0828

Suicidal behavior in the psychiatric emergency room: 20 years ago and today

N. Garrido-Torres^{1*}, J. Piedra Cristobal², P. Diaz Cordero³
¹ Juan Ramón Jiménez Hospital, Psychiatry, Huelva, Spain; ² La Palma del Condado Mental health unit, Social work, Huelva, Spain; ³ Seville, Spain

* Corresponding author.

Objective.– Determine the difference between the prevalence of suicidal behavior in patients admitted in the psychiatric emergency room in 1996 and in 2016 and to outline the characteristics of this population.

Methods.– Data on 74 consecutive admissions visited in a psychiatric emergency room of a general teaching hospital during a period of six months in 1996 were collected and were compared with data on 74 consecutive admissions in a psychiatric emergency room in 2016.

Results.– 122 admissions were included.

Differences among groups of years (1996 and 2016) were found in the number of cases, age and method. Drug intake by younger people (<18) is more frequently in 2006 than 1996. 32% of the cases were related with alcohol intake too.

Conclusions.– The number of admissions to the psychiatric emergency room for drug overuse in teenagers have increased significantly.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0829

Deliberate self-poisoning with drugs in Morocco: A 34-year retrospective study

L. Amiar¹, H. Hami^{2*}, Z. Nabih², N. Rhalem³, A. Aarab¹, A. Mokhtari², A. Soulaymani², R. Soulaymani-Bencheikh³

¹ Faculty of Science and Techniques, Abdelmalek Essaadi University, Tanger, Morocco; ² Laboratory of Genetics and Biometry- Faculty of Science, Ibn Tofail University, Kenitra, Morocco; ³ Moroccan Poison Control, Center, Rabat, Morocco

* Corresponding author.

Introduction.– Suicide is a major hidden public health problem, causing almost half of all violent deaths and resulting in almost one million fatalities every year, as well as economic costs in the billions of dollars, says the World Health Organization (WHO).

Objectives.– This study was conducted to determine the main characteristics of suicidal poisoning with drugs in Morocco.

Methods.– This is a descriptive retrospective analysis of deliberate self-poisoning cases, reported between 1980 and 2013 to the Moroccan Poison Control Center.

Results.– During the period of study, 12,068 suicide attempts by self-poisoning including 59 cases of successful suicide are recorded. Of these, 76.7% are females with a female-male ratio of 3.3. Most victims are teenagers and young adults aged 15–24 years (58.3%). For this age group, the number of suicide attempts is 183 times higher than that for successful suicides. The average age of the patients is 23.8 ± 8.9 years. The combination of two or more drugs affecting the nervous system are present in the most severe cases. The poisoning effects vary depending on the type of drug consumed, the dose taken and the delay before treatment.

Conclusions.– Drug self-poisoning remains a major public health problem in Morocco. The number of victims is probably underestimated because of undiagnosed and unreported cases (hidden suicide).

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0830

A Linked e-cohort study of self-harm in young people aged 10–24 years across healthcare settings: Contacts and trends over time

A. John^{1*}, A. Marchant¹, S. Wood², K. Lloyd¹, M. Dennis¹, R. Lyons¹, S. Turner¹, D. Fone²

¹ Institute of Life Science, College of Medicine, Swansea, United Kingdom; ² Cardiff University, Medicine, Cardiff, United Kingdom

* Corresponding author.

Background.– Self-harm is a significant public health issue. Routinely collected and linked data in the SAIL databank presents a unique opportunity to compare rates of self-harm among children and young people presenting to primary care, emergency department, and hospital inpatient settings

Methods.– An electronic cohort study of routinely collected healthcare data in Wales UK was conducted. Rates of incident, recurrent and prevalent self-harm across primary care, emergency department attendances and hospital admissions were examined. Individuals were split into mutually exclusive groups based on the service(s) to which they presented. Information regarding self-harm method and demographics was collected. Data was also collected on all-cause mortality following contact for self-harm in either primary or secondary care.

Results.– A total of 937,697 individuals aged 10–24 years contributed 5,369,794 person years of data from the 1st January 2003 to the 30th September 2015. Preliminary results suggest that incidence of self-harm is highest in primary care with lower but increasing rates of emergency department attendances and hospital admissions related to self-harm. Individuals who presented to primary care only made up the largest group. Results suggest a risk of increased all-cause mortality for those with a history of self-harm.

Conclusions.– Results of this study are the first to compare rates of self-harm in people aged 10–24 years across primary care, emergency department attendances and hospital admissions in the UK. The high rates of self-harm among primary care attenders highlight an important setting for intervention.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0833

Factors of a suicidal behavior in patients with dementia (age, gender aspects, psychotraumatic factors)

N.O. Maruta^{1*}, I.H. Mudrenko²

¹ Institute of Neurology, Psychiatry, and Narcology of the NAMS of Ukraine, Department of Neuroses and Borderline Conditions, Kharkov, Ukraine; ² Medical Institute of Sumy State University, Department of Neurosurgery and Neurology, Sumy, Ukraine

* Corresponding author.

Introduction.– It is known that one of suicidal behavior peaks is observed in elderly people. Factors influencing on a suicidal behavior formation in old age are the presence of mental/somatic disease, financial difficulties, loneliness, changes in social status, narrowing of social contacts. The frequency of dementia in the population increases with age. Taking into account the process of aging of the nation, this problem becomes relevant.

Objection.– The aim of study was to investigate clinical-psychopathological factors determining suicidal behavior in patients with dementia.

Methods.– In the study, 144 patients with dementia were examined in health facilities in Sumy (Ukraine). Methods included clinical-psychopathological, and psychometric (Scale for Assessing Suicide Risk, Los Angeles Suicide Prevention Center Scale).

Results.– Patients in the age of 78–88 years old were more likely at high suicide risk, than those of aged of 56–66 years old. It was determined that the lack of emotional support from family and friends ($t = 4.346$; $P < 0.0001$); violation of relations accompanied by refusal to renew them ($t = 3.223$; $P < 0.002$); lack of financial support sources ($t = 3.412$; $P < 0.001$); feelings of guilt, on the one hand, and hostility, on the other hand ($t = 2.311$; $P < 0.025$ and $t = 2.467$; $P < 0.01$, respectively) caused the suicidal behavior formation. It was found, that suicidal intentions ($P < 0.0001$; $r = 0.561$), suicidal attempts in the past ($P < 0.0001$), and depressive episodes in the past ($P < 0.0001$; $r = 0.782$) were the risk factors of suicide in the future.

Conclusions.– The obtained data can be used for the purpose of psychodiagnostics and prevention of suicide in patients with dementia.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0835

Neutrophil to lymphocyte ratio: Useful peripheral biomarker of suicidal behavior?

P.A. Sáiz Martínez^{1*}, A. Velasco², J. Rodriguez-Revuelta¹, I. Abad¹, A. Fernandez-Pelaez¹, E. Olié³, A. Cazals³, S. Guillaume³, P. Garcia-Portilla¹, P. Courtet³, J. Bobes¹

¹ Universidad de Oviedo, Área de Psiquiatría, Oviedo, Spain;

² Universidad de Oviedo, Department of psychiatry, Oviedo, Spain;

³ University of Montpellier, University of Montpellier, Montpellier, France

* Corresponding author.

Background.– Suicidal behavior (SB) is a severe public health concern. No useful predictive biomarkers of SB have been described. Neutrophil/lymphocyte (NLR) and the platelet/lymphocyte (PLR) ratios have emerged as important peripheral inflammatory biomarkers.

Objective.– The aim of this study is to evaluate the predictive value of NLR and PLR in the prediction of SB in patients diagnosed of major depressive disorder (MDD).

Methods.– 641 patients with MDD [Males: 33.7%; mean age (SD) = 43.74 (14.17) years]. Sociodemographic, clinical and peripheral blood samples were recorded after written consent. Logistic regression model was estimated to determine the independent predictors of suicide risk in suicide attempters and non-attempters. Receiver operating characteristic (ROC) curve analysis was performed to determine the cut-off level of NLR and PLR to predict the suicide attempt.

Results.– 476 (74.3%) have personal history of SA [Males: 149 (31.3%); mean age (SD) = 41.13 (13.65) years]. Mean age at first SA was 33.16 (14.58) years and mean number (SD) of SA was 2.09 (3.09). Patients with previous SA were more frequently females (68.7% vs 59.4%; $P = 0.029$), significantly younger [41.13 vs 51.29; $P = 0.000$], have lower severity of their depression ($P = 0.000$) and have significantly higher mean NLR and PLR ratios (2.37 vs 1.69; $P = 0.000$; 127.12 vs 111.64; $P = 0.000$, respectively).

In the final logistic regression model, after controlling by sex, only NLR was included [$\beta = 0.379$, $P = 0.000$; OR (95% CI) = 1.461 (1.192–1.790)]. The optimal cutoff value of NLR was 1.93 (sensitivity 43% and specificity 76%).

Conclusion.– Data suggest that NLR could be an easy to obtain, inexpensive indicator for suicidal risk.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0836

Further support of a common factor behind electrodermal hyporeactivity and vulnerability to suicide

L.H. Thorell

Director of Research, Research & Development, Linköping, Sweden

Introduction.– A series of blind studies have reported very high sensitivity and negative predictive value of electrodermal hyporeactivity to vulnerability to suicide in depressed patients, thus establishing a solid support for the existing of a common factor of vulnerability to suicide.

Objectives.– To investigate the electrodermal test in naturalistic conditions when test result is used in suicide risk assessment and prevention.

Methods.– A special habituation test classifying patients in reactive or hyporeactive, was applied in 1574 patients with a primary diagnosis of depression in 15 centres in 9 European countries.

Results.– The test was very well accepted and most of the clinicians used the test result so hyporeactives were reassessed to a higher risk. Consequently, each saved hyporeactive reduced the number of true positives and the sensitivity. Although the number of suicides was low, it was statistically significantly reduced in the hyporeactive group compared to the reactive group and to a previous study of 783 depressed patients.

Conclusion.– This is the first study investigating possible influence on the suicide rate in clinics that considered the electrodermal test result in risk assessments and suicide prevention. The classical terms sensitivity and specificity showed to be irrelevant in this type of research. The most important and relevant statistical parameter negative predicted value (raw sensitivity) was even more favourable in this investigation: 1986 = 100%; 1987 = 100%, 2009 = 93%; 2013 = 98% and 2017 = 99.5%.

Further details and discussion will be given at the presentation.

Disclosure of interest.– TFounder and shareholder of, and employed by the Swedish Medical Technical Company Emotra AB.

Others

PW0837

Prevalence of adult attention deficit hyperactivity among university students and its impact on academic achievements

H. Alharthi^{1*}, E. Soliman², M. Alharbi¹, S. Odeh¹, A. Alsalem¹

¹ 4th year medical student, CM, Princess Nourah Bint Abdelrahman University, Riyadh, KSA, Clinical department, Riyadh, Saudi Arabia;

² Lecturer of Psychiatry, Psychiatry Department, Faculty of Medicine, Zagazig University, Egypt, Assistant Professor of Psychiatry, College of Medicine, Princess Nourah Bint Abdelrahman University, Riyadh, KSA, Clinical department, Riyadh, Saudi Arabia

* Corresponding author.

Introduction.– One of the overlooked psychiatric disorders in the adult age group is Attention Deficit Hyperactivity disorder (ADHD). There has been a deficit in surveilling the adult groups who are affected by this disorders in Saudi Arabia.

Objectives.– To estimate the prevalence of ADHD among university students and to determine the effect of ADHD on academic achievement.

Methods.– Cross sectional study using questionnaire among purposive sample of 771 consented university students. The questionnaire composed of sociodemographic data, history of medication, family history of psychiatric disorder and Adult Self-Report Scale (ASRS) Symptom Checklist which consists of 18 questions in two parts: part A serves as screening of adult ADHD. Part B confirms the diagnosis with answers in the form of Likert five response. A Grade Point Average (GPA) was used as assessment for the students' performance.

Results.– The average age of participants was (20.9 ± 1.63) years. Most of them were Females (78.9%), single (94.7%) and Saudi (96.6%). Their GPA was (4.095 ± 0.661). Among the studied sample, 129 students were found to have adult ADHD (16.73%), the majority was female (73.6%). Inattentive type was more prominent in females and hyperactive type in males. There's significant inverse relation between adult ADHD and student GPA.

Conclusion and recommendations.– There is a high prevalence of Adult ADHD among university students with significant impact on academic achievements.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0842

Neurocognitive and mood disorders in Parkinson's disease

E.I. Davidescu^{1*}, E.R. Tănăsioiu²

¹ University of Medicine and Pharmacy Carol Davila, Clinical Neurosciences-Colentina Clinical Hospital, Bucharest, Romania;

² University of Medicine and Pharmacy Carol Davila, Clinical Neurosciences, Bucharest, Romania

* Corresponding author.

Introduction.– Parkinson's disease (PD) is a neurodegenerative disorder (synucleinopathy) in which motor signs are essential for clinical diagnosis, but non-motor manifestations can be very troubling especially in evolution of the disease, affecting quality of life both for patients and caregivers.

Objectives.– To assess neurocognitive troubles and mood disorders in a lot of 77 patients with PD (45.45% men and 54.55% women, with a mean age of 69.3 years old, a mean time of evolution of the disease of 6.5 years and a mean Hoehn Yahr score 2.5) admitted in Neurology Department during July 2016–May 2017. Patients had not been diagnosed with cognitive disorders or psychiatric ones.

Methods.– Patients were assessed for associated mood disorder with scales like Beck Depression Inventory and Hamilton Anxiety Rating Scale and for neurocognitive troubles, by performing Mini Mental State Examination and Sunderland clock test; caregivers were assessed with Neuropsychiatric Inventory for checking patients' behavioural troubles.

Results.– We found that 45.45% patients had a depressive disorder, 23.38% had anxious troubles and 22.08% of them had a mixed state. In the same time we diagnosed 24.68% of the lot with a mild cognitive impairment and 11.69% with an associated major neurocognitive disorder according DSM 5.

Conclusions.– Affective symptoms are an important non motor sign in neurodegenerative disorders as PD is, sometimes starting even before cardinal motor signs of the disease; neurocognitive impairment is as well a frequent associated feature, affecting management of these patients, mainly because of associated behavioural disorders that can aggravate medical care.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0843

Clinical effectiveness of inhaled loxapine for the treatment of acute agitation

P. De Jaime Ruiz¹*, A. Porras Segovia¹, M.B. Vela Sánchez², A. Oria Espinosa², M.Á. Rosales Muñoz²

¹ Campus de la Salud, Psychiatry, Granada, Spain; ² Hospital Virgen de las Nieves, Psychiatry, Granada, Spain

* Corresponding author.

Introduction.– Agitation is a common complication of severe mental disorders and it can entail a physical risk to the patient and the people surrounding him. Classical treatment of agitation is based on intramuscular medication. Sometimes, physical restraint is necessary. This treatment usually takes time and can be perceived as highly invasive by patients.

Loxapine is a first-generation antipsychotic agent. Inhalatory administration was approved in 2012 for the treatment of acute agitation in patients with schizophrenia or bipolar disorder. The medication is contained in a 10 mg/single-use inhaler.

Objectives.– We aim to explore the tolerability and satisfaction with inhaled loxapine in agitated patients.

Methods.– Patients suffering from agitation in an acute inpatient psychiatry unit were recruited to participate in the study. Only patients with a minimum level of cooperation were considered. Group assignment was performed using an alternate sequence. Cases received inhaled loxapine, while controls were administered intramuscular medication.

The Global Clinical Impression (GCI) scale and the Agitation and Calmness Evaluation Scale (ACES) were administered at baseline, 10 minutes after treatment and 30 minutes after treatment.

Results.– Our sample consists on 30 patients who were diagnosed either with schizophrenia or with bipolar disorder. Use of inhaled loxapine resulted effective in the treatment of acute agitation, showing clinical improvement in the GCI scale and a reduction of the level of agitation in the ACES scale.

Conclusions.– Inhaled loxapine may allow for a quick reduction of symptoms, rendering it helpful in the urgent treatment of acute agitation.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0847

Long-term weight gain in psychiatric inpatients: A meta-analysis

C. Lazzari^{*}, A. Shoka, B. Papanna, G. Mousailidis
Essex Partnership University NHS Foundation Trust- United Kingdom, Kingswood Centre- General Adult Psychiatry, Colchester, United Kingdom

* Corresponding author.

Introduction.– Weight gain in adult patients is a common concern in psychiatric wards.

Objectives.– To reject the null hypothesis H_0 that there is no long-term weight gain in mental-health patients during their consecutive admissions to psychiatric hospitals.

Methods.– Electronic data for body weight relative to a period from 1 to 10 years were collected for $n = 136$ patients (females $n = 64$; age 39.53 [± 13.3]; males $n = 72$; age 39.56 [± 11.72]) resident in general adult psychiatric wards in Essex, United Kingdom. Statistical methods included the Coefficient of Determination R^2 computing the longitudinal data, Cohen's d effect size for the R^2 , and the heterogeneity factor I^2 from meta-analysis measuring differences in observations.

Table 1.

SNPs combinations	Controls	Cases	OR	95% CI	Fisher
MTR:2756A>G+MTRR:66A>G+MTHFR:677C>T	5	10	4.87	1.54–15.38	0.012
MTR:2756A>G+MTRR:66A>G+MTHFR:1298A>C	6	10	4.02	1.35–11.97	0.009
MTR:2756A>G+MTHFR:677C>T	27	32	4.78	2.38–9.62	0.000
TRR:66A>G+MTHFR:677C>T	5	16	8.96	3.02–26.62	0.000
TRR:66A>G+MTHFR:677C>T+MTHFR:1298A>C	10	13	3.23	1.30–8.08	0.009
MTHFR:677C>T+MTHFR:1298A>C					

Only patients with PedAIS had all four SNPs combination ($n = 6$).

Results.– Mean R^2 for females was 0.34 (95% CI [0.29–0.39]; $d = 0.86$; $I^2 = 79.52\%$; $P < 0.001$) and males 0.18 (95% CI [0.14–0.21]; $d = 0.43$; $I^2 = 93.59\%$; $P < 0.001$). Therefore, the effect size d of time was large for females and small to medium for males. Furthermore, meta-analysis revealed a statistically significant heterogeneity in females' body weights ($I^2 = 99.87\%$; $P < 0.01$) with mean weight of 79.20 kg (95% CI [74.55–84]) and BMI of 30.3 corresponding to the obese spectrum. Additionally, in the male population, the meta-analysis showed a statistically significant heterogeneity in their body weight ($I^2 = 99.82\%$; $P < 0.01$) with mean weight of 83.13 kg (95% CI [79.45–88.82]) and with BMI of 27 placing males in the overweight spectrum.

Conclusions.– Overweight in males and obesity in females are commonly found in psychiatric inpatients. Moreover, weight gain is more significant in female than male patients during their admissions.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0848

Folic acid enzymes genes' condition significant in infants and toddlers with arterial ischemic stroke

O. Lvova¹*, A. Dron²

¹ Ural Federal University named after the first President of Russia B.N. Yeltsin, Laboratory of Brain and Neurocognitive Development, Yekaterinburg, Russia; ² MAI City Clinic Pediatric Hospital, Pediatric Neurology, Yekaterinburg, Russia

* Corresponding author.

Introduction.– Arterial ischemic stroke in children (PedAIS) can result in motor and mental delay as it occurred in the early stage of life. Inherited thrombophilia is described to be the most frequent reason for PedAIS in infants and toddlers. But the role of the certain genes combinations is not investigated thoroughly.

Methods.– Case-control study. 56 patients' blood samples with PedAIS debut at 0–24 month and confirmed by brain MRI were compared with 117 controls. 4 single nucleotide polymorphisms (SNPs) of folic acid enzymes genes (MTR:2756A>G, MTRR:66A>G, MTHFR:677C>T, MTHFR:1298A>C) were investigated by polymerase chain reaction.

Results.– We sorted out all the existed SNPs combinations, presented in both groups, and found out the most significant (Table 1).

Conclusion.– We assume the folic acid enzymes genes SNPs to play the important role in early life stroke's debut. Combinations, which include MTHFR:677C>T, have the most diagnostic value and must be investigated in these patients.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0849

Assessment of psychiatric features in patients convicted of sexual offenses

S. Maroua¹*, A. Aissa², H. Maatallah³, A. Maamri⁴, R. Ridha⁵
¹ Razi Hospital, psychiatry A, Mannouba, Tunisia; ² Razi Hospital, psychiatry F, Mannouba, Tunisia; ³ Razi Hospital, psychiatry E, Mannouba, Tunisia; ⁴ Razi Hospital, Consultation, Mannouba, Tunisia; ⁵ Razi Hospital, psychiatry, Mannouba, Tunisia
 * Corresponding author.

Introduction.– Sexual crime has historically been more recognized as a legal not psychiatric phenomenon. The proportion of sexual offenses attributable to mental illness has been estimated at less than 10%. In spite of its higher risk of recidivism, a little is known about sexual offenses subscribed under a psychiatric illness.

Objective.– To examine the psychopathologic profile of sexual offenders whose charges have been dismissed due to a psychiatric illness.

Methods.– A descriptive retrospective study has been led on patients convicted of a sexual offense with dismissed charges and hospitalized in the legal psychiatric department in Razi hospital, Tunisia. Demographic, offense history, and psychiatric data were recorded from patients' medical records. The clinical investigation questionnaire for sexual assault offenders (QICPAAS) was used to investigate the patients' perceptions and descriptions of their acts, as well as their psychopathologic traits.

Results.– Fifty three male patients have been hospitalized in the legal psychiatric department after sexual offenses during the period between 1990 and 2015. The average age at the time of commission of the offense was 33.6 years. Molestation had the vast majority of cases with 49.1%. A delusional activity motivating the offense had been observed in 26.08% of cases. In the words of the DSM-IV-TR, 70% of patients suffered from schizophrenia, 46.15% had a mental retardation and 26.41% had a personality disorder.

Conclusion.– A few studies have been conducted on psychiatric morbidity in sexual offenders. Consequently, these patients often do not receive specific care. Several therapeutic and preventive challenges remain to be taken.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0850

Executive function in a sample of Egyptian patients with fibromyalgia

A. Meshref¹*, M. Abouzed², A. Negm³
¹ Al-Azhar university, faculty of medicine, psychiatry, Cairo, Egypt;
² Al-Azhar university, faculty of medicine, psychiatry, Cairo, Egypt;
³ Al-Azhar university, faculty of medicine, rheumatology and physical medicine, Cairo, Egypt
 * Corresponding author.

Background.– Fibromyalgia is suggestive to be a systemic disorders with some evidence of an executive dysfunction in these people.

Aim of study.– To compare subjective and objective executive function between patients with fibromyalgia and a control group by using cognitive tests.

Method.– 96 patients diagnosed with fibromyalgia and 55 healthy controls, matched by age and years of education, were assessed using the Montreal Cognitive Assessment, the Stroop Test, Wisconsin Card Sorting Test, Digit Span and Spatial Span subtests, Trail Making Test (TMT) Form B; Verbal Fluency Test (Clock Drawing Test (CDT Hamilton scale for depression and Hamilton for anxiety used to assess depression and anxiety. and self-reported pain intensity scale.

Results.– Patients with fibromyalgia had greater impairment than the control group on all of the executive function. Correlation between executive dysfunction and depression, anxiety was positive, also the correlation with positive between executive function and pain intensity, female were greater affected with executive dysfunction than male.

Conclusions.– Patients with fibromyalgia showed executive dysfunction in subjective and objective measures, although most of this impairment was associated with mood disturbances and pain intensity.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0851

Survey of mental health professionals views on, and use of, e-mail correspondence out of normal contracted working hours (OOHs) – The right to disconnect?

R. Mudawi^{*}, L. Chandra, M. Clarke, M. Khwaja, M. Silvert
 Central & North West London NHS Foundation Trust, psychiatry, London, United Kingdom
 * Corresponding author.

Introduction.– Email has become a necessary tool in our work. Many of us are 'connected all the time'. Although this may have its advantages, the impact on wellbeing is a concern. In France, some workers have 'the right to disconnect from email to avoid the intrusion of work into their private lives'.

Objectives.– To explore mental health professional's views on, and use of, work E-Mails OOHs.

Methods.– Qualitative survey of 20 questions using software provided by online platform Survey monkey sent to teams in Central & North West London NHS Foundation Trust. Total number of respondents was 378 from: 24/03/16–18/01/2017.

Results.– 72.12% of respondents reported using a smart phone or tablet to access their work emails.

Key results in this survey revealed:

- 83.78% reported sending work emails OOHs; of those 43.77% on a daily basis;
- 88.52% reported that they were receiving emails OOHs; almost 60% on a daily basis;
- 85.76% respondents reported that <25% of emails received OOHs were deemed urgent;
- 44% thought that there should not be an expectation to respond to OOHs e-mails, 10% thought there should be, – 4% were not sure and the remaining 42% expressed no view;
- 35.2% reported that a policy would be helpful, whilst 43.7% said maybe and 21% said no.

Conclusions.– Results support the need for policy regarding OOH email usage in healthcare as well as other sectors. This would support staff to 'disconnect', to manage technology in a healthier way, prevent burnout, redress the work-life imbalance and be also benefit the organisation.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0852

A pilot study evaluating the use of a mindfulness Smartphone App in adult ADHD patients

F. Oliva¹, A. Portigliatti Pomeri², P. Ferreri², S. Bramante², G. Nibbio¹, C. Mangiapane¹, G. Chiccoli¹, G. Maina²

¹ University of Turin, Biological and Clinical Sciences Dpt., Orbassano TO, Italy; ² University of Turin, Neurosciences "Rita Levi Montalcini" Dpt., Torino, Italy

* Corresponding author.

Introduction.– Mindfulness meditation showed to improve core symptoms of ADHD (Cairncross and Miller, 2016; Gu et al., 2016; Zylowska et al., 2008). This study aims to evaluate the use of a mindfulness smartphone app in adult ADHD patients focusing on the impact of face-to-face mindfulness training in term of app utilization and clinical condition.

Methods.– Thirteen outpatients with Adult ADHD were randomly assigned either to the training group or to the only-app group. The former only underwent mindfulness training before using the mindfulness app (once-a-day/month). Pairwise comparison between groups and a MANOVA for repeated measures were performed using data provided by Adult ADHD Self Report Rating Scale (ADHD-RS), Profile of Mood States (POMS), Five Facet Mindfulness Questionnaire (FFMQ), Depression Anxiety Stress Scale (DASS-21). Previous meditation experiences and data about app utilization were also collected.

Results.– The training group used the app more frequently than the only-app group ($P=0.002$), which promptly decreased the app utilization after the first week of observation ($P=0.01$). The training group only showed an improvement on the confusion item of POMS ($P=0.043$) and on the non-judging item of FFMQ ($P=0.006$). Patients having previous meditation experiences showed a higher frequency of app utilization than other participants ($P<0.001$).

Conclusions.– The mindfulness app utilization seems to improve both self-esteem and cognitive functioning in adult ADHD only when preceded by a face-to-face mindfulness training.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0853

RANZCP's new member welfare and support program

A. Peters

The Royal Australian and New Zealand College of Psychiatrists, OPCEO, Melbourne, Australia

Introduction.– In December 2012, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) introduced the Competency Based Fellowship Program.

The RANZCP undertook an evaluation of Stages 1 and 2 in November 2015, and an initial evaluation of Stage 3 in 2017.

Objectives.– The aim was to gather feedback on key areas such as Entrustable Professional Activities (EPAs), Workplace-based Assessments (WBAs), assessments, examinations, regulations, supervision arrangements, and the overall impact of the new program.

Methods.– Links to online surveys were sent out to all active trainees and accredited supervisors in November 2015, and survey details were communicated through newsletters, Psyche and via Directors of Training. The surveys were closed at the end of December 2015.

Results.– 39% of trainees and 38% of supervisors responded to the surveys. This presentation provides a summary of the results from the trainee and supervisor surveys, a comparison of the responses, and key findings.

Conclusions.– Overall, the results from trainees and supervisors were comparable with minimal differences across most survey items. Trainees and supervisors did, however, differ on the time taken to prepare for and complete the WBA activities, on supervision arrangements, and perceptions of supervision.

Based on the survey responses, the RANZCP Education Committee developed a series of recommendations for action in 2016/2017, including improved communication from RANZCP, continued prioritisation of trainee welfare, increased clarity regarding assessment requirements and standards, and consideration of development of an online e-portfolio. Indicative data on Stage 3 will investigate how these recommendations improved or changed trainees' perspectives

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0854

Hopelessness and coping strategies as possible predictors of suicidal risk

G. Serafini¹, M. Pompili², P. Girardi³, M. Amore¹

¹ University of Genoa, Neuroscience DINOGMI, Genoa, Italy; ² Suicide Prevention Center, Sant'Andrea Hospital, Sapienza University of Rome, Rome, Italy, Neurosciences, Rome, Italy; ³ Sant'Andrea Hospital, Sapienza University of Rome, Rome, Italy, Neurosciences, Rome, Italy

* Corresponding author.

Introduction.– Suicidal behavior may be considered a multifactorial event associated with a significant disability and psychosocial impairment.

Objectives.– Our aim was to explore the role of hopelessness and coping strategies as possible predictors of suicidal risk.

Methods.– We recruited a sample of 322 inpatients who have been admitted at the Section of Psychiatry, University of Genoa (Italy) and were in stable psychopathological conditions when assessed. Participants completed the following psychometric instruments: the Beck Hopelessness Scale (BHS), Suicidal Score Intent (SSI), Beck Depression Inventory, second version (BDI-II), and Coping Orientation to Problems Experienced (COPE). Clinicians also completed the Montgomery-Asberg Depression Scale (MADRS) and Intent Score Scale (ISS).

Results.– Patients with lifetime suicide attempts were more likely to have current suicidal ideation ($P\leq 0.001$), and nonsuicidal self-injury episodes ($P\leq 0.001$) relative to those without. In addition, suicide thoughts and wishes derived by the item 9 of BDI-II were significantly correlated with nonsuicidal self-injury episodes ($r=.219$), current suicidal ideation ($r=.245$), active suicidal desire ($r=.318$), venting emotion ($r=.227$), behavioral disengagement ($r=.258$), and substance use ($r=.236$). After multivariate analyses, the only significant predictor of suicide thoughts/wishes was depression ($P\leq .001$). When depression was removed by multivariate regression model, suicide risk was also predicted by hopelessness levels ($P\leq .05$).

Conclusions.– In line with existing evidence, depression and later hopelessness resulted significant predictors of suicidal risk, while coping strategies did not predict suicide risk. These findings need to be further tested in more selective samples of patients.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0855

Typological and personal determinants of stress resistance in high risk sportsmen

S. Tukaiev^{1*}, O. Dolgova², A. Ruzhenkova², I. Zyba³, Y. Havrylets⁴, V. Rizun⁴, O. Lysenko⁵, S. Fedorchuk⁵

¹ National Taras Shevchenko University of Kyiv, Department of Social Communication- Department of Physiology of Brain and Psychophysiology, Kiev, Ukraine; ² National Aviation University, Aviation psychology department, Kiev, Ukraine; ³ National Taras Shevchenko University of Kyiv, Department of Physiology of Brain and Psychophysiology, Kiev, Ukraine; ⁴ National Taras Shevchenko University of Kyiv, Department of Social Communication, Kiev, Ukraine; ⁵ National University of Physical Education and Sports of Ukraine, Laboratory on Theory and Method of Sport Preparation and Reserve Capabilities of Athletes, Kiev, Ukraine

* Corresponding author.

The problem of stress in sports psychology is considered primarily in terms of intensity of the competition situation. It is known that psychological individual characteristics are correlated with the formation of the athlete's resistance to stress while training loads and competition. Athletes engaged in such high risk sports confront to significantly higher levels of stress. The aim of our study was to detect the individual psychological characteristics that determine stress resistance in high-risk sportsmen. 60 climbers Kiev branch of the Federation of Mountaineering and Climbing and some other sections (26 women and 34 men, aged 18 to 30 years old, $M_{age} = 24$, $SD = 1.57$) participated in this study. We used the following tests: Cattell's Sixteen Personality Factor Questionnaire, EPI Test (by H. Eysenck), Diagnostics of Stress-Resistance Level ("Prediction"). Statistical processing of the obtained data was performed using the Pearson rank correlation and multiple linear regression analysis. The high and average level of stress resistance was detected in 42 high-risk sportsmen (70%). It was shown that the climbers perceived a large circle of situations as threatening and responded by anxiety (the self-preservation instinct). High psychological variability and adaptability to external conditions caused by the low levels of neuroticism, high stability and lability. Stress resistance boosted by increasing self-esteem of athletes. This allows us to conclude that the structure of stress resistance of high-risk sportsmen is balanced and defined by systemic volitional powers (strength, stability), self-control behavior (self-esteem) and features of the nervous system that characterize susceptibility to external events (neurotism).

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Schizophrenia and Other Psychotic Disorders - Part IV

PW0857

Avolition and structural connectivity in schizophrenia: evidence of reduced white matter integrity between amygdala and insular cortex

A. Amodio^{1*}, M. Quarantelli², A. Mucci¹, A. Vignapiano¹, G.M. Giordano¹, A. Nicita¹, P. Bucci¹, S. Galderisi¹

¹ University of Campania "Luigi Vanvitelli", Psychiatry, Naples, Italy;

² National Research Council, Biostructure and Bioimaging Institute, Naples, Italy

* Corresponding author.

Introduction.– In patients with schizophrenia (SCZ), an association has been reported between the avolition/apathy domain of negative symptoms and a dysfunction within key regions of the reward system. Structural and functional abnormalities have been reported in several brain areas, including ventral-tegmental area (VTA), nucleus accumbens (NAcc), orbito-frontal cortex (OFC) as well as amygdala (AMY) and insular cortex (IC).

Objectives.– We investigated the white matter integrity of pathways connecting the above-mentioned regions in SCZ and healthy controls (HC), and their associations with clinical indices in patients.

Methods.– Diffusion tensor imaging data of 30 male SCZ and 17 male HC were investigated. Pathways connecting AMY and NAcc with OFC and IC were explored. Clinical evaluation included the Schedule for Deficit Syndrome (SDS), Positive and Negative Syndrome Scale (PANSS) and the MATRICS consensus cognitive battery (MCCB).

Results.– Reduced fractional anisotropy (FA) was observed in left AMY-ventral anterior IC connections, in SCZ compared to HC. This abnormality was negatively correlated with avolition/apathy, but not with the expressive deficit scores. SCZ also showed reduced connectivity indices (% of the probabilistic streamlines originating from a region that reach a second one) between right NAcc and medial OFC with respect to HC. The left NAcc-dorsal anterior IC connectivity index was negatively correlated with working memory.

Conclusions.– According to our findings, the avolition/apathy but not the expressive deficit domain is related to the reward system dysfunction. Distinct alterations seem to underlie cognitive impairment and avolition/apathy.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0858

Particularities of the ability to identify emotions in individuals diagnosed with schizoaffective disorder

C. Bredicean^{1*}, I. Papava¹, C. Giurgi -Oncu¹, A. Jurma¹, L. Hogeia¹, M. Frandes², C. Homorogan³

¹ "Victor Babes" University of Medicine and Pharmacy, Neuroscience, Timisoara, Romania; ² "Victor Babes" University of Medicine and Pharmacy, Biostatistics and Medical Informatics, Timisoara, Romania;

³ Clinical Hospital Psychiatry, psychiatry, Timisoara, Romania

* Corresponding author.

Introduction.– Schizoaffective disorder is a controversial pathology, both in terms of diagnosis and longitudinal evolution. The ability to identify emotions is part of social cognition and has an important role in the social functioning of people with a psychotic pathology.

Objectives.– To assess the ability to identify emotions in the eyes, in a group of subjects with a diagnosis of schizoaffective disorder

Method.– We analyzed a group of 18 subjects with a diagnosis of schizoaffective disorder (according to the WHO ICD 10). The analyzed parameters were: socio-demographic (gender, level of education, profession and marital status), clinical (onset age, years of illness evolution, number of episodes) and the ability to identify emotions in the eyes (Reading the Mind in the Eyes test). Subsequently, the identified emotions were grouped according to the six basic emotions.

Results.– All individuals included in this study showed a decreased ability to identify emotions in the gaze. The study also showed that a higher educational level was directly correlated to an increase in the ability to correctly identify more emotions (Spearman $R = 0.638$, $P < 0.01$). Additionally, these individuals seemed to identify emotions such as "love" (Spearman $R = 0.542$, $P < 0.05$), "sadness" (Spearman $R = 0.491$, $P < 0.05$), "distrust" (Spearman $R = 0.597$, $P < 0.01$) better than others. There was no statistically sig-

nificant correlation found in terms of the number of years of illness evolution.

Conclusion.– The level of education seems to be directly correlated with the ability to identify emotions in the eyes.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0859

Course of negative symptoms sudomanins in schizophrenia: A one year follow-up study

O.O. Capatina*, I. Miclutia

Iuliu Hatieganu University of Medicine and Pharmacy, Neuroscience, Cluj-Napoca, Romania

* Corresponding author.

Background.– Negative symptoms are considered to be a separable domain of pathology from other symptoms of schizophrenia and the new perspective on these symptoms suggests that they encompass actually 2 separable domains: Diminished Expression (DE) and Avolition-Apathy (AA).

Aims.– The aim of this study was to examine the course of negative symptoms domains and their stability over a period of one year in patients with schizophrenia and to assess the relevance of this factor structure with external validators such as: sociodemographic characteristics, global functioning, and treatment.

Methods.– A sample of 95 subjects whom met the criteria for schizophrenia and were stable from the point of view of the symptoms for at least 3 month and had primary negative symptoms were included in our study. The patients were evaluated using the Positive and Negative Symptoms Scale (PANSS), Negative Symptoms Assessment-16 items (NSA-16), Global Assessment of Functioning (GAF), Calgary Depression Scale for Schizophrenia (CDS), Simpson-Angus Extrapyramidal Side Effects Scale and were interviewed to assess sociodemographic characteristics. Principal component analyses (PCA) was conducted to establish the factor structure of the negative symptoms and the analyses of variance was used for to assess the stability of the symptomatology.

Results.– The PCA analyses established the two factor structure of negative symptomatology, explaining 79% of the variance. There was no significant effect for time in the negative symptomatology ($P=0.38$, $P=0.49$) and the AA domain is associated with poorer functioning ($P=0.01$) and with higher doses of treatment ($P=0.01$).

Conclusions.– AA and DE domains remained stable at one year follow-up, therefore they should be analyzed separately in terms of cause, predictive outcome and treatment.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0860

Comparison of neurocognition and social cognition between schizophrenia and bipolar disorder

G. Mihajlovic¹, D. Pavlovic², M. Zivanovic³, J. Djordjevic⁴

¹ Psychiatric Clinic, Clinical Center, University of Kragujevac, Affective Disorder Department, Kragujevac, Serbia; ² Faculty for Special Education and Rehabilitation, University of Belgrade, Neuropsychology Department, Belgrade, Serbia; ³ Faculty of Philosophy, University of Belgrade, Psychology Department, Belgrade, Serbia; ⁴ Clinic for Psychiatric Disorders “Dr Laza Lazarevic”, Belgrade, Emergency Department, Belgrade, Serbia

* Corresponding author.

Keywords: Schizophrenia; Bipolar affective disorder; Neurocognition; Social cognition

Cognitive impairment is a key feature of both schizophrenia (Sch) and bipolar affective disorder (BD).

The aim of this study is to evaluate the neuropsychological deficits in patients diagnosed with Sch and BD and the corresponding clinical feature-deficits correlations.

The study included 60 outpatients from the Psychiatric Clinic “Dr Laza Lazarevic” in remission (30 Sch, 30 BD), and 30 healthy subjects. Clinical symptoms were assessed using PANSS in Sch, and YMRS and HAM-D in BD group. Subjects’ neuropsychological deficits were assessed using Mini-Mental State Examination (MMSE), Trail Making Test B (TMT-B) and Go/no-go, while sociocognitive deficits were assessed using Faux pas (FP) and the Reading the minds in the eyes test (RMET).

Sch patients demonstrated significant attention and short-term verbal memory deficits compared to BD ($U=321.0$, $P<.05$; $U=317.0$, $P<.05$). Both clinical groups achieved lower scores on RMET [$\chi^2(2)=13.467$, $P<.01$] and FP [$\chi^2(2)=21.339$, $P<.01$] compared to controls, whereas no difference between Sch and BD has been observed. Additionally, in Sch group negative, rather than positive symptoms were associated with poor performance on all neurocognitive and social cognitive measures used, whereas in BD group depressive symptomatology accounted for poor performance on TMT-B and RMET, while manic accounted for MMSE and RMET.

Similar neurocognitive and social cognitive impairment profiles have been reported in both schizophrenia and BD. Subclinical pathology in patients in remission is associated with the cognitive performance deficit severity.

Correspondence.– Jelena Djordjevic, Clinic for Psychiatric Disorders, “Dr Laza Lazarevic”, Visegradska 26, 11000 Belgrade, Serbia. jele-nadjordjevic2000@yahoo.com.

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PW0862

Social cognition deficit related to reduced frontal gray matter volume as markers of psychosis proneness in 22q11.2 deletion syndrome

M. Frascarelli¹, A. Buzzanca², E. Fontana², T. Accinni², C. Colonnese², F. Di Fabio², M. Biondi²

¹ Sapienza University Roma, Neurology And Psychiatry Department, Rome, Italy; ² Sapienza University Roma, Neurology And Psychiatry, Rome, Italy

* Corresponding author.

Introduction.– 22q11.2 Deletion Syndrome (22q11.2 DS) patients have 25% risk of psychosis onset. Social cognition deficits and brain abnormalities are supposed to be endophenotypes of schizophrenia.

Objectives.– The study assess the hypothesis that social cognition deficit is similar in 22q11.2 DS and schizophrenia. The second aim is to investigate associations between social cognition impairment and grey matter volume reduction.

Methods.– The sample consist of three groups: 13 22q11.2 DS non psychotic subjects (DEL), 25 schizophrenic patients (SCZ) and 10 healthy controls (HC). They have been assessed by TASIT (The awareness of social inference test), a social cognition task. All subjects performed a brain MRI scan; grey matter volume was examined whole-brain through Voxel Based Morphometry.

Results.– SCZ showed a significantly worse performance in “simple sarcasm” item respect to HC ($P=0.044$). Both SCZ and DEL revealed significant impairments in “paradoxical sarcasm” item compared

to HC (respectively $P=0.007$ and $P=0.002$). Clinical groups showed significantly worse “basic social inference” scale results compared to HC (HC vs DEL $P=0.001$; HC vs SCZ $P=0.002$). The “paradoxical sarcasm” performance showed a positive correlation with the volume of left frontal medial gyrus ($P<0.001$), which showed reduction in DEL compared to HC ($P=0.009$). The variable “basic social inference” positively correlated with the volume of the left intermediate frontal gyrus ($P<0.001$), which showed a reduction in both in SCZ ($P<0.001$) and DEL ($P<0.001$) respect to HC.

Conclusions.– Present results allow to presume that vulnerability to schizophrenia for 22q11DS patients has a neurobiological ground related to the social cognition impairment.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0863

Effectiveness of coordinated specialty care for early psychosis

B. Galling^{1,2,3*}, C.U. Correll^{1,2,3}

¹ Charité Universitätsmedizin, Child and Adolescent Psychiatry, Berlin, Germany; ² Hofstra Northwell School of Medicine, Psychiatry and Molecular Medicine, Hempstead, USA; ³ The Zucker Hillside Hospital, Psychiatry Research, Glen Oaks, USA

* Corresponding author.

Introduction.– Outcomes in people with schizophrenia-spectrum disorders have remained suboptimal. Several research programs for early psychosis yielded promising results for team-based, multi-element coordinated specialty care (CSC).

Objectives.– To meta-analytically compare CSC with Treatment as Usual (TAU).

Methods.– Systematic literature search of PubMed/PsycInfo/Embase/clinicaltrials.gov without language restrictions until 06/06/2017 for randomized trials comparing CSC versus TAU in early psychosis. Random effects meta-analysis of ≥ 2 studies with data, calculating standardized mean differences (SMDs) and risk ratios (RRs) for continuous and categorical outcomes.

Results.– Across 10 trials ($n=2176$; age = 27.5 ± 4.6 years; male = 62.3%; trial duration = 16.2 ± 7.4 (range = 9–24 months), CSC outperformed TAU at the end of treatment regarding all meta-analyzable outcomes. This included all-cause discontinuation (studies = 10, $n=2173$, RR = 0.70, 95% confidence interval (CI) = 0.61–0.80, $P<0.001$; number-needed-to-treat (NNT) = 12.4), ≥ 1 hospitalization (studies = 10, $n=2105$, RR = 0.74, 95% CI = 0.61–0.90, $P=0.003$; NNT = 10.1), total symptom severity (studies = 8, $n=1179$, SMD = -0.32 , 95% CI = -0.47 , -0.17 , $P<0.001$), positive symptoms (studies = 10, $n=1532$, SMD = -0.22 , 95% CI = -0.32 , -0.13 , $P<0.001$), negative symptoms (studies = 10, $n=1432$, SMD = -0.28 , 95% CI = -0.42 , -0.14 , $P<0.001$), general symptoms (studies = 8, $n=1118$, SMD = -0.30 , 95% CI = -0.47 , -0.13 , $P=0.001$), depressive symptoms (studies = 5, $n=874$, SMD = -0.19 , 95% CI = -0.35 , -0.03 , $P=0.017$), functioning (studies = 7, $n=1005$, SMD = 0.21, 95% CI = 0.09–0.34, $P=0.001$), involvement in school/work (studies = 6, $n=1743$, RR = 1.13, 95% CI = 1.03–1.24, $P=0.012$; NNT = 17.8), and quality of life (studies = 4, $n=505$, SMD = 0.23, 95% CI = 0.004–0.456, $P=0.046$). Superiority of CSC regarding all outcomes was also evident at 6, 9–12, and 18–24 months of treatment (except general symptoms and depression at 18–24 months).

Conclusion.– In early psychosis, CSC is superior to TAU across all meta-analyzable, highly relevant outcomes with small-to-medium effect sizes. These results support the need for funding and utilization of CSC in patients with early-phase psychosis.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0864

White matter structure abnormalities in the deficit subtype of schizophrenia. A DTI study

G.M. Giordano^{1*}, M. Quarantelli², A. Mucci¹, A. Amodio¹, A. Vignapiano¹, A. Nicita¹, P. Bucci¹, S. Galderisi¹

¹ University of Campania “Luigi Vanvitelli”, Department of Psychiatry, Naples, Italy; ² Biostructure and Bioimaging Institute, National Research Council, Via T. De Amicis 95, Naples, Italy

* Corresponding author.

Introduction.– Deficit schizophrenia (DS) has been proposed as a separate disorder with respect to non-deficit schizophrenia (ND). It is characterized by the presence of primary, enduring negative symptoms and by different course, risk factors and clinical features. **Objectives.**– We investigated differences of white matter connectivity within several brain areas in subjects with DS compared to ND and healthy controls (HC), using probabilistic analysis of diffusion tensor imaging data.

Methods.– Forty-six subjects with chronic schizophrenia (SCZ) and 35 age- and gender-matched HC were included. Nine patients were classified as DS, and 37 as ND using the Schedule for the Deficit Syndrome. Psychopathology was assessed with the Positive and Negative Syndrome Scale, and neurocognition with the MATRICS Consensus Cognitive Battery. Connectivity index [CI] (% of the probabilistic streamlines originating from a region that reach a second one) and Fractional Anisotropy (FA) of pathways connecting dorso-lateral prefrontal cortex (DLPFC), nucleus accumbens (NAcc), amygdala (AMY) and insular cortex (IC) were examined.

Results.– CI between right AMY and DLPFC was reduced in SCZ compared to HC, but didn't differ between DS and ND. DS showed an increased CI from right AMY to dorsal-anterior IC compared to ND. In SCZ, PANSS disorganization was associated to the FA of right NAcc-DLPFC connections.

Conclusions.– Our data confirm previous evidences of distinct neurobiological alterations underpinning different symptom dimensions and clinical subtypes of SCZ. Abnormal connectivity patterns of brain regions involved in guiding goal-directed behavior based on experienced value seem to be related to primary and persistent negative symptoms.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0865

Post-psychotic depression: A systematic review

B. Girela Serrano^{1*}, M. Guerrero Jiménez², C.M. Carrillo de Albornoz Calahorra³, L. Gutiérrez Rojas²

¹ Hospital Santa Ana Motril, Psiquiatría, Motril, Granada, Spain;

² Complejo hospitalario de Granada, Psychiatry, Granada, Spain;

³ Hospital de Baza, Psychiatry, Granada, Spain

* Corresponding author.

Introduction and objectives.– The aim of our work is to review the existing literature published on Post-Psychotic Depression (PPD) and to point out its relevance both as a comorbidity and as a distinct entity. A historical review of the term was carried out with a valid definition of PPD.

Material and methods.– A systematic literature search was conducted according to the guidelines for Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). A compre-

hensive search of Web of Science and PubMed was performed until February 1st, 2017

Results.– A total of 60 papers were found in the primary search. We excluded those papers written in languages other than Spanish or English, duplicates or those that did not fit the search terms. The final number of studies included in this review was thirteen.

To the light of the results obtained in our review, we can state that despite the high prevalence of PPD (around 30% in different samples) there is a paucity of literature on the PPD.

Conclusions.– There is sufficient data to consider PPD as a distinct nosological entity, different from the secondary effect of antipsychotic medication, negative symptoms of psychosis, bipolar disorder, schizoaffective disorder or depression with psychotic symptoms. It also has differential characteristics with respect to the rest of depressions.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0866

Prodromal phase of psychosis and drug consumption in emergency services

B. Girela Serrano^{1*}, M. Guerrero Jiménez², C.M. Carrillo de Albornoz Calahorra³

¹ Hospital Santa Ana Motril, Psiquiatría, Motril, Granada, Spain;

² Complejo Hospitalario de Granada, Granada, Spain; ³ Hospital de Baza, Granada, Spain

* Corresponding author.

Background.– 21% of women with first episode of Psychosis in the South-Granada between 2008 and 2014 went to hospital emergency during the duration of untreated psychosis (DUP) aiming a gynaecological consultation caused by psychotic symptoms. Only one in five was referred to mental health.

Aims.– To improve difficulties detecting cases during the prodromal phase, we aim to analyse the patient's profile, cannabis and other drugs consumption, reasons for consultation and study whether there are variables that facilitate referral to specialist intervention.

Methods.– A retrospective clinical-cases review of medical histories was made searching for sociodemographic variables, drug consumption, emergency services consultations and psychotic prodromal outcomes.

Results.– They were single women between 18–32 years. 60% reported cannabis consumption. All of them live with family. 80% were studying or unemployed. Three types of emergency consultations were reported with a similar incidences: Order the emergency-contraception-pill, a pregnancy test or “a scan to check virginity/a non-consensual relationship”. During the initial exploration about 40% were under the influence of drugs.

Discussion.– According to these results, the most important variables are to analyse any drug consumption and the reason for consultation. Moreover if substance abuse and a combination of prodromal symptoms including positive and other nonspecific are detected. Furthermore, at the profile with possible demands, we believe is appropriate not to delay mental health assessment after making the appropriate intervention.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0867

Obsessive compulsive symptoms in patients with schizophrenia: Prevalence and relation with clinical features of schizophrenia

A. Hakiri¹, A. Aissa, H. Ben Ammar, Z. ElHechmi Razi hospital, F, Manouba, Tunisia

* Corresponding author.

Introduction.– Schizophrenia is a chronic, severe and heterogenous mental disorder. It has a various dimensions of symptoms including positive, negative, cognitive, affective and disorganised symptoms. A number of studies suggested a frequent additional occurrence of obsessive compulsive symptoms (OCS) in schizophrenia.

Objectives.– We aim to identify the prevalence of OCS in schizophrenia and to correlate it to other clinical dimensions of schizophrenia.

Methods.– A retrospective study nearby 30 patients with schizophrenia who are followed up at the outpatient unit. the participants fulfilled the diagnosis of schizophrenia as per the DSM-V diagnostic criteria. we used the obsessive compulsive inventory (OCI), the positive and negative syndrom scale (PANSS) and a semi-structured questionnaire to determine the premorbid personality, the family history, the age of onset, the duration of untreated psychosis, the number of relapses and the last prescribed treatment. the version 22 of spss was used for statistical analysis.

Results.– All patients are male. The average age is 37.33 years. 80% are single and live with their families. one-third of patients have a psychiatric family history (mood disorder or psychosis). 33% of the sample have obsessive compulsive symptoms. the most frequent obsession/compulsion is cleaning/washing. The presence of obsessive-compulsive symptoms is associated with an early age of onset and a longer duration of untreated psychosis. patients who were treated with atypical antipsychotics had more OCS, and especially risperidone.

Conclusion.– the prevalence of OCS is higher in patients with schizophrenia than in general population. it is possible that these symptoms are induced by atypical antipsychotics.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0868

Quality clozapine care (QC2): Using the patient journey to understand the lived experience of taking clozapine, to improve value-based person-centered care

M.C. Hanlon^{1*}, A.P. O'Brien², P. MacIsaac³, M. Fogarty⁴, C. Bjorksten⁵, M. Hunt⁴, D. Coates⁶, V. Drinkwater⁴, T. Gordon⁴, C. Matthew⁴, T. Parkin⁴, S. Tirupati⁴

¹ University of Newcastle, School of Medicine & Public Health, Newcastle, Australia; ² University of Newcastle, School of Nursing & Midwifery, Newcastle, Australia; ³ Hunter Medical Research Institute, CReditSS, Newcastle, Australia; ⁴ Hunter New England Local Health District, Mental Health, Newcastle, Australia; ⁵ Hunter New England Local Health District, Mental Health Pharmacy, Newcastle, Australia; ⁶ Central Coast Mental Health Service, Translational Research, Gosford, Australia

* Corresponding author.

Introduction.– Clozapine is an effective, but possibly-hazardous treatment for intractable psychosis^{1,2}, with potentially-lethal side effects (e.g. metabolic syndrome, agranulocytosis, depression and suicide, cardiovascular disease and death), requiring mandatory monitoring^{3–6}. Community management is now encouraged because of its potential to reduce stigma and improve access to

care^{7–9}, but it remains unclear how various models impact on patient safety and quality of life.

Hunter New England Mental Health (HNEMH) has developed a collaborative community care model. HNEMH clinicians enter patient records into ClopineCentral™, including patient details/demographics, blood group and test results, dates commenced/ceased, therapy interruptions/events, and current doses/quantity dispensed against each blood test, which are available to relevant local district clinicians.

Objectives.– We will determine how well the HNEMH model matches the HNEMH Care Guidelines (13.05) for Clozapine Initiation, Monitoring, Management and Cessation, which encompass national & state policy directives.

Methods.– We will use a mixed-methods approach, with clozapine recipients, their carers, and relevant clinical staff, including semi-structured qualitative interviews and a quality of life survey for recipients^{10–12}.

Results.– Thematic analysis will describe the pathways, barriers and enablers to quality clozapine care in a community context.

Conclusions.– By documenting the shared-care pathway between the hospital/HNEMH Community Mental Health Teams, and other service providers, the existing “HealthPathway” will be enhanced, enabling HNEMH to better-support person-centric care, through remodelling, service redesign and provision of excellent care every time – focusing on making the program more service user sensitive by identifying points at which quality assurance and further research attention are necessary.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0869

Horrobin’s membrane phospholipid theory of schizophrenia: The relationship between the Niacin Skin Flush Test, levels of GPR120 receptor and dietary fat intake

H. Karakula-Juchnowicz^{1*}, J. Rog², P. Wolszczak³, E. Stelmach⁴, M. Dzikowski², J. Morylowska-Topolska⁵, D. Juchnowicz⁶, P. Krukow⁵, J. Gałaszkiwicz², J. Tomaka², M. Koziol⁷

¹ Medical University, I Department of Psychiatry, Psychotherapy and Early Intervention, Department of Clinical Neuropsychiatry, Lublin, Poland; ² Medical University of Lublin, I Department of Psychiatry, Psychotherapy and Early Intervention, Lublin, Poland; ³ Lublin University of Technology, Department of Automation, Mechanical Faculty, Lublin, Poland; ⁴ Medical University of Lublin, II Department of Psychiatry and Psychiatric Rehabilitation, Lublin, Poland; ⁵ Medical University of Lublin, Department of Clinical Neuropsychiatry, Lublin, Poland; ⁶ Medical University of Lublin, Department of Psychiatric Nursing, Lublin, Poland; ⁷ Medical University of Lublin, Department of Clinical Microbiology, Lublin, Poland

* Corresponding author.

Keywords: Schizophrenia; Membrane phospholipid theory; Niacin skin flush test; GPR120

Introduction.– According to Horrobin’s theory of schizophrenia, the biochemical basis of the illness is lipid metabolism disruption caused by hyperactivity of phospholipase A2 (PLA2). The niacin skin flush test reflects an activity of PLA2 and could assess lipid metabolism abnormalities. Activated by essential fatty acids (EFAs) GPR120 receptor mediates stimulation of PLA2. The role of GPR120 in the positive effect of EFAs omega-3 supplementation in schizophrenic patients remains unclear.

Objectives.– The aim of this study was to determine the relationship between the flush response to niacin, serum levels of GPR120 and fat intake among patients with schizophrenia and healthy controls.

Methods.– We performed the niacin skin flush test, measured GPR120 serum level and estimated fat intake in 49 patients diagnosed with schizophrenia and 27 healthy volunteers. PANSS scale were used to determine psychopathological symptoms in the patients group.

Results.– Flush response to niacin was lower in the patients group compared to the healthy controls ($P < 0.05$) despite no difference in GPR120 serum levels and fat intake between groups. In the patients group there was a positive association between GPR120 and fatty acid intake ($P < 0.05$) and a negative association with psychopathological symptoms. There was no link between GPR120 and fat intake in the control group ($P < 0.05$).

Conclusions.– The results suggest differences in lipid metabolism in the patients group compared to the control group and confirming Horrobin’s theory.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0870

Should patients with schizophrenia be put on a gluten-free diet? An association between markers of intestinal permeability, inflammation and gluten sensitivity in patients with schizophrenia

H. Karakula-Juchnowicz^{1*}, M. Dzikowski², J. Rog², M. Koziol², J. Morylowska-Topolska³, A. Makarewicz⁴, M. Flis², D. Juchnowicz⁵

¹ Medical University, I Department of Psychiatry, Psychotherapy and Early Intervention- Department of Clinical Neuropsychiatry, Lublin, Poland; ² Medical University of Lublin, I Department of Psychiatry, Psychotherapy and Early Intervention, Lublin, Poland; ³ Medical University of Lublin, Department of Clinical Neuropsychiatry, Lublin, Poland; ⁴ Medical University of Lublin, I Department of Psychiatry, Psychotherapy and Early Intervention, Lublin, Poland; ⁵ Medical University of Lublin, Department of Psychiatric Nursing, Lublin, Poland

* Corresponding author.

Keywords: Schizophrenia; Gluten sensitivity; Leaky gut syndrome
Introduction.– One possible explanation for the schizophrenia development is low-grade inflammation, the source of which may be pathological processes in the gastrointestinal tract related to leaky gut and IgA and IgG-dependent food hypersensitivity.

Objectives.– To compare levels of markers of: intestinal permeability, inflammation, and gluten sensitivity between schizophrenic patients (SCHI) and controls (C).

Methods.– The total sample comprised 162 individuals (102 SCHI + 60C). Besides a nutritional test for all the participants and PANSS for SCHI, the battery of laboratory tests was administered, including: inflammatory markers (hsCRP, IL6); markers of intestinal permeability (sCD14, ASCA); markers of gluten sensitivity (anti-gliadin antibodies AGA IgA and AGA IgG); markers of coeliac disease (anti-tissue transglutaminase IgA antibodies and IgG antibodies against deamidated gliadin).

Results.– (1) Significant differences were observed between SCHI and C groups in the markers of intestinal permeability, markers of gluten sensitivity and the inflammatory markers. (2) Suspected celiac disease was found in 8.33% of SCHI versus 1.67% of C group. (3) Gluten sensitivity was noted in 25.5% of SCHI versus 10% of C (AGA-IgG) and in 19.6% of SCHI versus 6.67% of C (AGA-IgA). (4) Associations between intestinal permeability, gluten sensitivity and inflammation were noted in SCHI. (5) No correlations were found between AGA-IgA and AGA-IgG and gluten-intake.

Conclusions.– The study results suggest the role of inflammatory processes related to gluten sensitivity in the etiopathogenesis of

schizophrenia, which may give grounds for including individual dietary interventions based on results of laboratory tests in the therapy of schizophrenic patients.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0871

Serum levels of selected hormones and cognitive functions in schizophrenic female patients – Preliminary results

K. Krysta*, A. Bratek

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

* Corresponding author.

Introduction.– Sex steroid hormones play an important role in the development and clinical features of schizophrenia.

Objectives.– To find correlation between serum levels of selected hormones and cognitive functions.

Methods.– In the study group there were 28 women diagnosed with schizophrenia: 18 in reproductive age and 10 post-menopausal females. The control group consisted of 40 healthy female volunteers, 25 of them were in reproductive age and 15 after menopause. All participants underwent the following procedures: assessment of serum hormone levels (TSH, testosterone, estradiol, FSH, LH, prolactin and progesterone) and examination with neuropsychological tests: TMT; Stroop Test, Verbal Fluency Test.

Results.– We compared serum levels of hormones separately for women after menopause and in child bearing age. The most prominent differences in both groups pertained to significantly higher level of testosterone and prolactin, as well as lower of estradiol in the index group. Women suffering from schizophrenia performed worse in all neuropsychological tests. In the group of post-menopausal females, we found statistically significant correlations only in healthy controls – between prolactin and semantic fluency. In females in reproductive age different cognitive domains were affected in control and index groups. In the group of healthy controls we reported the following correlations: TMT A – TSH and estradiol; TMT B – estradiol; Stroop Task 2 – TSH, estradiol, while in the index group: TMT B – TSH; verbal fluency – TSH, FSH; semantic fluency – estradiol.

Conclusions.– We treat our study results as a voice in the discussion on this interesting and important problem.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0872

Family history and DUP: A retrospective study in first-episode psychosis at CHPL

I. Pinto*, S. Garcia, M.J. Avelino, T. Filipe, T. Teodoro, R. Mateiro, M. Martins, C. Ferreira, S. Alves, J. Salgado, F. Gomes, B. Neves

Centro Hospitalar Psiquiatrico de Lisboa, Clinica 1, Lisboa, Portugal

* Corresponding author.

Introduction.– It is well known that the duration of untreated psychosis (DUP) influences the prognosis of people with a first-episode psychosis (FEP). What it is still to clarify is how some factors affect DUP, like family history and consequently the familiarity with mental illness. Previous research obtained contradictory results for this relation.

Objectives.– Characterize DUP and a positive family history of psychiatric illness, namely psychosis in patients hospitalized for the

first-episode psychosis and analyze if there is any relationship between them.

Methods.– A database with clinical information and family history of all patients hospitalized for the first-episode psychosis (FEP) in 2016 in the Treatment and Stabilization of Adolescents and Young Adults Service (SETA) of the Psychiatric Hospital Center of Lisbon (CHPL) was used in our study.

Results.– From the analysis of the database we obtained 52 patients hospitalized for FEP. The DUP had an average of 42 weeks, with a median of 12 weeks. Relatively to family history we divided the patients in groups: 9 people had family history of psychosis, 14 mental illness in first degree relative, 31 mental illness in the family and 14 no history. The mean values of DUP in each group were 32, 38, 47 and 52 respectively.

Conclusions.– Our results may suggest a decrease in DUP with a family history when compared with no history and even less delay on initiating the treatments when it is a first degree relative or one with psychotic illness. This is concordant with some of the preexisting data.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0873

Time perception of patients with schizophrenia and bipolar disorder in the range of sub- and suprasedonds

I. Szendi*, S. Szalóki

University of Szeged, Psychiatry, Szeged, Hungary

* Corresponding author.

Introduction.– Dysfunction in processing temporal intervals can be detected in numerous psychiatric and neurological disorders. Tracing this phenomena can help us better understand the experience of time in the patients' subjective experiences.

Objectives.– We have compared people with schizophrenia and bipolar disorder regarding time perception, which engages different brain areas during perception in the range of subseconds and suprasedonds.

Participants.– $n = 11$ patients with schizophrenia, $n = 6$ patients with bipolar affective disorder and $n = 10$ healthy volunteers participated in the study.

Methods.– We used interval discrimination (perception task) and a multiple interval tapping (production task) to examine temporal disturbances. The tasks involved time intervals in both subsecond and suprasedond ranges.

Results.– Our results show that patients with schizophrenia show deficits both in temporal discrimination and in the multiple interval production task across suprasedond as well as subsecond ranges. Due to these deficits their performance compared to both patients with bipolar disorder and healthy controls was significantly reduced. In comparison, the performance of patients with bipolar disorder was similar to healthy controls and close to objective time intervals during both perception and production tasks.

Conclusions.– Our findings are consistent with previous results suggesting that patients with schizophrenia suffer from a general timing dysfunction rather than a localized temporal deficit. We have also found that regarding time perception, it is possible to differentiate not only between healthy controls and people with schizophrenia but also between people with schizophrenia and bipolar disorder.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0874

An audit of quality of assessment of side-effects in patients prescribed depot anti-psychotics in community mental health service

H. Tahseen

Park Lodge Resource Centre, Community Mental Health Services, Northwich, United Kingdom

* Corresponding author.

Introduction.– According to NICE 2009 standards, People receiving depot antipsychotic preparations should be maintained under regular clinical review, particularly in relation to risks and benefits of the medication.

Objectives.– Aim of the audit is to ensure that all patients on long acting depot antipsychotics should have standard review at least once a year.

Method.– 50 male and 50 female patients under two responsible clinicians in a Community Mental Health Service were randomly selected using prescribing data from the pharmacy department from March 2016 till March 2017 and we examined their medical notes about diagnosis, type and dose of depot anti-psychotic and documentation of annual reviews of side effects. It was also useful to consider whether there was a record for weight gain, movement disorders, sexual side effects and menstrual abnormalities. If patients were experiencing side effects, it was noted whether appropriate action was taken (e.g. blood test for Prolactin level, consideration of medication for extra-pyramidal side effects). The percentage of patients with an enquiry relating to side effects was also calculated.

Results.– 33% didn't have any documentation of side effects. 29% had a documented physical examination specifically to assess side effects. 35% had a documented movement disorder. No documentation on sexual side effects was present.

Conclusions.– There was a clear requirement for improvement in the assessment of side effects and their documentation. A physical health-check form should be devised for such patients with clear sections on sexual side effects, movement disorders and menstrual abnormalities. Community nurses should initiate annual physical checks.

Disclosure of interest.– The author has not supplied a conflict of interest statement.

PW0875

Perinatal stress and psychosis onset: Results from the Bologna first episode psychosis incidence study

I. Tarricone^{1*}, L. Negrelli², G. Pollutri³, M.G. Nanni², D. Berardi⁴

¹ Alma Mater Studiorum University of Bologna, Department of Medical and Surgical Sciences, Bologna, Italy; ² Università di Ferrara, Clinica Psichiatrica, Ferrara, Italy; ³ Università di Modena e Reggio Emilia, Dipartimento di Medicina Diagnostica, Clinica e di Sanità Pubblica, Modena, Italy; ⁴ Università di Bologna, Dipartimento di Scienze Mediche e Chirurgiche, Bologna, Italy

* Corresponding author.

Background and aims.– The pathogenesis of psychosis relies on a constellation of causal factors according to the gene-environment interaction model. Perinatal stress represents an important risk factor for the development of psychosis because it could interfere with neurodevelopment. However, there are few studies that simultaneously investigated the effects of exposure to risk factors in conception, pregnancy and birth. We aim to investigate the frequency of and correlation with psychotic onset of pre, peri and post-natal risk factors.

Methods.– Case-control – incidence study. Patients (and their mothers) were eligible if they presented for the first time with first episode psychosis at the Bo West CMHC between 2002 and 2012. The Bo West CMHC serves a catchment area of about 200,000 people. The controls were recruited in the same catchment area and study period [1].

Results.– 42 patients and 26 controls and their mothers were included. Adjusted logistic regression showed that psychosis onset was significantly associated with: stressful situations during pregnancy; lower level of maternal physical health before or during pregnancy; use of anti-inflammatory drugs during pregnancy; low level of maternal education.

Conclusions.– The results of our study suggest that stress during pre- and perinatal periods increases the risk of developing psychosis. More attention should be given to the containment of preinatal stress and the prevention of its adverse effects on mother and child mental health.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Reference

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PW0876

Comparison of facial expressions between the patient with schizophrenia and healthy control, utilizing the human facial modelling lab – Pilot study

K.M. Wilczynski^{1*}, A. Dudek², K. Krysta², D. Pęszor³, E. Martyniak², M. Wojciechowska³, M. Krzystanek², K. Wojciechowski³, M. Janas-Kozik¹

¹ Medical University of Silesia, Department of Psychiatry and Psychotherapy of Developmental Age, Katowice, Poland; ² Medical University of Silesia, Department of Psychiatric Rehabilitation, Katowice, Poland; ³ Polish-Japanese Academy of Information Technology, Human Facial Modelling Lab, Bytom, Poland

* Corresponding author.

Introduction.– Aggravated social competencies, caused by deficits in area of communication, may have prominent, adverse impact on quality of life of individuals suffering from psychiatric disorders. Inability to properly exhibit and interpret facial expressions (FE), may lead to social exclusion, unemployment and deterioration of family life, what may significantly affect outcomes of the treatment. Aim of our study was to compare intensity of facial expressions in the individual with schizophrenia and in healthy control.

Methods.– 47-year-old patient suffering from schizophrenia, and 36-year-old healthy individual were presented with two video materials. First one contained different FE, presented by an actress, which they had to imitate. Second one consisted of a short comedy show which was intended to elicit spontaneous FE. Acquisition of FE was conducted with marker-based technology of human facial modelling. Obtained data was analyzed using Microsoft Excel and Mokka Software.

Results.– An overall range of FE, in the patient with schizophrenia, equaled 5.38 mm in case of the first video material and 2.10 mm in case of the second. In the healthy control values equaled respectively 6.41 mm and 7.66 mm.

Conclusions.– An overall FE intensity, measured as average distance covered by all markers during shifts from neutral position was significantly higher in case of the healthy participant. Utilization of

marker-based methods in analysis of human FE seem to be reliable and remarkably accurate methodology.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0878

Iatrogenic psychosis

I. Lokmić-Pekić¹, S. Biše², H. Amra², A. Muhamed³

¹ Psychiatric hospital of Canton Sarajevo, Bosnia and Herzegovina, Intensive care, Sarajevo, Bosnia, Herzegovina; ² Psychiatric hospital of Canton Sarajevo, Bosnia and Herzegovina, Women department, Sarajevo, Bosnia, Herzegovina; ³ Psychiatric hospital of Canton Sarajevo, Bosnia and Herzegovina, man department, Sarajevo, Bosnia, Herzegovina

* Corresponding author.

Introduction.– Medication acts as dopamine agonist in correction of pituitary disorders and treatment of pituitary tumor, prolaktinoma (pituitary tumor that increases secretions of prolactin). Adverse reactions to medication can present itself as confusion, psychomotor agitation, and hallucinations.

Case report.– 37 yo patient who was placed at the psychiatric unit 13 years ago. After 5 years of ambulatory treatment medication was discontinued and patient was in steady remission for next 7 years. Patient was hospitalized again due to the return of psychological symptoms. CT scan of the brain had shown tumor at the base of the skull. Patient was taken to neurosurgery and afterwards treated by endocrinologist due to increased prolactin. At the end of the treatment patient still presented symptoms and was admitted to psychiatric hospital. Symptoms of agitation, hallucinations, and disorganized behavior were possibly brought on by implementation of Cabergoline, agonist of dopamine, so the medication was discontinued. Patient then was treated with antipsychotic medication haloperidol, aripiprazol and anxiolytic. Due to unsatisfactory results and presented signs of EPS, clozapine is introduced during hospitalization multiple consultations were done by endocrinologist and neurosurgeon and treatment with cabergoline was implemented again. Patient was discharged after 31 days absent of psychological symptoms.

Conclusion.– Recognition and treatment of patients with prolactin and psychiatric symptoms is difficult because treatment of one disorder can have negative effects on the other disorder. Joint efforts from multidisciplinary teams are necessary during treatment.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Depression - Part III

PW0880

Comparison of emotional distress in renal disease patients undergoing hemodialysis and patients with kidney transplantation in Cyprus

K. Argyropoulos¹, G. Charalambous², P. Faidonos², A. Aresti², A. Argyropoulou³, P. Gourzis⁴, G. Gastouniotis⁵, D. Avramidis¹, E. Jelastopulu¹

¹ Medical School, University of Patras, Public Health, Patras, Greece;

² Frederick University, Postgraduate Program Health Management,

Nicosia, Cyprus; ³ Health Centre, General Practice, Andravida, Greece;

⁴ University Hospital of Patras, Psychiatry, Patras, Greece; ⁵ General

Hospital of Athens "Hippocratio", Emergency, Athens, Greece

* Corresponding author.

Introduction.– Populations facing chronic illnesses have been reported to have poorer quality of life and of mental health.

Purpose.– The purpose of the study was to estimate differences referring in the presence of emotional distress in two groups of renal disease patients. Moreover, to investigate the relationship of sociodemographic variables to mental health.

Material and method.– A sample of 230 patients were recruited, consisting of 130 patients undergoing hemodialysis (HD) and 100 patients with successful kidney transplantation (KT). The instrument used to assess the emotional distress was the Greek version of the Hospital Anxiety and Depression Scale (HADS).

Results.– Patients with HD scored overall higher on the HADS compared to patients with KT (13.52 vs 10.30). Both patient groups showed higher mean scores in depression (HD: 8.85; KT: 6.20) than in anxiety (HD: 4.67; KT: 4.10). We observed statistically significant differences in the mean values for the overall HADS score ($t = 3.12$, $P = 0.002$) between HD patients and transplanted patients. Female patients scored overall higher compared to males in both groups (HT: 6.10 vs 11.91; KT: 11.20 vs 9.70), being significantly associated only in HT patients. In patients with KT older ages, lower educational level, being divorced or widowed and being retired scored significantly higher, whereas in HT patients only educational level and marital status play a significant role.

Conclusions.– In the present study, the overall HADS score was higher in HT patients, indicating thus the higher psychological discomfort in these patients. Furthermore, depression was associated with demographic parameters such as gender, age, educational level, marital and occupational status.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0882

Suicide in Huntington disease: Case report

C.A. Crisan¹, R. Moldovan², R. Popp³, V. Tibre¹

¹ Iuliu Hatieganu University of Medicine and Pharmacy Cluj-Napoca, Neurosciences, Cluj-Napoca, Romania; ² Babes-Bolyai University, Psychology, Romania; ³ Molecular Sciences, Romania

* Corresponding author.

Introduction.– Huntington disease has traditionally been considered a movement disorder, but psychiatric symptoms as depression are one of the most common symptoms in HD, with a prevalence highest in manifest disease during stage 2, but it is also present during the illness prodrome.

Objectives.– The aim of this paper is to highlight the importance of an accurate evaluation of psychiatric symptoms, especially depression in Huntington disease patients, taking into account the major risk of suicide.

Methods.– The case of Mrs KDG, 49-year-old diagnosed with HD is presented. She was admitted in the Psychiatric Clinic I of the Emergency County Hospital Cluj-Napoca for negative hyperthymia, loss of interest and enjoyment, anxiety, anhedonia, reduced concentration, bleak and pessimistic view of the future, Beck triade with worthlessness, helplessness, hopelessness, diminished appetite, disturbed sleep, severe impairment in functionality due to motor symptoms (chorea, dystonia, impaired walking).

Results.– The psychological evaluation revealed an IQ of 110 points, MADRS score = 36 points, Beck inventory = 16 points, STAI-X1 = 58 points, STAI-X2 = 37 points, SCID-II revealed introvert and anankast traits. The neurological evaluation revealed chorea in distal, proximal and axial extremities and in facial musculature. A treatment with an SSRI antidepressant (Escitalopram 15 mg/day), a benzodiazepine (Clonazepam 2 mg/day) and a hypnoinductor (Zolpidem 10 mg/day) was initiated. The patient was very compliant with

treatment, unfortunately, two months after discharge, she committed suicide.

Conclusions.– Identification and treatment of depression in individuals with the HD mutation is an essential part of clinical management in this population, especially owing to the high risk of suicide.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0883

Positive psychology for management of suicidal patients: A controlled trial

D. Dassa^{1*}, E. Olie², P. Courtet², D. Ducasse²

¹ CHU Lapeyronie, Urgence post urgence Psychiatrique, Montpellier, France; ² CHU Lapeyronie, Urgence Post-Urgence Psychiatrie, Montpellier, France

* Corresponding author.

Introduction.– Gratitude is based on the ability to focus our attention in a different way towards daily life events, to fit into the present moment with attention and openness, in order to have a meaningful life. Gratitude includes mindfulness skills. Both gratitude and mindfulness have been shown their efficacy in reducing depressive symptomatology and suicidal ideation (Lambert, Fincham et al., 2012; Proyer, Gander et al., 2014). Recently Huffman et al. (2014) demonstrated the feasibility of an intervention based on positive psychology in suicidal inpatients. Patients performed daily positive psychological exercises during 7 days. Exercises including gratitude were associated with increased optimism and reduced hopelessness, which are dimensions linked with suicide.

Objective.– To compare the effectiveness (decreased psychological pain) of add-on positive psychology vs. control exercise in suicidal inpatients. We will present the results of a randomized controlled trial comparing the effectiveness of gratitude diary (vs. food diary) as an add-on to the usual management in 206 hospitalized patients with suicidal ideation or suicide attempt. We have assessed change of psychological pain, suicidal ideation, hopelessness and optimism between pre and post-intervention.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0885

Validation of the Zung Self-Rating Depression Scale in primary health care setting in Greece

G. Tsiros¹, E. Jelastopulu^{2*}, V. Katsari³, P. Voila⁴, A. Tsirou¹, A. Varaklioti⁴, P.R. Domeyer⁴

¹ Health Center of Gastouni, General Medicine, Gastouni, Greece;

² Medical School, University of Patras, Public Health, Patras, Greece;

³ University of Peloponnese, Social and Educational Policy, Corinth, Greece; ⁴ Hellenic Open University, School of Social Sciences, Patras, Greece

* Corresponding author.

Introduction.– Depression is a chronic disease frequently encountered in patients seeking primary care, especially since the advent of the economic crisis. For the evaluation of depression in primary health validated tools are often used. The Zung Self-Rating Depression Scale (SDS) has been studied in a variety of populations. Till now, the Greek version has been validated only in a psychiatric setting.

Objectives.– To further validate the Greek version of the SDS in a patient sample of Greek primary health care units.

Methods.– A representative sample of 612 patients from six health centers and six rural practices in Greece took part in the study. All participating patients were randomly split into two equal groups and exploratory factor analysis was conducted initially on the first group to create multi-item scales. Confirmatory factor analysis was then performed on the second group to assess the model fit.

Results.– The questionnaire showed an excellent overall internal consistency (Cronbach's alpha = 0.942). A three-scale model (I: cognitive factor, II: somatic factor, III: restlessness) was extracted from the exploratory factor analysis. The confirmatory factor analysis indicated an acceptable model fit.

Conclusions.– The findings suggest that the Greek version of the SDS has good psychometric properties and can be used in primary healthcare settings.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0886

Screening of depression in primary healthcare with the Zung Self-rating Depression Scale: Detection of the optimal cut-off point

G. Tsiros¹, E. Jelastopulu^{2*}, P. Sarafis³, P. Voila⁴, A. Tsirou¹, M. Malliarou⁴, P.R. Domeyer⁴

¹ Health Center of Gastouni, General Medicine, Gastouni, Greece;

² Medical School, University of Patras, Public Health, Patras, Greece;

³ Cyprus University of Technology, Nursing, School of Health Sciences, Limassol, Cyprus; ⁴ Hellenic Open University, School of Social Sciences, Patras, Greece

* Corresponding author.

Introduction.– The Zung Self-Rating Depression Scale (SDS) is a validated tool for the assessment of depression. However, considerable ambiguity exists regarding its optimal cut-off point for the screening of depression.

Objectives.– The aim of our study was to assess the optimal cut-off point of the Greek SDS for the screening of depression in primary care.

Methods.– A total of 612 patients from six healthcare centers and six rural practices in Greece were clinically examined for depression and screened for depressive disorder using the SDS and the EQ-15D instruments. A ROC analysis was conducted on the SDS to detect the optimal cut-off value for the screening of depression.

Results.– The prevalence of major depression was 23.7% (145/612 patients). The ROC analysis on the SDS indicated that the area under the ROC curve was 0.901 and that the optimal cut-off value for screening of depression was 48 (sensitivity = 77.9%, specificity = 86.3%, correctly classified = 84.3%). The SDS score was highly correlated with the EQ-15D depression subscale ($r = 0.818$, $P < 0.0001$).

Conclusions.– The Greek version of the SDS is a valid tool to detect depression in primary care, indicating a score of 48 as an optimal cut-off-point.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0889

St. John's Wort and single compounds attenuate gene expression in neuronal cells after dexamethasone induced stress

S. Verjee¹, A. Weston², C. Kolb^{3*}, H. Abdel-Aziz³, V. Butterweck¹
¹ Institute for Pharma Technology, School of Life Sciences, University of Applied Sciences Northwestern Switzerland, Muttenz, Switzerland;
² Institute for Chemistry and Bioanalytics, School of Life Sciences, University of Applied Sciences Northwestern Switzerland, Muttenz, Switzerland;
³ Steigerwald Arzneimittelwerk GmbH, Medical and clinical affairs, Phytomedicines Supply and Development Center, Darmstadt, Germany
 * Corresponding author.

Background.– It is well known that dysregulation of the HPA axis plays an important part in the development and maintenance of depressive symptoms. Glucocorticoids affect cellular and molecular events in brains by modulating the expression of many genes during stress. In the present study we evaluated the effects of a St. John's wort extract (STW3-VI), hyperforin, miquelianin and the SSRI citalopram on the expression of genes relevant to HPA axis function in human neuronal cells.

Methods.– SH-SY5Y cells were treated with STW3-VI (20 µg/mL), hyperforin (10 µM), miquelianin (10 µM) or citalopram (10 µM) in the presence or absence of the glucocorticoid receptor agonist dexamethasone (DEX, 10 µM) for 6 h and 48 h, respectively. Quantitative real time PCR was used to determine the expression of FKBP5, CREB, GRIK4, VEGF, NET, and ARRB, which have been shown to be meaningful biomarkers in the treatment response for depression.
Results.– Using DEX to mimic stress conditions, we were able to show the responsiveness of the selected genes. It was shown that the gene expression pattern of FKBP5, CREB, GRIK4, VEGF, NET, and ARRB2 in SH-SY5Y neuronal cells is time and treatment dependent. Most pronounced effects were observed for FKBP5, which was upregulated after 6 h (1.3 fold) but an even stronger increase in mRNA expression was observed after 48 h (1.8 fold). While after 6 h of co-incubation only STW3-VI could reverse the dexamethasone induced increase in FKBP5 expression, after 48 h citalopram, miquelianin and hyperforin also reversed the glucocorticoid induced increase in FKBP5 mRNA expression.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0891

About the effectiveness of low-frequency repetitive transcranial magnetic stimulation (LF-rTMS) in the treatment of moderate to severe recurrent depressive disorder

F. Lasters^{1*}, I. Mestdagh¹, B. Chris², G. Hans³, P. Van de Heyning⁴, F. Van Den Eede¹
¹ University Hospital Antwerp, Psychiatry, Antwerp, Edegem, Belgium;
² University Hospital Ghent, Psychiatry, Ghent, Belgium;
³ University Hospital Antwerp, Anesthesia, Antwerp, Edegem, Belgium;
⁴ University Hospital Antwerp, otorhinolaryngology, Antwerp, Edegem, Belgium
 * Corresponding author.

Introduction.– As a biological treatment modality for depressive disorders, low-frequency repetitive transcranial magnetic stimulation (LF-rTMS) at the dorsolateral prefrontal cortex has been shown to be effective. However, there is no consensus about the treatment protocol and clear predictors of treatment response are as yet lacking.

Objectives.– The primary objective of the present study was to determine whether a 5-week, 3-times a week LF-rTMS augmentation protocol is effective in treating moderate to severe recurrent unipolar depressive disorder. The secondary objective was to investigate which subdomains of the Beck Depression Index-II-Dutch (BDI-II-NI) predict treatment outcome best.

Method.– A retrospective, uncontrolled, open-label study including 20 consecutive patients. In the analysis, the last-observation-carried-forward approach was adopted. Response was defined as a 50% decrease in BDI-II-NI scores, with items being clustered into a cognitive, an affective and a somatic domain.

Results.– A significant post-treatment decrease in BDI-II-NI scores ($P=0.003$) was observed in 40% of the patients. The reductions in the cognitive ($P=0.016$), affective ($P=0.001$) and somatic ($P=0.002$) domains were all statistically significant. The somatic domain was the strongest predictor ($P=0.005$; $R^2=0.540$).

Conclusion.– The proposed LF-rTMS protocol is effective in the treatment of moderate to severe unipolar depressive disorders, with the somatic domain of the BDI-II-NI being the most predictive of treatment success.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0892

Incidence of treatment-resistant depression in a cohort of patients with major depressive episode

S. Maroua^{1*}, R. Jomli¹, U. Ouali¹, Y. Zgueb¹, S. Ouannes², F. Nacef¹
¹ Razi Hospital, psychiatry A, Mannouba, Tunisia; ² CHUV, psychiatry, Lausanne, Swaziland
 * Corresponding author.

Introduction.– Depression is a common, and disabling disorder with serious individual and collective consequences. This highlights the need to individualize and scrutinize the concept of resistant depression in order to adapt the therapeutic strategies.

Objectives.– To estimate the incidence of treatment-resistant depression in patients with a first major depressive episode, and to examine the sociodemographic and clinical factors associated with resistance.

Methods.– A descriptive prospective longitudinal study of outpatients with a first major depressive episode, was conducted. Patients with bipolar disorder, or having had a positive score in the Hypomanic Check List 32 were excluded. Eligible patients were put on a selective serotonin reuptake inhibitor, either fluoxetine or sertraline. Participants were followed regularly until they had a therapeutic response or until they met the criteria for resistant depression.

Results.– The study involved 82 adults, with a mean age of 44.5 ± 11.1 years and a sex ratio of 0.46. The incidence of treatment-resistant depression was 19.4% 95% CI=[5.5–33.3]. Among the sociodemographic and clinical factors, family history of psychosis ($P=0.038$) and chronic respiratory comorbidities ($P=0.016$) were associated with treatment-resistance.

Conclusion.– In this study, the incidence of treatment resistant depression is at the lower limit of the figures reported in the literature. Identifying clinical factors predictive of resistance can certainly help clinicians to recognize cases of resistant depression promptly. Genotypic analysis which will probably become more widespread in the clinical practice, will likely lead to an even earlier prediction to treatment response.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0893

Efficacy of music therapy interventions in the treatment of mood disorders: A systematic review

G. Panciroli¹, M. Marchi¹, G. Mattei², G.M. Galeazzi¹, S. Ferrari¹

¹ University of Modena and Reggio Emilia, Department of Diagnostics, Clinical and Public Health Medicine, Section of Psychiatry, Modena, Italy; ² University of Modena and Reggio Emilia, Department of Diagnostics, Clinical and Public Health Medicine, Section of Psychiatry, "Marco Biagi" Department of Economics, Modena, Italy
* Corresponding author.

Introduction.– In the treatment of mood disorders, especially of depressive disorders, different psychotherapeutic techniques, such as cognitive-behavioral therapy and interpersonal therapy, play a significant role, alongside drug therapy. In this context, music therapy may contribute to the treatment of depressive disorders and bipolar disorders. Music therapy intervention techniques can be either active or receptive and performed in either individual or group sessions.

Objectives.– This study aims to investigate the effectiveness of music therapy interventions in the treatment of mood disorders by means of systematic review of the scientific literature.

Methods.– A bibliographic research was performed within the scientific databases "Web of Science" and "Scopus". The article's selection was made using the criteria of the PRISMA guidelines.

Results.– Of the 1420 records identified through database searching, only 12 randomized controlled trials on depressive disorders met the inclusion criteria required by this review and no study was found on bipolar disorders. Ten studies found a statistically significant decrease in depression levels with music therapy compared to control groups. One study showed positive changes with music therapy but it did not reach statistical significance. One study underlined that music therapy could have an impact in the cortical activity of depression, recorded via EEG. Due to marked heterogeneity of interventions, populations and outcome measures, no data synthesis or meta-analysis were possible.

Conclusions.– Findings from individual studies suggest that music therapy on patients suffering from mood disorders is a feasible treatment and support the need for further research on this subject.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0896

Deep breathing exercises (DBE) impacted favorably on patients with hypertension and symptoms of anxiety and depression

D. Sadeghi Bahmani¹, M. Ahmadpanah², M. Haghighi², L. Jahangard², U. Lang¹, E. Holsboer-Trachsler¹, S. Brand¹

¹ University of Basel Psychiatric Hospital, Center for Affective, Stress and Sleep Disorders ZASS, Basel, Switzerland; ² Hamadan University of Medical Sciences, Behavioral Disorders and Substances Abuse Research Center, Hamadan, Iran
* Corresponding author.

Background.– There is increasing interest in investigated the possible influence of non-pharmacological interventions among patients with hypertension (HT), along with depression and anxiety. Here, investigated, if and to what extent deep breathing exercises over a time period of eight weeks, compared to a control condition.

Methods.– A total of 60 patients (mean age: 58 years) suffering from hypertension, depression and anxiety took part in the study. They were randomly assigned either to the intervention (deep breathing exercises (DBE)) or the control condition (leisure time activity

(LTA)). They completed questionnaires on depression and anxiety. Blood pressure was assessed twice. DBE consisted of group sessions of 60–90 min once the week and exercising at home. LTA consisted of group sessions of handy crafting and outdoor activities at the same duration, intensity and frequency as the DBE condition. The intervention lasted for 8 weeks; further 8 weeks later, follow-up was performed.

Results.– Hypertension, and symptoms of depression and anxiety decreased significantly over time, but more so in the DBE, compared to the LTA condition. After study completion and 8 weeks later (follow-up), the effect of DBE remained stable.

Discussion.– Deep breathing exercises have the potential positively impact on hypertension, depression and anxiety. Further, the technique is easy to learn, easy to apply and easy to install during everyday life.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0899

Albumin binding-site alteration in melancholic depression under pharmacotherapy

M. Uzbekov¹, T. Syrejschikova², N. Smolina¹, V. Brilliantova¹, G. Dobretsov³, V. Krjukov⁴, V. Krasnov⁵

¹ Moscow Research Institute of Psychiatry, Brain Pathology, Moscow, Russia; ² Lebedev Physical Institute, High energy electrons, Moscow, Russia; ³ Research and Clinical Center of Physical-Chemical Medicine, Department of Photonics, Moscow, Russia; ⁴ Moscow Research Institute of Psychiatry, Department of Affective Disorders, Moscow, Russia; ⁵ Moscow Research Institute of Psychiatry, Department of Affective Disorders, Moscow, Russia
* Corresponding author.

Introduction.– Depression is one of most frequent and severe mental disorders. There are no objective laboratory indices that can help to assess the severity of condition and efficacy of pharmacotherapy. Disturbances in molecular processes in pathological conditions can be connected with conformational changes in protein (albumin) structure.

Objectives.– Investigation of blood albumin conformation in patients with melancholic depression under pharmacotherapy.

Methods.– 22 patients with melancholic depression were examined before and after 30 days of treatment with Venlafaxin (150 mg/day). Control group consisted of 54 volunteers. Fluorescence decay of CAPIDAN fluorescent probe bound to serum albumin was measured in nano- and picosecond ranges using laser device. Samples were excited by rapid laser flash (7×10^{-10} s).

Results.– 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. Analysis of fluorescence decay parameters of CAPIDAN probe in serum samples of controls and patients before treatment showed that the mean amplitudes A1, A2, and A3 in sera of patients were significantly higher than in controls ($P=0.025$). In course of treatment with Venlafaxin (30 days), fluorescence intensity of CAPIDAN probe decreases and approaches the fluorescence of controls. The relative changes of all three amplitudes during treatment were practically the same.

Conclusions.– Melancholic depression is followed by disturbances in albumin conformation. Studied parameters can serve as potential biomarkers for evaluation of efficacy of pharmacotherapy.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

PW0900

**Metacognitive therapy for depression:
A feasibility study in Germany**L. Winter^{1*}, U. Schweiger², A. Wells³, K.G. Kahl¹¹ Hannover Medical School, Psychiatry, Hannover, Germany;² University of Luebeck, Department of Psychiatry, Luebeck, Germany; ³ University of Manchester, Division of Psychology and Mental Health, Manchester, United Kingdom

* Corresponding author.

Background.– Metacognitive therapy (MCT) is a recent development with demonstrated efficacy in current major depressive disorder (MDD). The treatment aims to modify thinking styles like rumination and worry and their underlying metacognitions, which have both been shown to be involved in the initiation and perpetuation

of MDD. Wells has published a treatment manual in English which has been translated into German in 2010. With our study we investigated whether this treatment manual leads to similar treatment effects when used in the German version.

Methods.– 20 depressed patients were included. They all received metacognitive therapy by certified therapists on an outpatient basis.

Results.– We found significant improvement of depression symptoms measured with the BDI ($d > 0.8$). A further indicator for excellent feasibility is the fact that no drop outs were observed.

Conclusions.– The German version of the treatment manual is feasible for the treatment of depression. The treatment was well accepted and response, remission and recovery rates were high.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.