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**Abstracts of the  
26th European  
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26th European Congress of Psychiatry

## Ask the Experts

## Ask the Experts I

ATE0001

**Person-centered psychiatry**

G. Stanghellini

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

Most of our current, supposedly humanitarian or dialogic therapeutic practices are based on the ideal of establishing some form of consensus between patients and carers. Yet consensus is a woolly kind of dialogic value. While it looks for agreement and harmony, it implicitly holds that some values are better than others and builds on the metaphysical belief that conflict of values is just a stage on the way to sharing universal values. In this vein, conflicts of values are signs of imperfection, rather a constitutive part of human life. This unrealistic idea promotes pseudo-dialogic practices that downplay the person’s subjectivity and surreptitiously endorse one-sided values. Examples of this are social rehabilitation (which endorses prevailing social values), or potentially intolerant techniques to enhance compliance (which endorse the distinction illness/health based on the clinician’s values)—both taking for granted that “good” values are on the side of the clinician. Coexistence with mental sufferers and with the values each of them embodies is better practice. This practice is produced in dialogue, which is contact across a distance. It aims to acknowledge, understand, and respect different ways of life, enlighten our ethical conflicts, honor conflicting values—and ultimately negotiate reciprocal recognition.

Person-centered practice is much more than assessing operationalized symptoms and eliminating them, or reducing their intensity through some kind of therapeutic technique. Rather, it is a *quest for meaning and reciprocal recognition*. It seeks for meaning, order, and value within and throughout ordinary experience and the patient’s everyday life. It is a meeting of forms of life—the patient’s and the clinician’s—each with its system of relevance and meaning structure, stemming from different and sometimes conflicting values. It is the occasion to initiate a shared project of reciprocal understanding between the vulnerable person and the mental health carer.

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

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0924-9338/

*Further reading*

G. Stanghellini, M. Mancini (2017) The therapeutic interview in mental health. Cambridge University Press.

ATE0002

**Why eating disorders being in adolescence**

J. Treasure

Institute of Psychiatry, Eating Disorders, London, United Kingdom

Over 30 years ago it was found that involving the family reduced relapse following inpatient treatment in adolescents with a short duration of illness (less than 3 years). This has been replicated, and has since been used as a standalone treatment, with various family permutations (separated parent/individual, multifamily therapy). The treatment is cost effective. For example the length of inpatient stay can be reduced if family therapy is added. Furthermore elements of the intervention have been delivered in self-help forms, sharing skills and information for carers. However 20–30% of cases fail to respond. In particular those who have been ill for over 3 years do not benefit. Non responders may be identified early in the course of treatment. Therefore work to develop new interventions to manage this group of patients is in progress.

Both family therapy and guided CBT are of benefit for binge eating disorder and bulimia nervosa but the evidence base is smaller. In this lecture I will review past evidence and consider new approaches.

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

## Ask the Experts II

ATE0003

### Dealing with migrants' mental health needs

L. Küey  
 Istanbul Bilgi University, Department of Psychology, ISTANBUL, Turkey

The discussions in this “Meet the expert session” will mainly focus on the following topics: Terminology (migration, migrants, forced displacement, refugees, asylum seekers, IDPs and etc.); Current dimensions of forced displacement and migration; Historical perspective on migration; Mental health consequences; Role of psychiatrists and mental health workers.

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

ATE0004

### The WPA program for strengthening the contribution of psychiatrists in situations of conflict and emergency

H. Herrman  
 Orygen- The National Centre of Excellence in Youth Mental Health, Centre for Youth Mental Health, Parkville, Australia

The WPA Action Plan 2017–2020 sets out a collaborative strategy for expanding the contribution of psychiatry to improved mental health for people across the globe. It is based on consultation within the WPA and with potential partner organisations including EPA as well as the work that has preceded it. It builds on the capacity of organised psychiatry to promote mental health and improve equitable access and quality of mental health care. In doing so, the plan provides a targeted strategy for reaching people—particularly young people—who face adversity and disadvantage.

This intent is translated into action through a strategic framework based on three dimensions: (1) Strengthening the contribution of psychiatrists to reducing distress, illness and suicidal behaviour among young people under extreme stress including those affected by conflict and emergencies; and people living with long-standing mental illnesses and their caregivers. (2) Enabling activities—supporting psychiatrists to promote mental health and improve care capacity. These activities include: service development; awareness raising and advocacy; education, publications and research; all conceived as gender- and culturally-sensitive. (3) Partnerships and collaboration—expanding the reach and effectiveness of partnerships with both service providers and service beneficiaries.

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

## Ask the Experts III

ATE0005

### Caring for people with intellectual disabilities

K. Courtenay<sup>1</sup>, B. Perera<sup>2</sup>  
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Intellectual Disability (ID) has a prevalence of up to 3% in the general population. The prevalence of mental disorders in people with ID is high compared with people without ID for example, Schizophrenia prevalence rate is 3%. In addition, the rates of physical disorders for example, diabetes and epilepsy is higher too that can lead to great health inequalities when compared with the general population. Assessing mental disorders in people with ID can be challenging because of communication difficulties, the co-existence of neurodevelopmental disorders or other neurological disorders. An understanding of the presentation of mental disorders in people with ID is essential to making accurate diagnoses and offering treatment.

The purpose of the Ask-the-Expert session is to assist colleagues with limited experience in working with people with ID to manage the complexities involved in assessing and managing mental disorders in this group of people. Participants are encouraged to present relevant cases in the session to the panel who will seek to provide more insights in to assessing and managing mental disorders in ID.  
*Disclosure of interest.* – The authors declare that they has no competing interest.

ATE0006

### Planning ahead for acute mental health crises: Methods and outcomes

C. Henderson  
 King's College London, Health Service and Population Research, London, United Kingdom

The term ‘advance statements’ covers a range of interventions which vary with respect to their basis in legislation and the manner in which health professionals are involved in their creation. Advance directives lie at one end of this range because their content is determined solely by the patient. They have not been shown to have an effect on rates of involuntary hospitalisation. The most likely reason for this is that they are enacted only when the holder is deemed to have lost capacity to make treatment decisions. Routine care plans lie at the other, paternalistic, end of the crisis planning spectrum, as they may be produced without any patient/consumer involvement, although by consensus this is not seen as good practice. Joint crisis plans (JCP) lie toward the centre of this spectrum, as an application of shared decision making. To achieve this, JCPs require an external facilitator, namely an independent third party, to complete the crisis plan. The facilitator, a mental health professional independent of the treatment team, aims to engage the service user and treating mental health professionals in writing the JCP.

The results of a randomized controlled trial of JCPs for people with psychotic or bipolar illness showed reduced use of involuntary hospitalization associated with their use and reported positive views of the plans by service users and mental health professionals, when compared with routine care plans. The larger CRIMSON multi-site trial found a positive effect on service user-rated therapeutic relationships, but no reduction in compulsory admission rate. There was clear evidence that the JCP process had not been fully imple-

mented by many members of staff, because of attitudinal barriers to sharing clinical decision making powers with patients. Increasingly such implementation barriers are being recognised as critical brake on healthcare improvement. Implementation science may therefore be of use for translating the findings of the first trial into routine patient benefit

*Disclosure of interest.*– I was the PI for the first trial of Joint Crisis Plans and a coapplicant on the CRIMSON trial

ATE0007

### **Changes in the classification of sexuality, sexual health, and gender identity for ICD-11**

G. Reed

*World Health Organization, Department of Mental Health and Substance Abuse, Geneva, Switzerland*

In forthcoming Eleventh Revision of WHO's International Classification of Diseases and Related Health Problems (ICD-11), there have been substantial changes related to the classification of conditions

related to sexuality and gender identity previously conceptualized as mental disorders. Changes have implemented based on advances in research and clinical practice, and major shifts in social attitudes and in relevant policies, laws, and human rights standards. Gender identity disorders in ICD-10 have been reconceptualized as 'gender incongruence', and moved to out of the classification of mental disorders to a new chapter on Conditions Related to Sexual Health. All categories specifically related to sexual orientation have been deleted. The proposed classification of paraphilic disorders distinguishes between conditions that are relevant to public health and clinical psychopathology and those that merely reflect private behaviour. Yet, some areas of controversy remain. This Ask the Experts session will provide an opportunity to discuss the main changes, the rationale and evidence considered, and important differences from ICD-10 and DSM-5, as well as to consider the clinical, legal and policy implications of these changes in Europe and around the world.

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



## 26th European Congress of Psychiatry

### Core Symposium: New Perspectives in Negative Symptoms: A Transnosographic Approach to Diagnosis and Treatment

CS0001

#### Treatment of negative symptoms across diagnostic categories: Achievements and challenges

S. Kaiser

Geneva University Hospitals, Adult Psychiatry Division, Geneva, Switzerland

Negative symptoms can be observed in a variety of neuropsychiatric disorders and are not specific to a diagnostic category. The dimensional approach aims at developing specific treatments for negative symptoms independent of categorical diagnoses. Although there is no clear evidence for transdiagnostic treatments so far, this approach has stimulated the discussion on potential target mechanisms. Here we provide a selective review of pharmacological and psychosocial treatment approaches targeting negative symptoms in at least two diagnostic groups of patients.

Pharmacological treatments include modulators of the monoaminergic systems. Antidepressants have been employed in different disorders, but they have only limited effects against negative symptoms without concurrent depression. Stimulants have proven to be effective against negative symptoms in neurological disorders, but clear evidence for efficacy in schizophrenia and affective disorders is lacking. Newer approaches including the use of memantine and anti-inflammatory drugs will be briefly discussed.

Psychosocial treatments have rarely targeted negative symptoms as primary outcome. Nevertheless, cognitive behaviour therapy seems to be a valid treatment option for negative symptoms, but will also have to take into account the diagnostic context. Cognitive impairment has been linked to negative symptoms and recent studies suggest a positive effect of cognitive remediation that is not restricted to patients with schizophrenia. Finally, an increasing number of studies shows a beneficial effect of physical exercise on negative symptoms, although these symptoms have rarely been defined as the primary outcome.

Future development of transdiagnostic treatment approaches should aim at a better integration of pharmacological and psychosocial treatment approaches. A truly dimensional approach to

the treatment of negative symptoms will eventually require transdiagnostic treatment studies, which employ the same treatment protocol across diagnostic categories.

*Disclosure of interest.*– SK receives royalties for cognitive test and training software from Schuhfried (Austria).

### Core Symposium: Brain Mechanisms of Resilience to Mood and Psychotic Disorders

CS0002

#### Brain volume abnormalities in different types of first degree relatives of schizophrenia and bipolar disorder: An ENIGMA study

N. Van Haren<sup>1,\*</sup>, S. de Zwarte<sup>1</sup>, C. Ching<sup>2</sup>, O. Andreassen<sup>3</sup>, T. van Erp<sup>4</sup>, J. Turner<sup>5</sup>, P. Thompson<sup>2</sup>, R. Brouwer<sup>1</sup>, for the ENIGMA Relatives Working Group<sup>2</sup>

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\* Corresponding author.

*Background.*– First-degree relatives of schizophrenia (SZ) and bipolar disorder (BD) patients show brain abnormalities. Through the ENIGMA consortium, we compare different types of SZ or BD first-degree relatives (i.e. co-twins, siblings, offspring, parents) to healthy controls (HC) on global and subcortical brain measures.

*Methods.*– To date, 6235 individuals (of which 1177 SZ relatives and 868 BD relatives) from 27 independent studies were included. MRI scans were processed with FreeSurfer. Linear mixed model analyses were performed comparing each type of relative to HC, while taking family relatedness into account. Cohen's *d* effect sizes were obtained at each site and then pooled using an inverse variance-weighted random-effects meta-analysis for all relatives combined.

*Results.*– First-degree relatives of BD patients had a significantly larger intracranial volume (ICV) than controls (Cohen's *d* = 0.16), which was not the case for SZ relatives (*d* = –0.03). See figures. Fur-

thermore, first-degree relatives of BD patients showed significantly larger volumes of cortical and cerebellum GM ( $d=0.14$ ,  $d=0.12$ ), total surface area ( $d=0.14$ ), and lateral ventricle volume ( $d=0.13$ ) as compared with controls, which no longer reached significance after correction for ICV. After ICV correction only a smaller thalamus volume ( $d=-0.13$ ) was found in BD relatives.

First-degree relatives of SZ patients showed significantly smaller volumes of the total brain ( $d=-0.11$ ), cerebral WM (Cohen's  $d=-0.09$ ), cerebellar GM ( $d=d0.10$ ) and WM ( $d=-0.09$ ), mean cortical thickness ( $d=-0.14$ ), accumbens ( $d=-0.09$ ), putamen ( $d=-0.09$ ) and thalamus ( $d=-0.12$ ), and a larger third ventricle volume ( $d=0.13$ ) relative to controls. After correction for ICV, the pattern of findings for SZ relatives remained largely similar or effect sizes increased, and additionally included a smaller cortical GM volume ( $d=-0.13$ ).

**Conclusions.**– The main finding is that BD relatives have a larger ICV as compared with controls, which was not the case in SZ relatives. In contrast, smaller global and subcortical brain volumes were present in SZ relatives. This may implicate that the familial risk for SZ and BD differentially associates with structural brain measures, possibly reflecting different neurodevelopmental pathways. We are currently expanding the analyses to investigate whether having a DSM diagnosis other than SZ or BD in the relatives explains the differences in intracranial and other brain volumes, and whether there are differences between the different types of relatives.

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

CS0003

### **Polygenic risk profile score increases schizophrenia liability mostly through cognition pathways: Mathematical causation models with latent cognition and polygenic risk**

T. Touloupoulou<sup>1,\*</sup>, X. Zhang<sup>2</sup>, R. Straub<sup>3</sup>, D. Dickinson<sup>4</sup>, K. Berman<sup>4</sup>, P. Sham<sup>2</sup>, D. Weinberger<sup>3</sup>

<sup>1</sup> Bilkent University, Psychology, Ankara, Turkey; <sup>2</sup> The University of Hong Kong, Department of Psychiatry, Hong Kong Special Administrative Region; <sup>3</sup> Johns Hopkins University, Lieber Institute of Brain Development, Baltimore, USA; <sup>4</sup> National Institutes of Mental Health, Psychosis, Bethesda, USA

\* Corresponding author.

**Objective.**– Cognition shares substantial genetic variance with schizophrenia, with recent evidence from cross diagnosis genome-wide association study (GWAS) data and from statistical modeling of twin data suggesting direct causality from the former to the latter. However, it is not clear how much of the genetic component of schizophrenia is mediated through cognition. Thus, we included in causation models direct measurements of the genetic risk (e.g. schizophrenia polygenic risk scores) to quantify the genetic component of schizophrenia that is mediated by cognition and captured by the polygenic risk score.

**Method.**– Data were from 1313 members of 1078 families, and included 416 schizophrenia patients, 290 unaffected siblings, and 607 controls. Polygenic risk scores (PRS) were based on the latest data from the schizophrenia working group of the Psychiatric Genomics Consortium (PGC) and represented the sum of genotypic scores for all common genetic variants associated with schizophrenia at p-value thresholded to 0.05 (i.e. PRS6). Cognition (L-COG) was extracted through common pathway models and captured the common variance across measurements in six cognitive domains: processing speed, verbal memory, visual memory, span, working memory, and executive function.

**Results.**– Of the genetic component of schizophrenia, 2.71% was through PRS pathways mediated by L-COG, 3.93% by PRS covariation pathways that included L-COG, and 26.87% by L-COG pathways not captured by the PRS. The remaining variance in schizophrenia liability was through pathways other than cognition and PRS.

**Conclusions.**– Cognition pathways captured by the PRS score mediated a significant part of genetic risk for schizophrenia. However, the evidence suggests that other cognition pathways not captured by PRS mediate an even greater part. We anticipate that when schizophrenia PRS include all possible variants associated with risk, more than 25% of the variants' cumulative effect will first influence variation in cognition.

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

## **Core Symposium: Forcibly Displaced People and Mental Health in Europe: Challenges and Needs**

CS0004

### **Dimensions of the problem and the psychosocial context**

L. Küey

Istanbul Bilgi University, Department of Psychology, Istanbul, Turkey

Warfare, armed conflicts, persecution and human rights violations, in different parts of the world have led to an humanitarian disaster: forced displacement of millions of people, especially in the last decade. There has been an increase in the number of refugees by about 1/3 over the last 10 years, over half of whom were under the age of 18. Hence, this is not only a disaster of today but will have serious impact on our future.

Forcibly displaced people are under threat in all areas of attachment, mastery, and survival. Almost all attachments are left behind, degree of mastery is decreased; the nutrition of the self and the self-image are devastated. Basic needs for survival maintained mostly in the mercy of others. Refugees fleeing with few possessions leading to neighbouring or more developed countries face many life-threatening risks before, during and after displacement, and they have nowhere to return. A refugee is a person who has lost the past for an unknown future. Experiences of loss and danger are imprinted in their selves.

There is increasing evidence that about 60% of refugees and asylum seekers residing in Europe suffer from mental disorders in the short/medium term. In the long term, evidence suggests that mental disorders tend to be highly prevalent in war refugees even many years after resettlement. This increased risk may not only be a consequence of exposure to wartime trauma but may also be influenced by post-migration socio-economic factors.

This presentation aims to review the current situation of the forcibly displaced people (refugees and asylum seekers) living in Europe. The dimensions of the problem and the psychosocial context in which the mental health problems develop will be further discussed.

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

CS0005

### **Mental health situation of forcibly displaced people**

M. Schouler-Ocak

*Psychiatric University Clinic of Charité at St. Hedwig Hospital, Psychiatry and Psychotherapy, Berlin, Germany*

It is well known that migration is one of the risk factors for developing mental disorders, and that traumatized migrants, in particular, may face psychological distress and even serious psychiatric illness as they have been exposed to adverse conditions before, during and after migration. Prior to migration, migrants may have been exposed to deprivation, persecution, violence, imprisonment, human rights violation, including sexual harassment, even torture. Particularly, it is recognized that the transition phase which often includes a temporary residence can also be perceived as very stressful as well as the post migratory phase in the new host country. Data from studies on risk for psychosis show that stress factors in the post migratory stage over all have more impact on mental health than those in the pre-migratory stage.

Furthermore, it is well known that the loss of loved ones/caregivers and/or livelihood, the destruction of property, deprivation, persecution, insecure living conditions, war, torture, imprisonment, terrorist attacks, abuse and sexualized violence have high impact on the mental health situation of refugees and asylum seekers. Experiences, e.g. defencelessness and disorientation, conditions of cold or heat, hunger and thirst, lack of medical care, robbery, assault and discrimination during the process of flight are often. Additionally, many women may be subjected to different kinds of sexual assaults and violations.

In this talk data from representative studies on the mental health situation of forcible displaced people will be presented and discussed.

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

## **Core Symposium: Setting Priorities for Mental Health Research in Europe**

CS0006

### **The ROAMER project: A roadmap for mental health research in Europe**

J.M. Haro

*Parc Sanitari Sant Joan de Deu, CIBERSAM, Barcelona, Spain*

Developing priorities for mental health research across Europe: methods, priorities and developing impacts.

Mental disorders represent potentially the greatest health burden to Europe – not only for directly affected individuals, but also for caregivers and wider society. This burden has increased during the last decades and the predictions are that this increase has not finished. However, funding for research to mitigate these effects lags far behind the cost to society. This is despite the fact that the return to society from mental health research is similar to the return from other areas such as cancer or cardiovascular diseases. These linked presentations describe the ROAMER project, funded by the European Commission, which established a comprehensive, coordinated mental health research agenda for Europe and the world that might reduce these costs and burdens.

This paper leads on from the description of Consortium and a comparison of methods for achieving consensus by Professor Josep Maria Abad Haro, the ROAMER consortium lead. This presentation concentrates on how each work package produced their list

of priorities and how these led to consensus on the gaps in current research and priorities for future research. These priorities were integrated and revised through surveys and consensus decision-making by more than 1000 scientists and affected stakeholders including individuals with mental health problems and their families, healthcare workers as well as policymakers and funders to produce 6 high-level priorities for mental health research in Europe which if answered would have substantial impact in the next five to 10 years.

In a further joint presentation Professors Wykes and Haro will describe how these priorities have been adopted in Europe and the UK and the management of this process as an example of moving research priorities into policy and then into funding.

Finally, Professors Wykes and Haro will discuss the current European scenario in mental health research and the impact of the ROAMER project.

*Disclosure of interest.* – Josep Maria Haro has received honoraria for participating in advisory boards or giving educational lectures from Eli Lilly and Co., Lundbeck and Otsuka.

CS0007

### **Priorities for mental health research in Europe: A survey among National Stakeholders' Associations within the ROAMER project**

A. Fiorillo

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

Discontent towards our profession is increasingly reported by patients with mental disorders and their relatives. Criticisms by patients are mainly related to the existing divergences between the goals of clinicians and those of users and carers. Recent arguments suggest that opinions of people who use mental health services are fundamental to set priorities in mental health research field.

Within the ROAMER project, funded by the European Commission, an online survey was carried out with the European associations of all stakeholders involved in mental health (psychiatrists, other mental health professionals, users and carers, psychiatric trainees) with the aim to identify the priority areas for mental health research.

One hundred and eight associations/organizations compiled the questionnaire. The most frequently reported research priorities were early detection and management of mental disorders, quality of mental health services, prevention of mental disorders, rehabilitation and social inclusion, new medications for mental disorders, and stigma and discrimination. These results seem to support the recent argument that some rebalancing in favour of psychosocial and health service studies may be needed in psychiatric research.

The stakeholders' views are being progressively considered in the process of developing clinical guidelines, public health recommendations and research protocols. In particular, users' and carers' direct involvement in research development can lead to a "better" quality of the research itself.

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

CS0008

### Defining research priorities for mental health: An integrated and comprehensive ROADMAP

T. Wykes

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Developing priorities for mental health research across Europe: methods, priorities and developing impacts.

Mental disorders represent potentially the greatest health burden to Europe – not only for directly affected individuals, but also for caregivers and wider society. They incur substantial economic costs through direct (and indirect) healthcare and welfare spending, and via productivity losses – all of which significantly affect European development. Funding for research to mitigate these effects lags far behind the cost to society. These linked presentations describe the ROAMER project which established a comprehensive, coordinated mental health research agenda for Europe and the world that might reduce these costs and burdens.

This paper leads on from the description of Consortium and a comparison of methods for achieving consensus by Professor Josep Maria Abad Haro, the ROAMER consortium lead. This presentation concentrates on how each work package produced their list of priorities and how these led to consensus on the gaps in current research and priorities for future research. These priorities were integrated and revised through surveys and consensus decision-making by more than 1000 scientists and affected stakeholders including individuals with mental health problems and their families, healthcare workers as well as policymakers and funders to produce 6 high-level priorities for mental health research in Europe which if answered would have substantial impact in the next five to ten years.

In a further joint presentation Professors Wykes and Haro will describe how these priorities have been adopted in Europe and the UK and the management of this process as an example of moving research priorities into policy and then into funding.

Finally, Professors Wykes and Haro will discuss the current European scenario in mental health research and the impact of the ROAMER project.

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

### Core Symposium: Cyberbullying, Cybersuicide and Novel Psychoactive Substances: Mental Health Needs in Young People

CS0009

#### Cyberbullying: A new challenge for mental health care

A. Fiorillo

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Internet has facilitated communication and dissemination of information worldwide, at little or no cost. Internet and related technologies are not inherently "good" or "bad", but they are rather tools that can be used for a variety of purposes, with a variety of consequences. There is no doubt that the Internet and related technologies are posing new challenges to mental health professionals, such as the development of new forms of psychopathologies, including cyberbullying and cybersuicide.

Cyberbullying is a repeated hostile or aggressive behaviour against others, performed by an individual or a group of individuals using

electronic or digital media. This activity can take many different forms, including email, blogs, chat rooms, and text messaging.

Cyberbullying is different from "traditional" bullying, since it is not based on physical direct violence, the perpetrator remains anonymous and the violent behaviour can happen anywhere and at any time.

Although prevalence rates vary considerably across countries from 1% to 60%, a significant association between cyber victimization and depressive disorders and suicidality has been observed. In a recent study carried out in an Italian sample of students from secondary schools, we found that 30% of participants reported to have been victimized and 6% of them suffered from cyber victimization. The long-term consequences of being cyber victimized are not yet completely understood, but it seems that these traumatic events are pathoplastic for the development of mental disorders during adulthood.

A better identification of the new forms of Internet-related mental disorders in young adults, including a clinical and therapeutic characterization, is needed.

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

CS0010

#### Youth space and youth mental health

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*Background.* – Services to young people in the city of Birmingham have been transformed from a traditional CAMHS-AMS framework to a 0–25 framework with an early intervention ethos. This includes collaboration with schools in the early detection of emerging mental health problems, including the subject of this presentation: emergent eating disorders. It is known that long duration of untreated eating disorders, leads to a low recovery rate such that those with an eating disorder over 10 years duration have a very low chance of LT recovery. This study aims to identify the earliest stages of emergent eating disorders in adolescence and to predict early transition.

*Research questions.* – (1) What is the period prevalence of partial or full ED in 13/14 year olds? (2) How many incident cases are there? (3) Can we predict transition to these incident cases?

*Method.* – Over 600 school students age 13–14 years were followed-up for 2 years in 4 6-monthly waves, using computer aided data collection. We used the Eating Disorder Examination (self-report) EDE-Q (Fairburn, Cooper, and O'Connor, 2008), a widely used validated measure together with measures of affective dysregulation, self-esteem and BMI.

*Results.* – The two year period prevalence of partial ED syndromes in 13/14 year olds was 15%. During this period 8% transitioned to de novo partial ED syndromes. The best predictor of transition was raised level of eating/weight concerns on EDQ. Within the EDQ, moderate or severe dieting raises risk of transition to ED by factor of 10 and 23 respectively. Using a ROC curve it was found that and EDQ value of >2.9 best predicted transition.

*Conclusion.* – Using relatively non-intrusive screening in schools the earliest stages of eating disorders could be identified including those with prodromal features including moderate or severe dieting. The results justify an early intervention approach to screening and early intervention as a realistic method of preventing the early entrenchment of eating disorders in young people. We are now developing an early intervention trial.

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

## Core Symposium: Revision of the International Classification of Diseases – State of the art in ICD-11 Field Studies

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CS0011

### Current developments in overall ICD-revision on mental, behavioural or neurodevelopmental disorders

G. Reed

World Health Organization, Department of Mental Health and Substance Abuse, Geneva, Switzerland

In June 2018, the World Health Organization (WHO) will have released the ICD-11 for implementation by WHO member states. The Clinical Descriptions and Diagnostic Guidelines (CDDG) developed by the WHO Department of Mental Health and Substance Abuse, the diagnostic manual designed for use by mental health professionals in clinical settings, will also be published near the same time published. This session will present an overview of the extensive programme of international and multilingual field studies that have been used to test major innovations in the new system. The initial focus of the field studies was large international surveys of psychiatrists' and psychologists' views of mental disorders classification and the features that would make it maximally useful. This was followed by formative field studies of the structure of clinicians' conceptualization of mental disorders. A systematic program of case-controlled field studies was then implemented using experimental methodologies to evaluate the specific impact of proposed changes to the diagnostic guidelines on clinicians' diagnostic decision-making. Case-controlled field studies were implemented over the internet with members of the Global Clinical Practice Network, consisting of more than 14,000 psychiatrists and other health professionals from more than 150 countries who agreed to participate in field studies related to the ICD-11. Finally, ecological implementation field studies focusing on the reliability and clinical utility of the diagnostic guidelines for ICD-11 mental and behavioural disorders have been implemented in clinical settings in 17 countries, including every WHO region.

Overall, results of the case-controlled field studies indicated significant improvements in the consistency of clinical judgments and clinical utility of the proposed diagnostic guidelines for ICD-11 as compared to ICD-10. Results for specific aspects of the guidelines that did not perform as expected were used as a basis for making improvements in the guidelines. Preliminary data from clinic-based field studies indicate very high reliability and clinical utility for the ICD-11 guidelines across global settings.

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

CS0012

### ICD-11 and the future of diagnosis in psychiatry

M. Maj

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The ICD-11 chapter on mental disorders will be the only one in the new diagnostic system – along with those on sleep-wake disorders and conditions related to sexual health, which were part of it in the previous editions of the classification – whose title will not contain the term “disease”. As a matter of fact, at the current state of development of our discipline, we are not assuming anymore that all the conditions we are dealing with are discrete disease entities. What we know is that they are patterns of reported experiences and observed behaviours which derive their clinical

utility from their ability to allow non-trivial inferences about further course and response to treatment. Indeed, clinical utility has been the organizing principle underlying the ICD-11 chapter on mental disorders and the main focus of the relevant field studies. Are current ICD-11 categories the most clinically useful tools to describe the “patterns” that are the subject of our discipline? This is the key question about the future of psychiatric diagnosis. The two main alternatives to the ICD-11 approach that can be identified at the present are: (a) the one assuming that the domain of psychopathology can be more efficiently described in terms of dimensions; and (b) the one assuming that the neurobiological underpinnings of psychopathology should be the major drivers of psychiatric classification. These two alternatives are currently exemplified by the projects named Hierarchical Taxonomy Of Psychopathology (HiTOP) and Research Domain Criteria (RDoC). Both these approaches, in order to emerge in the future as real alternatives to the ICD-11 classification, will have first of all to prove being at least equally clinically useful, which means equally applicable in ordinary clinical practice, with an acceptable degree of inter-clinician reliability, and at least equally able to guide the choice of treatment and predict outcomes. This will have to be documented in different clinical settings and in the hands of different relevant categories of health professionals. However, a different, much more likely, scenario is that those projects will not turn up to be a basis for a reclassification of psychopathology, but that elements of them will be gradually incorporated in the clinical characterization of individual cases, a step which should always follow that of classification, and which is indeed the other, even more decisive, element of diagnosis intended in its proper meaning. Several pieces of evidence suggest that this is indeed what we are going to witness in the years to come.

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

## Core Symposium: ADHD and Addiction, Towards a Consensus

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CS0013

### Epidemiology of ADHD and SUD

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Attention-deficit/hyperactivity disorder (ADHD) has been primarily considered, for a long time, a childhood condition. Despite it, recent data suggest that symptoms of ADHD continue into adulthood in up to 50% of people diagnosed as affected by ADHD during their childhood. Accurate diagnosis of ADHD in adults is challenging and requires attention to early development and symptoms of inattention, distractibility, impulsivity and emotional lability. Currently, it does not exist a “gold standard” for its diagnosis, and we demonstrated a low reliability of screening test such as the Brown ADD Scales in populations at risk (e.g. acute psychiatric inpatients and parents of children affected by ADHD). Moreover, diagnosis is further complicated by the overlap between the symptoms of adult ADHD and the symptoms of other common psychiatric conditions such as depression and substance abuse. While stimulants are a common treatment for adult patients with ADHD, they are often used as a self-treatment, especially in patients who lack of a correct diagnosis and treatment. Antidepressants may also be effec-

tive, while cognitive-behavioural skills training and psychotherapy are useful if adjuncts to pharmacotherapy. Addiction thus embodies a key point in differential diagnosis as well as it might be considered an adverse effect of a long duration of untreated illness. As a consequence, it should be accurately checked and weighted during the diagnostic process.

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

CS0014

### **International statement on ADHD in patients with SUD**

C. Crunelle

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Adult attention deficit/hyperactivity disorder (ADHD) and substance use disorders (SUD) are often co-occurring, and are associated with early onset and more severe development of SUD and with reduced treatment effectiveness. Screening tools allow for a good recognition of possible ADHD in adults with SUD, and should be used routinely, followed by an ADHD diagnostic process initiated as soon as possible. Simultaneous and integrated treatment of ADHD and SUD, using a combination of pharmacological and psychotherapy, is recommended. Long-acting methylphenidate, extended-release amphetamines, and atomoxetine with up-titration to higher dosages may be considered in patients unresponsive to standard doses. This consensus statement includes evidence- and eminence-based recommendations developed to provide guidance in the screening, diagnosis and treatment of patient with ADHD-SUD comorbidity.

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

CS0015

### **Treatment of ADHD in patients with SUDs: new evidences**

F. Matthys

*Professor Psychiatry and Medical Psychology-Head of Department, Psychiatry, Brussels, Belgium*

The treatment of ADHD in patients with SUD is a delicate matter. Previously caregivers thought SUD had to be under control firstly, but now we know that the treatment of ADHD is best integrated into the addiction treatment. Pharmacologically there are a number of options which, however, need to be adapted. Recent research shows that higher doses of stimulants may be needed.

In addition, psychotherapy is important and effective. This is more difficult to prove through a randomized trial. But there is evolution in that area too.

The existing programs for addiction must be adapted to the limitations of ADHD. Specific skills training is necessary and will be presented.

*Disclosure of interest.* – In the last 12 months, I have received fees for the following activities:

Advisory boards: Lundbeck, Johnson & Johnson.

Lecturing: Eli Lilly Benelux.

Research funding: Johnson & Johnson.

## **Core Symposium: Combination of Biomarkers and Epigenetic Signatures: Impact on Psychiatric Disorders and Treatment Response**

CS0016

### **Cortisol secretion and specific methylation profiles: Biomarker of conversion to schizophrenia?**

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The effect of stress on brain pathways could participate to the mechanisms underlying the onset of psychotic symptoms, both as a precipitating factor and as a marker of a predisposing vulnerability. This dysregulation fits into the gene × environment model: in subjects with genetic predispositions, stressful environmental factors can modify biological pathways implicated in psychiatric disorders, promoting the emergence of symptoms. However, many confounding factors obscure the literature, and further studies are needed in schizophrenic patients, ultra-high-risk (UHR) and first episode patients (FEP) to clarify the precise role of stress in psychotic transition.

The onset of psychosis is the consequence of complex interactions between genetic vulnerability to psychosis and response to environmental and/or maturational changes. Epigenetics is hypothesized to mediate the interplay between genes and environment leading to the onset of psychosis. We believe we performed the first longitudinal prospective study of genomic DNA methylation during psychotic transition in help-seeking young individuals referred to a specialized outpatient unit for early detection of psychosis and enrolled in a 1-year follow-up. We used Infinium HumanMethylation450 BeadChip array after bisulfite conversion and analysed longitudinal variations in methylation at 411,947 cytosine-phosphate-guanine (CpG) sites.

Here, we report findings from the first French cohort of young help-seekers (ICAAR) including UHR, FEP and non at-risk help seekers controls (HSC), followed by a meta-analysis of all available reports on salivary basal cortisol levels in early psychosis (UHR and FEP). We discuss the main methylomic findings from the same longitudinal cohort.

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

CS0017

### **Neuropeptide concentrations and epigenetic profiles of patients who remitted from anorexia nervosa: Prognostic biomarkers?**

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*Introduction.* – Anorexia nervosa (AN) is the most severe disorder in terms of morbidity psychiatric illness with the highest mortality rate increased by 23-fold. Treatments have a limited effectiveness. Only one-third of the AN patients evolve to the remission. Deregulations of peripheral control of food intake, hunger signals (ghrelin and obestatin) and satiety signals (leptin and insulin), have been

reported. These differences could be a consequence or risk factors of the disease due to genetic or epigenetic factors, such as DNA methylation. They could represent useful biomarkers to prognostic the evolution of the disorder to the remission.

*Objectives.*– We are currently investigating genotyping of polymorphisms and DNA methylation of candidate genes, and we have measured the concentration levels of the neuropeptides encoded by these genes in current AN patients, subjects in remission and healthy control women. Our goal is to replicate the differences of concentration levels between AN, remitters and controls, and to identify in link the differences of genetic variants or in the levels of DNA methylation that affect the gene expression, to characterize biomarkers of prognosis of AN.

*Methods.*– 100 anorexic patients, 50 remitters, and 200 control women were recruited at CMME (Sainte-Anne Hospital, Paris). They arrived at 8:30 am, fasting since the day before, to take a blood sample, in order to carry out genetic, epigenetic and physiologic

analyses. Dosage of ghrelin, obestatin, and leptin were done by EIA or RIA. Single nucleotide polymorphisms of candidate genes were genotyped by Taqman assay. DNA methylation levels were extracted from the data of the Infinium<sup>®</sup> Human Methylation chip.

*Results.*– We have confirmed that peripheral control mechanism of food intake is deregulated in AN patients compared to controls. We also report a significant intermediate concentration for remitters. No genetic association was observed. We have identified differentially methylated sites located among candidate genes. We are currently comparing methylated-sites and concentrations between remitters and AN patients to identify prognostic biomarkers.

*Conclusions.*– At least, leptin and ghrelin dosages might be prognostic biomarkers to remission of anorexia nervosa.

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



## 26th European Congress of Psychiatry

## Debate

**Debate: Assisted Suicide in Psychiatric Patients**

D0001

**Pro**

J. Vandenberghe

University Hospital Leuven – Psychiatric University Hospital UPC KU Leuven – University of Leuven – Belgium, Psychiatry, Leuven, Belgium

In Belgium, The Netherlands and Luxembourg, euthanasia or physician-assisted dying (PAS) is legally possible under certain conditions. In these legal frameworks, euthanasia is defined as ending the life of a patient through the administration of lethal medication by a physician at the patient's explicit request. In physician-assisted suicide, the only factual difference is that the medication is taken by the patient in the presence of the physician. PAS is only possible for intolerable suffering that cannot be relieved and is due to an incurable medical condition with no therapeutic perspective nor prospect of alleviation. Other legal conditions include an explicit, deliberate, well-considered and repeated request of a competent patient in the absence of external pressure. The physician who considers euthanasia has to consult an independent colleague. Non-terminal illnesses are not excluded, but extra legal criteria apply. The Federal Control and Evaluation Committee reviews and evaluates the euthanasia post factum.

Although the application of these legal criteria poses some problems if the medical condition is a psychiatric illness, I'll defend such a legislation for PAS based not primarily on autonomy, but on irremediable suffering. Furthermore, I'll plea to take lessons from the Belgian and Dutch euthanasia practice that arose from it, arguing for a committee based evaluation before the euthanasia in non-terminal illness, and for stricter legal criteria, guaranteeing more safeguards and due diligence. More legal checks and balances are needed to prevent patients from dying through euthanasia if not all therapeutic options and recovery-oriented approaches have been exhausted.

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

D0002

**Con**

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The number of psychiatric patients requesting Euthanasia or Assisted Suicide (EAS) is constantly increasing in countries where this procedure is allowed.

Because mental disorders are among the most disabling illnesses, requests for EAS based on unbearable mental suffering caused by severe psychiatric disease may possibly increase. This raises the question: Should the management of patients with psychiatric disorders requesting EAS be considered for suicide prevention?

A systematic literature search allowed to analyse 25 studies from Netherlands and Belgium for the majority, and Switzerland, Germany, Canada, United States. The majority of patients requesting EAS were frequently suffering from both depression and personality disorders, in addition to a comorbid medical condition and other main suicide risk factors (previous history of suicidal act and social isolation). Frequently, evidence-based medical and psychosocial treatments currently are not provided to the majority of patients with psychiatric diseases who would benefit. Interestingly, among psychiatric patients requesting EAS, a considerable percentage no longer wished to die, postpone or withdrew their requests. In the case of patients who received EAS, the consultation with an independent psychiatrist was not an always followed procedure. In conclusion, we believe that the procedures to obtain EAS must be carefully revised, in particular constituting a committee including experts of mental health aimed at evaluating requests before EAS and not only after. Moreover, in the case of psychiatric patients, the waiting period should be longer and standardized treatments should have been formerly administered, particularly aiming at alleviating the enduring of pain suffered by these patients.

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



## 26th European Congress of Psychiatry ECP Abstracts

### ECP Symposium: How to Organise Acute Psychiatric Care?

ECP0001

#### Patient controlled hospital admissions

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**Background.**– Patient-controlled admission is a new treatment model in mental healthcare services that allows patients to self-refer to a designated hospital unit. This treatment model was developed to reduce coercion and improve clinical outcomes. The evidence is sparse and we therefore set out to study the effectiveness of patient-controlled admission in a large matched cohort.

**Methods.**– During 2013–2016, 422 patients in the PCA group were propensity score matched 1:5 with a control group ( $n = 2110$ ) that received treatment as usual (TAU). Patients were followed for at least one year using the intention to treat principle utilising nationwide registers. In a paired design, the outcomes of PCA patients during the year after signing a contract were compared to the year before.

**Results.**– No reduction in coercion (risk difference = 0.001; 95% CI = –0.038 to 0.040) or self-harming behaviour (mean difference = 0.005; 95% CI = –0.008 to 0.018) was observed in the PCA group compared with the TAU group. The PCA group had more inpatient bed days (mean difference = 28.4; 95% CI = 21.3–35.5) and more medication use ( $p < 0.0001$ ) than the TAU group. Before and after analyses showed reduction in coercion ( $p = 0.0001$ ) and inpatient bed days ( $p = 0.0003$ ).

**Conclusions.**– Implementing PCA did not reduce coercion, service use or self-harm behaviour when compared with TAU. Beneficial effects of PCA were observed only in the before and after PCA com-

parisons. Further research should investigate whether PCA affects other outcomes to better establish its clinical value.

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

ECP0002

#### Integrated or functional model of care?

D. Giacco

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**Introduction.**– Mental health systems include hospital and community services. In systems based on personal continuity of care, the same psychiatrist treats a given patient in hospital and in the community, whilst in services based on specialisation, there are different psychiatrists who specialise to work in either hospital or community settings. Mental health policies in Europe and across the world inconsistently support one of these two alternative models without a systematic evidence base.

**Objectives.**– The COFI study is a natural experiment comparing outcomes, costs and experiences of care between personal continuity based and specialisation based systems of mental health care.

**Methods.**– COFI is one of the largest studies in mental health care having recruited and followed up more than 7000 patients with severe mental disorders. This study was carried in five European countries (Belgium, Germany, Italy, Poland and United Kingdom), in which both systems of mental health care co-exist. Different research methods were applied, including analyses of medical records, quantitative and qualitative interviews with patients and staff as well as analyses of costs and service use.

**Results.**– The final findings of the COFI study will be presented with regard to clinical effectiveness, preferences of patients and clinicians and costs associated with each system of mental health care.

**Conclusions.**– We hope that the presentation will generate a lively discussion with early career psychiatrists from different countries in order to reflect on how findings in the included countries can be extended to other national mental health care systems within and beyond Europe.

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

## ECP Symposium: Internet, Smart Phones and Mental Health Apps – What Is Their Role in Psychiatry?

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ECP0003

### Using video-calls to combat loneliness in old age

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Video-calls to reduce loneliness and social isolation within care environments for older people: an implementation study using collaborative action research.

*Introduction.*– Older people in care-settings may be lonely if families are unable to visit. Previous studies have demonstrated that video-calls can help reduce loneliness.

*Objectives.*– To identify how video-calls can be implemented for routine use in British care-settings.

*Methods.*– Two cycles of collaborative action research (CAR) with care staff as project collaborators, were piloted to implement video-calls across eight care-settings. Cycle one focused on video-calls with families using a 'Skype on Wheels' (SoW) device holding an iPad and handset connected to Skype or via Skype TV. Ethnographic field notes collected over 15 months were analysed using thematic analysis. This informed activities for cycle two that included video-calls with school pupils and inter-care home Skype quiz sessions. Mixed methods comprising interviews with older people and staff, pre-post surveys and interactive focus groups were employed over 10 months in cycle two.

*Results.*– In cycle one four care homes implemented SoW. Eight older people used SoW with staff assistance, and enjoyed using video-calls with distant family. However barriers to implementation included; staff turnover, risk aversion, SoW design, lack of family commitment and staff attitudes regarding technology. Cycle two addressed these barriers by seeking contacts with school pupils, other care homes, and getting residents to decorate SoW. Four care homes used SoW and Skype TV with 25 residents improving socialisation.

*Conclusions.*– Implementation of video-calls in care-settings to reduce loneliness would improve by first introducing inter-care home quizzes, intergenerational contact, and enabling residents to decorate and adopt the equipment before extending to contact with families.

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

ECP0004

### Face-to-face or digitally? Patients preferences of being in contact with a volunteer

M. Pinto da Costa

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Volunteering can be used to address social isolation in patients with severe mental illness and evidence exists on its effectiveness. However, little is known about patients' preferences concerning the character of these relationships, and the format and goal of such volunteering.

A survey was conducted in community mental health teams in East London with patients with psychotic disorders. Questions covered socio-demographic characteristics, quality of life, loneliness and preferences on volunteering schemes. Binary logistic regressions were used to investigate potential predictors of interest to participate in a volunteering scheme face-to-face or digitally.

In this talk the findings from this study will be presented and discussed. From the 151 patients included in this study, more than half had not heard about these volunteering schemes, yet more than half were interested in taking part. A small percentage of patients did not use technology. Patients' interest in having face-to-face or digital volunteering varied based on their personal characteristics and predictors will be presented.

The variability in patients' preferences suggests that volunteering schemes should be offered in different formats (face-to-face and digitally) and with enough flexibility to incorporate individual preferences.

It is hoped that this talk will generate a lively discussion, gathering further understanding about the associations found between patients' personal characteristics and their preferences on the different formats to be in contact with volunteers.

This work presents research funded by the NIHR Programme Grants for Applied Research Programme (RP-PG-0611-20002).

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

## ECP Training Workshop: Psychotherapy for Patients with Eating Disorders: What Works?

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ECP0005

### Psychotherapy for patients with eating disorders: What works?

J. Treasure

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The aim of this workshop is to examine the psychotherapy evidence base for people with eating disorders. There have been substantial advances in this area in the last 30–40 years. Nevertheless 9 years after presentation approximately 33% of cases of bulimia nervosa and 63% of anorexia nervosa remain ill. Effective early intervention may improve these outcomes. For example involving the family has been shown to be a cost effective strategy in adolescent cases of anorexia nervosa in particular. Several different permutations of family work are effective. There is less certainty about what works best for those who have failed to respond to this first step in treatment and for adult cases of anorexia nervosa.

A cost effective first step in the management of binge eating disorder and bulimia nervosa is guided CBT. However there is uncertainty about how to help the 30–50% who fail to respond to

this first step. Nevertheless new approaches are being tried and some are showing good potential.

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

## **ECP Training Workshop: Prevention of Mental Health Disorders**

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ECP0006

### **Prevention of suicide and self-harm behaviour**

M. Nordentoft

*Professor, Mental Health Center Copenhagen, Hellerup, Denmark*

Suicide is a major public health problem worldwide although rates of suicide vary substantially across nations. The highest rates are found in Russia and East European countries. The stress-diathesis model provides an understanding of suicide where stressors, both early-life and present stressors, interact with protective factors. This presentation summarises the existing evidence regarding societal and individual risk factors for suicide. At the societal level, risk factor such as economic crisis, social cohesiveness and media portrayal are mentioned. Individual risk factors include sociodemographic factors, physical and mental disorders, history of suicide attempt, and suicide risk in minority groups. The risk factors associated with the highest risk are mental disorders and history of suicide attempt. Population attributable risk fraction can guide preventive efforts, and calculations indicate that preventive efforts should be directed towards the excess risk associated with recent suicide attempt, mental disorders and social factors. For clinical practice identification of the above mentioned risk factors are less

useful, as the majority of people with the risk factors do not attempt suicide during a given time period, and therefore each risk factor has a very low predictive power. In clinical practice, we are most often still left trying to find the needle in a hay stack. We need more clinically relevant information in order to detect those who are at immediate high risk.

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

ECP0007

### **Prevention of substance misuse**

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As with many other psychiatric disorders substance abuse and addictive disorder initiate frequently within early adolescence and progress into adulthood. Different prevention strategies have been developed aiming both at reducing substance use at a population level and preventing the development of addictions in individuals. As to the first, so-called primary preventions have been developed targeting larger general populations in different settings (e.g. schools, workplaces). This also includes strategies using price settings and regulations to influence consumption patterns. A more recent, and possibly more promising approach, is the identification of individuals (or subgroups) of individuals that have a high risk of developing addictive disorders. Offering interventions, targeted on their specific vulnerabilities might be a more efficient approach in diminishing addiction risk. The results of the first longitudinal studies appear to be promising.

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



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26th European Congress of Psychiatry

## Workshop

### Workshop: Asylum Seeker and Refugee Mental Health: Training Needs of Psychiatrists

W0001

#### Introduction

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In the introduction of this workshop, it will be underlined, that according to the United Nations High Commissioners for Refugees (UNHCR), the worldwide numbers of asylum seekers and refugees show an upward trend, reaching 65 million and above. It is well known that migration is one of the risk factors for developing mental disorders, and that traumatized migrants in particular may face psychological distress and even serious psychiatric illness as they have been exposed to adverse conditions before, during and after migration. Prior to migration, migrants may have been exposed to deprivation, persecution, violence, imprisonment, human rights violation, including sexual harassment, even torture. Many studies report on the multiple and highly complex stressors with which refugees are often faced and which are at risk of having a lasting impact on their mental health. In line with growing globalisation and an increasing number of people on the move across national and international boundaries, it has become vast important that psychiatry and psychotherapy are aware of the different needs of the patients they are responsible for. Therefore, during times of global migration and an increasing number of ethnic minority migrants including refugees and asylum seekers, psychiatrists and psychotherapists may have a different cultural background than their patients. Thus, cultural psychiatry and psychotherapy is a matter of primary relevance and training of psychiatrists is needed. *Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

W0002

### Developing training for psychiatrists treating refugees: Some reflections

M. Hermans

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Taking care of refugees as a psychiatrist is a challenging experience for many reasons. A refugee faces an episode in life confronting with many different transitions on all kind of levels. These include not only questions of language, but include also societal, cultural and religious aspects, among them concepts about psychic suffering.

The Section of psychiatry of the Union Européenne de Médecins Spécialistes (UEMS; [www.uems.eu](http://www.uems.eu)) developed in the past the *European Framework for Competencies in Psychiatry*. This document is based upon the CanMEDS criteria and describes these as metacompetencies, further developing into competencies and sub-competencies including ways these can be assessed. Very recently the Section also reviewed the *European Training Requirements for the Speciality of Psychiatry*.

It is evident that a professional treating refugees as patients must dispose of a large set of transcultural competencies while trying to address their needs. But also their own psychic health is exposed to some risks by listening to the traumatic stories of these patients. By the particularities of being a refugee scientific research seems to be rather difficult. This presentation will address some questions about ways scientific and professional associations, training institutes and universities might come to programs for training professionals involved in this kind of work.

European Framework for Competencies in Psychiatry <http://uemspychiatry.org/wp-content/uploads/2012/01/2009-Oct-EFCP.pdf>.

Charter on Training of Medical Specialists in the EU. Training Requirements for the Speciality of Psychiatry. <http://uemspychiatry.org/wp-content/uploads/2012/01/ETR-Psychiatry-201703.pdf>.

UEMS training requirements for the speciality of psychiatry: Annex on knowledge, skills and professionalism required for the care of refugees and asylum seekers. <http://uemspychiatry.org/wp-content/uploads/2013/09/2009-Oct-EFCP.pdf>.

Union Européenne de Médecins Spécialistes – UEMS [www.uems.eu](http://www.uems.eu).

Section of Psychiatry [www.uemspychiatry.org](http://www.uemspychiatry.org).

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

W0003

### Forced displacement: A challenge for psychiatry residency programs

L. Küey

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Forced displacement of millions of people especially increasing in the last decade sets a major mental health challenge demanding the attention of psychiatrists and mental health workers. Its consequences on the mental health of refugees and asylum seekers also invite psychiatry to review current psychiatric training besides developing adequate mental health services and research.

People forcibly displaced to leave their homes and thus their psycho-social support systems are under threat in all areas of attachment, mastery, and survival. Refugees fleeing with few possessions leading to neighboring or more developed countries face many life threatening risks before, during and after displacement, and they have nowhere to return. Although, there is a marked variability in the content and quality of psychiatric training across Europe and the world, the current psychiatric residency and training programs could be improved to incorporate the unique mental health aspects of this humanitarian disaster.

Psychiatric residency and training programs should cover basic knowledge on the nosology/terminology and on the current dimensions of problems related to the forcibly displaced people (i.e., refugees, asylum seekers, IDPs, and etc.). Besides, mental health consequences of the physical and psychological traumas, including sexual abuses and human trafficking, related to the displacement process need to be emphasized. Considerable time should be spared to understand the mental health situation and prerequisites of specific risk groups (e.g., elderly, unaccompanied children, single mothering, people with disabilities) and resilient factors. Psychiatry training programs should also aim to develop the skills of the trainees on culturally sensitive clinical interview and assessment techniques for the forcibly displaced people and related human rights issues. Learning outcomes should be revised accordingly.

This presentation aims to highlight the importance of developing current psychiatry training programs to cover the necessary knowledge and skills that the future psychiatrists need in dealing with the mental health situation of forcibly displaced people (refugees and asylum seekers) living in Europe.

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

W0004

### Psychiatry across borders: Insights from EFPT's survey on training needs

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*Introduction.*– According to the United Nations High Commission for Refugee's (UNHCR) report, 65.5 million people were uprooted worldwide by conflicts in 2016. Forcibly displaced persons (FDPs) are more at risk for developing depression, anxiety, PTSD, psychosis, somatic disorders (Priebe et al., 2016). EPA called the European refugee crisis as one of the 21st century's biggest challenges, the WHO recommends specific training for mental health care professionals.

*Objectives.*– To survey European psychiatric trainees about their experience, knowledge of the FDPs mental health issues.

*Methods.*– An online questionnaire was designed collaboratively by the European Federation of Psychiatric Trainees (EFPT) Psychiatry Across Borders (PAB) Working Group, distributed via local networks among European trainees in 2017.

*Results.*– 407 respondents from 28 European countries answered the survey (64% female, 36% male, mean age 30 years old, SD: 4.6). 71% trainees had contact with FDPs in the last 12 months; 80% had encountered refugees as part of clinical work. The majority (75%) expressed a strong interest in the issue of FDPs' mental health, only 34.5% felt confident assessing and treating them. Specific training was provided to 16% of trainees, but only 25% felt it was adequate. Trainees rated transcultural competencies, PTSD and trauma management training, as the most necessary skills to confidently manage traumatised refugees.

*Conclusions.*– This survey shows a clear unmet need for specific training regarding refugee mental health for psychiatry trainees. Existing training may need improvement, for example, practical skills (interview with a translator). Trainees from almost all European countries are highly motivated to improve their knowledge.

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

W0005

### Mental health needs in immigration removal centres

H. Grant-Peterkin

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Each year up to 30,000 asylum seekers and migrants are detained in the UK in immigration removal centres (IRCs) or, post sentence, in prison while the Home Office makes decisions on their immigration status and/or arrangements for their removal or deportation. Whilst the UK is the only country in Europe who detains individuals indefinitely the phenomena of immigration detention in European wide and growing.

Such evidence that exists indicates that immigration detention can be harmful to mental health, especially for people with pre-existing mental health problems such as post-traumatic stress disorder. A systematic review of ten studies investigating the effect of immigration detention identified high levels of mental health problems among detainees. Time spent in detention was shown to be positively associated with the severity of mental health problems. In addition official inspectorates, international organisations, non-governmental organisations, and the law courts have repeatedly criticised both the immigration detention of mentally ill people and the conditions in which detainees are held. The needs of detainees are often not identified, and those in treatment often experience interruptions in care. No effective safeguards exist to prevent vulnerable people – for example, those who have been tortured-from being detained. In addition there is currently no process for identifying detainees who lack the mental capacity to participate in decision making relating to their immigration situation. Mental illness and distress are common among detainees.

This presentation will consist of three parts – an introduction to immigration detention worldwide (with a specific emphasis on the UK), followed by a brief review of the evidence relating to the impact of immigration detention on individuals with pre-existing mental health conditions and those without. The final part of the talk will cover the training and educational needs of psychiatrists who encounter individuals who have been detained and those who are seen in detention centres

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

W0006

### Reflections from the UK'S global health curriculum group

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The Global Health Curriculum Group was commissioned by the Academy of Medical Royal Colleges to develop an educational framework for global health capabilities. This conceptualises the necessary skills in five categories: Diversity, human rights and ethics; environmental, social and economic determinants of health; global epidemiology; global health governance; and health systems and health professionals. In this workshop, these principles will be briefly presented and discussed in the context of the training psychiatrists need to respond to the needs of refugees and asylum seekers.

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

W0007

### Introduction to the field of e-mental health and the eMEN Interreg project

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Mental illnesses present a huge and growing economic and social burden for society, accounting for 20% of the disease burden. Innovative and high-quality e-mental health plays an important role in tackling this societal challenge. However, the average use of e-mental health is still very low, with large differences between EU Member States. The reasons for this are complex but must be addressed in order to keep mental health care accessible and affordable.

The objective of this workshop is to give a brief overview of e-mental health implementation in the Netherlands, France, Germany, the UK, Ireland and Belgium, and to get a better understanding of the many implementation challenges: product quality (clinical effectiveness, costs effective evaluation, privacy, CE compliance, 'look & feel'); product development process (co-creation SMEs); awareness and acceptance; organisational priority; digital skills; confidence; high start-up costs; reimbursement; legal and policy framework; training and curricula; ICT infrastructure; 'blended care' implementation protocols; integration with integrated healthcare systems; definitions (transparency, reliability, validity, etc.).

eMEN is co-funded by the Interreg North West Europe programme, and has a total budget of €5.36 million (2016–2019). eMEN is led by Arq Foundation in the Netherlands and implemented with partners in Belgium, France, Germany, Ireland and the UK. It will undertake a unique combination of digital mental health activity in research, product development, policy and communications. The eMEN cooperation platform will further grow after the project phase.

Participants in this workshop are encouraged to give their opinion about the use and implementation of e-mental health.

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

W0008

### eMen – Focus on transnational policy solutions

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The implementation of e-mental health is hindered by several challenges which must mainly be addressed on the policy level: lack of training curricula and acceptance, lack of funding and high start-up costs for eHealth developers, lack of interoperability, quality and safety (standards), as well as lack of legal clarity with regards to accountability and data use and overall, lack of e-mental health implementation strategies. Moreover, there is a great variance in development of e-mental health between North West European (NWE) countries with respect to access, speed or reliability of internet services. The eMEN work package "Transnational policy solution for e-mental health implementation" aims to develop and actively promote effective and workable policy solutions for the NWE countries in order to enhance the uptake of e-mental health and hence, reduce unmet need and close the treatment gap. In order to develop applicable policy solutions, a collaboration between the European Psychiatric Association (EPA) and the LVR – Institute for Healthcare Research (LVR-IVF) has been agreed on and determined by an Agreement to Partnership.

The development of transnational policy recommendations can be seen as a series of interrelated actions. First, all relevant national and European policy documents that are dealing with e-mental health implementation as well as e-mental health projects and initiatives will be gathered, and the respective level of e-mental health development in the NWE countries will be analyzed. Subsequently, each participating country selects and interviews national and European experts in technology, policy, organization and legal issues.

On European level, relevant EU e(-mental)health policies and initiatives, such as the eHealth network, the Green paper on mHealth, the Joint Action on Mental health and wellbeing, have been taken into account. On the national level, several initiatives and projects on e-mental health have been identified, whereas policy documents addressing e-mental health are quite rare. Based on the literature review and the stakeholder interviews, differences in NWE countries in terms of driving factors, barriers and facilitators as well as implementation approaches (e.g. top-down vs. bottom-up) will be presented.

The gathered information builds the basis for the recommendations in the transnational policy solution which will address challenges, differences and similarities on the national and transnational level and will be actively promoted through meetings, seminars and conferences.

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

W0009

### Environmental risk factors of attenuated psychosis in migrants and general population

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\* Corresponding author.

(W03). – Attenuated psychosis in migrants and general population in a trans-national study.

*Scientific background/objectives.* – There is growing evidence that attenuated psychosis (schizotypy, psychotic experiences) and schizophrenia share common risk factors, such as childhood trauma, cannabis use, obstetric complications, and maternal viral infections (Barrantes-Vital and Kwapiil, 2015).

The association between psychosis and migration and/or ethnic minority status is well established and a variation of this risk across countries and ethnic groups has been observed (Bourque, van der Ven, & Malla, 2011; Cantor-Graae & Selten, 2005). However, only a few studies have explored migrant/ethnic status as a risk of schizotypy so far. We would like to explore this association in the light of these possible confounding factors. Moreover, these studies were conducted mainly among college students, which limit the generalizability of the results and using different methods/instruments, which make comparison between studies difficult (Zhang and Brenner, 2016).

**Objectives.**– To conduct a cross cultural study on attenuated psychosis dimensions in subjects from the general population using a homogeneous methodology.

To compare the impact of demographic and psycho-social risk factors on these dimensions across the different ethnic groups and different national contexts.

**Methods.**– We will analyse data from all non-psychotic subjects (i.e. controls and sibs) included in the EUGEI study, for which measures of attenuated psychosis (derived from CAPE and/or SIS) and birth place and ethnicity are available; and potential confounding data such as demographic data (gender, age, education, marital status), cannabis, socio-economic status.

**Results.**– Findings will be discussed in the light of the context of the psychosis continuum and associated risk factors.

**Conclusion.**– The context of EU-GEI allows for conducting a cross-cultural research and investigating the factors that influence attenuated psychosis dimensions in migrant and minority ethnic groups.

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

W0010

### **Migration history and risk of psychosis in the EUGEI first episode psychosis study**

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**Introduction.**– The European Network of national schizophrenia networks studying Gene-Environment Interactions (EU-GEI) study – the largest international incidence study of psychotic disorders in 30 years – confirmed marked heterogeneity in risk of psychosis by person and place, including markers of area-level socioeconomic stability. Rates were elevated in minority groups (IRR: 1.6; 95%CI: 1.5–1.7).

**Aims.**– To present preliminary findings from the EUGEI European Network of National Schizophrenia Networks Studying Gene Environment Interactions study on the interaction between migration history and risk of psychosis.

**Methods.**– The EU-GEI study is an international multi-site incidence study. Setting: England (N=2 catchment areas), France (N=3), Italy (N=3), the Netherlands (N=2), Spain (N=6) and Brazil (N=1). The Bologna Migration History and Social Integration interview was administered to all first generation migrants (FGM).

**Results.**– 535 FGM with first episode psychosis (FEP) and 225 FGM controls were evaluated. FGM with FEP were more often unemployed and unsatisfied for family and friends' relationships in the pre-migration phase and moved from their country of origin more often for work reason compared to controls; in the post migration phase they received less social support from social services, acquired families and friends compared to healthy migrants. Cases are less satisfied in post migration phase for work, families and social relationships.

**Conclusion.**– The EUGEI study allows a deeper understanding on the relationship between the characteristics of the history of migration and the excess of FEP found among FGM in Europe. These preliminary results shape the scene for preventive interventions of the psychosis among migrants in Europe.

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

W0011

### **Minority status and psychosis: A comparison of group density effects**

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**Introduction.**– It has been frequently observed that mental disorders, such as psychosis, are more common for people in some ethnic groups living in areas where their ethnic group is less well represented.

**Objectives.**– We set out to test the hypothesis that this 'ethnic density' effect reflects minority status generally by looking at three situations where individual characteristics differ from what is usual in a locality.

**Methods.**– Using data collected from the South East London Community Health study (N=1698) from 2008 to 2010 we looked at minority status (defined by: ethnicity, household status and occupational social class) and rates of psychotic experiences as well as common mental disorders and attempted suicide.

**Results.**– Being black in an area where this was (10%) less common was associated with higher rates of sub-clinical psychosis, odds ratio (OR) 1.34 (95% CI 1.07 to 1.67). Being single in an area where this was less common (10% less) was also associated with an increased risk of psychotic experiences (OR 2.18 95% CI 0.91 to 5.26). Minority status due to social class was associated with an increased risk of attempted suicide only (OR 1.33 95% CI 1.03 to 1.71). No association was observed between minority status and common mental disorders.

**Conclusions.**– The relation between social marginalisation and mental distress is most apparent when minority status is defined in terms of ethnicity. Similar although less consistent effects are also seen where individual household status and social class are incongruent with local norms.

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

W0012

### **“Life is pleasant. Death is peaceful. It's the transition that's troublesome” (Isaac Asimov): The elderly and suicide**

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The reflection about old age, suicide, and assisted suicide should start with a reflection about the meaning of aging. As Carl Gustav

Jung wrote: “. . .the life of an older person is characterized by a contraction of forces, by the affirmation of what has been achieved, and by the curtailment of further growth”. Existing as an old person compels to individual to reflect: “. . .The fantasy of omnipotence is shattered by the arrival of youth: childhood dreams are broken and this requires that one adjusts to reality. . .in the second half of life. . .one’s man time is no longer rise and growth: here comes the unavoidable encounter with ‘the birth of death’” (Eugenio Torre, 2013).

Have opinions changed since Terentius’s statement that old age was a disease itself? Or is it consistent with the current research and interest about healthy ageing? The meaning of healthy ageing is another topic for discussion: healthy ageing and good ageing are not the same, just as the ‘solitary elderly’ is not the same of the ‘lonely elderly’, as described by Guido Ceronetti. Good ageing does not mean that one lives well in all the dimensions at once. The founder and master of the Psychiatry School in Novara, Eugenio Torre, in a recent conference about healthy ageing suggested that “To live well and to live healthy are not necessarily synonyms. Actually, sometimes they are opposite. And I am not thinking about an unrestrained hedonism, but rather to Norbert Bensaid’s words in his wonderful “La Lumière médicale. Les illusions de la prevention” . . .to remove our fear of death, they make us die of fear. . .”.

While it is widely acknowledged that old age has a greater risk of suicidal behaviour compared to other age classes, and several studies about this topic are available, there are a lot of questions which still have no answer in the field of euthanasia and assisted suicide in the elderly. Why is there the need for “assisted” suicide? Are there differences between those who ask for assisted suicide and those who commit suicide without assistance? How to conciliate, in the same country, assisted suicide and suicide prevention? What is the impact of legal euthanasia and physician assisted suicide on suicide rates? Does it represent an actual alternative to non assisted-suicide, or has the opportunity of assisted-suicide a different target population from the one of those who consider self-inflicted death?

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

W0013

### **Suicide prevention and prevention of assisted suicide in Switzerland**

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In most countries of the world, suicide rates are highest in the elderly population. The debate on preserving autonomy and dignity throughout the life span has also led to the demand to allow assisted suicide, which is possible in some countries. In Switzerland the numbers of people committing assisted suicide have increased dramatically in recent years. The average age of these people is 77 y. In order to prevent suicide a national plan for suicide prevention has been started with the focus on awareness, reduction of risk factors and promotion of models of good practice. During the last years there was some progress with regard to the prevention of falls and access to weapons. The prevention of suicide in the elderly focuses on access to diagnosis and therapy of depression, providing social integration and more. However, what should be done to prevent assisted suicide? Should it be prevented? The Swiss physicians and society are torn. It seems that the “risk factors” for assisted suicide differ from those for suicide. By use of a pragmatic approach to initiatives shall be presented. One is to contact people who have sought contact to private organisations for assisted suicide (EXIT) and have not yet plans to commit it in the very near future. The

second is a proposal to regulate the “process quality”, especially by law.

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

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[2] <http://www.ipsilon.ch/de/aktuell/news.cfm>.

[3] <https://www.bag.admin.ch/./aktionsplan-suizidpraevention.html>.

W0014

### **Assisted suicide and second opinion requests for euthanasia in elderly patients with concomitant psychiatric and somatic disorders. A case series**

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In the Netherlands, euthanasia is an accepted practice if the guideline is strictly followed. Also patients with mental disorders can file a request for euthanasia, and a guideline for this practice also exists, which recommends that euthanasia can only be possible if the patients suffers greatly, no relief of suffering is suspected, and a mental disorder exists that has been treated according to the relevant guideline for that disorder to the full extent without solace. However, recent research has shown that patients may receive such euthanasia without these requirements being met. Special clinics have been opened in the Netherlands that help patients with such a request and they ask second opinions to psychiatrists with the question if the condition could be treated or not. Current practice shows that even patients who could receive treatment, but who refuse that, may get euthanasia by such clinics, which has led to a lot of criticism. The advent of the new guideline for assisted suicide in the Netherlands has elicited a societal debate as well as a debate amongst psychiatrists who are divided between feeling that assisted suicide should be possible in desperate cases in order to avoid suicides; and psychiatrists who feel that patients should be able to count on their psychiatrist to provide them optimal treatment and being inclined to keep them alive. An overview will be provided and an illustrative case of a patient with combined somatic and mental disorder will be discussed.

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

W0015

### **Big data to track and treat? Proposing online therapy to problem gamblers: A randomized clinical trial**

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*Background.*– Collaboration between academics and gambling service providers allows working on account-based gambling data. These massive data can help understanding the gambling disorder course, and developing new tracking tools to help gamblers before the impact of gambling grows out of control. We present two examples of the potential of such data, through an interventional study, and through the observation of the impact of a spontaneous responsible gambling measure. We present the results of an online randomized control trial and an exploration of self-exclusions motives and course of gambling after a self-exclusion. *Methods.*– In the first study, all active poker gamblers from a website were systematically offered screening and proposed to be included if Problem Gambling Severity Index (PGSI) score was  $\geq 5$ .

Problem gamblers were randomized into four groups: (1) waiting list (control group), (2) personalized normalized feedback on their gambling status by email, (3) an email containing a self-help book to be downloaded with a Cognitive Behavioral Therapy (CBT) program without guidance, and (4) the same CBT program emailed weekly by a trained psychologist with personalized guidance. Efficacy was assessed based on the change in PGSI between baseline and 6 weeks or 12 weeks and supported by player account-based gambling data automatically collected at the three time points. In the second study we included all poker gamblers who first self-excluded since the launch of a poker gambling website and reported a motive for self-exclusion ( $N = 1996$ ). We explored two groups: self-excluders who declared a motive linked to addiction and those who declared a commercial motive. We described and compared account-based gambling summary and session-data ( $N = 38206$  and  $14020$  respectively) in the previous month of both groups. We explored return to gambling and following self-exclusions.

**Results.**– In the first study, all groups met high attrition rates (83%), but the group with guidance had a significantly higher dropout rate than the other three groups, including the control group. Although all groups showed some improvement, no significant difference in efficacy between the groups was observed on the PGSI.

In the second study, we found that both groups of self-excluders were heavy gamblers. No between groups adjusted difference was found on summary gambling data, and sessions from both groups were poorly discriminated one from another with multiple machine learning models. 68.5% of gamblers were back on gambling after a first self-exclusion ( $N = 1368$ ), half within the first month. Gambling in the month of return was less heavy than before first self-exclusion, but rapidly increased and 60.1% self-excluded again ( $N = 822$ ).

**Conclusions.**– If very intrusive designs seem to be aversive, a currently available spontaneous responsible gambling tool, self-exclusion, seems to have a non persistent positive effect on gambling course for most gamblers. New intermediate responsible gambling tools, including tracking and proposal of guidance, could be developed to better protect problem gamblers.

**Disclosure of interest.**– Non funded collaboration with Winamax.

W0016

### **Development of a text-message brief contact intervention following a suicide attempt**

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Suicide is a leading cause of death, particularly among young people. Continuity of care following discharge from hospital is critical, yet this is a time when individuals often lose contact with health-care services. A meta-analysis has shown that postcard-based brief contact interventions following a suicide attempt can reduce the number of repeat attempts, and text message interventions are currently being evaluated.

We sought to extend post-attempt caring contacts by designing a brief online intervention targeting proximal risk factors and the needs of this population during the post-attempt period. This

presentation details the development process and describes the realised RAFT (Reconnecting AFTER a suicide attempt) system.

To inform the design of the intervention, a lived experience design group was established. Participants were asked about their experiences of support following their suicide attempt, their needs during this time, and how these could be addressed in a brief contact ehealth intervention. The intervention design was also informed by consultation with lived experience panels external to the project, and a clinical design group.

Prompt outreach following discharge, initial distraction activities with low cognitive demands, and ongoing support over an extended period were identified as structural requirements of the intervention. Key content areas identified included coping with distressing feelings, safety planning, emotional regulation and acceptance, coping with suicidal thoughts, connecting with others/interpersonal relationships, and managing alcohol consumption.

The RAFT text message brief contact intervention combines SMS contacts with additional online brief therapeutic content targeting key risk factors. It has the potential to reduce the number of repeat suicidal episode and to provide accessible, acceptable, cost-effective support for individuals who may not otherwise seek face-to-face treatment. A pilot study to test the feasibility and acceptability of the RAFT intervention is underway.

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

W0017

### **Sleep inducers in elderly patients. What to prescribe?**

J. Bobes

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Insomnia is a heterogeneous disorder characterized by difficulties in initiating or maintaining sleep, early awakening or non-restorative sleep accompanied by daytime consequences and interference with everyday functioning. In elderly, the estimated prevalence varies between 20 and 50%, and it is more frequent in women.

Benzodiazepine and nonbenzodiazepine receptor agonists are among the most commonly prescribed drugs along with sedative antidepressants (i.e., doxepin, mirtazapine, and trazodone) and antipsychotics (i.e., quetiapine) used as “off-label” medication. In the last years, one dual orexin receptor antagonist (suvorexant) and three melatonin agonists (prolonged-released melatonin, ramelteon, and tasimelteon) have demonstrated efficacy in managing insomnia and received approval by the EMA and/or FDA as hypnotic agents.

In this talk, I will address the reported efficacy and the potential adverse effects of the different medications employed for the treatment of chronic insomnia in the elderly, as well as, the recommendations made by the new updated Clinical Guidelines.

**Disclosure of interest.**– Julio Bobes has received research grants and served as consultant, advisor or speaker for the companies: AB-Biotics, Adamed, Almirall, AstraZeneca, Bristol-Myers Squibb, Ferrer, Glaxo-Smith-Kline, Hoffman La Roche, Janssen-Cilag, Lilly, Lundbeck, Merck, Novartis, Organon, Otsuka, Pfizer, Pierre-Fabre, Sanofi-Aventis, Servier, Shering-Plough and Shire, research funding from the Spanish Ministry of Economy and Competitiveness – Centro de Investigación Biomedica en Red area de Salud Mental (CIBERSAM) and Instituto de Salud Carlos III-, Spanish Ministry of Health, Social Services and Equality – Plan Nacional sobre Drogas – and the 7th Framework Program of the European Union.

W0018

## How to avoid irrational polypharmacy in elderly patients?

### Psychopharmacologist's view

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*Background.*— Our population is getting older and therefore more and more medications have been used in elderly patients. Almost 50% of elderly patients are treated with at least 5 different medications concomitantly, which can lead to serious drug-related problems and irrational polypharmacy. Nearly 50% of elderly patients take one or more medications that are not medically necessary. Research has clearly established a strong relationship between irrational polypharmacy and negative clinical consequences. These patients are often excluded from the treatment guidelines, although they represent a huge patient population. The best intervention for irrational polypharmacy reducing involves an inter-professional approach (a collaborative care approach) that often includes a clinical pharmacist.

*Aims.*— The main aim of this talk is to present impact of different interventions in irrational polypharmacy reducing including older ambulatory primary care, hospital, and nursing home patients. Firstly, different approved methods will be presented to avoid irrational polypharmacy in association with inappropriate prescribing in elderly (e.g. STOP/START, Beers and PRISCUS). Secondly, different possible mechanisms of rational psychopharmaceuticals and other medications prescribing will be presented to reduce irrational polypharmacy. In addition, antihypertensive drugs, proton pump inhibitors, antibiotics and some another groups will be discussed in term of irrational polypharmacy reducing. Lastly, a collaborative care approach including clinical pharmacist with clinical cases will be discussed. The participants will learn how to reduce irrational polypharmacy in elderly patients who need psychopharmacological treatment by using medication reviews and well planned drug prescriptions and collaborative care.

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

W0019

## Drug discontinuation in elderly patients. When it is possible and rational in patients with mood disorders?

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Depression is a frequent disorder in the elderly. Treatment with antidepressants is useful and common even though studies providing sufficient relevant evidence for the elderly patient population are rare. Most therapy recommendations are based on studies with younger samples. However, elderly depressed patients might be more difficult to treat as a result of physical and mental co-morbidities. In addition, elderly patients often receive multiple medications for various diseases. Drug-drug interactions are therefore most likely. Consequently, it has been recommended to describe lower doses of medications and to reduce these, if possible, and stop, as soon as possible. Sadly, scientific evidence for such clinical recommendations on how to and when to reduce or stop is very limited. More research to address these most urgent clinical gaps in scientific knowledge to help this population is required.

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

W0020

## Psychopharmacological approach to mood disorders in the elderly. Realities and perspectives

M. Martín Carrasco

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Mood disorders in the elderly are a significant, common, and growing problem that requires treatment. It has serious implications for the patient, family, and community. Identification followed by a thorough assessment can help guide the selection of an appropriate medication.

There are several factors to consider when selecting, adjusting, and changing drugs in the elderly. Treatment of mood disorders in the elderly is particularly challenging due to the relative scarcity of well-designed trials, atypical clinical presentations, presence of multiple comorbidities (i.e., cognitive impairment) and adverse effects (i.e. falls). While meta-analyses involving antidepressants, antipsychotics and mood stabilizers have generally shown modest treatment benefits in this population, clinicians treating geriatric patients must be especially mindful of issues regarding polypharmacy, drug metabolism, and adverse event profiles. Issues related to pharmacodynamics, safety, tolerability, and the unique features associated with the use of drugs in this population are further discussed.

Together, these strategies can help promote the safe use of psychoactive drugs in the elderly. Besides medications, other therapies might be considered include various forms of psychotherapy and neurostimulation, with electroconvulsive therapy still being the gold standard for severe or psychotic depression.

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

W0021

## Building national collaborations with senior psychiatrists: The Spanish experience

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National Trainees Associations (NTAs) represent the interests of psychiatric residents in their home countries. The European Federation of Psychiatric Trainees (EFPT) aims to unite their efforts at an international level. These organizations may help trainees to work more closely with senior psychiatrists, which in turn may be beneficial for both parts, and lead to a better psychiatric practice. The Spanish Society of Psychiatric Trainees (SERP), established in 2015, is one of the newest NTAs in Europe. In these two years, SERP has collected a valuable experience of cooperative work with senior psychiatric associations in Spain, which can serve as a model for trainees in other countries from Europe and beyond.

First of all, we started signing formal collaboration agreements, allowing trainees to obtain rights such as double affiliation to senior associations, scholarships and access to their newsletters and journals. Other relevant results have been the opening specific spaces and tracks for trainees in national scientific conferences, as well as co-authorship in academic publications.

More recently, SERP has been involved in national research projects on delirium and agitation management, in collaboration with senior associations.

These collaborations seek also to allow trainees to participate in the establishment of national policies regarding Mental Health and training in psychiatry.

How did we create these partnerships? Have been these collaborations beneficial for the trainees? What else can be done? These questions will be discussed during this talk.

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

W0022

### Challenges of Psychiatric Trainees in Eastern Europe

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Psychiatric Trainees in Eastern Europe often face different problems to those experienced by their colleagues from the other parts of the continent.

The low expenditure on health care systems and particularly on mental health care results in difficult working conditions and low salaries of psychiatric trainees in these countries. In some of the countries, the shift of the model of mental health care from an institution-based to a community-based care has not yet been completed and the trainees have often to perform their whole postgraduate training in large psychiatric hospitals, equipped with old facilities. The training curricula also often limit the possibilities of a more diversified development and force the trainees to organize themselves additional internships abroad to supplement their growth. The difficulties surrounding the training in Eastern Europe force them to also seek temporary or permanent migration to Western European countries to continue their work in significantly better conditions, which results in the brain drain effect and cause further problems in their respective countries.

Maintaining and Establishing a National Trainee Association (MENTA) Working Group, a part of the European Federation of Psychiatric Trainees (EFPT), has always been in support of the psychiatric trainees in European countries, with a particular focus on Eastern Europe. During the last years, the Working Group helped establish trainee associations in Poland and Rep. of Macedonia, as well as supported the associations in Czech Republic and Slovakia. Currently MENTA is trying build a trainee network in Bulgaria to create a similar organization in this country.

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

W0023

### Coordinating the efforts from trainees around Europe

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EFPT (the European Federation of Psychiatric Trainees) is a non-profit organization for European national psychiatric trainees. It is a federation of the National Trainees Associations from almost all European countries. In our era it is important that doctors from different countries share their experiences and develop common

research projects. This goes for motivated trainees too. EFPT pleads in favour of reducing the differences between training programs in the European countries and actively helps trainees by encouraging them to exchange opinions, information and compare their training programs. It enables many trainees to participate in exchange programs in other countries.

In 2016 EFPT has established the CET (Connecting European Trainees) program, designed to bring psychiatric trainees in Europe even closer. Thus we have created the EFPT NTA page, where one can find data such as the name of the NTA, of its president and of a delegate within the association, whom trainees will be able to contact when they have questions regarding, for example, training, research and exchange programs in this country. These contact persons will then be able to refer them to the most suitable doctor in their country. Thus communication between psychiatry trainees across Europe has become much easier.

Exchanging information between trainees mainly takes place through email, although social media platforms such as Facebook are also often used. Other social media platforms are also important for the communication between EFPT members and trainees.

The NTA Coordinator is a newer position in the EFPT organigram. The holder thereof is in charge of gathering the above-mentioned data and updating the page. He works closely with the IT Manager, the Chairman of the working group called MENTA (Maintaining and establishing a National Trainee Association) as well as the national delegates.

Our current objective is to create a page for each association. At this moment, more than half of the EFPT members have a page. The CET Program is an important part in bringing trainees of different background, nationality, culture, and training together.

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

W0024

### Crossing the bridge: Achievements of psychiatric trainees in Turkey

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Trainees have played a major role since the first organisational attempts among psychiatric professionals were made during 1990s. Trainee Committee of Psychiatric Association of Turkey (TCPAT) has been formally established in 2013, which has been the culmination of long-term efforts of trainees in previous generations.

It now functions as a platform where hundreds of trainees are linked, can immediately react to each other's inquiries and provide peer support. Under the umbrella of TCPAT, local and international surveys regarding psychotherapy training, working and training conditions have been conducted and published, aiming to improve the existing status in each aspect. Several members of the committee participate as representatives in international early career psychiatrist associations. Moreover, for the last two years, national psychiatric trainee meetings are organized and this initiative was crowned by the EFPT Excellence Award in 2017.

In 2017, the European Forum of Psychiatric Trainees was hosted by TCPAT, for a second time after 2005. More than hundred delegates and observers from over 35 countries have been able to observe the local training scheme and examples of practice. These activities have enhanced trainees' feelings of autonomy, improved their leadership skills and capacity of working in teams and strengthened their professional identity.

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

W0025

### Exploring training and working opportunities of substance abuse and dual disorders for early-career psychiatrists

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**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 pilot 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. A further survey, including more quantifiable data and countries, would provide policy-making results.

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

W0026

### Developing and improving training in child and adolescent psychiatry in Europe

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Efforts have been made, in Europe, in order to clarify the different training programs in the psychiatric field in terms of examinations, clinical rotations, psychotherapy and research, as well as whether if there is a specific program for Child and Adolescent Psychiatry as a speciality itself. Furthermore, some European associations have gone one step forward and have taken different actions seeking the unification of the training system throughout Europe.

In this workshop, detailed information is going to be presented regarding the differences in the Child and Adolescent Psychiatry residency throughout Europe according to the data pro-

vided by the European Federation of Psychiatric Trainees Annual Survey.

In addition, information about different free courses, international fellowships, grants and awards offered by worldwide psychiatric associations are going to be exposed, disclosing specific information about the application procedure and providing some tips and suggestions directed to trainees in order to be selected.

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

W0027

### Implementing early detection and intervention services for psychosis in Europe: Obstacles and how to overcome them

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**Introduction.**– There is now enough evidence for establishing early detection and intervention services for psychosis and for the assessment of the at-risk mental state, including “staging” and staged interventions. However, such services are not available yet for all patients in the European countries.

**Objectives.**– With my talk I want to stimulate discussion on the lack of such services as well as on the potential obstacles to implementation.

**Methods.**– Overview.

**Results.**– Apart from a lack of services, many European countries also have no specific guidelines for early detection and intervention. Obstacles to further promote early detection and intervention might include traditional and faith-based paradigms in psychiatry which do not appreciate the chances of early detection and intervention. Besides a lack of devotion towards prevention, further obstacles might be a lack of clear policies/implementation plans by stakeholders, a lack of clear coordination between services, and a lack of training and supervision for the staff in this area, etc. In order to establish new services, we also need to involve consumers, their families, and carers in planning such services and encourage them to get involved in policy making towards this goal. And we need outreach campaigns directed to the public, at-risk populations, and professionals with the aim of education and fighting stigma.

**Conclusions.**– All patients of the European countries should have easy access to low-threshold early detection and intervention services with specialized staff oriented towards to patients' needs. It is our duty as professionals to fight for overcoming the mentioned obstacles.

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

W0028

### Implementation of early detection services: Current status and perspectives in southeastern Europe

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Unequal development of both early detection (ED) and early intervention (EI) programs/services for psychotic disorders and of related academic activities has been shown across Europe.

The present ongoing research aims to further fill in the knowledge gap regarding the ED/EI implementation in Central and Eastern European countries. The 17-item questionnaire addressing information about ED/EI in the relevant national educational resources, local policy towards the implementation of ED/EI in the national mental health system, diagnostic and therapeutic methods implemented by local ED/EI and obstacles in its implementation, was disseminated to the colleagues from 23 countries (The Eastern European, Central, Baltic and the Southeast European countries) who had been found through the PUBMED search including the terms: name of the country/region, “mental health”, “psychosis”, “early intervention”, “early detection”. For countries with no ED/EI programs, we asked about the most important factors limiting their implementation.

We hypothesized that the status of the specific education, the guidelines and specific instruments implementation, the service distribution and organization will range from availability in most of the EU member countries, to potential to scale up and even absence in several other countries. Lack of adequate education/information of the professionals has been hypothesized as one of the most prominent reasons for non-implementation.

The obtained results could be used as starting point to plan how to improve utility of the ED/EI services in this region, to accelerate its implementation and to facilitate timely detection and intervention of psychosis across Europe.

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

W0029

### **Implementation of early detection services in France: Current status and further perspectives**

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*Objective.*– Schizophrenia and chronic psychosis is one of the most disabling disorders striking adolescent or young adults. Early intervention, by improving the general outcome, has already demonstrated its cost effectiveness. However, while early intervention services are now spread all over the world, until now France has not implemented nation-wide programs and the reasons of this delay need to be addressed.

*Methods.*– We have collected all available information regarding early detection – early intervention in France: publications or reports, participations to specialized education or training, organization of meeting, workshop or conferences on the topic. In addition, we also have conducted a survey in 300 general practitioners and a comparative survey in 300 youth (15–25 y.o.), 300 parents and 130 teachers.

*Results.*– Less than 10 centers have started to organize EI services attempting to follow the international recommendations, and even less ED, but none fully achieves a complete EI/ED service. Only 7 groups have published on the topic. There is however an emerging willingness of French practitioners: approximately 40 teams are actually interested and actively seeking training or education. Discussions with these teams raised several issues and underline the needs for French-adapted models and recommendations. Propositions have been made to resolve these issues. From the surveys, it is clear that young people are aware by mental health and if concerned they would seek help to their parents, friends, or GP but not

their teachers. GP are interested in improving early detection, but are poorly trained or educated in this field.

*Conclusion.*– France is now ready for a National plan for ED/EI and will benefit from international organizations. However, widespread dissemination in first-line services will not happen if French-speaking tool-kits are not accessible. A careful adaptation to the specificities of French organization of mental health services is also needed. The ‘Transition Network’ is currently launching a French taskforce to organize these tool-kits and propose some adaptations of ED/EI to our national MH organization, within the frame of the French-speaking branch of IEPA.

*Disclosure of interest.*– MOK received honoraria from and participated in advisory boards or did educational conference for F. Hoffmann-La Roche, Janssen Cilag and Otsuka Lundbeck.

W0030

### **Implementation of early detection services: Economic perspectives**

D. McDaid

*United Kingdom*

*Introduction.*– There is growing evidence on both the effectiveness and cost effectiveness of early intervention and detection services, yet services in Europe remain limited. A narrow focus on effectiveness ignores broader issues concerned with implementation that are vital to making services more widely available.

*Objectives.*– This presentation looks at the role of economic evidence and why it has only had a limited impact. It emphasises the importance of moving beyond narrow cost effectiveness measures.

*Methods.*– Narrative review of literature and illustrative use of return on investment decision modelling tool.

*Results.*– Economic approaches that can help facilitate implementation include identifying the return on investment from early intervention and detection services to different stakeholders, including impacts beyond the health system, conducting budgetary impact analyses and looking at the economic benefits and costs of achieving better levels of fidelity in implementation. There is a now an increased focus on considering local context, system organisational, financing and other factors that either act as barriers or facilitators to implementation.

*Conclusions.*– Powerful arguments can be made for investment in early intervention and detection services, but there is a need to move beyond narrow use of economic information. Impacts across and beyond all of the health system (and not just the mental health system) are relevant to implementation strategies. More emphasis also needs to be placed on better communication of the economic case in an appropriate way for different policy makers, practitioners and wider society.

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

W0031

### **Declaration of Geneva: Medical oath as an ethical guideline**

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Ever since the days of Hippocrates at graduation medical doctors pleaded an oath, promising solemnly to meet the (high) ethical standards of their “guild”. The medical oath has always been aimed at providing excellent care according to the professional standards, along with respect for life, the patient and his privacy. Some elements though are time bound: for example in old days young

medical doctors did not only express their respect to their mentors, but also did they promise to take care of them until the end of their days. A kind of pension provision for medical doctors. Such cultural aspects were not taken on board when the medical oath was formulated back in 1948 when the World Medical Association was founded in Geneva. In October 2017 after several years of discussions a revised “Declaration of Geneva” was adopted with the important subtitle “the physicians pledge” at the WMA general assembly in Chicago. It was published straight away in JAMA and will be read at the opening of all the future meetings of the WMA. In this presentation the different elements of the pledge will be presented with emphasis on what has been newly formulated: in particular the respect for the patient’s opinion, importance of well informing the patient and the willingness to aim at shared decision making. The other new element is that every medical doctor promises to take care of his/her own health for better care and as an example. All psychiatrists are medical doctors. . . but many seem sometimes to have forgotten.

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

W0032

### **Ethical challenges assessed in the clinical ethic committee of psychiatry in the region of Southern Denmark in the period 2010–2015: A qualitative content analysis**

H. Bruun

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Ethical considerations are an important part of the daily decision-making process in mental health care. A Clinical Ethics Committee (CEC) of Psychiatry in the Region of Southern has since 2010 been offering a structured ethical analysis of ethical challenges experienced by health care professionals in mental health. When analyzed the CEC makes a written case-report of 5–8 pages. On the basis of a qualitative content analysis of 55 written case-reports from the CEC an overview of the ethical challenges described is given. Although complexity is a recurring theme, the ethical challenges can be grouped into three overarching themes: (1) Healthcare professionals and mental healthcare in a wider social context. (2) Healthcare professionals and institutional aspects of mental healthcare. (3) Healthcare professionals and their relation to patients and relatives. In respect of the complexity, illustrative case-reports of each overarching theme are presented. The findings indicate that difficult ethical challenges are an inherent part of mental healthcare that requires time, space and competence to be dealt with adequately.

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

W0033

### **Apathy in pre dementia: Prevalence, neurobiology and treatment**

K. Lanctot

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*Background.*– Apathy, characterized by diminished motivation, is found in cognitively normal elderly, as well as throughout the spectrum of prodromal dementia states including in those with mild behavioural impairment (MBI) and mild cognitive impairment (MCI). Importantly, the presence of apathy predicts increased risk

of conversion to dementia. This talk will review recent research on the prevalence and neurobiology of apathy and discuss possible treatments.

*Findings.*– The prevalence of apathy in MCI has ranged from 3% to 55% depending on the population and detection methods. Neuroimaging studies assessing structure, functional connectivity, blood flow and metabolism as well as amyloid burden and regional tau depositions reveal consistent differences in those with and without apathy. Findings implicate regions commonly associated with apathy (e.g., frontal involvement), as well as regions typically affected in early AD (e.g., parietal and inferior temporal involvement). Interventions being evaluated include neurostimulation and appear to target a variety of mechanisms. Improved understanding of the underlying neurobiology may have treatment implications.

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

W0034

### **How audio, video and actigraphic sensors can be used for the apathy assessment**

A. König

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Automatic speech analysis for the assessment of apathy.

*Introduction.*– Apathy is one of the most frequent neuropsychiatric symptoms found in dementia. It has an important impact on quality of life of both patients and their caregivers and represents a strong predictor of progression of the illness. Current clinical assessment methods risk bias resulting from the assessor’s subjectivity, pointing to a need for additional objective and systematic assessment tools. Therefore, the use of information and communication technologies (ICT) such as automatic speech analysis could be of interest in addition to current assessment methods.

*Objectives.*– To investigate whether automatic analysis of linguistic and paralinguistic features extracted from audio recordings of patients’ answers to an open questions about personal interests could be useful for the assessment of apathy in elderly people.

*Methods.*– 150 older persons at different apathy severity stages were recorded while answering the question ‘What interests and motivates you?’. Every participant received the Apathy Diagnostic criteria and Apathy Inventory (AI). Speech signal processing techniques were applied to extract features which were compared to the baseline apathy assessment scores.

*Results.*– Preliminary results show that the feature ‘speech rate’ correlates significantly with the AI. More detailed results will be presented at the workshop.

*Conclusions.*– Our results demonstrate the additional value of vocal analytics for the assessment and monitoring of apathy in elderly people. This time saving automated tool can provide clinicians immediately with reliable data based on non-invasive, simple and low-cost methods.

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

W0035

### How information and communication technologies can be used as therapeutic options for patients with apathy

V. Manera

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New Information and Communication Technologies (ICTs) are more and more employed in the domain of neurodegenerative disorders for patients' treatment and stimulation. In particular, Serious Games (SG, i.e., video-games designed to train specific cognitive and/or physical functions) and Virtual Reality (VR) are now considered as promising solutions to build motivating cognitive and physical trainings, as they embed playful and entertaining aspects. In the present talk we will briefly review the literature concerning the use of VR and SG in people with neurodegenerative disorders, and we will then present some studies conducted by the CoBTeK team employing VR and SG in older adults (apathetic vs. non-apathetic) with mild to moderate cognitive impairment due to neurodegenerative disorders. The results of these studies converge in demonstrating that VR and SG can be successfully employed to create motivating trainings, and that these solutions seem mostly adapted to apathetic patients.

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

W0036

### Relationships between apathy and motor activity in actigraphic studies

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Apathy is a multi-dimensional syndrome (lack of interest, lack of initiative, emotional blunting) that has been described as a decrease in goal-oriented behaviours. It has therefore been hypothesized that apathy could be associated with a decrease in levels of daily locomotor activity associated to goal-oriented behaviours.

The use of actimetry, a wearable device comprising an accelerometer that records variations in individual's movements, has been proposed as an indirect but objective method to assess apathy in daily routine. In Alzheimer's disease, individuals with apathy had reduced actimetric levels of motor activity compared to non apathetic individuals, in different conditions: over a short 1-hour period during a medical consultation, over seven consecutive 24-hour period in ecological conditions with community-dwelling individuals. Additionally, the daytime patterns of motor activity differed between non apathetic individuals, individuals diagnosed with depression and individuals with apathy.

Levels of motor activity were also found to be reduced among individuals with Mild Cognitive Impairment.

The use of actimetry has to be considered as an objective method in addition to the clinical judgement for the diagnosis of apathy, but also to monitor the evolution of apathy and the response the treatments.

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

W0037

### Diagnostic criteria for apathy revisited

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Apathy is an important and distressing behavioral syndrome in various neuropsychiatric disorders including Alzheimer's disease and related disorders. Apathy is defined as a persistent deficit of motivation reported by the subject himself or by his entourage, affecting behavioral (decreased goal-directed behavior), cognitive and emotional dimensions. During the 2008 EPA meeting a task force developed Diagnostic criteria for apathy, which are now used in various disease conditions and in clinical practice. Concerning the quantitative assessment until today, apathy is scored with the help of clinical rating scales such as the NPI (Neuropsychiatric Inventory), the AES (Apathy Evaluation scale), the LARS (Lille apathy rating scale) or the AI (Apathy Inventory). However, these tools allow only a punctual and not continuous assessment and risk biases resulting from the assessor's subjectivity, pointing to a need for additional systematic assessment tools. The aim of this presentation is to present an update of the diagnostic criteria for apathy and results of the validation study of an application using serious game designed to assess quantitatively apathy in an implicit, more objective and dynamic way

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

W0038

### Diagnosing autism in adults

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Autism is a neurodevelopmental disorder which is manifested as persistent deficits in social communication and social interactions and restricted, repetitive patterns of behaviour, interests, or activities (DSMV). Prevalence rate is reported to be around 1.1%.

Early diagnosis of autism is important to understand and provide necessary support to individuals and family. However it is often delayed due to multiple reasons. A delay in diagnosis is considered as a missed opportunity to provide necessary support during the critical developmental period. Mean age of diagnosis of Autism has decreased over time. Diagnosis of autism includes a detailed neurodevelopmental history with focus on core symptoms of autism. Availability of diagnostic services varies significantly from one area to another. Post diagnostic support is often important for families to understand and support the individual with autism, however parents often report that post-diagnostic support is unsatisfactory. Comorbid mental disorders and other neurodevelopmental disorders (NDD) such as ADHD and Intellectual disability are often seen in among people with autism. Therefore identification of autism along with other NDD and comorbid mental disorders is important to provide the right support and interventions to improve quality of life of individuals with Autism.

*Disclosure of interest.*– I have received speakers fees from Janssen-Cilag and Flynn pharma.

W0039

### Co-morbid mental disorders in autism

H. Ramsay

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*Introduction.*– Adults with autism are a heterogeneous group in terms of their level of intellectual ability and their mental health

needs. Reported prevalence of mental disorders in autism varies by study methodology but is likely to be higher than for the general population. Adults with autism have particularly increased rates of specific disorders.

**Objectives.**– This workshop considers evidence on prevalence of co-morbid mental disorders in adults with autism, with a particular focus on co-morbid mental disorders in adults with intellectual disabilities (ID) and autism, using the diagnostic classification system for learning disabilities (DC-LD).

**Methods.**– The literature on co-morbid mental disorders in autism was reviewed. Following this, using a representative sample of adults with ID, the association between autism and DC-LD diagnoses, medication treatments and other clinical features were measured using univariate (Chi-squared test) and multivariate (logistic regression) methods as appropriate.

**Results.**– There are significant differences in the rates of specific mental disorders across DC-LD axes between adults with ID and autism vs. those with ID without autism but attending a psychiatrist. For example, in the sample with ID, there were significant differences in the rates of problem behaviours ( $P < 0.001$ ). There were also differences in treatments used, with notably higher rates of atypical antipsychotic use in those with autism ( $P = 0.001$ ).

**Conclusions.**– There important similarities and differences in terms of both diagnostic co-morbidity and treatment for those with autism and ID attending a psychiatrist vs. those with ID without autism attending a psychiatrist.

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

W0040

### **Behavioural problems in people with intellectual disability and autism**

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People with intellectual disability often present with challenging behaviour. Prevalence rate for challenging behaviour varies from 6 to 40% depending on different settings where research was carried out. Challenging behaviour involves aggression towards others, harm to themselves and destruction of property. Causes of challenging behaviour are complex and multifactorial. Complexity of challenging behaviour causes assessment and management difficulties to health care professionals leading to long stay hospital admissions and unlicensed use of pharmacological treatments. Presence of autism further makes the assessment and management more difficult.

This workshop discusses how the presence of autism increased challenging behaviour and suggest various pathways to assess and manage people with ID, challenging behaviour and autism. It will also address various factors that need to be considered when assessing and managing people with ID, autism and challenging behaviour.

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

W0041

### **Autism in adulthood**

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Autism Spectrum Disorders (ASD) are neurodevelopmental disorders biologically conditioned, and they are usually diagnosed in pre-school or early childhood. Untreated autism in adults often

makes it difficult or even impossible for the patients to live independently. Autistic people cannot express emotions adequately, cannot think abstractly, have high levels of tension and low level of interpersonal skills. They can react with panic and aggression. Unawareness of the disease makes adults with autism have many problems in social, family and professional life. They are discriminated, excluded, unclassified, regarded as arrogant, bizarre. To ensure a minimum of safety they avoid social contacts, prefer loneliness, run away. Other psychological problems may develop in the context of autism, such as depression, mood disorders, oversensitivity. The rehabilitation forms, which may improve their functioning, should reduce anxiety, improve physical and mental health, increase concentration, and engage them in social life, which may lead to, e.g., finding a job, starting to live in protected housing or group homes where patients can count on permanent caregivers.

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

W0042

### **Sensory sensitivities in people with autism**

K. Courtenay

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Sensory difficulties have been understood by people with autism and their carers as important aspects of disorders. They are now recognized in classification systems as features of autism. Diagnosis of autism requires attention to the impact of sensory difficulties on the person.

In general, people with autism can perceive sensory stimuli that differ from people with such sensory deficits as deafness or blindness. The difficulty is in the processing of sensory information manifesting as Sensory Processing Disorder. The modulation of sensation in Autism is abnormal and described in three domains as registration, defensiveness, and gravitational insecurity. Examples include avoiding bright lights or loud sounds (defensiveness). Hypersensitivities are evident too for example, clothing pulled across the skin.

For people with autism, sensitivity in all sense modalities can cause great discomfort that can go unrecognized especially where the person has difficulty in communicating their distress. Excessive stimulation in one sense can lead to behavioural reactions that can be misinterpreted as anxiety or other mental diagnosis. Recognition of sensory sensitivity by a person with Autism can help them alleviate stress.

In the presentation, sensory sensitivities in Autism are described, with an explanation of their aetiology, and an exploration of measures to effectively manage their impact on people's lives.

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

W0043

### **Autism and intellectual disabilities**

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**Aims.**– Some studies report that up to 70% of persons with Intellectual Disability (ID) may present also pervasive autistic traits, as well as up to 70% of those with Autism Spectrum Disorder (ASD) show early cognitive impairment that falls into the area of ID or borderline intellectual functioning. Further complexities arise in the context of co-occurrence Schizophrenia Spectrum Disorders (SSD).

The purpose of this part of the workshop is to systematically define the boundaries and overlapping clinical characteristics of IDD, ASD and SSD; to highlight the most relevant differences in clinical presentation of ASD and SSD in persons with ID; and to improve sensitivity and validity in diagnosing ASD in ID.

*Methods.*– Authors imprint and bring forward an immediate functioning dimension to the participant's eye and hands by implementing and practicing the concepts and techniques identified through a systematic mapping of the last 15 years international literature and results of an original clinical study.

*Results and conclusions.*– The combination of IDD and ASD presents many challenges and deficits across a range of behaviours and skills that are not seen in IDD or ASD alone. Severe IQ has been found related to higher severity of ASD and higher rates of challenging behaviours. Higher rates of stereotypes tend to be related to severity of autism but not to severity of IDD. For the distinction between ASD and SSD, age of onset, interest towards others, hallucinations, flattened mood (and behavioural equivalents), irritability, neuroanatomical anomalies, scores at block design, digit span, and digit symbol were found to be the most useful dimensions.

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

W0044

### **Person-centered dialectical models of mental disorders: The case of schizophrenia**

G. Stanghellini

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This paper builds on the self-disorder hypothesis of schizophrenia and further develops it by integrating the notion of 'selfhood' with that of 'personhood'. An important advance in the recent history of schizophrenia research has been the re-conceptualization of this illness as associated with disorders affecting the structure and the functioning of the minimal self. The self-disorder hypothesis conceives schizophrenia as a basic disturbance of the sense of self. The notion 'selfhood' serves to investigate the prereflective structures and dynamics of experience.

What may remain out of focus is the person's attitude towards these anomalous experiences. The notion 'personhood' serves to investigate the reflective, self-interpreting, stance to experience. The patient's attitude to his or her illness plays a significant role in mental illness. This approach is conducive to the development of a person-centred dialectical (PCD) model of schizophrenia that is concerned not only with the phenomenological description of troubled selfhood but also with how persons with schizophrenia interact and cope with their abnormal experiences. The principal clinical implication is the development of a two-tier descriptive system including phenomenal assessment of disordered selfhood and appraisal of personal background. The recognition of the patient's resources is necessary for effective treatment, as recovery requires not only the reduction of full-blown symptoms but also a change in the patient's attitude with respect to her basic abnormal phenomena. The latter involves the person's own effort to make sense of and cope with her vulnerability [1,2].

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

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W0045

### **What is like to be in an at risk mental state for psychosis**

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At risk mental states designate a variable set of clinical presentations carrying a heightened risk for developing more severe psychopathology, particularly within the psychotic spectrum. Such states, formerly considered as prodromes, are currently conceptualised as prospective and probabilistic signatures of imminent risk of psychosis. They are typically accompanied by profound and characteristic modifications of subjective experience which are essential for the understanding the emergence of psychosis.

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

W0046

### **Activities and initiatives of EPA**

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Mental health problems that forcibly displaced people (refugees and asylum seekers) experience due to wars, armed conflicts, persecution and human rights violations, and related poverty and trauma currently constitute a serious public mental health problem in Europe. There is increasing evidence that a large proportion of refugees and asylum seekers residing in Europe suffer from the consequences of traumatic events and exhibit psychological problems and mental disorders including, but not limited to, Post-Traumatic Stress Disorder.

The European Psychiatric Association (EPA) considers as one of its major tasks to raise awareness on this important problem and outline strategies for how its member societies and the psychiatric profession at large may contribute to managing these challenges. In line with its policy, EPA has set a special task force, namely "EPA Task Force on Needs of Refugee and Asylum Seeker Patients in Europe" to focus more closely on the mental health consequences of forced displacement. This presentation will give a brief summary of its already fulfilled activities and planned actions aiming to increase professional cooperation and international collaboration regarding the issue of mental health of forcibly displaced people on a European level.

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

W0047

### **Activities and initiatives of WPA**

H. Herrman

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In responding to the needs of people living under extreme stress including forced displacement the WPA's Action Plan 2017–2020 calls attention to the needs and strengths of children and young people. It includes attention to mental health promotion as well as prevention and treatment of mental illness. Three types of actions are anticipated. The first is support for sharing of best practice. The second is building capacity for the profession to work effectively in specific settings of disadvantage. The third is encouraging psychiatrists and other health professionals to use their expertise in facilitating the mental health work of non-specialists across a range of community settings.

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

W0048

### **Evidence on mental health care for forcibly displaced migrants: A review in collaboration with WHO Europe**

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*Introduction.*– The number of refugees migrating to Europe because of violation to their human rights, persecution and war is increasing. There is a need to identify mental health needs of these groups and models to provide effective care to them.

*Objectives.*– Summarising evidence on prevalence rates of mental disorders in refugees and good practice models for their care.

*Methods.*– A synthesis of the available evidence in scholarly and grey literature on mental disorders and interventions for refugee groups in European countries.

*Results.*– The prevalence rates of mental disorders amongst refugees are variable across studies, due to the characteristics of the studied groups, the context in the host country and methodological inconsistencies.

In general, the rates of psychotic, mood and substance use disorders in these groups appear similar to those found in host countries, whilst post-traumatic stress disorder is clearly more prevalent in refugees than in host populations.

Good practices include: (a) social integration through education, housing and employment; (b) outreach services to facilitate access to care; (c) appropriate coordination of physical health, mental health and social services; (d) provision of information on care entitlements and services; (e) the training of professionals in cultural competence and working with interpreters.

*Conclusions.*– Implementing good practice for mental health care of refugees may require: (a) resources for outreach services, the provision of information to patients, the training of professionals, interpreting programmes and social integration initiatives; (b) coordination and organisational flexibility to integrate health and social services, and to facilitate appropriate referrals and care pathways.

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

W0049

### **Women’s mental health in the UK: Yesterday, today and tomorrow**

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This paper will plot the progress of women’s mental health in the UK over three generations; looking back one generation, reviewing our current generation and finally considering the next generation of young women. The position of women and the impact on their mental health status will be considered against the backdrops of their changing economic, political and professional standing. I will be presenting the case that ‘time and place’ cannot be ignored when defining women’s mental health issues and hence, must be considered for both treatment and prevention. In conclusion, I shall be considering what may be the challenges ahead in the UK which must be overcome for young women to thrive.

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

W0050

### **Women’s mental health: Insights from WMH section of the Russian Society of Psychiatrists**

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*Purpose.*– To highlight a range of topics – which provide a coherent integrated coverage of the activity of new-born Women’s Mental Health (WMH) Section of Russian Society of Psychiatrists. Key topics include: “Science,” “Clinical activity,” “Education,” and “Social and educational public activities”.

*Results.*– A section on WMH was created in 2015. The section objectives are outlined. Activities in this area started from creation of multidisciplinary national contact network for specialists. The data collection on Russian-held studies started. The respective symposia were arranged in the national and international conferences. The issues of women’s mental health are actively elaborated by Russian specialists in topics overlapping with those stressed by EPA and WPA: women’s mental health and medical issues, women’s mental health and psychiatric treatments in pregnancy, gender and psychosis, post-traumatic stress disorders in women, violence against women, women’s mental health in conflict zones, women’s leadership, etc. The prominent role of female scientists in foundation and development of Russian psychiatry and clinical psychology are emphasized.

*Conclusions.*– The Section seeks to promote and increase knowledge of women’s perspectives in mental health, as well as fosters communication and interaction among the scientific disciplines that comprise its membership. We are all aware that some of the topics to be presented are not new but the data certainly are, and different professionals have different perspective. Much can be expected from the field of awareness of gender consideration in women’s health in Russia, and an example of such an approach is provided. We are very lucky to have great experts interested in participating and we hope this will make our Section more visible and heard.

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

W0051

### **Women’s mental health in Turkey: Challenges and insights from the WMH section of Psychiatric Association of Turkey**

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Ranked 131st out of 142 countries listed in World Economic Forum’s 2017 Report, Turkey is one of the countries with largest global gender gap and has experienced worsening of gender parity especially in political empowerment and health and survival aspects [1]. Inequalities in various aspects of life, including education and employment, high rates of intimate partner violence, women murder cases, forced early marriages, and more recently the impact of war, forced displacement and informality in the region have all been interrelated causes of mental health prob-

lems for women. The transformation into a more conservative society and predominant conceptualization of women as a dependent member of family by the community evokes feelings of guilt, incompetence and poor self-efficacy. The outcome of these in daily practice is higher numbers of cases of depression, anxiety, trauma-related disorders and suicide.

Gender imbalance also exists among psychiatry professionals. Based on a retrospective analysis of publications from Turkey in international psychiatric scientific journals, the rate of female first and last authors is less than 40% [2]. Only one third of psychiatrists in university hospitals and less than half of those in state hospitals are women.

On the other hand, women are more aware of their psychiatric symptoms and applications to psychiatric care are increasing, together with greater availability of services and efforts for establishing a framework under mental health law in the last few years. Also, formation of multidisciplinary task forces on violence against women and promising work of psychiatrists under Women's Mental Health Working Group of Psychiatric Association of Turkey serve as a base for progressive educational activities and research in the field.

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

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W0052

### **Cognitive, neuroimaging and pharmacological studies of schizotypy: An overview and introduction**

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*Background.*– The phenomenology of schizotypy suggests that this constellation of traits represents a subclinical expression of schizophrenia. Experimental neuropsychological and brain imaging studies are crucial to further bolster this claim. In this talk, I will present new results on cognitive, neuroimaging and pharmacological studies of schizotypy that aim to identify both similarities and dissimilarities between schizotypy and schizophrenia. Genetic risk populations are additionally considered to further demarcate the boundaries between these different schizophrenia spectrum populations.

*Method.*– Higher-level as well as basic cognitive and motor functions are studied in the laboratory in relation to schizotypy, using both extreme groups and continuous sampling methods in healthy volunteers. Schizophrenia patients and clinically unaffected first-degree relatives of patients are studied for comparison.

*Results.*– A replicable impairment in response inhibition is observed in high schizotypy. This impairment and its neural correlates overlaps in part with the deficits seen in schizophrenia. The profile of impairment diverges, however, from that seen in relatives, who are mostly characterised by difficulties in complex sensorimotor transformations on oculomotor tasks. Evidence from pharmacological challenge studies points to selective tolerance of antipsychotic compounds in high, but not low, schizotypal individuals.

*Conclusions.*– The results from these recent studies support the conclusion that schizotypal traits in the general population represent a phenotype that bears resemblance with schizophrenia not only at the level of phenomenology, but also at the levels of brain func-

tion, cognition and neurotransmitter system function. On the basis of this evidence, however, schizotypy can be differentiated from genetic risk status.

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

W0053

### **Psychosocial risk factors, gene–environment interactions, and the role of schizotypy in the psychosis spectrum**

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The construct of schizotypy was developed both within the personality and medical traditions. The former proposes schizotypy as part of normal personality, being a source of both healthy variation and predisposition to psychosis, whereas the latter conceptualizes it as the inherited vulnerability to schizophrenia spectrum disorders. Current research seems to be progressively integrating both traditions, as schizotypy is progressively being understood and employed as an index of individual differences both within health and clinical high-risk status as well as a risk marker for psychopathology. The interaction of this vulnerability substrate with other genetic and environmental factors shapes the risk of presenting spectrum disorders and yields a wide range of phenotypic variance. Assessment of schizotypy provides an entry point for identifying individuals possessing liability to psychosis prior to the appearance of clinical manifestations. This should facilitate the study of developmental pathways to psychosis and the identification of protective factors in individuals not presenting with typical confounding factors associated with schizophrenia spectrum disorders. Novel research will be presented that confirms the usefulness of this trait for studying the role of psychosocial risk factors and gene-environment interactions across the broad spectrum of individual differences to subclinical and clinical psychosis manifestations.

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

W0054

### **Emotional processing and schizotypy: Multimodal findings in support of the neurobiological continuum hypothesis**

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*Background.*– The continuum hypothesis proposes a dimensional continuity in the underlying neurobiology of subclinical psychotic-like experiences in healthy individuals (or *schizotypy*) and psychotic symptoms in patients with psychosis. Preclinical models posit that excitation-inhibition imbalances within a cortico-limbic-striatal circuit may give rise to schizophrenia-like physiological and behavioral aberrations, such as hyperemotionality, limbic-striatal overdrive, and decreased gray matter volume. Based on preclinical as well as on imaging research in patient groups, this workshop will summarize our recent studies investigating whether brain gluta-

mate levels in healthy individuals with high positive schizotypy are related to changes in (1) cortico-limbic-striatal response to emotion and (2) gray matter volume (GMV).

**Methods.**– Forty-eight healthy participants were recruited based on their score on the O-LIFE questionnaire and divided into two groups: high schizotypy and low schizotypy, matched by age, gender and IQ. A structural MRI scan, glutamate proton magnetic resonance spectroscopy in the anterior cingulate cortex (ACC), and functional magnetic resonance imaging (fMRI) during emotional processing were acquired at 3 T in a single session. Standalone imaging results as well as fMRI/sMRI × glutamate interactions in corticolimbic regions of interest were analysed with SPM12 and considered significant after voxel-wise  $P < 0.05$  family-wise error correction.

**Results.**– We found that participants with HS showed greater activation than LS subjects in the striatum and marginally in the ACC, hippocampus, medial prefrontal cortex (MPFC) and putamen. Moreover, subjects with HS showed GMV increases in the precuneus and ACC. Although no between-group differences were observed in glutamate concentrations, within the HS group ACC glutamate was inversely correlated with activation in the striatum and marginally in MPFC and amygdala. Moreover, in HS subjects ACC glutamate levels were negatively correlated with local GMV. Such correlations were absent in LS.

**Discussion.**– These findings are in line with a dimensional view of psychosis by suggesting that interactions between corticolimbic circuit structure, neurochemistry, and emotional response are involved in the expression of psychotic-like experiences at non-clinical and clinical levels. These findings may also serve as evidence of potentially protective mechanisms as they are based on high-functioning individuals with high schizotypy.

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

W0055

### How can we improve adherence to treatment in psychotic disorders?

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Data strongly support the beneficial effects of continuous antipsychotic treatment as part of a complex treatment program already after the first episode/hospitalization for schizophrenia (e.g. [1]). There are discussions about the benefits of such treatment, especially about how to interpret psychotic symptoms during treatment discontinuation, however the severe consequences of no antipsychotic treatment in schizophrenia and the benefits of treatment with adequately selected low-medium doses of antipsychotics have been well documented (e.g. [2–4]). The rate of adherence to antipsychotic medication reported during the course of “treatment as usual” is ca. 50%. The call of Andressen is based on evidence based data, that it is important to do as much as possible to ensure treatment adherence as a way of preventing relapse since the time of illness onset [5].

A complex treatment program with well-planned and integrated acute treatment, relapse prevention, and rehabilitation is needed for the improvement of treatment efficacy and adherence to treatment. The program should include psychoeducation.

The Section of Psychopharmacology of the European Psychiatric Association highlighted the need for improvement in teaching psychiatric pharmacotherapy to students, residents, psychiatrists and other professionals [6] and its work on some teaching materials is in progress.

Available data show, that the adherence of health care workers to various guidelines is generally low. Psychiatric and psychopharmacology associations should help (e.g. through their journals, congresses, courses) to improve the knowledge of those, who provide treatment for patients with schizophrenia and other psychotic disorders.

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W0056

### How can we improve adherence to treatment in bipolar disorders?

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Adherence to treatment in bipolar patients is linked to the general dimensions of adherence identified by the WHO:

1. Condition related
2. Therapy related
3. Related to social and economic factors
4. Patient related
5. Related to health system

ad 1. Disorders of the bipolar spectrum are frequent, diagnostic conversion from depression to bipolar disorder is high. Diagnosis of bipolar disorder (as compared to unipolar depression) is particularly difficult. Comorbidities with other psychiatric and medical conditions are frequent. Creating adherence is difficult when the diagnostic process is so particularly complex.

ad 2. Polypharmacy is a common phenomenon in psychiatric treatment, most bipolar patients have complex medication regimens when released from hospital. Polypharmacy undoubtedly reduces adherence rates.

ad 3. Decrease of quality of life, as well as social and economic deprivation obviously affect adherence. In a vicious circle, lack of adherence by itself worsens the brain morphological and functional changes associated with bipolar disorder.

ad 4. Particular lack of adherence has been demonstrated in adolescents, in late-life bipolar disorder, in patients with depressive residual symptoms and in bipolar patients with cyclothymic temperament. Bipolar patients exhibit characteristic cognitive deficits that distinctly influence their capacity to adherence.

ad 5. While psychoeducation can improve medication adherence, the availability of such interventions is still limited.

In summary, a holistic approach to adherence in bipolar disorder should be implemented. Local consensus initiatives to increase adherence are as necessary as global projects.

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

W0057

### How can we improve adherence to treatment in anxiety disorders?

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Treatment adherence represents a challenge not only for patients but also for the health profession for many decades.

Adherence as defined by WHO [1] is considered as “The extent to which a person’s behavior—taking medication, following a diet, and/or executing lifestyle changes—corresponds with agreed recommendations from a health care provider”.

WHO classifies these factors into 5 categories:

- socioeconomic factors,
- factors associated with the health care team and system in place,
- disease-related factors,
- therapy-related factors,
- patient-related factors.

Anxiety costs correlated has been estimated in European Union [2] and, excluding PTSD and other Stress related Disorders in 2010 the amount were of 1076 euros per subject in the EU, and in Italy about 1013 euros, for a total of 65,995 millions of euros as total costs (in Italy 8244 millions of euros). Of these more than 60% are direct healthcare costs while large amount is due to other costs.

The last 5 years has witnessed significant attention toward adherence to treatment and to medical guidance with cognitive behavioural therapy (CBT) including homework for anxiety and adherence assessment methods have diversified. Other form of Adherence improvement programme involve use of teleducation, educative fictions specifically appointed, anti-fake news educational mass systematic program. While a large component of the adherence process is not assessed in CBT, with patient effort, engagement, and the known role for treatment appraisals and beliefs necessitating the pursuit of improved adherence assessment methods.

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

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W0058

### How can we improve adherence to treatment in depression?

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While antidepressants play an important role in depression treatment, non-adherence to antidepressant is estimated around 40–60% of patients. Treatment adherence presumes patient’s agreement with the recommendations of the therapist and should be defined as a dynamic process, leading to a collaborative relationship.

It is a multifactorial phenomenon, related to type of drugs and dose, relationships with provider, patient and his/her disorders, health system. Some of the most established factors are the attitudes and beliefs of patients and their family about health, depression and antidepressant. In the acute phases, changes in beliefs about antidepressants occur: perceptions become more pro-adherence with treatment experience. In the maintenance phase, the different degrees of adherence are explained by the balance between the perceptions of need and of potential harm.

All these factors are modifiable. Some interventions were implemented in order to improve adherence to antidepressant: shared decision making, educational interventions, behavioural interventions, cognitive and behavioural therapy. The most effective were multifaceted interventions that used all these strategies and increased the intensity and the frequency of visits.

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



26th European Congress of Psychiatry

EFPT/ECPC-EPA Symposium

### EFPT/ECPC-EPA Symposium: European Psychiatric Trainees' Research Projects: Key Findings

EFPT0001

#### How is EFPT bridging the gap between clinical practice and research among psychiatry trainees

I. Frankova

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With a low proportion of medical graduates choosing psychiatry as a specialty and ongoing stigmatization from within the medical profession, recruitment into psychiatric training remains an issue in many European countries. This is partially caused by a great subjective and economic burden caused by mental disorders and the low public interest in their implications.

European Federation of Psychiatric Trainees (EFPT) is an umbrella organization which is represented by a national trainee association in each European country and aims to develop collaboration between psychiatric trainees. EFPT promotes high quality psychiatric training. Since actual training conditions in different European countries vary widely, the quality of training in some cases is limited due to scarce and inequitably distributed resources.

Research is a fundamental part of every medical discipline, and psychiatry is no exception. But in reality, it is quite hard to get funding for research to a young psychiatrist or psychiatry trainee. An exception is the EFPT Porto Research Award. It is a 10-year annual prize distinguishing each year one European psychiatric trainee that conducted a research project of a high standard. One of the main goals of the EFPT Porto Research Award is to encourage individuals in the early stages of their careers to perform research activities.

This presentation will describe how EFPT is bridging the gap between clinical practice and research among psychiatry trainees on the example of the first edition of EFPT Porto Research Award project: SSRI's vs BNZ in "Golden hours".

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

EFPT0002

#### E-psychiatry in France

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*Introduction.*— The last century has witnessed numerous dramatic changes in mental health care. Diverse significant technology breakthroughs have created new possibilities of information access, human interactions, and provision of care. By the virtue of their youth, residents are often said to be more adaptive to new technologies. However, in such a permanently remodelling system, the French psychiatry residents association (AFFEP) wanted to evaluate the position of French residents regarding e-psychiatry.

*Method.*— We conducted an online survey, sent via email to every member of AFFEP. A total of 646 responses were collected from June to November 2015, which represents a response rate of 50.4%.

*Results.*— Residents are well connected on the personal side, but not that much on the professional side: 20% do not have access to an electronic tool on their workplace.

Regarding training, residents rely on technology (57%) and books (33%). Yet, most of them had never heard of MOOC before the study. It is also interesting to note that the residents who benefit from videoconferences do not want it as a way of training.

As for clinical practice, residents are very much in favour of the use of e-health technologies but the majority have never used them (91%) so far.

Finally, data security and burnout have been raised through this study, with 65% of residents accessing data at home outside of working hours.

*Conclusion.*— E-psychiatry is bringing fabulous changes to our daily practice. However, we need to train future psychiatrists to lead this society's profound changes.

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



26th European Congress of Psychiatry

## Joint symposium

### Joint symposium with hosting NPA: Social exclusion is harmful for mental health

JS0001

#### Perception and reactions to social cues

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Evolutionary theoretical accounts suggest that emotional displays serve a communicative function, implying (1) that emotional signals have co-evolved with recipient's decoding skills and behavioral responses, (2) that the recipient's behavioral response should reflect the social function of the perceived expression, and (3) the perceived possibilities for action offered by emotional displays are contingent on recipient's states and capabilities. We experimentally address these assumptions and reveal (1) that the neural sensitivity to threat-signaling emotions is enhanced in both ventral face-selective cortices and in action preparation motor cortices 200 ms following face presentation (El Zein et al., 2015); (2) that there is a selective impact of threat-signaling emotions on the recipient's action and attention decisions: anger elicits avoidance behaviors while fear prompts affiliative approach tendencies (Vilarem et al. under review), and finally (3) that the processing of threat-signaling emotions is influenced by recipient's traits (anxiety, behavioral inhibition and activation scales). Altogether, these results indicate that emotional displays promote the elaboration of adapted perceptual and action-related decisions.

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

JS0002

#### Loneliness in young adulthood: Findings from an epidemiological cohort study

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*Background.* – Loneliness is an established risk factor for ill health and early mortality. Although extensively studied from a gerontological perspective, loneliness is particularly common among young adults as well as the elderly. The aim of this study was to build a detailed, integrative profile of young adults' experience of loneliness, in terms of their current health and functioning and their childhood experiences and circumstances.

*Sample and method.* – Data were drawn from the Environmental Risk Longitudinal Twin Study, a birth cohort of 2232 individuals born in England and Wales in 1994 and 1995. Loneliness was measured using a short form of the UCLA Loneliness Scale when participants were aged 18. Regression analyses were used to test concurrent associations between loneliness and health and functioning in young adulthood. Longitudinal analyses were conducted to examine childhood factors associated with young adult loneliness.

*Results.* – Loneliness was concurrently associated with poor functioning across multiple domains: lonelier young adults were more likely to experience mental health problems, to engage in physical health risk behaviours, and to use more negative strategies to cope with stress. They were less confident in their employment prospects and were more likely to be out of work. Data provided by informants indicated that individuals' feelings of loneliness are visible to others; however, informants also made more negative ratings of lonely individuals' personality and behaviour. Lonelier young adults were, as children, more likely to have had mental health difficulties, and to have experienced bullying and social

isolation. Loneliness was evenly distributed across genders and socio-economic backgrounds.

**Conclusions.**– Young adults' experience of loneliness co-occurs with a diverse range of health and lifestyle-related impairments, making it a risk marker of high clinical relevance. The findings underscore the importance of early intervention to prevent lonely young adults from being trapped in loneliness as they age, with potential implications for health in later life.

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

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## Joint Symposium with EBC: The value of treatment for brain and mental disorders

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JS0003

### Optimising transition from child to adult mental health care

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**Introduction.**– The peak age of onset for eating disorders (EDs) is from age 15 to 20. In many countries the transition from child to adult mental health care falls right into the middle of this period, causing multiple problems for patients on either side of this border. It also means that when young people approach the age of transition they may have to travel through a dangerous no-man's land with poorly coordinated care. Moreover, there are important differences in approaches to treatment and care for children and adults with EDs and in regards to parental involvement and confidentiality arrangements.

**Objectives.**– The aim of this talk is to review existing practices in eating disorders transition care and to describe service models with optimal transition arrangements for young people with EDs.

**Method.**– The talk will be based on a narrative review of the available literature. In addition, information on transitions from our own ED service (catchment area of 2 million people) was ascertained.

**Results.**– Only two publications, both from the UK, were found that specifically addressed transition care for EDs. In addition, the National Institute for Health and Care Excellence (NICE) has published generic guidelines for transition from children's to adults' services in 2016. Data from our service will be presented.

**Conclusion.**– Service models that are 'trans-age' and designed for youth from adolescence into young adulthood are most likely to serve the needs of this population best.

**Learning objectives.**– To understand how transitions in care affect young people with EDs.

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

## Joint Symposium with EUFAS: Co-occurring substance use and psychiatric disorders: Pathogenesis and treatment

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JS0004

### Exploring novel targets in the transition from reward to misery in comorbid substance use and mood disorders

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The global burden and socio-economic impact of mental disorders is increasing, and is led by substance use disorders (SUD) and mood disorders (MD). These mental illnesses often co-occur and their comorbidity precipitates symptom severity, relapses, suicide rates and treatment resistance. Neuroimaging studies have provided important advances for understanding illness progression, revealing alterations in several neural mechanisms involving systems (e.g. functional MRI, structural connectivity), circuits (e.g. structural integrity, volume) and molecules (e.g. neurotransmission). The identification of these mechanisms is crucial because it may lead to (1) the development of predictive neuroimaging biomarkers, which may help to identify those who will progress to substance use and mood disorders, and (2) novel targets for treatment intervention in those already affected. The transition from recreational substance use to comorbid substance use and mood disorders may derive from decreased function of the brain reward systems that normally mediate natural rewards (i.e., ventral tegmental area, striatum, prefrontal cortex) and progressive recruitment of brain stress systems that drive aversive states (i.e., habenula). Notably, imbalances in these neural substrates mediate phenotypes common to both SUD and MD (e.g., anhedonia), suggesting common targets for treatment. A better understanding of the altered networks involved in psychiatric conditions is of major importance to identify the correlational and/or potential causal relationships among specific symptoms domains (i.e. anhedonia), categorical disorders (i.e. substance use and mood disorders) and treatment options. Such knowledge will contribute to the development of tailored treatment and prevention strategies for those vulnerable individuals.

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

JS0005

### Addiction treatment – What is needed?

C. Drummond

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Alcohol, drugs and tobacco are leading causes of ill health and premature deaths in Europe and worldwide. Substance use disorders are common in mental health and physical health populations and substance misusers have high levels of mental health and physical comorbidity. Yet in many countries addiction and mental health treatment are delivered in different silos. This is not helped by a high level of stigma attached to addictions which often results in patients with comorbidities being excluded from services. There are now a wide range of cost effective treatments available to treat substance use disorders and many countries have clinical addiction treatment guidelines. And yet only a small proportion of those

people affected access treatment, which works against reducing population level harm. A major rethink of how we address substance misuse and comorbidity is needed. This should start with a recognition of parity of esteem with other mental health and physical conditions. The wider healthcare workforce needs to be better trained and resourced to work with substance misusers wherever they present in the health system. Equally addiction specialists need to be able to work across organisational boundaries and deliver addiction treatment in a wider range of health settings. Health care funders need to prioritise treatment of substance misuse and comorbidity, particularly those people with the most complex needs. This makes both moral and economic sense.

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

JS0006

**EUFAS 2018 European Addiction  
Research Award lecture: Introduction:  
Karl Mann/Anthoni Gual**

K. Mann

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EUFAS 2018 European Addiction Research Award lecture.

*Introduction.*– Karl Mann/Anthoni Gual.

The abstract has not been provided.

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



## 26th European Congress of Psychiatry Symposium

### Symposium: Resilience and Recovery in People with Chronic Psychiatric Disorders

S0001

#### Are we neglecting the most needy patients again? An European perspective on care for patients with chronic disorders

S. Priebe

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

*Introduction.*– Throughout the history of psychiatry, there has been a constant focus on people with chronic and severe mental disorders. A major driver for the reforms of mental health care in Europe in the 20th century was the concern for these chronic patients, who lived within the walls of asylum and were seen as neglected by society and medicine.

*Objective.*– This presentation will discuss whether recent societal and professional changes might have caused a shift of mental health care away from the most severe and chronic patients.

*Methods.*– An historical overview of mental health care for people with severe mental disorders will be provided.

*Results.*– Over the last 40 years, more money has been spent on mental health care across Europe, so that more staff treat more patients, with an increasing provision of care for patients with less severe disorders. Increasing social inequality and changes in social welfare systems – partly linked to austerity policies – are likely to have affected patients with severe and chronic mental disorders. The focus and some findings of scientific research seem to put less emphasis on chronic patients. Changes in the widely used terminology in psychiatry (e.g. mental health, well-being, users) may jeopardise the traditional role of psychiatry in caring for the most severe patients.

*Conclusions.*– There are worrying signs that societal changes and recent development in psychiatry might determine a reduced focus on severe and chronic patients. Implications and possible reasons for this will be discussed.

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

S0002

#### Chances and challenges of working in partnership with users and family carers

M. Amering

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*Introduction.*– The active involvement of service users and their relatives and friends is essential for the development of recovery-oriented and rights-based mental health practice and research.

*Objective.*– Present and discuss the chances and challenges of a participatory approach.

*Methods.*– Non-systematic review of experience and evidence on working in partnership with users and family carers.

*Results.*– The Trialogue experience – an exercise in communication between service users, families and friends and mental health workers on equal footing – is indicative of our capacity for surviving and gaining from serious discussions of adverse issues, such as coercive intervention, as well as the great possibilities of cooperative efforts and coordinated action, such as fighting stigma and discrimination. The first triologic WPA Task Force on Best Practice in Working with Service Users and Carers under the leadership of Helen Herrman published ten recommendations to the international mental health community with an urgent call for a partnership approach on all levels of mental health policy and care. Currently, special attention needs to be given to new roles and responsibilities arising from the historical challenge of the UN-Convention on the Rights of Persons with Disabilities for mental health professionals, users of services as well as relatives and friends.

*Conclusions.*– Actual developments regarding new rights to patient autonomy as well as new entitlements for support for living in the community including the right to family life, reasonable accommodation and supported decision-making warrant a partnership approach in order to have a positive real life impact.

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

S0003

## Providing care for people with severe mental illness: What should the research focus be?

R. Borbé

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*Objective.*– Despite encouraging approaches, strengthening the rights of people with severe mental illness, we face a widening mental health treatment gap. Research in this field is crucial to identify needs, study interventions and renew the care system.

The following topics should be addressed:

- Poverty affects people with severe mental illness. Research should address victimization, violence, homelessness and somatic comorbidities.
- Historical research is needed to understand mental health reform processes. This research can help us in striving for improvements in mental health care.
- Research on the role of peer support in care systems in diverse countries (including low- and middle-income countries) and service settings may help sharpen our understanding of the field.
- The patients' perspective, the key to an individualized treatment plan, is often ignored yet. Planning patient-centred community mental health care is based on valuable data.

*Methods.*– Review of literature, guidelines and mental health politics with respect to research for people with severe mental illness.

*Results/discussion.*– Well-founded research is a prerequisite for improving the provision of care for people with severe mental illness. Society and politics play a crucial role in defining the importance of this research.

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

S0004

## Positive courses of severe chronic psychiatric disorders. First results of a longitudinal mixed-methods matched pairs design

J. Krieger

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*Objective.*– The position that individuals with severe chronic psychiatric disorders can recover and establish a certain degree of mental stability that can enable an independent and fulfilling life is main component of the concept “recovery”. To sustain recovery, different variables and interdependent factors are needed, e.g. psychological resilience and empowerment. Actually, there is a lack of longitudinal studies focusing on the interdependency of recovery and resilience in patients with severe chronic psychiatric disorders, especially with an emphasis on overall psychiatric diagnosis.

The study examines residential patients with severe chronic psychiatric disorders who lived in a long-term care institution for psychiatric rehabilitation (SGB XII) in Lower Saxony and who were able to move out and live by themselves in 2016 and 2017.

*Methods.*– Qualitative preliminary-study with focus groups, containing different perspectives. The main study follows a naturalistic mixed-methods-design and a longitudinal course. There will be five follow-ups within 24 months after first measuring time.

*Results.*– The results of the preliminary study will be presented and discussed. Furthermore, there will be given an overview of the current status of the main study, the next steps and possible consequences. The results of the main study should be used in different subject areas, e.g. identification of factors enabling independent living and creation of effective therapy interventions for patients with

severe chronic psychiatric disorders who have lived in a long-term care institution.

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

## Symposium: The Use and Abuse of Neuroimaging in Forensic Psychiatry: What Can We Learn From Neuroimaging Colleagues?

S0005

### The role of neuroimaging studies in our understanding of suicidal behaviour

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Suicidal behavior is a relevant and multifaceted public health issue and is commonly associated with a significant disability and psychosocial impairment. The World Health Organization (WHO) reports that every year, approximately 800,000 people die from suicide, with a global mortality rate of 16 per 100,000. To date, no reliable biomarkers are available to predict exactly which subjects will develop suicide over time, but neuroimaging techniques are now providing novel insights into the complexity of this phenomenon offering promising data for understanding the neurobiology of suicidal behavior. Elucidating brain structural/functional deficits may help to clarify the pathophysiological mechanisms underlying suicidal behavior and assist in identifying high-risk individuals in the clinical practice. Structural brain imaging techniques in patients with psychiatric disorders have been used since the 1970s. According to magnetic resonance imaging (MRI) studies, a higher prevalence of white (e.g. periventricular and deep) matter and grey matter abnormalities in the frontal, temporal and/or parietal lobe as well as reduced volumes in the frontal and temporal lobes have been reported in subjects with a history of suicide attempts. Interestingly, all these brain areas have been shown to play a significant role in several psychopathological domains, such as emotional dysregulation and abnormal self-processing, which are supposed to play a role in the emergence of suicide behavior. Furthermore, studies using task-based BOLD fMRI showed aberrant neural activity patterns in suicide attempters. Task-based fMRI has been used to test the neural substrates of specific cognitive and emotional intermediate phenotype of suicide such as error monitoring and decision-making as well. There are also studies that indirectly investigated suicidal behavior using rsfMRI techniques (e.g. they mainly explored key psychopathological predictors of suicidal behavior such as hopelessness, which may provide useful information about suicidality). However, the possible contribution of neuroimaging techniques in our understanding of the complexity of suicide needs to be examined in the light of some shortcomings. First, it is unclear whether the reported abnormalities represent risk markers for suicide or are directly related to the course of illness as a result of disease processes. Moreover, existing neuroimaging studies usually include relatively small and clinically heterogeneous samples that may have seriously limited their statistical power. The potential effect of psychoactive medications on neuroimaging studies cannot be ruled out as well. Studies may also lack detailed information regarding medication doses or duration of treatment.

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

S0006

## The use of neuroimaging in court: Science, ethics and practice

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Although medical imaging is commonly used as evidence in the courtroom, neuroimaging presents with special complexity. Structural and functional neuroimaging has been used not only in the identification of the mechanism of injury but also to make inferences about human behaviour or motivation as a result of brain structure and function. The validity, reliability and translational value of neuroimaging findings, objective limitations of their use including the identification of other explanatory possibilities, expertise in the interpretation and recognition of uncertainty where relevant, and use alongside other clinical evidence in a balanced fashion, are paramount in its effective and prudent use in court. Given that legal arguments have been shown to be more convincing when backed up by brain-based data and especially brain images even in the absence of any scientific rationale, such evidence need to be subjected to a high degree of scrutiny before its use in legal proceedings is considered to be acceptable. Standardised guidelines for expert testimony, taking into account scientific progress and ethical/societal considerations in this evolving field, are needed. Neuroimaging is a promising powerful technology which can increase objectivity and assist in the administration of justice.

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

## Symposium: Recent Developments in Perinatal Mood Disorders

S0007

### New findings in perinatal bipolar disorder

A. Wieck

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There are few events that have a greater impact on severe mental illness than childbirth. Studies using population databases from Britain, Denmark and Sweden, have found a large increase in the rate of psychiatric admissions in the postnatal period with a peak in the first postpartum month and an overall incidence in the first three months of 1–2 per thousand deliveries. The majority of presenting conditions are postpartum affective psychoses and have a close relationship with bipolar disorder although atypical features can sometimes obscure the overall diagnosis. A small subgroup of women develop episodes exclusively in the postpartum period and some evidence suggests that this may present a disease entity that is distinct from bipolar disorder.

Clinical samples have demonstrated that the onsets of these severe states cluster in the first week postpartum. The illnesses tend to start abruptly within a few days of childbirth, escalate rapidly, fluctuate markedly, and are amongst the most severe seen in psychiatry. Because of the high risk to the safety of the mother and her infant, a high level of awareness of the condition and assertive management is essential.

Irrespective of treatment, about one in three women with a pre-delivery diagnosis of bipolar disorder suffer a relapse after a subsequent delivery and 1 in 5 women experience a severe episode. Women with schizo-affective bipolar and bipolar 1 disorder are at a higher risk than women with bipolar 2 disorder. Because randomized controlled trials are not possible in this patient population, high quality data of the effect of pharmacological prophylaxis is lacking. Nevertheless, a recent meta-analysis of existing treatment studies suggests that medication prescribed up to delivery and in the early postpartum period reduces the recurrence rate significantly.

Current evidence suggest that pregnancy does not increase the risk of bipolar recurrences and there is conflicting data from population studies and clinical samples whether relapses are in fact less common during this time. However, most pregnant women will require pharmacological prophylaxis or treatment. Recent evidence of the reproductive safety of psychotropic medication in pregnancy will be briefly summarized.

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

S0008

### The impact of postpartum PTSD on child development

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*Background.*– Against the background of very limited evidence, the present study aimed to prospectively examine the impact of maternal postpartum post-traumatic stress disorder (PTSD) symptoms on four important areas of child development, i.e. gross motor, fine motor, communication and social-emotional development.

*Method.*– This study is part of the large, population-based Akerhus Birth Cohort. Data from the hospital's birth record as well as questionnaire data from 8 weeks and 2 years postpartum were used ( $n=1472$ ). The domains of child development that were significantly correlated with PTSD symptoms were entered into regression analyses. Interaction analyses were run to test whether the influence of postpartum PTSD symptoms on child development was moderated by child sex or infant temperament.

*Results.*– Postpartum PTSD symptoms had a prospective relationship with poor child social-emotional development 2 years later. This relationship remained significant even when adjusting for confounders such as maternal depression and anxiety or infant temperament. Both child sex and infant temperament moderated the association between maternal PTSD symptoms and child social-emotional development, i.e. with increasing maternal PTSD symptom load, boys and children with a difficult temperament were shown to have comparatively higher levels of social-emotional problems.

*Conclusions.*– Examining four different domains of child development, we found a prospective impact of postpartum PTSD symptoms on children's social-emotional development at 2 years of age. Our findings suggest that both boys and children with an early difficult temperament may be particularly susceptible to the

adverse impact of postpartum PTSD symptoms. Additional studies are needed to further investigate the mechanisms at work.

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

S0009

### **Preconception consultation – Challenges of translating evidence into clinical practice**

E. McDonald

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Pre-conception counselling needs to be offered to all women of childbearing potential who:

- Have a severe mental illness.
- Have had a previous post-natal psychiatric illness.
- Present with mental disorders with additional complexities such as co-morbidities, social disadvantage, etc.
- Are taking psychotropic medication.

Women with mental health problems should be offered support and advice about their physical and sexual health (including contraception) from the time of diagnosis. Enabling women to plan for pregnancy and parenthood needs to be part of good psychiatric care.

A risk-benefit analysis that focuses on the individual women using a biopsychosocial model is key to ensuring that up-to-date data is incorporated into discussions with women who wish to conceive.

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

S0010

### **The neural correlates of perinatal anxiety and depression**

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*Objective.*– At least 1 in 7 women during the perinatal period will have perinatal depression or an anxiety disorder. These maternal mental illnesses can have significant effects on neural, physiological and behavioral plasticity in the mother. Yet our understanding of the neurobiological mechanisms mediating maternal mental illnesses is limited. In fact, much more research has focused on how maternal stress, maternal depression, and perinatal antidepressant medication use affects the developing child than the mother.

*Methods.*– To investigate effects of maternal anxiety and depression on neural circuitry in the maternal brain and understand how selective serotonin reuptake inhibitor (SSRI) medications, commonly used to treat maternal mental illness, may alter brain plasticity a translational approach will be discussed with studies carried out in humans and rodent models.

*Results.*– Main findings show that perinatal depression and anxiety alter plasticity in the maternal brain and maternal care-giving network. These effects are altered with SSRI medications in a brain region specific manner. For example, in rodent models, maternal stress, as a model of aspects of depression and anxiety, can increase synaptic plasticity in the prefrontal cortex, while SSRI treatment can normalize this stress effects. The same effects were not evident in the hippocampus.

*Conclusions.*– This work adds to a much needed area of research aimed at understanding neurobiological changes associated with perinatal anxiety and depression and the role of SSRI treatment in altering these changes in the maternal brain.

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

## **Symposium: Childhood Trauma and Eating Disorders: Neurobiological and Clinical Aspects**

S0011

### **Childhood trauma and hypothalamus-pituitary-adrenal axis**

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*Background.*– Childhood trauma has been consistently reported as risk factor for development of major psychiatric disorders including psychosis and depression. The biological mechanisms through which childhood trauma contribute to development of psychotic and depressive symptoms remain still unclear. The hypothalamic-pituitary-adrenal (HPA) axis is the main biological system involved in the stress response and abnormalities in the HPA axis activity have been suggested to contribute to onset of psychiatric disorders. In this presentation, I am going to show findings from two main studies which investigated the effects of childhood trauma on HPA axis activity in patients with first episode psychosis (GAP study) and in patients with major depression (BIODEP study).

*Methods.*– We assessed HPA axis by measuring salivary cortisol at awakening (0, 15, 30 and 60 min after awakening) and at noon and 8 PM in a sample of  $n=82$  patients with first episode psychosis and  $n=53$  healthy controls as part of the GAP study. Similar measurements were collected in a sample of  $n=163$  patients with major depression and  $n=55$  healthy controls as part of the BIODEP study. Information on childhood trauma was collected using the Childhood Experience of Care and Abuse questionnaire in the GAP study and using the Childhood Trauma Questionnaire in the BIODEP study. In the GAP study, for further assessment of possible factors modulating the relationship between childhood trauma and HPA axis, DNA was extracted from blood or saliva samples and evaluated for a functional polymorphism at the rs1360780 locus in FKBP5. In the BIODEP study, for further assessment of possible factors modulating the relationship between childhood trauma and HPA axis, we investigated inflammatory markers and possible presence of glucocorticoid resistance.

*Results.*– We did not find a significant association between childhood trauma and cortisol levels during the day or cortisol awakening response (CAR) in patients with psychosis. However, we found a significant interaction between history of childhood abuse and FKBP5 genotype on the CAR in first episode psychosis ( $F=1.132, p=0.01$ ) but not in controls ( $p=0.3$ ). Similarly in depression we did not find a significant association between childhood trauma and cortisol levels during the day or cortisol awakening response (CAR) in the whole sample of patients with depression. However, we found that severity of childhood trauma was positively associated with cortisol levels during the day in subjects who presented glucocorticoid resistance (Spearman's  $r=0.398, p=0.03$ ) but not in those without glucocorticoid resistance ( $p=0.2$ ).

*Conclusions.*– Our findings suggest that only a specific subset of patients (either with a genetic vulnerability or presenting increased inflammation) may be more vulnerable to develop HPA axis abnormalities following experience of childhood trauma.

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

S0012

### Neurobiological effect of childhood trauma exposure in adults with eating disorders

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**Introduction.**— Although childhood maltreatment has been associated to brain alterations in several clinical populations, no study assessed so far its impact on brain structure of eating disorder (ED) patients. Therefore, we specifically assessed whether childhood trauma is associated to brain alterations in patients with Anorexia Nervosa (AN) or Bulimia Nervosa (BN).

**Methods.**— Thirty-six outpatients (20 with AN and 16 with BN) and 16 healthy controls were recruited. ED patients were classified as maltreated (Mal) or non-maltreated (NoMal) according to their childhood exposure to one or more traumatic events assessed by the Childhood Trauma Questionnaire. They underwent a MRI scanning including the acquisition of a diffusion tensor imaging (DTI) sequence and a high resolution T1-weighted scan.

**Results.**— Significantly reduced grey matter volume was detected in the right paracentral lobule and in the left inferior temporal gyrus of Mal patients. DTI analyses revealed reduced white matter integrity in corpus callosum, internal capsule, posterior thalamic radiation, longitudinal fasciculus and corona radiata of Mal patients. Negative correlations emerged between white/gray matter changes and CTQ scores assessing neglect.

**Conclusions.**— Our findings show, for the first time, that childhood trauma affect the integrity of brain structures implicated in the modulation of brain processes, such as reward, taste and body image perception, that play a fundamental role in the psychopathology of EDs.

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

S0013

### Childhood traumatic experiences and clinical characteristics of patients with eating disorders

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Patients with eating disorders (EDs) frequently report a history of childhood trauma (CT). CT appears to be frequent in patients with binge episodes or impulsive characteristics. The findings on the association between childhood abuse and symptoms closely related to body concern, such as body dissatisfaction or drive for thinness, have been more discrepant. We investigated whether certain subtypes of CT are associated with more severe features of EDs, independently of psychiatric comorbidity, and whether they act additively. One hundred and ninety-two patients with DSM-V-defined EDs were consecutively recruited. Five clinical characteristics were assessed: restraint, eating, shape and weight concerns on the EDE-Q, and daily functioning. CT was assessed by the childhood traumatism questionnaire. The clinical features were associated with at least one CT subtype (emotional, sexual or physical abuse, emotional neglect). Multivariate analyses

adjusted for lifetime comorbid psychiatric disorders revealed that emotional abuse independently predicted higher eating, shape and weight concerns and lower daily functioning, whereas sexual and physical abuse independently predicted higher eating concern. A dose-effect relationship characterised the number of CT subtypes and the severity of the clinical features, suggesting a consistent and partly independent association between CT and more severe clinical and functional characteristics in EDs. Emotional abuse seems to have the most specific impact on ED symptoms. Last, not all CT subtypes have the same impact but they do act additively.

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

### Symposium: Circadian Rhythms, Sleep and Activity in the Course, Early Detection and Treatment of Mood Disorders

S0014

#### Impact of circadian phenotypes and genes on the clinical expression of bipolar disorders

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Bipolar disorders (BD) are accompanied by circadian deregulations and sleep disruptions, both during acute mood episodes and euthymic periods. It is hypothesized a pathway from circadian genes variants, through chronotypes and sleep disturbances, to various clinical outcomes in BD such as mood relapses, emotional regulation, metabolic disturbances or response to mood stabilizers. We will present several studies supporting the relevance of this pathway and that used samples of remitted patients with BD to assess actigraphic and circadian parameters (phase preference, amplitude and stability of rhythms). We demonstrated associations between several circadian genes (*TIMELESS*, *RORA*, *ASMT*) and the susceptibility to BD. Using actigraphy, we demonstrated that patients with BD had longer sleep duration and latency but also higher variability in fragmentation index. We confirmed these results in a meta-analysis of nine published studies using actigraphy in patients in remission. Using questionnaires, we also demonstrated that patients with BD were more evening type, languid and less flexible in their rhythms. Interestingly, associated genes drove the circadian and sleep outputs in our sample, as shown by association between *ASMT* and sleep disruptions and associations between circadian genes and chronotypes. Finally, we will present new data that established links between sleep, emotional reactivity, metabolic syndrome parameters and risk of recurrences in BD. This presentation will highlight recent research on sleep and circadian rhythms in bipolar disorders and help in the comprehension of complex pathways going from circadian genetic susceptibility to clinical outcomes.

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

S0015

#### When variability counts: Modeling the actigraphy signal for more comprehension of various mood states

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**Introduction.**– Actigraphy is a validated tool for recording motor activity, but analytic approaches have mainly focused on mean activity levels or sleep–wake cycle measures. Linear and non-linear mathematics applied to motor activity patterns recorded on a minute level may reveal objective differences between mood states, and thereby lead to improved diagnosis and monitoring of symptom changes.

**Objectives.**– To give an overview of studies that compare activity patterns in inpatients with bipolar disorder (BD), unipolar depression and psychotic disorders, as well as within individuals during separate admissions for an acute BD episode.

**Methods.**– Several actigraphy studies undertaken at a psychiatric emergency department in Trondheim, Norway, with inpatients who wore an actigraph for 24 h shortly after admission. Different variability and irregularity measures were applied to group comparisons, a case series of within-individual recordings and a classification analysis.

**Results.**– Unipolar depression with and without clinically assessed motor retardation was objectively separated. In mania, mixed states and schizophrenia, the complexity of time series was increased compared to depression categories. Unipolar depression was distinguished from bipolar depression in within-group analyses during the course of day. Similarly, mania cases demonstrated stable patterns during 24 h compared to depression and schizophrenia cases who showed intra-daily fluctuations. Individuals with separate admissions displayed different patterns according to phase of BD and higher irregularity with increasing psychotic symptoms.

**Conclusions.**– Mathematical modeling of activity patterns identifies similarities and differences between acute states of mood disorders. More complex patterns, and not increased activity, seems characteristic of mania, agitated depression and psychosis.

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

S0016

### **Sleep disturbances as predictors of transition to mood disorders and as a target for early interventions in at-risk subject**

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There has been a significant increase in the understanding of the relationship between circadian sleep dysrhythmias, sleep–wake abnormalities and mood disorders, especially bipolar disorders (BD). It has been shown that sleep disturbances and circadian misalignment are core symptoms of both manic and depressive episodes and that they represent common symptoms of episode prodromes. This presentation now examines whether sleep patterns are associated with risk of developing BD or can distinguish recent onset BD from unipolar disorders of other mental health problems (ADHD, BLPD) in youth.

A systematic review of individuals with emerging BD was undertaken to examine rates and presentations of disruptions in sleep wake cycle, process S, process C and circadian sleep rhythms. In total, 32 studies were identified. Sample sizes ranged from <10 to >1000. Study quality was variable, with some using single questions and/or only interviewing parents, whilst others used objective measures such as PSG and actigraphy, with or without measures of melatonin; about 50% included a comparator group or prospective cohort design.

The heterogeneous nature of the studies means that it is currently unclear if a specific sleep profile represents a clinical marker of

long-term risk for transition to BD. However, dimensions of the sleep–wake cycle may constitute a constellation of symptoms that can predict onset of mood episodes (e.g. prolonged sleep, delayed sleep phase, day-time activity disruptions) and some components differentiate BD from other disorders in youth.

The implications of the findings for research and for clinical interventions will be discussed.

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

## **Symposium: E-mental Health: New Opportunities to Innovate in Affective Disorders**

S0017

### **Self-management in affective disorders: How to use both patient generated data and Internet and CBT-based programmes in routine care**

U. Hegerl

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Via smartphones and wearables patients with affective disorders increasingly become producers and owners of a huge amount of data from (1) biosensors assessing, e.g. sleep, movement, voice, heart rate, or skin conductance, (2) geolocation and environmental data, (3) the pattern of smartphone use and (4) selfratings. Using time series analyses data patterns could be identified for an individual patients which are related to or predict mood changes and might be of value for selfmanagement as well as treatment. Results of a systematic review [1] of this dynamic field of research will be presented. Concerning another area of e-mental-health, the CBT-based online-programmes, the evidence for efficiency has become quite robust in the last years. In meta-analyses the efficacy was comparable to that of face-to face psychotherapy. The iFightDepression tool (iFightDepression.com) will be presented. It has been developed based on a European consensus process, is available in 10 different languages, and is offered for free by the European Alliance Against Depression ([www.EAAD.net](http://www.EAAD.net)). A professional guidance is obligatory because this is crucial for efficacy and necessary considering the severity and life threatening aspects of affective disorders. The implementation of such e-mental-health tools in routine care is a complex process which is taking up speed in some countries.

**Disclosure of interest.**– Within the last three years, Prof. Hegerl was an advisory board member for Lundbeck, Janssen and Servier a consultant for Bayer Pharma and a speaker for Roche Pharma.

**Reference**

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S0018

### **The effect of smartphone-based treatment interventions in bipolar disorder**

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Unipolar and bipolar disorder combined account for nearly half of all morbidity and mortality due to mental and substance use

disorders, and burden society with the highest health care costs of all psychiatric and neurological disorders. Among these, costs due to psychiatric hospitalization are a major burden. Smartphones comprise an innovative and unique platform for the monitoring and treatment of depression and mania.

The RADMIS trials is a randomized controlled, single-blind, parallel-group design aiming to investigate whether using a smartphone-based monitoring and treatment system, including an integrated clinical feedback loop, reduces the rate and duration of re-admissions more than standard treatment in unipolar disorder and bipolar disorder.

The design and rationale of the RADMIS trial will be presented and discussed at the congress.

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

S0019

### **Developing a mHealth framework to improve bipolar disorder self-management: Lithium home monitoring**

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Lithium is a first-line therapy for the acute and long-term treatment of patients suffering from bipolar disorder, due to its well-documented antimanic, antisuicidal and prophylactic properties. In addition, lithium is used as a effective augmentation strategy for drug resistant major depression. Despite the large number of evidence supporting the crucial and indispensable role of lithium as a gold standard treatment in mood disorders, prescription patterns from several countries demonstrate a progressive decreasing of the use of this drug. This phenomenon could be the result of different factors that would act as modulators of behavior of both the physician and patient, leading to a reduction of clinical prescription of lithium but also of patient's adherence. Among these factors, the side effects and the potential toxicity risk, together with the need for regular control via venipuncture may play a significant role. In this scenario, new management and monitoring approaches are needed. We present an innovative medical solution for remote (home) patient monitoring, based on a new device equipped with a unique technology that allow an easy measure of lithium in capillary blood. This technology enables a straightforward and fast control of lithium plasmatic levels, which can lead to overcome the reluctance of clinicians on its use. Moreover, this innovative approach can increase therapeutic adherence by promoting the empowerment of patients in their self-monitoring and, in addition, improving health outcomes by providing direct and rapid information to the healthcare team, using mHealth, useful for the optimization of the clinical control and patient's management.

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

### **Symposium: Is It Still Time to Challenge Stigma Attached to Mental Disorders?**

S0020

### **Proud to be psychiatrists: Making the most of our specialty**

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There is much agreement and effort that has been invested into improving how psychiatry as a medical specialty is perceived. This is driven by our awareness of the almost universal bias in attitudes against those affected by mental disorders. This takes many forms, for example public perceptions, media portrayals, clinical and research funding allocation, choice of specialty and our self-perception.

Expectation and confirmation bias play an immensely important role in maintaining this situation. Put simply, the use of words such as stigma itself creates and reinforces stigma. How this happens will be explored using practical examples. However, expectation and confirmation bias also have a key role to play in changing the image of psychiatry for the better.

This presentation seeks to highlight the importance of expectation and confirmation bias in shaping attitudes using both research evidence and topical examples such as Brexit and Trump.

The presentation then analyses how we have too often fallen into the trap of inadvertently reinforcing unhelpful stereotypes regarding our specialty of psychiatry due to a failure to fully appreciate the power of expectation and confirmation bias.

Suggestions for a way forward are then presented, including examples of practical initiatives and approaches that we can all use to strengthen the image of psychiatry as a medical specialty of excellence.

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

S0021

### **The role of mass media and social media for challenging stigma**

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Mass media and social media are communication channels which constitute an immensely powerful source of social influence, having the possibility to reach large numbers of people.

In the field of mental health, mass media and social media can be used to positively influence the opinions toward people with mental disorders, promoting positive stories related to mental health problems and to promote anti-stigma interventions targeted to the general population.

In England, during 2009–2014 the "Time to Change" (TTC) anti-stigma programme has included a social marketing campaign (SMC) using mass media channels, social media and social contact events but the efficacy of such approach has not been evaluated yet.

The strategy to use the new social media has shown to be effective and further population-based campaigns using these new communications channels with longer follow-up period are needed in order to evaluate the long-term effects of those interventions.

The target population included people aged between mid-20s/mid-40s, from middle-income groups. Participants were recruited through an online market research panel, before and after each burst of the campaign. Participants completed an online questionnaire evaluating knowledge [Mental Health Knowledge Schedule (MAKS)]; attitudes [Community Attitudes toward Mental Illness (CAMI)]; and behaviours [Reported and Intended Behaviour Scale (RIBS)].

A total of 10,526 people were interviewed. An increasing usage of the SMC-media channels as well as of the level of awareness of SMC was found.

The increasing use of the social media channels of the TTC has been associated with an improvement in positive attitudes and behaviours in the UK general population towards people with mental disorders.

The social marketing campaign of the TTC represents an important way to effectively reduce stigma. Taking into account these positive findings, further population-based campaigns using social media may represent an effective strategy to challenge stigma.

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

## Symposium: Resource Oriented Approaches in the Treatment of Refugees

S0022

### Cultural adaptation of minimally guided interventions for refugees: Chances and challenges

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Evidence shows that cultural adaptation of face-to-face interventions increases their effectiveness and acceptance. One meta-analysis found that the cultural adaptation of the illness explanatory model was particularly relevant in face-to-face interventions. However, evidence on cultural adaptation of self-help and minimally guided interventions is scarce. A recent meta-analysis including eight studies indicated that the more an intervention was culturally adapted, the greater its effectiveness. WHO has recently developed a series of scalable interventions for culturally diverse populations. These interventions are either minimally guided or self-help based. Moreover, these interventions were developed in a 'generic' manner, which means that they use as little culturally-specific information as possible. A careful procedure of cultural adaptation was implemented, using cognitive interviewing with culturally diverse groups. Results show that these interventions are generally acceptable and require only minimal cultural adaptation. Challenges emerge with regard to the framing of the intervention, i.e. the explanatory model provided at the beginning.

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

S0023

### Implementing scalable interventions for common mental disorders in response to the Syrian refugee crisis: First results regarding Problem Management Plus (PM+) programs

M. Sijbrandij

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The crisis in Syria has resulted in an unprecedented increase in the number of refugees seeking asylum in Syria's neighboring countries

as well as in Europe. Syrian refugees may have been exposed to multiple war stressors such including sexual violence and destruction of their homes and livelihoods, and they have often undertaken a risky and stressful flight leaving their homes for an unknown future. Studies show that refugees are at considerable risk to develop common mental disorders, including depression, anxiety, posttraumatic stress disorder (PTSD) and related somatic health symptoms. The World Health Organization has developed a range of scalable psychological interventions aimed at reducing psychological distress and improving functioning in people living in communities affected by adversity. These interventions, including Problem Management Plus (PM+) and its variants, are intended to be delivered by lay, non-professional people who have not received specialized mental health training.

Previous randomized clinical trial results in a conflict-affected area in Pakistan showed beneficial effects in terms of reductions in anxiety, depression, functional disability, and posttraumatic stress than those who received an enhanced treatment as usual. With these positive findings as a starting point, the recently EU-funded STRENGTHS project will implement, scale-up and evaluate this new generation of low-intensity interventions in the context of the Syrian refugee crisis. The PM+ programmes will be implemented by peer-refugees and evaluated across refugee settings in Europe (Netherlands, Turkey, Switzerland, Germany and Sweden) and the Middle East (Jordan, Lebanon, and Egypt). In this presentation, the evidence base for STRENGTHS project will be outlined. In addition, and preliminary results concerning identification of expected barriers and facilitators implementation of the PM+ programmes will be presented.

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

S0024

### Peer support: The potential of ethnically diverse peer navigators to address ethnic health disparities in refugees

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Germany

Based on the 13 years' experience in Afghanistan and in other countries Ipso has started to train refugees with an academic background in March 2016 to be trained in a one year training as psychosocial counselors. Over 90 refugees from 17 countries have been trained in a one year training and are now delivering monthly more than 1000 counseling sessions in person and online for their countrymen.

The methodology, results and experiences with Ipso's value based counseling approach within the refugee context will be presented and discussed.

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

S0025

### Resilience oriented treatment and strategies (ROTS) in refugees and asylum seekers in psychiatric settings

K. Laban

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*Background.*– The psychological reaction of people experiencing the same kind of adverse life events differs per person. In recent years the concept of "resilience" is getting more attention, both in finding

an explanation of this phenomenon and a search to find new and more successful treatment strategies.

**Methods.**– The concept of resilience is explained with references to the literature and a resilience-oriented working model is introduced. The model is based on four, interacting, elements: stress, vulnerability, strength and social support. It recognizes the multifactorial etiology of psychopathology and puts emphasis on the importance of personal strength and potentials of recovery. This model has been used in diagnostic and treatment procedures in De Evenaar over 10 years and it has proven its value in a multicultural treatment setting. A short overview of the biological, psychological, social, cultural and religious resources of resilience will be presented. Several resources will be discussed in more detail, illustrated by findings from recent psychological and neurobiological studies. Moreover the basic principles from the Narrative Exposure Therapy (NET) will be presented. The NET is a newly developed trauma therapy which fit very well in a resilience oriented approach.

**Results.**– It will be clear that a resilience-oriented approach is aiming at enhancing powers of natural recovery. The patient is taken serious in his/her 'whole being'. In exploring the resources of resilience also cultural and existential (e.g. religious) aspects can be included as a matter of course. Several resources are studied and found to be very effective in enhancing resilience and for mental health workers as well as patients, the presented model is a useful leading frame of thought and practice.

**Conclusion.**– An approach based on resilience offers a practical framework to help reduce and address the often serious psychological complaints suffered by traumatised asylum seekers and refugees. This approach does not accentuate victimhood but instead explicitly considers all aspects, including healthy aspects, of the person being treated. This of itself has a therapeutic working. Above all though the approach helps patients to mobilize their own strengths and in so doing puts them in command of their own recovery [1–4].

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

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## Symposium: Treating Beyond Symptoms to Improve Outcome: Cognitive Remediation in Psychiatry

S0026

### Using metacognition in cognitive remediation: Implications for therapy delivery and functional outcome

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The cognitive problems experienced by people with schizophrenia are a strong predictor of functioning problems and a barrier to recovery. Cognitive Remediation (CR) interventions aim to reduce people's cognitive difficulties, their impact on functioning with the ultimate aim to improve recovery opportunities. Despite being successful in reducing cognitive difficulties CR interventions still have a variable degree of success in transferring improved cognitive skills to people's everyday life. We argue that CR programs with a focus on metacognition can maximise transfer by improving people's awareness of cognitive difficulties and regulation of cognitive processes. In this talk we will present data in support of the usefulness of metacognitive skills in CR. We will discuss evidence from controlled studies exploring the impact of a metacognitive based CR intervention and its impact on functional outcomes. We will present results on how specific metacognitive components (e.g. strategy use) may lead to functional outcomes change. We will also present results showing how metacognitive skills change people's approach to tasks, improving accuracy and proficiency. With our preliminary results supporting the usefulness of metacognitive components this talk will discuss briefly possible ways to include these techniques in CR programs and ways to maximise CR benefit transfer to improve people's lives.

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

S0027

### Cognitive remediation in subjects with schizophrenia: Effectiveness and impact on use of psychiatric services

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Cognitive remediation has been demonstrated to be effective in improving cognitive performance, psychosocial functioning and symptoms in patients with schizophrenia. However, the impact on the use of psychiatric services and the issue of cost-effectiveness of such treatments are still debated. Aim of this study was to investigate the impact of Cognitive Remediation on the use of psychiatric services and costs of treatments in patients with schizophrenia followed in a rehabilitation context, representative of the Italian psychiatric services.

Cognitive remediation in subjects with schizophrenia: effectiveness and impact on use of psychiatric services.

Eighty-four patients with schizophrenia (58 males, mean age  $39 \pm 9.9$ ) received, during a period of 6 months, either a cognitive remediation intervention (Integrated Psychological Therapy or Computer Assisted Cognitive Remediation) or a usual (non-structured, non-cognitively oriented) rehabilitation intervention, in addition to standard care. Data regarding the pattern and costs of service use, (number and days of hospitalizations in acute unit, number and days of stay in rehabilitative facilities, number of total outpatient interventions and number of total rehabilitative interventions), were gathered from an electronic administrative database in the 12 months before and after treatment and compared between Cognitive Remediation and usual rehabilitation groups.

The patients who received Cognitive Remediation showed a reduction of acute unit admissions after treatment. A lower number and duration (and relative cost) of acute unit admissions in the follow-up after treatment emerged in the Cognitive Remediation patients compared with the usual rehabilitation group. Other differences

in the pattern of use of psychiatric services emerged, suggesting a differential use of resources in patients who received Cognitive Remediation, more oriented towards rehabilitation rather than acute phase management.

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

S0028

### Cognitive training in subjects at ultra-high risk for psychosis

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*Background.*– Cognitive deficits are distinct features of the ultra-high risk (UHR) state of psychosis and pose a barrier to functional recovery. Insufficient evidence exists on how to ameliorate these cognitive deficits in patients at UHR of psychosis and hence improve daily living and quality of life.

*Methods.*– The FOCUS trial is a randomized, parallel group, observer-blinded clinical trial enrolling 126 patients meeting the standardised criteria of being at UHR of psychosis. Patients are recruited from psychiatric in- and outpatient facilities in the Copenhagen catchment area. Patients are randomised to one of the two treatment arms: (1) cognitive remediation therapy (CRT) plus standard treatment versus (2) standard treatment. The cognitive remediation (CR) consists of 24 weekly groups-based and manualised sessions targeting neurocognition and social cognition. In addition to the group sessions the patients will be offered 12 individual sessions aiming at maximizing the transfer of the effects of the cognitive training to the everyday lives of the patients. The primary outcome is composite score on The Brief Assessment of Cognition in Schizophrenia (BACS) at cessation of treatment after six months. Secondary outcomes are social and daily functioning, psychosis-like symptoms, negative symptomatology, and depressive symptomatology as measured with the Personal and Social Performance Scale (PSP), Brief Psychiatric Rating Scale Expanded Version (BPRS-E), Scale for the Assessment of Negative Symptoms (SANS), The Schizophrenia Cognition Rating Scale (SCoRS) and The Montgomery-Åsberg Depression Rating Scale (MADRS) respectively.

*Discussion.*– This is the first trial to evaluate the effects of neurocognitive and social cognitive remediation in UHR patients. Our trial results will provide evidence on the effect of targeted and comprehensive cognitive rehabilitation on cognition, daily living and symptomatology as well as a long-term outcome in preventing transition to psychosis in UHR patients.

Trial registration: ClinicalTrials.gov NCT02098408.

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

S0029

### Cognitive dysfunction and remediation in affective disorders

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*Background.*– Cognitive deficits are a core feature in psychiatric disorders. Two studies were performed to further analyse cognitive dysfunction and its remediation in affective disorders.

*Methods.*– Study I – 43 remitted bipolar patients and 40 healthy controls were assessed with a neurocognitive test battery. In a randomised controlled trial, patients were assigned to add-on cognitive psychoeducational group therapy (CPEGT) over 14 weeks or to treatment-as-usual. A 12-month follow-up was performed.

Study II – 90 probands each with major depressive disorder (MDD), schizophrenia and healthy controls were included. A German version of the SCIP (Purdon, 2005) was first validated and then used. 50 patients each with MDD and schizophrenia were tested before and after a combination therapy with drugs and cognitive remediation. *Results.*– Study I – Compared to healthy controls, bipolar patients showed lower performance in executive function and sustained attention. CPEGT and attention predicted occupational functioning. Verbal memory recall was found to be a predictor for symptom severity.

Study II – Schizophrenic patients showed significant cognitive impairment compared to healthy probands. Patients with MDD showed an intermediate degree of impairment. In addition, the SCIP was able to detect an improvement in cognitive function in both MDD and schizophrenia patients after cognitive remediation.

*Conclusions.*– Bipolar patients benefit from CPEGT in the domain of occupational life. Deficits in sustained attention have an impact on occupational impairment. The SCIP in its German version is able to detect cognitive dysfunction and effects of cognitive remediation in MDD patients.

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

## Symposium: Chronic Pain and Risk of Addiction

S0030

### Another important piece in a complex puzzle? Exploring significance of pain in alcohol dependence

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The use of alcohol is commonly considered a useful pain self-management strategy, with more than 25% of individuals with various pain symptoms reporting the use of ethanol for the purposes of analgesia. In this presentation associations between physical pain and well-recognized risk factors of alcohol dependence: sleep problems, depression, emotion dysregulation and impulsivity will be discussed. Moreover, results of recent research study investigating tolerance of pain as well as pain sensitivity in the group of Polish alcohol-dependent individuals will be revealed. This study showed that in comparison to controls alcohol-dependent individuals were significantly more likely to use ethanol for analgesic purposes ( $p = 0.00014$ ). Moreover, AD patients were characterized by significantly lower pain tolerance ( $p < 0.001$ ) and higher pain sensitivity, i.e. lower pain threshold ( $p < 0.001$ ). Moreover, analysis of the data suggests a significant discrepancy between results of behavioral and questionnaire measures of physical pain in alcohol dependent patients.

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

S0031

### Assessing the risk of addiction in chronic pain management

G. Dom

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Chronic pain is increasingly prevalent within our Western Societies. Clinical decision making in when and how to start and manage pharmacological treatment of chronic pain is complicated by the risk on addiction to these substances. Indeed, many of these pharmacological compounds preclude addictive properties. The presentation will focus on clinically relevant issues in the treatment of chronic pain, including assessing the risk of initiating or precipitating addictive processes. An overview will be provided on how to assess pain patients on risk of abusing painkillers and how to mitigate the risk of developing subsequent addictive disorders.

*Disclosure of interest.*– Prof. Geert Dom was a member of the Scientific Advisory board Lundbeck for Nalmefene in Belgium.

### Symposium: Exercise Interventions as a Tool for Promoting Recovery in Schizophrenia

S0032

#### Impaired cardiac response to incremental exercise in patients with schizophrenia

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The elevated cardiovascular risk of patients with schizophrenia contributes to a reduced life expectancy of 15–20 years. This study investigated whether cardiac autonomic dysfunction (CADF) in schizophrenia is related to chronotropic incompetence, an established cardiovascular risk marker.

We investigated thirty-two patients suffering from paranoid schizophrenia and 32 control subjects matched for age, sex, body mass index and fat free mass. A cardiopulmonary exercise test (CPET) was performed to study heart rate responses to exercise as well as submaximal (ventilatory threshold 1,  $VT_1$ ) and maximal endurance capacities (peak oxygen consumption,  $VO_{2peak}$ ; peak power output,  $P_{peak}$ ). In addition, epinephrine and norepinephrine levels were assessed in a subset of patients. Fitness parameters were significantly reduced in all patients. Most investigated physiological parameters were different at rest as well as during peak exercise being in line with previously described CADF in schizophrenia. In particular, 14 out of 32 patients were classified as chronotropically incompetent whereas no control subject was below the cut-off value. In addition, a positive correlation of a slope reflecting chronotropic incompetence with peak oxygen uptake ( $p < 0.001$ ) was observed in patients only indicating a close correlation to the lack of physical fitness. The catecholamine increase was reduced in patients after exercise.

This study identified a novel cardiac risk factor in patients with schizophrenia. Moreover, it seems to be associated with reduced physical fitness and indicates targets for exercise intervention studies.

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

### Symposium: Battling Suicidal Behavior in Europe: Successful Initiatives for Prevention

S0033

#### Suicide prevention in an adolescent population in Kazakhstan

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*Background.*– Suicide represents a serious social and public health problem in Kazakhstan, especially among adolescents. For this reason, UNICEF, in close collaboration with the National Centre for Mental Health of the Ministry of Health and local government of Kyzylorda Oblast, provided financial and logistical support for the development, implementation and assessment of the outcomes of a comprehensive school-based mental health promotion and suicide prevention project.

*Methods.*– The project was implemented in all the educational facilities of the Kyzylorda Oblast, involving more than 50,000 adolescents in school grades 8–10 and 1st course of colleges. It included the following components:

- Identification of adolescents at risk for suicide and mental health problems with referral to health and mental health workers.
- Gatekeeper training for school staff.
- Awareness raising intervention for adolescents.
- Building capacity of health and mental health services for management of adolescents at risk for suicide and mental health problems.

In order to assess the outcomes of the intervention, 54 schools were randomly selected leading to a sample of 4839 adolescents (mean age =  $14.14 \pm 1.16$ ; 47.6% male). 3748 adolescents (mean age =  $15.9 \pm 1.23$ ; 44.7% male) also completed the 12-month follow-up assessment, yielding to a good retention rate of 77.45%. The original plan also included a control sample recruited in the Aktobe region, nevertheless due to significant differences in terms of socio-demographic variables and prevalence of psychopathological symptoms it was not possible to compare the two samples.

*Results.*– The comparisons between baseline and follow-up data showed a significant positive effect of the intervention. Anxiety and stress symptoms, as well as suicidal ideation significantly decreased. A significant reduction of emotional symptoms, conduct problems, hyperactivity and peer problems was also observed. These positive results seem somehow enhanced in the subgroup of 180 adolescents identified as at risk during baseline. Indeed, in this subgroup the mean scores of almost all the pathological scales were halved, including the depressive symptoms, while the well-being index significantly increased. The intervention was also effective in somehow reducing perceived barriers to help-seeking, especially among at risk adolescents.

*Conclusions.*– The current mental health promotion and suicide prevention project showed promising positive effects on the overall Kyzylorda adolescents' sample and especially on the subgroup of at risk adolescents.

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

S0034

#### SUPREMOCOL: Suicide prevention by monitoring and collaborative care. A

## regional systems approach in Noord Brabant, the Netherlands

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Suicide rates are a major public health concern and suicide rates are rising. In the Netherlands, suicide rates used to be amongst the lowest in Europe, but since the economic recession started in 2007, suicide rates have risen with approx. 38% to 1871 suicides in 2015. As most suicides occur in the context of mental disorder, the general idea used to be that treatment of the mental disorder would suffice to address suicidal behavior. Community suicide prevention programs can identify people at risk to commit suicide. However, a challenge remains, which is the finding that people at risk for suicide often do not enter treatment. Hence, system interventions and health services interventions are needed that address swift entrance to care of persons at risk to commit suicide. In the Netherlands, in 2014 and 2015 the province Noord-Brabant ranked 2nd nationally in terms of annual suicide numbers, although it contains 5 specialty mental health institutions and ten general hospital emergency rooms for a catchment area of 2.5 million people. Hence, with a research grant of the Netherlands Organisation for Health Research and Development, the research project SUPRE-MOCOL started in 2016 with the aim to reduce the number of suicides by 20% with the implementation of a suicide prevention system intervention in the province Noord Brabant. This combines identification of people at risk by gatekeepers with the aid of a web-based decision aid, swift entrance to crisis suicide prevention care in the specialty mental health setting, monitoring and casemanagement in a collaborative care model of psychiatric nurse, general practitioner and psychiatrist, and follow up for a year. The results are analysed by a Stepped Wedge Trial Design and Poisson regression analysis. After one year, the suicide rate in Noord Brabant had dropped in terms of absolute and relative numbers, and the national suicide incidence ranking of Noord Brabant had dropped from 2nd to 4th place. The SUPRE-MOCOL system intervention and first phase results will be discussed with the audience.

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

S0035

## From recontact strategies around the world to the French Vigilans Program

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Up-to-date evidence suggests that conventional healthcare provision might not be sufficient to prevent reattempt and suicide completion. *Post-crisis prevention programs* developed a new sub-field of suicidology, and one of them must be distinguished: Brief Contact Interventions (BCI).

BCI serve two key objectives: Help patients in anticipating and coping by providing reliable and efficient tools; Pro-actively ensure preservation of a benevolent, non-intrusive link. Maintaining contact was found specially efficient if set on a regular, personalized, and long-term basis.

The BCIs may take different forms: *Telephone calls* to the suicide attempters; *“Shortletters” mailing*, consists in sending short letters

to the patients; *Postcards mailing*. Instead of letters, personalized postcards are sent; *Texting*. The effectiveness of text messages campaigns is currently tested in a French study.

Two meta-analyses suggested that patients benefitted from the recontact procedures, with significantly less relapse and suicide rates when compared to treated-as-usual controls. BCIs were shown to be differentially effective in subpopulations depending on patients' age, gender and self-harm history. . .

In 2011, ALGOS study tested an algorithm that articulated different types of BCIs during 6 months after a suicide attempt. Results suggested that ALGOS allowed for preservation or restoration of a feeling of belongingness in patients with a 5.6% reduction of reattempt rates in comparison to the treatment-as-usual group ( $p=0.024$ ).

Those results provided solid arguments to release and generalize ALGOS as an open healthcare offer: Vigilans, system developed in a 4.3 million inhabitants territory in the North of France.

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

## Symposium: From Analog to Digital: Using Computer-Science to Advance Mental Health Promotion

S0036

### Overcoming the implementation gap in psychotherapy research by means of virtual-reality therapy

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The use of Virtual Reality in mental health: Virtual Reality (VR) enables researchers and clinicians to bring social situations into the consultation room. The same virtual social environment can be presented to different participants to assess, in real-time, their neuro-cognitive functioning, appraisal, emotions, body response and behaviour. VR environments can also form the ideal platform for behavioural experiments and for gradual exposure as VR allows the manipulation of the environment, for example one can manipulate the background noise level or the appearance and behaviour of virtual characters. In my talk, I will give an overview of the use of VR in mental health and I will focus on the use of VR in therapy. *Disclosure of interest.*– The authors have not supplied a conflict of interest statement.

S0037

### Enhancing resilience in teenagers by an online-prevention program

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Mental disorders often begin in adolescence and are associated with huge psychosocial and financial burden. However, no satisfying improvements in the efficacy of interventions to treat manifest disorders have been achieved so far. Therefore, the development of prevention approaches for teenagers has attracted increasing interest with the aim to reduce the probability for the onset of a mental disorder or at least to positively influence its course and to minimize costs. Current prevention approaches mainly focus on

specific mental disorders or risk factors and were developed for adults. However, previous results emphasized the lack of specificity of early detection criteria in children and adolescents. Thus, the transdiagnostic promotion of resilience may be more promising in this age-group. Therefore, this talk will exemplify and discuss how resilience in teenagers can be enhanced by psychological interventions. Special emphasis will be put on online-interventions because they offer low-threshold access and may overcome fears and stigmatization as they can be delivered with a high level of confidentiality.

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

## **Symposium: Recovery-Oriented Approach to Severe Mental Disorders: Focusing on Key Variables to Improve Outcome**

S0038

### **Developing a focus on recovery in mental health systems**

M. Amering

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*Introduction.*– Recovery-orientation is widely endorsed as a guiding principle of mental health policy.

*Objective.*– Developing a focus on recovery in mental health systems warrants an understanding of the resulting new scientific and clinical responsibilities.

*Methods.*– Overview of published international guidelines, training modules and system transformation initiatives.

*Results.*– Recovery is more than a bottom-up movement turned into top-down mental health policy in English-speaking countries. It brings together major stakeholders in mental health, who share the responsibility for overcoming conceptual reductionism and unjustified prognostic negativism and move towards a rational and optimistic view of the possibilities of recovery. Recovery brings new rules for services, e.g. user involvement and person-centred care, as well as new tools for clinical collaborations, e.g. shared decision making and psychiatric advance directives. Alternatives to conventional services, pertaining to, e.g. acute crisis interventions and vocational rehabilitation need to be implemented in the context of emerging empirical evidence as well as legal developments with regard to self-determination and social inclusion. These developments are complemented by new anti-discrimination legislation and a call for the inclusion of the lived experience in service planning, quality assurance, research, and delivery. Data show peer support is feasible and effective in different forms.

*Conclusions.*– A proud exploitation and expansion of the possibilities of partnerships that support the promotion of recovery and the resilience and resources of persons with mental health problems and their families and friends has the potential to advance the mental health field combining good results with a good reputation and reduced stigma.

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

S0039

### **Centrality of community activities in a network analysis of outcome-limiting**

### **factors: Implications for recovery-oriented strategies**

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The implementation of recovery-oriented plans requires an in depth understanding of key factors influencing real-life functioning of people with schizophrenia living in the community. The identification of key factors is challenging, requires sophisticated analyses, often involving several a priori assumptions.

In the present study, we applied a data-driven approach, the neural network analysis, to data collected on psychopathology, cognitive dysfunctions, functional capacity, personal resources and real-life functioning in a sample of 740 community-dwelling individuals with schizophrenia.

The resulting network showed that neurocognition, social cognition, resilience and indices of real-life functioning formed spatially contiguous patterns, with densely interconnected nodes. Psychopathology, instead, split in two subdomains, with positive symptoms being one of the most peripheral nodes. Functional capacity (FC) and everyday life skills (ELS) showed the highest centrality, interconnected with most network nodes. FC bridged everyday functioning and cognition measures and ELS bridged positive and disorganization symptoms, cognition, functional capacity and service engagement with real-word functioning. Interpersonal relationships and work skills showed a lower centrality in the network and a different pattern of connections: in fact, they connected with avolition, but not with FC.

The present findings have substantial treatment implications: positive symptoms do not play a key role in the chain of factors leading to real-life functioning, thus highlighting the need for treatment beyond antipsychotics. In line with the recovery-oriented approaches to schizophrenia, our findings indicate that everyday life skills should be the target of rehabilitation programs. The pattern of connections among the network nodes suggests that no program can fit all and, depending on the patient's characteristics, different rehabilitation programs should be implemented.

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

S0040

### **Treatment effectiveness in the real-world: Addressing adherence, burden and subjective well-being**

P. Gorwood

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Poor adherence is a major issue in schizophrenia, with frequencies ranging from 20% to 89% and important impact. Indeed, poor adherence is associated with worsening of symptoms, higher rates of relapse, reduced quality of life, unemployment, violence, victimization, suicide attempts, incarceration, and even death (Mallet et al., 2017).

Social functioning is also severely damaged by schizophrenia, which is detrimental for both patients and their families. Improving social functioning is recognized as an important treatment goal, beyond the alleviation of psychotic symptoms and also ranked as important by patients and their families.

Part of the consequences of poor adherence is explained by the limited feedback of antipsychotic treatment benefits and a low to moderate impact of individual, group, family or community-based psychosocial interventions, although many studies demonstrated utility in addressing social functioning impairments such as cognitive remediation therapy and social skills training.

During this presentation, we will review core features associated with, or sometimes explaining, poor adherence and low quality of life in schizophrenia, with a special focus on how to assess functionality levels. Indeed, the FROGS scale which is assessing the functionality of patients with schizophrenia was recently shortened to four items, to facilitate its use by clinicians, as these items cover all aspects of the longer version, and still has the psychometric qualities of the initial scale. Furthermore, we will share the results of a new study showing that a threshold for functional remission can be proposed for the miniFROGS with good consistency and reliability. This means that a quick and simple instrument can be used to assess functionality in patients with schizophrenia at all stages of the disorder, with an easy way to demonstrate to patients the benefit of constant care. Assessment is definitely not a treatment strategy, but not assessing the aim expected by patients (functional recovery) would constitute an important limit, reducing the chances for clinicians to “talk the same language” as patients.

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S0041

### **Relationships between personal and clinical recovery: Implications for individualization and integration of treatment programs**

A. Rossi

*Department of Biotechnological and Applied Clinical Sciences, DISCAB, L'AQUILA, Italy*

Self-reported ‘personal recovery’ (SRPR) and clinical recovery in schizophrenia reflect different perspectives not necessarily concordant with each other, usually representing the consumer’s or the therapist’s point of views.

By means of a cluster analysis on SRPR-related variables, we identified three clusters: the first and third cluster included subjects with the best and the poorest clinical outcome respectively. The second one was characterized by better insight, higher levels of depression and stigma, lowest self-esteem and personal strength, and highest emotional coping. The first cluster showed positive features of recovery, while the third cluster negative features. The second cluster, with the most positive insight, showed a more complex pattern, a somewhat ‘paradoxical’ mixture of positive and negative personal and clinical features of recovery.

These results suggest the need for a characterization of persons with schizophrenia along SRPR and clinical recovery dimensions to design individualized and integrated treatment programs aimed to improve insight and coping strategies, reduce stigma, and shape recovery styles.

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

## **Symposium: Progress and Challenges in the Antipsychotic Treatment of Schizophrenia**

S0042

### **Have been too high doses of antipsychotics used in schizophrenia?**

I. Bitter

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From the 1970s the daily doses of antipsychotics used in the treatment of schizophrenia have increased to extreme doses in spite of the warnings from an increasing number of authors about the disadvantages and dangers of high dose “neuroleptic treatment” [1].

Mackay cited the British National Formulary, which was based on the product licenses. The “advisory maximum daily oral doses” were: for haloperidol “100 (occasionally 200)” mg/day. High doses were published and advertised as useful extension of therapeutic options.

The usefulness of high dose antipsychotic treatment as compared to medium and low doses has been challenged by many clinicians however high level evidence from randomized controlled studies was published only in the 1990s (e.g. [2]). However low doses were proven to effective already from the 1950s and this finding was supported by PET scan studies. The concept of neuroleptic threshold (dosing antipsychotics without having course extrapyramidal symptoms) promoted the use of low doses [3].

Current discussions about the disadvantages of long term use of antipsychotics have not fully addressed the potentially unnecessary use of high doses of antipsychotics. The advantages:disadvantages ratio maybe/is different for 2–5 mg/day haloperidol as compared to doses between 30 and 100+ mg/day.

Recent guidelines already advice the use of low/er doses of antipsychotics.

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## **Symposium: International Trainee-Led Psychiatric Research Projects in Europe**

S0043

### **Analyzing the social media impact of psychiatric disorders**

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In this original work, we have investigated the interest given by the main American social communication media to psychiatric information and to the most relevant mental health conditions. We

have also investigated the interest generated by this information on Twitter users. For that purpose, we have measured the tweets generated about mental health conditions by 15 main United States of America (USA) general communication media from January 2007 to December 2016. We have also analyzed the number of retweets generated by their Twitter followers.

In the decade analyzed, our results show that a total of 13,119 tweets have been sent by the American social communication media about mental health disorders with a heterogeneous distribution with preferential accumulation in a reduced number of disorders. The number of tweets sent regarding each different psychiatric disease analyzed was significantly correlated with the number of retweets generated by followers, that was a total of 1,030,974. However, the probability of a tweet being retweeted was statistically different between the diseases analyzed. For a control, we used tweets generated about the main causes of death in the USA, the main chronic neurological degenerative diseases and infection by the human immunodeficiency virus. In contrary to what we expected, the retweeted/tweet ratio was significantly higher in psychiatric diseases than in the control organic diseases. According to our results, the selected American social communication media and the general public demonstrate a preferential interest for psychiatric diseases.

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

S0044

### **Aggressions to psychiatric trainees by patients in Europe: Assessing the prevalence and policy**

A. Gürçan

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Psychiatric trainees can face the risk of suffering violence during their clinical practice. They might also be exposed to other incidents that affect their safety and the quality of their assistance to patients. This might lead to a loss of natural empathy and in serious cases to burn out. Trainees are particularly vulnerable, due to their daily closeness to patients and their families/care givers. They are also exposed due to their hours on duty and lack of experience towards these problems.

It is essential that the psychiatric trainees get knowledge on how to prevent and manage violence against them and about the legal framework in these cases. They should also be strongly supported by their senior colleagues and their institutions and count on legal advice if necessary. Hospitals and health authorities should establish protocols to be applied in cases of aggression to trainees. EFPT (European Federation of Psychiatric Trainees) aims to investigate the extent and depth of these problems in Europe, in order to raise awareness and affect the policymaking in this field.

In 2017, 25th EFPT Forum, psychiatric trainees from Europe concerned this issue, took this idea as a statement of EFPT and decided to design a study (Violence Against Psychiatric Trainees Project) to determine the current situation among European psychiatric trainees. In this session, preliminary findings and possible future directions of the project will be presented.

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

S0045

### **Supported and valued? A trainee-led review into morale and training within psychiatry**

A. Till

Royal College of Psychiatrists, Psychiatric Trainees' Committee, Liverpool, United Kingdom

Initiated in response to the junior doctor contract dispute in England, *Supported and Valued*, is a trainee-led review into morale and training within psychiatry. Conducted by the Royal College of Psychiatrists Psychiatric Trainees' Committee, 28 focus groups were held within every division and across all four nations of the UK. Each focus group followed a standardised format and concentrated on key lines of enquiry to explore what trainees thought was currently working well and what steps could be taken to improve their training and working lives in the future. Whilst many positives were identified, more must be done to achieve equitable training opportunities throughout the United Kingdom and it is the collective responsibility of all psychiatrists to be ambassadors for the profession and promote recruitment and retention in psychiatry.

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

## **Symposium: RTMS for Depression in Europe – It's Time for Approval from Health Authorities**

S0046

### **From multicentric studies to clinical guidelines – Two solutions between low and high frequency in the treatment of depression**

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To date, rTMS is a non-disputable solution for treating patients suffering from Major depressive episode, scientifically validated in the treatment algorithms for this pathology. Nevertheless, optimal parameters to use remain subject of debate. High frequency rTMS applied to the left dorsolateral prefrontal cortex (DLPFC) benefit of the higher level of proof with high power double blind parallel studies. However, to be efficient, it needs a long course of stimulation with about 40 min per session and 10 to 30 sessions. Shorter sessions would be very interesting at tolerability and medico economical levels. Growing evidences support the interest of applying safer low frequency stimulation to the right DLPFC and to associate this technique with antidepressant treatment as we recently published in a French multicentric study. Other approaches would be to diminish the duration of treatment using new parameters like theta burst stimuli. We propose in this talk to analyze recent publications in the treatment of depression through those different aspects. A synthesis of last recommendations could permit to better positioned rTMS in depression treatment and to argue for our health authorities for the recognition and the reimbursement of the methods in this indication [1,2].

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

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S0047

### Cost and reimbursement of rTMS: A challenge for the clinicians

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Repetitive transcranial magnetic stimulation (rTMS) is an effective and well-tolerated treatment in resistant depression with mild to moderate intensity. The cost and medico-economic value of rTMS in psychiatry remains poorly known by clinicians, whereas they should be aware of economic aspects of such innovative care. We present how we assess rTMS cost production analysis as an in-hospital treatment for depression. The methodology, derived from analytical accounts, was validated by a multidisciplinary task force (clinicians, public health doctors, pharmacists, administrative officials and health economist). It was pragmatic, based on official and institutional documentary sources and from field practice. It included equipment, staff, and structure costs, to get an estimate as close to reality as possible. First, we estimated the production cost of rTMS session, based on our annual activity. We then estimated the cost of a cure, which includes 15 sessions. A sensitivity analysis was also performed. The hospital production cost of a cure for treating depression was estimated at €1932.94 (€503.55 for equipment, €1082.75 for the staff, and €346.65 for structural expenses). This cost-estimate has resulted from an innovative, pragmatic, and cooperative approach. It is slightly higher but more comprehensive than the costs estimated by the few international studies. However, it is limited due to structure-specific problems and activity. This work could be repeated in other circumstances in order to obtain a more general estimate, potentially helpful for determining an official price for the French health care system. Moreover, budgetary constraints and public health choices should be taken into consideration. Repetitive transcranial magnetic stimulation (rTMS) is an effective and well-tolerated treatment in resistant depression with mild to moderate intensity. The cost and medico-economic value of rTMS in psychiatry remains poorly known by clinicians, whereas they should be aware of economic aspects of such innovative care. We present how we assess rTMS cost production analysis as an in-hospital treatment for depression. The methodology, derived from analytical accounts, was validated by a multidisciplinary task force (clinicians, public health doctors, pharmacists, administrative officials and health economist). It was pragmatic, based on official and institutional documentary sources and from field practice. It included equipment, staff, and structure costs, to get an estimate as close to reality as possible. First, we estimated the production cost of rTMS session, based on our annual activity. We then estimated the cost of a cure, which includes 15 sessions. A sensitivity analysis was also performed. The hospital production cost of a cure for treating depression was estimated at €1932.94 (€503.55 for equipment, €1082.75 for the staff, and €346.65 for structural expenses). This cost-estimate has resulted from an innovative, pragmatic, and cooperative approach. It is slightly higher but more

comprehensive than the costs estimated by the few international studies. However, it is limited due to structure-specific problems and activity. This work could be repeated in other circumstances in order to obtain a more general estimate, potentially helpful for determining an official price for the French health care system. Moreover, budgetary constraints and public health choices should be taken into consideration.

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

### Symposium: Women in Psychiatry – Differences in Career Paths Across Europe

S0048

#### Women in psychiatry – How to break through the glass ceiling

A. Szulc

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In the last decades, the increase in the number of women entering medicine or psychiatry has not led to an increase in women in leadership positions. Women in academic medicine have continued to experience difficulties in their professional career.

Women in teaching roles in psychiatry can do a great deal to break down these gender barriers. Especially faculty women can be role models and provide mentoring to their colleagues. The insights into women psychiatrists career paths may be helpful to create the strategies for breaking the „glass ceiling” for younger colleagues.

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

S0049

#### Mentoring for women in psychiatry

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*Introduction.*– More and more young psychiatrists are female. However, women are still underrepresented in leadership positions, be it in research or in the clinic.

Mentoring has been shown to be efficient in many disciplines to advance the career of young female professionals.

*Objectives.*– With this talk, mentoring for young female psychiatrists shall be stimulated.

*Methods.*– Models of mentoring will be presented as well as different studies on mentoring in academic medicine and its success.

*Results.*– The professional career of women in psychiatry is still impeded, not only by institutional but also by psychological barriers such as gender role behavior and gender role stereotypes. Mentoring can help young women to overcome these barriers. Ideally, mentoring programs should start very early, already during the university studies, because important decisions about future career steps are often already made then. Mentoring should not only address young women but also young men, especially regarding their gender role behavior and stereotypes. Mentoring should continue during the further career steps of women, since for them there is not only a “glass ceiling” that excludes them from achieving leading positions, they also have to face specific problems if they have finally achieved such positions.

*Conclusions.*– Mentoring programs considering gender-specific needs should be implemented in the regular teaching during medical studies and in psychiatric Training.

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

S0050

### Women in academic psychiatry

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*Introduction.*– Women play a growing and important role in academic psychiatry.

*Objectives.*– Present and discuss recent developments and current challenges for gender parity in academic psychiatry.

*Methods.*– Data on women's progress in high-impact publication activities over the last decades as well as evidence and experience of barriers with regard to the goal of gender parity in academic psychiatry will be presented and discussed.

*Results.*– A retrospective bibliometric review in three high-ranking general psychiatry journals showed an overall increase of the percentage of female authors from 1994 to 2014. Though increases in female authorship were statistically significant for both decades, there was less difference between 2004 and 2014, indicating a possible ceiling effect. Rates of female first authors showed a similar picture and numbers of female corresponding authors plateaued between 2004 and 2014. Within Europe, Scandinavia displayed the most balanced gender-wise first author ratios. The progress towards gender-parity has been slower and less pronounced than could have been expected from women's increasing influx into academic psychiatry suggesting that interventions beyond the mere recruitment of female scientists will be necessary to achieve gender parity and overcome more or less subtle gender biases in academic medicine. Specific interventions on different levels seem effective and warrant further implementation and evaluation.

*Conclusion.*– Despite gains in some areas, considerable deficits with regard to gender parity exist in the current academic psychiatric landscape. Ongoing efforts and interventions to enhance the participation of women on institutional, political and editorial levels are necessary.

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

## Symposium: The Importance of Resilience to the Prevention of Mental Disorders

S0051

### Disentangling resilience and wellbeing

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Resilience and well-being have become commonplace and increasingly used terms in a wide range of scientific as well as mental health political contexts. Yet, both terms lack clear definitions, resulting in an often rather diffuse use of terms that is further aggravated by the confusion about the relationship of the two constructs.

While some use well-being as a proxy measure of resilience, others treat one concept as a component of the other or see interchangeably one as the prerequisite of the other. Thus, in order to get a clearer picture of these two concepts and possible ways to better differentiate the two, we studied the current literature for the definition of these two concepts in relation to each other.

We found that both 'resilience' as well as 'well-being', have so far defied universal definition and common understanding of their respective measurement. Part of the confusion around these two concepts is the overlap in their components, in particular with regard to resilience and psychological well-being, and the lack of research on these concepts both by themselves, in relation to each other and in relation to other concepts like mental health, risk or protective (or promotive) factors.

Our critical and comparative inspection of both concepts highlighted the need for more conceptual cross-sectional as well as longitudinal studies (a) to uncover the composition of these constructs and to reach agreement on their definition and measurement, (b) to detect their potential neurobiological underpinnings, (c) to reveal how they relate to each other, and (d) to determine the potential role of developmental and cultural peculiarities. For the time being, however, the use of the terms resilience and well-being should always be accompanied by a brief explanation of their respective meanings and theoretical framework.

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

S0052

### Cultural aspects of resilience and wellbeing

C.A. Essau

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### Transdiagnostic intervention programme for anxiety and depression in young people

*Introduction.*– Anxiety and depression are among the most common psychiatric disorders affecting young people. These disorders also co-occur frequently with other psychiatric disorders. When left untreated, anxiety and depression which begin early in life can become chronic and are often associated with a negative course. Drawing from the above research, a transdiagnostic treatment protocol ("Super Skills for Life"; SSL) was developed for young people with anxiety and depression. SSL is based on the principles of cognitive behavioural therapy, behavioural activation, social skills training, and uses video-feedback and cognitive preparation as part of the treatment.

*Objectives.*– This study evaluated the effectiveness of SSL in reducing children's anxiety and depressive symptoms, and in enhancing social skills, executive functioning, and emotion regulation.

*Methods.*– A total of 63 children with emotional problems, aged between 8 and 10 years participated in this study. They completed a set of questionnaires to measure emotional problems, social skills and emotion regulation at pre- and post-treatment and at follow-up. They also did experimental tasks that were used to measure cognitive bias and executive functioning.

*Results.*– There was a significant reduction on children's emotional problems, as well as an improvement in executive functioning and positive emotional regulation strategies at post-intervention and at follow-up. Video data taken during the 2-minute speech (i.e., gaze, vocal quality, length, discomfort level, conversation flow), supported the self-report data, in showing significant improvement after the intervention.

*Conclusion.*– This study provides empirical support for the effectiveness of SSL in children with anxiety and depression.

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

S0053

### **Enhancing resilience in a stepwise primary preventive approach**

S.J. Schmidt

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Interventions with the aim to prevent mental disorders and/or to enhance resilience have become increasingly available. However, their effects are often not sustained over the long-term and their implementation in clinical practice is generally associated with a loss of efficacy and often insufficient. This may be due to the fact that patients in service settings tend to have higher rates of comorbidities and more frequently changing therapy needs than those in research settings. Thus, stepwise or modular interventions are promising as they allow the treatment protocol to be adapted to patients' individual needs. This may be especially relevant for individuals with first signs of an emerging mental disorder and/or deficits in protective factors associated with resilience because mental health problems as well as therapy motivation are highly fluctuating in this early stage of the development of mental disorders. Against this background, this talk will discuss primary prevention approaches to enhance resilience using a stepped or modular design.

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

## **Symposium: Individualised Treatments for Obsessive-Compulsive Disorders: From Bench to Bedside**

S0054

### **Biological models in obsessive-compulsive disorder**

J. Menchon

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One of the first consistent neurobiological models of obsessive-compulsive disorder (OCD) was the corticostriatal model. This model suggested a dysfunction of the cortico-striato-thalamo-cortical (CSTC) circuit, which is relevant in behavioral control functions. This model was further developed with the proposal of an imbalance between the direct and the indirect pathways within specific CSTC circuits. However, new data coming from the many neuroimage studies carried out in OCD patients have involved other specific and diverse neuroanatomical regions, such as the bed nucleus of the stria terminalis, cingulate cortex, anterior insula or the amygdala, among others. Another level of studies have examined candidate endophenotypes, neuropsychological markers and cognitive domains, such as compulsivity, cognitive and behavioural inhibition (motor inhibition, cognitive inflexibility), reversal learning, habit formation (shift from goal-directed to habitual responding), their dysfunctions in OCD and its relationship with neuroanatomical regions. At a clinical level, the heterogeneity of OCD symptoms suggests that common and different components of dysfunctional neuroanatomical regions and circuits may be involved in the clinical expression and outcome of OCD.

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

S0055

### **The International College of Obsessive-Compulsive Spectrum Disorders (ICOCS) snapshot study: Results and clinical correlates**

B. Dell'Osso

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The International College of Obsessive Compulsive Spectrum Disorders (ICOCS, [www.icocs.org](http://www.icocs.org)) gathered a series of experts in the field of obsessive compulsive disorder (OCD) and related conditions, with the common interest to improve diagnosis and encourage better deployment of resources for assessment and treatment in the field. Amongst the various initiatives aimed at advancing, promoting and facilitating research into the causes and consequences of OCD and related conditions, the creation of a shared "snapshot" database, approximately 10 years ago, allowed to create an international large clinical sample of approximately 500 patients attending OCD tertiary Clinics worldwide, affiliated with the ICOCS. To date, the database has been analysed in different directions, allowing to generate new data in relation to the influence of specific variables (i.e. early onset and long duration of illness) over the long term course of OCD, the lifetime prevalence of specific patterns of comorbidity, of cigarette smoking, of childhood, adolescent and adult onset, of suicide attempts and of geriatric OCD within the collected sample. Of note, in some cases, significant differences were observed when the above mentioned variables were compared across the participating centers, indicating the presence of cultural/geographic peculiarities in patients suffering from OCD. In the course of the presentation, an overview of the ICOCS studies and main results will be provided as well as compared with other similar investigation in the field.

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

S0056

### **Duration of untreated illness, dynamic adherence and response to treatment in OCD**

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*Introduction.*– OCD is a severe, heterogeneous disorder that affects nearly 2% of the adult population. Such heterogeneity may impact on the duration of untreated illness (DUI), that is the interval between the onset of the disorder and the first adequate treatment. Previous studies found that a longer DUI (>24 months) is associated with poor response to drug treatment, although the specific effect on the first treatment is not clear.

*Objectives.*– To determine (1) the mean DUI in a sample of OCD patients, (2) the effect of a longer DUI on treatment response, and (3) factors associated with longer DUI.

*Methods.*– We evaluated 251 subjects with a SCID-I (DSM-IV) diagnosis of OCD who received a pharmacological treatment according to International Guidelines. Response was defined as a YBOCS decrease  $\geq 25\%$ .

**Results.**– The mean DUI was 106.19 months (mean age at onset: 22.21 years, mean age at first contact with mental health professionals: 29.03 years, mean age at first adequate treatment: 31.04 years). Using the median value, a categorical cut-off for DUI of 60 months was calculated. Both using the median cutoff and using the cutoff of 24 months, a longer DUI was predictive of non-response. Factors associated with a longer DUI were an earlier age at onset, not being married, contamination obsessions and washing/cleaning compulsions, comorbid major depression, comorbid personality disorder, comorbid substance use disorder, and comorbid medical disorders.

**Conclusions.**– Clinicians should try to shorten as possible the DUI as it is associated with resistance to treatments and greater medical comorbidities.

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

S0057

### **New treatment strategies for OCD**

N. Fineberg

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OCD and related disorders are distressing and disabling disorders with high rates of psychiatric comorbidity. They pursue a chronic relapsing course. Of the disorders, OCD is the most researched. Treatment with CBT or SSRI is effective in about 50% of cases. For treatment-responders, continuation of SSRI is known to provide some protection, but relapse is nonetheless common. For SSRI-resistant OCD, a number of potentially efficacious augmentation strategies have been studied, of which adjunctive low dose antipsychotic is supported by the most robust data, but again the effect is highly variable.

In this lecture, we will present new data from a randomised controlled feasibility trial suggesting that combining SSRI with CBT may be more clinically effective than either monotherapy in the short term and that SSRI monotherapy may be the most clinically effective and cost effective treatment in the longer term. However, the study draws attention to the considerable variability in response that occurs within each treatment arm. There is thus considerable scope for research to identify treatments that produce better overall clinical outcomes, and for clinical or somatic markers to guide treatment selection at the level of the patient, to achieve better individualised outcomes.

To this end, novel pharmacological compounds are under investigation, including drugs acting to modulate glutamate neurotransmission. Highly Specialized Services are helpful for the most severe and enduring cases. For these individuals, experimental somatic treatments involving neuro-modulation or ablative neurosurgery may also be considered. Treatments and services will be discussed.

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## **Symposium: Women Migrants and Refugees: A Case for Special Mental Health Needs?**

S0058

### **Problems faced by women refugees: An overview**

M. Carisius Kastrop

*Dr, Own Firm, Copenhagen, Denmark*

Women and men have different life conditions, they are exposed to different traumata and experiences of trust. Trust depends upon refugee women's sense of security publicly and at home and data demonstrates that public interest in sexual harassment and abuse is associated to women's general level of anxiety and sense of victimhood.

There is increasing attention paid to providing comprehensive care to refugee women recognising that many are subjected to other severe forms of abuse frequently of a sexual nature. Further, they frequently come from societies where women's role is primarily centred round the home. Such women may need particular attention when having to cope with the refugee situation in order to avoid that their particular needs are neglected in the host country when it comes to integration initiatives. Many migrant women may feel dis-empowered when coming to a new environment, and therapeutic interventions should have empowerment as a goal helping such women to develop skills to gain control over their life without infringing on others rights.

To achieve this we have to listen and support the proposals to solutions these women bring forward even if they do not coincide with our own ideas, discuss their solutions and try to understand their cognitive and emotional world view by building a bridge over cultural incongruence. But also to support any initiative that may diminish women's confidence in being protected against violence and abuse at home. This is a major public health issue presently and a challenge to psychiatry.

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

S0059

### **How to address the perinatal needs of women refugees: An example from France**

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The reception of migrants has become a major concern of European governments, but also of health professionals, because of the overall precariousness of these populations. The separation

of families during their migration is unfortunately frequent, and many women are alone with their children upon arrival. When a pregnancy is in progress the vulnerability, especially psychological, of these women is extreme, since the perinatal period is in itself and for all women a period of transition and stress. In this paper, we will present, based on a clinical case, the system of prevention and care that was developed by a perinatal psychiatry network, to best support these populations of migrant women and infants as early as possible. This organization is based on the elaboration of coordinated and graduated pathway to care, both for their somatic and psychosocial healths, according to the different vulnerabilities of each family and associating all the actors of the perinatal health. The obstetrical and paediatric teams as well as social services are associated to the work of perinatal psychiatry services (from joint admissions to home visits), with a particular attention to the notion of “joint care”, for the mother and the child, but also the rest of the family.

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

S0060

### Trauma and migration

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Forcible displaced people constitute one of the highest risk groups in terms of developing mental disorders and are one of the most vulnerable groups in society. Although the worldwide numbers of refugees and asylum seekers show an upward trend. The proportion of traumatised people with a serious mental disorder is very high, the available healthcare systems are not prepared for this specialised group of traumatised migrants. The precarious situation which many of the afflicted find themselves in means that it is even more important to bring refugees and asylum seekers under the spotlight of diagnostic and therapeutic attention.

Many studies reported on the multiple and highly complex stressors with which refugees are often faced, and which are at risk of having a lasting impact on their mental health. These might be experiences of traumatisation before, during and after the actual journey of migration. If they succeed in leaving the crisis area, this journey is often a long and tortuous one on which they may be exposed to other traumatic events. When they finally arrive in the host country that they may have long been yearning for, they usually have to deal with sharing cramped accommodation, often with very poor sanitary facilities, next door to strangers from other cultures and unable to make themselves understand. A lack of future perspectives exacerbates the situation.

In this talk current data from a representative study on the mental health situation of female refugees and asylum seekers will be presented and discussed.

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

S0061

### Risk factors for depression and PTSD amongst homeless refugees

M. Melchior

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Migrants tend to have higher levels of mental health difficulties than the native population, especially if the reasons for which they migrated include violent causes. Additionally, migrants tend to experience high levels of socioeconomic difficulties, which could

further compound their mental health difficulties. We aimed to describe the level of mental health difficulties among migrant women who are homeless, a particularly vulnerable population. Using data from the ENFAMS survey conducted in the Paris region, we find that migrant women who do not have permanent housing have approximately threefold levels of depression and post-traumatic stress disorder compared to the general population. This excess risk is related to exposure to traumatic events and family disruptions prior to, during and after migration. Nevertheless, the level of access to mental health care is negligible. Overall, our findings point to the high vulnerability of migrant women who experience socioeconomic disadvantage, and the need for the health care system to design appropriate interventions to address their mental health needs.

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

### Symposium: Promoting Mental Health Following Terrorist Attacks

S0062

#### Violence: Could psychiatry have a role in understanding and eliminating it?

L. Küey

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Scientific models constructed to understand the human violence and aggression refer to the interaction of biological, psychosocial, cultural and economic-political factors. The links between violence, aggression and mental health are well documented. Violence and related consequences should be treated as a major public mental health issue.

The forms and degree of violence are highly determined by the psychosocial milieu. Furthermore, people with high levels of exposure to violence, report more psychological maladjustment and interpersonal problems. The cycle from exposure to later perpetration of aggression triggers the vicious circle of violence.

Mass violence, terrorist attacks and human rights violations, challenge five core adaptive systems subserving the functions of “safety,” “attachment,” “justice,” “identity-role,” and “existential-meaning.” Race, ethnicity, gender, and religion based prejudice and discrimination have caused vast human suffering in almost all societies across the world. Many mass violence acts and terrorist attacks have been executed in the name of such group differences. Violence while creating unstable and risky victories on one side, also creates loss of lives and disability on the other. Neither the “winners” nor the “losers” can live in a trust worthy human environment. Violence begets violence. The mounting of aggression and violence in the social environment diminishes the ability of self-control; this loss of self-control causes feelings of shame and guilt and more hate; and the double helix of violence brings both groups to a common end; even having different reference systems, the outcome is the same: violence towards the other.

Increasing evidence shows that violence we suffer is neither fated nor inevitable; and cooperation and solidarity are also self-reinforcing human behaviors.

Psychiatrists and mental health professionals have a long history of aiming and practicing more inclusive ways of solving conflicts of interests between in-groups and out-groups. This presentation aims to discuss the role that psychiatry and mental health field could play in understanding and preventing the development of violent behavior.

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

S0063

### Utoya, Nice, Munich: Is there a psychopathological link in recent terroristic attacks?

A. Raballo

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Self-declared anti-multiculturalist, anti-Marxist, anti-Islamist, as well as “the greatest defender of conservative culture in Europe since 1950”, Anders Behring Breivik killed 77 people on July 22, 2011. On July 14th 2016, Mohamed Lahouaiej-Bouhlel, drove a refrigerator truck on the crowd celebrating Bastille Day on the Promenade des Anglais in Nice. A few days later, on the fifth anniversary of Utøya, Ali David Somboly, caused 9 dead and 35 wounded before committing suicide in the Olympia shopping center in Munich. Despite contingent contextual differences, the recognizable psychopathological trajectories of all the three, reveal important commonalities that might be worth analysing.

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

S0064

### The role of scientific societies in promoting positive mental health

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Terroristic attacks and disasters represent a growing concern in modern society, nurturing the perception of global insecurity in the general population. The impact of terroristic attacks on mental health is not limited to inhabitants of the country under attack; it also extends to people far away and without immediate relation to it. Many international professional bodies are trying to counteract the detrimental effects of terroristic attacks on mental health and wellbeing. In particular, understanding the complex biological, psychological and social roots of violence and terroristic attacks can lead to the formulation of specific interventions that can prevent or alleviate consequences. Moreover, clarifying that terrorism is not a mental disorder but a phenomenon often associated with oppression and absence of opportunities for free expression can reduce stigma attached to mental disorders.

Tasks for psychiatrists will include to: (a) provide a psychopathological analysis of the process of radicalization; (b) clarify the relationship between terrorism and mental health; (c) develop strategies for managing mental health in victims of terroristic attacks; (d) develop guidelines for de-radicalization of terrorists; (e) promote the communication with media professionals.

In conclusion, in an era of uncertainty and terrorism, scientific associations may play a crucial role in the promotion of positive mental health and wellbeing in the general population from an educational, research and clinical practice viewpoint.

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

## Symposium: New Challenges in the Treatment of Negative Symptoms in Schizophrenia

S0065

### Pathophysiology of negative symptoms – Current developments and their implications for treatment

S. Kaiser

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Negative symptoms include two main domains – diminished expression and diminished motivation (or apathy). Diminished expression consists of the individual symptoms alogia and affective flattening, while diminished motivation includes avolition, asociality and anhedonia. Here we provide an overview on recent research differentiating the pathophysiology of apathy and diminished expression.

Research on apathy and diminished motivation has concerned the processes underlying goal-directed behavior, in particular those related to reward processing. The main constructs of interest concern a reduced anticipation of pleasure and reward, a dysfunctional computation of efforts and costs related to an action and finally impaired learning from rewarding outcomes. In addition, apathy has also been linked to cognitive function, in particular an impairment in the processes relevant for planning and executing goal-direct actions.

The domain diminished expression has thus far received less attention. An effect of limited cognitive resources on expressivity has been proposed, while recent research has more directly addressed the processes related to emotional responsivity. Overall, a comprehensive model of diminished expression is still lacking.

The development of treatment approaches is only beginning to take the heterogeneity of negative symptoms into account. Nevertheless there is initial evidence that different psychotherapeutic approaches might specifically improve one negative symptom domain, while there are very few psychopharmacologic studies addressing this issue.

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S0066

### What are the best assessments to target negative symptoms in clinical and research practices?

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Severe negative symptoms are found in many patients with schizophrenia. The assessment of negative symptoms is challenging due to the low inter-rater reliability and the interrelations with other dimensions, such as depression, extrapyramidal symptoms, social withdrawal secondary to positive symptoms, and institutionalization. Moreover, these symptoms are responsible for impaired social functioning and have a deleterious impact on the quality of life. In this context, the use of standardized assessment tools may be pertinent to improve the identification of negative symptoms and their treatment. A recent review of the literature included nearly 20 tools used to assess the negative dimension of schizophrenia. Recently, new scales have appeared, the most well-known being

the Brief Negative Symptoms Scale (BNSS) and the Clinical Assessment Interview for Negative Symptoms (CAINS), which meet the criteria presented at a consensus conference on the agreement of negative symptoms.

An analysis of the tools highlighted the predominance of assessments based on observer ratings (hetero-assessments) over self-assessments, as well as the need to evaluate five negative dimensions (asociality, blunted affect, avolition, anhedonia, and alogia). Recently Motivation and Pleasure Scale Self-Report (MAPSR), a version of the CAINS self-report, was developed but it fails to cover the five negative dimensions required.

Self-assessment is pertinent as it allows the patients to evaluate their overall functioning and requires their participation and analysis of their own symptoms. Moreover, self-assessment is a time-efficient method for the initial identification of negative symptoms and could be useful for detecting negative symptoms in the early stages of schizophrenic disease. In addition to hetero-evaluation, self-evaluation also provides clinical information not necessarily detected by caregivers or medical staff in a standard interview and can provide some information on the symptoms recognized by the patients themselves.

This presentation aimed to present a novel tool, the Self-evaluation of Negative Symptoms (SNS), and demonstrate its validity, its specificity and sensitivity in patients with schizophrenia compared to healthy subjects and patients with depression.

*Disclosure of interest.*– Expert: Fabre, Janssen, Lundbeck, Gedeon. Conference: Lundbeck/Otsuka, Janssen.

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S0067

### Pharmacological treatment of negative symptoms in schizophrenia

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Negative symptoms represent a core domain of psychopathology in schizophrenia and are associated with poor functioning and structural brain changes. Primary (predominant and persistent) negative symptoms respond poorly to antipsychotic treatment. Clinical studies testing a number of drugs with various mechanism of action could not show clinically meaningful efficacy in the treatment of primary negative symptoms.

Recent development of partial agonist drugs antipsychotic drugs preferentially binding to D3 receptors as compared to D2 receptors, such as cariprazine and F 17464 [1] may offer new options for the treatment of predominant and persistent negative symptoms while having the “traditional” antipsychotic efficacy in the acute phase against positive symptoms and being efficacious in the relapse prevention. Preclinical research about D3 receptors provided a good basis for the clinical development of drugs affecting these receptors [2]. Cariprazine has been found significantly superior in a head to head comparison to risperidone in the treatment predominant and persistent negative symptoms as measured by the Marder factor of the PANSS scale, and this improvement was associated with significant improvement in the functioning of the patients [3].

Non-dopaminergic drugs are also in the phase of clinical development for the treatment of negative symptoms, such as pimavanserin (which is a drug registered by the FDA for the treatment of psychosis in Parkinson’s disease, see Pimavanserin in the references below [4]) and MIN-101 [5].

Drug treatment has to be delivered as part of a comprehensive treatment program [6].

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S0068

### Cognitive behavioral therapy of negative symptoms in schizophrenia

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Current models of negative symptoms include blunted affect, anhedonia, alogia, asociality and avolition. These symptoms can be seen as primary, i.e. intrinsic to the pathophysiology of psychotic disorders and/or as secondary, i.e. induced by other factors such as positive symptoms, comorbid social anxiety or side effects of medication. Negative symptoms are mostly enduring or persistent, they strongly decrease patients’ functioning and do not respond to available antipsychotic medication. The goals of Cognitive behavioral therapy (CBT) are diverse, ranging from specific symptom reduction, increased insight and understanding of illness, distress reduction, and the development of adaptive coping skills. CBT is currently the only psychotherapeutic treatment that has proven evidence of efficacy to alleviate some of negative symptoms (i.e. apathy, avolition, poverty of content and thought, flat affect). The group studies available also report beneficial effects from this type of CBT on negative symptomatology. The aim of the conference is to describe latest results of CBT in the treatment of negative symptoms in patients with schizophrenia.

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

### Symposium: Molecular and Brain Imaging Biomarkers of Response to Lithium Treatment

S0069

#### Transcriptomics and miRNomics combining analyses in lymphoblastoid cell lines of bipolar patients identified networks associated with treatment response

A. Cattaneo

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Bipolar disorder is a highly prevalent disorder, and it is considered among the most burdensome condition worldwide, with a high rate of suicide attempts. This is also in part associated with the high heterogeneity of the disorder, that in turn can influence the correct diagnosis and thus the future disease course and outcome. Lithium is the most frequently recommended first-line treatment in clinical practice guidelines, however, around the 30–55% of individuals

do not benefit of the treatment with consequences for the severity of illness. Up to know, there are no biological biomarkers that can identify the patients that will not benefit of lithium treatment and thus that should be treated with different options from the beginning.

Here in this talk, I will show a novel approach to identify possible blood biomarkers associated with treatment response by using lymphoblastoid cell lines obtained from patients with bipolar disorder and characterized for lithium response by using the Alda questionnaire that includes 6 categories of prophylactic response from no response for at least two years of treatment to no relapse for three years.

In particular, first I will show transcriptomic and miRNome signatures specifically associated, in these cells, with patients that do not successfully respond to lithium. Moreover, I will show a combining approach, where genes differentially expressed in responder patients versus non-responders will be integrated with miRNAs, that, similarly, will result as differentially expressed in responders versus non-responders. This will allow the identification of a gene expression signature more specifically associated with treatment response, and of another one associated with non-response to lithium.

The identification of these biomarkers could open a novel scenery not only in the early identification of patients where lithium will fail, but also, in the identification of novel pathways and network to be used for the development of novel pharmacological or non pharmacological interventions.

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

S0070

### DNA methylation signatures of lithium response

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Lithium (Li) is used as a first line prophylactic agent in bipolar disorder (BD). It has proven its efficacy for acute manic episodes treatment, mood relapses prevention and suicidal behaviors reduction. However, only one third of the patients fully respond to this treatment. In the absence of robust clinical predictors a lengthy treatment trial is needed to characterize responders. Identification of biological biomarkers that are associated with response to Li is a first step toward predictive and personalized BD patients care. Epigenetic modifications such as DNA methylation have been proposed to be associated with response to treatment in several pathologies. In order to identify a profile of differentially methylated regions (DMR) we performed a genome-wide methylation study of total blood DNA from BD patients excellent responders (ER) and non-responders (NR) to Li. We identified 323 DMR in ER as compared to NR (FRD < 0.05). Li response was associated with specific methylation changes in genes involved in neuronal compartments and inflammation. In addition, after correction for co-medications we identified a signature of 3 DMR significantly associated with lithium response in patients. The identification of a signature able to discriminate between ER and NR within a small number of patients is very encouraging and should be tested in prospective studies.

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

## Symposium: From New Psychotropic Drugs to Psychedelic Medicine: Risks and Challenges of Research Chemicals in Psychiatry

S0071

### Renaissance of serotonergic hallucinogens in psychiatry

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After the discovery of the psychedelic effects of LSD in 1943 by Albert Hoffmann, the therapeutic potential of the compound was rapidly and intensively investigated across the 1950s. In the course of the 1960s psycholytic psychotherapy was propagated, whose advocates hoped to initiate salutary psychoanalytical processes in their patients by psychedelic experiences. In the frame of the counter culture of the 1960s and 1970s, self-experiments with serotonergic hallucinogens, such as LSD, mescaline, and psilocybin, got popular resulting in the criminalization of these substances at the beginning of the 1970s. Subsequently, recreational use of serotonergic hallucinogens decreased, while in parallel also human research with these drugs but also psycholytic therapy approaches faded out more and more. Since the end of the 1990s serotonergic hallucinogens now experience a revival in science and youth cultures. With the rise of electronic music styles, the consumption of serotonergic hallucinogens increased again and beyond the classical compounds also “novel psychoactive substances” drugs came to the drug market such as the 2C drugs, NBOMe derivatives, benzodifurans, and novel tryptamines and ergolines. In psychiatry, serotonergic psychedelics, like psilocybin, DMT/Ayahuasca, and LSD, are in the research focus once more and have been recently proposed for the treatment of affective disorders and addiction. Correspondingly, psycholytic therapy approaches are currently controversially discussed again. Surprisingly, even after decades of research the potential neuropsychiatric long-term consequences of repeated administrations of serotonergic hallucinogens are still unclear.

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

S0072

### Gamma-hydroxybutyric acid (GHB): Between euphoria and dependence

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Gamma-hydroxybutyric acid (GHB); between euphoria and dependence

The drug GHB (Gamma hydroxybutyrate) has long been known as a “relaxant energizer with erotic qualities”. However, recent years have demonstrated addiction as a more dark side of recurrent GHB use. When used in small amounts, GHB provides a peaceful feeling and a sexually stimulating effect, higher doses lead to coma and hypo ventilation. When used regularly, tolerance develops rapidly within a couple of weeks. As a result many of the regular users may develop GHB dependence and finally addiction. In recent years there has been a steady rise in GHB-dependent patients, as indicated by among others a rapid increase in the number of admitted GHB-dependent patients at addiction care centers all over the Netherlands. Relapse and care consumption are among the highest of all substance dependent patients. This group is characterized by high levels of anxiety, poor quality of life and a wide range of other problems.

On the other hand, GHB is used in several countries to treat alcohol dependence, and in The Netherlands detoxification of GHB dependent patients is often assisted by gradual tapering of pharmaceutical GHB. In this talk pros and cons of GHB use and its potential in the treatment of addictive behaviors will be discussed.

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

S0073

### **MDMA as a treatment targeting addictive processes**

B. Sessa

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As a child psychiatrist I take a developmental perspective to adult mental disorder and addictions. High rates of treatment resistance for PTSD and the challenge of tackling unremitting addictions with high rates of relapse leaves me feeling clinically impotent as a doctor. My work with abused children, seeing them grow into damaged and addicted adults, has brought me to the door of MDMA Therapy as psychiatry's best opportunity for a therapeutic breakthrough. I will describe the on-going MDMA study that I am leading in the UK, based in Bristol, an open-label feasibility study using a course of MDMA-assisted psychotherapy to treat alcohol use disorder.

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

## **Symposium: Section Symposium: Using Technology to Respond to the Mental Health Needs For the Mentally Ill Worldwide: Mobile Devices, Telemedicine, Outcomes Management and Virtual Reality**

S0074

### **Advances in mobile mental health: Opportunities and implications for the spectrum of e-behavioral health services**

D. Hilty

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*Objectives.*– (1) Define mobile health (mH), elucidate its roots in medicine, describe its philosophical approach, and link its components with service delivery and outcomes particularly related to mobile mental health (mMH). (2) Compare and contrast mMH to a range of e-MH services including telepsychiatry, and describe how one employs it within a service delivery system – and how health-care may be built around it. (3) Provide an approach to clinical care, education/training, administration and evaluation so that quality care is provided and participants adapt well to incorporation of new technologies.

*Abstract.*– Mobile health, telemedicine and other technology-based services facilitate mental health service delivery and may be considered part of an e-mental health spectrum of care. Web- and Internet-based resources provide a great opportunity for the public, patients, healthcare providers and others to improve wellness, practice prevention and reduce suffering from illnesses. Mobile apps offer portability for access anytime/anywhere, are inexpensive versus traditional desktop computers, and have additional features (e.g. context-aware interventions and sensors with real-time feedback). This paper discusses mobile behavioral health

options, as part of a broader framework of e-behavioral health options. The evidence-based literature shows that many people have an openness to technology as a way to help themselves, change behaviors and engage additional clinical services. Clinicians need an evidenced-based app and to use it in an evidenced-based approach to care. It may be better to be selective with an app or two and track it rather than using too many apps. Mobile health outcomes have been rarely, directly compared to in-person and other e-mental health care options. Nor are they evaluated nor linked with specific goals and desired clinical outcomes. Skills and competencies for clinicians are needed for mobile health, social media and other new technologies in the e-behavioral health spectrum, in addition to research by randomized trials and study of health service delivery models with an emphasis on effectiveness.

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

S0075

### **The use of a telemedicine model and its logistics to reach as many European refugees as possible**

D. Mucic

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

*Methods.*– Specialized centres for treatment of refugees might be connected via videoconference in order to exchange expertise and get second-opinion. Various e-mental health apps might be used in order to increase access to care.

*Expected results.*– Establishment of international network of cross-cultural experts enables to:

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

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

S0076

### **Virtual reality in the treatment of fear of heights and other anxiety disorders – Polish experience**

K. Krysta

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In the last two decades a new promising method used in mental disorders, especially anxiety disorders has become virtual reality (VR). Virtual reality exposure therapy (VRET) is a more and more popular treatment method for anxiety and specific phobias. It can be an alternative to other, more traditional exposure-based therapies, like cognitive-behavioral treatments and in vivo exposure therapy, and it is based on immersion in virtual environment generated by a computer, which decreases the phenomenon of avoidance and creates good possibilities to work with emotional problems. Patients are exposed to virtual environments that resemble feared real-life situations. The spectrum of anxiety disorders, which can be treated with VRET is very wide and includes: phobias, panic disorder, posttraumatic stress disorder, as well as acrophobia, or fear of heights, which is a widespread and debilitating disorder affecting about 1 in 20 adults and agoraphobia. Here were present results of a Polish study, in which we recruited a group of patients invited to take part in a project of the behavioral therapy of acrophobia or psychogenic vertigo with the use of MOTEK CAREN (Computer Assisted Rehabilitation Environment) system, which is a versatile, multi-sensory virtual reality system used for treatment and rehabilitation of human locomotion. The patients underwent a series of trainings, the preliminary results of which results show a reduction of the STAI scores and salivary cortisol levels. These early observations predict the possibility that this method may become an effective way of behavioral treatment of anxiety disorders.

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

## **Symposium: Emerging Disorders or Their Risk Factors: What Should Be the Target of Prevention?**

S0077

### **Indicated prevention in psychosis: Developmental aspects**

F. Schultze-Lutter

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Psychotic disorders are a leading cause of disability-adjusted life years (DALYs); and although schizophrenia occurs infrequently in childhood and early adolescence, it is the ninth main cause of DALYs in boys between the ages of 10 and 14 years, and second main cause of DALYs in both genders between the ages of 15 and 19 years. A prodromal phase, which can last several years on average, precedes a majority of first-episode psychoses; it frequently leads to some decline in psychosocial functioning already but also offers an opportunity for an early detection of psychosis, and thus, for its indicated prevention. To this, two clinical high risk approaches, which had been developed in adult samples, are currently mainly followed, the ultra-high risk (UHR) criteria and basic symptom criteria. The UHR criteria were explicitly developed to predict a first-episode psychosis within 12 months, and indeed, the majority of conversions in clinical UHR cohorts do seem to occur within the first 12 months past initial assessment. The main UHR criterion, i.e. the attenuated psychotic symptoms (APS), includes symptoms that resemble positive symptoms of psychosis like delusions, hallucinations, and formal thought disorders with the exception that some insight into the abnormal nature of these experiences is still maintained. In contrast, the basic symptom criteria aim to detect the increased risk of psychoses at the earliest possible time using first subtle disturbances in information processing, which are experienced with full insight. Ideally, these changes should be detected when the person's coping abilities have not yet been compromised

and when the initial symptoms of an emerging disorder have not yet resulted in any functional decline. First results of prospective and community studies indicate that a combination of both approaches might be most favorable to increase sensitivity and a timely risk detection, in addition to establishing a change-sensitive risk stratification approach. However, as earlier indicated by reports of increased rates of hallucinatory experiences in children of the community, developmental aspects might play an important role, recent studies suggest both UHR and basic symptom criteria might be less predictive of psychosis and less clinically relevant in children and adolescents. Thus, an early detection of psychosis in children and adolescent seems to require special efforts.

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

S0078

### **Strategies to identify individuals at high risk of developing first episode mania**

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*Background.*– A clinical and research challenge is to identify which depressed youth are at risk of “early transition to bipolar disorders (ET-BD).” This paper described a 2-part study that (1) examines the clinical utility of previously reported BD at-risk (BAR) criteria in differentiating ET-BD cases from unipolar depression (UP) controls; and (2) estimates the Number Needed to Screen (NNS) for research and general psychiatry settings.

*Methods.*– Fifty cases with reliably ascertained, ET-BD I and II cases were matched for gender and birth year with 50 UP who did not develop BD during 2 years of prospective follow-up. We estimated the clinical utility for finding true cases and screening out non-cases for selected risk factors and their NNS. Using a convenience sample ( $N=80$ ), we estimated the NNS when adjustments were made to account for data missing from clinical case notes.

*Results.*– Sub-threshold mania, cyclothymia, family history of BD, atypical depression symptoms and probable antidepressant-emergent elation, occurred significantly more frequently in ET-BD youth. Each of these “BAR-Depression” criteria demonstrated clinical utility for screening out non-cases. Only cyclothymia demonstrated good utility for case finding in research settings; sub-threshold mania showed moderate utility. In the convenience sample, the NNS for each criterion ranged from ~4 to 7.

*Conclusions.*– Cyclothymia showed the optimum profile for case finding, screening and NNS in research settings. However, its presence or absence was only reported in 50% of case notes. Future studies of ET-BD instruments should distinguish which criteria have clinical utility for case finding vs screening.

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

S0079

### **Need for a transdiagnostic approach for prevention of emerging mental disorders**

S.J. Schmidt

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Mental disorders are a major cause for disability-adjusted life-years in adolescence as well as adulthood. This has led to an increased interest in indicated prevention approaches to reduce the risk for

the development of a mental disorder and thereby the enormous burden and costs associated with it. Such approaches have been evaluated for several mental disorders including psychoses, affective and anxiety disorders. However, due to the limited specificity of early detection criteria, in particular for adolescents, the transdiagnostic promotion of resilience seems to be more promising than focusing on specific mental disorders and/or risk factors. Against this background, this talk will present evidence-based interventions to enhance resilience that target factors commonly related to all mental disorders, such as coping, self-efficacy and social cognition/competences.

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

## Symposium: Current Perspectives on Behavioural Addictions

S0080

### Fascination, immersion and addiction: Why we can't look away about the phenomenology of 'excessive' use

R. Graham

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He stands like a statue,

Becomes part of the machine

Feeling all the bumpers

Always playing clean

He plays by intuition,

The digit counters fall... Pin ball Wizard, (The Who, 1969)

Clinical work with gamers and those that use mobile devices excessively over the last decade reveals many different states of mind and levels of engagement with the technology and the content. The aim of this presentation is to explore our increasingly complex engagement with technology and how a deeper understanding can help individuals regain control, over their use. There will be a particular emphasis on immersive engagement, and how simple models of abstinence or a 'digital detox' may cause distress that reinforces use. In addition, fascination with content that is distressing or punishing is explored as state that increases the risk of mental health problems and excessive use.

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

S0081

### Social cognitions and craving reactions in Internet-communication disorder

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*Introduction.*– Internet-communication disorder (ICD) is considered one type of specific Internet-use disorders and contains the excessive use of online-communication applications.

Cue-reactivity and craving are crucial concepts in both substance-use disorder and behavioral addiction research. Additionally, social cognitions are assumed to be specific predispositions for using online-communication applications.

*Objectives.*– The current study investigates the relevance of cue-reactivity, craving as well as social cognitions, such as social connectivity and fear of missing out, for ICD symptoms.

*Methods.*– These concepts have been recently investigated in subjects with specific Internet-use disorders such as Internet-gaming disorder or Internet-shopping disorder. Studies are summarized, which present the relevance of social connectivity in structural equation models, and which address behavioral correlates of cue-reactivity and craving.

*Results.*– Behavioral data support the theoretical hypothesis that cue-reactivity and craving are mechanisms underlying ICD. Auditory as well as visual cues are associated with the desire to use the smartphone and hence with tendencies of an ICD. It could also be shown that specific social cognitions intervene with cognitive and affective responses to external stimuli.

*Conclusions.*– The findings on cue-reactivity and craving as well as the interaction of social cognitions with further cognitive responses in ICD are consistent with the recently suggested Interaction of Person-Affect-Cognition-Execution (I-PACE) model of specific Internet-use disorders. It suggests that gratification and reinforcement contribute to the development of cue-reactivity and craving. However, social cognitions and the interaction with affective and cognitive components describe main mechanisms of an ICD. Specifications of the I-PACE model for ICD are discussed.

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

S0082

### Treatment of Internet gaming disorder

D. Kuss

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A number of therapeutic approaches for *Internet Gaming Disorder* are available from a global perspective, especially in South East Asian countries. In 2013, Internet Gaming Disorder has been included in the appendix of the DSM-5, signifying a disorder that requires additional research to be included in the main manual. In 2017, the WHO's beta draft for the ICD-11 included the diagnosis of *Gaming Disorder*, which is likely to be included in the upcoming diagnostic manual, suggesting the problem is being taken seriously by clinicians and the research community. In this talk, the results of an analysis of the evidence base for Internet Gaming Disorder treatment will be outlined based on using the Consolidating Standards of Reporting Trials (CONSORT) statement. The findings show that there appear a number of problems of the assessed studies, including how Internet Gaming Disorder was defined and classified; randomisation and researcher blinding have not been applied in many studies; and limited information has been provided regarding participants and effect sizes. In addition to this, it has been reported that cognitive behavioural therapy appears to have the most empirical support; however, the limited quality of the included studies limits possible assessments. Overall, there appears an increased requirement of better research, including more consistent measurements and reports of treatment effects. The international research and treatment community is encouraged to work collaboratively to share knowledge and insight into the effectiveness of different treatment approaches for Internet Gaming Disorder, and to report these accurately based on the collectively agreed standards.

This talk is based on King, D.L., Delfabbro, P.H., Wu, A.M.S., Doh, Y.Y., Kuss, D.J., Mentzoni, R., Pallesen, S., Carragher, N., & Sakuma, H. (2017). Treatment of Internet gaming disorder: An international systematic review and CONSORT evaluation. *Clinical Psychology Review*, 54, 123–33.

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

S0083

### **Comorbidities and psychological correlates of Internet addiction with and without communication features**

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Addictive Internet users present an increased rate of comorbidities, e.g. attention deficit hyperactivity disorder (ADHD), depressive and anxiety disorders. Additionally, deficits in self-concept related characteristics were found in addicted Internet gamers and social network users. The aim of our study was to examine the links from healthy to problematic to addicted Internet users in comorbidities and self-concept-related characteristics. Besides, we examined the association between recently developed ADHD-like symptoms without an underlying diagnosis and addictive Internet use. Results will be presented and discussed in the talk.

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

## **Symposium: Behavioural Addictions: Motivations and Classification Updates**

S0084

### **Similarities and differences in the motivational background of substance use and behavioral addictions**

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The aim of the presentation is to discuss the motivational background of different substance use and other addictive behaviors. Drinking motives were found to be proximate predictors of alcohol consumption and the development of the Drinking Motives Questionnaire (DMQ) opened the door to examine the motivational background of other substance use behaviors as well as behavioural addictions. The paper summarizes results of the past ten years aiming to understand the motivational background of alcohol and cannabis use and presents more recent findings regarding the motives behind gambling and video gaming. Studies revealed that people have similar motives to gamble and to play video games than they have to drink alcohol or to use cannabis, however, relevant differences were also identified. Findings support the assumption that motives play an important role in behavioral addictions as well as in substance-related addictions, and that they play a significant role in mediating psychiatric symptoms and personality characteristics.

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

S0085

### **Physical exercise, motivation, exercise addiction**

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A motivational understanding of addiction, including behavioural addictions helps us to puzzle both the reinforcing and conditioned motivational effects of different forms of addictive cycles. An optimal level of regular physical activity is one of the most important factors of the maintenance of physical and mental health. Too much exercise however can sometimes have adverse effects. Similarly to other addictive behaviors, exercise addiction (EA) can also be described by mood modification, salience, tolerance, withdrawal symptoms, personal conflict, and relapse. EA as all addictions, has a negative interference with social life, which is getting more attention both in the scientific and in the public literature. The prevalence of risk for exercise addiction is approximately 3% among the exercising population. Exercise addiction has not yet been classified in any diagnostic systems, however exercise addiction is often categorized as a behavioural addiction. One of the reason would be the classification difficulties of EA, that research examining exercise addiction is primarily based on self-report questionnaire studies and interviews, while clinical studies are rarely available. Understanding the function of motivations in subjective experiences in salience, compulsion, an impaired control of EA potentially can help us revealing the cyclic nature of relapse. The presentation will review the current evidence and dilemmas for the motivational aspects of EA.

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

S0086

### **Challenges in diagnosis and classification of gaming and gambling disorders**

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With developments in the power and coverage of Internet (on-line) technologies, new forms of problematic gaming and gambling have emerged. Most notable of these have been role-playing games, multiplayer on-line games, and on-line betting. Concern has been expressed from members of the community, families, health professionals and those with problematic gaming and gambling themselves from countries around the world. This presentation focuses on the features of gaming and gambling when they become disorders and will review the central characteristics, which have seen them placed in the addictive disorders sections of DSM-5 and ICD-11, the latter being scheduled for publication in 2018. Gaming and gambling disorder share some features with addictive disorders from psychoactive substances. However some features such as “chasing” and immersion are unique, and whether physiological

features of gaming and gambling disorder such as tolerance and withdrawal (as are seen in substance dependence) exist are matters of continuing research. Gaming and gambling disorders in the draft ICD-11 are defined as comprising (i) impaired control over the activity, (ii) increasing priority in life, such as gaming or gambling take precedence over other interests and responsibilities, and (iii) their continuation or escalation despite negative consequences. The diagnosis also requires significant impairment in personal, family, social, educational, occupational or other important areas of functioning. The presentation will review the current evidence for the addictive nature of these two disorders.

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

S0087

### **Behavioural addictions, the role of psychiatric comorbidity**

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 Central Institute of Mental Health Mannheim, Mannheim, Germany  
 \* Corresponding author.

*Background.*– ICD-11 will most likely diagnose Gambling Disorders in the chapter on “Substance related Disorders and Disorders due to Addictive Behaviors” (Gambling and Gaming). Considerable rates of psychiatric comorbidities contributed to this decision. The presentation will contrast findings from an own study with literature reports.

*Methods.*– In the “Baden-Württemberg Study of Pathological Gambling” (Mann et al., 2017), we compared 515 male pathological gamblers receiving treatment with 269 matched healthy controls. We studied differences in sociodemographic characteristics, gambling-related variables, psychiatric comorbidity (lifetime) and family history of psychiatric conditions.

*Results.*– Notably, 88% of the gamblers in our sample had a comorbid diagnosis of substance dependence. The highest axis I comorbidity rate was for nicotine dependence (80%), followed by alcohol dependence (28%). 16% of the patient group suffered from depression, 3% from adjustment disorder, 3% from anxiety disorders and 2% from eating disorders. Compared to relatives of control subjects, first-degree relatives of pathological gamblers were more likely to suffer from alcohol dependence (27.0% vs. 7.4%), pathological gambling (8.3% vs. 0.7%) and suicide attempts (2.7% vs. 0.4%).

*Conclusions.*– Due to a selection bias in treatment seeking gamblers, comorbidity rates were lower than seen in population based samples.

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

## **Symposium: Suicidal Behavior in the Vulnerable Populations: Focus on Migrants**

S0088

### **Migrant’s suicidal behaviors: A transcultural perspective**

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 Novara, Italy

Immigration and related health policies are a very important issue in Europe. Because of its location, Italy has become a key destination for migrants from North Africa – they sail across the Mediterranean

Sea – as well as people from Eastern Europe. The National Institute of Statistics (ISTAT) reported that between 2008 and 2015 Italy’s migrant population increased by approximately 63%.

The process of migration includes three phases, pre-migration (the decision and preparation to migrate); migration (the actual transfer); post-migration (the process of integration of immigrants in the new social and cultural context of the hosting country). Each of these phases may represent a stressor leading to an increased risk of developing psychiatric symptoms or disorders, including depression, anxiety, post-traumatic stress disorder, addiction to alcohol and drugs, loneliness, hopelessness, and suicidal behaviors. Nonetheless, the current literature reports no generalizable pattern of suicide among immigrants. It has been suggested that immigrants ‘bring along’ their suicide risk, at least for the initial period they spend in the immigration country, likely due to cultural and/or genetic issues. Overall most immigrant groups do not have an increased suicide risk relative to the local-born population; some may even experience substantially lower risks. On the other hand, a relationship has been found between immigrant status and type of care recommended after assessment for a suicide attempt; clear disparities were identified in the care recommendation practices toward immigrants, compared with hosts, over and above differing policies by the European Centres.

The Emergency Department (ED) is the healthcare facility most frequently used by migrants; data will be presented from a study performed by the Psychiatry Institute, Department of Translational Medicine, Università del Piemonte Orientale, Novara, Italy, with the aim of assessing the possible differences between migrants and native Italians in the pathways and results of psychiatric consultation (PC) in the emergency department (ED). Briefly, the proportion of EDP related to suicide attempts was higher in migrants than native Italians, which is consistent with earlier studies in the literature reporting that migrants showed more self-aggressive behaviours than non-migrants and that such behaviour was often a reaction to the stresses associated with migration. Nonetheless, there was no evidence that suicide risk was higher in migrants than residents born locally. Cultural differences should be taken into account when considering expressions of distress, and further research into perceptions of distress and stressful life-events, resilience and coping strategies as possible mediators of suicidal behaviours might be worthwhile.

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

S0089

### **Suicide attempt rates and intervention effects in women of Turkish origin in Berlin**

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 Psychiatry and Psychotherapy, Berlin, Germany; <sup>2</sup> Charité –  
 Universitätsmedizin Berlin, Psychiatry and Psychotherapy, Berlin,  
 Germany

\* Corresponding author.

Studies demonstrate that suicidality in female immigrants in some European countries is higher. Particularly, similar findings were reported for girls and young women of Turkish origin compared to women of the same age in Germany. Therefore, an intervention study for the target group of young women of Turkish origin was conducted in Berlin. At the beginning of the study predictors of emotional (suicidal) crisis in women of Turkish origin were analyzed in focus groups. The findings of this approach guided the development of the intervention module. The intervention

consisted of a public awareness campaign, telephone hotline in Turkish language for women in emotional crisis, and the training of key persons. The core part of the intervention phase was the telephone hotline. Basic socio-demographic characteristics, suicide method used, psychiatric diagnosis, follow-up treatment and motives were also collected. All parts of the intervention were subsequently evaluated. Our findings show that particularly young second generation women of Turkish origin present at emergency department after suicide attempts. In this talk the main results will be presented and discussed.

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

S0090

### **Social and ethno-cultural aspects of the dynamics of the rate of suicides in the CIS countries (1990–present time)**

B. Polozhy

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*Introduction.*– Analyzed the dynamics of suicides rate in the CIS countries for the period from 1990 to the present time.

*Methods.*– Medical, statistical, culturological.

*Results.*– An analysis has made it possible to single out 2 groups among them. The first one includes Belarus, Kazakhstan, Russia and Ukraine. The population of these countries refers primarily to the Slavic ethnic group with high (or close to high) level of suicide rate. In this group, suicide rates are directly related to the nature of the social situation: rapid and pronounced growth of suicides is observed in conditions of radical socioeconomic reforms and crises against the background of insufficient anti-suicidal factors. Decrease in the rate of suicides occurs slowly enough with the stabilization of the social situation. The second group of countries comprises the Central Asian States (Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan) and countries of the Transcaucasia (Armenia, Azerbaijan). The population of Azerbaijan and the countries of Central Asia differs in orientation to the eastern model of culture, massively professes Islam and experiences its powerful anti-suicide effect. The culture of the Armenian population (Christians) included an unacceptable attitude towards suicide. In general, in this group of countries, the suicide rate practically does not react to changes in the social situation and remains stable at the inherent low level.

*Conclusions.*– Planning suicide prevention programs in the CIS countries should be differentiated and take into account not only their rate of suicide, but also the socio-economic situation and the ethno-cultural characteristics of the population.

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



## 26th European Congress of Psychiatry

## Panel

### Panel: How Can Psychiatry Contribute to the Promotion of Human Rights of People with Mental Health Problems?

P0001

#### How to fight human rights violations, discrimination and stigma attached to mental health conditions?

P. McGovern<sup>1,\*</sup>, M. Funk<sup>2</sup>, N. Drew<sup>2</sup>

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A movement to profoundly transform the way mental health care is delivered and to change attitudes to people with psychosocial, intellectual and cognitive disabilities is gaining momentum globally [1]. The Quality Rights (QR) Initiative offers a rights-based and recovery orientated approach to delivering support for people with psychosocial disabilities. At the core of the initiative is; Freedom from coercive interventions, Respect for the right to legal capacity, Promotion of autonomy & choice, Community inclusion and Recovery [2]. The recent landmark report from the UN special rapporteur on the right to health called for the end to the “reductionist biomedical paradigm that has contributed to the exclusion, neglect, coercion and abuse” of people with psychosocial disabilities and was clear in his call for a paradigm shift [3].

The QR Initiative has recently released WHO QualityRights capacity-building and guidance tools to support increased access to quality mental health and related services and promote the rights of people with mental health conditions or psychosocial, cognitive and intellectual disabilities in countries around the world [4]. These tools have been driven by people with lived experience, disabled people’s organisations and experts from around the world in mental health and human rights.

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

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P0002

#### TBA

A. Heinz, L. Daedelow, S. Müller  
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The United Nation’s Convention for the Rights of Persons with Disabilities promotes inclusion of patients with mental disorders. Key human rights issues concern living in the community and finding or maintaining employment in the regular labor market. Further human rights concern transparent legal procedures with juridical safeguards against inhuman treatment. Conflicting points of view have been articulated with respect to the right of patients with mental disorders for adequate treatment on the one hand and for personal autonomy on the other, particularly in disease-related situations in which a patient’s action endanger the person’s own health or others. Prototypical cases and situations are addressed and discussed.

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

P0003

#### How can psychiatry contribute to the promotion of human rights of people with mental health problems?

M. Männikkö  
President, EUFAMI, Leuven, Belgium

People with mental ill health form part of a family. In any discourse on human rights of people with mental health problems, we cannot ignore the relatives. Research has shown that 60% of families caring

for a relative with a mental health problem fall ill themselves. So, how can Psychiatry contribute to the promotion of human rights of those who suffer from mental ill health?

Psychiatry has a responsibility to identify deficiencies in legislation, policies and practices and to advocate for change. There are glaring gaps that clamour for action. Service users' charters of rights need to be urgently developed across Europe. The rights, among others to extensive support, of families of people with mental ill health should be integrated in those charters as much as possible. Psychiatry itself needs to be a proactive listener and practitioners should actively contribute to the creation of reflective communities. Without this

listening approach, we all miss signposts that would enable Psychiatry to revolutionise mental health care and community care. Across Europe, mental health care systems need to evolve into triologue systems where practitioners, users and caregiving relatives work in equal partnership. The triologue system needs to link up to NGOs and users' and relatives' groups to maximise well-being outcomes. Practitioners need to do their utmost to create a network of support groups for relatives of people with mental ill health.

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



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26th European Congress of Psychiatry

## Plenary Lecture

### Plenary Lecture: Schizophrenia is a Myth with a Strong Genetic Component

PL0001

#### Schizophrenia is a myth with a strong genetic component

R. Murray

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Traditional psychiatric textbooks describe schizophrenia as a disease of unknown aetiology. However, this is wrong on two counts. First we now realise that schizophrenia itself is not a disease but rather a clinical syndrome, and one with very fuzzy boundaries. It is simply the name that we give to the severe manifestation of psychosis, and we now know there exists a continuum which stretches into other so-called psychotic disorders, and indeed into the general population. Thus, psychosis is distributed though the population like hypertension, and schizophrenia is the equivalent of severe hypertension.

A recent study encompassing 16 sites across 5 European countries shows that the incidence varied widely, with the figures for South London and Amsterdam being more than 5 times higher than in some Southern European sites. Curiously, psychosis is more common in those living in large cities than in rural areas in Northern but not Southern Europe. These differences presumably reflect differences in exposure to risk factors.

We now know a great deal about the risk factors, or contributory causes, of psychosis. These turn out to be largely the same as for severe psychosis, i.e. schizophrenia. These can be roughly divided into two main types; those which result in (a) aberrant neurodevelopment and (b) those which cause dopamine dysregulation; both characteristic abnormalities found in schizophrenia.

Genetic factors are, of course, pre-eminent. In 2014 a landmark GWAS study of 37,000 people with schizophrenia and 113,000 healthy controls identified 108 loci significantly associated with schizophrenia. Each of these polygenes has only a very small effect but cumulatively they account for about 30% of the variance in occurrence of schizophrenia. Some such as neurexin or TCF4 subtly impair neurodevelopment while others such as DRD2 or AKT3 impact on dopamine signalling. A small proportion of schizophrenia (perhaps 3%) results from copy number variants

(CNVs) impacting on neurodevelopmental genes; these CNVs can have a much bigger effect size, increasing risk 3- to 20-fold.

Various environmental factors have been consistently associated with schizophrenia. Some such as adverse obstetric events (e.g. prenatal infection, perinatal hypoxia) impair neurodevelopment. Others such as abuse of drugs such as amphetamines, cocaine and cannabis which increase striatal dopamine, also increase risk. In recent years it has become clear that heavy use of high potency cannabis is responsible for a significant proportion of psychosis (>20% in South London). Synthetic cannabinoids are an increasing cause of acute psychosis sometimes termed "spiceophrenia". A range of social adversities such as child abuse, adverse life events, migration/minority ethnicity appear also to facilitate dopamine dysregulation and consequent psychosis.

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

PL0002

#### High risk and resilience studies: Lessons for prevention, care and research

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*Background.* – Severe mental illnesses like schizophrenia and bipolar disorder are known to be diseases that to some extent, but not entirely can be understood genetically. For schizophrenia the dominating hypothesis is that it is a neurodevelopmental disorder, and that genes, environment as well as gene-environment-interactions contribute to the risk of developing the disease. Children born to parents with severe mental illness are at a higher risk of growing up under unstable life conditions and more frequently show early signs of vulnerability for mental illness themselves.

*Aim.*– We aim to analyse the influences of genetic risk and environmental factors in a population of 7-year-old children with either 0, 1 or 2 parents diagnosed with schizophrenia spectrum psychosis or bipolar disorder. Main outcomes are psychopathology, neurocognition and development.

*Methods/design.*– We have established a cohort of 522 7 year old children and their parents for a comprehensive investigation of the children's neurocognitive, social, behavioural and neuromotor function and psychopathology. The test battery included a large neurocognitive battery, home visits evaluating the degree of stimulation and support in the home, information from teachers,

and measures of stress, and attachment. The parents take part in an anamnestic interview about the child. The participants were recruited via Danish registers to ensure representativity. Data from registers concerning social status, birth complications, somatic illnesses and hospitalization are included.

*Results.*– Generally the children with parents with schizophrenia had lower neurocognitive function, more psychiatric symptoms and poorer motor function. Children with parents with bipolar disorder were not different from control children.

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



## 26th European Congress of Psychiatry Presidential Symposium

### Presidential Symposium: Vulnerable People in Humanitarian Emergencies

PS0001

#### Empowering women and girls in humanitarian emergencies

M. Amering

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**Introduction.**– The risk to fail women and girls in humanitarian crises is high.

**Objectives.**– Present and discuss the challenges and opportunities of empowering women and girls in humanitarian crises.

**Methods.**– Non-systematic review of experience and evidence on empowering women and girls in humanitarian crises.

**Results.**– Empowerment of women and girls is central for the health for all at any given time. Humanitarian crises pose a special risk for the mental health of all adults and children. Most often, women and girls are already the most marginalized and vulnerable members of their communities, have their resources constrained and suffer differently and often to a significantly greater extent. Gender responsive humanitarian programming plays a significant role for the success of emergency responses. Core examples of tasks warranting gender-specific attention concern access to reproductive health care, protection against gender-based violence and, essentially, consulting women and girls in recognition of their specific capabilities, needs, and human rights. Recent years have brought these issues into focus and strongly impacted guidelines and programming towards focusing on gender-sensitive and equality approaches in order to strengthen crisis response. It is also noteworthy, that humanitarian crises can offer special opportunities for the empowerment of women and girls with lasting positive effects as evidenced by changes in social structures and power dynamics in war and post-war societies.

**Conclusions.**– A focus on empowering women and girls strengthens the effectiveness and improves the long-term impact of interventions in reaction to humanitarian crises and can help promote additional lasting positive effects for communities and societies.

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

PS0002

#### The WPA program for strengthening the contribution and availability of psychiatrists in situations of conflict and emergency

H. Herrman

Orygen – The National Centre of Excellence in Youth Mental Health, Centre for Youth Mental Health, Parkville, Australia

A capacity-building program is now being developed by WPA under its Action Plan 2017–2020 to strengthen the contribution and availability of psychiatrists in national and international responses to conflict and humanitarian emergencies as well as to severe adversities in city slums and other settings. With partners we will train and support psychiatrists to perform their roles in emergency responses with a special focus on human rights, including tackling the burden of stigma. The program will draw on the past experiences of joint WPA–WHO training for disaster response<sup>8</sup> as well as leading international NGOs such as Basic Needs. The program will support psychiatrists: to respond directly to mental health needs of young people in complex emergency situations and settings of adversity in accord with international protocols; train their peers and other clinicians and community-based workers in their own countries and regions; and support the development of new and existing community-based services in innovative and community directed ways. The trained psychiatrists in turn will be supported in their work by access to online resources and opportunities for regular face-to-face interaction with peers and an expert group. We plan for a global initiative with regional hubs. It is being initiated in Latin America with support from the Juan Jose Lopez Ibor Foundation and the development of the Alliance for Mental Health Responses to Emergencies and Conflicts, in collaboration with citiesRISE <<http://www.citiesrise.org/>>.

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



26th European Congress of Psychiatry

## State of the Art Lecture

### State of the Art Lecture: Advances in (Adolescent) Eating Disorders Treatment

SOA0001

#### Advances in (adolescent) eating disorders treatment

J. Treasure

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Over 30 years ago it was found that involving the family reduced relapse following inpatient treatment in adolescents with a short duration of illness (less than 3 years). This has been replicated, and has since been used as a standalone treatment, with various family permutations (separated parent/individual, multifamily therapy). The treatment is cost effective. For example the length of inpatient stay can be reduced if family therapy is added. Furthermore elements of the intervention have been delivered in self-help forms, sharing skills and information for carers. However 20–30% of cases fail to respond. In particular those who have been ill for over 3 years do not benefit. Non responders may be identified early in the course of treatment. Therefore work to develop new interventions to manage this group of patients is in progress.

Both family therapy and guided CBT are of benefit for binge eating disorder and bulimia nervosa but the evidence base is smaller. In this lecture I will review past evidence and consider new approaches.

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

SOA0002

#### Planning ahead for acute mental health crises: Methods and outcomes

C. Henderson

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The term 'advance statements' covers a range of interventions which vary with respect to their basis in legislation and the manner in which health professionals are involved in their creation. Advance directives lie at one end of this range because their content is determined solely by the patient. They have not been shown to have an effect on rates of involuntary hospitalisation. The most likely reason for this is that they are enacted only when the holder is deemed to have lost capacity to make treatment decisions.

Routine care plans lie at the other, paternalistic, end of the crisis planning spectrum, as they may be produced without any patient/consumer involvement, although by consensus this is not seen as good practice. Joint crisis plans (JCP) lie toward the centre of this spectrum, as an application of shared decision making. To achieve this, JCPs require an external facilitator, namely an independent third party, to complete the crisis plan. The facilitator, a mental health professional independent of the treatment team, aims to engage the service user and treating mental health professionals in writing the JCP.

The results of a randomized controlled trial of JCPs for people with psychotic or bipolar illness showed reduced use of involuntary hospitalization associated with their use and reported positive views of the plans by service users and mental health professionals, when compared with routine care plans. The larger CRIMSON multi-site trial found a positive effect on service user-rated therapeutic relationships, but no reduction in compulsory admission rate. There was clear evidence that the JCP process had not been fully implemented by many members of staff, because of attitudinal barriers to sharing clinical decision making powers with patients. Increasingly such implementation barriers are being recognised as critical brake on healthcare improvement. Implementation science may therefore be of use for translating the findings of the first trial into routine patient benefit.

*Disclosure of interest.*– I was the principal investigator for the first trial of joint crisis plans and a coapplicant on the CRIMSON trial.



## 26th European Congress of Psychiatry

## Oral communications

### Oral communications 01: Anxiety disorders and somatoform disorders part I

OR0001

#### Is there a vicious circle during smoking cessation process: Do anxiety and depression decrease abstinence rates and, in reverse, low abstinence increase anxiety and depression?

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**Introduction and objectives.**– Some publications demonstrate that low baseline scores on scales of anxiety or depression before smoking cessation, predict abstinence rates. Conversely, other studies suggest that abstinence does not increase anxiety and/or depression, though this remains controversial. There are no publications investigating the presence of a vicious circle between low abstinence rates and anxiety and depression. Our objective is to determine the existence of this virtuous circle during the entire smoking cessation process.

**Methods.**– An analysis of a prospective longitudinal study including 291 smokers was performed. Variables: gender, age, continuous abstinence, scores of the Beck Anxiety Inventory (BAI), the short Beck Depression Inventory (BDI-II) and the Anxiety Subscale of the Hospital Anxiety and Depression scale (HAD-A) and other variables designed to assess BAI, BDI-II and HDA-A changes. A binary logistic regression statistical analysis was performed to determine whether anxiety and/or depression predict abstinence. An ANOVA–one factor analysis was performed to assess whether abstinence predicts a decline in anxiety and/or depression levels.

**Results.**– Low anxiety or depression levels as per BAI, BDI-II-Short y HAD-A scales, significantly predict abstinence. On the contrary, abstinence does not predict anxiety nor depression levels during the smoking cessation process.

**Conclusions.**– Low levels of anxiety and/or depression predict abstinence; but abstinence predicts neither a decline nor an increase in anxiety and/or depression during smoking cessation. Our findings are not consistent with a vicious circle. These conclusions

are clinically relevant and underline the importance of optimizing treatments to control anxiety and depression during the quitting process.

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

OR0002

#### Functioning and quality of life in bipolar disorder: How are they correlated? An observational study

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\* Corresponding author

**Introduction.**– Studies show that patients with bipolar disorder (BD) have poorer quality of life (QOL) and worst functioning, but only few of them focus on the link between these two variables, and on factors influencing them. Functioning seems to be more “objective”, as it is evaluated by physicians, than QOL, which is more difficult to assess.

**Objectives.**– The aim of this observational study was to search for correlations between QOL and functioning scales.

**Methods.**– A total of 134 patients from the Montpellier FondaMental Advanced Center of Expertise for Bipolar Disorder with BD were included in the study. QOL was measured using the self-report World Health Organization Quality of Life (WHOQOL) scale, and functioning by the physician, using the Functioning Assessment Short Test (FAST) scale. Others parameters were collected like age, adherence (using Medication Adherence Rating scale – MARS), and scores on depression and mania scales. Then correlation analysis was conducted between these parameters.

**Results.**– We found a strong negative correlation between WHOQOL and FAST scales, particularly on the autonomy, professional and cognitive FAST’s sub-scales. However no correlation was detected with adherence, age, or education level. Interestingly, no correlation was found between WHOQOL or FAST and mania scales, whereas a strong one existed between depression scales and WHOQOL and FAST.

**Conclusions.**– We showed that the physician’s evaluation of functioning reflect the QOL estimated by the patient himself. Therefore asking questions about functioning could help physicians to better evaluate QOL.

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

OR0003

### **The effects of cilostazol on the monoamine transporter, which is known as cellular target of antidepressants**

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\* Corresponding author

*Introduction.*– Depressive disorder is considered to be a common and important neuropsychiatric post-stroke complication. Most inhibitors of the monoamine transporters, especially of the norepinephrine transporter (NET) and serotonin transporter (SERT), are clinically important antidepressants. Those antidepressants increase extracellular monoamine concentration by inhibiting the neuronal re-uptake of monoamines through the monoamine transporters. Most antidepressants act through inhibition of either the NET or the SERT or both transporters. Cilostazol is a selective phosphodiesterase III inhibitor that was originally prescribed as an anti-platelet agent, and increases cerebral blood flows in the cerebral infarction. Additionally, it acted as a neuroprotective agent by increasing cyclic adenosine monophosphate levels. The antidepressive effects of cilostazol on post-stroke depression have been reported, but the exact mechanism of this action is unknown.

*Aims.*– In this study, we examined the effects of cilostazol on NET and SERT function.

*Methods.*– SK-N-SH and SERT-transfected COS-7 cells were incubated with [<sup>3</sup>H]norepinephrine (NE) or [<sup>3</sup>H]serotonin (5-HT) in the presence or absence of cilostazol to assess the monoamine uptake.

*Results.*– Cilostazol decreased the [<sup>3</sup>H]NE uptake by SK-N-SH cells and the [<sup>3</sup>H]5-HT uptake by SERT-transfected COS-7 cells in a concentration-dependent manner.

*Conclusions.*– The blood concentration of cilostazol in treating patients with cerebrovascular disease has been reported to be 13.8 mM after a single oral dose of 100 mg. These results indicate that cilostazol inhibit NET and SERT function at clinically relevant concentration, which is likely to show the antidepressant effect on post-stroke depression.

*Source of findings.*– This study is supported by JSPS KAKENHI Grant Number 16K16456.

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

OR0004

### **Anxiety disorders and differentiation of self**

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*Introduction.*– Kerr and Bowen (1988) argued that individuals with a less differentiated self were more likely to experience anxiety, function less effectively in stressful situations, and suffer from physiological and relational psychological symptoms in social situations. In the recent years, these suggestions have been the focus of a great empirical research. These studies revealed that well differentiated individuals enjoy good physical and psychological health

(e.g. Skowron, Stanley & Shapiro, 2009; Lampis, Cataudella, Busonera & Skowron, 2017) and are less anxious (e.g. Skowron & Dendy, 2004; Peleg & Yitzhak, 2011).

*Objectives.*– Starting from these premises, the main objective of our investigation was to compare a normative sample ( $n=69$ , control group) and two samples of adults seeking therapeutic services for couple relationship problems ( $n=41$ ) and for anxiety and panic ( $n=47$ ), to analyze differences on the levels of differentiation of self.

*Method.*– The various components of differentiation of self (emotional reactivity, emotional cut-off, emotional fusion and I-position) and the levels of anxiety were investigated using the Differentiation of Self Inventory Revised (DSI-R) and the Symptom Check List Revised (SCL-90-R).

*Results.*– We found that participants of the clinical sample of adults seeking therapeutic services for anxiety and panic had significantly higher scores in the Emotional cut-off scale and significantly lower scores in the I-position scale.

*Conclusion.*– The research revealed the importance of differentiation of self-processes to achieving an understanding of anxiety and panic disorders in research and clinical practice.

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

*References not supplied*

OR0005

### **Duloxetine augmentation in resistant obsessive compulsive disorder: A double blind controlled clinical trial**

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*Introduction.*– The aim of this study is to evaluate the efficacy of duloxetine augmentation in treatment of resistant Obsessive Compulsive Disorder (OCD).

*Methods.*– This augmentation trial was designed as an 8-week randomized controlled, double blind study. Forty-six patients suffering from OCD who had failed to respond to at least 12 weeks of treatment with a selective serotonin reuptake inhibitor (fluoxetine, citalopram or fluvoxamine) were randomly allocated to receive duloxetine or sertraline plus their current anti OCD treatment. Yale-Brown Obsessive Compulsive Scale (Y-BOCS) was the primary outcome measure. Treatment response was defined as 25% or more decrease in scores of Y-BOCS. The mean dosage of duloxetine was 44.4 mg/day (range: 20–60 mg/day) and the mean dosage of sertraline was 123.8 mg/day (range: 50–200 mg/day).

*Results.*– Forty six patients (24 of 30 in duloxetine group and 22 of 27 in sertraline group) completed the trial. Both groups showed improvement over the 8-week study period (mean Y-BOCS total score at week 8 as compared with baseline:  $P < .001$  &  $P < .001$ ) without significant difference ( $P = .861$ ). Those receiving duloxetine plus their initial medications experienced a mean decrease of 33.0% in Y-BOCS score and the patients with sertraline added to their initial medication experienced a mean decrease of 34.5% in Y-BOCS.

*Discussion.*– Our double blind controlled clinical trial showed duloxetine to be as effective as sertraline in reducing obsessive and compulsive symptoms in resistant OCD patients. However, our study is preliminary and larger double blind placebo controlled studies are necessary to confirm the results.

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

OR0006

**Increased methylation at SLC6A4 gene is associated with somatization symptoms in women but not in men: A sex-specific effect identified in a non-clinical sample**

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**Introduction.**– Depression is a leading cause of disability worldwide with a striking difference in its prevalence according by sex; women being twice as vulnerable as men. The SLC6A4 gene encodes the serotonin transporter, which reuptakes serotonin from the synaptic cleft. This transporter is one of the main pharmacological targets of currently available antidepressants. Thus, both genetic and epigenetic variability at this gene have been researched in association with depression and associated phenotypes.

**Objectives.**– To assess methylation variability at the SLC6A4 gene in association with anxious-depressive disorders and subclinical psychological symptoms.

**Methods.**– Overall, 148 twin subjects (UB twin register) from the general population were assessed for lifetime history of psychiatric disorders (DSM-IV criteria, SCID) and psychological symptoms as experienced in the last 30 days (Brief Symptom Inventory, BSI). Peripheral blood-derived genomic DNA methylation at SLC6A4 promoter region was assessed by means of pyrosequencing technology (5 CpG sites analyzed).

**Results.**– SLC6A4 methylation was significantly associated with gender of the participants ( $P < 0.001$ ); women being more methylated than men in all 5 CpG sites analyzed. SLC6A4 methylation was significantly associated with the somatization subscale score of the BSI ( $P < 0.02$  in all 5 CpG sites analyzed) in a female-specific fashion. SLC6A4 methylation was not associated with categorical diagnosis.

**Conclusions.**– SLC6A4 methylation correlated to the somatization dimension of the BSI scale in women. Sex-specific methylation of this region points to its relevance in mediating known sex differences with regard to psychopathology.

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

OR0007

**Acute cardiovascular risk in general population with anxiety in Russia/Siberia: Gender features. WHO program Monica-psychosocial study**

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**Purpose.**– To evaluate the influence of personal anxiety on risk of myocardial infarction (MI) and stroke in general population of Russia/Siberia.

**Methods.**– In frame of the third screening WHO program “MONICA-psychosocial” a random representative sample of the population aged 25–64 in Novosibirsk in 1994 (men:  $n = 657$ , women:  $n = 870$ ) was surveyed. The program included: registration of socio-demographic data; personal anxiety was studied with Spielberger test. Over 16-year period cases of MI and stroke incidence in women (15 and 35) and men (30 and 22) were identified, respectively. Cox regression model was used for relative risk assessment (HR)

**Results.**– Over 16 years, the risk of myocardial infarction and stroke in women with high anxiety level (HLA) was 4.19-fold and 3.5-fold higher, respectively. HR was 3.7 and 4.43 in men, respectively. After adjustment for age and social parameters, HR risk of MI and stroke was 5.16 and 3.5, respectively for women;  $HR = 1.79$  and  $HR = 3.2$  for men with HLA, respectively. The risk of MI was higher in women aged 55–64y with HLA ( $HR = 5.95$ ), than men ( $HR = 3.56$ ). The greatest risk of stroke in presence of high anxiety was in divorced ( $HR = 5.017$ ) and widowed men ( $HR = 3.848$ ), aged 55–64 years ( $HR = 5.8$ ).

**Conclusion.**– Anxiety is the most potent psychosocial risk factors for myocardial infarction and stroke in general population. The risk of MI was higher in women but stroke in men over 16-years period.

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

OR0008

**Prenatal hypercortisolemia alters the course of neuronal maturation of hippocampal neurons and anxiety-like behavior in the rat**

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**Introduction.**– It has been reported that adult individuals exposed to severe early stressful experiences exhibit posttraumatic stress disorder (PTSD) and hippocampal volume reduction. Since the stressful environmental conditions generate elevated levels of circulating glucocorticoids (GCs), it is likely that GCs could modify the time course of hippocampal development, predisposing individuals to exhibit long-term PTSD. Thus, the objectives of the current study were to analyze whether prenatal administration of synthetic GCs alters the hippocampal neuronal morphology, brain derived neurotrophic factor (BDNF) expression and anxiety-like behaviors at three postnatal ages: infancy (postnatal day 22, P22), adolescence (P52) and young adulthood (P82).

**Methods.**– Pregnant animals were randomly classified in two groups: control-saline (CON,  $n = 6$ ) and betamethasone-treated (BET,  $n = 5$ ). Mothers of BET-P22, P52 and P82 groups received two courses of betamethasone subcutaneously ( $170 \mu\text{g kg}^{-1}$ ) on gestational day 20 (G20), separated by an 8-hour interval. CON mothers received equal volume (1 mL) of saline. Anxiety-like behavior and neuronal changes were performed at P22, 52 and 82. The dose used here is equivalent to that used in cases of preterm delivery.

**Results.**– Prenatal BET administration is related with (i) a significant anxiety-like behavior, (ii) hippocampal neuronal atrophy, and (iii) diminished BDNF expression. These neurobehavioral changes were significant in late (P52 and P82) but not early (P22) postnatal ages.

**Conclusions.**– Prenatal administration of synthetic GCs (BET) during the last trimester of gestation in a rat's animal model is associated with protracted changes in hippocampal neuronal morphology, BDNF expression and anxiety-like behavior in the offspring.

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

OR0009

### Comparative and additive benefits of cognitive restructuring versus exposure-only treatment in anxiety: A longitudinal multilevel meta-analysis on symptom relapse

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**Introduction.**– Although exposure-based treatments seem to be a success story for anxiety disorders, relapse is not uncommon. There is a continued controversy over whether exposure (EXP) should be complemented or replaced by cognitive techniques, such as cognitive restructuring (CR), in order to reduce or prevent relapse rates in anxiety. This is an important theoretical and clinical debate. Objective: Therefore, the aim of the meta-analysis was (a) to compare EXP to CR with respect to symptom relapse in anxiety disorders and (b) to contrast EXP vs. EXP + CR for potential additive advantages.

**Methods.**– Traditional and longitudinal multilevel meta-analyses were conducted in order to examine the magnitude of the difference between EXP vs. CR and EXP vs. EXP + CR. Symptom specific outcomes were examined.

**Results.**– Overall, 21 randomized controlled trials examining EXP vs. CR and 20 randomized controlled studies examining EXP vs. EXP + CR were included in the current meta-analysis. None of the longitudinal analyses of growth from termination to follow-up produced statistically significant effects (EXP vs. CR:  $B_0$  coeff. = 0.05,  $P = 0.50$ ,  $B_1$  coeff. =  $-0.02$ ,  $P = 0.75$ ; EXP vs. EXP + CR:  $B_0$  coeff. = 0.14,  $P = 0.09$ ,  $B_1$  coeff. =  $-0.01$ ,  $P = 0.93$ ). Potential moderator variables were examined.

**Conclusions.**– Theoretical and clinical implications will be discussed.

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

OR0010

### Unraveling the neural circuit mechanism for treatment of fear disorders via alternating bilateral sensory stimulation in mice

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**Introduction.**– Patients with post-traumatic stress disorders (PTSD) suffer from fear memories which persist even after the actual fear-inducing aversive situation is gone. The Eye Movement Desensitization and Resetting, a psychotherapy regiment utilizing alternating bilateral sensory stimulation (ABS), is being used for treating PTSD patients. However, innate brain mechanisms underlying those treatment effects have not been defined.

**Objective.**– To study the neural mechanism for fear memory erasure. **Methods.**– We successfully established long-lasting fear reduction in mice by pairing non-invasive visual stimulation with the conditioned stimulus during fear extinction. Using optogenetic tools and electrophysiology, we have tried to define the circuit mechanism underlying the ABS-mediated fear memory erasure.

**Results.**– Among the several patterns of visual stimuli tested, alternating bilateral stimulations (ABS) was the most effective in the enhancement of fear extinction with consequential erasure. Optogenetic manipulation revealed that the superior colliculus-mediadorsal thalamus circuit is involved, with necessity and sufficiency, in preventing the return of fear. The ABS-pairing drove mediadorsal thalamic activities throughout the extinction session, and induced a sustained enhancement of inhibitory neurotransmission in the amygdala.

**Conclusions.**– These results demonstrate that simultaneous and persistent engagement of the colliculo-thalamic pathway during fear extinction induces plasticity changes in the amygdala, leading to sustained attenuation of traumatic memories resulting in their erasure.

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

OR0011

### Adjunctive risperidone for post-traumatic stress disorder: A systematic review and meta-analysis

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**Introduction.**– Failure to respond to treatment occurs in 40–47% of patients with Post-traumatic stress disorder (PTSD). Early studies suggested that adjunctive risperidone with antidepressants may have benefit in patients with PTSD.

**Objectives.**– To systematically review the efficacy and the tolerability of risperidone, as an adjunctive treatment, for PTSD.

**Methods.**– We considered all relevant randomized, controlled trials (RCTs) of risperidone, as adjunctive therapy, was investigated in comparison with placebo or other treatments in patients with PTSD. The primary outcome was the change in scores of PTSD rating scales. Secondary outcomes measures were leaving the studies early, Clinical Global Impressions-Severity (CGI-S), Clinical Global Impression-Improvement (CGI-I) scale, Hamilton Anxiety Rating Scale (HAM-A) score, and adverse events.

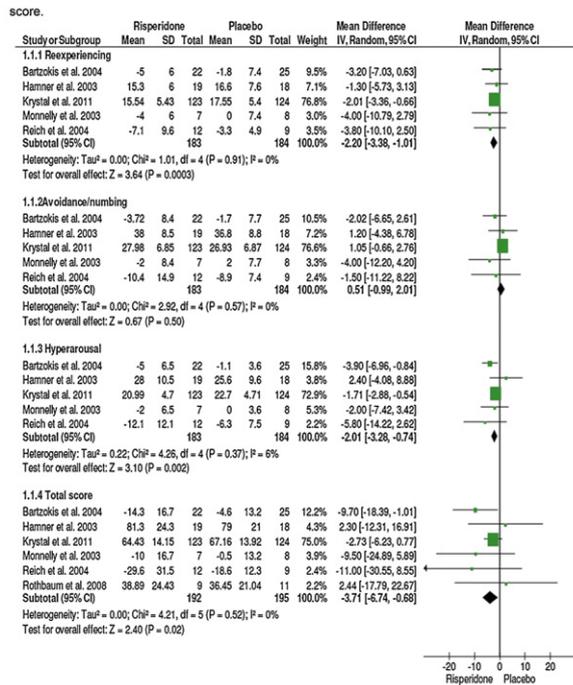
The Cochrane Central Register of Controlled Trials, PubMed, PsycINFO®, the EU Clinical Trials Register database, and Clinical Trials.gov were searched (June 2013). Data was entered into the Review Manager (RevMan) software (Version 5.3).

**Results.**– Six RCTs ( $n = 387$ ) were included. The PTSD total score was significantly lower in the risperidone group compared with the placebo group (mean difference  $-3.71$ , 95% confidence interval  $-6.74$  to  $-0.68$ ). Significantly greater improvements in re-experiencing and hyperarousal subscales were found in the risperidone group.

There were significant differences, favouring the risperidone group, on the CGI-S and the HAM-A score. The average dosage of risperidone was 2.05–2.5 mg/day.

Figure 1 Risperidone versus placebo: average change or endpoint in PTSD subscores and total score.

**Conclusions.**– Our results suggest that low dosages of risperidone might be effective in the adjunctive treatment of PTSD, particularly in the areas of re-experiencing and hyperarousal.



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

OR0012

### Generalized anxiety disorder in urban China: Prevalence, awareness and humanistic and economic burden

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**Introduction.**– Generalized anxiety disorder (GAD) is a chronic psychiatric condition characterized by excessive anxiety and worry. Limited published research has quantified the GAD prevalence and its burden in China.

**Objectives.**– This cross-sectional study examined the prevalence and burden of GAD among adults in urban China.

**Methods.**– This study utilized existing data ( $n = 36,520$ ) from the National Health and Wellness Survey (NHWS), a cross-sectional and self-administered online questionnaire of a representative sample of urban adult population in China. Prevalence of self-reported diagnosed GAD and undiagnosed [positively screened (Generalized Anxiety Disorder (GAD-7) score  $\geq 10$ ) without a reported GAD experience] were estimated. GAD patients were compared with non-anxious respondents (negatively screened without a history of GAD experience/diagnosis) in terms of quality of life (QoL), resource utilization, and work productivity and activity impairment using multivariate generalized linear models, controlling for demographics and clinical characteristics.

**Results.**– The prevalence of undiagnosed/diagnosed GAD was 4.6% in China with only 0.5% of GAD patients reporting a diagnosis. Compared with non-anxious respondents, GAD patients had significantly lower mental component summary scores (34.3 vs. 35.0), physical component summary scores (47.8 vs. 51.2), and health state scores (0.59 vs. 0.69) using the SF-36v2, more work productivity (52.2% vs. 29.5%) and activity impairment (47.2% vs. 26.4%),

and greater number of healthcare provider visits (2.4 vs. 1.4), emergency room visits (0.7 vs. 0.4) and hospitalizations (0.5 vs. 0.2) in the past six months.

**Conclusions.**– GAD may be substantially under-diagnosed in urban China. More healthcare resources should be invested to alleviate the burden of GAD.

**Disclosure of interest.**– This study was funded by Pfizer Investment Co., Ltd. The analysis was provided by Kantar Health LLC who received funding from Pfizer Investment Co., Ltd.

## Oral communications 02: Bipolar disorder

OR0013

### Ventral striatal activity during win anticipation: A comparison between euthymic bipolar type II and unipolar patients

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**Introduction.**– Early differentiation between bipolar and unipolar depressed patients is crucial for a correct treatment plan and patients' prognosis. This differentiation is particularly challenging in bipolar type II disorder, where the identification of potential biomarkers for the disorder has become a research priority.

**Objectives.**– The aim of the study was to investigate the activity in the ventral striatum during the anticipation of potential win (reward) in euthymic bipolar type II and unipolar patients.

**Methods.**– This cross-sectional study compared the BOLD responses in the ventral striatum between a group of healthy controls ( $n = 14$ ) and euthymic bipolar type II ( $n = 18$ ) and unipolar ( $n = 18$ ) patients, during a widely used fMRI paradigm including periods of win anticipation and win outcome.

**Results.**– During win anticipation, both bipolar II and unipolar patients showed increase bilateral BOLD activity compared to healthy controls. However, only bipolar II participant showed increased BOLD activity during win anticipation compared to loss anticipation. Less compelling results were obtained during win output, where unipolar depressed showed increased BOLD for the contrast win output > loss output only compared to healthy controls.

**Conclusions.**– Activity in the ventral striatum—a key node of the reward brain network—associated with the anticipation of potential win appears increased in euthymic bipolar patients compared with unipolar and control participants. This difference, though, seem to only be observed when accounting for activity associated with anticipation of potential loss, likely associated with an overall increased arousal. Abnormally elevated ventral striatum activity during reward anticipation may be biomarker of Bipolar II.

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

OR0014

### Differential patterns of psychotropic prescription in bipolar I and II disorder among European and American patients not in a syndromal episode

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**Introduction.**– Limited evidence is available about differential pharmacological management of Bipolar Disorder (BD) I vs II. Indeed, pharmacological treatment choices have been usually based on specific clinical dimensions rather than diagnostic subtypes.

**Objectives.**– The present study was aimed to assess different patterns of psychotropic prescription in European and American bipolar patients, not in a syndromal episode, referred to Milan and Stanford University BD Clinics, respectively, and stratified by bipolar subtype.

**Methods.**– Prevalence and clinical correlates of antidepressant (AD), antipsychotic (AP), and mood stabilizer (MS) use, in aggregate and individually, were compared in BDI versus BDII patients, either in Milan and Stanford pooled sample and in Milan vs Stanford samples.

**Results.**– BDI ( $n=424$ ) vs BDII ( $n=239$ ) patients (Milan and Stanford pooled) significantly more often took APs (69.8% vs 44.8%), MSs (68.6% vs 57.7%), and valproate (40.1% vs 17.5%), but significantly less often ADs (23.1% vs 55.6%) and lamotrigine (9.9% vs 25.2%). Milan ( $n=380$ ) compared with Stanford sample ( $n=283$ ) significantly more often took APs (BDI and BDII), ADs (BDII), and valproate (BDII), but significantly less frequently MSs (BDI) and lamotrigine (BDI).

**Conclusions.**– The present study highlights specific differences in BD psychotropic prescription patterns, either considering the geographic areas of recruitment and the diagnostic subgroups. Investigation on pharmacotherapy in relation to bipolar subtype and treatment location is warranted in order to enhance clinical management of patients suffering from different bipolar disorders.

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

OR0015

### Prague bipolar offspring study: Psychopathological, neuropsychological and QEEG correlates

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**Introduction.**– Studies in adults show that approximately 30–60% of individuals diagnosed with bipolar disorder (BD) retrospectively report the onset of their illness in childhood.

**Objectives.**– To determine psychopathology, cognitive functions and identify early markers in EEG cortical sources, cortical connectivity and event-related potentials (ERPs) in a sample of offspring of parents with BD (BDO) compared to healthy controls (HC).

**Methods.**– Lifetime and current presence of DSM-5 diagnoses were assessed in 43 BDO (mean age:  $12.5 \pm 3.1$  years) and 43 HC matched for sex, age and IQ. ERP (P300, N2/P3) and EEG were available for 34 subjects in both subgroups. The comparison of the distribution of current densities and functional connectivity was done by independent *t*-tests of log-transformed s/eLORETA values.

**Results.**– Thirty-seven BDO (86%) and 18 controls (42%) met criteria for at least one lifetime psychiatric diagnosis (adjusted  $OR=7.2$ ). While the groups did not differ in ERP and extended neuropsychological testing, significant differences were observed in alpha-1, beta-3 and gamma sources in resting EEG: BDO showed decreased alpha-1, beta-3 and gamma sources in temporal gyri and cingulate as well as decreased connectivity in alpha-1 between bilateral temporal areas and an increase within the right fronto-temporal areas in gamma band.

**Conclusions.**– We found a higher rate of lifetime anxiety and mood disorders in children at confirmed familial risk for BD. The differences in activity during resting EEG could represent trait vulnerability marker for later onset of BD and suggest an altered functioning of cortical networks in high-risk population.

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

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OR0016

### Relationship between childhood adversity and impulsivity in major depression and bipolar types I and II

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**Background.**– Impulsivity in mood disorders has been associated with increased risk for substance misuse and suicide. Childhood adversity is also common risk factor for impulsivity in mood disorders. To date, there is data lacking related to the specific differences and predictors (including childhood adversity) of impulsivity among the mood disorder types.

**Aims.**– To examine the prevalence of impulsivity in patients with major depression (MDD), bipolar type I (BPI) or bipolar type II (BPII). To examine childhood adversity as a modifier of the association between impulsivity and mood disorder type.

**Methods.**– Participants were recruited from the McGill University Health Center in Montreal, Quebec. Mood diagnoses were determined using the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID). Barrett's Impulsivity Scale (BIS) was impulsivity in the attentional, motor and non-planning domains. Childhood adversity was assessed using the Childhood Experiences of Care and Abuse Questionnaire (CECA-Q). ANOVA and kruskal-wallis tests and linear regression models were conducted.

**Results.**– Impulsivity in the attentional and non-planning domains was greater in BPII than MDD and BPI. However, when childhood adversity is examined, the association between mood disorder type was explained by maternal psychological abuse which is associated with greater impulsivity in the attentional domain. Similarly, for impulsivity in the non-planning domain, the association between

mood disorder type was accounted for by (1) maternal psychological abuse and (2) maternal physical abuse. Psychological abuse by mother is associated with greater impulsivity in the motor domain.

**Conclusions.**– Childhood adversity accounts for the differences in mood disorders types and impulsivity.

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

OR0017

### **Evaluation of a cognitive remediation program, specific of working memory, in bipolar patients with memory complains**

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Bipolar disorder is part of the most expensive and invalidating diseases in the world.

The psychosocial repercussions are important and can be invalidating.

Therefore, a functional handicap is so found during the phases of decompensation, but also in intercritical periods when various factors can be involved, particularly cognitive deficits or cognitive complaints.

A deficit in working memory is reported by several studies and seems to play an important role in the functioning of the patients. Cognitive remediation is a treatment in development in bipolar disorder, but few programs are available.

COGMED is a cognitive remediation program, specific of working memory, having demonstrated its efficiency in patients with traumatic brain injury or attention deficit/hyperactivity disorder.

Its duration is of 5 weeks and is made at home on the Internet. We led a prospective study in order to evaluate the efficiency of this program in the functional improvement, for euthymic bipolar patients with memory complains. Forty patients were included.

A clinical and neuropsychological evaluation was made before and later Cogmed program. The primary endpoint was patients functioning assessed by the FAST Scale.

There was a significant improvement in global functioning, and particularly in these following functional domains: autonomy, cognitive and occupational.

Number of manic episodes was negatively correlated with the Functional improvement.

We also found a significant decrease of memory and attentional complains, assessed by Mac-Nair scale, which is a self-report questionnaire.

COGMED is an effective program to decrease the functional handicap and cognitive complains in euthymic bipolar patients.

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

OR0018

### **Lithium-associated tremor: Prevalence, associated factors and clinical consequences**

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**Introduction.**– Lithium is the most recommended treatment for the prophylaxis of Bipolar Disorder (BD). Tremor is common adverse effects of lithium. This side effect is a frequent complaint of lithium-treated patient and has an important impact on the patient's quality of life. It is associated with poor adherence and treatment discontinuation.

**Objectives.**– The objective is to investigate the prevalence of lithium-associated tremor, its associated factors and its consequences.

**Methods.**– We conducted a literature review and descriptive analysis of the FACE-BD database (including  $n = 2415$  patients with BD) to analyze the prevalence of lithium-associated tremor. The influence of clinical conditions such as age, sex, type of bipolar disorder, duration of illness, duration of lithium treatment, associated treatments, comorbidities and biological data were also analyzed. The impact of this tremor will also be studied on the compliance and social functioning.

**Results.**– First results show a prevalence of 45.6% ( $n = 257$ ) lithium-associated tremor in lithium-treated patient in FACE-BD database, in agreement with the other studies. Factors associated with tremor and consequence (residual symptoms, functioning) will be described.

**Conclusions.**– This exploration will refine knowledge of lithium-associated tremor. We will also discuss the management of this side effect with drug strategies next to our results.

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

OR0019

### **Development of a system for safe monitoring of mood stabilizing treatment in remote rugged areas**

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**Introduction.**– Treatment of bipolar disorder in developing world rural areas is complicated by difficulties to ensure safe monitoring of medication, and patients therefore seldom get access to best practice treatment.

**Objective.**–Development of a user-friendly device and a system making it possible to measure and monitor medication levels.

**Methods.**– To ensure safe mood stabilizing treatment in rural areas a micro sensor system is being developed by collaborators in a European consortium

**Results.**– An integrated approach for compiling and analyzing high-quality lithium treatment response data will be presented. By means of micro-sensor devices patients in rural areas are able to self-measure and subsequently send Lithium level results via smartphone to their psychiatrists.

**Conclusions.**– This project represents a concerted effort and a potential solution solving the problem of delivering efficacious and safe'state of the art' medical treatment for Bipolar disorder in places where Health care resources are particularly sparse.

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

OR0020

### Facial emotion recognition in bipolar disorder

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**Background.**– This study aims to research the recognition of facial emotions in a clinical sample of people with bipolar disorder as results found in the investigation to determine if the bipolar subjects are competent for the recognition of emotions are contradictory.

**Methods.**– Participants were 21 persons with bipolar disorder in euthymic phase and 21 control subjects. Both groups passed tests of an e-prime program having as a purpose the recognition of emotions with positive and negative valence and intensity of each emotion perceived. The emotions presented belonged to the category of joy, anger, sadness, fear or neutral.

**Results.**– The results showed no significant differences in the recognition of facial expressions in persons with bipolar disorder and control subjects. Differences were found in the reaction time: people with bipolar disorder were slower to recognize emotions, especially those of low intensity. There are significant differences between the control group and the bipolar disorder group, the latter having a longer reaction time in all emotional patterns, except in anger. People with bipolar disorder have greater variability than the control group in all emotions, except in anger.

**Conclusions.**– Clearly different patterns are obtained among subjects with bipolar disorder compared to controls in the sense that they present a greater selective difficulty for negative emotional expressions (except in the case of anger) and for neutral ones.

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

OR0021

### Effect of lurasidone on cognition in children and adolescents with bipolar depression: A 6-month interim analysis of a 2-year open-label extension study

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**Introduction.**– Limited data are available on cognitive function in pediatric patients with bipolar disorder.

**Objective.**– To evaluate the effects of lurasidone on cognition in children and adolescents with bipolar depression.

**Methods.**– Patients aged 10–17 years with bipolar I depression who completed 6 weeks of double-blind (DB), placebo-controlled treatment with flexibly dosed lurasidone (18.5–74 mg/d) were enrolled in a 2-year, open-label study in which patients were continued on lurasidone, or switched from placebo to lurasidone. Cognitive function was assessed with the Brief CogState battery, which evaluates four cognitive domains: processing speed (detection task), attention/vigilance (identification task), visual learning (one card learning task), working memory (one back task, speed & accuracy). Based on normative data, an overall cognitive composite Z-score was calculated as the average of the standardized Z-scores for each of the four cognitive domains. We present here the results of a 28-week interim analysis.

**Results.**– Two hundred and twenty-three patients completed the DB study and entered the open-label extension study; 69.5% completed

28 weeks of treatment (mean daily dose, 52.6 mg). The cognitive composite Z-score showed impairment at DB baseline (–0.94). At week 28, overall improvement was observed in the cognitive composite Z-score (mean change, +0.19). For CogState domains, mean change at week 28 in Z-scores was observed for processing speed (+0.13), attention/vigilance (+0.18), visual learning (+0.18), working memory accuracy (+0.07), and working memory speed (+0.29).

**Conclusions.**– In this study of pediatric bipolar depression, 28 weeks of lurasidone treatment was not associated with cognitive impairment as measured by the Brief CogState battery.

Sponsored by Sunovion Pharmaceuticals Inc.

**Disclosure of interest.**– Dr. Burdick has served as an advisory board member for Sunovion Pharmaceuticals and for Takeda Lundbeck. Drs. Goldman, Tocco, Deng, Cucchiaro, and Loebel are employees of Sunovion Pharmaceuticals Inc.

OR0022

### Symptom improvement associated with lurasidone treatment of children and adolescents with bipolar I depression: Results of a short-term placebo-controlled trial

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**Objective.**– To evaluate change in specific depressive symptoms in children and adolescents presenting with bipolar depression who received short-term treatment with lurasidone.

**Method.**– Data in this secondary analysis were derived from a study of patients 10–17 years ( $n=343$ ) with bipolar I depression who were randomized to 6 weeks of double-blind treatment with lurasidone 20–80 mg/d or placebo. The primary endpoint was change from Baseline to Week 6 on the Children's Depression Rating Scale, Revised (CDRS-R) total score. Change from Baseline to Week 6 for each individual CDRS-R item was assessed with an ANCOVA using an LOCF approach. Cohen's  $d$  effect sizes were also calculated at Week 6.

**Result.**– At week 6 endpoint, treatment with lurasidone was associated with significant improvement vs. placebo in the CDRS-R total score (–21.0 vs. –15.3;  $P<0.0001$ ;  $d=0.45$ ). A total of 13 CDRS-R items (76%) were significantly improved on lurasidone: impaired school work ( $P=0.023$ ;  $d=0.25$ ), difficulty having fun ( $P=0.004$ ;  $d=0.31$ ), social withdrawal ( $P<0.0001$ ;  $d=0.43$ ), sleep disturbance ( $P=0.0001$ ;  $d=0.43$ ), appetite disturbance ( $P<0.05$ ;  $d=0.22$ ), irritability ( $P=0.026$ ;  $d=0.24$ ), excessive guilt ( $P=0.0032$ ;  $d=0.32$ ), low self-esteem ( $P=0.012$ ;  $d=0.27$ ), depressed feelings ( $P=0.0068$ ;  $d=0.29$ ), excessive weeping ( $P=0.014$ ;  $d=0.27$ ), depressed facial affect ( $P=0.0009$ ;  $d=0.36$ ), listless speech ( $P<0.0001$ ;  $d=0.43$ ), and hypoactivity ( $P=0.012$ ;  $d=0.27$ ). Improvement in 4 items was not significant: excessive fatigue, physical complaints, morbid ideation, and suicidal ideation.

**Conclusions.**– In this placebo-controlled study of children and adolescents with bipolar depression, 6 weeks of treatment with lurasidone was effective in treating a wide range of depressive symptoms assessed by the CDRS-R.

Sponsored by Sunovion Pharmaceuticals Inc.

**Disclosure of interest.**– Dr. Singh receives research support from the National Institute of Mental Health, National Institute of Aging, the Office of Research in Women's Health, Stanford Child Health

Research Institute, Johnson & Johnson, and Neuronetics. She has served on an advisory board for Sunovion.

Drs. Goldman, Tocco, Pikalov, Deng, Cucchiaro, and Loebel are employees of Sunovion Pharmaceuticals Inc.

OR0023

### **Predominant polarity in bipolar I and II disorders: A five-year follow-up study**

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**Introduction.**– Predominant polarity is a relatively new concept, involving categorizing patients with bipolar disorder (BD) based on polarity of their preceding illness course, using cut-off of two thirds of episodes.

**Objectives.**– Few prospective studies have investigated its predictive validity, or associated clinical features. We examined them within a long-term cohort study of bipolar I (BD-I) and bipolar II (BD-II) patients.

**Methods.**– In the Jorvi Bipolar Study (JoBS), 191 BD-I and BD-II psychiatric in- and outpatients were carefully diagnosed at baseline using SCID-I/P-interviews, and followed using life-chart methodology up to five years. Predominant polarity could be defined for 188 (98.4% of all) patients, based on their preceding illness course. Information on their prospective illness phases was available for 175 (93.0%) of these patients.

**Results.**– Predominant polarity was defined as manic in 30 (16%), intermediate in 90 (48%) and depressive in 68 (36%). The three groups differed in terms of their psychiatric comorbidity, with those with manic polarity having less anxiety, but more psychotic symptoms lifetime. Patients with manic polarity also spent significantly more time euthymic during follow-up. Analyses are ongoing, and the final results will be presented in the meeting.

**Conclusions.**– Psychiatric in- and outpatients with BD I or II can be classified according to their predominant polarity, and this classification has at least some predictive validity in long term. Those with predominantly manic polarity may be the most distinct of the three groups. Patients in different polarity groups differ also in their other clinically relevant characteristics, such as psychiatric comorbidity.

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

OR0024

### **How to distinct between unipolar and bipolar depression: The role of adhesion molecules**

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**Introduction.**– Bipolar disorder and major depressive disorder are among the most frequent and the most severe mood disorders. Due to their shared symptomatology, and often unreported and delayed onset of manic or hypomanic episodes in bipolar disorder, patients with bipolar disorder are often mistakenly diagnosed with unipolar major depression.

**Objectives.**– The aim of the study was to explore the differences in the alterations of the investigated soluble adhesion molecules (sVCAM-1 and sICAM-1) with regard to unipolar (UD) and bipolar depression (BD) types, compared with healthy control group.

**Methods.**– The study has explored serum levels of sVCAM-1 and sICAM-1 in patients with bipolar ( $n=43$ ) or unipolar depression ( $n=93$ ) and compared them to healthy controls ( $n=73$ ). The adhesion molecules' levels of patient group have been analyzed in acute and remission phases.

**Results.**– Both patients in acute episode of unipolar and bipolar depression showed altered levels of adhesion molecules when compared to healthy control group. The results additionally show down regulation of sVCAM-1 and up regulation of sICAM-1 levels in both patient groups.

**Conclusions.**– Our results suggest that adhesion molecules, particularly sVCAM-1, could be relevant markers to distinct between patients with BD and UD as well as a component of complex inflammatory network associated with their partly common etiopathogenic base.

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

OR0025

### **Hippocampal subfields in suicidal attempters with bipolar disorder**

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**Introduction.**– Volumetric hippocampal alterations have been reported in patients bipolar disorder (BP) and history of suicidal thoughts and behavior, but the effect of suicidality on the hippocampal subfields is still unknown in this population.

**Objectives.**– To investigate the relationship between history of suicide ideation/attempts and hippocampal subfield volumes in subjects with BP.

**Methods.**– We measured hippocampal subfields in 15 patients with BP and a lifetime history of suicide attempts (BP-SUI), 20 patients with BP without such history but with history of suicide ideation (BP-IDSUI), 20 patients without history of suicide attempt or ideation (BP-NSUI) and 30 healthy controls (HC). Hippocampal subfield volumes were obtained with 3T scans using FreeSurfer. Differences among groups were investigated using ANOVAs followed by post-hoc Scheffè test.

**Results.**– NSUI demonstrated greater volumes than SUI in the right CA1, CA2/3, CA4/DG, and subiculum. In the same subregions, HC showed greater volumes than SUI and IDSUI. Moreover, HC also showed greater left fimbria volumes than SUI, NSUI, IDSUI and greater right presubiculum volumes than SUI. NSUI showed greater right CA1 than IDSUI.

**Conclusions.**– Smaller volumes in the right CA2/3-DG and CA1-subicular complexes could represent the indirect evidence of the failure of emotional and stress regulation mechanisms in patients with suicidal thoughts and behavior. The greater damage in those regions in patients who attempted suicide could explain the higher reactivity to emotional stressful stimuli in this sub-population that could lead to suicide.

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

OR0026

### **Duration of lithium exposure and hippocampus/amygdala volumes in bipolar disorder**

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**Background.**– Lithium treatment has been associated with different effects on limbic and subcortical gray matter structure volumes. Discrepancy could be explained by the time-dependent effect of lithium.

**Objectives.**– We investigated the effects of long- and short-term lithium treatment on limbic and subcortical gray matter structure volumes in patients with bipolar disorder (BP)

**Methods.**– Volumes of deep gray matter structures were measured using FreeSurfer in 40 subjects: 10 patients with BPI who were never exposed to lithium [no-exposure group (NE)], 10 patients with BP exposed to lithium for < 24 months [short-exposure group (SE)], 10 patients with BP exposed to lithium for > 24 months [long-exposure group (LE)] and 10 healthy controls (HC).

**Results.**– No differences between LE and HC were found. LE and HC have greater bilateral hippocampal and amygdalar volumes than NE. SE showed greater bilateral amygdalar volumes than NE and no differences as compared with LE. SE showed smaller bilateral hippocampal volumes than LE and HC, while no differences were found as compared with NE. Among the four groups, Among the four groups, no differences were found in the caudate, putamen, pallidum, thalamus and nucleus accumbens.

**Conclusions.**– Lithium treatment demonstrates a time-dependent selective effect on the hippocampus and the amygdala. Its action seems to differ between those two structures, with a short-term effect on the hippocampus and a long-term effect on both structures.

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

OR0027

### **Treatment compliance in patients with bipolar I disorder during remission**

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**Introduction.**– Treatment compliance in patients with bipolar disorder is a complex issue which is determined by a wide array of factors.

**Objectives.**– Here, we aimed to explore the factors affecting the treatment compliance in patients with bipolar I disorder (BD-I) during remission.

**Method.**– The study sample consisted of 50 patients (M/F = 18/32, age = 40.6 ± 11.7) with BD-I according to DSM-IV-TR during remission (The Hamilton-Depression-Scale Scores < 7, The Young-Mania-Rating-Scale Scores < 7) who applied to an outpatient-psychiatric clinic of a university hospital between October 2014–July 2015. Sociodemographic data form, the Mini International Neuropsychiatric Interview, the Functioning Assessment Short Test (FAST), the Schedule for Assessment of Insight (SAI), the UKU Side Effect Rating Scale (UKU), the Multidimensional Scale of Perceived Social Support (MSPSS), the Medication Adherence Rating Scale (MARS) were applied to the participants. Higher scores on MARS suggest better compliance to treatment.

**Results.**– Total scores on MARS differed significantly depending on gender (M/F = 7.9 ± 1.8/6.5 ± 2.3), employment (employed/unemployed = 7.7 ± 1.9/6.1 ± 2.3), marital status (married/not-married = 7.7 ± 2.0/6.2 ± 2.3) and comorbid generalized anxiety disorder (GAD) (not-present/present = 7.9 ± 1.6/4.6 ± 1.7) ( $P < 0.05$ ,  $P < 0.02$  and  $P < 0.001$ , respectively). The MARS Scores were significantly negatively correlated with total UKU scores ( $r = -0.374$ ,  $P = 0.007$ ) and positively correlated with SAI scores ( $r = -0.422$ ,  $P = 0.002$ ). Linear regression analysis yielded that comorbid GAD and employment status were the only significant variables affecting MARS scores ( $P < 0.05$  for both).

**Conclusions.**– Co-morbid GAD and unemployment are related negatively with treatment compliance in patients with BD-I during remission. Treatment of the co-morbid GAD, especially with cognitive-behavioral therapeutic approaches and supporting occupational activities can positively affect treatment compliance, which should be revealed in further studies.

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

OR0028

### **Safety and effectiveness of long-term treatment with lurasidone in children and adolescents with bipolar depression: A 6-month interim analysis of a 2-year open-label extension study**

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**Introduction.**– Lurasidone has demonstrated efficacy and safety in the short-term treatment of bipolar depression in children and adolescents.

**Objective.**– To evaluate the long-term safety and effectiveness of lurasidone in children and adolescents with bipolar depression.

**Methods.**– Patients aged 10–17 years with bipolar I depression who completed 6 weeks of double-blind (DB), placebo (Pbo)-controlled treatment with flexibly-dosed lurasidone (Lur) (18.5–74 mg/d) were enrolled in a 2-year, open-label (OL) study in which patients continued on (or switched to) lurasidone. We present results of

an interim analysis at Week 28. Efficacy was assessed using the Children's Depression Rating Scale, Revised (CDRS-R).

**Result.**– Overall, 347 patients were randomized to lurasidone or placebo. At Week 6, significant improvement was observed for lurasidone vs. placebo in CDRS-R total score (–21.0 vs. –15.3;  $P < 0.0001$ ). 223 patients entered the open-label (OL) study, and 155 (69.5%) completed 28 weeks of treatment; 0.9% discontinued prior to Week 28 due to lack of efficacy; 8.1% discontinued due to an adverse event. For the combined lurasidone group ( $n = 223$ ), mean change in CDRS-R total score, from OL baseline was –10.0 at Week 52 (observed case analysis), and –7.7 (LOCF-endpoint). During OL treatment, the 3 most common adverse events in the combined lurasidone group were headache (19.7%), nausea (14.3%), and anxiety (9.9%). Minimal effects were observed on weight, metabolic parameters, and prolactin levels.

**Conclusion.**– In children and adolescents with bipolar depression, long-term treatment with lurasidone was safe and generally well-tolerated, and was associated with continued improvement in depressive symptoms.

Sponsored by Sunovion Pharmaceuticals Inc.

**Disclosure of interest.**– Dr. Chang is an unpaid consultant for GSK, Lilly, and BMS. He is on the DSMB for Sunovion. In the past three years he has received research support from GSK and Merck, and has been a consultant for Actavis and Janssen.

Drs. Goldman, Tocco, Pikalov, Deng, Cucchiario, and Loebel are employees of Sunovion Pharmaceuticals Inc.

OR0029

### **Influence of family group psycho-education on relapse rate and duration of hospitalization in patients with bipolar disorder type I**

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**Keywords:** Bipolar disorder, Family group psycho-education

**Introduction.**– Bipolar disorder is disabling because of frequent recurrences. Besides pharmacotherapy, psycho-education can be helpful in reducing patients' symptoms and recurrences of disorder, leading to improvement of their quality of life.

**Objectives.**– In this study we considered the influence of family group psycho-education on relapse rate, duration of hospitalization and quality of life in patients with bipolar disorder.

**Method.**– This randomized controlled clinical trial has been done on 64 patients with bipolar disorder hospitalized in psychiatry ward who were allocated into 2 groups. Patients in the control group received the usual treatment. Family of the patients in intervention group were received 4 sessions of group psycho-education. The patients were evaluated with Hamilton Depression Rating Scale, Young Mania Rating Scale and Quality of life Mc Master questionnaire. Patients were reexamined after 9 months follow up for recurrence and hospitalization rate.

**Results.**– Data analysis showed a significant reduction in the number of hospitalization days in the group was received family psycho-education, in patients with mixed and mania period, but not in recurrence rates. The effect of training on the number of hospitalization days dependent on the level of education of the recipient's, patient's location, duration of illness and number of hospitalizations before starting research. All quality of life subscales were influenced.

**Conclusion.**– Family group psycho-education for patients with Bipolar disorder can improve their quality of life and diminished the risk of disorder recurrence.

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

### **Oral communications 03: Child and adolescent psychiatry/comorbidity/dual pathologies/consultation liaison psychiatry and psychosomatics**

OR0030

#### **Serum levels of IGF-I in delirious and non-delirious acutely ill older medical inpatients**

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**Introduction.**– Delirium is a common disorder in elderly medical inpatients with serious adverse outcomes. The issue of the association of low levels of Insulin like Growth Factor I (IGF-I) and delirium still remains controversial.

**Objectives.**– To investigate the relation of serum levels of (IGF-I) and the occurrence of delirium.

**Methods.**– Prospective, longitudinal, observational study. Consecutive elderly inpatients (aged 70+), were assessed twice weekly with Montreal Cognitive Assessment (MoCA), Confusion Assessment method (CAM), Acute Physiology and Chronic Health Evaluation II (APACHE-II). Delirium has been define with CAM. Previous history of dementia was evaluated with the Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE). IGF-I levels were estimated with ELISA method.

**Results.**– The sample consisted of 198 participants (mean age 80.63; SD: 6.81; range: 70–97). Of these 92 (46.5%) were females. Eighty-six (43.4%) were identified with a history of dementia. Incident or prevalence delirium has been identified with CAM in 40 participants (20.2%). Using Generalized Linear Model for the analysis of the longitudinal data it was found that low MoCA scores and low levels of IGF-I were significant associated with any delirium during hospitalisation (Wald  $\chi^2 = 29.62$ ; df:1,  $P < 0.001$  and Wald  $\chi^2 = 7.235$ , df:1,  $P = 0.007$  respectively).

**Conclusions.**– The results shows that low levels of IGF-I are independently associated with the occurrence of any delirium (incident or prevalent) during the hospitalisation of medically ill older people.

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

OR0031

#### **Prevalence of depressive symptoms among victims of sexual abuse: Cross sectional study from Oman**

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**Background.**– Child sexual abuse is a form of child abuse in which an adult or older adolescent uses a child for sexual stimulation. There is a dearth of such studies in Oman and Arab world.

**Objectives.**– The current study aimed to measure the prevalence of depressive symptoms among sexually abused children attending tertiary care child and adolescent mental health department in Muscat.

**Methods.**– A cross-sectional analytical study was conducted among all sexually reported cases attending tertiary care child and adolescent mental health department in Muscat.

This data was collected by reviewing the medical records and interviewing the patients as semi structural interview for DSM5 EPA 2013. The Depression Scale for Children was utilized to assess depressive symptomatology. A binary logistic regression model was used to decipher the adjusted and unadjusted odds ratios (ORs). **Results.**– Total of 33 cases of child sexual abuse were participated in the study, with response rate of 89%. The prevalence of depression symptoms was 63%. Logistic regression analysis indicated that frequency of the abuse, female gender and frequent and repeated sexual act abuse were significant predictors of depression multivariate analysis ( $OR=5.000$ , 95% confidence interval [CI]: 1.084–23.0613,  $P=0.003$ ;  $OR=8.5000$ , 95% CI: 1.6808–42.985,  $P=0.0097$ ; respectively).

**Conclusion.**– This study showed that depressive symptoms are common among sexually abused children in Oman. Therefore, detecting and promptly treating depression in this vulnerable population is pivotal to optimize their psychological well-being and prognosis of their future life.

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

OR0032

### **Risk and type of new onset seizures in patient with/without dementia**

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Risks of new onset seizures (NOS) and types associated to dementia are estimated. A cohort of 2,885,336 patients with/without dementia and 60 years or more from the Optum Insight Clinformatics-data Mart database was followed from 2005 to 2014. Group differences were analyzed using continuity-adjusted chi-square and hazard ratios with 95% confidence intervals (CI) calculated after logistic regression analysis. Two point seventy-six percent of patients ( $n=79,561$ ) had a dementia diagnosis with 56% of them women. Dementia patients have 6.5 times increased risk for undifferentiated seizures (95% CI 4.4–9.5), a 6 fold elevated risk for partial seizures (95% CI 5.5–6.6), 5.2 times higher risk for generalized epilepsy (95% CI 4.9–5.5) and undifferentiated epilepsy (95% CI 4.8–5.2). And, 4.75 increased risk for generalized seizures (95% CI 4.5–5.0) and partial epilepsy (95% CI 4.4–5.1). In conclusion patients of 60 years of age or older have higher risks of NOS associated with a dementia diagnosis.

**Disclosure of interest.**– Ruby Castilla-Puentes is full-time employee of Johnson & Johnson

OR0033

### **Opioid maintenance therapy in subjects receiving antipsychotic for schizophrenia**

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**Introduction.**– Schizophrenia is associated with high rates of abuse or dependence of nicotine, cannabis, alcohol, or cocaine. Very few studies assessed the frequency of opioid use disorders in subjects with schizophrenia. Moreover, to our knowledge, there is no study investigating the frequency of subjects receiving opioid maintenance therapy among patients receiving antipsychotic medications.

**Objectives.**– To assess the frequency of subjects receiving opioid maintenance therapy in patients receiving antipsychotic medications.

**Methods.**– A data set from National Information System of French healthcare Social Security which covers 97% of the French population was matched with the public and private hospitals inpatients and outpatients diagnosis data system, using the social security number which all French citizen affiliated to the French Health System have. All subjects from Hauts-de-France area, North France, receiving opioid maintenance therapy, i.e. methadone, buprenorphine, or buprenorphine/naloxone, and antipsychotics prescribed by any Medical Doctor (e.g., hospital physicians, general practitioners, psychiatrists...) in patients with ICD-10 diagnoses of schizophrenia, schizotypal disorders, delusional disorders, brief psychotic disorders, substance/medication-induced psychotic disorders, schizoaffective disorders, and other schizophrenia spectrum disorders in 2015, were included in the study.

**Results.**– The analysis of the data sets showed that among the subjects with ICD-10 diagnoses of schizophrenia spectrum included in the study and receiving antipsychotic medications ( $n=20473$ , 0.4% of the general population), 2.6% received methadone or buprenorphine ( $n=532$ ).

**Conclusions.**– The rates of patients with schizophrenia spectrum receiving opioid maintenance therapy was not uncommon, more frequent than the rate of subjects receiving opioid maintenance therapy in the general population (0.70%).

**Disclosure of interest.**– A. Dervaux has received honoraria for lectures from AstraZeneca, Lunbeck, Lilly, and Otsuka.

O. Cottencin honoraria for lectures from, Indivior, Lundbeck, Janssen-Cilag, and honoraria for research from Lundbeck, Ethypharm

OR0034

### **Adolescent early birds vs night owls: Chronotype and the psychological health of youth**

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**Objective.**–Recent evidence suggests that preference in the timing of sleep, or chronotype, relates to adolescent psychological health. The hypothesis is that night owls struggle more than early birds

because they get less sleep, in part due to early school start times. Yet few studies have adjusted for sleep duration and none controlled for school start time. We examined the association between chronotype and indicators of youth psychological health, controlling for sleep duration and school start time.

**Methods.**– Data were collected in the 2014 Canadian Health Behaviour in School-Aged Children survey (29,635 students; ages 10–18). Chronotype was estimated using the mid-cycle sleep time on weekends, corrected for catch-up sleep. We examined scores for emotional problems (range: 0–33), emotional well-being (0–22), behavioral problems (0–28) and prosocial behaviours (0–25). We analyzed data using school random-effects regressions, adjusted for sleep duration, school start time, individual and family characteristics, rurality, season, latitude, and province.

**Results.**– The average mid-sleep time (chronotype) was 4:21 a.m. A later chronotype was associated with worse psychological health scores. Each hour delay in mid-sleep was associated with 0.4 (95% CI 0.3, 0.5) higher point score on emotional problems and 0.2 (95% CI 0.1, 0.3) on behavioral problems and 0.2 (95% CI 0.1, 0.3) lower point score on emotional well-being and 0.3 (95% CI 0.2, 0.4) on prosocial behaviors.

**Conclusion.**– The circadian typology of adolescents relates to indicators of psychological health even after adjusting for sleep duration and school start time. Studies are needed to further clarify the mechanism underlying this association.

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

OR0035

### **Changes in hormones, melatonin and cortisol, related to the psychological and sleep states of high school students**

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**Objectives.**– We investigated the actual condition of the depressive mood and sleep disturbances of high school students. In addition, we made a study on the correlation of cortisol and melatonin hormone concentration to their depression and sleep disturbances.

**Methods.**– We used a questionnaire with Zung depression scale and Pittsburgh sleep index score. Melatonin and cortisol concentration in saliva sampled at 7 am and 11 pm were measured by ELISA and statistical analysis was performed with SPSS 21.

**Results.**– According to the survey of 39 first-year and second-year high school students, there were 38.5% of the students with a depressive mood and 69.2% of students with sleep disturbance. Sleep-disturbances students suffered from depressive moods more than normal-sleep student and depressive-mood students showed a significant increase in cortisol at 7 am. In addition, students with depressive moods and students with sleep disturbances have showed a significant increase in melatonin at 11 pm. There was no grade-specific difference.

**Conclusion.**– In conclusion, Korean high school students frequently suffer from depressive moods and sleep disturbances, and these students also showed changes in the concentration of related hormones, cortisol and melatonin. In particular, students with depressive moods experience a “phase delayed” phenomenon in which their normal circadian rhythms are delayed. This suggests that high school students’ psychological and sleep disturbances

may also affect hormones in their bodies. Therefore, it is necessary to take measures to reduce psychological and sleep disturbances.

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

OR0036

### **Cognitive function and home-environmental outcomes in perinatally acquired HIV-positive pre-and-school age children on cART in South Africa**

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**Introductions.**– Studies from developed countries have been able to demonstrate that neurocognitive impairments among HIV+ children is common and can occur as early as infancy.

**Objectives.**– For this very reason, neurocognitive outcome among HIV+ children from developing countries should be considered as an essential aspect of paediatric HIV management.

**Methods.**– The Wechsler Preschool and Primary Scale of Intelligence-III was administered to assess the neurocognitive functioning of 152 perinatally HIV-infected children on cART, aged 3 years to 7 years 6 months (mean age: 63.13 months). The primary caregivers (n = 152) completed the Home Screening Questionnaire to assess the quality of home- environment of the children.

**Results.**– The results provide evidence that the quality of the home-environment differentially impacts neurocognitive development of children despite being on cART. A large percentage of (>70%) of the children presented with subnormal global neurocognitive functioning (FSIQ) (M=81.47, SD=12.81). Older HIV+ boys and girls who lived in a suboptimal and poor quality home-environment were worse off neurocognitively when compared to younger boys and girls, F (2,149)= 14.42, P<0.001. Verbal neurocognitive development had a negative association (r=−0.18, P<0.05) with poor quality home-environment.

**Conclusions.**– The results highlights that it is not enough to focus attention on the medical management of paediatric HIV patients. HIV+ children are vulnerable to developing neurocognitive deficits that can impact negatively on their ability to thrive academically and adhere to their treatment. The need for a psychosocial intervention to improve overall health and future quality of life of this population is recommended.

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

OR0037

### **Suicide attempts in bipolar disorder: Risk factors in a cohort of 220 patients**

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**Introduction.**– In bipolar disorder (BD), a significant proportion of elevated mortality is attributable to suicide. Indeed, in BD, lifetime suicide attempts (SA) are estimated to range, from 25% to 50%. Suicidal behaviour is a complex phenotype now recognized by DSM-5 as an independent crosscutting clinical entity.

**Objectives.**– We wanted to investigate risk factors for attempted suicide in bipolar patients.

**Method.**– We undertook a retrospective study including a sample of BD type I out-patients. The inclusion criteria were: patients hospitalized between January 1 2000 and December 31 2015 and at least two years’ follow.

This study examined factors putatively associated with SA in BD. Factors were subcategorized into: sociodemographics, clinical characteristics of bipolar disorder and comorbidities,

*Results.*– A total of 220 adult bipolar out-patients were recruited and 48% of them had a personal history of SA. The proportion of attempted suicide was higher in women than in men (60%).

This sample of suicid attempters was characterized by low socio economic status, family conflicts and poor social integration.

Early onset of bipolar disorder, traumatic life events notably childhood trauma ( $P < 0.002$ ), family history of affective disorder ( $P < 0.004$ ) and family history of SA ( $P < 0.0018$ ) were significantly associated to SA in the two genders.

Comorbid substance use disorder was a predictor of SA in men ( $P < 0.002$ ), while comorbid personality disorder predicted SA in women ( $P < 0.004$ ).

In both genders anxiety disorder, eating disorder, somatic disorder did not predict SA.

*Conclusion.*– These risk factors may be signs of a clinical subgroup at risk of suicidal behaviour, and seem to be important for suicide risk assessment in acutely admitted BD patients.

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

OR0038

### **Guanfacine for autism spectrum disorder: Use in an outpatient unit**

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*Introduction.*– Autism spectrum disorders (ASD) are frequently marked by symptoms consistent with attention-deficit/hyperactivity disorder (ADHD), namely inattention, hyperactivity and impulsivity. Individuals with co-occurring ASD and ADHD symptoms are more severely impaired, with significant deficits seen in social processing, adaptive functioning, and executive control.

*Aim of the study.*– Sometimes, hyperactivity, impulsiveness, and distractibility are common problems in children with ASD. Guanfacine is approved for children with attention-deficit/hyperactivity disorder but not well studied in ASD.

*Method.*– The study subjects were recruited from an outpatient programme that treats children with Developmental Disorders. Subjects scored 15 points or higher on the Conners Index. Twenty children were studied in order to diagnose ASD, and if it was necessary due to lack of response to specific hyperactivity symptoms and/or adverse side effects, their medication was changed.

*Results.*– Twenty subjects (boys:  $n = 18$ , girls:  $n = 2$ ; age range = 7.8 years), their medication was changed to Guanfacine and the patients were re-evaluated a month after. It was observed that the patients showed improvement in the hyperactivity symptoms compared to when they were medicated with psychostimulants. The modal dose of guanfacine at week 4 was 3 mg/day (range: 1–4 mg/day).

*Conclusions.*– There is good evidence suggesting that as many as 50% of children with ASD exhibit significant co-occurring ADHD symptoms. Careful evaluation for the potential presence of ADHD symptoms is warranted for all individuals with ASD. Extended-release Guanfacine appears to be safe and effective in reducing hyperactivity, impulsiveness, and distractibility in children with ASD.

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

OR0039

### **Life trajectories of adverse experience: Tracing the paths to suicide**

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*Introduction.*– According to the most recent causal models of suicide, distal (early) adverse life events influence the probability of engaging in suicidal behaviors by altering vulnerability to stressors, while proximal (late) adversity is seen as a cumulative trigger for the suicide. However, real-life developmental sequences are not that clear-cut, and empirical evidence is still lacking about how adverse experiences dynamically affect suicidal trajectories over time.

*Objectives.*– Identify and describe the types of life trajectories of individuals who died by suicide based on the burden of adversity they experienced.

*Methods.*– Psychological autopsies and life trajectory interviews were used to collect extensive adverse events calendars for 393 individuals who died from suicide. Data were analyzed by a panel of experts with a clinical narrative approach to derive an overall burden of adversity rating for every 5-year interval. Growth mixture models (GMM) allowed for identifying typical patterns of burden trajectories. Fittings were compared to determine the number and shape of trajectory patterns that best explained the data.

*Results.*– The most accurate GMM derived 4 trajectory patterns from the individual evolutions of burden throughout life, but also from the ages of death. In the two first trajectories, individuals died earlier. Either starting from low or intermediate burden, they both grew to high scores at the age of death. The 2 “late-death” curves slowly increased or decreased to finally converge to a low level of burden.

*Conclusions.*– Profiling the types of adverse trajectories to suicide could guide more targeted prevention strategies.

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

OR0040

### **A prospective longitudinal investigation of the (dis)continuity of mental health difficulties between mid- to late- childhood and the predictive role of familial factors**

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*Objective.*– Understanding individual variation in the continuity of youth mental health difficulties is critical for identifying the factors that promote recovery or chronicity. This study establishes the proportion of children showing psychopathology at 9 years, whose pathology had either remitted or persisted at 13. It describes the sociodemographic and clinical profiles of these groups, and investi-

gates the factors in 9-year-olds' familial environments that predict psychopathological remission vs. persistence.

**Method.**– The study utilised data from a prospective longitudinal study of 8568 Irish children. Child psychopathology was assessed using the Strengths and Difficulties Questionnaire (SDQ). Analysis established the rates of continuity of SDQ classifications between 9–13 years. Analysis also investigated the familial factors that predicted the remission vs. persistence of psychopathological symptoms, controlling for socio-demographic and child factors.

**Results.**– Average SDQ scores improved between the ages of 9 and 13,  $F(1.7292)=276.524$ ,  $P=.037$ . Of children classified abnormal aged 9, 41.1% remained so classified at 13, 21.4% were reclassified borderline, and 37.6% normal. Demographic and child risk factors for persistence of pathology were maleness ( $b=-1.00$ ,  $P=.001$ ,  $CI=.20-.67$ ), one-carer households ( $b=-.71$ ,  $P=.041$ ,  $CI=.25-.97$ ), poor physical health ( $b=-.64$ ,  $P=.025$ ,  $CI=.30-.92$ ), and low cognitive ability ( $b=.61$ ,  $P=.002$ ,  $CI=1.26-2.70$ ). Controlling for these factors, the only familial variable at 9 years that predicted subsequent pathological persistence was caregiver depression ( $b=-.07$ ,  $P=.027$ ,  $CI=.87-.99$ ).

**Conclusion.**– The analysis highlights substantial rates of psychopathological discontinuity in a community sample and identifies the children most at risk of chronic mental health problems. These results will inform the targeting of early interventions and distribution of clinical resources.

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

OR0041

### Depression and anxiety as factors of cognitive disorders in patients with essential hypertension

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**Introduction.**– The diagnostic of contribution of emotional factors in cognitive impairment in patients with essential hypertension (EH) is often necessary for choosing the treatment strategy.

**Objectives.**– To assess cognitive functions in patients with EAH and evaluate the connection of the revealed cognitive disorders with the presence of anxiety and depression.

**Methods.**– The study has involved 39 naive middle-age patients with uncomplicated EAH, stage 1–2, average age is  $51.9 \pm 6.5$  and 49 normotensive persons, average age is  $47.9 \pm 6.2$ . The following methods were used: Trail Making test, MoCA test, Verbal fluency test, Stroop test, CERAD 10-word list, Pictogram test, Hamilton Depression Rating Scale and Hamilton Anxiety Rating Scale.

**Results.**– EH patients significantly differ from healthy persons by the following parameters: MoCA ( $28.17 \pm 1.7$  vs  $29.06 \pm 1.1$ ;  $P=0.029$ ); letter fluency ( $10.56 \pm 3.5$  vs  $13.53 \pm 3.3$ ;  $P=0.003$ );

Stroop 2 ( $69.3 \pm 9.0$  vs  $62.4 \pm 13.6$ ;  $P=0.016$ ); Stroop 3 ( $128.2 \pm 45.6$  vs  $114.4 \pm 30.6$ ;  $P=0.043$ ); anxiety level ( $3.22 \pm 4.1$  vs  $0.59 \pm 1.3$ ;  $P=0.01$ ) and depression level ( $1.94 \pm 3.7$  vs  $0.22 \pm 0.8$ ;  $P=0.009$ ).

Pictogram test has revealed the predominance of concrete images over symbolically generalized for EH patients ( $1.9 \pm 1.4$  vs  $0.9 \pm 0.9$ ;  $P=0.04$ ); decreasing quantity of the accurately recalled words ( $7.7 \pm 2.1$  vs  $9.7 \pm 2.4$ ;  $P=0.006$ ), and essential quantity of not recalled words ( $5.4 \pm 2.3$  vs  $2.9 \pm 1.7$ ;  $P=0.001$ ).

Correlation analysis has revealed the presence of negative correlations between depression level and such parameters of cognitive functioning as MoCA score ( $-0.61$ ;  $P \leq 0.05$ ); letter fluency ( $-0.53$ ;  $P \leq 0.05$ ); immediate recall in CERAD 10-word list ( $-0.5$ ;  $P \leq 0.05$ ).

**Conclusion.**– The obtained results prove the connection of the cognitive impairments revealed for AH patients with marked anxiety and depression.

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

OR0042

### Outcome measures for autism spectrum disorders: A systematic review

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**Introduction.**– Clinical trials for autism spectrum disorders (ASD) are constantly increasing. However, no consensus has been reached about which outcome measures should be preferred, especially when assessing core symptoms.

**Objectives.**– First, we systematically reviewed published trials for ASD, analyzing their outcome measures. Second, we examined the relationship between outcome measures, type of intervention, study design, and characteristics of samples (age and IQ).

**Methods.**– We conducted a systematic search to identify any published controlled trial investigating the efficacy of interventions in patients with ASD. The Web of Knowledge<sup>SM</sup> database was searched between 1980 and 2016, including abstracts in English only. Reference lists of relevant reviews on the topic were hand-searched for inclusiveness.

**Results.**– A total of 406 trials were included in the final database (354 RCTs and 52 non-randomized trials), with approximately 17240 participants involved. A total of 327 outcome measures were identified; only 8 of them were used in more than 10% of the studies. Of note, 31% of the studies used at least one ad-hoc measure, and 9% studies used ad-hoc scales only. Figure 1 illustrates the relationship between the most commonly used scales and studies characteristics.

**Conclusions.**– Evaluation of outcomes in trials for ASD is heterogeneous, often relying on non-specific tools for this condition. More consensus should be reached on the choice of these measures, especially when core symptoms are assessed.

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	Core symptoms			Adaptive behavior	Problem behavior		Clinical impression	
	ADOS	CARS	SRS	VABS	ABC	CRS	CGI-I	CGI-S
<b>Age group</b>	0.103	0.919	0.584	<b>0.046</b>	0.121	0.582	0.331	0.1
<b>IQ group</b>	<b>0.002</b>	0.08	<b>0.004</b>	<b>0.008</b>	<b>&lt;0.001</b>	<b>0.001</b>	0.064	<b>0.038</b>
Only with ID								2.4
Only without ID	-2				-2.6	-2.4		
With and without ID	2				3.1	2.3		
<b>Type of intervention</b>	0.073	<b>&lt;0.001</b>	0.497	<b>0.005</b>	<b>&lt;0.001</b>	<b>&lt;0.001</b>	<b>&lt;0.001</b>	<b>&lt;0.001</b>
Pharmacological					6.5	3.6	5.4	3.6
Nutraceutical		3.6			2.1			
Psychotherapy					-2.7			
Educational		-2.3		2.9	-5.5	-3.1	-4.4	-3.2
Miscellaneous								-2.2
<b>Length of follow-up</b>	<b>0.002</b>	0.457	0.766	<b>&lt;0.001</b>	<b>&lt;0.001</b>	<b>0.026</b>	<b>0.02</b>	0.172
≤ 12 week	-2			-3.6	2.8			
> 12 weeks	2.5			4.7	-3.7			
<b>Study design</b>	0.158	0.598	<b>0.016</b>	<b>&lt;0.001</b>	<b>&lt;0.001</b>	<b>0.036</b>	<b>0.005</b>	<b>0.005</b>
Randomized								
Non-randomized			-2	4.1	-2.7		-2.3	-2.3

Legend: bold: Significant Fisher's test p value; italic: significant standardized residuals for studies using the tool. ABC, Aberrant Behavior Checklist; ADOS, Autism Diagnostic Observation Schedule; CARS, Childhood Autism Rating Scale; CGI, Clinical Global Impression (I, improvement, S, severity); CRS, Conners's Rating Scales; SRS, ID, Intellectual Disability; IQ, Intelligence Quotient; Social Responsiveness Scale; VABS, Vineland Adaptive Behavior Scale;

Fig. 1

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

OR0043

### Psychiatric comorbidity and medication usage in adult autism spectrum disorder (ASD): Results from the Ncmh adult Asd cohort

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*Background.*– Autism spectrum disorders (ASD) are lifelong neurodevelopmental conditions, with increasing rates of adult diagnosis. This study investigates the prevalence of comorbid mental health disorders and psychotropic medication usage in a clinically ascertained cohort of individuals diagnosed with ASD as adults.

*Methods.*– Clinical psychiatric data for individuals with ASD was accessed from the National Centre for Mental Health (NCMH) case database. Inclusion criteria were diagnosis of ASD at age ≥ 18 consistent with ICD10 Diagnostic Criteria made by a trained secondary health care professional.

*Results.*– A total of 105 individuals with ASD diagnosed as adults were age and sex matched with a cohort of 76 control individuals. 80 individuals (76%) with adult diagnosed ASD were men, matched to 55 (72.4%) of the controls. The average age of those with ASD was 37.81 years, 40.70 years for the controls.

Ninety-four (89.5%) of the ASD cohort self-reported a comorbid psychiatric diagnosis, with Depression (62.9%) and Anxiety (55.2%) the most common. Dyslexia (21.9%), Dyspraxia (18.1%) and ADHD (19.0%) were also prevalent. The percentage of individual who reported OCD was 17.1 and 11.4% previous psychosis. The most significant lifetime psychotropic usage was of antidepressants, reported by 78.7% of those who responded, with short-term anxiolytic (31.2%) and hypnotic (19.1%) usage also over-represented.

*Discussion.*– Individuals diagnosed with ASD as adults have a high prevalence of comorbid anxiety and depression, alongside anticipated ADHD, dyslexia and dyspraxia. Lifetime antidepressant prescription was correspondingly high, with commensurate usage

of short-term anxiolytics and hypnotics. These findings demonstrate the importance of screening for depression and anxiety in adults with ASD.

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

OR0044

### The effects of adverse childhood experience and social support on self-injury behaviours in adolescents: Is there any gender difference?

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*Background.*– There are less investigation on the effects of adverse childhood experience (ACEs) and social support (SS) on self-injury behaviours in adolescents, and gender differences in the effects.

*Objects.*– To examine the associations of ACEs and SS with self-injury behaviours in schoolgirls and boys in China, and gender differences in the associations.

*Method.*– We conducted a school-based health survey in 3 provinces in China in 2013–2014. Overall, 14,820 students aged 11–19 years completed standard questionnaires, to record the details of ACEs and SS, and over one year's non-suicidal self-injury behaviour (NSSI), suicide ideation (SI) and suicide attempt (SA).

*Results.*– The percentage of participants who had ≥ 1 ACEs was 89.4. The prevalence of NSSI, SI and SA was 26.1%, 17.5% and 4.4% respectively. They were significantly associated with increased ACEs and reduced social support. In adolescents with low SS, girls had a higher risk of NSSI than boys (adjusted OR 1.35,  $P=0.007$ ). In adolescents with high ACEs score (5–6) and moderate or low SS, girls versus boys had around two times higher to have SA (corresponding ORs were 2.11, 1.86 and 1.99, respectively;  $P<0.05$ ). No gender differences were found within other groups in the associations of NSSI, SI and SA with ACEs and SS.

*Conclusions.*– ACEs and less SS increased the risk of self-injury behaviours in adolescents. While both girls and boys had similar effects from ACEs and SS, we should target high-risk groups of NSSI, SI and SA for gender differences accordingly.

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

## Oral communications 04: Cultural psychiatry/posttraumatic stress disorder/epidemiology and social psychiatry/intellectual disability/oncology and psychiatry

OR0045

### Importance of an early EMDR intervention in emergency room to prevent post-traumatic stress disorder and concussion-like persistent symptoms: A pilot randomized controlled study

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**Background.**– Up to 20% of patients presenting at an Emergency Room (ER) after a stressful event will suffer durably of various very diverse long-lasting symptoms (headaches, memory problems, personality changes etc., with a potentially significant decline in quality of life. These symptoms can be grouped under the term Post-Concussion-Like Symptoms (PCLS). This procession of symptoms, initially described in traumatized brain, is also found in patients with all types of trauma.

The results of a recent study of injured patients suggest that there is a strong correlation between symptoms of PCLS and symptoms of post-traumatic stress disorder (PTSD), and that stress plays a major role.

**Objectives.**– Assess the feasibility of EMDR in ER and compare the effectiveness of an early single EMDR intervention after stressful event, to reassurance or usual care.

**Method.**– This monocentric randomized, controlled open-label study was conducted in the ER of Bordeaux University Hospital. It included patients with a high risk for PCLS or PTSD randomized in three groups: a reassurance session, a session of EMDR, and usual care.

**Results.**– At 3-month recall, the rate of patients with PTSD was 3% in the EMDR group versus 16% and 19% in the reassurance and control groups. The PCLS rate was 15% in the EMDR group versus 47% and 65% in the reassurance and control groups.

**Conclusion.**– This is the first randomized, controlled trial that shows that a single EMDR intervention is both feasible and effective to prevent PTSD and PCLS

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

OR0046

### Effects of bilateral alternated stimulation on memory of emotional and neutral content

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Making repetitive saccadic eye movements has been found to increase subsequent episodic memory retrieval and also to increase subsequent top-down attentional control. We tested this idea by examining the effect of saccade execution on retrieval conditions that differed in emotional content. In this study, we assessed the

effects of Bilateral Alternating Stimulation (BAS) typically used in EMDR (Eye Movement desensitization and reprocessing) therapy and emotional priming on face recognition. Twenty-five adults performed two similar face-recognition tasks. During study phase, participants either saw happy faces primed with neutral scenes or happy faces primed with traumatic scenes (IAPS database) that they later had to remember. Immediately after study and before recognition, participants carried out the same three short series of saccade execution or a fixation task: visual BAS (horizontal saccadic bilateral alternating eye movements) during one session and a visual fixation control task during the other one. Our results confirm that engaging in BAS enhances recognition. To date, this is the first research studying the effect of BAS on recognition processes. Moreover, it is the first to use an Old/New recognition paradigm and an estimation of response certainty of participants but also to study, at an electrophysiological level, the effect of BAS on evoked potentials associated with recognition. Our results confirm the beneficial effect of BAS on recognition performance and may have important implication on understanding the mechanisms at stake in EMDR treatment with PTSD patients.

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

OR0047

### Empathy in Bosnian war veterans with and without posttraumatic stress disorder

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**Introduction.**– It is little known how critical life events, such as traumatic experiences, affect empathy. There is a belief that victims of extreme violence should be more vulnerable to the suffering of others. Psychosocial literature claim opposite. Being a victim of collective violence often inhibits empathy towards others. Studies on relationship of empathy and posttraumatic stress disorder (PTSD) are rare. Their findings are still pretty inconclusive.

**Objectives.**– To evaluate empathy in war veterans with and without symptoms of post-traumatic stress disorder.

**Methods.**– The research is a cross-sectional study conducted between March and July 2015 in a group of 205 war veterans, of whom 104 war veterans were with symptoms of post-traumatic stress disorder and 101 without PTSD symptoms. The study used the Harvard Trauma Questionnaire (HTQ), the Toronto Empathy Questionnaire (TEQ) and the questionnaire on sociobiographical data.

**Results.**– The average score on the Toronto empathy questionnaire for the overall sample of respondents was  $33.39 \pm 7.68$ , which indicates a moderate level of empathy in relation to the total score of the score (0–64). The difference  $[F(1, 205) = 11.799, P = 0.001]$  was significant in the mean values of the total empathy score between war veterans with ( $35.18 \pm 7.15$ ) and without PTSD symptoms ( $31.53 \pm 7.81$ ).

**Conclusion.**– Bosnian war veterans with symptoms of PTSD have higher total score of empathic response.

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

OR0048

### Suicidality factors in alcoholics among indigenous population of Far North

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**Keywords:** Factors of suicidal behavior, Index of suicidality, Mental and substance use disorders, Ethnicity, The Narym Selkups

**Introduction.**– Suicidal death rate among drug addicts is 7–15% and in alcoholics is similar to the patients with depression (11–15%).

**Objectives.**– To identify cause-effect interrelationships between suicidal behaviour, sociodemographic and psychological factors among Far North Siberian population.

**Methods.**– We registered all cases of death: medical death certificates for 5-year period 2008–2013 ( $n=1501$ ), materials of exemption to institute criminal proceedings in connection with ascertainment of fact of suicide ( $n=117$ ), acts of postmortem forensic medical examination ( $n=104$ ). As analytical tool indexes of suicidality were used.

**Results.**– The suicidality index was 94.4 points. Number of completed suicides exceeded number of attempted suicides. Fatal suicides were characterised by self-evocation, for non-fatal suicides – self-cuts, to the same extent for men and women; poisoning by chemicals was more attractive among women (28.9% of cases) and less typical for men (6.3% of cases). With fatal suicides, the share of gunshot wounds was high. In 52.1% suicide was committed in alcohol abuse. A “double” psychiatric diagnosis was found in 10.9% of cases in male suicides (4.0% – a combination of alcoholism with personality disorder, in 6.9% – mental retardation with alcoholism). Among suiciders there was a high specific weight of the Selkups – persons of the indigenous ethnicity (10.3%).

**Conclusion.**– Suicidality index among Far North Siberian population exceeded 90 points. The most significant predictors of suicidal behaviour were mental and substance use disorders, ethnicity, family history, loneliness.

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

OR0049

### Genetic epidemiology of chronic psychiatric disorder in Caribbean Island: A pilot study

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**Introduction.**– Schizophrenia spectrum (SSD), bipolar (BD) and Pervasive developmental disorders (PDD) are chronic psychiatric conditions with high heritability (>70%). A current challenge is to identify rare genetic variants at risk for these disorders in non-European populations. Our study aimed to estimate the interest and feasibility of a genetic study in an insular Caribbean population.

**Methods.**– We assessed first and second degree familial history of psychiatric disorder of 2889 patients aged over 16 living in North islands of Guadeloupe. Diagnosis of patients and relatives were surveyed upon healthcare professionals and medical records.

**Results.**– A total of 172 multiplex families were identified in these islands. Twenty percent, 10% and 11% of respectively PDD, SSD and BD's patients had first or second degree familial history of psychiatric disorders. SSD, but also BD and PDD patients' relatives suffered mainly from SSD (65%, 67% and 72% respectively).

**Discussion.**– In the literature, 20% to 30% of patients suffering from SSD had familial history of psychiatric disorder. Though our small percentage of 10% may be due to methodological bias, we interrogated the importance of environmental factors. Besides, the high rate of SSD in our cohort raised the possibility of a diagnostic bias from BD to SSD. Such a bias was already described in Afro-American and Caribbean populations, raising the hypothesis of a particular expression of SSD-BD continuum in non European populations.

**Conclusion.**– This study provides key elements towards the interest and feasibility of a genetic study of chronic severe psychiatric conditions in the West Indies.

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

OR0050

### Burnout in medical students before residency: Systematic review and meta-analysis

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**Introduction.**– Applying concept of burnout to medical students before residency is relatively recent and the estimated prevalence varies significantly between studies.

**Objectives.**– The objective of this study was to estimate the prevalence of burnout in medical students worldwide.

**Methods.**– We did a systematic research on Medline, restricted to English language. All original studies on prevalence of burnout in medical students before residency published between 1st January 2010 and 30th September 2017 were selected. Information on studies characteristics were extracted independently by two investigators. Prevalence of burnout was extracted if it was assessed by validated questionnaires. Statistical analyses were made using the OpenMetaAnalyst software.

**Results.**– Prevalence of burnout was extracted from 23 studies including 16,769 medical students. Among them, 8011 were suffering from burnout and we estimated the prevalence to be 45.8% [35.8%; 55.8%]. The information about the prevalence of each subset of symptoms was given in eight studies including 6926 students. The prevalence of emotional exhaustion subset was estimated to be 42.2% [33.6–50.9%], the prevalence of depersonalization to be 25.8% [15.2–36.3%] and the prevalence of personal accomplishment to be 21.2% [10.2–32.1%].

**Conclusions.**– The results of this meta-analysis are alarming with one student in two suffering from burnout, even before the residency. However, if data on prevalence needs to be cautiously discussed, nonetheless it should encourage the development of preventive strategies.

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

OR0051

### Adults with intellectual disabilities in China: Co-morbid psychiatric disorder and its association with health service utilization

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**Introduction.**— Adults with intellectual disabilities often have multiple co-morbid disorders. Psychiatric disorders in this population have been poorly studied in developing countries.

**Objectives.**— We aimed to investigate the prevalence of psychiatric disorders in adults with intellectual disabilities (ID) and whether co-morbid psychiatric disorders were associated with health service utilization.

**Methods.**— We obtained data from the Second National Sample Survey on Disability, conducted in 31 provinces in China, and selected a sub-sample of 13,631 adults aged 18 years and above with intellectual disabilities. ID were defined by intelligence quotient (IQ) score under 70, deficits in two or more in adaptive behaviors, and age of onset under 18. Psychiatric disorders were identified according to the International Statistical Classification of Diseases, Tenth Revision (ICD-10). Logistic regressions were used for data analyses.

**Results.**— The prevalence of psychiatric disorders in adults with ID was 16.7%. The most prevalent type of psychiatric disorder was dementia. Older adults, females, being minorities, urban residents, being literate, low-income groups, and having severe ID, were associated with elevated risk of psychiatric disorder among adults with ID. Compared with individuals without psychiatric disorders, those with co-morbid psychiatric disorders were more likely (OR: 2.14, 95%CI: 1.94, 2.36) to use medical services and less likely (OR: 0.70, 95%CI: 0.59, 0.84) to use rehabilitation services.

**Conclusions.**— This study informs that further longitudinal studies are needed and has implications for the role of social factors in the ecologic studies of psychiatric disorders in population with ID.

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

OR0052

### Improving child and women's mental health among ultra-poor families: Two-year results of a cluster-randomized trial in West Africa

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**Objective.**— Behavioral interventions alone may be insufficient for improving mental health in low-income countries. This study tests the effects of economic intervention, alone and in combination with a family-focused component, on the mental health of children and women living in ultra-level poverty.

**Methods.**— Funded by the Network of European Foundations, this three-arm cluster-RCT included 10–15 year-old children and women from 360 ultra-poor households from twelve villages in Burkina Faso. Villages were randomized (4 villages/120 households per arm) to the wait-list arm, the economic intervention (Trickle Up/TU arm), or to the economic strengthening plus family coaching component (TU+ arm). Intervention effects were tested using repeated-measures mixed-effects regressions.

**Results.**— At 12 months, compared to the control arm, mothers from both intervention groups receiving economic intervention

demonstrated a reduction in the PHQ-9 depression score (Cohen's  $d = -0.67$ ,  $P = .001$  and  $d = -0.48$ ,  $P = .005$ ) and the GAD-7 anxiety score ( $d = -0.64$ ,  $P = .001$  and  $d = -0.51$ ,  $P = .002$ ), maintaining effects at 24 months. However, only children from the TU+ showed a reduction in depressive symptoms at 12 months (medium effect size  $d = -0.53$ ,  $P = .003$ ) and 24 months ( $d = -0.50$ ,  $P = .004$ ), compared to the control condition and the economic intervention alone (at 24 months  $d = -0.37$ ,  $P = .041$ ). At 24 months, small effect size improvements in self-esteem were detected in the TU+ group, compared to the control and TU conditions ( $d = 0.30$  and  $d = .27$ , respectively). Trauma symptoms significantly reduced in the TU+ group at 12 months ( $IRR = 0.62$ ,  $P = .042$ ), compared to the control.

**Conclusion.**— Integrating psycho-social intervention involving all family members with economic empowerment strategies may be an innovative approach for improving emotional well-being among ultra-poor families.

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

OR0053

### Glutamate anterior cingulate cortex glutamate activity in autism spectrum disorder with and without emotional dysregulation

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**Objectives.**— To use magnetic resonance spectroscopy (MRS) to identify biomarkers for emotional dysregulation (ED) in youth with autism spectrum disorder (ASD) as measured by subscales of the Child Behavior Checklist (CBCL).

**Background.**— Previous research has noted significantly high glutamate (Glu) levels in the anterior cingulate cortex (ACC) of ASD youth (Joshi et al., 2012), as well as correlations between Glu levels in the ACC and CBCL subscale scores in subjects with ED (Wozniak et al., 2012). This study compares Glu levels in the dorsal ACC (dACC) in ASD subjects with and without ED, and healthy controls (HCs).

**Methods.**— We measured Glu concentrations in the dACC of 43 youth (aged: 8–18 years), with and without ASD, using high field (4.0 Tesla) proton MRS. ASD subjects were grouped based on CBCL subscale scores previously associated with deficits in emotional regulation. ASD subjects with ED (>180) were further separated into those with severe emotional dysregulation (SED) (>210) ( $n = 11$ ) and deficient emotional self-regulation (DESR) (<210, >180) ( $n = 18$ ).

**Results.**— ASD + ED subjects had significantly higher Glu levels than subjects with only ASD and HCs ( $P = 0.006$ ). ASD + SED subjects had higher levels of Glu than the other groups ( $P = 0.003$ ). Severity of ASD, as measured by the Social-Responsiveness-Scale (SRS), was positively correlated ( $P = 0.057$ ) with Glu levels in the dACC. Subjects with ASD + SED had the strongest positive correlation ( $P = 0.001$ ) between severity of ED and Glu levels in the dACC.

**Conclusions.**— These results suggest that glutamatergic dysregulation in the dACC could be a useful biomarker of ASD and ED in youth.

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University and Sunovion Pharmaceuticals as a site PI for multi-site trials. He is a co-investigator for a clinical trial sponsored by the U.S. Department of Defense. He received an honorarium from the Governor's Council for Medical Research and Treatment of Autism in New Jersey for grant review activities and speaker's honorariums from the American Academy of Child and Adolescent Psychiatry, Massachusetts General Hospital Psychiatry Academy, and the Medical Society of Delaware.

OR0054

**Mediating effects of depression on the relationship between resilience and posttraumatic stress symptoms and dissociation in firefighters**

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**Introduction.**– Firefighters are vulnerable to posttraumatic stress symptoms (PTSS), dissociation and depression. There've been many reports about the relationships between resilience and PTSS/dissociation, but few about depression mediating on them.

**Objectives.**– This study aimed to investigate the relationships between resilience and PTSS/dissociation and whether depression mediates the effects of resilience on PTSS/dissociation.

**Methods.**– A total of 115 firefighters participated in study. Data were collected via the Life Events Checklist (LEC), Impact of Event Scale-Revised (IES-R), Dissociative Experience Scale (DES-K), Beck Depression Inventory (BDI), and Connor-Davidson Resilience Scale (CD-RISC). Structural equation modeling and path analysis were applied to estimate the relationships between resilience, depression, PTSS, and dissociation by AMOS 21.

'Resilience→PTSS/Dissociation' were not significant, but indirect paths 'Resilience→Depression→PTSS/Dissociation' were significant.

**Conclusions.**– The relationships between resilience and PTSS/dissociation were fully mediated by depression, not directly by resilience. Tailored strategies and interventions based on resilience and depression may prevent PTSS/dissociation in firefighters and improve treatments outcomes.

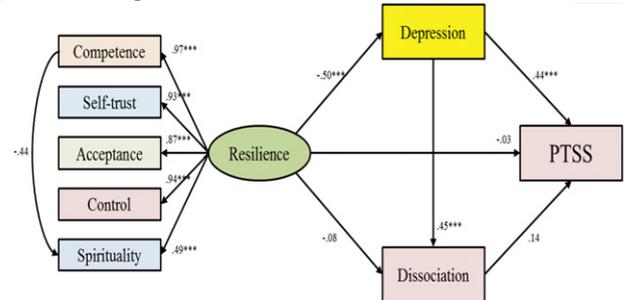


Fig. 1

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

OR0055

**Diagnostic criteria of post-traumatic stress disorder; gender differences**

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**Introduction.**– Potentially traumatic events (PTEs) occur frequently in the Norwegian general populations at 466 (women) and 641 (men) per 100,000 person years (PYs). With subsequent incidence of post-traumatic stress disorder (PTSD) at 88 and 31 per 100,000 PYs. The ability to cope with trauma, determine if PTSD develops. From the literature, we know that men and women are exposed to different trauma, and that women and men react differently to trauma.

**Objectives.**– The aim of the present study was; to, stratified by gender, examine which ICD-10 diagnostic criteria (B-D) were present in trauma victims who developed subsequent PTSD.

**Methods.**– Data were from 1634 men and women, aged 18 and above, participating in the Oslof (Oslo and Lofoten) study. To obtain an accurate diagnosis based on ICD-10 criteria an updated electronic version-CIDI-M 1.1, of the Composite International Diagnostic Interview (CIDI) was used. We included reaction to severe stress, and adjustment disorders (ICD-10 code F43.1).

**Results.**– Among trauma victims, all diagnostic criteria were significantly more frequent among women than men. Among those fulfilling PTSD diagnostic criteria, most gender difference disappeared. While remembering the trauma was more frequent among women, loss of interest was more frequent among men. While consulting a physician was significantly more common among women trauma victims, the gender difference disappeared in PTSD cases.

**Conclusions.**– Women experience more of the diagnostic criteria for PTSD when exposed to trauma. Screening victims of trauma and designing individual crisis intervention therapy will benefit from including the implications of these findings.

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

		Depression	Dissociation	PTSS
Resilience	direct	-0.504*** (0.008)	-0.084 (0.272)	-0.031 (0.703)
	indirect	-	-0.225** (0.003)	-0.267** (0.004)
	total	-0.504** (0.008)	-0.309** (0.004)	-0.298** (0.004)
Depression	direct	-	0.447*** (0.004)	0.445*** (0.003)
	indirect	-	-	0.062 (0.226)
	total	-	0.447** (0.004)	0.507** (0.004)
Dissociation	direct	-	-	0.138 (0.332)
	indirect	-	-	-
	total	-	-	0.138 (0.332)

Table 1

**Results.**– The average scores of IES-R, DES-K, BDI, CD-RISC were 10.62 ± 11.55, 6.42 ± 9.76, 5.57 ± 7.37 and 68.82 ± 20.23. Greater resilience and other factors (competence, self-trust, acceptance, control, spirituality) was associated with lower PTSS, dissociation and depression. The goodness-of-fit of structural equation modeling was approved in that model fit (χ<sup>2</sup>) was 21.992 (Q-statistics = 1.374, Goodness-of-Fit Index (GFI) = 0.956). The paths

OR0056

### **The perception of mentally ill and its impact on desire for social distance by the public in Hanoi, Vietnam**

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**Introduction.**– Depression and schizophrenia are common and often stigmatized psychiatric disorders worldwide and in Vietnam. Public stigma leads to delayed treatment utilization and worsens treatment outcome.

**Objectives.**– This research aims to understand whether expectations of course of illness and illness attribution have an impact on public stigma.

**Methods.**– In 2013 a survey ( $n=910$ ), using unlabelled vignettes depicting a person suffering from schizophrenia or depression was carried out in Hanoi. All respondents were asked whether they believe the person is suffering from a mental illness. As an indicator for stigma desire for social distance was measured. Items asking for the perception of course of illness were clustered by factor analysis. A regression analysis was used to evaluate the impact of these factors on social distance.

**Results.**– Significantly more respondents, 85% compared to 60% thought that the psychotic person is suffering from a mental illness. This attribution of mental illness was correlated with higher levels of social distance only in the schizophrenia vignette. For both diagnosis, the factor analysis revealed three factors:

– loss of social functioning;

– lifelong dependency;

– positive expectations towards treatment outcome.

While for schizophrenia both negative prognostic perceptions were associated with more social distance, for depression only the expectation of lifelong dependency was. Though, only for depression positive expectations towards treatment outcome were correlated with lower levels of social distance.

**Conclusion.**– These results indicate an impact of prognostic expectations on desire for social distance and support strategies that aim at maintaining social integration and strengthening autonomy.

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

OR0057

### **A cross-cultural comparison of self-reported burdens between vietnamese and german psychiatric outpatients – findings from an interdisciplinary mixed method study**

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**Introduction.**– Migration in mental health care remains a highly important issue. Today, about 176,000 Vietnamese migrants live in Germany, which makes them the largest Southeast Asian migrant population. However mental health care utilization among this population is minimal. Among the factors influencing mental health care utilization, patient's perception of their burdens is crucial. This emic perspective is also shaped by culture. Thus, innovative research designs are needed to broaden the understanding of such culturally shaped factors.

**Objectives.**– This study aims to investigate the emic categories of self-reported burdens of Vietnamese and German psychiatric outpatients. Moreover, interviews with Vietnamese patients will be conducted to explore whether additional emic categories will emerge.

**Methods.**– Vietnamese patients ( $n=117$ ) and German patients ( $n=117$ ) filled out the Patient Health Questionnaire (PHQ, 2000). Patients' statements about their self-reported burdens were coded by the psychiatrists, the psychologist and the anthropologists.  $\chi^2$ -tests were conducted to explore differences in frequency of reported burdens between Vietnamese and German patients.

**Results.**– The results revealed significant differences between Vietnamese and German patients. Subsequently, a semi-structured interview was developed and  $n=10$  Vietnamese patients were interviewed. The interviews delivered contextualized information on the found categories and revealed additional emic categories of burdens.

**Conclusion.**– This study illustrates how an interdisciplinary mixed-method approach allows for an in-depth understanding of culturally shaped perceptions of patient's burdens. Clinicians should consider these emic categories and integrate them in their clinical interviews and apply questionnaires, which are co-structured using ethnographic data.

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

OR0058

### **Audit on the management of depression and anxiety in oncology patients undergoing breast surgery and their relative**

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**Introduction.**– This is an audit regarding mental illness in oncology patients. The aim was to identify patients and relatives who suffered from depression and anxiety post breast disease diagnosis. Moreover, the management of mental illness (whether psychiatric or psychological) was assessed.

**Objectives.**– To identify the pick up rate of depressed and anxious patients undergoing breast surgery including surgery for benign breast disease. To study management of depression and anxiety.

**Method.**– This audit was carried out over an 8 week period, during which time a total of approximately 50 patients and their relatives were included. The cohort of patients was limited to those admitted under surgical care and reviewed at the pre-operative assessment clinic (POAC). The Hospital Anxiety and Depression Scale (HADS) was used to pick up cases of depression and anxiety.

**Results.**– Total number of cases of depression (both patients & relatives): 13/91 (14%). Total number of cases of anxiety (both patients & relatives): 13/91 (14%).

**Conclusion.**– Depression was diagnosed in patients with malignancy but not those suffering from benign breast disease. Relatives of patients suffering from malignancy were more likely to suffer from anxiety than the patients themselves. There is no correlation between mental illness (both depression and anxiety) and

stage of tumour, grade and lymph node involvement. Most of the patients and relatives taking psychiatric drugs had them prescribed according to NICE guidelines. Counselling was not a popular form of psychological therapy for patients and relatives who suffered from depression or anxiety.

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

OR0059

### **Cholinesterase inhibitors and survival in Alzheimer's disease in Down syndrome**

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*Introduction.*– Individuals with Down syndrome (DS) have a genetic predisposition to Alzheimer's disease (AD), but there is considerable variation in the clinical course, which is not well understood. Furthermore, there is little evidence to guide pharmacological treatment.

*Objectives.*– We used data from a large number of individuals with DS diagnosed with dementia in clinical services in England to explore factors associated with age of onset and predictors of survival. In addition, we investigated the effect of cholinesterase inhibitors or memantine on survival and function.

*Methods.*– Retrospective clinical cohort study design using clinical data (demographics, age at diagnosis, age at death, health comorbidities including depression, thyroid disorder and epilepsy) from specialist intellectual disability services in England, UK ( $n = 310$ ). Predictors of age at diagnosis were identified using inferential statistics and confounders adjusted for using multivariate regression. Survival rates were estimated using Kaplan–Meier estimates, and hazard ratios using multivariate Cox regression.

*Results.*– We describe the typical age at diagnosis and survival of individuals with DS diagnosed with dementia. Median survival time (5.59 years; 95% confidence interval 4.67, 6.67) for those on medication ( $n = 145$ , mainly cholinesterase inhibitors) was significantly greater than for those untreated ( $n = 165$ ) (3.45 years, 95% confidence interval 2.91, 4.13;  $P < 0.001$ ). Sequential assessments demonstrated an early effect in maintaining cognitive function.

*Conclusions.*– Cholinesterase inhibitors appear to offer some benefit in people with Down syndrome and AD that is comparable to sporadic AD; a trial to test the effect of earlier treatment (prodromal AD) in Down syndrome may be indicated

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

## **Oral communications 05: Depression part II**

OR0060

### **Major depressive disorder in residents of Fort Mc Murray six months after a wildfire: Prevalence rates and probable correlates**

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*Objectives.*– To assess the prevalence rates for MDD in residents of Fort McMurray six months after the wildfire and to determine the demographic, clinical and other predictors of likely MDD in the respondents.

*Methods.*– Quantitative data was collected in this cross sectional survey through self-administered paper-based questionnaires, with random selection procedures used to choose study participants from a variety of settings in Fort McMurray. The PHQ-9 was used to assess the presence or absence of likely MDD in respondents.

*Results.*– Overall, 486 out of 588 respondents with an age range of 18 to 88 and about a two-thirds being females completed in full all of the key psychometric questionnaires and were included in the analysis. The one month prevalence rate for likely MDD six months after the disaster was 14.8% overall (10.4% for males and 17.1% for females). Three out of 18 variables with meaningful relationship to the likely MDD from the univariate analysis made a significant contribution to the logistic regression model. The corresponding odds ratios included 2.77 (95% CI of 1.03–7.46) and 12.75 (95% CI of 2.22–73.21) for those who received limited or no support respectively from friends or family and 5.31 (95% CI of 1.3–20.1) for those who had history of an anxiety disorder before the wildfire.

*Conclusion.*– Our study has established that whilst a prior diagnosis of an anxiety disorder significantly increased risk for developing MDD following wildfires, high level support from family and friends may be protective against likely MDD.

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

OR0061

### **The effectiveness of various QEEG parameters in theta frequency band in prediction of response to antidepressants in patients with depressive disorder**

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*Introduction and Objectives.*– Previous studies have demonstrated efficacy of several QEEG parameters in theta frequency band (pre-

Table 1.

Parameter	AUC (95% CI)	PPV (95% CI)	NPV (95% CI)
PFCC_1	0.78 (0.70–0.85)	0.82 (0.70–0.90)	0.74 (0.61–0.84)
PC_1	0.62 (0.54–0.70)	0.63 (0.52–0.73)	0.64 (0.48–0.78)
RT_B	0.61 (0.52–0.69)	0.63 (0.53–0.73)	0.64 (0.48–0.78)
RT_1	0.60 (0.51–0.68)	0.61 (0.51–0.70)	0.64 (0.46–0.79)

frontal theta cordance change, absolute and relative prefrontal theta power, theta power in specific electrodes, etc.) in the prediction of response to antidepressants.

**Aims.**– The aim of naturalistic study was to compare the ability of previously identified QEEG parameters in the prediction of response to various antidepressants.

**Methods.**– All patients were treated with antidepressants (SSRI-58, SNRI-46, NDRI-17, others-18) for  $\geq 4$  weeks. EEG was performed at baseline and week 1 (10/20 system International System).

**Results.**– Only change of prefrontal cordance at week 1 (PFCC\_1), prefrontal cordance value (PC\_1) at week 1 and relative theta power at baseline and week 1 (RT\_B, RT\_1) were identified as predictors. ROC analysis revealed significantly better predictive ability of PFCC\_1 in term of AUC value comparing to other identified predictors-see Table 1 for details.

**Conclusion.**– The change of prefrontal theta cordance seems to be more reliable predictor of treatment outcome than other theta QEEG parameters (Table 1).

This study was supported by the grants of MH CR nr.15-29900A, MH CZ - DRO (NIMH-CZ, 00023752) and the project Nr. LO1611 from the MEYS under the NPU I program. No other conflicts of interests. **Disclosure of interest.**– The authors have not supplied a conflict of interest statement.

OR0062

### A meta-analysis of dose escalation of antidepressants in unipolar depression concerning double-blind randomized controlled trials

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**Introduction.**– Initial antidepressant monotherapy is often associated with insufficient response in unipolar depression (UD). One of the next therapeutic steps represents increasing the daily dose of the administered antidepressant, which is also called dose escalation.

**Objectives.**– We included all available double-blind randomized controlled trials (RCTs), whereby the antidepressant dose was either increased or maintained in depressed patients with insufficient response to a standard-dose antidepressant treatment, and compared the treatment outcomes.

**Methods.**– The mean change in total scores of the Hamilton Rating Scale for Depression represented the primary outcome. Response rates and discontinuation rates due to -any reason, -inefficacy, and -adverse effects were defined as secondary outcomes. Hedges' g and risk ratios represented effect sizes.

**Results.**– Seven double-blind RCTs with 8 relevant study arms including 1208 patients treated with fluoxetine (N=2, n=448), sertraline (N=2, n=272), paroxetine (N=2, n=146), duloxetine (N=1, n=255), and maprotiline (N=1, n=87) were enrolled. No significant

differences between dose escalation and continuing standard-dose treatment were detected, neither for the overall pooled antidepressant groups (N=7, n=999; Hedges' g = -0.04, 95% CI: -0.20 to 0.12; P=.63), nor for the individual antidepressants. No significant differences were found for response-rates, all-cause discontinuations and dropouts because of inefficacy. However, dose-escalation was associated with significantly more drop-outs due to adverse effects (P=.04). The severity of depressive symptoms at baseline and the different amounts of dose increments showed no significant impact on the effect sizes.

**Conclusions.**– Dose-escalation seems not to be superior to continuing a standard-dose after initial non-response to a standard-dose antidepressant monotherapy in UD.

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

OR0063

### Predictors of poor 6-week outcome in a cohort of major depressive disorder patients treated with antidepressant medication: The role of entrapment

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**Introduction.**– Increasing evidence supports the role of entrapment, and other evolutionary variables, in the genesis of depression. However, only few studies attempted to assess its influence in remission.

**Objectives.**– This study, the first of its kind, intends to evaluate evolutionary strategies, child maltreatment, neglect and life events and difficulties (LEDs) as predictors of remission in depressed patients undergoing pharmacological treatment in a psychiatric outpatient sample.

**Methods.**– A cohort of 139 depressed outpatients undergoing pharmacological treatment was followed prospectively in a naturalistic study during 6 weeks. Two major evaluations were considered: baseline and 6-weeks. Patients were allocated to the Texas Medication Algorithm Project. Variables evaluated at baseline and tested as predictors of remission included: demographic and clinical data, severity of depression, evolutionary variables (entrapment, defeat, social comparison, external shame and submissive behaviour), LEDS and child maltreatment (parental physical and sexual abuse and parental negligence and hostility before seventeen).

**Results.**– Of the 139 patients, 24.5% remitted at week 6. For the logistic regression:

- higher load of life events and difficulties of the entrapment/humiliation dimension (in the year prior to the index episode);
- higher levels of entrapment predict non-remission.

These variables accounted for 28.7% of the variance.

**Conclusions.**– This study supports the importance of entrapment, not only as a contributing factor for depression but also as a predictor of remission in major depressive disorder patients.

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

OR0064

### Long-term risk of developing dementia after electroconvulsive therapy for depression

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**Introduction.**– Severe depression is associated with an increased risk of developing dementia, but whether electroconvulsive therapy (ECT) modulates this risk remains unknown. Further, concerns have been raised about the long-term cognitive effects of ECT treatment

**Objectives.**– To estimate long-term risk of developing dementia in patients with severe depression treated with ECT.

**Methods.**– Retrospective cohort study of 1626 patients with depression treated with ECT in a period from 1976 to 2000 at Aarhus University Hospital (ECT-group). The control group was 15.226 age, sex and diagnosis matched patients admitted to psychiatric departments in the same periods but without ECT treatment. Prior psychiatric admissions were used as a proxy for disease severity. Dementia diagnoses were retrieved in the national patient health registry. Follow-up was at 5 years, 10 years and full follow-up (from index to death or 31.03.2017).

**Results.**– Adjusted hazard ratios (HR [95% confidence interval]) for receiving a dementia diagnosis in the ECT-group compared to the control group was 0.44 [0.24–0.81] at 5-year follow-up, 0.59 [0.38–0.91] at 10-year follow-up and 0.98 [0.78–1.23] at full follow-up.

**Conclusions.**– The risk of developing dementia was decreased in patients with depression treated with ECT compared to patients not treated with ECT, but at full follow-up no difference was found. In our sample, the treatment of severe depression with ECT was not associated with an increase in the risk of developing dementia and indeed a potential protective effect was indicated.

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

OR0065

### Depression is associated with increased risk of cardiovascular diseases in primary care population in Latvia

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**Introduction.**– Cardiovascular diseases (CVD) are the leading cause of morbidity and mortality worldwide. There is extensive evidence that depression contributes not only to the onset but also to the progression and prognosis of CVD. Recent research suggests that depression may have a more important role in the development of CVD in women, but not in men.

**Objectives.**– To examine association of depression and prevalence of CVD 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 socio-demographic questionnaire and physical measurements. The Mini International Neuropsychiatric Interview (MINI) was conducted over the telephone within 2 weeks after visit to GP. The multivariate model has been developed by using binary logistic regression.

**Results.**– The study population consisted of 1565 subjects, 31.2% men and 68.8% women. According to medical records 17.1% had CVD. The screening test of depression (PHQ-9) was positive for 14.7% of individuals. According to the MINI 10.3% had current and 28.1% had lifetime depression. When analysis was stratified by gender, depressive symptoms (PHQ-9  $\geq$  10) were associated with 2.04 ( $P=0.004$ ) times higher odds of CVD in women, but lifetime depression (MINI) was associated with an odds ratio of 3.29 ( $P=0.03$ ) in men.

**Conclusions.**– Current depressive symptoms in women and lifetime depressive episode in men is associated with higher prevalence of CVD.

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

OR0066

### Comparison of the effectiveness of allopurinol and placebo in reducing depressive symptoms in patients with major depressive disorder

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**Introduction.**– Depression is one of the most common psychiatric disorders. It causes severe loss of functioning, disability and also the risk of suicide. Xanthine oxidase inhibitor allopurinol may increase the level of tryptophan (serotonin precursor) and hereby improve the symptoms of depression.

**Objectives.**– The aim of this study was to compare the effectiveness of allopurinol and placebo in reducing depressive symptoms of major depressive disorder.

**Methods.**– In this randomized double blind clinical trial 70 patients with major depressive disorder (according to the clinical interview based on DSM-5 criteria) randomly divided into two equal groups. Both groups received citalopram 40 mg per day for 6 weeks. Intervention group received allopurinol 300 mg per day for 6 weeks. Control group received placebo. Hamilton depression scale was done at the beginning of the study, the end of the third week, and the end of the study (sixth week). Liver function tests blood level of uric acid were done at the beginning of the study, and after 2, 4 and 6 weeks.

**Results.**– Intervention group (citalopram plus allopurinol) showed a significantly greater improvement on Hamilton depression scale than the placebo group (citalopram plus placebo) at the end of the third week and the end of the study ( $P<0.001$ ). There was not any significant difference between two groups regarding liver function tests and blood level of uric acid.

**Conclusion.**– Allopurinol as augmentation therapy is more effective than placebo in the treatment of major depressive disorder.

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

OR0067

### Intervention for maternal depression and early child development: An RCT from urban slums of Pakistan

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**Background.**– In Pakistan rates of depression particularly in women are high, as well as other risks to the growth and development of young children and child mortality. Although many cost-effective interventions have been developed in the West however these hardly available in Pakistan due to the poor health systems and lack of appropriately trained mental health professionals

**Objectives.**– To test the efficacy of Learning through Play Plus (LTP plus Thinking Healthy) program in low resource setting of Pakistan.

**Method.**– Women aged 18–44 years with children aged between 0–30 months, scoring 14 or above on EPDS, meeting inclusion criteria and gave informed consent were included ( $n = 811$ ). Assessment included Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD7), WHO quality of Life Scale, Parenting Stress Index, Home Observation for the Measurement of the Environment Inventory and Ages and Stages Questionnaire. Total 10 group sessions of LTP Plus were delivered by Lady Health Workers (LHWs), co-facilitated by a psychologist.

**Results.**– Results indicated that there was a significant mean difference between LTP Plus and routine care group on PHQ-9, GAD-7, WHO QOL, PSI, Home inventory and Ages and Stages Questionnaire ( $P < 0.000$ ).

**Conclusion.**– Results of this LTP Plus study has provided local evidence that the distribution of competencies in mental health across non-specialist health disciplines in primary care can lead to more accessible, efficient and potentially cost-effective health care and can better address the mental health needs of mothers and children in this low resource setting.

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

OR0068

### Risk factors analysis for late-onset depression and the relationship with cognition based on the default mode sub-network

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**Introduction.**– Abnormal functional connectivity (FC) in the default mode network (DMN) is an important role in the cognitive impairment in the late-onset depression (LOD) patients. However, little

is known about the FC of DMN sub-networks as the risk factors for the LOD.

**Objectives.**– This study is to explore the risk factors of the LOD based on the DMN sub-networks and further investigate the correlation with the cognition.

**Methods.**– Total 30 LOD patients and 40 health control underwent the resting-state functional magnetic resonance imaging and cognitive assessments. Firstly, FCs within the DMN sub-networks were determined by placing seeds in the ventral medial prefrontal cortex (vmPFC) and posterior cingulate cortex (PCC). Secondly, the multivariable logistic regression was used to identify the risk factors. Finally, the correlation analysis was performed to investigate the relationship between the risk factors and the cognitive value.

**Results.**– The study showed that the FCs between the vmPFC and right middle temporal gyrus (vmPFC-MTG.R), between the vmPFC and left precuneus (vmPFC-PCu.L), between the PCC and PCu.L (PCC-PCu.L) were the risk factors of the LOD. Furthermore, both of the vmPFC-MTG.R and PCC-PCu.L correlated with the processing speed ( $R = 0.35, P = 0.002$ ;  $R = 0.41, P = 0.001$ ). The vmPFC-MTG.R correlated with semantic memory ( $R = 0.31, P = 0.009$ ).

**Conclusions.**– The results further suggest that the FCs within the DMN sub-networks associated with cognitions can be considered as the risk factors, which may be used to predict the appearance of LOD.

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

OR0069

### The link between lipid profile and mood disorders development at elderly patients

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It has been established that there is a correlation between serum lipids levels and psychopathological conditions. In this study we included 242 patients: 134 with mood disorders (MD) vs. 108 control group. Atherogenic index (AI) was computed as log (TG/HDL) and HeartScore from a cardiovascular disease risk assessment system. Study data revealed that HDL-cholesterol levels were lower, atherogenic indices higher and HeartScore showed an intermediate risk in MD patients compared with the controls. Patients with MD have significant low HDL-cholesterol ( $53.38 \pm 17.98$  vs.  $58.50 \pm 21.02$ ;  $P < 0.05$ ). AI and HeartScore were significantly increased in MD patients vs. control ( $0.35 \pm 0.31$  vs.  $0.27 \pm 0.31$ ;  $P < 0.01$  respectively  $2.94 \pm 2.37$  vs.  $2.41 \pm 1.9$ ;  $P < 0.05$ ). At MD patients, AI and HeartScore were significant negative correlated with HDL ( $r = -0.83$ ;  $P < 0.00001$  respectively  $r = -0.502$ ;  $P < 0.00001$ ). Also, we found a positive significant correlation between AI and HeartScore at MD patients ( $r = 0.51$ ;  $P < 0.00001$ ). The prevalence of dyslipidemia at MD patients increased from 42.37% in the low risk AI group to 60.68% in the high risk AI group. For HeartScore, the prevalence of dyslipidemia increased too, from 43.20 to 56.66%. Multivariate logistic regression analysis showed that, compared to low risk AI, patients with high AI had 2.00-fold risk for MD [OR 2.00, 95% CI: 1.10–3.63;  $P = 0.022$ ]. Also, patients with high HeartScore were 2.09 (OR 2.09, 95% CI: 1.21–3.58;  $P = 0.006$ ) times likely to have MD. These findings suggest that lipid abnormalities are strongly involved in the pathophysiology of mood disorders. Longitudinal studies are needed to confirm whether these indices maintain their prognostic capacity in long term.

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

OR0070

### **Association between cannabis use and prevalence of major depression in a community-based sample from Southern Spain**

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*Introduction.*– Major depressive disorder (MDD) is one of the world leading causes of disability. Cannabis has been frequently linked to psychosis, but its association with depression is not as well studied. *Objectives.*– The aim of our study is to explore the association between cannabis use and MDD in the province of Granada, Southern Spain.

*Methods.*– This is a cross-sectional study based on a community-dwelling adult population living in the province of Granada, Southern Spain. Adults aged 18–80 years were interviewed using the Mini-International Neuropsychiatric Interview (MINI). A variety of exposure assessments were also undertaken, including self-reported cannabis use.

*Results.*– Our sample is composed of 810 respondents, 48% male and 52% female. Mean age was 47.2 years. Current (2 weeks) prevalence of MDD was 5.2% (95% CI 3.7–6.7). Bivariate analysis showed that cannabis used was associated with an increased risk of MDD, with an OR of 3.2 (95% CI 1.5–6.7). Multivariate factor regression analysis revealed that cannabis use was independently associated with MDD (OR=2.95; 95% CI 1.11–7.81; *standard deviation* = 1.465; *P* value = 0.029)

*Conclusions.*– Our results support the findings of previous studies that described cannabis use as a risk factor for developing depression. Mechanisms by which cannabis could lead to depression include neurochemical alterations of monoamines, impaired cognitive performance and psychosocial failure

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

OR0071

### **Childhood maltreatment and major depression: Results from the Granad-ep study**

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*Introduction.*– Major depressive disorder (MDD) is one of the world leading causes of disability. It is assumed that the disorder is the result of a complex interaction between biological and psychosocial factors.

*Objectives.*– The aim of our study is to explore the association between childhood maltreatment and MDD.

*Methods.*– This is a cross-sectional study based on a community-dwelling adult population living in the province of Granada, Southern Spain. The Mini International Neuropsychiatric Interview (MINI) was our main diagnostic tool. Childhood maltreatment was assessed through the abbreviated Childhood Trauma Questionnaire.

*Results.*– Our sample is composed of 810 respondents, 48% male and 52% female. Mean age was 47.2 years. Current (2 weeks) prevalence of MDD was 5.2% (95% CI 3.7–6.7). An increased prevalence of MDD was found among those who had suffered childhood sexual abuse (OR= 19.1\*, 95% CI 2.6–139.3), although no significant association was found for other types of childhood maltreatment.

*Conclusions.*– Sexual childhood abuse was associated with MDD, although this association disappeared when adjusting for number of LTEs, as both variables may be collinear with each other. Furthermore, authors have described a synergistic interaction between childhood abuse and LTE (Power et al., 2012). One of the ways childhood abuse could predispose to MDD is through the theory of learned helplessness, which states that children repeatedly subjected to traumatic experiences, against which they find themselves defenceless, may lose their capacity to cope with hardship in their adulthood.

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

OR0072

### **Factor structure of the EURO-D Depression Scale in people over 50 in Europe with SHARE**

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*Objectives.*– The aims of this study are: to analyze the factor structure of the EURO-D depression scale; to explore the variables associated with depression and with the EURO-D factors in the SHARE participant countries; and to compare the presence of depression and the factor predominance in the total sample.

*Method.*– A total of 62,182 participants in Wave 5 (2013) of the 15 participant countries of the Survey of Health, Aging and Retirement in Europe (SHARE) were included. Instruments: The SHARE study and the EURO-D scale. Factor, bivariate and multilevel analyses were performed.

*Results.*– A poor self-perception of physical health and economic difficulties were the two variables associated with higher levels of depression, also in both factors. Suffering and Motivation were the two resulting factors identified in the EURO-D factor analysis. In the Suffering factor, female gender and younger age ( $\leq 60$ ) were associated with higher levels of depression, as well as with less activity and exercise, older age ( $\geq 71$ ), widowhood and lower educational level in the Motivation factor

*Conclusions.*– Poorer self-perception of physical health, female gender, economic difficulties, widowhood, lower levels of activity and exercise and lower educational level were associated with higher depressive symptomatology. In the countries of southern Europe, the Motivation factor predominated.

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

OR0073

## Sensory profiles as possible predictors of response to psychoactive medications in major affective disorders

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**Introduction.**— Sensory processing patterns have been proposed as a stable dimension which may help to better characterize individuals with major affective disorders; however, to what extent specific impairments in sensory processing are involved in the pathophysiology of these disabling conditions is unclear.

**Objectives.**— Our aim was to investigate whether specific sensory profiles may predict the response to psychoactive medications, with particular regard to antidepressants, according to depression, alexithymia, and hopelessness levels.

**Methods.**— We recruited a sample of 402 outpatients who received maintenance treatment and were in stable psychopathological conditions. Subjects completed the Adolescent/Adult Sensory Profile (AASP), Toronto Alexithymia Scale (TAS-20), second version of the Beck Depression Inventory (BDI-II), and Beck Hopelessness Scale (BHS) according to a longitudinal study design including three time points of measurements.

**Results.**— Subjects with lower ability to register, seek for sensory information, and greater sensory sensitivity/avoidance better responded to antidepressant medications according to their reduced depression levels. Similarly, participants with greater sensory sensitivity better responded to antidepressants as reported by lower hopelessness levels. Regression analyses revealed that the use of antidepressants was the first variable able to predict depression, hopelessness, and alexithymia levels at baseline, and after three and six months of treatment, respectively, but the pattern of sensory sensitivity contribute to the prediction of depression and hopelessness. This pattern together with low registration predicted even changes in alexithymia levels.

**Conclusions.**— The careful investigation of sensory processing patterns may provide intriguing insights into specific illness characteristics and treatment response.

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

OR0074

## Severity, course-trajectory and within-person variability of individual symptoms during 9 years in outpatients with major depression

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Depression shows a large heterogeneity of symptoms between- and within persons over time. However, most outcome research assessed depression as a single underlying latent construct with the sum-score on self-rated scales as an indicator for severity.

Data were derived from the Netherlands Study of Depression and Anxiety (NESDA), a longitudinal cohort study. We included 558 participants with a current MDD at baseline. The Inventory Depressive Symptomatology–Self-Report (IDS-SR) was used to analyze 26 depressive symptoms at up to 6 time points during 9 years of follow-up. Course-trajectories and within-person variability were modelled using 14,508 linear regression models per item and per person.

Patients were on average 42.9 years (*SD* 12.2) with 64.9% women. The highest baseline severity scores were found for the items regarding energy and mood states (Figure 2). Each of the symptoms showed the strongest decline within the first year of follow-up. The core-symptoms depressed mood and anhedonia had the most favorable course, whereas sleeping problems and (psycho-)somatic symptoms were more persistent over the course of 9 years (Figure 3). Within-person variability was highest for mood symptoms and lowest for suicidal ideation (Figure 4).

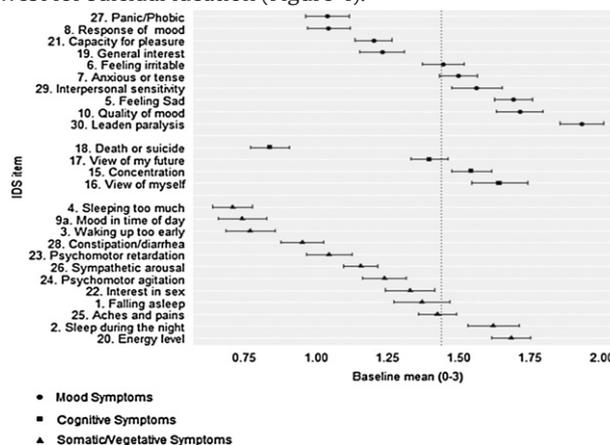


Fig. 2

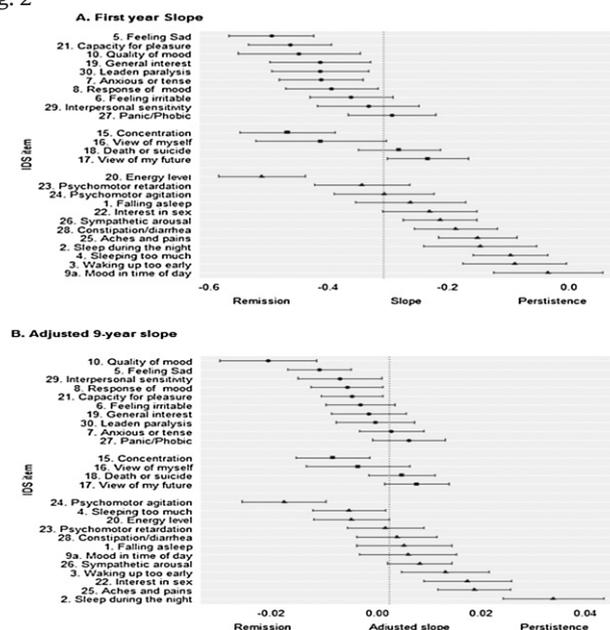


Fig. 3

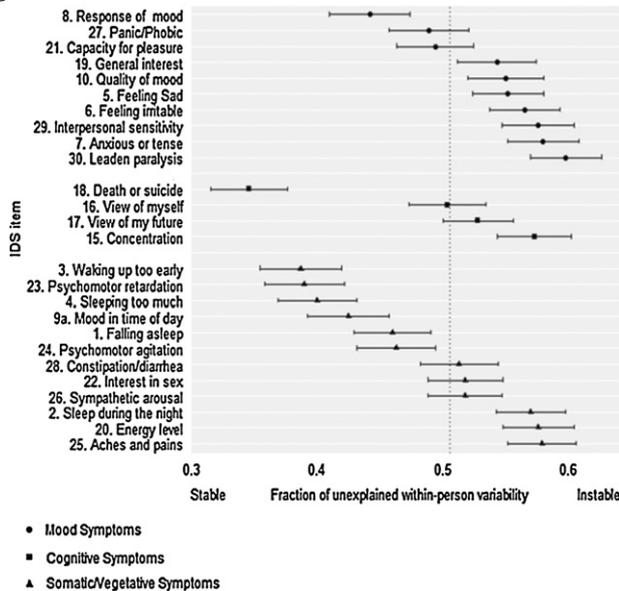


Fig. 4

Symptom trajectories were subject to “regression to the mean” effects. We used only the items from the self-rated IDS-SR as outcome measures.

There was evidence for large heterogeneity both between depressive symptoms and within persons over time, which strengthens the idea that a symptom-focused approach in clinical care and research is of importance over and above merely using sum-scores for depression severity.

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

## Oral communications 06: Depression part i/personality and personality disorders/promotion of mental health/mental health care/research methodology/anxiety disorders and somatoform disorders part II

OR0075

### Personality and psychological distress in Portuguese international students: The role of stress and social support

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*Introduction.*– Personality traits are determinants of stress and psychological distress. International students are more exposed to stress, which contributes to psychological distress and social support is believed to be a protective factor of both of these.

*Objective.*– to study the mediation role of stress in the relationship between big-five personality traits and psychological distress, exploring the impact of social support as a covariate.

*Methods.*– A total of 103 Portuguese international students (aged 23.59 years;  $SD=2.08$ ; 78.6% women) answered PoMS, PSQ and NEO-FFI-20 scales and a question about social support.

*Results.*– High neuroticism ( $r=.623$ ) and stress ( $r=.728$ ); low levels of extroversion ( $r=-.285$ ), conscientiousness ( $r=-.253$ ), agreeableness ( $r=-.229$ ) and social support ( $r=-.329$ ) were correlated with negative affect ( $P<0.01$  for all). Mediation analysis showed a significant total effect of neuroticism in negative affect. Neuroticism directly and indirectly influenced negative affect through its effect on stress increase; social support did not have a significant impact on stress and negative affect. The direct effects of extroversion, conscientiousness and agreeableness on negative affect were not significant. However, they had total and indirect significant effects on affect: they decreased stress, which in turn increased negative affect. Social support had a protective effect that minimized stress.

*Conclusion.*– The diathesis-stress model explains the relation between personality traits, stress and psychological distress. Contrary to neuroticism, extroversion, conscientiousness, agreeableness, and perceived social support are protective factors that can buffer against the effects of stressors. These findings may have practical implications to the support of international students.

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

OR0076

### The role of perfectionism and paranoia on depression: Preliminary results

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*Keywords:* Depression; Paranoia; Socially-prescribed perfectionism

*Introduction.*– Socially-Prescribed Perfectionism (SPP) is characterized by a high dependence on others’ approval, which can lead to self-devaluation. Some theories defend that paranoid beliefs are a coping strategy to deal with low self-esteem. The result may be a paradoxical psychological distress.

*Objectives.*– The purpose of this study is to investigate the relationship between SPP and depression and verify if paranoia has a mediating role.

*Methods.*– The non-clinical sample ( $n=90$ ) was mostly composed of female (80%) and single (62.2%) individuals. Mean age was 34 years old ( $SD=12.9$ ). All participants filled in three scales: Multidimensional Perfectionism Scale–short version, Revised General Paranoia Scale and Depression, Anxiety and Stress Scale–short form. Spearman correlations were examined, and mediation models were used with bootstrapping methodology.

*Results.*– Significant positive associations were found between the variables. A simple mediation model was performed with Persecutory Ideas as a mediator of the relationship between SPP and depression, which explained 17% of the variance. Results showed that the total effect, the direct effect of SPP on depression and the indirect effect were significant.

*Conclusions.*– The results contribute to the understanding of the psychological mechanisms involved in depression generated by SPP. Considering that 17% of the variance was explained, other variables may be involved. Further study is needed, and final results of

this project may shed light into this. Findings suggest however the importance of addressing paranoid ideation in future therapeutic and preventive interventions.

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

OR0077

### Personality traits and burnout among trainee-teachers of the regional center for educational and training professions of Casablanca (Morocco)

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*Introduction.*– Personality has been conceptualized from a variety of theoretical perspectives, and at various levels of abstraction or breadth. In personality research, the most common unit of measurement of individual differences remains trait. Today, a consensus seems to emerge as a general taxonomy of personality traits known as the Big Five, an expression introduced by Goldberg.

*Objectives.*– Studying the personality traits and its relation to burnout among trainee-teachers.

*Methods.*– A cross-sectional study carried out among 140 trainee-teachers of the Regional Centre of education and training of Casablanca. The assessment of the personality traits and Burnout was conducted by two scales: The Big five personality test and MBI (Maslach burnout inventory).

*Results.*– The obtained results showed that 70% of trainee-teachers have a low extraversion, 32% have a low awareness, 50.7% of them represent a low professionalism, 89% have a low neuroticism and 17.9% have a low opening experience. Correlational analyzes showed that the personality trait of agreeableness is positively associated with extraversion ( $r=0.31$ ,  $P<0.001$ ). Also, the neuroticism is positively associated with professional conscience ( $r=0.25$ ,  $P<0.01$ ). The only significant correlation between Personality test and burn out is found between neuroticism and emotional exhaustion ( $r=0.22$ ,  $P<0.01$ ).

*Conclusion.*– The five personality traits and burnout experienced by the trainee-teachers may cause among certain of them, exhaustion with a great psychological suffering and result in negative impacts. It is therefore desirable to deepen and diversify research perspectives in the field of prevention.

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

OR0078

### Borderline personality disorder as a mediator of the relation between self-reported childhood traumatic experiences and psychotic-like experiences among patients with mood disorder

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*Introduction.*– Psychotic-like experiences (PEs) are a common phenomenon among patients with mood disorders. Several state-

and trait-related factors influence reporting of PEs, including mood related cognitive biases, anxiety and features of borderline personality disorder (BPD). A substantial number of studies have suggested that childhood traumatic experiences (CEs) are an important risk factor for both psychotic and mood disorders. Specifically, patients with BPD often report CEs. Thus, we hypothesized that features of BPD may mediate the relationship between self-reported PEs and CEs.

*Objectives.*– To investigate relationships between self-reported CEs, PEs and features of BPD.

*Methods.*– As part of the Helsinki University Psychiatric Consortium study, the McLean Screening Instrument (MSI), the Community Assessment of Psychic Experiences (CAPE-42) and the Trauma and Distress Scale (TADS) were filled in by patients with mood disorders ( $n=252$ ) in psychiatric care. Correlation coefficients between total scores of scales and their dimensions were estimated, multivariate regression and mediation analyses were conducted.

*Results.*– Total scores of MSI correlated strongly with scores of CAPE-42 “frequency of positive symptoms” ( $\rho=0.56$ ;  $P\leq 0.001$ ) and moderately with TADS ( $\rho=0.4$ ;  $P\leq 0.001$ ). Total score of MSI and its dimension “cognitive symptoms” fully mediated relation between TADS and CAPE-42. Items of MSI “dissociative symptoms”, “identity disturbance” and “distrustfulness” shown a partial mediating role (43% (CI = 25–74%); 40% (CI = 30–73%); 18% (CI = 12–50%), respectively).

*Conclusions.*– Self-reported cognitive-perceptual symptoms of BPD may fully mediate the relationships between CEs and PEs, whereas affective, behavioral and interpersonal symptoms only partially. Recognition of BPD symptoms in patients with mood disorders reporting PEs is important.

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

OR0079

### Perfectionistic self-presentation as a mediator between narcissism and psychological distress: Preliminary results

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*Introduction.*– Narcissism is a complex personality trait characterized by grandiosity and self-entitlement, which has been associated with perfectionism and distress. Perfectionistic self-presentation is associated with low levels of self-esteem and dysfunctional cognitive and emotional processes. When associated with perceived failure it may lead to psychological distress in the form of symptoms such as depression and anxiety.

*Objectives.*– The present study aims to investigate the mediating role of perfectionistic self-presentation in the relationship between narcissism and psychological distress (depression and anxiety).

*Methods.*– The sample was composed by 215 university students, 72.6% female and 27.4% male, with a mean age of 21.89 years ( $SD=2.12$ ), which completed several instruments including the Portuguese versions of scales that assess narcissism, perfectionistic self-presentation, depression and anxiety.

*Results.*– We found significant and positive correlations between the variables. Simple mediation analyses revealed that perfectionist self-presentation mediates the relationship between narcissism and depression and between narcissism and anxiety.

**Conclusions.**– These findings allowed a greater understanding of the relationship between narcissism, perfectionistic self-presentation and psychological distress. Psychological interventions in narcissistic individuals should target perfectionistic self-presentation to reduce psychological distress.

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

OR0080

### **Episodic memory in autism spectrum disorder: A meta-analysis**

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**Introduction.**– Episodic memory is a complex memory system implicating some abilities that are affected in autism spectrum disorder (ASD). Studies conducted on this topic report contrasting results. Hence, we conducted a meta-analysis of episodic memory impairments in ASD and evaluated possible moderators of these impairments, such as the type of material (visual vs. verbal), items (semantically related vs. semantically unrelated items), and retrieval task (free recall vs. recognition).

**Methods.**– Twenty-nine case-control studies published from 1997 to February 2017 comparing groups of children, adolescents and adults with ASD to typically developing controls (TD) were included, corresponding to a total of 1057 participants (548 with ASD and 509 TD).

**Results.**– Results showed that ASD participants demonstrated significantly reduced episodic memory (Cohen's  $d = -0.28$  [–0.40; –0.16];  $P < 0.001$ ) particularly in the visual domain ( $d = -0.38$  [–0.66; –0.09];  $P = 0.01$ ), with no difference in memory for verbal material ( $d = -0.12$  [–0.27; 0.03];  $P = 0.11$ ). However, subgroup analysis revealed a verbal free recall difficulty for semantically related items ( $d = -0.51$  [–0.86; –0.17];  $P = 0.004$ ), but not for semantically unrelated items ( $d = 0.21$  [–0.23; 0.65];  $P = 0.36$ ).

**Discussion.**– This meta-analysis confirmed the presence of episodic memory difficulties in ASD for verbal material when ASD people are provided unsupported retrieval tasks after on semantically related items. This profile confirms difficulties in ASD in processing complex information implicating binding with semantic knowledge when no support is provided. Our results extend the scope of this difficulty to non-verbal material as has recently been observed in a meta-analysis of working memory tasks (Wang et al., 2017, *Neuropsychol Rev* 27:46–61).

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

OR0081

### **Perceived social support and medication compliance among patients with psychiatric disorders**

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**Keywords:** Social support; Medication compliance; Patients with psychiatric disorders

Current studies about increasing compliance to decrease treatment and healthcare costs have gained more significance. Social sup-

port is an important component in the recovery of patients with psychiatric disorders; therefore, it is difficult to ignore its role in improving patient's compliance to treatment.

**Aims.**– This study aimed to assess the levels of perceived social support, medication compliance and their relationship.

**Design.**– The present study follows a cross sectional design.

**Setting.**– The study was conducted at the Psychiatric Inpatient Wards of “Tanta University Hospital” and Psychiatry- Neurology and Neurosurgery Center.

**Subjects.**– The study subjects were 144 psychiatric patients.

**Tools.**– **Tool (1):** Socio-demographic data sheet. **Tool (2):** Multidimensional perceived social support scale (MSPSS). **Tool (3):** Drug attitude inventory (DAI).

**Results.**– Overall, 74.3% of patients had a poor social support and only 21.5% of them had good medication compliance. There was a statistical significant correlation between perceived social support and medication compliance.

**Recommendations.**– Development of social skills training program for patients with psychiatric disorders aimed to teach them how to obtain help and support from family, friends, and significant others. Training psychiatric hospital staff to increase their understanding about the importance of their supportive role to provide appropriate nursing intervention for patients with psychiatric disorders.

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

OR0082

### **Anxiety increases the risk of cardiovascular diseases in men but not women: A cross-sectional study of primary care population in Latvia**

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**Introduction.**– Anxiety has been recognized as independent risk factor for development and prognosis of cardiovascular diseases (CVD). Recent evidence suggests possible gender differences for prognostic influence of anxiety, indicating that general anxiety and tension are more consistent CV risk factors for men than women.

**Objectives.**– To examine the association of anxiety and the prevalence of CVD 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 Generalized Anxiety Disorder questionnaire (GAD-7) followed by socio-demographic questionnaire and physical measurements. The Mini International Neuropsychiatric Interview (MINI) was conducted over the telephone within 2 weeks after the visit to GP. The multivariate model has been developed by using binary logistic regression.

**Results.**– The study population consisted of 1565 subjects, 31.2% men and 68.8% women. According to medical records 17.1% ( $n = 268$ ) had a CVD. The screening test of anxiety (GAD-7) was positive for 10.1% of individuals. According to the MINI any anxiety disorder was detected in 16.1% of patients. Most prevalent anxiety disorders were agoraphobia and generalized anxiety disorder, 8.1% and 6.1% respectively. When regression analysis was stratified by gender, current anxiety disorder (MINI) was associated with higher

odds of CVD in men (odds ratio = 7.16, 95% CI 1.81–28.34), but not women.

**Conclusions.**– Current anxiety disorder is associated with a higher prevalence of CVD in men, but not women.

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

OR0083

### **Coping style among doctors and its correlation with depression and subsequent burnout and perceived stress during the residency training**

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**Introduction.**– Understanding doctors' coping style is important for planning for mental health promotion strategies.

**Objectives.**– To assess coping styles and depression of doctors prior to the beginning of their residency training and to assess the relationship between each coping style and subsequent perceived stress and burnout.

**Methods.**– The Thai versions of Proactive Coping Inventory and Patient Health Questionnaire were emailed to all of the first-year residents at a university hospital in Academic Year 2015 just 1 week before the beginning of their residency training. Sets of follow-up questionnaires including Thai versions of Perceived Stress Scale and Maslach Burnout Inventory (MBI) were sent out at 1, 3 and 6 months later. Statistical analyses were performed using SPSS 18.

**Results.**– Among 277 doctors, 102 (36.8%) responded to the survey. The respondents aged 25–33 years (mean = 26.8, SD = 1.2) and 69.6% were female. Depression was found in 9.8% of the respondents. Each coping style was not correlated with any subsequent overall MBI and Perceived Stress scores. Moreover, reflective coping which were negatively correlated with depersonalization sub-score of MBI at the 3rd month ( $r = -.363$ ,  $P = 0.030$ ), did not sustain its correlation at the 6th month of residency training.

**Conclusions.**– Depression was not uncommon among young doctors even before the beginning of their residency training program. No specific coping style showed protective effect against subsequent perceived stress and burnout during the residency training. The results suggest that intervention or mental health promotion programs for doctor that focus only on coping strategies of doctors are unlikely to be successful.

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

OR0084

### **Is the stereotype of the mad psychiatrist a justified prejudice? A comparison of personality traits between psychiatrists and other specialists**

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**Introduction.**– Psychiatrists often suffer a stigmatised image and are considered to be just as sick as their patients. This idea is found in many media. Movies and TV shows categorise psychiatrists in three main clusters (“Dr Dippy”, “Dr Wonderful” and “Dr Evil”). We tried to determine whether this assumption was correct or not.

**Materials and methods.**– We designed a prospective observational study. We distributed locally and nationally a french version of the TCI-226, developed by Cloninger. Data were collected during August 2016.

**Results.**– A total of 224 doctors (54 psychiatrists and 170 other specialists) completed the survey. We did not find any difference between the two populations, based on the personality traits defined in Cloninger's model. When compared to the general population, psychiatrists demonstrated higher scores for Novelty Seeking, Reward Dependence and Cooperativeness, in association with lower Self-Transcendence scores. The other specialists presented the same differences when compared to the general population, in addition to differences among Persistence and Self-Determination scores.

**Discussion.**– Our results do not allow us to conclude to any differences when the personality of psychiatrists is compared to the other specialists' one. Moreover, the connection between personality traits and movies archetypes does not seem to fit perfectly any of the three stereotypes previously described in the literature. The clinical implication of such stereotypes are however paramount, likely helping patients to better accept their disease.

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

OR0085

### **Predicting optimal acute and long-term outcomes in cognitive therapy or interpersonal psychotherapy for depressed individuals using the Personalized Advantage Index Approach**

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**Introduction.**– At a group level, psychotherapies for depression produce equivalent outcomes. However, at an individual level, responses differ for different therapies. Predictors of (differential) outcome have been identified in the context of randomized trials,

but this information has not been used to predict which treatment works best for the depressed individual.

**Objectives.**– In this presentation, we focus on individual predictions of acute and long term depression outcomes in the context of a randomized trial comparing Cognitive Therapy ( $n=76$ ) and Interpersonal Psychotherapy ( $n=75$ ).

**Methods.**– We used the Personalized Advantage Index (PAI), recently developed by DeRubeis and colleagues, to combine predictors into an algorithm that generates actionable treatment recommendations for individual patients.

**Results.**– For a majority of the trial participants, a clinical meaningful advantage was predicted in either CT or IPT, compared to the other treatment. Moreover, those who were randomized to their predicted optimal treatment had far better outcomes than those randomized to their predicted non-optimal treatment.

**Conclusions.**– Although the utility of the PAI approach will need to be evaluated in prospective research, this study promotes the development of a treatment selection approach that can be used in regular mental health care, advancing the goals of personalized medicine.

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

OR0086

### **A systematic review of subjective side effects following ECT treatment**

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**Introduction.**– Electroconvulsive therapy (ECT) is a highly effective treatment for severe depression however there is debate around the specific long term effects of the treatment on subjective memory.

**Objectives.**– This review aimed to summarise all studies that have assessed the post-treatment effects of ECT on meaningful memory loss.

**Methods.**– The systematic review was completed in accordance with PRISMA reporting guidelines. Studies measuring subjective memory at baseline followed by at least one measurement after the completion of treatment using a clearly described method were included. A follow-up period of at least 24 hours after the completion of therapy was required. No limit was placed on the maximum length of follow up. Both prospective and retrospective studies were included

**Results.**– A total of 16 studies were identified for inclusion in the review. There was considerable heterogeneity in memory assessment method, treatment modality used and length of follow up. Those studies that reported outcomes at six months showed relative stability in subjective memory complaints compared to one month with some suggestion that subjective memory complaints resolve post-treatment in those followed up for sufficient time. Four studies (25%) included patients who had received ultra-brief pulse. Two of these compared brief versus ultrabrief and both reported that ultra-brief was associated with fewer cognitive side effects.

**Conclusions.**– The few studies that assessed subjective memory several months beyond the end of ECT suggest that subjective memory scores tend to recover over time with ultrabrief pulse showing fewer side effects than brief-pulse therapy. However, there is considerable heterogeneity both between and within studies limiting meaningful conclusions.

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

OR0087

### **Early improvement as a resilience signal predicting later remission to antidepressant treatment in patients with major depressive disorder: Systematic review and meta-analysis**

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Early improvement of depressive symptoms during the first two weeks of antidepressant treatment has been discussed to be a resilience signal predicting a later positive treatment outcome in patients with major depressive disorder (MDD). However, the predictive value of early improvement varies between studies, and the use of different antidepressants may explain heterogeneous results. The objective of this review was to assess the predictive value of early improvement on later response and remission and to identify antidepressants with the highest chance of early improvement. We included 17 randomized controlled trials investigating early improvement in 14,779 adult patients with MDD comparing monotherapy with an antidepressant against placebo or another antidepressant drug. 62% (range: 35–85%) of patients treated with an antidepressant and 47% (range: 21–69%) with placebo were early improver, defined as a >20%/25% symptom reduction after two weeks of treatment. Early improvement predicted response and remission after 5 to 12 weeks of treatment with high sensitivity (85%; 95%-CI: 84.3 to 85.7) and low to moderate specificity (54%; 95%-CI: 53.1 to 54.9). Early improver had a 8.37 fold (6.97–10.05) higher likelihood to become responder and a 6.38 fold (5.07–8.02) higher likelihood to be remitter at endpoint than non-improver. The highest early improver rates were achieved in patients treated with mirtazapine or a tricyclic antidepressant. This finding of a high predictive value of early improvement on treatment outcome may be important for treatment decisions in the early course of antidepressant treatment. Further studies should test the efficacy of such early treatment decisions.

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

OR0088

### **Depression in lesbian, gay and bisexual French adolescents**

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**Introduction.**– Depression in adolescents is a concern for public authorities, and many studies have indicated that adolescents that identify as lesbian, gay, or bisexual (LGB) have higher levels of depression than their heterosexual peers (HETERO). However, in France, no prior studies have been focused on this subject.

**Objective.**– This study examines the prevalence of depression in French adolescents, taking into account sexual attraction.

**Methods.**– A multicenter cross-sectional school survey “Portrait d'adolescents” was conducted in France in 2013. All adolescents of 13 to 20 years old completed a questionnaire including the Adolescent Depression Rating Scale (ADRS): depressed (score  $\geq 6$ ).

**Results.**– Among 14,265 adolescents analyzed, 4.5% was in the LGB group and 95.5% in HETERO group. LGB adolescents were more

likely to have depression than HETERO peers (26.4% vs. 11.5%). Girls were found to be more depressed than boys in both groups (28.8% vs. 18.2% in LGB group; 16.1% vs. 6.7% in HETERO group) (see Figure 1). Only 24.1% of LGB adolescents and 15.2% HETERO adolescents who had depression had been to see a doctor.

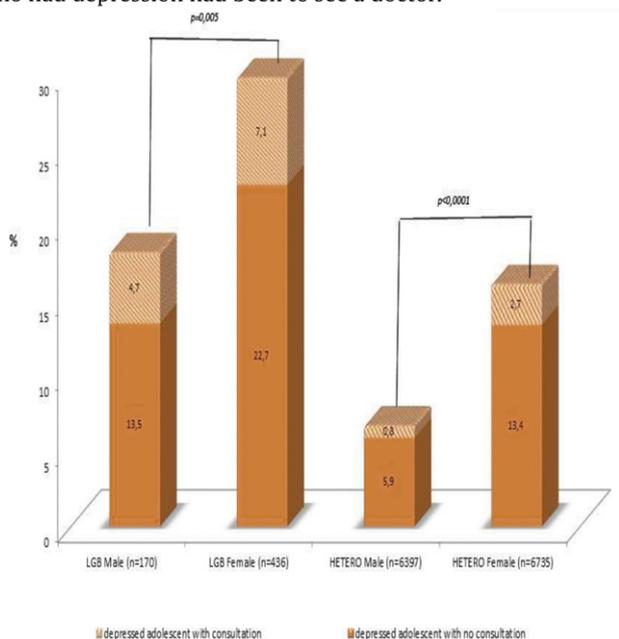


Fig. 1

**Conclusion.**– This study confirms that adolescents who have a homosexual or bisexual attraction have a greater risk of depression than their heterosexual peers, especially in adolescent girls. Progress is needed to orientate the adolescents with depression to consult a professional.

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

## Oral communications 07: Schizophrenia and other psychotic disorders – part I/forensic psychiatry/obsessive-compulsive disorder

OR0089

### A combination of polymorphisms in three genes contributes to premorbid personality disorders in male patients with schizophrenia

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Most genetic association studies of schizophrenia focused on a search for association between gene polymorphism and disease or its clinical features. However less attention is paid to a role of genetic variants in premorbid functioning. The aim of the present study was to investigate the relationship between the genes, which were previously reported to be associated with symptoms, course and outcome of schizophrenia, and premorbid personality disorders in patients with schizophrenia. We studied the T102C polymorphism of the serotonin receptor type 2A (5-HTR2A) gene,

the 5-HTTLPR polymorphism of the serotonin transporter gene and the Val66Met polymorphism of the brain-derived neurotrophic factor (BDNF) gene. In the literature, genotypes CC (5-HTR2A), LL (5-HTTLPR) and allele Met (Val66Met BDNF) were associated with worse cognitive functioning and poor outcome in patients with schizophrenia (Golimbet et al., 2002, Notaras et al., 2015, Golimbet et al., 2017). The study included 270 male patients diagnosed with ICD-10 F20 code. Premorbid personality was assessed using clinical interviews, medical records, information from relatives and the Premorbid Adjustment Scale. Patients were stratified into three groups according to the severity of personality pathology:

- slight ( $n = 110$ );
- moderate ( $n = 112$ );
- severe ( $n = 48$ ).

Results showed that the frequency of the combined genotype S allele (5-HTTLPR)\*ValVal (Val66Met)\*TT (5-HTR2A) was significantly higher in the 1st group compared to group 2 ( $P = 0.038$ ) and group 3 ( $P = 0.001$ ). In conclusion, genetic variants examined have a moderating effect on the severity of premorbid personality disorders in patients with schizophrenia. This work was supported by RFBR grant N17–29–02088.

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

OR0090

### The association between the GWAS risk Allele rs2514218 (C) and schizophrenia is confirmed in the Russian population

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Recently, a genome-wide association study (GWAS) from the Psychiatric Genomic Consortium reported about the discovery of new 108 loci associated with the risk of schizophrenia. One of the loci is the gene coding for the dopamine D2 receptor, which is regarded as a prominent candidate gene for schizophrenia due to its binding to antipsychotic drugs. The top single nucleotide polymorphism (SNP) reported in this locus is rs2514218, located about 47 kb upstream from DRD2. The C allele is the risk allele. We attempted to replicate this finding in an independent sample selected from the Russian population. We studied in total 1747 patients [962 women, 785 men, aged from 17 to 70 years, mean age 35.6 (13.8) years]. Overall, 1571 patients were diagnosed with paranoid schizophrenia (ICD-10 code F20.0), 82 with schizoaffective disorder (F25), 75 with schizotypal personality disorder (F21), 37 with other forms (codes F20.1, F20.2, F20.6). The control group included 1285 healthy people [645 women, 640 men, aged from 17 to 74, mean age 28.4 (11.7) years] without a family history of psychiatric disorders. Genotyping was performed using high resolution melting (HRM) method. The distribution of genotypes was as follows: TT = 922, TC = 687, CC = 138 in the patient group and TT = 626, TC = 535, CC = 124 in controls. There was a significant between-group difference in genotype frequencies ( $\chi^2 = 6.0$ ;  $df = 2$ ;  $P = 0.04$ ). The frequency of the CC genotype was higher in patients compared to controls ( $\chi^2 = 4.4$ ;  $df = 1$ ;  $P = 0.03$ ). In conclusion, our results confirm the association between the risk allele rs2514218(C) and schizophrenia in the Russian population.

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

OR0091

### **Efficacy of cariprazine in predominant negative symptoms of schizophrenia – post hoc analyses against different comparators**

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**Introduction.**– Treatment of predominant negative symptoms (PNS) with available antipsychotics may lead to worsening of the targeted symptoms. As antipsychotics may cause side effects, which mimic negative symptoms, choosing the right agent to treat these symptoms can be difficult.

**Objective.**–The objective of the present poster is to present efficacy data of cariprazine versus different comparators in the treatment of PNS.

**Methods.**– Data of PNS population were analyzed from 3 different clinical studies:

- study-1. A phase-3 randomized, double-blind, risperidone-controlled, parallel-group, 26 weeks study in PNS patients;
- study-2. A randomized, double-blind, 6 weeks, placebo and aripiprazole controlled study in patients with acute schizophrenia;
- study-3. A randomized, double-blind, placebo-controlled, relapse prevention study investigating cariprazine versus placebo.

For the efficacy analyses change from baseline to end of 6 weeks or 6 months period on the PANSS-FSNS was analyzed.

**Results.**– Study-1 ( $n=546$ ). The difference in mean change from baseline in the PANSS-FSNS was statistically significant for cariprazine versus risperidone from week 14 onwards ( $-1.5$ ,  $P=0.002$ ). Study-2 ( $n=112$ ). The PNS sub-population of patients were analyzed. The difference in mean change from baseline in the PANSS-FSNS was statistically significant for cariprazine versus aripiprazole at week 6 ( $-2.0$ ,  $P=0.05$ ). Study-3 ( $n=20$ ). The difference in mean change from baseline in the PANSS-FSNS was statistically significant for cariprazine versus placebo at week 26 ( $-2.25$ ,  $P=0.03$ ).

**Conclusion.**– Cariprazine showed superior efficacy in the treatment of PNS of schizophrenia versus all investigated comparators, namely placebo, risperidone as well as aripiprazole regardless the design and length of the studies.

**Disclosure of interest.**– I am a co-worked of Gedeon Richter Plc.

OR0092

### **Functional remission frequency in a French cohort of schizophrenia patients initiating treatment with long-acting injectable antipsychotic**

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**Context.**– The progress made in schizophrenia treatments has had a substantial effect on evolution of the disease and expectations of clinicians who now aim to achieve both symptomatic and functional remissions. Symptomatic remission frequently goes with improved functioning, but this relationship isn't systematic. Functional remission is evidenced by ability of patients to adapt to difficulties of societal life and to reintegrate their environment. The Functional Remission Observatory Group in Schizophrenia (FROGS) scale is a specific tool recently developed in French language.

**Objective.**– In a population of schizophrenic patients being treated for an episode of clinical destabilization and followed for a period of twelve months, the main objective is to evaluate the proportion of patients achieving functional remission and its relationship to clinical remission.

**Methodology.**– R092670SCH4033 was a French, multicentric, prospective, national, non-interventional study, follow-up of one year, three evaluations: D0, D180 and D360. Inclusion: schizophrenia patients (DSM IV), age: 18 to 37, time since long acting antipsychotic initiation: <2 months. Evaluation methods: CGI-I, FROGS scale, 8 items PANSS scale, PSP scale, Insight Scale, SWN scale, EuroQol-5D. Judgment criteria: Functional remission defined on the FROGS scale.

**Results & conclusion.**– The study is in finalization, data of the 303 patients who completed the study will be frozen in September, statistical analyses will be performed in October, so final results will be shown on the poster [1–3].

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**Disclosure of interest.**– Study sponsored by Janssen-Cilag France

OR0093

### **Transition to psychosis and its association to EEG resting-state microstates in high-risk individuals**

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**Introduction.**– The importance of reliably identifying the risk of psychosis transition in high-risk individuals (at-risk mental state, ARMS) has been increasingly acknowledged in recent years. Biomarkers can be highly valuable in heightening prediction specificity. One promising biomarker in this regard are EEG resting-state microstates; these exhibit specific abnormality patterns in patients with schizophrenia, in particular shortening of one microstate class (labeled D). Microstate abnormalities have been previously reported in ARMS as well; however, it is not known whether these are predictive of a future transition into psychosis.

**Objectives.**– To examine the association of temporal microstate characteristics with transition risk in high-risk individuals.

**Methods.**– We analyzed resting-state EEG data of 25 healthy controls, 58 medication-naïve schizophrenia patients and 57 ARMS of whom 20 later transitioned to psychosis (ARMS-T), recruited via the FePsy (Früherkennung von Psychosen) project. Preprocessed EEG data was spatially clustered into four microstates and labeled according to previously established norms. Mean coverage of total analysis time was computed for each microstate class and included in 4 (group) × 4 (microstate class) ANOVA. Preliminary results are reported.

**Results.**– A significant interaction between group and microstate class was observed. Follow-up analyses indicated that microstate class D coverage was lower in ARMS-T compared to all other groups.

**Conclusion.**– ARMS-T exhibited similar changes in microstate D as those previously reported for patients with schizophrenia. This raises the possibility that microstate D abnormalities might not simply index symptom severity, but also an increased risk of transition to psychosis in vulnerable individuals.

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

OR0094

### Measuring effectiveness of long acting antipsychotics: Are we doing it right? The minimum effective dose method

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**Introduction.**– Measuring equivalent dose has been a major issue since we started to use antipsychotics. Recently, another method was found to be useful: the minimum effective dose method, that has been used by Rothe et al to measure oral and Long acting injectable antipsychotics.

**Objectives.**– To compare the doses usually used in the clinical practice with the minimum equivalent dose between 4 LAI antipsychotics: olanzapine pamoate, paliperidone palmitate, risperidone Consta, and aripiprazol in the Abilify formulation

**Methods.**– We made a search in the database of the Virgen de la Victoria hospital of Malaga of all the patients less than 35 years diagnosed according to criteria of DSM V of acute psychotic disorder or schizophrenia that were being treated with one LAI in monotherapy and that were clinically stable at the beginning of 2016. We searched among the clinical data about relapses during 2016 of each patient. We compared the dose used in clinical practice with the minimum dose found in the previous studies: 50 mg/4 weeks for paliperidone, 210 mg/2 weeks for olanzapine, 400 mg/4 weeks for aripiprazole and 25 mg/2 weeks for risperidone.

**Results.**– Results are shown in Figures 1 and 2.



Fig. 1 Clinical relapses

Drug	Dosage	N	Mean age	Total relapses
Paliperidone	50 mg/28d	4	30,2	2
	75 mg/28d	18	28,4	10
	100 mg/28d	39	28,7	9
	150 mg/28d	29	28,1	8
Olanzapine	210mg/14d	4	26,6	1
	300mg/14d	8	28,3	2
Aripiprazole	300 mg/28d	7	29,5	2
	400 mg/28d	37	28,8	5
Risperdal	37.5 mg/14d	15	32,1	4
	50 mg/14d	18	30,9	6
<b>Total</b>		<b>179</b>	<b>29,16</b>	<b>49</b>

Fig. 2

**Conclusion.**– In this study, paliperidona has been statistically less effective than other drugs preventing relapse at minimum dose. We need between 2 and 3 times higher dose to be at least as effective

as the other drugs. Aripiprazol 400 mg every 4 weeks has been the most effective antipsychotic preventing relapse, but the difference has not been significant between olanzapine 210 mg/14d and aripiprazol 400 mg/4w.

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

OR0095

### Can be IL-2 and IL-1beta specific biomarkers of negative dimension in schizophrenia?

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**Introduction.**– Cytokine disturbances in schizophrenia (SZ) are widely described. But contradictory data about the relation between cytokines and psychopathology is published [1,2].

**Objectives.**– To analyze the relationship between pro-inflammatory cytokines and clinical dimensions (positive, negative, depressive, cognitive) in SZ.

**Methods.**– Sample: 73 outpatients with SZ, length of illness  $\leq 10$  years, under stable maintenance treatment [mean age ( $31.7 \pm 6.5$ ), males (61.6%)].

**Evaluation.**– PANSS, Clinical Assessment Interview of Negative Symptoms (CAINS) -Motivation & Pleasure (MAP) and Expression domains-, Calgary Depression Scale (CDS), MATRICS Consensus Cognitive Battery (MCCB), Personal and Social Performance (PSP). Biomarkers: TNF- $\alpha$ , interleukin(IL)-6, IL-2, IL-1 $\beta$ , IL-1RA.

**Statistical analyses.**– Bonferroni corrected Pearson correlations and multiple linear regression.

**Results.**– Only IL-2 and IL-1 $\beta$  showed statistically significant correlation:

– IL-2 with PANSS-Total ( $r=0.311$ ,  $P=0.008$ ), PANSS-General ( $r=0.288$ ,  $P=0.015$ ), CAINS-MAP ( $r=0.310$ ,  $P=0.008$ ), PSP ( $r=-0.420$ ,  $P<0.001$ );

– IL-1 $\beta$  with PANSS-Total ( $r=0.362$ ,  $P=0.002$ ), PANSS-Negative ( $r=0.324$ ,  $P=0.006$ ), PANSS-Negative Marder ( $r=0.370$ ,  $P=0.001$ ), PANSS-General ( $r=0.309$ ,  $P=0.009$ ), PSP ( $r=-0.396$ ,  $P=0.001$ );

– multiple linear regression models, adjusting for confounders (age, gender, education, length of illness, smoking, BMI, waist circumference, antipsychotic equivalent doses, treatment with antidepressants, benzodiazepines or stabilizers), identified that PANSS-Total, Negative, Negative Marder and General scores are predicted by IL-1 $\beta$  concentrations, while CAINS-MAP and PSP score is predicted by IL-2 levels;

– cognitive performance, positive and depressive symptoms severity did not correlate with any cytokine.

**Conclusions.**–

– IL-2 specifically mark severity of the MAP domain of negative dimension;

– IL-1 $\beta$  is not specific as it also predicts severity of general and global symptomatology.

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

**References**

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[2] García-Álvarez et al., 2016.

OR0096

### Higher baseline C-reactive protein mark poor clinical course in the first ten years of schizophrenia: One-year follow-up study

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**Introduction.**– C-reactive protein(CRP) was associated with more severe psychopathology and worse cognition in schizophrenia [1,2]. However, no data on CRP and longitudinal clinical course exists.

**Objectives.**– To evaluate if increased CRP predict clinical outcomes at 1-year follow-up.

**Methods.**– One-year follow-up study of 50 stable outpatients with schizophrenia (<10 years of illness) (mean age=31.1±6.5; 62% males). Patients were classified in two groups: those with low grade inflammation (LGI; CRP=3–10 mg/L; N=14 [28%]) vs. those with normal level (NL; CRP ≤3 mg/L; N=36[72%]). Acute inflammation (CRP >10 mg/L) was an exclusion criteria. At baseline, these groups differed in duration of illness [6±2.7 vs 3.5±3.4years; t=2.410 (P=0.02)] and BMI [30.3±5.8 vs 26.5±4.2; t=2.517 (P=0.015)] but there were no statistically significant differences in other demographic, clinical and psychometric variables (PANSS, BNSS, CAINS-Motivation/Pleasure & Expression-, Calgary Depression). Clinical course for each psychopathological dimension was determined using the formula: [follow-up -baseline scores]. Positive values were interpreted as worsening, while negative improvement.

**Results.**– At 1-year follow-up, total sample only improved significantly (P<0.05) in PANSS-Total [55.8±16.2 – 59.9±17.3], PANSS-General [26.9±7.9 – 29.7±8.9] and CAINS-Expression [4.9±4.2 – 5.7±4.3]. Patients with LGI showed worsening of scores on PANSS-Positive, Negative, General, and Total scales, compared to patients with NL [0.86±2 vs –1.3±3.4; 0.86±2.7 vs –1.2±3.2; 0.93±5.5 vs –4.2±5.2; 2.6±6.1 vs –6.7±8.4; respectively (all P<0.05)]. Multiple regression analyses including covariates (BMI, waist circumference, smoking, duration of illness, antipsychotic doses), showed that only CRP=3–10 mg/L predict worse clinical course on PANSS-Positive, General and Total.

**Conclusions.**– Higher baseline CRP may be a biomarker of poor clinical course in first ten years of schizophrenia.

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

**References**

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[2] Misiak, et al. 2017.

OR0097

### Alteration of inflammatory cytokines in different age-at-onset schizophrenia with neurodevelopmental deficits

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**Introduction.**– Studies have suggested a role of inflammation and immunity in the pathogenesis of symptoms in schizophrenia through the immune system and the brain development. Early age of onset is associated with genetic factors and neurodevelopment in schizophrenia.

**Objectives.**– This study aimed to identify immune abnormality associated with neurodevelopmental deficits in early- and adult-onset schizophrenia patients.

**Methods.**– We enrolled early-onset schizophrenia (EOS), adult-onset schizophrenia (AOS), and healthy controls in this study. The serum levels of IL-1β, IL-4, IL-6, IL-10, IL-12 and TNF-α from schizophrenia patients and healthy controls were determined by enzyme-linked immunosorbent assay (ELISA). Measurements also included the Neurological soft signs (NSS), and Minor physical anomalies (MPA) in all participants to separate neurodevelopmental deficits groups.

**Results.**– The study included 84 early-onset schizophrenia (EOS), 126 adult-onset schizophrenia (AOS), and 122 healthy controls. There was a significant difference between EOS and AOS patients in IL-4 level. We found similar results in schizophrenia patients with the neurodevelopmental deficits and non-deficits. The ROC curve analysis showed that the AUC of IL-4, IL-6 and IL-12 was 0.83 and accuracy was 0.78 for EOS patients and healthy controls. Moreover, the discriminant analysis conducted of IL-4, IL-6, IL-12 correctly classified 83% cases into EOS patients and healthy controls, and cross-validation rate was 82%. Results showed that IL-4, IL-6 and IL-12 had a good classification ability.

**Conclusions.**– Cytokine production is altered in EOS and schizophrenia patients with neurodevelopmental deficits. These findings support that cytokines may contribute to the clinical and pathophysiological features of schizophrenia.

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

OR0098

### Paliperidone palmitate 3-monthly formulation in schizophrenia – baseline interim analysis of a naturalistic, 52-week, prospective study

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**Objectives.**– To evaluate remission rates, treatment response, tolerability and PP3M patterns of use in schizophrenia patients, transitioned to paliperidone palmitate 3-monthly formulation (PP3M)

**Methods.**– Baseline interim analysis of the first 200 patients enrolled (patient's characteristics, disease severity, remission status, functional status, first dose of PP3M) in a 52-week, prospective, single arm, open-label, international study in patients previously stabilized on PP1M

**Results.**– A total of 200 patients analyzed: 62.5% male, mean age: 36.8 [standard deviation (SD) 8.0] years, body weight 78.3(17.0), BMI 27.2(5.2) kg/m<sup>2</sup>, time from first psychosis to initiation of PP3M 11.9 (7.7) years, number of previous psychiatric hospitalizations 3.2 (2.9), median time on previous PP1M treatment: 394.5 days (range: 85–1876); mean PANSS total score: 51.7 (11.0) with 57.5% (115/200) of patients fulfilling the symptom severity criteria of remission; PSP total score: 65.5 (14.0); WHODAS total score 16.2 (14.1) in patients with remunerated work items (n=78) and 21.6

(14.9) in patients without remunerated work items (N = 115); Goal Attainment Score (GAS): 36.8(4.3) with 63% reporting one, 14% two and 15.5% three goals; in 98.5% of patients dose conversion from PP1 M to PP3 M was according to label; mean dose of first PP3 M application: 358 (115.7) mg eq. with following dose distribution: 175 mg eq.: 11%; 263: 23%, 350: 39%, 525: 27%;

**Conclusions.**– When transitioning from PP1M to PP3M, the majority of patients fulfilled the symptom severity criteria of remission; PP3M dose conversion (from previous PP1M) was according to the label and dose distribution of first PP3M was corresponding to PP1M dosing in naturalistic studies.

**Disclosure of interest.**– TAuthor is fulltime employee of Janssen Cilag

OR0099

### **Increased mortality following myocardial infarction in patients with schizophrenia: A nationwide cohort study**

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**Introduction.**– Patients with schizophrenia have an excess mortality, primarily caused by ischemic heart disease. In fact, the relative risk of myocardial infarction (AMI) in patients with schizophrenia is about 2-fold higher than in the general population. While the general population is experiencing improved survival following AMI, it is unknown whether patients with schizophrenia have benefitted similarly from these improvements.

**Objective.**– To investigate rates of mortality following AMI and trends in mortality over time in patients with schizophrenia compared to the rates in the general population.

**Methods.**– The study included all cases of schizophrenia (ICD-8; 295 and ICD-10; F20) in Denmark from 1st January 1980 to 31st December 2015. These were matched 1:5 on year of birth and gender to controls from the general population not diagnosed with a psychiatric disorder. The two cohorts were followed until death, emigration or end of study period. We used first time AMI (ICD-8; 410 and ICD-10; I21) as a time-dependent covariate.

**Results.**– We included 36,962 patients diagnosed with schizophrenia and 184,810 matched controls. We showed that controls with AMI had a hazard rate ratio (HR) of 3.27, schizophrenia controls had a HR of 4.50, and schizophrenia patients experiencing AMI had a HR of 9.94. Patients with schizophrenia showed an increased mortality rate 1-year and 5-years after AMI, with no difference in 30-day mortality between the groups.

**Conclusions.**– Patients with schizophrenia experiencing AMI are not benefitting similarly from the improvements in cardiac procedures and treatments as compared to people in the general population experiencing AMI.

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

OR0100

### **Relationships between dysglycaemia, immune activation and psychotic experiences: Findings from the ALSPAC birth cohort**

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**Background.**– Psychosis is associated with dysglycaemia and inflammation, but longitudinal population-based studies are scarce.

**Aims.**– Using a population birth cohort to investigate:

– the association between dysglycaemia, inflammation and psychotic experiences (PEs);

– whether dysglycaemia moderates or mediates the association between inflammation and psychotic experiences (PEs).

**Method.**– In the Avon Longitudinal Study of Parents And Children (ALSPAC) birth cohort, insulin resistance (IR), interleukin 6 (IL-6) and C-reactive protein (CRP) levels were measured at age 9 and 18 years. PEs were measured at 12 and 18 years. We used logistic regression to examine cross-sectional and longitudinal relationships between IR and PEs. Linearity of association was tested. Correlation between markers of dysglycaemia and inflammation were tested cross-sectionally and longitudinally. We tested interaction between IR and IL-6 with regards to risk of PEs at age 18. We tested whether IR mediated the relationship between IL-6 and PEs.

**Results.**– Based on 2627 participants, IR at age 18 years was associated with PEs; adjusted OR = 2.32 (95% CI, 1.37–3.97). IR correlated with inflammatory markers cross-sectionally and longitudinally. There was a significant interaction between IL-6 (age 9) and IR at (age 18) with regards to risk of PEs (age 18) ( $P = 0.03$ ). There was no evidence that IR mediated the relationship between IL-6 and PEs.

**Implications.**– PEs in early-adulthood are associated with IR, which exaggerates the effect of inflammation on the risk of PEs. There is an interplay between immune and metabolic alterations with regards to risk of psychosis, which may be useful for understanding disease pathogenesis and for clinical practice.

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

OR0101

### **First criminal behavior among adults with serious mental illness: Further evidence of the role of gender and substance use disorders**

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**Introduction.**– Substance use disorders (SUD) are well known risk factors for criminal behavior (CB) among patients with serious mental illness. However, the mediating effect of gender on this association has not been specifically explored.

**Objectives.**– To examine the impact of gender on the clinical characteristics of subjects who exhibited first CB and were admitted (1991–2016) to a Quebec psychiatric hospital.

**Methods.**– CB is defined as the hospitalization of an accused under a criminal custody order for any conviction. File information was collected for all adult (18–69 years) admissions during the study period. First, a descriptive analysis of the clinical characteristics of

632 subjects with CB was performed. Then, a cross-sectional study comparing clinical features of 400 first time admitted subjects and 232 multiple admission cases was conducted.

**Results.**– Overall, 10.5% of first time admitted patients had at least one conviction for CB. The CB rates significantly correlated with male gender (84%) and younger age (median: 35 years). Most subjects were admitted only once (64%), with an average of 42 days in the hospital. The CB cases were more likely to be suffering from SUD (10 vs. 5%). No significant correlation with other clinical characteristics such as alcohol misuse, comorbid personality, bipolar or schizophrenic disorders was observed.

**Conclusions.**– Among patients with serious mental illness, first criminal behavior is associated with male gender, younger age and comorbid SUD. Our findings also provide further supportive evidence that drug misuse may have a greater impact than alcohol misuse on the first instance of CB.

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

OR0102

### **Oxidative and nitrosative markers in obsessive-compulsive disorder: A systematic review and meta-analysis**

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**Introduction.**– Obsessive-compulsive disorder (OCD) is a chronic psychiatric illness with a lifetime prevalence of 2.3% in adults, with nearly two-thirds of patients reporting severe role impairment. The exact aetiology and pathophysiology of OCD remain unknown. However, immune dysfunction and unbalanced oxidative status have been reported, evoking a systemic involvement. Moreover, recent research suggests that pathways involved in oxidative and nitrosative stress (O&NS) may constitute novel therapeutic targets.

**Objectives.**– To review published evidence on the association between OCD and altered blood O&NS markers.

**Methods.**– We conducted a systematic review of case-control studies evaluating blood O&NS markers in OCD patients and controls, following the PRISMA statement. Search terms and selection criteria were published a priori. A random effects meta-analysis, using standardized mean differences, was performed for each biomarker when at least two studies were available.

**Results.**– Twelve studies met inclusion criteria, involving a total of 385 patients and 417 controls. Ten blood O&NS markers were eligible for quantitative analysis. We found that 8-hydroxydeoxyguanosine, nitric oxide, malondialdehyde, superoxide dismutase and glutathione peroxidase were significantly increased, and that total antioxidant status was significantly decreased, in OCD patients when compared with controls.

**Conclusions.**– Our results suggest that OCD patients have a systemic oxidative imbalance when compared to controls. Quality of evidence is impaired by the limited number of publications and by the quality of the studies. More robust studies are needed in order to support this association.

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

### **Oral communications 08: psychoneuroimmunology/psychophysiology/psychotherapy/rehabilitation and psychoeducation/training in psychiatry/genetics and molecular neurobiology**

OR0103

#### **Effect of schizophrenia risk variants on age at onset, age at anti-psychotic treatment initiation and age at first hospitalization in schizophrenia patients**

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**Introduction.**– The age at onset is a useful predictor for schizophrenia prognosis. Early onset (EO) schizophrenia predisposes individuals to greater cognitive deficits and more severe symptoms. In this study, we aimed to validate the risk alleles for schizophrenia, analyzing their effect on the age at onset (AAO), age at antipsychotic treatment initiation, and age at first hospitalization.

**Objectives.**– The main objective of this study was to validate the effect of the known schizophrenia risk alleles in determining anticipation in EO schizophrenia.

**Methods.**– We recruited 224 schizophrenia patients in Toronto from the Centre for Addiction and Mental Health (CAMH). All participants were diagnosed using the DSM-IV (SCID-I/P) criteria. Genomic DNA was extracted from white blood cells and genotyped using Illumina 2.5. We performed a secondary analysis focusing on well-known risk alleles ( $n = 106$ ). Information about age at onset, age at first hospitalization and age at antipsychotic treatment initiation was collected through a detailed life-chart administered at the time of the SCID. The data analysis performed using the CAMH Specialized Computing System, a cluster computer available at CAMH.

**Results.**– The SNP rs55661361 was statistically significant and was associated with anticipation in the EO schizophrenia group. The same SNP (rs55661361) produced significant association with the age at antipsychotic treatment initiation. We also found the SNP rs6704641 significantly associated with age at first hospitalization.

**Conclusions.**– This study identified the risk loci that may warrant further research in schizophrenia, paving the way for new target discoveries to produce better pharmacological treatments.

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

OR0104

#### **Refining suicide prevention: Advances in psychotherapeutic tools**

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**Introduction.**– Psychotherapies for suicide prevention are receiving growing consideration.

**Objectives.**– Our aim was to evaluate related literature published over the last 3 years.

**Methods.**– We searched for studies focused on psychotherapies for suicide prevention. Any form of suicidal phenotype [death (SD), attempt (SA), ideation (SI), self-harm (SH), but also non-suicidal

self-injury (NSSI) was considered. Articles [meta-analyses (A), reviews (B), and original studies (C)] published between 2014 and 2017 were included.

**Results.**–

– different psychotherapies seemed to be efficacious in the reduction of both SA and NSSI. After a recent SH episode, Cognitive Behavior Therapy (CBT) and Problem-Solving Therapy (PST) were associated with fewer SH repetition at follow-up and SI improvement. Dialectical Behavior Therapy (DBT) was found to reduce SH frequency. Interventions directly addressing suicidal thoughts and behavior during treatment were effective immediately post-treatment and long term on SD and SA, whereas treatments addressing symptoms indirectly associated with suicide (e.g., hopelessness, depression, anxiety, quality of life) were effective only at long term;

– concerning children and/or young people, effective treatments were: CBT (SH and SI), PST (SI), and interpersonal psychotherapy (IPT) (SI). Similarly, promising interventions for elderly in reducing SI were PST and IPT;

– Abandonment Psychotherapy was superior to treatment as usual in reducing suicidal relapse and SI both if administered by certified psychotherapists and nurses. Moreover, Acceptance and Commitment Therapy was found to reduce SI.

**Conclusions.**– Results indicated an encouraging growth of this research field in the last years and the presence of a number of promising interventions.

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

OR0105

### Altered Th17 pathway in schizophrenia: Evidences from genetic, gene expression and biochemical studies

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**Introduction.**– The immuno-inflammatory origin has emerged as a paradigmatic underlying mechanism of schizophrenia in recent times. However, the molecules or cells that confer major effect are yet to be discerned. Th17 cells, a recently identified lineage of T lymphocyte have been demonstrated as a predominant inducer of autoimmunity/inflammation in various pathological conditions. Altered levels of cytokines like IL-17, IL-23, and IL-22 indicate a dys-regulated Th17 pathway in schizophrenia. However, understanding of genetic and transcriptional regulation of this pathway is currently unknown in schizophrenia.

**Objectives.**– To understand the role of Th17 pathway in schizophrenia by examining genetic variation within *IL17* gene, quantifying gene expression of transcription factors like RORC and STAT3 and determining plasma levels of fifteen cytokines belonging to Th17 pathway.

**Methods.**– *IL17* (rs2275913; G197A) genotyping was done in 221 schizophrenia patients and 223 healthy subjects by PCR-RFLP method. Quantification of lymphocyte gene expression of RORC and STAT3 was performed using TaqMan assay. Plasma levels of a panel of fifteen Th17 pathway related cytokines were estimated by Multiplex Suspension Array in Bioplex platform.

**Results.**– RORC gene expression was significantly higher in schizophrenia patients [ $F(1, 103)=5.89$ ;  $P=0.017$ ; partial  $\eta^2=0.054$ ]. Female schizophrenia patients carrying AA geno-

type of *IL17* (G197A polymorphism) exhibited higher score of bizarre behaviour [ $F(2,161)=4.82$ ;  $P=0.009$ ;  $\eta^2=0.057$ ] and apathy [ $F(2,161)=3.69$ ;  $P=0.027$ ;  $\eta^2=0.044$ ]. In addition, significantly elevated levels of IL-6 ( $P=0.012$ ) and IL-22 ( $P<0.01$ ) were observed in schizophrenia patients.

**Conclusions.**– Our findings suggest a possible role Th17 pathway in the pathobiology of schizophrenia.

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

OR0106

### Alterations in bioelectric activity of the brain and therapeutic effects of neurofeedback in stroke patients with depressive states

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**Introduction.**– Post-stroke depression may be related both to situation and to alterations in brain physiology. Thus, neurophysiological approach may be reasonable.

**Objectives.**– To study the bioelectric activity of the brain and effects of neurofeedback in stroke patients with depressive states.

**Methods.**– The study included 25 stroke patients who underwent 17 sessions of neurofeedback during a 28-days period. Assessment included Beck Depression Inventory, State-Trait Anxiety Inventory, Hospital Anxiety and Depression Scale, quantitative EEG.

**Results.**– Strong correlations ( $r>0.8$ ,  $P<0.01$ ) of depression severity with beta-rhythm were found in left occipital, frontal, central parts. Average correlations ( $r>0.3$ ) of depression severity with alpha rhythm were recorded in the left occipital-temporal area, with theta rhythm in the left occipital region, with beta rhythm over all areas, especially in the left hemisphere. The recall of the stroke psychotrauma was associated with regression of the beta and alpha rhythms and with growth of the theta rhythm. After 15 neurofeedback trainings a tendency towards normalization of brain activity was noticed: a decrease in alpha rhythm in both hemispheres in 1.24–1.95 times, in theta rhythm in 1.11–1.51 times, an increase in beta rhythm in 1.14–1.49 times, which correlated with a decrease in the severity of the depressive state.

**Conclusions.**– Post-stroke depressive states are related to alterations in brain bioelectric activity across a wide range of rhythms and brain areas. Neurofeedback treatment results in concomitant improvements in neurophysiological and emotional states.

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

OR0107

### The genetics of cognitive functions in major depressive disorder. A review

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**Introduction.**– Cognition represents mental processes that interpret the world, organize feelings, communicate, think and remember. Those activities are impacted during major depressive disorders (MDD). Cognition has a genetic base. A better understand-

ing of its biological underpinnings would pave the way to more effective strategies to treat mood disorders.

**Methods.**– Five main systems were reviewed for association between a genetic background and cognition, with a focus on MDD:  
– glutamatergic and GABAergic;  
– serotonergic;  
– dopaminergic;  
– neurotrophic factors;  
– cholinergic.

Research was primarily based on clinical association reports, animal models were also included. Results from the GWAS analyses on cognition were also included. Pubmed served as a research engine. The genes belonging to each system were manually extrapolated from [www.genecards.com](http://www.genecards.com), and organized in molecular pathways.  
**Result.**– The following genes were identified (underlined = human evidence): *GRIA2*, *GRIA3*, *GRIA4*, *GRIK4*, *GRIK3*, *GRIN2B*, *GRIN2A*, *GRIN2C*, *GRIN3A*, *GRIN3B*, *DLG4*, *SHANK*, *GRM1*, *GRM2*, *GRM3*, *GRM4*, *GRM5*, *GRM7*, *SLC1A3*, *SLC1A2*, *GAD1*, *GAD2*, *SLC6A4*, *HTR1A*, *HTR2A*, *HTR3*, *HTR3E*, *HTR3A*, *HTR1B*, *HTR2C*, *DRD2*, *DRD4*, *DRD1*, *COMT*, *MAO-A*, *CHRM1*, *CHRNA7*, *CHRN2*, *BDNF*, *TNF*, *CTNBL1*, *PTPR*, *ATXN2*, *CYP2D6*, *APBA1*, *CADM2*, *HSE1*, *NRXN1* and *HEY1*.

**Discussion.**– Cognition is a multigenetic-driven biologic event. Cognition may be severely impacted during MDD and cognitive resilience or amelioration during treatment are considered positive prognostic factors for a full recovery. Based on previous evidence of genetic influence on animal models and human samples, a set of molecular pathways is created and will be prioritized in GWAS molecular pathway analysis in pharmacogenetic investigations.

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

OR0108

### New ways to learn psychopharmacology: Receptor polygomis

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**Introduction.**– Many books show the receptor profile in a difficult way to learn. This traditional approach has been criticized due to excessive information and passive transfer of expert knowledge  
**Objectives.**– We are currently developing this graphics, formally called “Polygomis” because the polygon shape to help students understand and apply basic science concepts like receptor binding profile.

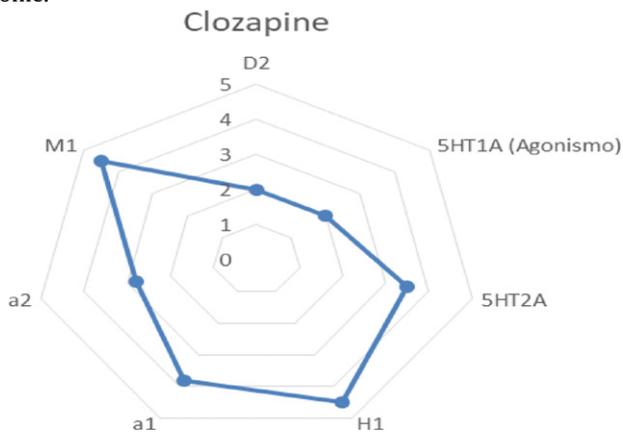


Fig. 1

**Methods.**– We made a systematic computerized literature search of clinical studies using MEDLINE, The Cochrane Library and Trip look-

ing for papers with comparing data about antipsychotics receptor binding affinity

**Results.**– The results are shown in figures. Figure 1 is the clozapine receptor binding profile polygomis and Figure 2 is a comparison between 2 antipsychotics binding profile: risperidone and olanzapine. Each vertex of the heptagon represents one receptor: dopamine D2, muscarinic M1, serotonin 5-HT1A and 5-HT2A, histamine H1, alpha 1 and alpha 2 receptors

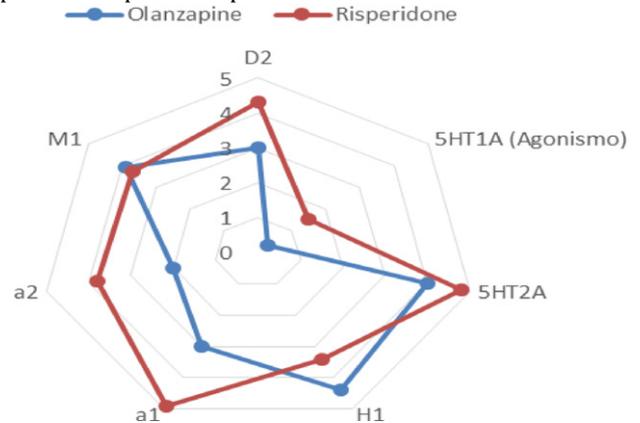


Fig. 2

**Conclusion.**– We consider this way to learn antipsychotics visual and easy to get an idea of the side effects. Polygomis can be shown adding or removing specific receptors. Any graphic could be built, like one with two or more antipsychotics to compare them. Our study has several limitations. This graphics could be expanded to old drugs such as perphenazine and sulpiride but we did not find reliable data for the design. The receptor binding profile in laboratory is a standard one and the clinical effectiveness of the antipsychotic could differ from one patient to each other. Some receptor function is not known. Some antipsychotics, like clozapine, have effects not clearly correlated with the binding profile.

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

OR0109

### Psychiatric disorders in systemic lupus erythematosus

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**Introduction.**– Systemic lupus erythematosus (SLE) is a prototypic autoimmune disease affecting multiple organ systems. Psychiatric disorder in SLE is a serious and well-recognized problem that remains a significant source of morbidity.

**Objectives.**– To investigate the frequency and type of psychiatric disease in patients suffering from SLE.

**Methods.**– This is a retrospective and descriptive study conducted in Internal Medicine and Neurology Departments for a period of 14 years.

**Results.**– The study included 185 SLE patients. Fifteen of the 40 patients with neuropsychiatric manifestations had psychiatric disorder. A psychosis occurred in 8 women (4.3%). The diagnosis was concomitant with the diagnosis of lupus disease in 7 cases with a mean age of 32.7 years. Two patients had a favorable evolution after

a prescribed sedative symptomatic treatment for an average duration of one week. A state of acute confusion was noted in 7 women (3.8%). The mean age at the time of this confusion was  $34 \pm 6.5$  years. The evolution was favorable in all cases after an average duration of 40 days.

**Conclusion.**– Psychiatric abnormalities are polymorphic and common accompaniments of SLE. Those disorders are to be anticipated because they can interfere with compliance with the treatment of lupus, but also with the management of lupus.

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

OR0110

### Stigmatizing attitudes towards mental illness among medical students

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**Introduction.**– Medical students are at greater risk of depressive symptoms or depression than the general population. A positive attitude towards mental illness is important and desirable in future clinicians as it may impact on the provision of healthcare.

**Methods.**– A cross-sectional, online survey was conducted to evaluate the attitudes and degree of stigma towards mental illness among pre graduate students. All second-year students were invited to complete the CAMI, RIBS and MAKs questionnaires before taking the Psychological Medicine course. Participation was kept voluntary and responses were anonymized.

**Results.**– During the last two semesters, 518 of 602 students (response rate=86,04%) completed the survey. Nearly a quarter (22.5%) of the sample would not be willing to work with someone with a mental health problem. Moreover, 40.6% of the students agreed or strongly agreed that stress is a mental health condition, whereas 97% supported that for schizophrenia. Men showed higher scores ( $P < 0.05$ ) on the “benevolence” CAMI subscale, which corresponds to having more compassion and empathy towards mental health patients than women. Men were also more likely than women to consider grief as a mental disorder ( $P < 0.05$ ). Students currently or ever living with someone with a mental health problem scored higher on the CAMI ( $r = 0.122$ ;  $P < 0.005$ ).

**Conclusions.**– Significant gender differences were found regarding knowledge and empathy and compassion attitudes. Anti-stigma preventive measures should be implemented to educate the next generation of healthcare professionals.

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

OR0111

### Stress, inflammation and depression: Integrative role of the endocannabinoid pathway

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**Background.**– The endocannabinoid (eCB) system is implicated in pathomechanism of affective disorders but human genetic studies with interacting stress factors are lacked in this field.

**Methods.**– We recruited 854 volunteers into our study. Phenotype was measured by the Zung Self Rating Depression Scale (ZSDS), Brief Symptom Inventory (BSI), the STAI State-Trait Anxiety Inventory (STAI trait, STAI-T; STAI state, STAI-S) and Childhood Adversity Questionnaire. Four SNPs (rs1049353 rs470736, rs2180619 in CB1 receptor gene; R315Q in CB2 receptor gene and C385A in (fatty acid amide hydrolase, FAAH) were genotyped from DNA of buccal samples.

**Results.**– Single effect of R315Q on ZSDS score was significant ( $P = 0.003$ ). Epistatic effects were detected between C385A and R315Q on ZSDS score ( $P = 0.014$ ), BSI-ANX ( $p_{\text{int}} = 0.018$ ) and STAI-T ( $p_{\text{int}} = 0.003$ ). Further interacting effects of R315Q and CNR1 polymorphisms (rs1049353 and rs470736) were significant on ZSDS score ( $p_{\text{int}} = 0.0003$ ;  $p_{\text{int}} = 0.0002$ , respectively). Epigenetic effect of childhood trauma was pronounced in case of CNR2. Risk allele carriers of R315Q exhibited higher STAI-T and BSI-ANX scores if they were exposed by higher number of childhood trauma ( $p_{\text{int}} = 0.018$ ;  $p_{\text{int}} = 0.002$ , respectively).

**Conclusion.**– Besides the well-known role of eCB in the stress response our data suggest that eCB signalling can be the shared molecular pathway of neuroendocrinological and neuroimmunological component in pathomechanism of affective disorders via genetically determined variants of FAAH, CNR1 and CB2 genes.

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OR0112

### Recovery model implementation in psychiatric in-patient settings: Pilot study

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**Introduction.**– Today, the recovery model guides mental health services, including psychiatric hospitals (e.g. NMHDU 2011). However, delivery of recovery oriented services in inpatient settings is still a challenge. A recent qualitative study classified affecting factors into three levels: the environment, the inpatient and the service provider (Chen et al., 2013).

**Objectives.**– To evaluate impact of factors at the environment, the inpatient and the service provider levels on the recovery model implementation in hospitals.

**Methods.**– Forty-five service providers and 42 inpatients from three types of wards (acute locked, acute open and day-hospitalization) of two hospitals participated in this cross-sectional study. Data was collected on the inpatients' cognition, functional capacity and illness severity. Service providers' information included professional status and evaluation of the recovery model knowledge and attitudes. Implementation of the recovery model was measured with the Recovery Self-Assessment, inpatients' and service providers' versions.

**Results.**– Differences were found between the three types of wards in recovery orientation as reported by service providers ( $\chi^2_2 = 15.3$ ,  $P < .001$ ), but not as reported by inpatients ( $\chi^2_2 = 2.34$ ,  $P > .05$ ). Providers' internalized knowledge and attitudes toward recovery (but not formal education in the field), functional capacity of inpatients and age of illness onset were associated with recovery implementation ( $0.31 < r < 0.48$ ,  $P < .05$ ) and explained it ( $F_3 = 8.63$ ,  $P < .01$ , Adj  $R^2 = 0.37$ ).

**Conclusions.**– These findings confirm quantitatively multilevel nature of factors that affect the implementation of recovery model in psychiatric hospital and detect the most relevant ones. The results may assist hospital personnel to promote implementation of the recovery model in psychiatric hospital.

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

OR0113

### **Effects of immunomodulatory drugs on the development of chronic opiate dependence in experimental animals**

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**Background.**– Morphine immunomodulatory activities have been characterized in animal and human studies. Morphine can decrease the effectiveness of several functions of both natural and adaptive immunity, and significantly reduces cellular immunity.

**Objectives.**– We examined effects of two immunomodulatory drugs on the development of morphine dependence, function of brain cells and cellular immune response in animals.

**Methods.**– Wistar and OXYS male rats were used in experiments. Morphine dependence was developed by the method of compulsory drink. Myeloid (100 µg/kg), T-activine (10 µg/kg) were injected intraperitoneally on the 1st and 10th days of soldering. Immunomodulator’s effects on the nervous cells, behavioral and immune parameters in animals were estimated.

**Results.**– OXYS rats were highly sensitive to morphine and showed accelerated development of chronic dependence. T- aktivin or Myeloid administration significantly increased a period of dependence formation from 25 days to 32–35 days in all animals and changed OXYS rat’s behavior in the “open-field” test. It was shown also protective effects of six myelopeptides (which are part of myeloid) in hippocampal slice culture treated with toxic morphine dose, as well as on morphine-induced oxidative stress and apoptosis in neuroblastoma C-1300 cells. The use of both immunomodulators in the development of morphine dependence prevents the suppression of the delayed type hypersensitivity reaction in all animals.

**Conclusion.**– T-activin and myeloid increased the opiate dependence development period reduced the morphine-induced immunosuppression and possess antiapoptotic and antioxidant properties in the toxic effect of morphine on nervous cells. Hence, their use promising both for treatment and for the prevention of opiate addiction.

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

OR0114

### **Innate immunity alterations in schizophrenia: A computational deconvolution study of leukocyte counts**

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**Introduction.**– Accumulating evidence indicates various immune system dysregulations in patients with schizophrenia. For instance, several alterations in the levels of distinct leukocytes subpopulations have been reported in this group of patients. However, previous studies investigating leukocyte counts in schizophrenia have provided mixed findings and used various analytical techniques.

**Objective.**– In this study, we aimed to estimate leukocyte counts based on data from peripheral blood DNA expression profiles.

**Methods.**– We translated a computational deconvolution approach to estimate leukocyte counts using publicly available data from studies profiling global DNA expression. Our analysis was performed on two independent datasets, representing a total of 711 schizophrenia patients and 713 healthy controls.

**Results.**– We found significantly lower levels of CD8+ and NK cells as well as significantly higher levels of granulocytes in patients with schizophrenia across both datasets. In addition, there was significantly lower level of CD4+ cells in one dataset. Differences in CD8+ cells were not significant after co-varying for age and sex in one dataset.

**Conclusions.**– Taking into account concordant results in both datasets, our study indicates that patients with schizophrenia present specific alterations of innate immunity, manifesting in decreased levels of NK cells and increased levels of granulocytes. Longitudinal studies are needed to disentangle whether these alterations are specific to any phase of the illness and whether antipsychotic treatment contributes to changes in the levels of NK cells and granulocytes.

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

OR0115

### **Histone deacetylase inhibition during CUMS prevents anhedonia in male rat**

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Pleasure unresponsiveness or anhedonia, is a symptom of neuropsychiatric conditions, but in major depression it is the core one. There is “anhedonic phenotype” in normal population, as well. Stress is risk factor for anhedonia through epigenetic modifications. As phenotype, anhedonia is potent risk factor, for mental disorders. Stress modulate histone deacetylase and mineralocorticoid receptors’ gene expression. here, we studied histone deacetylase inhibitor, “valproic acid”, on stress induced anhedonia control.

**Material and method.**– Male rats, (200–250g) living in standard situation for light, food and water were choosed randomly. Rats divided into two CUMS and non-stressed groups. Both groups divided to VPA treated and saline, sub-groups. Six weeks CUMS, protocol induce anhedonia. Treatment (VPA, 200 mg/kg day or saline) started from second week of CUMS and continued all along it. After

stress SCT and NORT, applied. Fresh and fixed brain samples, for RT-PCR and Nissl staining, prepared.

**Results.**– SCT and NORT were both impaired, in CUMS+saline group compared with non-stressed ( $P<0.001$ ). Comparison of CUMS+VPA with non-stressed subgroups showed no difference in behavioral tests. MC4R and HDAC expression were both increased in CUMS+saline ( $P<0.001$ ). Both genes' expressions were decreased in CUMS+VPA, compared with stress+saline ( $P<0.001$ , MC4R) and ( $P<0.001$ , HDAC). Gene expression in CUMS+VPA and non-stressed, showed no difference. Nissl showed decreased NAC cell count, in CUMS+saline, compared with non-stressed group ( $P<0.001$ ). In CUMS+VPA cell count there was no difference, compared with non-stressed.

**Conclusion.**– In this study, we showed that valproic acid as an HDAC controlled the impact of stress, and prevented it is anhedonic manifestations at least partly by modulation of HDAC and MC4R genes.  
**Disclosure of interest.**– The authors have not supplied a conflict of interest statement.

OR0116

### **A psychophysiological study of cognitive disorders in naive middle-age patients with uncomplicated essential hypertension and white matter lesions**

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**Introduction.**– Presence of cognitive disorders (CD) alongside essential hypertension (EH) is most commonly associated with white matter lesions (WMLs).

**Objectives.**– To assess cognitive functions in EH patients and healthy persons and evaluate the connection of the revealed CD with the presence of WMLs.

**Methods.**– The study involved 39 naive middle-age patients with uncomplicated EH, stage 1–2, average age is  $51.9 \pm 6.5$  and 49 normotensive persons, average age is  $47.9 \pm 6.2$ . WMLs have been revealed in 6 persons from the control group and 16 persons from the EH group. Brain MRIs have been obtained using a 3-TMR scanner MAGNETOM Skyra 3T (“Siemens”). The assessment of cognitive functions has been conducted using a Trail Making test, MoCA test, Verbal fluency test, Stroop test, CERAD 10-word list and Pictogram test.

**Results.**– Patients with WMLs differ significantly from persons with normal appearance white matter (NAWM) in the following indicators in Pictogram test: quantity of the concrete images ( $0.7 \pm 0.1$  VS  $2.7 \pm 0.9$ ;  $P=0.009$ ); inertness of mental processes ( $0.80 \pm 0.2$  VS  $0.05 \pm 0.01$ ;  $P=0.009$ ); decreasing accuracy of recalled words ( $3.7 \pm 1.1$  VS  $0.8 \pm 0.9$ ;  $P=0.02$ ); decreased recall of affective words ( $5.71 \pm 2.3$  VS  $3.0 \pm 1.8$ ;  $P=0.02$ ). TMT has revealed the presence of differences between groups in B-scores: ( $81.33 \pm 15.6$  VS  $115.18 \pm 13.7$ ;  $P=0.02$ ).

**Conclusion.**– The results indicate differences in cognitive functioning between NAWM and WMLs in respect not only to patients with EH but for their peers without EH as well. These results necessitate further research aimed at verification of the hypothesis about the connection between CD in EH patients with WMLs.

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

OR0117

### **A role of T cell subsets in the immunodysfunction of schizophrenia**

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**Introduction.**– Schizophrenia has been associated with increased level of peripheral pro-inflammatory markers. These findings have supported to conceptualize schizophrenia as a chronic low-grade inflammatory disorder.

**Objective.**– The underlying mechanisms of this phenomenon may include changes in circulating cells and their activation profiles. An investigation of T cell subsets and their activation profiles might be helpful to understand the underlying mechanism of the immunopathogenesis in schizophrenia.

**Method.**– A total of 40 stable-chronic subjects with schizophrenia (all medicated; 9 of all with treatment resistant schizophrenia) and 40 age-sex-smoking status matched controls were recruited in this study. Peripheral blood mononuclear cells (PBMC) were isolated and phenotyped (CD3+, CD4+, CD8+, CD14+, CD19+, CD20+, CD16+56+, CD25+ and FoxP3+), and after 72 h co-culture with anti-CD3+ measured their Th1/Th2/Th17 cytokines (IL-2, IL-4, IL-6, IL-10, IFN, TNF, IL-17) production and change of CD4+CD25+ and CD4+CD25+FoxP3 cells proliferation. In addition, the cytokines were performed in plasma. In a large panel of immun cell subsets and cytokines were measured by multi-color flow cytometry.

**Results.**– Schizophrenic patients showed lower percentage of CD3+ cells compared to healthy controls; after in vitro stimulation, levels of cytokines IL-6, IFN-g, TNF-a, IL-17 were found significantly higher than controls, CD+4CD+25FoxP3 regulatory cells proliferation was found lower than controls, CD4+CD25+ activated T cells proliferation was found higher than controls. Furthermore, immun cells panel was associated with a strong bias to Th reg rather Th 17(IL-10/IL-17).

**Conclusion.**– Our data suggest that dysfunction of T regulatory cells cause imbalance in T cell mediated autoimmunity in schizophrenia.

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

OR0118

### **β2-microglobulin: A potential biomarker for bipolar disorder and schizophrenia?**

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**Introduction.**– Bipolar disorder (BD) and schizophrenia (SZ) are staging disorders with progressive cognitive/functioning

decline. Among etiopathogenic hypothesis, immuno-inflammatory dysfunction re-emerged recently, setting the innovative field of immunopsychiatry.  $\beta_2$ -microglobulin ( $\beta_2m$ ) is a potential biomarker for cognitive decline:

– part of MHC-I molecules at cell surface, its circulating concentration reflects cellular immunity activation;

– while MHC-I has a pivotal role in neuro-development/plasticity,  $\beta_2m$  is implicated in cognitive ageing processes.

However, its relationship with psychiatric condition remain unclear. We hence hypothesized that serum  $\beta_2m$  level may reflect acute episodes and functioning impairment in BD and SZ.

**Methods.**– We analyzed  $\beta_2m$  levels in a cohort of 128 BD/59 SZ acute episode inpatients assessed twice (admission & discharge), compared with 46 BD/46 SZ stabilized outpatients and 115 healthy controls. Subjects were clinically assessed by standardized interview: MADRS, YMRS, PANSS for symptom dimensions and GAF, CGI, FAST for global functioning. Data analysis compared serum  $\beta_2m$  between groups (ANOVA/group-by-group *t*-test) then admission vs discharge (paired *t*-test). Finally, we explored correlations with clinical scores.

**Results.**– Significant  $\beta_2m$  level differences appeared between groups ( $P < 10^{-4}$ ) but remained stable on discharge vs admission. In BD,  $\beta_2m$  levels were higher on acute episode ( $1.88 \pm 0.53 \mu\text{g/mL}$ ) compared to euthymia ( $1.65 \pm 0.42 \mu\text{g/mL}$ ,  $P < .005$ ) and controls ( $1.58 \pm 0.41 \mu\text{g/mL}$ ,  $P < 10^{-5}$ ). In SZ, patients had higher  $\beta_2m$  levels ( $1.84 \pm 0.54 \mu\text{g/mL}$ ,  $P < .002$ ) compared with controls, correlated with PANSS disorganization sub-score (N7+G11+G10+P2+N5 items,  $P < 10^{-3}$ ).

**Conclusion.**– These preliminary data suggest serum  $\beta_2m$  as a state biomarker of acute phase BD and a disorganization severity biomarker in SZ. Further analysis will investigate it on a staging and functioning perspective.

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

OR0119

### Psychological interventions in patients undergoing bariatric surgery – preliminary results of a systematic review

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**Introduction.**– Bariatric surgery (BS) is the most effective treatment for morbid obesity. BS preoperative weight loss (WL) and lifestyle interventions can result in fewer complications and lower chance of weight regain.

**Objectives.**– To assess the effectiveness of perioperative psychological interventions (PI) in morbidly obese patients undergoing BS.

**Methods.**– A protocol is currently awaiting for acceptance in PROSPERO. We comprehensively searched electronic databases for relevant studies. Screening and data extraction were performed by two independent reviewers. Third reviewer resolved conflicts.

**Results.**– Of 10,339 identified papers we included 9 studies (12 papers), recruiting 2417 patients (79% women) in total. Mean age was 44.9 (18 to 68). Mean number of patients was 269 (43–929). Five studies provided PI after BS and 4 both before and after. Four studies gave intervention as group sessions, 3 as individual and 2 as mixed. Mean number of PI sessions was 11 (4 before and

7 after BS). Single session duration ranged from 15 to 180 min. BMI loss was 9.4–16.6 in intervention and 10.7–16.4 kg/m<sup>2</sup> in control group, while WL: 33.7–48.7 kg and 38.1–45.3 kg respectively. Results regarding WL were not consistent between studies. Only 2 studies showed significant difference in WL between the groups (1 in favour of intervention, 1 in favour of control group). Final results will be presented at the conference.

**Conclusions.**– It is unclear whether PI provides additional weight loss as study results are not consistent.

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

### Oral communications 09: Suicidology and suicide prevention/substance related and addictive disorders/women, gender and mental health

OR0120

#### Stressful exposure to the public in the workplace is associated with alcohol, tobacco and cannabis use: Findings from the large population-based constances cohort

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**Objectives.**– Emotional job demand is a growing issue in european countries. However, associations between this occupational risk and addictive behaviors are underexplored. Our aim was to examine the associations between stressful exposure to the public in the workplace and alcohol, tobacco and cannabis use.

**Methods.**– From the French population-based Constances cohort, 10,794 men and 14,040 women reported a current job with a daily exposure to the public. Stressful exposure to the public (often versus rarely) was self-reported as well as the following dependent variables: weekly alcohol consumption, frequency of heavy episodic drinking, alcohol use risk categories (mild, dangerous, problematic or dependence) defined with the Alcohol Use Disorders Identification Test, smoking status, daily tobacco consumption and monthly cannabis consumption. Logistic regressions provided odds ratios of substance use, stratifying for gender and adjusting for sociodemographic confounders, depression, effort-reward imbalance and perceived health status.

**Results.**– Among men, stressful exposure to the public was positively associated with frequency of heavy episodic drinking, smoking status and daily tobacco consumption. Among women, positive associations were observed with smoking status, daily tobacco consumption, and monthly cannabis consumption. Regarding alcohol use in women, positive associations were found with daily alcohol consumption and with alcohol use risk categories as follows: OR (95%CI)=1,32 (1,14–1,52) and OR (95%CI)=2,12 (1,44–3,11) for being in the “dangerous” and in the “problematic or dependence” categories compared to the “mild” one, respectively.

**Conclusions.**– Workers exposed to emotional demand should benefit from screening for addictions as well as from interventions aiming at reducing substance use by decreasing work stress.

**Disclosure of interest.**– Guillaume Airagnes has received speaker and consulting fees from Lundbeck. Cédric Lemogne has received speaker and consulting fees from Daiichi-Sankyo, Janssen, Lundbeck, Otsuka Pharmaceuticals and Servier. Frédéric Limosin

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OR0121

### Thyroid axis functioning in patients with high suicide risk

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**Introduction.**– Dysfunction of the thyroid gland is frequently associated with affective and psychotic disorders [Bauer 2008; Bunevicius 2016], but the role of thyroid hormones in association with suicidal behavior is not clearly defined. The suicide rate in Lithuania is the highest in Europe [WHO, 2015], therefore the analysis of factors for suicide risk remains an important task.

**Objectives.**– To evaluate thyroid axis functioning in patients with high suicide risk, hospitalized in psychiatric hospital in comparison to healthy donors-controls.

**Methods.**– Adults, non-psychotic patients, without cognitive impairment, hospitalized due to high suicide risk were invited to participate in the study. All 56 patients filled the sociodemographic questionnaire. Blood samples were assessed for Thyroid stimulating hormone (TSH), free thyroxine (FT4) and free triiodothyronine (FT3) concentrations. Blood samples of 120 healthy blood donors were served as control group.

**Results.**– There were no significant mean age differences among patients and controls ( $36.46 \pm 13.13$  years vs.  $34.31 \pm 12.96$  years, respectively;  $P=0.307$ ). Patient group had higher prevalence of women (66.1% vs 42.5%, respectively;  $P=0.003$ ), so all hormone comparisons were controlled for gender. In our study, patients in comparison to controls had lower mean FT3 concentrations ( $4.0 \pm 0.84$  pmol/L vs.  $5.22 \pm 0.86$  pmol/L, respectively;  $P < 0.001$ ) and lower mean FT4 concentrations ( $13.57 \pm 2.62$  pmol/L vs.  $16.79 \pm 2.28$  pmol/L;  $P < 0.001$ ), without significant differences in TSH concentrations ( $1.83 \pm 1.45$  mU/L vs.  $1.63 \pm 1.36$  mU/L,  $P=0.36$ ).

**Conclusions.**– Patients, hospitalized with high suicide risk in comparison to the healthy control group had lower FT3 and lower FT4 concentrations without differences in TSH concentrations. Lower free thyroid hormones concentrations in patients with high suicide risk did not affect thyroid hormone activity in pituitary.

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

OR0122

### Perceived stigma as a potential moderator of treatment outcome in persons with gender dysphoria: A two-year follow-up study

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**Introduction.**– Enacted and perceived transphobia is a relevant issue in clinical management of persons with gender dysphoria (GD). The reduction body dissatisfaction is an important target of hormonal treatment.

**Objective.**– To evaluate whether internalized transphobia represented a moderator of the effects of hormonal treatment in GD persons.

**Methods.**– Fifty male-to-female (MtF), 50 female-to-male (FtM) were evaluated by means Main Outcome Measures. Subjects were studied by means of the Structured Clinical Interview, the Symptom Checklist (SCL-90), the Body Uneasiness Test (BUT), the Attitudes Toward Transgendered Individuals Scale (ATTI). The evaluation was repeated 2 years prospectively, after cross-sex hormonal treatment.

**Results.**– Both MtF and FtM groups reported a significant reduction of SCL-90 and BUT scores across time. When stratifying patients on the basis of transphobia scores a significant effects on BUT reduction was observed: the group with low internalized transphobia reported a stable reduction of BUT scores across time, while the group with high internalized transphobia reported a not significant reduction of these psychopathological feature (Figure 1).

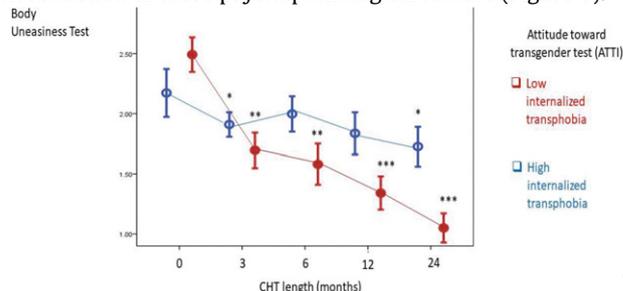


Fig. 1 Internalized transphobia and body uneasiness change after CHT.

**Conclusions.**– Hormonal treatment is effective in reducing psychopathology in persons with GD. Internalized stigma is a relevant matter of concern in GD clinical management, as it might moderate the effects of cross-sex hormonal treatment in terms of psychopathology reduction.

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

OR0123

### Differential association between cytokines and cerebral activations during experience of social exclusion

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**Objective.**– To measure the association between cerebral activations during experimental social exclusion and levels of inflammatory markers in subjects having a history of major depressive episode with or without suicidal act.

**Methods.**– A total of 116 euthymic females divided into 3 groups: 45 having a history of depression and suicide attempt, 43 having a history of depression without suicide attempt and 28 healthy subjects. During fMRI, they performed cyberball game, a validated social exclusion task. Blood levels of cytokines IL-1B, IL-6, TNF- $\alpha$  and IL-2 were measured prior to fMRI. Analyses were performed in regions of interest: insula, orbitofrontal cortex (OFC) and anterior cingulate cortex (ACC).

**Results.**– Baseline IL-1 Beta was negatively associated with R-OFC ( $P=0.01$ ), whereas baseline IL-2 was positively associated with R-ACC ( $P=0.02$ ); R-insula ( $P=0.002$ ) and R-OFC ( $P=0.004$ ). These associations remained significant after controlling on group, the

type of mood disorder (unipolar or bipolar) and level of social distress.

**Conclusion.**– Baseline IL-1 and IL-2 blood levels show differential association with cerebral activations involved in perception of social exclusion, independently of suicidal behavior or mood disorder history. Our results may help to better understand the role of basal inflammation in social stress and its link with pathophysiology of mood disorders.

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

OR0124

### **Case-control study of suicide in children and young people using linked primary and secondary routinely collected electronic health records**

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**Introduction.**– Recent studies have focused on health care contacts for all those who complete suicide to highlight opportunities for intervention. In Wales, electronic health records (EHR) are routinely collected, providing an invaluable opportunity for researching suicide risk factors readily available to practitioners.

**Objectives.**– In this study, we linked primary and secondary EHRs in a bid to identify suicide risk factors for those between 10 and 24 years of age.

**Methods.**– We linked seven different datasets: National Statistics Annual District Deaths Extract, Welsh Demographic Service, Welsh Primary Care GP, Patient Episode Database for Wales, Outpatient Dataset, Emergency Department Data Set and National Community Child datasets. After identifying a total of 490 cases, we matched them with 10 controls of same gender and age ( $\pm 1$  year). We identified cases' and controls' mothers and cohabitants. We measured a number of factors from this population, including self-harm, mental health issues and drugs and alcohol misuse, and fed them into a conditional logistic regression model.

**Results.**– Preliminary results suggest that environmental factors extracted from cohabitants have a statistically significant effect even after adjusting for deprivation. In addition, self-harm and mental health events seem to be the strongest factors by far of those considered in the study.

**Conclusions.**– Our preliminary analysis indicate that the use of linked EHR for the study of suicide can yield interesting results. Once completed, we hope this study will help to identify other suicide risk factors readily available for practitioners and can therefore be quickly used to identify opportunities for intervention and improve care.

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

OR0125

### **The influence of mass media on body satisfaction in young females: The role of emotional reappraisal**

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**Introduction.**– Dismorphophobia and related disorders are a major challenge of contemporary mental healthcare. It is supposed that persistent translation of ideal body image by mass media may interfere with body satisfaction in young females.

**Objectives.**– To study the psychological factors mediating the influence of mass media on body satisfaction in young females.

**Methods.**– A total of 164 females aged 18–30 years underwent a survey regarding frequency and specifics of TV and magazines consumption (hours per week, types of programs and magazines), the needs and desires actualized by mass media, the emotions they feel for the women with ideal body seen on TV and in magazines. Satisfaction with body (form, legs, breast, waist, hips, face, skin, height, total score), health, intelligence, temper, happiness was assessed with visual analogous scales (the difference between the actual and desired), and depression - with Beck's inventory. Multiple regressions were performed for the total body satisfaction score.

**Results.**– After multi-step regression, the following significant variables influencing body satisfaction were identified: body mass index, feelings of guilt and envy for the women with ideal body translated by mass media, the difference between actual and desired happiness or Beck's score ( $R=0.65$ ,  $P<0.0001$ ). Quantity of consumption and types of mass media had no predictive value.

**Conclusions.**– The negative influence of mass media on body satisfaction in young females is governed by the depressive emotional reappraisal of the perceived media products with feelings of guilt and envy for the women with ideal body.

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

OR0126

### **Characteristics of rural suicide in Romania**

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**Introduction.**– Although suicide is a public health problem in Romania, there are no national studies on complete suicide depending on the home environment of the suicide person.

**Objectives.**– The objective of this study was to analyze the cases of completed suicide depending on the home environment of the suicidal person.

**Methods.**– Was used the National Institute of Statistics database on the number of suicides between 2009–2013 and the data was analyzed with the SPSS 14 program.

**Results.**– Over the period 2009–2013 were registered 12,799 cases of complete suicide, males 84.7%, male/female ratio = 5.5. The annual rate of suicide in the rural area was 15.2/100,000, while in urban area was 8.5/100,000.

In the urban environment, the suicidal methods more used were shooting ( $P=0$ ,  $RR=17.8982$ ), narcotics intoxication ( $P=0$ ,  $RR=14.2268$ ), drug intoxication ( $P=0.5012$ ,  $RR=2.2348$ ), fall from height ( $P=0$ ,  $RR=5.2711$ ), throwing in front of a car or road accident ( $P=0$ ,  $RR=2.6339$ ) and use of sharp objects ( $P=0.000433$ ,  $RR=1.6433$ ), while voluntary pesticide intoxication ( $P=0.00904$ ,

RR=0.5099) and hanging ( $P=0$ , RR=0.9356) were more frequently used in rural areas.

Suicidal persons from urban area were more often divorced ( $P=0$ ), while rural suicidal were more often unmarried ( $P=0.041465$ ) or married ( $P=0.025775$ ).

Urban residents chose more often to commit suicide in a health facility ( $P=0$ ) or in another location ( $P=0$ ), while rural residents usually commit suicide in their own home ( $P=0$ ).

**Conclusions.**– There are statistically significant differences between the characteristics of suicide in urban and rural areas. Knowing these differences can help us develop suicide prevention interventions tailored to vulnerable groups.

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

OR0127

### **Role of dopamine transporter ((DAT)) in alcohol dependence – a genetic association and imaging study**

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**Introduction.**– Alcohol manifests its effect mainly through activation of dopamine or the reward pathway. Dopamine transporter (DAT) is a critical regulator, responsible for the re-uptake of dopamine from the synaptic cleft into the presynaptic neurons. Thus, DAT levels and genetic factors affecting them maybe useful markers in conditions like alcohol dependence (AD).

**Objectives.**– Genotyping the DAT1 40bp VNTR and DAT imaging using SPECT-CT in AD subjects.

**Methods.**– The study group comprised 100 each of male AD patients (DSM IV criteria), recruited from the National Drug Dependence Treatment Centre, AIIMS and controls from the general population. Subjects interviewed using a pre-designed questionnaire and WHO ASSIST tool and 5 mL peripheral blood drawn after informed consent. Genomic DNA isolated was screened for DAT1 40bp VNTR. SPECT-CT imaging using 99mTc-TRODAT-1 performed to measure striatal DAT levels in 20 AD patients and 20 controls.

**Results.**– DAT1 genotype frequencies revealed 10 repeat allele (10r) to be the most frequent in our subjects (87.8% controls; 78.2% cases). The 9 repeat (9r) allele was more pronounced in cases (22%) compared to controls (12%) ( $P=0.09$ ). Correlation of SPECT results and DAT1 genotypes of the 20 AD subjects and controls revealed the patients to have a higher 9r frequency (17.5% cases; 13.2% controls) and significantly reduced DAT availability in the left striatum ( $0.89 \pm 0.41$  cases;  $1.21 \pm 0.34$  controls) ( $P=0.02$ ) and putamen ( $1.02 \pm 0.47$  cases;  $1.38 \pm 0.37$  controls) ( $P=0.02$ ).

**Conclusion.**– A comparatively higher 9r allele frequency and significantly reduced DAT availability are indicative of diminished dopaminergic functioning in AD patients, suggesting it to be genetically regulated.

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

OR0128

### **Live stream suicide**

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**Introduction.**– On June 2016, according to internetworldstats, 50.1% of the world have access to the Internet. The webcam gained popularity with the video streaming over the Internet with the telecommunications application software (MSN or Skype). The live streaming (transmission or reception of video or audio thought the Internet) has been recently incorporated in websites such as Facebook or Youtube.

**Aims.**– Carry out an internet search for news about consummate suicides and suicide attempts in live streaming and make characterisation of this population and discuss some strategies to the prevention of this events.

**Methods.**– A survey of institutional or personal sites was conducted using the Google search site, with the descriptors such as “live”, “stream”, “webcam”, “suicide”, “self-injury” and “self-harm”. Results restricted between January 2000 and March 2017.

**Results.**– The survey, conducted between January 1 and March 1, 2017, resulted in a total of 30 cases. Of these, 10 occurred between 2016 and 2017, using the Facebook and Youtube. 21 resulted in consummate suicide and 9 suicide attempts. Sex distribution is 11 women for 19 men, the average age 24 years. The most frequent method was hanging. The United States of America is the country where most news comes out; there are also cases from different countries over the world.

**Discussion/conclusions.**– We reflect on the impact on this method used to expose suicidal behaviours, the perspective of the transmitter and the viewer. We conclude that a greater focus is needed in this emerging practice in order to develop strategies to the prevention.

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

OR0129

### **Personality traits and genetics as risk factors for suicidality in depressed patients**

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**Introduction.**– The presence of personality traits that mediate the suicide risk is a recurrent theme among the studies that research suicide behaviour (SB). SB is mediated by hereditary dimensions, like personality traits, impulsivity, aggression, independently from the coexisting psychiatric disorder. Our hypothesis is that these personality traits might be an intermediary phenotype between genetics, stress factors and SB.

**Objectives.**– The current study aims to elaborate a model in order to quantify the suicide risk, based on personality traits, neurobiological and clinical markers.

**Methods.**– A total of 164 participants (122 diagnosed with a depressive episode and 42 healthy subjects) were included through convenient sampling procedure from the patient population of the IIIrd Psychiatry Clinic of the Cluj County Emergency Hospital. Among the diagnosed subjects, a subgroup of 27 had a history of at least one suicide attempt. Personality traits were assessed by Barratt Impulsiveness Scales-11 (BIS) and Temperament and Character Inventory (TCI-R) and SB through Paykel Suicide Scale (PSS). Also,

these patients were genetically tested for several polymorphisms that influence impulsivity traits, such as 5-HTTLPR (a polymorphism in the serotonin transporter gene), the Val158Met polymorphism in COMT (Catechol-O-methyltransferase) and Val66Met in Brain-derived neurotrophic factor (BDNF) genes.

**Results.**– There were significant differences between the personality traits, and genetic makeup of the subgroups diagnosed with depressive disorder, with and without documented suicide behaviour.

**Conclusions.**– Several personality traits, influenced by genetics, might be discriminating elements between patients that eventually commit a suicide attempt and those that do not.

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

OR0130

### **Psychopathological characteristics and adverse childhood events are differentially associated with suicidal ideation and suicidal acts in mood disorders**

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**Background.**– Depression is the most important clinical factor associated with suicidality. Among psychopathological factors, hopelessness is reported most often and was found to be strongly associated with suicidal thoughts, but not attempts. Temperaments, childhood trauma, and aggression have been indicated as risk factors for suicidal acts and might explain the gap between suicidal ideation and suicidal attempt. We tested this hypothesis in a large sample of subjects with mood disorders.

**Methods.**– We assessed 306 patients with major depressive and bipolar disorders for a large number of clinical characteristics and for hopelessness, temperament, childhood trauma, and aggression. We tested their associations with suicidal ideation and acts using standard univariate/bivariate methods and multivariate logistic regression models.

**Results.**– Loss of expectations was a risk factor for suicidal ideation. Childhood emotional abuse, severity of depression, and female gender were risk factors for lifetime suicide attempts, whereas hyperthymic temperament was protective. Hyperthymic temperament was protective in committing suicide attempts with respect to only presenting suicidal ideation.

**Conclusions.**– Findings support the association of hopelessness with suicidal ideation and point to considering not only depression, but also childhood emotional abuse, hyperthymic temperament and gender in suicidal acts.

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

OR0131

### **Novel triple opioid receptors antagonist ondelopran (LY2196044) for alcohol dependence phase III study: Female subjects subgroup efficacy and safety analysis**

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Ondelopran is a novel potent antagonist/inverse agonist at kappa, mu and delta opioid receptors. Here we present some of the results from Phase III GCP-complied clinical study of ondelopran 125 mg QD in patients with alcohol dependence. The study has completed and analysis of the full dataset of information is ongoing. Here we present efficacy results in subgroup of female patients.

In combination with a psychosocial intervention aimed at reinforcement of motivation for sobriety ondelopran significantly reduced mean daily total alcohol consumption ( $P < 0.05$ ), and the number of heavy drinking days per month ( $P < 0.05$ ) versus placebo. Ondelopran also increased mean percentage of days of abstinence per month to 91.2% (almost complete abstinence) that was by 6.1% higher than in placebo group ( $P < 0.01$ ). The most significant superiority of ondelopran over placebo was found for the assessments of craving with Obsessive-Compulsive Scale ( $P < 0.001$ ) and Visual Analogue Scale ( $P < 0.01$ ). By the end of the study the proportion of patients with improvement in the overall clinical evaluation with CGI-I scale was significantly ( $P = 0.01$ ) higher in ondelopran group (91.6%) than in placebo group (72.5%). CGI-I scale performance index also was significantly ( $P < 0.01$ ) higher in ondelopran group. Ondelopran was well tolerated and safe. Gastrointestinal adverse events were the most frequent in ondelopran group (16.4% if compared to 8.4% in placebo group  $P < 0.01$ ). These preliminary results suggest ondelopran to be a novel and effective treatment for alcohol dependence.

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

OR0132

### **Adherence to methadone maintenance treatment and associations with violent and non-violent offending: Results from a 17-year longitudinal cohort study of Canadian provincial offenders**

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**Introduction.**– Little is known about the long-term effectiveness of methadone maintenance treatment (MMT) in relation to the risk of violent and non-violent offending.

**Objectives.**– This study aims to estimate and test the difference in rates of violent and non-violent crime during medicated and non-medicated methadone treatment episodes.

**Methods.**– The study involved linkage of population level administrative data (health and justice) for all individuals ( $n = 14,530$ ) with a history of conviction and who filled a methadone prescription between January 1, 1998 and March 31, 2015. Rates of violent and non-violent offending during medicated periods were compared with rates during non-medicated periods.

**Results.**– During the first two years of treatment ( $\leq 2.0$  years), periods in which methadone was dispensed were associated with a 33% lower rate of violent crime [0.67 adjusted hazard ratio (AHR), 95% confidence intervals (CI) (0.59, 0.76)] and a 35% lower rate of non-violent crime [0.65 AHR 95% CI (0.62, 0.69)] compared to non-medicated periods. This equates to a risk difference of 3.6 [95% CI (2.6, 4.4)] and 37.2 [95% CI (33.0, 40.4)] fewer violent and non-violent offences per 100 person years (PYs), respectively. Significant but smaller protective effects of dispensed methadone were observed across longer treatment intervals (2.0 to  $\leq 5.0$  years, 5.0 to  $\leq 10.0$  years).

**Conclusions.**– Among a cohort of Canadian offenders, rates of violent and non-violent offending were lower during periods when

individuals were dispensed methadone compared with periods in which they were not dispensed methadone.

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

OR0133

### **The association between act-belong-commit indicators and problem drinking among older irish adults: Findings from a prospective analysis of the Irish longitudinal study on ageing (TILDA)**

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The Act-Belong-Commit campaign is the world's first comprehensive, population-wide, community-based program to promote mental health. However, its potential for preventing substance use disorders is unknown. Further, a literature gap is evident concerning behavioral modification strategies to prevent such disorders. The aim of this study was to prospectively assess the association between indicators of the Act-Belong-Commit behavioral domains and the development of problem drinking.

Data from two waves of the Irish Longitudinal Study on Ageing (TILDA) were analyzed. The sample consisted of 3950 adults aged  $\geq 50$  years. A validated scale for problem drinking was used. The number of social/recreational activities engaged in was used as an indicator of Act, social network integration as an indicator of Belong, and frequency of participation in these social/recreational activities as an indicator of Commit. Multivariable logistic regression analyses were conducted to assess associations between baseline indicators of Act-Belong-Commit and the development of problem drinking at two-year follow-up.

Each increase in the number of social/recreational activities (Act) inversely predicted the onset of problem drinking. Similarly, being well integrated into social networks (Belong) was negatively associated with the development of problem drinking. Finally, frequency of participation in social/recreational activities (Commit) also inversely predicted the onset of problem drinking. These associations were apparent regardless of the presence of baseline common mental disorders.

Act-Belong-Commit indicators are shown to be associated with a reduced risk for problem drinking. This lends further support to the Act-Belong-Commit domains and has wide-ranging implications for preventing alcohol use disorders in the aging community.

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

OR0134

### **Schizophrenia and pregnancy**

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*Objectives.*– De-institutionalization and second-generation antipsychotics with less endocrine side-effects have enabled women with schizophrenia spectrum disorders to be more sexually active. However, research focusing on the reproductive health of women suffering from schizophrenia has been scarce.

*Methods.*– Using the Care Register for Health Care, we identified a national sample of Finnish women who were born between the years 1965 and 1980 and were diagnosed with schizophrenia. For each case, five age- and place-of-birth- matched controls were obtained from the Central Population Register of Finland. They were followed from the day when the disorder was diagnosed and coded in specialized health care until the individual moved abroad, died, or follow-up ended on 31.12.2013. Information about pregnancies was obtained from the Medical Birth Register.

*Results.*– We identified 1139 singleton pregnancies among exposed women and 4574 among unexposed ones. The exposed women were older and more often single at the end of the pregnancy, their body mass index before pregnancy was higher, and they smoked more often both in the beginning of pregnancy and after the first trimester than unexposed women. Exposed women showed a higher risk of pathologic oral glucose tolerance test, initiation of insulin treatment, and fast fetal growth. Maternal care for (suspected) damage to foetus from alcohol and/or drugs was fortunately rare, but it was more common among exposed women than among unexposed ones.

*Conclusions.*– Women with schizophrenia exhibit more pregnancy-related health problems and complications than their unexposed counterparts do. Close collaboration between gynecologists, obstetrics and psychiatrists are needed.

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

OR0135

### **Characteristics and risk factors for suicide among Japanese college students**

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Suicide is a leading cause of death for college students. The aim of this study was to identify risk factors of suicide among college students to prevent suicide.

*Methods.*– We conducted a 23-year (from 1989 through 2012 academic year) serial prevalence study of the prevalence and characteristics of death and suicide among 8.2 million Japanese college students. We analyzed rates of suicide and characterized suicide among this population, focusing on students' sex and psychiatric and academic backgrounds to identify risk factors for suicide.

*Results.*– Suicide rates increased throughout the 23 years, and suicide was the leading cause of death every year from 1996 onward. Male students, medicine majors, students in the final year of their program, and students who completed extra years of schooling or took academic leaves of absence were at higher risk for suicide. Only 16.4% had received a psychiatric diagnosis and 16.0% had received services through the university health center prior to the suicides. Results suggest the need for a stronger support system for college students, especially those majoring in medicine, and those who have taken leaves of absence or failed classes.

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

**Further reading:**

Uchida C, Uchida M. Characteristics and risk factors for suicide and deaths among college students: a 23-year serial prevalence study of data from 8.2 million Japanese college students. *J Clin Psychiatry* 2017;78(4):e404–e412

Uchida C, Uchida M. Characteristics and Risk factors for negative academic events: a 27 year serial prevalence study of 9.7 million Japanese college students. *Prim Care Companion CNS Disord* 2017;19(4):17m02123

OR0136

### Relationship between suicidality and thyrotropic axis activity

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**Introduction.**– Investigation of the relationship between suicidal-ity and the activity of thyrotropic axis is scarce and has yielded conflicting results.

**Objectives.**– The aim of this study was to examine the correlation between thyroid hormone levels and psychopathology (i.e. different mental disorders) and suicidality.

**Method.**– A total of 424 adult psychiatric inpatients (81.1% female; mean age 43.52 years) participated in this study. The occurrence of the predominant primary diagnoses were as follows: schizophrenia, schizotypal and delusional disorders (34.2%), mood disorders (29.7%), neurotic, stress-related and somatoform disorders (17.5%), personality disorders (8.3%), organic mental disorders (5.7%), and intentional self-harm (4.7%). Thyroid data was collected from medical records since January 2016 to March 2017.

**Results.**– Significant differences were obtained across different diagnostic categories (Kruskal–Wallis test) in relation to total T<sub>3</sub> and free T<sub>4</sub> hormones: patients with organic mental disorders had significantly lower values of T<sub>3</sub> hormone compared to other patients; patients with personality disorders had significantly lower values of free T<sub>4</sub> hormone (except when compared to patients with mood disorders), and patients with mood disorders had lower values of free T<sub>4</sub> hormone compared to patients with psychotic disorders, patients with organic mental disorders and those who attempted suicide. Additionally, patients who attempted suicide had lower values of TSH hormone compared to other patients.

**Conclusions.**– The findings showed different thyroid hormone levels in different mental disorders, including altered values of free T<sub>4</sub> hormone and TSH hormone in suicidal patients. Thus, the results suggest the possibility to determine these hormones as markers of suicidality in psychiatric patients.

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

OR0137

### Specific alterations in RNA editing blood biomarkers to predict future suicide attempts

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**Introduction.**– Predicting suicidal behaviors is one of the most complex challenges of daily psychiatric practices. Alterations of RNA

editing of neurotransmitter receptors and other proteins have been shown to be involved in etiology of different psychiatric disorders and linked to suicidal behavior.

**Objective.**– The objective of the present study was to test whether longitudinal measurement of RNA editing profile of disease-relevant blood biomarkers can be used to predict patients at greatest risk of relapse.

**Methods.**– A clinical study was performed to identify an RNA editing signature in blood of depressed patients with previous history of suicide attempts ( $n=28$ ) over a 6-month period. Patient's samples were drawn in PAXgene tubes at initial visit and 6 months later and analyzed on Alcediag's proprietary RNA editing platform using NGS. In parallel, clinical evaluations (Hamilton, MADRS and BDI) were performed.

**Results.**– During follow-up, 8 patients out of 28 have reattempted suicide (RSA). In the 20 patients that did not reattempt suicide (NRSA), the BDI score showed significant improvement during follow up. On the other hand, clinical evaluations in the RSA patients did not show any improvement and even showed worsening of the MADRS score. In addition, all phosphodiesterase 8A (PDE8A) mRNA editing sites showed significant changes in the NRSA patients over time whereas no PDE8A mRNA editing sites were modified in the RSA patients, suggestively signing improvement of their mental state.

**Conclusions.**– Longitudinal measures of RNA editing biomarkers in blood samples of patients can be useful for predicting future suicide attempts.

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

## Oral communications 10: Schizophrenia and other psychotic disorders – part II/classification of mental disorders/e-mental health/pain and treatment options

OR0138

### Prevalence and predictors of social cohesion and its association with mental health in India

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**Introduction.**– It is agreed that social cohesion plays a constructive role in the preservation of mental health and well-being. Social cohesion is well-connected phenomena with both vertical and the horizontal interactions among members of society. Methodology– Using the WHO-SAGE wave-1 data, which is a longitudinal and cross-sectional study on a sample of 11,230 adults, aged 18 years and older, this study investigated is there any association between social cohesion and mental health of people in India. Ordered logistic regression analysis has been used to understand the association between mental health and social cohesion. Social interaction, trust, safety, political participation and freedom of expression are used as indicators of social cohesion.

**Results.**– People those who had high social interaction in the society were 0.80 ( $P<0.001$ ) times less likely to have mental disorders. Further, People who had high trust in the society were 1.09 ( $P<0.05$ ) times and who had not any freedom of expression been 1.3 ( $P<0.001$ ) times more likely to have mental disorders. This study reveals that low social cohesion is significantly associated with poor mental health and vice-versa. Social interaction and freedom of expression are robust indicators, which strongly affect the

mental health. Results indicate that the high social cohesion leads to little mental health problems and increase the mental well-being of people in India.

**Conclusions.**– This study suggests that social cohesion in the society reduces mental disorders among people and people with high social interaction, trust, political participation and freedom of expression in the society have less mental disorders.

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

OR0139

### **Prevalence and predictors of mental health disorder in India: A cross-sectional study**

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**Introduction.**– The burden of mental illness has significant impacts on health and major social-economic consequences in India. The persistent socio-economic pressures are recognized risks to mental health for individuals and communities.

**Methodology.**– This study conducted using the WHO-SAGE wave-1 data which is a longitudinal and cross-sectional study on a sample of 11,230 adults aged 18 years and older. The logistic analysis is used to estimate the odds, and correlation matrix and Cronbach's alpha was used to understand the correlation and reliability of mental health symptoms.

**Results.**– The alpha value represents the acceptable internal consistency,  $\alpha = 0.83$ . This study indicated that those who were ages 60 years and above were 3.43 ( $P < 0.001$ ) times in Model-I, not currently working 1.56 ( $P < 0.001$ ) times in Model-II, Muslim 1.54 ( $P < 0.001$ ) times more likely to have mental disorders. About half of the population have severe mental disorders and mental illness is increasing with increment in age, and elderly, female and less educated people are more vulnerable than other.

**Conclusions.**– This study found that there was the severity of mental health problems in the Indian population. Mental health disorder is increasing with age, and older adults are more vulnerable compared to other. Female has the more severe mental disorder as compared to male while people lived in the rural area were suffering from the severe mental disorder. Education became a major determinant of mental disorder, and as educational status has been increasing, mental disorder is decreasing which shows the inverse relationship between them.

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

OR0140

### **Cannabis use and clinical correlates in patients with an at-risk mental state and first episode of psychosis**

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**Introduction.**– Studies on cannabis use of patients with an at-risk mental state (ARMS) for psychosis and first-episode psychosis (FEP) patients have repeatedly found increased prevalence of cannabis consumption compared to healthy controls. There is evidence for an association of cannabis use and (subclinical) psychotic symptoms.

It is suggested that in ARMS patients' cannabis use increases the risk of transition to frank psychosis.

**Objectives.**– To investigate current cannabis use and its potential associations with clinical correlates in ARMS and FEP patients.

**Methods.**– Cannabis use was evaluated in 93 ARMS and 108 FEP patients recruited within the prospective Basel Früherkennung von Psychosen (FePsy) study. Positive and negative symptoms were assessed with the BPRS and SANS. Participants were followed for up to 5 years. Data on cannabis consumption of 2162 individuals of the Swiss general population (SGP) were used for comparison. All statistical analyses were adjusted for age and gender.

**Results.**– Prevalence of current cannabis use was significantly higher in ARMS and FEP patients (26.4%) compared to the SGP sample (4.6%;  $\beta = 1.172$ ,  $P < .001$ ,  $OR = 3.23$ ). ARMS and FEP patients with and without current cannabis use did not differ in regard to positive and negative symptoms. Presence and frequency of current cannabis use was not associated with transition.

**Conclusions.**– The high prevalence of cannabis use in ARMS and FEP patients indicates the need to integrate specific interventions in the treatment of these usually young patients. More research is needed to further elaborate the relationship of cannabis use and clinical correlates.

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

OR0141

### **Comparison of long-term treatment outcomes in men and women with schizophrenic psychoses over a period of 20 years. Prospective study**

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**Background.**– Numerous studies on the differences in the course of schizophrenic psychoses in men and women produce contradictory results.

**Aims.**– The aim was to assess the long-term clinical and social outcomes and subjective quality of life among male and female patients over a 20-year period. Group and method: 57 patients: 34 (60%) women and 23 (40%) men diagnosed with DSM IV T-R schizophrenia were examined at index hospitalization and 7, 12 and 20 years later. Anamnestic and Katamnestic Questionnaire, GAF scales, BPRS-LA, social scale in DSM III, A. Lehman's Quality of Life Questionnaire were used.

**Results.**– Women average at index hospitalization was over 3.5 years later, with a lower incidence of schizoid and schizotypic personality disorders ( $P = 0.045$ ), they functioned better socially compared to men ( $P = 0.009$ ), they had more satisfying relationships ( $P = 0.008$ ), 50% started families, while only 17% ( $P = 0.014$ ) men did so, and after the second admission they displayed less severe symptoms ( $P = 0.045$ ). At 7, 12 and 20 follow-up no differences were found in any clinical and social outcome. In the subjective opinion of QoL, at 7, 12 and 20 follow-up women scored better than men by over one point, reaching a significant difference after twelve years ( $P = 0.50$ ).

**Conclusions.**– 1. Differences between sexes in favour of women observed before and at index hospitalization, disappear in long-term observations; 2. After the index hospitalization men are more likely to marry and thus raise their social status; 3. In the subjective

assessment of the QoL, women display higher general satisfaction with life.

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

OR0142

### **Clinical and rehabilitation treatment outcomes of patients with severe schizophrenia in a comprehensive, case managed programme. A 7-year follow-up**

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*Introduction.*– To increase treatment compliance is important to reach clinical and rehabilitation goals in people with severe schizophrenia

*Objectives.*– To know treatment (clinical and functional) outcomes and variables related of people with severe schizophrenia enrolled in a comprehensive case managed programme.

*Methods.*– A 7-year prospective, observational study of patients with severe schizophrenia undergoing case managed comprehensive programme in Spain ( $n = 200$ ). Assessment included the Clinical Global Impression severity scale, the Camberwell Assessment of Needs (CAN), the WHO Disability Assessment Schedule (WHO-DAS), reasons for discharge and medications prescribed at the beginning and after 3, 6, 12, 24, 36 and 84 months. Hospital admissions in the previous seven years and during the follow-up were measured.

*Results.*– CGI at baseline was 5.7 (0.7). After seven years 46% of patients continued treatment (CGI=4.1 (0.8);  $P < 0.01$ ); 33% were medical discharged (CGI=3.4(1.6);  $P < 0.001$ ) and continued non intensive treatment in mental health units; the WHO-DAS decreased in the four areas ( $P < 0.01$ ) and also the CAN ( $P < 0.01$ ) in both groups; 8% were voluntary discharges. Eight patients dead during the follow up; three of them committed suicide (1.5%). Hospital admissions decreased significantly ( $P < 0.001$ ). All patients had their own case manager, mainly a nurse. Forty-five percent of all of them were treated with atypical long-acting antipsychotics, with good tolerability and less voluntary discharges.

*Conclusions.*– Retention of patients with schizophrenia with severe symptoms and impairment in a case managed comprehensive programme was really high and helped to get remarkable clinical and functional improvement. Long-acting medication seemed to be useful in improving treatment adherence.

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

OR0143

### **Effect of lurasidone on cognition in adolescents with schizophrenia: A one-year interim analysis of a 2-year open-label extension study**

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*Introduction.*– Cognitive impairment significantly contributes to the functional impairment associated with schizophrenia.

*Objective.*– To evaluate the longer-term effects of lurasidone on cognition in children and adolescents with schizophrenia.

*Methods.*– Patients aged 13–17 years with schizophrenia who completed 6 weeks of double-blind (DB), placebo-controlled treatment with lurasidone were enrolled in a 2-year, open-label study in which patients were continued on lurasidone or switched from placebo to lurasidone. Cognitive function was assessed with the Brief CogState battery, which evaluates four cognitive domains: processing speed (detection task), attention/vigilance (identification task), visual learning (one card learning task), working memory (one back task, speed & accuracy). Based on normative data, an overall cognitive composite Z-score was calculated as the average of the standardized Z-scores for each of the four cognitive domains. These results are from a 52-week interim data analysis.

*Results.*– A total of 271 patients who completed the 6-week DB study entered the open-label extension study, and 75.6% completed 52 weeks of treatment (mean daily dose, 52.6 mg). The cognitive composite Z-score showed impairment at DB baseline ( $-1.09$ ). At week 28, overall improvement was observed in the cognitive composite Z-score (mean change,  $+0.16$ ). For CogState domains, mean change at week 52 in Z-scores was  $-0.02$  for processing speed,  $0.00$  for attention/vigilance,  $+0.45$  for visual learning,  $+0.24$  for working memory accuracy, and  $+0.23$  for working memory speed.

*Conclusions.*– In this study of adolescents with schizophrenia, lurasidone was not associated with cognitive impairment after 52 weeks of treatment; improvement was noted in selected cognitive domains.

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Drs. Goldman, Tocco, Pikalov, Deng, Cucchiario, and Loebel are employees of Sunovion Pharmaceuticals Inc.

OR0144

### **Aminoacylase-1: A new potential biomarker for schizophrenia/a preliminary study**

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*Introduction.*– Aminoacylase-1 (ACY1) is a cytosolic enzyme that deacylates the  $\alpha$ -acylated amino acids. ACY1 is strongly expressed in the human brain. Most individuals with ACY-1 deficiency present with neurological symptoms. Schizophrenia is also known to be a neurodegenerative disorder. Our aim was to investigate a possible correlation between schizophrenia and ACY-1 levels, a neural tissue marker.

*Methods.*– Overall, 47 acute schizophrenia patients who were diagnosed with DSM-V and 41 healthy controls, both groups between 18–60 years, without chronic diseases were included in this study for a period of 6 months. Serum levels of ACY-1 were measured in both groups. PANSS and the CGI-S were used to evaluate disease activity.

*Results.*– We found significant differences in serum levels of ACY-1 among the groups. We established that acute schizophrenia patients had significantly lower levels than healthy controls ( $12.8 + 16.9$  vs.

26.7 + 21.4;  $P < 0.001$ ). A negative correlation was found between total PANNS positive scores and ACY-1 serum levels. As total PANNS positive scores increased, ACY-1 levels decreased ( $P: 0.038$ ).

**Conclusions.**– To our knowledge, this is the first study that investigates serum levels of ACY-1 in patients with schizophrenia. Serum levels of ACY-1 were statistically significantly lower in the patient group. Although there is no study about the relation between ACY-1 and schizophrenia, the results of a study states that, lower ACY-1 was found in Huntington Disease which is described to be a neurodegenerative disease. So it can be assumed that, lower ACY-1 levels can be related to neurodegenerative process in schizophrenia.

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

OR0145

### Role of orexinergic neuron on ketamine-induced analgesia

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**Introduction.**– Although ketamine is an anesthetic agent, it is recently used as an antidepressant [1]. In addition, ketamine has also been used as an analgesic [2]. The orexin (OX) system is involved in a variety of physiological processes including pain modulation and modulation of the OX system is a new therapeutic approach to pain control [3]. We previously found the interaction of ketamine with OX system [4].

**Objectives.**– We have studied role of orexinergic neuron on ketamine-induced analgesia.

**Methods.**– After approval by our institutional committee on animal research, 16 OX neuron-deficient transgenic (orexin/ataxin-3: OX/AT-3 TG) rats and the wild-type rats weighing 300–400 g were used. Each rat was placed individually on a hot plate maintained at 50°C to measure the reaction time (cut-off latency: 60 sec), and then the reaction time was measured again after ketamine 15 mg/kg ip. After completion of the hot-plate tests, each rat was decapitated and the contents of noradrenaline and OX-A in the cerebrocortex, hippocampus, hypothalamus and pons were measured.

**Results.**– The area under the curve (AUC) of hot-plate latency-time after ketamine ip was significantly shorter in OX/AT-3 TG rats than that in the wild-type rats ( $P < 0.05$ ). There was a significant correlation between the AUC and OX-A content in the cerebrocortex, hippocampus and hypothalamus ( $P < 0.05$ ) whilst no correlation between the AUC and noradrenaline contents.

**Conclusion.**– The present data suggest that OX system may be involved in the mechanism of ketamine-induced analgesia.

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

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OR0146

### PDE7B, NMBR and EPM2A variants and schizophrenia: A case-control and pharmacogenetics study

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**Background.**– We investigated phosphodiesterase 7B (PDE7B), neuropeptide Y receptor (NMBR) and epilepsy progressive myoclonus type 2A (EPM2A) genes in schizophrenia (SCZ). To the best of our knowledge, these genes have been poorly investigated in studies of SCZ.

**Methods.**– Five hundred and seventy-three SCZ inpatients of Korean ethnicity and 560 healthy controls were genotyped for 2 PDE7B, 3 NMBR and 3 EPM2A polymorphisms. Differences in the allelic and genetic frequencies among healthy subjects and patients were calculated using the  $\chi^2$  statistics. Repeated measure ANOVA was used to test possible influences of single-nucleotide polymorphisms on treatment efficacy. In case of positive findings, clinical and demographic variables were added as covariates, in order to investigate possible stratification bias.

**Results.**– The rs2717 and rs6926279 within the NMBR gene and rs702304 and rs2235481 within the EPM2A gene were associated with SCZ liability. rs1415744 was also associated with Positive and Negative Symptom Scale negative clinical improvement. The results remained the same after inclusion of the covariates and were partially confirmed in the allelic and haplotype analyses.

**Conclusion.**– Our preliminary findings suggest a possible role of NMBR and EPM2A genes in SCZ susceptibility and, for the second one, also in antipsychotic pharmacogenetics. Nonetheless, further research is needed to confirm our findings.

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

OR0147

### Psychopathy, impulsivity and trait aggression as predisposing factors to violence in schizophrenia and in the general population: A profile analysis

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**Introduction.**– To identify important predispositions to violence which are not restricted to the illness, violence in schizophrenia must be studied in the context of violent behavior in the general population.

**Objective.**– To investigate important trait predispositions to violence, including psychopathic and impulsive traits and trait aggression.

**Method.**– Participants included 40 violent (VS's) and 34 nonviolent (NV's) patients with schizophrenia, 35 healthy controls (HC's) and 35 non-psychotic violent subjects (NPV's). We used subscales of the Psychopathy Checklist (PCL-SV), Buss-Perry Aggression Questionnaire (BPAQ) and Barratt Impulsiveness Scale (BIS-11). History of childhood conduct problems was also assessed.

**Results.**– The violent groups presented with more severe psychopathy ( $F = 116.1$ ,  $df = 3, 141$ ,  $P < .001$ ), trait aggressiveness ( $F = 13.9$ ,  $df = 3, 141$ ,  $P < .001$ ) and impulsivity ( $F = 8.9$ ,  $df = 3, 141$ ,  $P < .001$ ) than the 2 non-violent groups. We further divided the 40 violent patients into 2 subgroups on the basis of childhood conduct problems; 22 presented with a history of childhood conduct problems (VS-CD),

and 18 without (VS-NCD). We compared these 2 subgroups to each other, to NPV's and HC's. We obtained significantly distinct multivariate profiles of traits for each group ( $F = 46.2, df = 3, 108, P < .001$ ), consisting of psychopathic traits (PCL-SV Factors 1 and 2), BPAQ Anger, BIS-11 Motor Impulsiveness and Self-Control. NPV's had the profile with the most severe impairments, followed by VS-CD's and then VS-NCD's. All the pairwise differences between profiles were significant ( $P < .001$ ).

**Conclusion.**– Specific traits form a core predisposition to violence in the general population and in patients with schizophrenia, particularly in patients with a history of conduct problems. This has important implications for treatment.

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

OR0148

### Validation of a scale of autonomy in patients with schizophrenia in remission

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**Introduction.**– During the last decades there's a marked rise of interest towards the questions of social functioning of patients. The most relevant line of research is evaluation of schizophrenia patient's conditions and ability of patients to independent existence (autonomy). The objective of this study was investigating of the construct validity a scale of autonomy.

**Method.**– A total of 200 patients, 112 men and 88 women (mean age = 39, 03) were assessed. New version of scale of autonomy (SA), comprising six items: activity, productive communication, social network, medical conventionality, care of themselves, social skills, PANSS, NSA, CGI, PSP, EQ-5D were administered.

**Results.**– The internal consistency: Cronbach's alpha = 0.93. Correlations of all items of the scale with a total score were found ( $P < 0.001$ ). Convergent validity was demonstrated by relatively high correlations between total score SA and related rating instruments, scales detecting the presence of negative symptoms: N4 ( $r = -.506^{**}$ ), PANSS Neg ( $r = -.573^{**}$ ), CGI Neg ( $r = -.573^{**}$ ) and four items of PSP: self-care ( $r = -.545^{**}$ ); personal and social relationships ( $r = -.526^{**}$ ), social useful activities ( $r = -.492^{**}$ ), level of functioning ( $r = 0.492^{**}$ ). Weak or rather weak correlations between AS and psychometric scales, assessing other constructs proved good discriminant validity of AS. Factor analysis separates distinct «autonomy» factor, comprised of all AS items plus several other variables.

**Discussion.**– SA has high internal consistency and good convergent and discriminant validity. SA has correlations with negative symptoms and several items of PSP scale and meets the basic psychodiagnostic requirements. SA is a new psychometric instrument for assessing one of the most important factors of social adjustment.

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

OR0149

### Personality functioning and long-term results of treatment in remitted patients with schizophrenia

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**Introduction.**– Schizophrenia is a complex neurobehavioral disorder. Due to this fact the effect of antipsychotic treatment cannot be attributed only to the biological factors.

**Aim.**– Determine the role of personality functioning (PF) in treatment outcomes in high compliant patients with schizophrenia.

**Method.**– A total of 130 patients with schizophrenia with sufficient treatment response were observed for no less than 4 years. PF was determined as the ability of patients to form a hierarchy of values, develop hobbies, have interests beyond the basic needs, live independently, care for important others, establish relations with the family members and outside the family, planning and implementation capacity. The ability to construct mental representation of the disease was assessed as one of the most important manifestations of PF. Three levels of PF were allocated.

**Results.**– Finally, the group of patients with the same diagnosis, stage of illness at the beginning of the observation, similar treatment, treatment response and good tolerability but different levels of the basic personality functioning fell into three subgroups. The subgroup with the moderate level of PF demonstrated gradually increased improvement both in symptoms severity and social adjustment. In the subgroups with low and high PF improvement in symptoms was not associated with increase of social adjustment.

**Conclusions.**– The ability of patients to utilize the treatment resource (“pharmacological credit”) in social adjustment depends on the level of PF. The patients with the low and high levels due to different reasons took less advantage from this “credit” than the patients with the moderately reduced level

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

OR0150

### The effectiveness of the long-acting injections of second generation antipsychotics: A 54-month follow-up study of risperidone long-acting injection vs paliperidone palmitate one-month formulation

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**Introduction.**– Risperidone long-acting injection (RLAI) and Paliperidone Palmitate one-month formulation (PP1M) are a valuable strategy for the treatment of Schizophrenia. Long-term follow-up studies are required to assess the effectiveness to preventing relapse.

**Objective.**– To assess the long-term efficacy of PP1M vs. RLAI in preventing relapse in schizophrenia

**Methods.**– Overall, 58 patients with schizophrenia (ICD-10) that started treatment with PP1M (30) or RLAI (28). At the beginning and end of a follow-up period of 54 months were performed:

- Positive and Negative Syndrome Scale (PANSS);
- Patient Satisfaction with Medication Questionnaire (PSMQ);
- Percentage of patients who remained relapse free at the end of the study.

Relapse was defined as  $\geq 1$  of the following: Psychiatric hospitalization, or an increase of 25% from base line in the PANSS total score,) for two consecutive assessments.

**Results.**– Percentage of patients who remained relapse free at the end of the 54 months was 48% for RLAI and 72% for PP1M. Sixty

percent of patients in RLAI group reported to be “satisfied” or “very satisfied”, while 80% of patients in PP1M group reported that. Sixty-five percent of caregivers in RLAI group reported to be “satisfied” or “very satisfied”, while 80% of them in PP1M group reported that.

**Conclusions.**– We observed a higher percentage of relapse free patients in the PP1M group. PP1M appears to have greater acceptance in both patients and family members than RLAI

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

OR0151

### **ICD-11 field studies on gender incongruence: Evidence from African, Arab, European and Latin American countries for removing transgender categories from the chapter on mental disorders**

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For ICD-11, the WHO’s Working Group on Sexual Disorders and Sexual Health recommended moving transgender condition to a more medical chapter, preserving related categories -Gender Incongruence in Adolescence and Adulthood (GIAA) and Gender Incongruence in Childhood (GIC)- in the classification to ensure access to health care.

**Objective.**– In this symposium we present with ICD-11 field studies intended to evaluate whether distress and dysfunction are more related to social rejection in adult transgender individuals from very diverse countries (GIAA studies); and to evaluate the need for an ICD-11 category of GIC (GIC study).

**Method.**– In the GIAA studies, 490 transgender adults (103 from Brazil, 72 from France, 28 from Lebanon, 250 from Mexico, and 57 from South Africa) completed a retrospective interview about their experiences of gender incongruence, distress, dysfunction and social rejection. In the GIC study, 12 transgender individuals participated in a qualitative interview to address the consequences of receiving a form of diagnosis of GIC, and the usefulness of the ICD-11 GIC guidelines.

**Results.**– In all GIAA studies, a high proportion of participants – but not everyone – reported having experienced distress and/or functional impairment, which were predicted by social rejection rather than by marked incongruence. In the GIC study, although diagnoses during childhood were experienced as negative, all participants considered the proposed ICD-11 GIC category as beneficial.

**Conclusion.**– The GIAA studies support ICD-11 proposal to move transgender condition out of mental disorders chapter, while the GIC study provides some support for retention of the category.

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

OR0152

### **A randomized clinical trial of computerized cognitive behavioral training using a smart-toy for enhancing cognitive abilities of 5–7-year old children**

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**Introduction.**– Smart-toys based on ‘Internet of Things (IoT)’ can be used in many fields such as education and u-mental health care system for various purposes. In this study, the smart-toy (toy-robot) serves to provide appropriate feedback to children’s performances on cognitive behavioral tasks via bluetooth.

**Objectives.**– This study aimed to evaluate the efficacy of a smart tablet-based cognitive behavioral training (CCBT) program using a smart-toy for 5–7-year old children. The program aimed to enhance children’s attention (auditory attention, visual attention) and behavioral inhibition (attention shifting, impulse control) abilities.

**Methods.**– Sixty-four children were randomly assigned to three groups:

- ‘training group’ for the CCBT, using a smart toy;
- ‘comparison group’ for an existing CCBT, using a personal computer without smart toys;
- ‘waiting group’, which was the control group.

Participants in the training group and the comparison group were trained for eight sessions, each spanning 30–40 minutes over four weeks. We assessed participants’ cognitive abilities three times:

- pre-training;
- post-training;
- one-month follow-up.

**Results.**– Both of the training and the comparison groups showed significant improvement in auditory attention, visual attention and impulse control abilities, compared to the waiting group. Especially, the training group showed more prominent and long-lasting training effect on the behavioral inhibition task than did the comparison group.

**Conclusions.**– This study showed that computerized cognitive behavioral training using a smart-toy is effective for enhancing attention and behavioral inhibition abilities of young children.

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

OR0153

### Safety and effectiveness of lurasidone in adolescents with schizophrenia: A one-year interim analysis of a 2-year open-label extension study

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**Introduction.**– Lurasidone has demonstrated efficacy and safety in the short-term treatment of schizophrenia in adolescents.

**Objective.**– To evaluate long-term effectiveness and safety of lurasidone in adolescents with schizophrenia.

**Method.**– Patients aged 13–17 years with schizophrenia who completed 6 weeks of double-blind (DB), placebo-controlled treatment with lurasidone were enrolled in a 2-year study in which patients continued on (or switched to) open-label lurasidone. We present here the results of an interim analysis at week 52. Efficacy was assessed using the Positive and Negative Syndrome Scale (PANSS). **Result.**– A total of 326 patients were randomized to lurasidone (37 or 74 mg/d) or placebo. At week 6, significant improvement was observed for lurasidone vs. placebo in PANSS total score (37 mg/d: –18.6 and 74 mg/d: –18.3 vs. placebo: –10.5;  $P < 0.001$  for both comparisons). Overall, 271 patients entered the open-label (OL) study and 69.7% completed 52 weeks of treatment, including 3.3% who discontinued due to lack of efficacy and 8.5% who discontinued due to adverse events. For the combined lurasidone group ( $n = 271$ ), mean change in PANSS total score, from OL baseline was –15.6 at week 52 (observed case analysis), and –10.9 (LOCF-endpoint). During OL treatment, the most common adverse events were headache (21.8%), nausea (11.8%) and anxiety (11.8%). Minimal effects were observed on body weight, lipids, and glycemic indices.

**Conclusion.**– In adolescents with schizophrenia, long-term treatment with lurasidone was safe and generally well-tolerated, and was associated with continued improvement in symptoms of schizophrenia.

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**Disclosure of interest.**– Dr. Correll reports the following potential conflicts of interest: a. Advisory Board: Alkermes, IntraCellular Therapies, Janssen/J&J, Lundbeck, Neurocrine, Otsuka, Pfizer, Sunovion and Teva b. Consultant: Alkermes, Allergan, the Gerson Lehrman Group, IntraCellular Therapies, Janssen/Johnson and Johnson, LB Pharma, Lundbeck, Medscape, Otsuka, Pfizer, Sunovion, Takeda and Teva. c. Grant or Research Support: Takeda.

Drs. Goldman, Tocco, Pikalov, Deng, Cucchiaro, and Loebel are employees of Sunovion Pharmaceuticals Inc.

### Oral communications 11: Schizophrenia and other psychotic disorders – part III/neuroscience in psychiatry part i/old age psychiatry part I/prevention of mental disorders part I/psychopharmacology and pharmacoeconomics

OR0154

### Exploring the autonomic correlates of symptoms and functional difficulties in psychosis using wearables

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**Background.**– Increasingly mobile digital devices are used to assess mental health symptoms. This method uniquely allows to assess illness related phenomena and their impact on people's lives. In people with psychosis autonomic deregulations have been hypothesised to influence symptom intensity and functional difficulties. Here we present the results of two studies using a wearable device measuring physiological parameters alongside a mobile assessment of psychotic symptoms and functioning difficulties.

**Method.**– Thirty-six people with schizophrenia and 33 healthy controls were assessed for social functioning (Study-1) and psychotic symptoms (Study-2) using a mobile device for six consecutive days at random times. During this period, participants were asked to wear a wrist worn wearable device recording movement, electrodermal activity (EDA) and heart rate variability (HRV). Participants were also assessed with measures of functioning and symptom severity.

**Results.**– Study-1: Participants with schizophrenia reported being more alone than controls. In people with schizophrenia EDA magnitude while reporting being with strangers was significantly higher. Study-2: When experiencing distressing hallucinations participants with SZ showed reduced HRV and increased EDA magnitude compared to when they reported no distressing hallucination experience. A similar pattern was observed for delusion but not for depression.

**Discussion.**– Increased physiological arousal alongside reduced HRV is associated with important clinical features of schizophrenia. Portable and wearables devices are acceptable and may become, when further validated, routine means of clinical assessment. These devices can allow regular active and passive clinical information gathering and are promising tools to improve relapse prevention and people's recovery prospect.

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

OR0155

### First benzodiazepine prescription in relation to onset and duration of untreated illness in schizophrenia, mood and anxiety spectrum disorders

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**Introduction.**– It is established that the delayed initiation of an effective pharmacotherapy plays a significant role in the overall burden of psychiatric disorders. Often, such conditions are treated with

symptomatic drugs, i.e. benzodiazepines (BZDs), in relation to their rapid onset of action and safety profile.

**Objectives.**– Our study aimed to assess the influence of treatment with BZDs on the duration of untreated illness (DUI); secondly, we assessed whether other socio-demographic and clinical factors could influence the choice of BZD as first treatment of patients affected by Schizophrenia, Mood and Anxiety spectrum disorders.

**Methods.**– Study sample consisted of 545 patients. One-way ANOVA for continuous variables and  $\chi^2$  test for dichotomous ones were performed for comparison between patients who used BZDs as first treatment (BZD w/) and those who did not (BZD w/o).

**Results.**– DUI resulted significantly longer in BZD w/vs w/o patients. Moreover, BZDs w/subjects experienced more frequently anxious/depressive symptoms at onset, and less frequently psychotic symptoms. Furthermore, BZDs w/patients more frequently had first therapist contact following a personal decision, while BZDs w/o subjects after receiving others' suggestion. BZDs w/patients were found to seek more frequently psychologists or general practitioners (GP) rather than psychiatrists as first therapists. Finally, BZDs w/subjects experimented more frequently phobias.

**Conclusions.**– BZDs may delay the overall DUI and their prescription seems to be influenced by specific socio-demographic and clinical factors. Further studies are needed to raise awareness of BZD first prescription.

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

OR0156

### **Clinical staging: Application in stable community-dwelling schizophrenia patients**

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**Introduction.**– During the last two decades, a growing interest for clinical staging has increasingly emerged in psychiatric disease such as Schizophrenia, however most of the studies focused on the early phases of the illness and the transition from prodromal phase to psychosis.

**Objectives.**– The aim of this study is to apply this clinical staging framework in patients with chronic schizophrenia.

**Methods.**– The Structural Clinical Interview for DSM-IV was used to confirm the diagnosis of schizophrenia. Patients were assessed using the Positive And Negative Syndrome Scale and Global Assessment of Functioning scale. Depression was measured by the Calgary Depression Rating Scale for Schizophrenia. We performed a cluster analysis using the severity of the illness, number of lifetime episode and functioning as discriminating variables.

**Results.**– Seven hundred and seventy stable community-dwelling schizophrenia patients from the multicentric FACE-SZ cohort were included. Patients were classified into 5 clinical stages, defined as stages 2A ( $n=89$ ), 2B ( $n=272$ ), 3A ( $n=241$ ), 3B ( $n=112$ ) and 4 ( $n=56$ ), ranging from favorable functioning and no symptoms to unremitted illness and poor functioning, according to the Scott et al criteria (Scott et al., 2013). Multivariable analysis of covariance showed that the worst the grade is, the lower the education level, the higher the depressive symptoms, the lower the adherence to medication and the lower the cognitive performances.

**Conclusion.**– These findings provide further support to the clinical staging model in patients with Schizophrenia. Depressive symptoms seem to have a major contribution for discriminate patients in clinical staging.

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

OR0157

### **Clinical characteristics associated with benzodiazepines' use in mood disorders**

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**Introduction.**– Mood disorders are prevalent and burdensome diseases with a chronic course of illness. More often, especially for mild forms, patients are not treated in psychiatric services but they are managed by general practitioners (GPs). Among different medications, benzodiazepines (BDZ) are not recommended for the treatment of mood disorders, considering the lack of antidepressant effect and long-term side effects.

**Objectives.**– The present study aims to identify clinical variables related to BDZ use, to better characterize and recognize their misuse.

**Methods.**– Overall, 304 in- and out-patients with major depressive disorder (MDD), bipolar disorder (BD) and adjustment disorder (AD) were recruited. Their socio-demographical and clinical variables were collected and statistical analysis were conducted to compare patients with BDZ as first treatment (BDZ w/) and those without (BDZ w/o).

**Results.**– BDZ w/subjects were more frequently affected by AD and less frequently by BD compared to BDZ w/o ones. Moreover, BDZ w/patients reported more often anxious symptoms at onset and referred more frequently to psychologist or GPs rather than a psychiatrist. Furthermore, BDZ w/were less frequently treated as inpatients than BDZ w/o ones.

**Conclusions.**– The identification of clinical characteristics related to a more frequent use of BZD is necessary to better recognize their misuse. A more cautious prescription of BZD is recommended to prevent long-term side effects, abuse and withdrawal concerns.

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

OR0158

### **Is there an association between theory of mind ability and biological rhythm disturbances in individuals with schizophrenia?**

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**Introduction.**– Theory of mind (ToM) deficits are widely recognized in schizophrenia and not limited to a particular stage of disorder and persist even after the remission. It has been found that desynchronisation of circadian rhythms negatively affects aspects of cognitive functions but there is not much data in the literature about association between biological rhythm disturbances and social cognition domains.

**Objectives.**– In this study we investigate the relationship between biological rhythm disturbances and ToM abilities in patients with schizophrenia.

**Methods.**– Fifty patients with schizophrenia and 48 healthy participants were recruited for the study. ToM was measured with the Reading the Mind in the Eyes Test (RMET). Biological Rhythms Interview of Assessment in Neuropsychiatry (BRIAN), Morningness-Eveningness Questionnaire (MEQ), Pittsburg Sleep Quality Index (PSQ) and Positive and Negative Syndrome Scale (PANSS) were applied.

**Results.**– In comparison to the control group, the schizophrenia group performed significantly worse on RMET task ( $P < 0.001$ ). PSQ and BRIAN scores were significantly higher and MEQ scores were significantly lower in schizophrenia group ( $P < 0.01$ ). In patient group, BRIAN scores were significantly negatively correlated with RMET scores ( $P = 0.02$ ;  $r = -0.34$ ). There was also a significant positive correlation between BRIAN scores and PANSS total and subscale scores ( $P = 0.001$ ).

**Conclusions.**– To our knowledge, this is the first study to investigate the relationship between biological rhythm disturbances and social cognitive functions in individuals with schizophrenia. These results suggest the effect of biological rhythm disturbances on social cognition impairments in schizophrenia.

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

OR0159

### **Impact of childhood trauma on sensory gating in patients with first-episode schizophrenia**

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**Background.**– Childhood trauma (CT) has been found to contribute to the onset of schizophrenia, and auditory sensory gating deficit is a leading endophenotype for schizophrenia, however the association between the CT and sensory gating in first-episode schizophrenia remains an area that has not been explored.

**Methods.**– Fifty-six patients and 49 age and sex-matched healthy controls were assessed using the Childhood Trauma Questionnaire-Short Form (CTQ-SF) for childhood trauma and Positive and Negative Syndrome Scale (PANSS) for symptoms severity. Sensory gating was tested using the modified paradigm, perceived spatial separation-induced repulse inhibition (PSS PPI) as well as the perceived spatial co-location PPI (PSC PPI or classical PPI).

**Results.**– Associations between CT, PPI and symptoms were analyzed. Comparing with healthy controls, the patients had significantly higher score on sexual abuse ( $t = 2.729$ ,  $P < 0.05$ ), lower PSS PPI, % (ISI = 120ms and ISI = 60ms) ( $t = -3.089$ ,  $-4.196$ ,  $P < 0.05$ ). There was significant positive correlation between emotional neglect score, CTQ-SF total and positive symptomatology ( $r = 0.366$ ,  $P = 0.005$ ;  $r = 0.456$ ,  $P = 0.036$ , respectively). There was negative correlation between PSS PPI, % (ISI = 120 ms) and PANSS positive scale ( $r = -0.466$ ,  $P < 0.05$ ). There was significant negative correlation between emotional abuse, CTQ-SF total and PSC PPI, % (ISI = 60ms) ( $r = -0.519$ ,  $P = 0.006$ ;  $r = -0.495$ ,  $P = 0.026$ , respectively). Multiple linear regression analyses demonstrated the CTQ-SF total was negatively associated with PSS PPI (ISI = 120 ms) ( $P = 0.018$ ).

**Conclusions.**– The current study showed that the effects of CT on sensory gating in patients with first-episode schizophrenia, thus we hypothesize that CT may be risk factors to the occurrence of schizophrenia through its effects on sensory gating.

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

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### **Cognitive profile of healthy siblings of patients with first-episode psychosis as a candidate endophenotype**

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**Introduction.**– Cognitive deficits in psychotic patients can be observed already during prodromal phase. Moreover, cognitive impairments were found in unaffected relatives of patients, as well. **Objectives.**– Our study aim was to examine a cognitive profile of healthy siblings of patients with first episode of psychotic disorder and to compare it with the profile of patients and matching healthy subjects.

**Methods.**– Study sample consisted of 4 groups: (1) patients with first episode of psychosis, (2) – their healthy siblings, (3) control subjects matched according to age and education to patients, (4) controls matched to siblings. All study subjects were tested with a battery of neuropsychological tests measuring memory, executive functions, attention, visual-spatial skills, language skills, and psychomotor speed.

**Results.**– The total of 84 study subjects were included:

- patients  $n = 20$ ;
- siblings  $n = 22$ ;
- controls to patients  $n = 20$ ;
- controls to siblings  $n = 22$ , with even sex distribution.

The patients had significantly lower scores than their controls in all cognitive domains, the greatest difference was found in verbal memory ( $P = .000$ ) and abstraction ( $P = 0.002$ ). The siblings performed significantly worse than their controls in abstraction ( $P = 0.006$ ), non-significant trend was also observed in verbal memory. Interestingly, patients and siblings in these two domains did not differ.

**Conclusions.**– Our findings, cognitive deficits of healthy siblings in abstraction and verbal memory, comparable to those in first-episode patients, suggest that specific cognitive domains can be considered as an endophenotype of psychosis.

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OR0161

### **Mindfulness based childbirth and parenting: An RCT on effects on stress, depression and biomarkers**

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**Introduction.**– Transition into parenthood is a demanding life phase and exposes becoming parents to vulnerability for depression and stress–postpartum depression is the most common complication after childbearing in Sweden. This in turn is associated with adverse

psychological and physiological outcomes for the infant, of great importance for population health in the long term.

**Objectives.**– To evaluate the effectiveness of Mindfulness Based Childbirth and Parenting during pregnancy in:

– reducing depression symptoms and perceived stress, from pre-to post-intervention and three months after birth among mothers and partners;

– normalizing levels of inflammatory and stress markers from pre-to post-intervention in the serum of pregnant mothers.

**Methods.**– Randomized Controlled Trial. In total, 195 participants and their partners have been included in the study. Depression symptoms have been assessed with the Edinburgh Depression Scale and Stress symptoms with the Perceived Stress Scale. Serum samples have been collected from the first 70 pregnant women and have been analyzed using a sensitive radioimmunoassay procedure.

**Results.**– Final data analyses among all participants, or analyses of serum samples have not yet been conducted, but will be completed in December 2017. Preliminary analyses among the first 87 pregnant women showed a significant within-group reduction of depression symptoms in the intervention group. With regard to perceived stress, no indications of the intervention superiority were found.

**Conclusions.**– So far, this study has given primary indications of a beneficial effect on depression symptoms from the mindfulness intervention. Full analyses of all data will provide more conclusive results.

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

OR0162

### **The effects of psilocybin on brain EEG activity and connectivity in healthy volunteers – focus on the dynamics of the psychedelic state**

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**Introduction.**– A serotonin 5-HT<sub>2A/C</sub> agonist, psychedelic drug psilocybin, is gaining attention as a potential therapeutic tool for anxiety and depression. Psilocybin induces desynchronization of the EEG during the peak of its effects, continuous data are lacking.

**Objectives.**– We focused on the dynamics of changes in neuropsychological parameters, brain activity and connectivity after oral administration of psilocybin.

**Methods.**– Twenty healthy volunteers (10 M/10F, 28–50yrs) were enrolled in this placebo controlled cross over double blind trial. A standard 19 channel EEG (registered before and 60, 90, 180 and 360 min after psilocybin (0.26 mg/kg) ingestion), brief psychiatric rating scale (BPRS), plasma levels of psilocin were collected several times over the session, a subjective scale “altered scale of consciousness scale (ASCs)” at the end of measurements. Current source density and connectivity were analysed by Low Resolution Brain Electromagnetic Tomography (LORETA).

**Results.**– Psilocybin induced psychotic-like symptoms, especially changes in perception and thought disturbances, peaking at 90 min after ingestion along with serum psilocin levels. Induced global decrease of the alpha current source density in the occipital cortex was negatively correlated with the intensity of effects. The overall connectivity decreased in the alpha band, but increased in all other frequency bands at peak, however, six hours after ingestion, the effects were inverted.

**Conclusions.**– The study shows that psilocybin dynamically shifts the brain from one connectivity state at baseline through a peak effect to reach another global connectivity state at the end. This work was supported by grants ED2.1.00/03.0078, LO1611/NPU I, MICR VI20172020056 and PROGRES Q35.

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

OR0163

### **Impact of antipsychotic treatment on cytokine levels in schizophrenia: A meta-analysis**

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**Background.**– Immune system dysfunction is a hypothesis in the psychopathology of schizophrenia but the impact of antipsychotic treatment within this system is not clear. The aim of this meta-analysis was to investigate the impact of antipsychotic treatment on cytokine levels in in vivo studies on schizophrenia.

**Methods.**– After a systematic database search, original data were extracted with the help of authors. Means and standard deviations were extracted to calculate standardized mean differences (SMD). Cytokine levels were compared in vivo in schizophrenia patients, before and after antipsychotic treatment. Meta-regressions were performed to explore the influence of demographic and clinical variables on cytokine level SMDs.

**Results.**– Forty-seven studies were included in this meta-analysis. Pro-inflammatory cytokine level decreases were found for IL-1  $\beta$  levels ( $P < 0.0001$ ), IFN- $\gamma$  ( $P = 0.01$ ) and a statistical trend towards a decrease in IL-6 ( $P = 0.08$ ) and TNF- $\alpha$  ( $P = 0.07$ ) levels. An anti-inflammatory cytokine level increase was found for sTNF-R2 ( $P < 0.001$ ) and sIL2-R ( $P = 0.03$ ) levels. A meta-regression analysis found a correlation between IL-6 level SMD and positive schizophrenia symptom score SMD before and after treatment ( $P = 0.01$ ).

**Conclusions.**– The present meta-analysis provides evidence that antipsychotic treatment has an anti-inflammatory effect and could normalize immune balance dysfunction in schizophrenia. IL-6 level normalization could be a marker of illness equilibration, and thus used in clinical practice.

**Disclosure of interest.**– Bruno Romeo, Marine Brunet-Lecomte and Catherine Martelli have no

Amine Benyamina has given talk for Lundbeck, Mylan, Merck-Serono and Bristol-Myers Squibb and member of bord Indivior.

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### **Saccadic eye movements in clinical high-risk state for psychosis**

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Oculomotor dysfunction is one of the most replicated findings in schizophrenia. We studied saccadic performance in the group of clinical high risk of psychosis individuals (CHR) as a part of schizophrenia continuum. In this study, we have tested saccadic performance in different schizophrenia dimensions, according to the three-syndrome model of schizophrenia. The schizophrenia

patients were divided into three groups based on the sum of the global SAPS and SANS scores: patients with predominantly negative symptoms (NS); positive symptoms (PS) and disorganization symptoms (DS). Horizontal eye movements were recorded by using videonystagmograph. We measured peak velocity, latency and accuracy in prosaccade, antisaccade and predictive saccade tasks as well as error rates in the antisaccade task.

The study included 156 schizophrenia patients, 42 individuals at clinical high risk for psychosis and 61 healthy volunteers.

We found that the error rate in antisaccade task was significantly higher in CHR compared to controls. The performance on antisaccade task in CHR was close to the one of NS and PS groups of schizophrenia patients. The accuracy of reflexive saccade in CHR group was close to the results of NS group.

Latencies of predictive and reflexive saccades were longer in the NS than in controls. PS, DS and CHR did not differ in terms of latencies from controls. In reflexive saccades task accuracies in all schizophrenia groups and CHR group were worse than in controls. Our results support the idea that eye movement alterations are possible markers of clinical high risk of psychosis.

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

OR0165

### Action-related language impairments in schizophrenia spectrum disorders

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*Objectives.*– Action fluency deficit has been proposed as a potential endophenotypic marker for schizophrenia but its cognitive and language-related origins have not been examined.

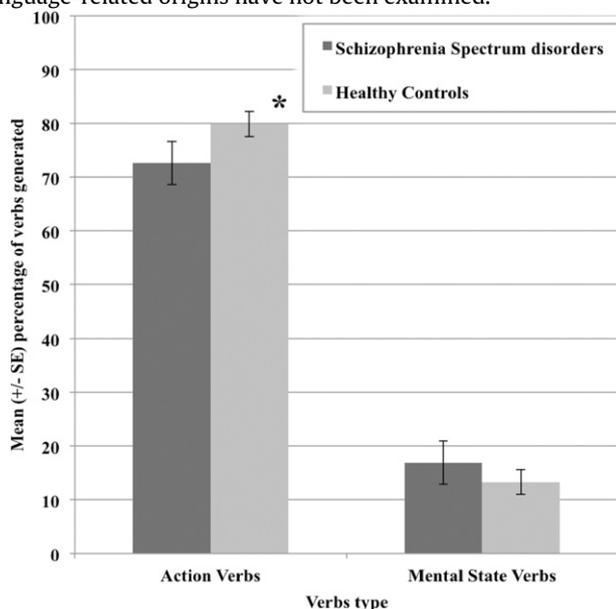


Fig. 1

*Methods.*– Action fluency task performance was studied in 46 patients with schizophrenia spectrum disorders and 76 healthy controls from the Western Australian Family Study of Schizophrenia. Verb responses ( $n=2219$ ) were classified as action or mental state verbs, using standard taxonomies. Lexical characteristics of the verbs were evaluated. Participants' clinical symptom, schizotypal personality traits and general cognitive abilities were also examined.

*Results.*– Independent inter-rater agreement on semantic categorization was high,  $k=0.905$  ( $P<0.001$ ), 95%CI (0.880,0.930). The proportion of action verbs was significantly lower in patients (Mean = 72.63,  $SD=6.73$ ) than in controls (Mean = 79.83,  $SD=3.81$ );  $t(120)=2.57$ ;  $P=0.011$ ; Cohen's  $d=-0.470$ . However, the proportion of mental state verbs produced by patients (Mean = 16.90,  $SD=13.57$ ) and controls (Mean = 13.30,  $SD=10.14$ ) did not differ,  $t(120)=1.67$ ;  $P=0.099$ ; Cohen's  $d=0.300$  (Figure 1).

Patients' action verbs were significantly less concrete (more abstract) (Median = 3.93,  $IQR=0.30$ ) than those produced by controls (Median = 4.03,  $IQR=0.19$ );  $U=1307.00$ ;  $z=-2.330$ ;  $P=0.020$ ; effect size  $r=0.203$ , reflecting a lower precision of encoding or reactivation of the sensory, motor and affective information associated with the core verb meaning. Action verbs fluency was positively correlated with memory and intelligence but not with executive function, medication dose or clinical symptoms. Conversely, fluency in action (but not mental state) verbs was negatively correlated with the interpersonal schizotypal traits denoting an increased sense of psychological distance from others.

*Conclusion.*– Impaired action verb, but intact mental state verb generation points to the neural separability of these processes and specific relationship between action-related language, memory deficits and poor interpersonal functioning in schizophrenia.

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

OR0166

### The place of VMAT-2 inhibitors for the treatment of tardive dyskinesia: A meta-analysis of randomized controlled trials

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*Purpose:* To summarize the characteristics, efficacy and safety of VMAT-2 inhibitors used for patients with tardive dyskinesia (TD).

*Patients and methods.*– Systematic review and meta-analysis. *Results.*– Altogether, two acute, 12-week, placebo-controlled trials with deutetrabenzine ( $n=413$ ) dosed at 12–48 mg/day and four acute, 4–6-week, placebo-controlled trials with valbenazine ( $n=486$ ) dosed at 12.5–100 mg/day were meta-analyzable, without meta-analyzable, high-quality data for tetrabenazine. Regarding reduction in total Abnormal Involuntary Movement Scale (AIMS) scores (primary outcome), both deutetrabenzine ( $k=2$ ,  $n=413$ , standardized mean difference (SMD) =  $-0.4$ , 95%CI  $-0.19$ ,  $-0.62$ ,  $P<0.001$ ; weighted mean difference (WMD) =  $-1.44$ , 95%CI  $-0.67$ ,  $-2.19$ ,  $P<0.001$ ) and valbenazine ( $k=4$ ,  $n=421$ , SMD =  $-0.59$ , 95%CI  $-0.26$ ,  $-0.91$ ,  $P<0.001$ ; WMD =  $-2.07$ , 95%CI  $-1.08$ ,  $-3.05$ ,  $P<0.001$ ) significantly outperformed placebo. Results were confirmed regarding responder rates ( $\geq 50\%$  AIMS total score reduction; deutetrabenzine: risk ratio (RR) = 2.13 (95%CI = 1.10–4.12,  $P=0.024$ , number-needed-to-treat (NNT) = 7, 95%CI = 3–333,  $P=0.046$ ; valbenazine: RR = 3.05, 95%CI = 1.81–5.11,  $P<0.001$ , NNT = 4, 95%CI 3–6,  $P<0.001$ ). Less consistent results emerged from patient global impression based response and clinical global impression for deutetrabenzine ( $P=0.15$ ,  $P=0.088$  respectively), and for clinical global impression change score for valbenazine ( $P=0.67$ ). Additionally, both deutetrabenzine and valbenazine acute efficacy trials were continued with open-label designs up to 159 (ongoing) and 48 weeks respectively with increased responder rates at endpoints ( $P=NA$ ), and symptom recurrence after valbenazine withdrawal. No increased cumulative or specific

adverse events vs placebo (acute trials), o vs acute phases of the trials (open-label extensions) were reported.

**Conclusion.**– The two recently FDA-approved VMAT-2 inhibitors, valbenazine and deutetrabenazine, are effective in treating TD, in acute and long-term treatments. No concerns about any increased risk of depression or suicide have arisen in the included stable psychiatric population with TD. No head-to-head comparison among VMAT-2 inhibitors and no high-quality, meta-analyzable data are available for tetrabenazine in TD.

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

OR0167

### Is stress sensitivity a better marker of risk than ultra high risk (UHR) for psychosis criteria?

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**Background.**– Increased stress sensitivity has been associated with experiences of childhood adversity and ultra high risk (UHR) for psychosis status (Lardinois et al., 2011). A recent meta-analysis reported that greater stress sensitivity was associated with increased odds for psychotic experiences (DeVylder et al., 2016). There is evidence that stress sensitivity mediates the relationship between adversity and psychotic experiences (Gibson et al., 2014). We sought to explore these relationships in a university student population and include a focus on functioning and academic self-efficacy

**Method.**– An online survey was completed by 500 university students. The survey included measures of stress sensitivity, depressed mood, wellbeing, functioning (social and academic) and adversity (childhood and current). UHR status was measured by the threshold of the Prodromal Questionnaire-16 (PQ).

**Results.**– The majority of students were female (81%) and undergraduate (92%) with 102 meeting UHR threshold. Rates of childhood (50% vs 32%,  $P < .001$ ) and current adversity (82% vs 72%,  $P < .05$ ) were significantly higher for the UHR than non UHR participants. The UHR group had significantly higher stress sensitivity ( $P < .001$ ) and decreased functioning and wellbeing. A model exploring the possible predictive value of stress sensitivity for academic self-efficacy, wellbeing and UHR for psychosis will be presented.

**Conclusion.**– Stress sensitivity offers the opportunity for broad screening of vulnerable groups such as young people in transition periods. Importantly, it avoids the use of potentially stigmatising terms such as psychosis and personality disorder, and thus may have utility in screening for risk for the development of mental health problems.

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

OR0168

### Fully automated speech-based frontline screening for dementia

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**Introduction.**– New telemedicine tools for effective frontline screening for dementia are needed. Automatic speech analysis can be a powerful solution to address this need as speech can be analysed via telephone.

**Objectives.**– To benchmark a fully automated dementia frontline screening based on automatic speech recognition and machine learning classification.

**Methods.**– A total of 166 elderly people diagnosed with either dementia (D; 79), Mild Cognitive Impairment (MCI; 47) or only subjective memory complaints (SMC; 40), were assessed at the memory clinic at the Institut Claude Pompidou in Nice, France. Within the scope of the Dem@care and ELEMENT projects participants performed a battery of speech-based cognitive tests. Speech was recorded and processed using automatic speech recognition (Figure 1). The experiment for this study is solely based on the recordings of the 60s semantic verbal fluency (SVF). Qualitative SVF features were extracted according to previous work (Linz et al., 2017; Using Neural Word Embeddings in the Analysis of the Clinical Semantic Verbal Fluency Task). For classification, Support Vector Machines with 10-fold cross validation were used.

**Results.**– Despite imperfect ASR – mainly misses in SVF correct responses – for the screening scenario (SMC vs. MCI & D) the approach achieves a sensitivity of .99 and a specificity of .74. Inter-group classification results were as follows (sensitivity/specificity): SMC vs. D (.91/.66), SMC vs. MCI (.85/.62) and MCI vs. D (.86/.49).

**Conclusion.**– The results show high ecological validity of the proposed automatic analysis for frontline screening of dementia. The high sensitivity in the screening scenario underlines its feasibility in telemedicine applications.

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

OR0169

### Angiotensin-converting-enzyme inhibitors (ACEI) as a repurposed treatment for a unipolar depression: Results of a 20-year follow-up study

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**Introduction.**– Comorbidity between psychiatric and cardiovascular disorders is a global public health priority. This bidirectional relationship is suggested to exist due to shared functional changes, understanding of which may lead to new or repurposed treat-

ment options for affective disorders. While CNS drug development has been underwhelming with RCTs not providing definitive evidence of antidepressant effectiveness, accumulating preclinical and clinical data consistently indicate the involvement of Angiotensin-Converting-Enzyme Inhibitors (ACEIs) and Angiotensin II Receptor Blockers (ARBs) in mood regulation.

**Objectives.**– To evaluate the mood-regulating capacity of orally delivered ACEI and ARB, the treatment-diagnosis association was examined using a prospective follow-up setting in the population-based Kuopio Ischemic Heart Disease Risk Factor Study.

**Methods.**– The study was conducted on a sample of 1774 subjects (920 females, 854 males; age range at baseline: 42–61 years) from Eastern Finland. A hospital discharge diagnosis of unipolar depression was used as outcome variable. Prospective analyses were conducted with the Cox proportional hazards model, adjusted for relevant background variables.

**Results.**– The risk of unipolar depression diagnosis ( $n=46$ ) was significantly reduced in ACEI-treated participants ( $HR=0.343$ , 95% CI 0.15–0.77,  $P=0.010$ ), but not in ARB-treated participants ( $HR=0.442$ , 95% CI 0.18–1.08,  $P=0.072$ ).

**Conclusion.**– ACEI treatment is associated with a statistically significant decreased risk for unipolar depression manifestation. However, our findings may not be generalizable to individuals below middle age.

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

OR0170

### **Prediction of CYP3A metabolic phenotype in patients with ziprasidone by blood concentration measurement**

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**Background.**– With the development of pharmacogenomics in recent years, more and more attention has been paid to the molecular genetic mechanism of pharmacokinetics among different individuals. Gene polymorphisms of drug metabolizing enzymes can affect the retention of drugs in vivo. However, the cost of gene polymorphism of drug metabolizing enzymes determination is high.

**Objective.**– The aim of this study was to investigate the relationship of CYP3A gene polymorphism and plasma concentration of ziprasidone injection

**Methods.**– The serum concentration of ziprasidone was determined by two-dimensional high performance liquid chromatography (HPLC) and the distribution proportion of CYP3A gene polymorphism in hospital database was calculated.

**Results.**– A total of 28 patients of ziprasidone blood concentration results showed that: 14 patients ziprasidone average half-life is 7.92, accounting for 53.57%; 8 patients average half-life is 5.37, accounting for 28.57%; 4 patients average half-life is 2.87, accounting for 14.29%; 1 patients half-life is 1.23, accounting for 3.57%. The CYP3A5 statistical data of 1327 patients in the center showed that the weak metabolic type accounted for 52.60%, the intermediate metabolic type accounted for 40.17%, and the fast metabolic type accounted for 7.23%.

**Conclusion.**– The metabolic characteristics of ziprasidone in 28 patients were closely related to the CYP3A5 gene polymorphism in 1327 patients. The plasma concentration could reflect the metabolic type of the patients in some extent.

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

### **Oral communications 12: Eating disorders/migration and mental health of immigrants/euroimaging/neuroscience in psychiatry part II/old age psychiatry part II/prevention of mental disorders part II/quality management**

OR0171

#### **The impact of childhood trauma on brain structure and stress response: Differences between first-episode psychosis patients and healthy controls**

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**Introduction.**– The relationship between childhood trauma, brain alterations and dysfunctions of the stress response system, the Hypothalamic-Pituitary-Adrenal axis (HPA), remains unclear in patients with psychosis as well as in healthy population with history of significant abuse in childhood.

**Objectives.**– Investigate the impact of childhood abuse on the brain structure and stress response in individuals with and without psychosis.

**Methods.**– Initially, a vertex-by-vertex two-way ANCOVA analysis explored between-group differences in cortical thickness related to case (86 first episode psychosis patients; 49 with significant childhood abuse) and control (64; 30 with significant childhood abuse) status, and childhood abuse exposure. Finally a regression model investigated the relationship between Basal Cortisol Production (BCP) and cortical thickness of regions in which a significant association with abuse was identified.

**Results.**– The right medial-orbital-frontal gyrus and lingual gyrus showed thinning in individuals with childhood abuse (irrespective of being a case) and their cortical thickness negatively correlated with BCP. Furthermore the right cuneus, latero-orbital-frontal gyrus, post-central gyrus, pre-central gyrus, superior-frontal gyrus and inferior-parietal gyrus were thinner in cases and thicker in controls with abuse suggesting an interaction between group (patient/control) and abuse. Thickness of the right cuneus, latero-orbital-frontal gyrus, superior-frontal and the inferior-parietal gyrus negatively correlated with BCP in controls but not in cases.

**Conclusions.**– Childhood abuse has a long-term effect on the adult brain in areas involved in social adjustment, mood control and drive. Interestingly, this effect is divergent in cases and controls, suggesting a specific vulnerability in individuals who would eventually develop psychosis possibly implying an adaptive mechanism to environmental stress.

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

OR0172

#### **The role of spirituality in the care of older people with mental illness**

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The role of spirituality in mental health care and older people is becoming increasingly recognised but it remains a misunder-

stood term and assessment and practice remains fragmented in the British NHS. This presentation will focus on spiritually competent practice in health care with an emphasis on mental health in older people. It will also examine the role of training and education in developing spiritually competent practitioners. Spirituality and spiritual competencies for practitioners will be defined. Service delivery that is designed to facilitate person-centred care is central to achieving high quality spiritually competent care for patients. Narrowly-defined spiritual competencies should be combined with compassionate motivation. Even when both are present, fragmented and pressured service delivery denies practitioners the time and opportunities to address the needs of the whole person and makes spiritually competent practice difficult if not impossible to achieve.

The presentation would increase interest and understanding in the three areas including:

- spiritual competencies;
- personal qualities and development of the practitioner;
- opportunities provided by the organisation of care.

As well as sharing ideas, I would hope to foster a discussion on these neglected areas from participants and generate innovative ideas through discussion [1].

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

*Reference:*

[1] Wattis J, Curran S and Rogers M. Spiritually competent practice in healthcare. UK: CRC Press; 2017

OR0173

### Brain health complications of diabetes mellitus: Awareness among individuals with diabetes and the general population in Ireland

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*Introduction.*– Awareness of the brain as vulnerable to adverse effects of diabetes resulting in depression, cognitive impairment and dementia, is growing among the research and clinical community. Such complications can adversely affect quality of life and diabetes outcomes. Research exploring translation of these findings into awareness among individuals with diabetes and the general population is lacking

*Objectives.*– To identify awareness of potential brain health complications of diabetes among patients and the public via an interviewer administered questionnaire.

*Methods.*– This observational, cross-sectional survey study recruited adults with diabetes attending a specialist diabetes clinic and representatives of the Irish general population. An interviewer-administered, study specific questionnaire gathered data on respondents' knowledge of:

- brain health complications of diabetes;
- modifiable risk factors for both dementia.

Data was also gathered on socio-demographic, personal health and lifestyle factors. Multivariable logistic regression was undertaken to identify variables independently associated with knowledge.

*Results.*– A total of 502 adult respondents: 250 in diabetes group (37.2% female, mean age 62.7 ± 14.23 years) and 252 in general population group (51.2% female, mean age 46.5 ± 16.58 years).

Respondent knowledge of (i) potential diabetes complications is outlined in Figure 1.

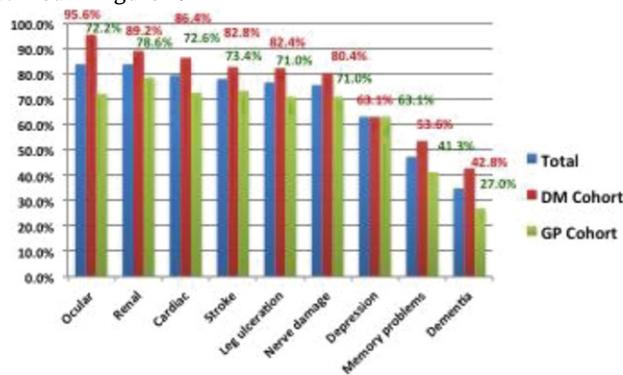


Fig. 1. and (ii) modifiable risk factors for dementia in Figure 2.

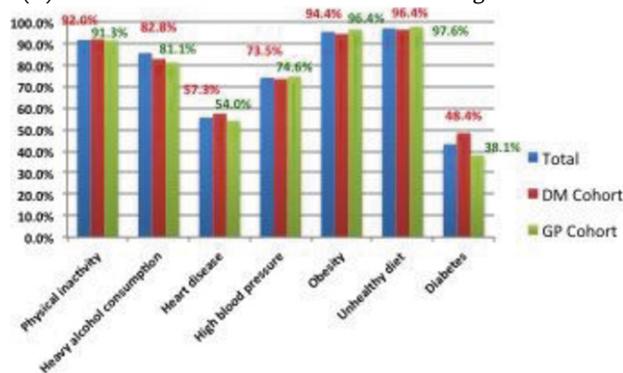


Fig. 2.

*Conclusions.*– This study demonstrates poor awareness of brain health complications of diabetes and modifiable risk factors for dementia among individuals with diabetes and general population in Ireland. Results suggest a need for expansion of public awareness campaigns to promote awareness of brain health complications of diabetes as part of a life-course approach to dementia prevention.

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

OR0174

### Differentiating constitutional thinness from anorexia nervosa in DSM 5 era

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*Introduction.*– Constitutional thinness (CT) is an underweight state characterized by normal menstruations and feeding behaviour. Thinness is the only resemblance between Anorexia Nervosa (AN) and CT. Removal of amenorrhea in the new DSM-5 definition of AN might lead to misdiagnosis between these populations.

**Objectives.**– The objective was to compare CT, AN and Controls in terms of biological, anthropometric, and psychological markers in order to better distinguish AN from CT subjects

**Methods.**– This retrospective study conducted from 2000 to 2015 included three groups of young women: 56 CT, 40 restrictive-type AN and 54 controls. Evaluation was made in all groups before any intervention: body composition, nutritional markers, pituitary hormones, bone markers and psychological scores. For every markers, a receiver Operator Characteristics (ROC) curve was calculated to evaluate the accuracy of differentiation between AN and CT.

**Results.**– For the majority of studied parameters, CT subjects were similar to controls but dramatically different from AN subjects. According to ROC data, while psychological scores were unsuccessful to differentiate AN from CT, except for DEBQ Restrained Eating item, free-T3 and Leptin were strong tools for AN and CT distinction with high sensitivities and specificities and low *P* values (<0.0001).

**Conclusions.**– Taking AN and CT distinction as a major objective, the exclusive use of psychological criteria is not sufficient and should be completed by at least free T3 determination, which is a cheap and an accessible laboratory testing for general practitioners. The final goal is to avoid social stigmatization and excessive useless therapies for CT women.

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

OR0175

### **Hunger feeling in anorexia nervosa and ghrelin plasma level**

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**Introduction.**– Self-food deprivation in Restrictive Anorexia nervosa (AN) contrasts with high but variable orexigenic ghrelin plasma level. As therapy one's aim is to bring the patient to overpass self-starvation in order to gain weight, hunger is one of the keys. Little is known about hunger in AN with very few publications that besides very often confuse hunger feeling, wanting and liking.

**Objectives.**– Therefore, this study was designed to evaluate simultaneously both hunger feeling and circadian ghrelin plasma level in AN patients compared to controls.

**Methods.**– Hunger feeling was recorded during 24 hours with a validated analogic visual scale (AVS). Ten AN patients with preserved hunger (ANH+) (AVS final 24 h score <sup>3</sup>15 and 3 pre-meal peaks (score 3)), 10 AN patients who lost hunger (ANH-) (AVS final 24 h score ≤ 5 and no peak (score ≤ 2)), 10 Constitutional Thinness patients (CT) (same BMI, no eating disorder, no undernutrition) and 10 normal-weight women (no eating disorder) as Controls were included. Ghrelin was evaluated at 12 points during the same 24 hours.

**Results.**– ANH-, CT and controls exhibited the same hunger scores and similar total and acylated ghrelin plasma levels. ANH+ showed significantly higher ghrelin level than the others.

**Conclusion.**– Ghrelin was high in AN with preserved hunger feeling and similar to controls in AN who lost it. This could modify the standard care in AN by adapting therapy to ghrelin level and promote ghrelin therapy in the group of patients who lost hunger feeling.

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

OR0176

### **Restoring fertility to persistent amenorrheic weight-recovered anorexia nervosa patients: Benefice and risk**

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**Introduction.**– Anorexia nervosa (AN) is characterized by self-starvation-induced undernutrition leading to functional hypothalamic amenorrhea (HA). Weight recovery does not always restore menses despite no clinical and biological undernutrition residual signs. Pulsatile GnRH therapy is currently used to induce physiological ovulation, with effectiveness demonstrated in all types of HA, AN included. However, only few specific studies included AN, mostly with small number and under nourished patients. Besides lots of studies showed the high frequency of eating disorder among women who underwent such therapy.

**Objectives.**– This study was designed to evaluate hormonal and clinical responses to GnRH pump in two groups of HA patients: persistent amenorrheic weight-recovered AN patients (Rec-AN) and HA from other cause.

**Method.**– Twenty-two HA without any eating disorders patients and 19 Rec-AN (BMI > 18.5 kg/m<sup>2</sup> without menses recovery) were included in this study. Baseline Estradiol, LH and Progesterone plasma levels and their changes during induction cycles along with ovulation, follicular recruitment, pregnancies rate and eating disorders in AN were evaluated.

**Results.**– Rec-AN displayed higher basal Estradiol and LH plasma levels after both GnRH injection and during induction cycles compared to HA. Consequently follicular recruitment and ovulation rate were higher in Rec-AN. AN group exhibited 15% of reactivation of eating disorder.

**Conclusions.**– This study showed great clinical and hormonal response to GnRH therapy in persistent amenorrheic weight-recovered AN, suggesting this treatment is the first one to propose to patient. It raises also the importance to carefully monitor eating disorder and mainly to evaluate psychological state before proceeding.

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

OR0177

### **Exposure to trauma, post traumatic stress disorder and depression symptoms in eritrean refugees living in Ethiopia**

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**Background.**– There is a paucity of research evidence about the mental health of Eritrean refugees.

**Objectives.**– To identify the differential association between exposure to pre-migration and post-migration trauma with PTSD, depression or both symptoms among Eritrean refugees in Ethiopia.

**Methods.**– A cross-sectional survey method was employed in this study in which 562 participants were randomly selected from Eritrean refugees living in Mai Aini refugee camp, Ethiopia. The needed information were collected using pre and post-migration living difficulties checklist, Primary Care PTSD screener (PC-PTSD), Center for Epidemiologic Studies Depression Scale (CES-D), Oslo Social Support Scale (OSS-3), Sense of Coherence Scale (Soc-13) and Coping Style Scale. Multiple linear regression, independent sample t-test, and partial correlation were used as methods of statistical analysis.

**Results.**– PTSD and depression symptoms do not vary across major demographic variables such as: gender, age and marital status. After adjusting for demographic factors, sense of coherence and social support, exposure to pre-migration trauma is significantly associated both with symptoms of PTSD ( $\beta=0.11, P<.05$ ) and depression ( $\beta=0.29, P<.001$ ). Exposure to post-migration trauma is associated with depression ( $\beta=0.21, P<.001$ ). However, sense of coherence ( $\beta=-0.17, P<.001$ ) and social support ( $\beta=-0.08, P<.05$ ) are inversely associated with PTSD symptoms; sense of coherence ( $\beta=-0.32, P<.001$ ) and social support ( $\beta=-0.11, P<.001$ ) have also demonstrated inverse association with symptoms of depression.

**Conclusions.**– While depression is associated with both pre and post-migration trauma, PTSD is associated with pre-migration trauma. Sense of coherence and social support are associated with reduced symptoms.

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

OR0178

### **Cardio-metabolic monitoring in patients on antipsychotics in an inner city New York city adult outpatient clinic: What have we learned so far**

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Patients with serious and persistent mental illness (SPMI) have frequent concurrence with heart disease, diabetes, and other cardio metabolic risk factors. Clinical Anti-psychotic Trials of Intervention Effectiveness (CATIE) schizophrenia trial estimated 43 percent prevalence (54% in Females; 36% in Males) of metabolic syndrome in patients with schizophrenia at baseline. This warrants an urgent need of cardio metabolic risk monitoring for early detection and intervention to reduce mortality.

**Methods.**– Phase one of our study involved retrospective chart review of 2826 patients during the one-year study period (2014–2015). Phase 2 involved interventions including provider education on cardiovascular practice guidelines and improvement in the electronic medical record such as alerts for the provider and the development of a cardio metabolic screening order set. Phase 3 involves pre-post interventional data analysis.

**Results.**– Baseline data of 2826 patients showed 55% ( $n=1563$ ) of our patients were on antipsychotics and had a high prevalence of cardio metabolic risk factors such as hypertension (39%), obesity (35%), smoking (34%), diabetes mellitus (25%), hyperlipidemia (25%). Our baseline data results showed that cardio metabolic monitoring was below par as per standard of practice guidelines with following monitoring results: fasting glucose monitored (52%), HbA1c (30%), LDL (37%), Cholesterol (38%), Weight and BMI (67%).

**Conclusion.**– The baseline data showed that in our routine clinical practice, patients on antipsychotics did not have sufficient cardiometabolic screening. Post intervention review of our data will show the effect of the intervention on cardiometabolic screening and will provide insights on how EMR based strategies can be integrated into out-patient clinics.

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

OR0179

### **National model for mental health work among refugees and asylum seekers in Finland**

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**Introduction.**– Mental health is a crucial part in refugees' overall wellbeing. According to Finnish surveys, migrants with a refugee background are more prone to experience severe symptoms of depression and anxiety compared to the general Finnish population. Traumatic experiences in the former home country and discrimination in Finland explain some of the refugees' mental health problems.

**Objectives.**– A need existed to improve the mental health work done among refugees and asylum seekers in Finland.

**Methods.**– Information on existing problems and good practices and treatment models was gathered in 2016–2017 in several ways: qualitative interviews of professionals ( $n=157$ ) and refugees ( $n=32$ ) were conducted all over the country and service levels, literature was reviewed, and seminars were held and participated. The PALOMA model for refugees' better mental health was built in 2017 with a large expert group, also including refugees, and implemented in 2018.

**Results.**– The PALOMA model for refugees' mental health is targeted for professionals on different levels of administration and contexts. The model covers the whole field of mental health work from preventive work outside of health and social services (e.g. school, police, etc.) to primary and specialized care of health and social services. The PALOMA model gives detailed recommendations for prevention, recognition and treatment of mental health problems among refugees and asylum seekers in Finland.

**Conclusions.**– Concrete recommendations of the PALOMA model enable the professionals to promote mental health and improve services in a culturally sensitive way. As a result, refugees' mental health and overall wellbeing will be improved.

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

OR0180

### **Building a prognosis model for anorexia nervosa: A machine learning approach**

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**Background.**– Anorexia nervosa has the highest mortality rate of all psychiatric disorders, with approximately 50% of individuals devel-

oping a severe and enduring form of illness. Low weight is a major concern and weight restoration is a common goal for inpatient treatment. However, the degree of weight gain varies considerably across individuals and at present it is unclear what factors contribute to this variability.

**Objectives.**– An exploratory study to examine predictors of change in BMI following inpatient treatment.

**Methods.**– The sample consisted of 292 patients admitted to the inpatient eating disorder unit at South London and Maudsley NHS Foundation Trust between 2004 and 2016. Three domains of predictors were considered: (i) demographic characteristics, (ii) clinical history prior to admission and (iii) clinical features on admission including eating psychopathology. Elastic net regularized regression with nested cross-validation was used to optimise the prognosis model.

**Results.**– A combination of demographic and clinical variables explained 13.6% of variance in BMI change following treatment. As expected, the strongest predictors were those related to weight (BMI on admission) and severity of illness (previous hospital admissions and the use of voluntary admissions). Interestingly, social factors (living with others) and ethnicity (Asians) also emerged as important predictors.

**Conclusion.**– Our findings support the notion that easily accessible demographic and clinical variables can explain a proportion of therapeutic response to inpatient treatment for anorexia nervosa. Machine learning can be a useful method to identify factors that contribute to poor treatment response and can potentially be developed into a decision-support tool for clinicians.

**Disclosure of interest.**– We would like to thank all participants in the study and Deborah Agbedjro for her statistical support. This project and JA are funded by the Health Foundation (Bridging Transitions from Hospital to Home: Collaborative Skill Sharing Intervention with Carers). CK, KT, CML and JT are currently part funded by the National Institute for Health Research Mental Health Biomedical Research Centre for Mental Health at South London and Maudsley NHS Foundation Trust and King's College London. CK had received salary support from Novo Nordisk UK Research Foundation. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

OR0181

### **Automated analysis of verbal fluency ability for detection of cognitive impairment in elderly people**

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**Introduction.**– Verbal fluency (VF) tests are commonly used assessments of cognitive functioning. Due to time constraints, clinicians usually measure task performance manually only by the total number of correct words and errors.

**Objectives.**– To investigate whether automated analysis of semantic measures such as the amount of clusters and switches could be useful for clinical assessment.

**Methods.**– Overall, 179 older persons performing the VF tests were recorded from which 90 were diagnosed with dementia, 47 were diagnosed with Mild cognitive impairment (MCI) and 42 were healthy controls (HC). Participants were given 60s to name as many animals as they can. All performances have been recorded and transcribed. Speech signal processing techniques and automatic speech recognition for computation of semantic clusters/chains

were applied and compared to manual annotations. Automatically extracted features were tested in their power to correctly distinguish between these groups.

**Results.**– We found that the automatically extracted information from the speech recordings is as reliable as manual annotations with a correlation of 0.89 for word count, 0.92 for cluster size and 0.92 for the amount of switches. Classifiers based on automatic extracted features outperformed with 73.6% accuracy between HC and MCI those trained with manual annotations with an accuracy of only 71.3%.

**Conclusions.**– Our results demonstrate the feasibility of using automated semantic analytics and the additional value of vocal features, for the assessment and monitoring of cognitive impairment in elderly people through VF tests. This time saving automated tool could provide clinicians with reliable data immediately, based on non-invasive, simple and low-cost methods.

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

OR0182

### **The effectiveness of psychosocial interventions for survivors of natural disasters: A systematic review**

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**Introduction.**– Natural disasters are becoming increasingly more common, with significant psychosocial impact on survivors, that can lead to psychosocial disorders and chronic psychopathology. Effectiveness of currently available interventions is uncertain, although the evidence-base is emerging with more primary studies evaluating these, and which remains to be synthesized.

**Objective.**– To identify, critically appraise and synthesize the current evidence base on the effectiveness of psychosocial interventions in preventing or treating PTSD, MDD and/or GAD in adult and child survivors of natural disasters.

**Methods.**– Guided by a protocol, a systematic search of eight international electronic databases, other grey literature databases and relevant websites, as well as bibliographic and citation searching of eligible articles was done. Papers meeting the specific inclusion criteria underwent quality assessment using the Downs and Black checklist. The extracted data was analysed by way of narrative synthesis.

**Results.**– Searches returned 3777 papers where 31 met the criteria for inclusion. Two papers were obtained through bibliographic and citation searching. Methodological quality of most papers was fair, and evaluated psychological interventions. All studies, reported post-intervention reductions in symptom scores for PTSD, depression and anxiety and where assessed, reduced diagnosis of PTSD and MDD. Statistically significant results were seen in 22 studies. However, three studies demonstrated that the evaluated interventions may not have been very beneficial.

**Conclusions.**– The overall positive results suggest that psychosocial interventions are favourable over no interventions. Yet, heterogeneity and methodological shortcomings of the current evidence-base makes it difficult to draw definite conclusions. Further rigorously conducted research in this area is needed.

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

OR0183

### Alcohol use and dependence among older adults in canadian home care: Is it getting better or worse over time?

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**Introduction.**– The risk-relationship between alcohol consumption and poor mental health has been well established. The objective of this study was to examine alcohol use and mental health among older adults receiving home care (HC) services in Canada, with the goal of informing mental health promotion policy and practice.

**Methods.**– Canadian HC data were retrieved from the Home Care Reporting System (HCRS) database. Information in the HCRS is based on the Resident Assessment Instrument–Home Care (RAI-HC), an assessment tool used to identify the strengths, preferences and needs of HC clients. The sample included HC clients across five provinces, aged 60 years and older assessed with the RAI-HC between 2004 and 2014 ( $n=692,353$ ). The main outcome measure was alcohol consumption and dependence (i.e. alcohol use), measured with two items:

- the person's alcohol consumption concerns others;
- needing a drink first thing in the morning.

Descriptive and multivariate analyses were performed.

**Results.**– There was a slow and steady increase in rates of alcohol use over time. In total, alcohol use was present in 19.0 cases/1000 Canadian HC clients. These clients were younger on average, aged 60 to 74 years and more likely male. Main drivers of alcohol use included smoking ( $OR=5.17$ ,  $CI: 4.96-5.40$ ), younger age ( $OR=2.11$ ,  $CI: 1.99-2.24$ ), and depressive symptoms ( $OR=1.63$ ,  $CI: 1.55-1.72$ ). Social involvement and medication use lowered odds of alcohol use.

**Conclusion.**– These findings provide evidence for policy and practice surrounding alcohol use and mental health promotion in the Canadian home care sector.

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

OR0184

### Adult attachment styles and cortisol awakening response in eating disorders

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**Introduction.**– Adverse early experiences are considered a major risk factor for Eating Disorders (EDs). Repeated interactions with caregivers in childhood affect emotion regulation development. Therefore, Adult Attachment Styles (AAS) may be associated with an altered stress response through differences in subjective feelings of distress and in physiological responses, including the Hypothalamic-Pituitary-Adrenal (HPA) axis functioning. A dysregulation of HPA axis activity as a function of AAS has been found in healthy women but it has never been investigated in people with EDs.

**Objectives.**– This study aimed to explore the possible association between AAS and HPA axis activity, as assessed by the saliva Cortisol Awakening Response (CAR) in ED patients.

**Methods.**– Overall, 78 ED patients (43 with AN, 35 with BN) were recruited. Participants filled in the Experiences in Close Relationships (ECR) questionnaire in order to assess the AAS. Then they

were instructed to collect saliva sample at awakening and 15, 30 and 60 minutes after awakening, in order to measure cortisol levels. **Results.**– A three-way ANOVA with repeated measures showed a statistically significant effect for AAS and for the interaction between AAS and time. Indeed, people with avoidant AAS exhibited a CAR significantly higher than those with secure AAS with a different time pattern.

**Conclusions.**– These findings indicate that AAS, but not the ED categorical diagnosis, influence the CAR in EDs. This would confirm that early life experiences might modulate not only affect regulation strategies but also stress systems response. Overall, our study suggests the importance to focus on attachment issues in the assessment of ED pathophysiology.

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

OR0185

### An analysis of pharmaceutical interventions in a psychiatric hospital: A 5-month retrospective study

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**Introduction and objectives.**– Analysis and validation of hospital prescriptions are issued by our pharmacy which has developed an initiative to register these pharmaceutical interventions (PI) on the SFPC website (French Society of Clinical Pharmacy). The aim of this study is to characterize possible areas of improvement in the prescription validation process.

**Methods.**– A prospective 20-week study (April–September 2017) was conducted in order to collect pharmaceutical interventions, which included the following informations: drug involved, type of problem, type and results of intervention (accepted/not accepted/not described).

**Results.**– A total of 261 PI were recorded (27% of the total drug prescriptions). Dose adjustment account for 43% of the interventions, drug interactions for 41%, repositories non compliance for 10%. Seventy-nine percent of the involved drugs were psychotropic drugs, mainly neuroleptics (90%). General PI acceptance by prescribers was 34%. This low PI acceptance is mainly due to the lack or answers with cardiac problems. Excluding this type of intervention, general PI acceptance reach 46%. Eighty-eight percent of the interventions were considered to have a significant clinical impact. Four PI were considered to have been able to avoid a vital damage. One hundred and ninety-five PI (75%) have a positive economic impact, 96% were coded as positive for organizational impact.

**Conclusion.**– This analysis of pharmacist's interventions allow to characterize the drugs involved, the low rate of acceptance of our interventions. It constitute supports to achieve improvement and adequacy between pharmacists and prescribers in order to increase the acceptance of PIs by prescribers. This could be used as indicator of pharmacist's performance.

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

OR0186

### Social cognition as a hub between creative thinking and affective-cognitive dysfunction in subjects with traits of the psychotic spectrum

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Social cognitive processes seem to be at core of behavioral and cognitive impairments in mental disorders including schizophrenia, affective disorders, autism spectrum disorders and frontotemporal degeneration. Besides, social cognition modulation goes beyond of those aspects as it has been reported that theory of mind is also involved in the generation and modulation of creative thinking.

Assuming a double inference, namely social cognitive processes involved in cognitive alterations of mental disorders, and the role of social cognition in creative thinking, we explored the extent in which social cognition serves as a link between psychotic spectrum and creative thinking, a classical link still not fully understood. Against this background, we run two studies exploring this relationship. In the first study a group of 60 subjects, we have used a more general and subjective methodology for exploring the link between personality traits, creative thinking and theory of mind by using standardized scales. In a second study, a group of 60 subjects participated in more objective measures of the aforementioned dimensions including experimental paradigms and standardized scales focus in subjects with traits of the psychotic spectrum.

Those results support the relevance of social cognitive processes as a point of convergence between behavioral and cognitive dysfunctions mental disorder and in generating creative thinking. Results were also discussed to the light of importance of social cognition as a resource to produce creative ways of facing daily life challenges even in conditions where behavior, cognition and autonomy are sensibly affected as is the case of mental disorders.

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

OR0187

### Higher cortical dendrite density in patients with bipolar disorder undergoing lithium therapy

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*Background.*– Neurotrophic properties of lithium have been suggested but its effects at a microstructural scale are largely unknown in humans. Our aim was to in vivo assess grey matter ultrastructure in patients with BD undergoing lithium therapy.

*Methods.*– We included 28 patients with BD. All subjects had an MRI examination including 3 shells diffusion acquisition (30 directions at  $b=200\text{ mm}^2/\text{s}^2$ , 60 directions at  $b=1500\text{ mm}^2/\text{s}^2$  and 60 directions at  $b=2700\text{ mm}^2/\text{s}^2$ ) with an isotropic resolution of  $1.25\text{ mm}^3$  and a millimetric 3DT1 acquisition. Intracellular fraction was estimated using an in-house MCMC algorithm (Microscopist software, Neurospin) based on the Neurite Orientation Dispersion and Den-

sity Imaging model. T1 anatomical segmentations with FreeSurfer 5.0 were used to investigate intracellular fraction in grey matter regions of interest. Means between groups were compared using linear models after adjustment for age and gender.

*Results.*– We found higher intracellular fraction values in the left frontal and left parietal cortices in patients with BD taking lithium medication when compared those without lithium treatment ( $P=0.045$  and  $P=0.039$ , Bonferroni corrected), reflecting a higher dendritic density in these two cortical regions.

*Discussion.*– This study reports for the first time ultrastructural differences in grey matter in patients with BD. Considering our data, lithium may expand dendritic ramifications in the frontal and parietal cortices in accordance with animal studies. Further work is needed to investigate longitudinally the temporal dynamics of microstructural changes associated with lithium in bipolar patients.

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

OR0188

### A randomised sham-controlled feasibility trial of repetitive transcranial magnetic stimulation in outpatients with severe and enduring anorexia nervosa

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*Introduction.*– Anorexia nervosa (AN) is a disabling and deadly disorder. Treatment innovations are needed, especially for those with severe and enduring illness (SE-AN). Repetitive transcranial magnetic stimulation (rTMS) is a noninvasive brain stimulation method which has shown promise in AN and other eating disorders.

*Objectives.*– The aim of the present study was to conduct a randomised controlled double-blind feasibility trial in adult outpatients with SE-AN and previous unsuccessful treatment, comparing real rTMS with sham treatment, as an add-on to treatment-as-usual (TAU).

*Methods.*– Thirty-four participants with SE-AN (mean illness duration 14 years) were allocated by chance to receive 20 sessions of either real or sham high frequency rTMS in addition to their usual treatment. A range of outcomes (body mass index, eating disorders symptoms, mood, quality of life) were assessed at pre-treatment, post-treatment (1 month post-randomisation) and follow-up (4 months post-randomisation). We also asked participants about their experience of this treatment.

*Results.*– Two patients were withdrawn for safety reasons post-randomisation, 32 started and 30 completed treatment and all research visits. There were small group differences in BMI and eating disorder symptoms at both post-treatment and follow-up. At 4 months post-randomisation, there were between-group differences in depression, stress and obsessive compulsive symptoms of medium to large effect size, favouring real rTMS over sham. rTMS was well tolerated and considered to be an acceptable treatment.

*Conclusions.*– This study provides evidence for the therapeutic potential of rTMS in adults with SE-AN. It also supports the need for future larger-scale studies.

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

OR0189

### Perception and satisfaction of patients versus staffs in psychiatry wards

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**Introduction.**– Patients and staffs experience different aspects of work environment in psychiatry wards, although they spend time in the same place, and it is lead to several difficulties in relationship between patients and staff.

**Objective.**– Evaluate the perception and satisfaction of patients versus staffs in three psychiatric wards in Tehran.

**Methods.**– A total of 219 participants (patients and staffs) in three hospitals were evaluated using Ward Atmosphere Scale (WAS), Working Environment Scale (WES-10), Moos and Verona Service Satisfaction Scale- 32 (VSSS) questionnaires.

**Results.**– Overall, 217 participants including 121 patients (55.2%), 58 staffs (26.4%) (Nurses and assistant nurses) and 38 doctors (17.3%) (psychiatrist and residents) were evaluated. The highest mean score in WAS for patients was in order and organization ( $0.57 \pm 0.13$ ) and for staffs was in anger and aggressive behavior ( $0.58 \pm 0.13$ ) items, moreover the lowest mean score in patients and staffs was in autonomy. The mean scores for patients regarding order and organization, staff control and clarity items were higher than staffs and in other items the staffs scored higher than patients. Involvement with therapy strongly correlated with Verona (+0.75). MOOS showed direct significant correlation with self-realization and indirect significant correlation with nervousness, conflict and work load in WES-10.

**Conclusion.**– Staff and patients perceive the treatment environment differently, moreover staff consider ward atmosphere more suitable than patients, but staff satisfaction did not correlate with their perception from treatment environment.

**Keywords:** Ward Atmosphere Scale (WAS), Verona Service Satisfaction Scale-32 (VSSS), Work environment and job satisfaction (WES-10), Patient and staff satisfaction

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

OR0190

### Effects of maternal stress during different gestational periods on the emotion development in adult rat offspring

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Prenatal stress (PS) is associated with deficits of emotions in adult offspring. However, the critical timing of the impairment is little known. So we studied the effect of single-prolonged stress (SPS) at three different periods during the first (PS1), third (PS3) and first plus third (PS1-3) of pregnancy on depression-like behavior. The Sprague-Dawley pregnant rats were exposed to SPS on gestational day 7,15 or 7–15. SPS contains immobilization for 2 h, forced swim for 20 min in 24°C water, and loss of consciousness by diethyl ether. The offspring were grown to adulthood and forced swim test (FST) and sucrose intake (anhedonia) were performed. In the anhedonia, there was a significant effect among PS ( $F = 57.552, P = 0.000$ ), but sex ( $F = 0.000, P = 0.993$ ) was no significant effect. PS3 offspring were reductive on anhedonia than control while PS1 inductive in anhedonia compared to the control group. In the FST, there was a significant effect of PS ( $F = 17.287, P = 0.000$ ) and sex ( $F = 4.745, P = 0.033$ ) on time spent immobile. PS3 females spending more time than PS3 males. PS3 females were immobile for longer than control female while PS1 and PS1-3 shorter than control. In males, PS1 and PS1-3 males were immobile for shorter than control male. PS has the effects on depression-like behavior in adult offspring. PS3 offspring increased depression-like behavior, while PS1 offspring decreased depression-like behavior. Females were more depress. These results suggested that the time window of the PS and the sex of the offspring were critical to determine the outcome.

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



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## Anxiety Disorders and Somatoform Disorders - Part I / Psychopathology

PW0001

### Disruptive mood dysregulation disorder in offspring of parents with ADHD

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**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

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**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  $\leq 0.001$ ).

**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

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**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  $32.4 \pm 7.6$  years, the average duration of the disease is  $5.2 \pm 3.1$  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

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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

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**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  $33.8 \pm 8.87$  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.

Table 1 QOL score changes during fabomotizole treatment.

QOL Domain	Background		Endpoint		p-level (Wilcoxon test)
	M	$\sigma$	M	$\sigma$	
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;  $\sigma$ : standard deviation.

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

PW0006

### Is acceptance and commitment therapy (ACT) effective on academic resilience of children with anxiety?

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Academic resilience is the ability to positively adapt with educational environment that accounts for success despite the significant adversity. The intrapersonal and extrapersonal characteristics moderate the academic resilience. In this regard, Acceptance and Commitment Therapy (ACT) is an interventional approach using acceptance and mindfulness strategies as well as commitment and behavior-change strategies to build psychological flexibility and enhance resilience. This study aims to investigate the effect of ACT on academic resilience in students with anxiety. The current study with quasi-experimental design was conducted with pre-test and post-test, including two groups of experimental ( $n = 10$ ) and control ( $n = 10$ ). Twenty young participants (age range of 5 to 10 years old) were randomly selected from the database of our clinic, among the children who were already diagnosed with school-related anxiety. We evaluated the academic resilience of the selected participants with Academic Resilience Scale (ARS-30). Acceptance and Commitment Therapy was given in 8 sessions of 90 minutes to the experimental group and the control group did not receive any treatment. Pre-test and post-test scores of ARS-30 were analyzed using analysis of covariance (ANCOVA). The results indicate a statistically significant difference between the two groups of experimental and control in terms of the academic resilience ( $P = 0.1$ ). Our findings highlight the effectiveness of ACT on improving the academic resilience in children with school-related anxiety. ACT is a therapeutic modality with validated effectiveness on anxiety related disorders which can be regularly applied in educational system to improve the success rate in students' populations.

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

PW0007

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

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*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.

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

*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

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*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**

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**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**

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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**

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**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).

The aim is to estimate the proportion of digestive disorders in severe anxiodepressive 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  $\geq 20$ , the result is suspect. If SII  $\geq 40$ , 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).



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**

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**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  $\geq 5$  as best cut-off. After 12 months of follow-up, 22.4% of participants with a PQ-16  $\geq 5$  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**

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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**

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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  $39 \pm 11.6$  years. The mean HAM-A total score at baseline was  $28.5 \pm 4.5$  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  $-15.8 \pm 8.3$  on agomelatine and  $-17.7 \pm 7.6$  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  $>3\text{ULN}$  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)**

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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 parent. 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 sug-

gestively 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**

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*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  $\geq 4$  (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

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**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

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**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

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**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

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**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.

PW0024

### Parenting styles and social skills of school-aged children with attention-deficit hyperactivity disorder (ADHD)

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**Background.**– Social impairment is not part of diagnostic criteria of attention-deficit hyper activity disorder (ADHD), but is strongly associated with the condition and still often persists after treatment of primary symptoms through medication and behavioral therapy. Interactions between parents and child, particularly par-

enting styles, have been found to be associated with wide-range of outcomes in child's life, but very few studies have been conducted in investigating its association with child's social impairment.

**Objective.**– To examine the association between parenting styles of primary caregivers and social skills of children with ADHD.

**Methods.**– We investigated the association in a sample of children (6–12 years of age), who were diagnosed with ADHD and have received treatment at Southern Institute of Child and Adolescent Mental Health in Surat Thani, Thailand, through questionnaires. Cross-sectional statistical analyses, including Pearson correlation, were used to examine the association between parenting styles and social skills of children with ADHD.

**Results.**– Total of 221 participants were analyzed; There are a negative correlation between neglectful parenting style and participant's self-control, problem-solving skill, and conflict resolution skill ( $P < 0.05$ ) and a positive correlation between authoritative parenting style and participant's self-confidence ( $P < 0.05$ ) while controlling for primary caregiver sociodemographic factors (marital status, education level, and income), participant's length of received treatment, and medication adherence.

**Conclusions.**– Neglectful parenting style has been found to be negatively associated with participant's self-control, problem-solving skill, and conflict resolution skill, while authoritative parenting style has been found to be positively associated with participant's self-confidence.

PW0025

### Boredom proneness and its correlation with internet addiction and internet activities in adolescents with attention-deficit/hyperactivity disorder

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**Objective.**– This study examined the associations of boredom proneness with Internet addiction and activities as well as the moderators for such associations in adolescents with attention-deficit/hyperactivity disorder (ADHD).

**Methods.**– In total, 300 adolescents who received a diagnosis of ADHD and were 11 to 18 years old participated in this study. Their Internet addiction, the scores for lack of external and internal stimulation on the Boredom Proneness Scale-short form (BPS-SF), ADHD, and parental characteristics were assessed. The types of Internet activities that the participants engaged in were also examined. The associations of boredom proneness with Internet addiction and Internet activities and the moderators of the associations were examined using logistic regression analyses.

**Results.**– Higher scores for lack of external stimulation on the BPS-SF were significantly associated with a higher risk of Internet addiction (Odds ratio [OR]=1.103; 95% confidence interval [CI]: 1.049–1.159). Maternal occupational socioeconomic status moderated the association of lack of external stimulation with Internet addiction. Higher scores for lack of external stimulation were significantly associated with a high tendency to engage in online gaming (OR=1.109, 95% CI: 1.043–1.180), whereas higher scores for lack of internal stimulation were significantly associated with a low tendency to engage in online studies (OR=.962, 95% CI: .926–.999).

**Conclusion.**– Lack of external stimulation on the BPS-SF should be considered a target in prevention and intervention programs for Internet addiction among adolescents with ADHD.

**Keywords:** Attention-deficit/hyperactivity disorder; Boredom proneness; Internet addiction; Internet gaming

**Disclosure of interest.**– The author has 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**

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**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 I<sup>2</sup> 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.

PW0027

### **Mental health among private high school students in Hanoi, Vietnam**

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**Introduction.**– Mental health problems are common among Vietnam adolescent. However, studies focus on private high school students are limited.

**Objectives.**– Examine mental health status and related factors among private high school students in Hanoi, Viet Nam.

**Methods.**– 342 students in a private school completed a self-administered structure questionnaire in 2016. Strengths and Difficulties Questionnaire was used to screen 5 domains: (1) emotional symptoms; (2) conduct problems; (3) hyperactivity, (4) peer relationship problems; and (5) prosocial behaviors. The first four domains were added together to screen mental health problems and total score range is 0–40. We used the cut-off point of 15 to assess mental health problem. Statistical analyses were performed using STATA.

**Results.**– Mean age of participant is 16.79 ± 0.88 and 62.2% are boys. With the cut-off point of 15, 27% have mental health problems, not significantly higher in girls (30.2%) than boys (25%). Prevalence of participants with conduct and peer relationship problems are similar (24.7%) and higher than emotional problem (19.7%), hyperactivity problem (14.3%). 27% have prosocial behaviors. Bivariable analysis indicated various factors associated with mental health

problems among students such as: academic, athletic, social, and personal behaviors. Multinomial logistic regressions showed that studying time and frequency of playing game have significant association with mental health problems ( $P < 0.05$ ).

**Conclusion.**– The prevalence of students with mental health problems in our study is higher than some previous studies in Vietnam and shows the need of developing and implementing intervention programs at school to improve mental wellbeing of student.

**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**

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**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 rank 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**

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

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

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

*Results.*– The results were satisfactory. All the children and adolescents involved in the project demonstrated 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.

PW0030

### **The relationship between parents' child rearing style and emotion-regulation skills in adolescents: The moderating role of parenting stress**

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*Background and objectives.*– Adolescence is one of the most challenging periods in people's life during which the individual is faced with personal, social, occupational and family problems on the one hand, and extensive physical and cognitive changes on the other; dealing with these problems and changes requires emotional regulation and management. Parents have a major role in fostering these skills. The present study aims to investigate the moderating role of parenting stress in the relationship between child rearing style and emotion regulation skills in adolescents.

*Materials and methods.*– The study population consisted of all the adolescents in Tehran in 2016, 400 of whom were selected from different districts of the city through multistage cluster sampling. The participants completed the Parenting Styles Questionnaire, the Parenting Stress Index and the Emotion Regulation Checklist. Data were analyzed in SPSS software.

*Results.*– The results showed that parenting stress has a moderating role in the relationship between authoritative parenting styles and emotion regulation in adolescents ( $P < 0.0001$ ); that is, an authoritarian child rearing style fosters emotion regulation in adolescents, but parents with stress cannot bring up children with emotion regulation abilities despite their authoritarian parenting style.

*Conclusion.*– Parenting stress can moderate the relationship between child rearing style and emotion regulation skills.

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

PW0031

### **Potential barriers in the therapeutic relationship in unaccompanied refugee minors in mental health**

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*Introduction.*– Even though refugee children, particularly unaccompanied refugee minors, present with disproportionately high prevalence of emotional and psychological morbidities, this group of vulnerable but marginalised young people's access to utilize mental health service has been consistently shown to be significantly poorer than the general population. However, so far there has not been much research to explore the possible underlying reasons or barriers for them to access mental health service in their host countries.

*Objectives.*– This research aims to understand unaccompanied refugee minors' barriers to access and utilize specialist mental health services and to explore any specific issues that are perceived to be related to this poor engagement with the services.

*Methods.*– The study was conducted by using semi-structured interviews with fifteen unaccompanied refugee young persons and their carers to elicit their views, perceptions and beliefs based on their experience of receiving treatment from a specialist mental health service in the UK.

*Results.*– Thematic analysis was used to analyse the interview transcripts. After analysing the interview data, main findings were categorised into two broad themes, the participants' perceptions of the intervention received, and the professionals involved. The different elements and pertinent issues within these two broad areas were discussed.

*Conclusions.*– The findings will help stimulate further research into gaining better understanding of the barriers for these young people to access help, and contribute in developing services that are more efficient in engaging this vulnerable group and suitable to meet their specific needs.

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

PW0032

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

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*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 Zuclophenthixol; 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**

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**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.

PW0034

### **Technology of diagnostic anxiety and depressive disorders in children with somatic diseases**

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**Background and aims.**– The study considers the problem of the anxiety–depressive disorders (ADD) in children with somatic diseases in the context of the search for effective methods of diagnostics.

**Materials and methods.**– The study included 160 children of 6–14 years with somatic diseases with the anxiety–depressive disorders. Design comprised: clinic psychopathological, somatoneurological, neurophysiological, psychological (Children's Depression Rating Scale Revised - CDRS-R; the Spielberg scale to estimate personal and reactive anxiety as well as "Me and my illness" and "Man in the Rain" projective drawing tests).

**Results.**– An alternative method of anxiety diagnosis in children with depression has been developed and approved. The method is based on determining of the intensity of anxiety and depression symptoms, integration of the information obtained in projective drawing tests ("A test on the ability to adapt to critical situations", Star-Wave Test), reflecting personality disturbances, depressive tendencies; anxiety index indicator according to the data of electroencephalography of heart rate variability (EEG HRV). In order to identify the severity of anxiety and depression symptoms a diagnostic index has been proposed – "The Coefficient of Anxiety and Depression Severity".

**Conclusion.**– The ability to determine the informative markers of the risk of anxiety and depression disorders development in children, prediction of unfavorable course of the disease, the timely differential treatment and secondary prevention of progression of depression in children with somatic diseases.

**Keywords:** Children; Anxiety and depression disease; Somatic diseases; Diagnostic index

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

PW0035

### **The problem of rehabilitation of children with anxiety and phobic disorders**

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**Background and aims.**– Nowadays, there are almost no works on the mechanisms of anxiety and phobic disorders formation in child-

hood; therefore, there are no highly effective, pathogenetically founded methods of their treatment.

**Materials and methods.**– 108 children aged 7–14 with anxiety and phobic disorders were included in the study. Used techniques: Clinical psychopathological, the method of multidimensional assessment of children anxiety, structured psychological interviewing, questionnaires for children and parents about the presence of fears – the questionnaire by A.I. Zakharov, projective drawing tests, “Me in the Past”, “Me in the Present”, “Me in the Future”; “A Person in the Rain.”

**Results.**– On the basis of clinical features of anxiety and phobic disorders in pediatric practice there is a rehabilitation vector, which is based on the implementation of the 2 modules. Diagnostic module includes: finding out the sequence of occurrence of anxiety spectrum of complaints, considering phobias and symptoms of depression; definition of graphic signs of anxiety, of phobias and depression; analysis and integration of information obtained in projective drawing tests. The rehabilitation module includes: behavioral psychotherapy, mastering the techniques of muscle relaxation and a further systematic desensitization, in the presence of psychosocial problems providing a cognitive therapy, cognitive remodelling.

**Conclusion.**– Psychoeducation and psychotherapeutic effect contribute to the specific disclosure of a psychogenic situation, prevention of fixation and imprinting of anxiety and phobias, finding psychologically adequate ways to change the pathologically rigid attitudes and restoring a child’s adaptation and his ability to counteract stressful effects.

**Keywords:** Children; Anxiety and phobic disorder

**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**

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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  $\geq 6$  on the total PQ-16 as best cut-off. After 12 months of follow-up, 14.3% of ado-

lescents with a PQ-16  $\geq 6$  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**

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**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 ( $10.1 \pm 2.3$  vs.  $9.7 \pm 2.3$ ;  $t = 0.23$ ;  $P = .77$ ). 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 ( $7.7 \pm 1.3$  vs.  $8.1 \pm 0.5$  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.

**Funding.**– Study was funded by the projects GA UK no. 476417 and AZV 17-32478A.

**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**

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

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 <sub>2</sub> O	Cr/H <sub>2</sub> O	Cho/H <sub>2</sub> O	ml/H <sub>2</sub> O	Glx/H <sub>2</sub> 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 $\pm$ 0.05	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

**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.

PW0039

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

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**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.

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

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

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

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

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

PW0040

### Relaxation kinetics in the study of neurobiological processes using functional magnetic resonance imaging and spectroscopy

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Biochemical reactions in normal living cells are multistage chemical processes that take place in a stable steady state. Study of the dynamic system behavior and kinetics of system return to the initial stable steady state provides ample information on the process mechanism. The aim of this study is to combine the method of localization dynamic spectroscopy we developed with relaxation kinetics techniques using MRI methods (fMRI and NMR).

9 mentally and neurologically unimpaired men comprised test group (mean age was  $22.1 \pm 1.9$ ).

MRI data were performed on Achieva Philips 3.0 T scanner. The fMRI audio-stimuli (tone, 1 kHz frequency, 70–80 dB) were presented to the test subjects. The test subjects were instructed to press a special button with the right hand index finger upon the stimulus presentation. The paradigm of the study consisted of 210 dynamics, the number of target stimuli was 30. A spectroscopic voxel measuring  $20'10'15 \text{ mm}^3$  was placed in the activation area.

Statistical analysis demonstrated that without a load all measured values are constant. The load effect is observed for two parameters:  $[\text{Hb}]/[\text{dHb}]$  (BOLD) and NAA. For  $[\text{Hb}]$  we observed three kinetically discriminable processes involving at least four kinetic stages. The variation of the NAA concentration follows similar kinetics.

Analysis has revealed six kinetically discriminable stages. The oxygen consumption activation processes are kinetically related to the concentration dynamics of the NAA as a neuronal marker. The developed approach reveals the multi-substrate character of the process and makes it possible to formulate hypotheses of the molecular response mechanisms (Figs. 1–3).

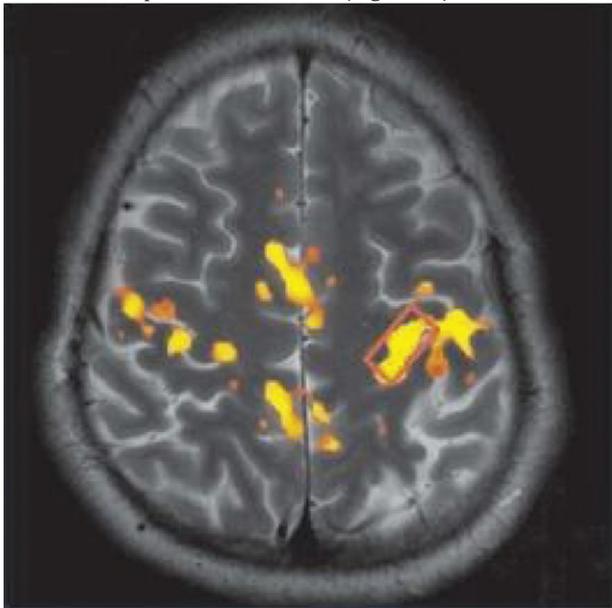


Fig. 1 Position of the spectroscopic voxel in the axial T2-weighted brain images.

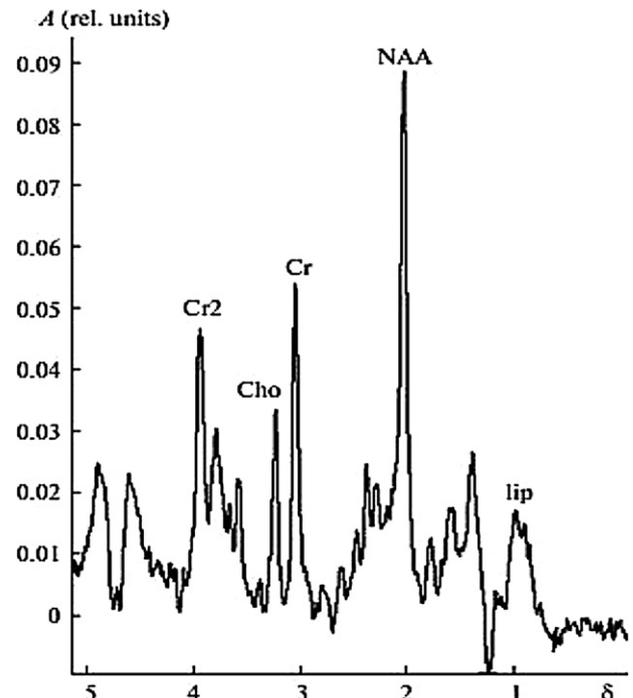


Fig. 2 1 h NMR spectrum of a human brain motor cortex sample.

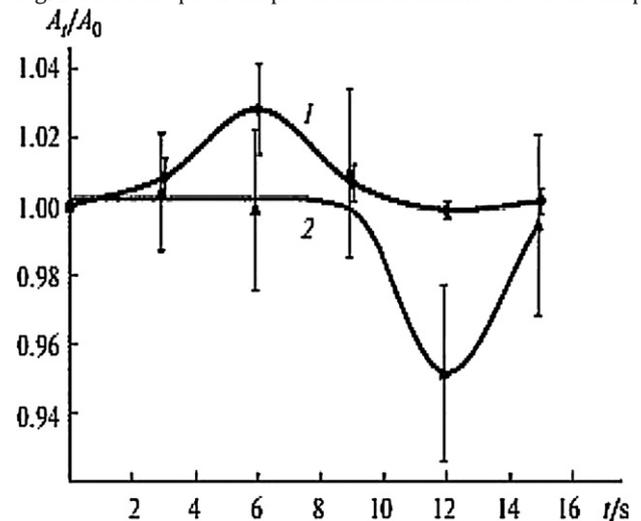


Fig. 3 BOLD signal (1) and dynamics of the averaged NAA signal amplitudes (2) in the  $^1\text{H}$  NMR spectra of the premotor cortex for time  $t$  ( $A_t$ ) normalized to the amplitude of NAA signal for  $t=0$  ( $A_0$ ).

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

PW0041

### Clinical application of transcranial electrical stimulation in the treatment of cognitive and functional impairments of the autism spectrum

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The severity of cognitive and functional impairments of the autism spectrum correlates with moving of activity focus and phenotypic

hemispheric asymmetry of basic cerebral rhythms (BEA, brain bio-electric activity). BEA variations are represented by hemispheric asymmetry > 50%, moving of activity focus of alpha-rhythm from occipital and parietal areas to frontal area of the brain, increased activity of slow (delta- and theta-) rhythms. The practical purpose was to correct the location of foci of basic cerebral rhythm and hemispheric asymmetry using method of transcranial electrical stimulation (ES) with feedback based on parameters of electroencephalography (EEG).

Two groups of patients were selected for the study. Inclusion criteria was the presence of hemispheric asymmetry > 50% and Childhood Autism Rating Scale (CARS) score > 37 points. The control group ( $n = 46$ ;  $CARS = 47 \pm 2.5$ ) received the standard treatment: drug therapy, speech therapy, educational and neuropsychological correction. Patients of the main group ( $n = 48$ ;  $CARS = 48 \pm 3.0$ ) received the standard treatment plus ES.

Patients of main group underwent ES session as follows: EEG analysis - ES - EEG. BEA registration and stimulation performed sequentially using the same device with the same leads. The brain stimulation parameters were determined using EEG. One of the schemes of stimulation was chosen: Bitemporal or Frontal-Occipital.

The main group showed 20% reduction of hemispheric asymmetry. CARS score after ES session was  $40 \pm 2.5$  ( $P \leq 0.05$ ). In control group BEA asymmetry persisted at the same level; CARS score after standard course was  $45 \pm 1.5$  ( $P \leq 0.05$ ). No reliable moving of focus activity was reached.

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

## Classification of Mental Disorders / Cultural Psychiatry

PW0042

### Internet-delivered cognitive behavior therapy for OCD: A randomized controlled trial

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*Introduction.*– During the last 45 years, cognitive behavior therapy (CBT) has gone from being a promising new treatment to the most well-established psychological treatment for obsessive compulsive disorder. In several hundreds of randomized controlled trials (RCTs), CBT has been shown to be effective in treating these disorders and is a first-line treatment for this condition.

*Objectives.*– Several forms of remote CBT have been developed, the general idea is that CBT delivered through the Internet or using telephone communication reflects the content of conventional CBT, but is administered as a form of therapist-guided treatment protocol using remote communication methods e.g. the Internet. Remote CBT consists of modules for therapy, each corresponding to a session in conventional CBT, which the patients practice as they progress through the treatment.

*Methods.*– A group of patients suffering from Obsessive compulsive disorder was randomized into two groups; one received CBT as usual & the intervention group received CBT using telephone &/or the Internet. Both groups were assessed pre- & post treatment.

*Results.*– Both groups of patients were committed to the treatment program & no differences in drop-out rates were detected between the two groups. Pre- & post study measures indicated a statistical & clinically relevant changes in patients of two groups.

*Conclusion.*– Delivering CBT for patients suffering from OCD in Egypt using remote communication methods (e.g. telephone &/or the Internet) appears to be effective in alleviating symptoms & improving the Quality of Life.

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

PW0043

### Nosology of psychosis. A critical appraisal

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*Introduction.*– Despite the amount of emerging data from neuroscience and clinical research, new acquisitions continue to be ineffective on conceptualizing psychosis in a valid nosography.

*Objectives.*– The present reflection aims at critically evaluating whether or to which extent new information may be accommodated in an updated nosology of psychosis, with an advantage in the real world of the mental healthcare.

*Methods.*– We searched in MEDLINE/PubMed databases for articles published up to September 2017.

*Results.*– In the last two decades research reports have emphasized dimensional aspects of psychosis. According to the concept of extended psychosis phenotype, deriving from high-risk clinical studies, psychosis is a trans-diagnostic dimension, and schizophrenia only represents the poor outcome fraction of a much broader spectrum of psychotic disorders. At the same time, neurodevelopmental and genome wide association studies suggest that psychoses, rather than being etiologically discrete entities, could better be conceptualized as lying on an etiological and neurodevelopmental spectrum.

*Conclusions.*– Both dimensional and spectrum constructs of psychosis, though very appealing, set theoretical and pragmatic limits. The trans-diagnostic dimension of psychosis is not sufficiently supported by the available scientific data. The concept of spectrum – as promoted in the most recent edition of DSM – increases the problem of the blurred boundary between schizophrenia and other major psychoses, if it is not supported by thorough psychopathological and neurobiological knowledge that allows differentiating primary phenomena from secondary or compensatory ones. Research strategies may actually improve nosological issues of psychosis with a philosophic realistic position on the nature of psychiatric disorders.

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

PW0044

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

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*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

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**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  $50.48 \pm 16.79$  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.

PW0046

### Effect the influence of environment capacity (affordances) on motor development of 6–9 years old children with intellectual disorders

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**Purpose.**– Affordance is the tendency to the development or encouragement of growth changes. It includes critical helps, encouragement, and/or directed training. This study aims at determining the influence of environment capacity (affordances) on motor development of 6–9 years old children with intellectual disorders.

**Methods.**– This study is empirical type with pre-test and post-test phases and control group. The statistical population of this research included all 6–9 years old children having IQ abnormalities from Babol city in 1396 who were 175. For evaluating children's motor development skills, Bruininks-Oseretsky test of motor proficiency was used. The obtained data were analyzed with multivariate covariance method.

**Results.**– The obtained results indicated that the affordances are influential in improving motor development skills such as the coordination of upper limb, agility, balance, speed of response and power, which their statistical power are 0.48, 0.39, 0.51, 0.19, and 0.49, respectively ( $P < 0.01$ ). Also, findings showed that affordances had no impact on controlling sight-motor, speed, and vivacity of the upper limb variables ( $P < 0.01$ ).

**Conclusion.**– Given the achieved results of the study, it could be concluded that there should be special attention to the environment and environmental capabilities, and using appropriate methods of affordance for enhancing motor development capabilities of children with IQ abnormalities. By using affordance methods and taking advantages of environmental capabilities, many medical procedures and their side effects could be avoided.

**Keywords:** Affordances; Motor development; Children with intellectual disorders

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

PW0047

### Opinions of polish psychiatrist on psychiatry and their own professional role

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**Aim.**– To analyze the opinions of Polish psychiatrists regarding perception of psychiatry by Polish society, by doctors in other fields and by the psychiatrists themselves.

**Method.**– 232 questionnaires were collected from psychiatrists and analysed.

**Results.**– 47% of the respondents think that the average citizen considers psychiatric treatment not very effective or ineffective, and

according to 54% a large proportion of the society associates psychiatric treatment with violence. 8.6% psychiatrists believe that over 60% of the population is convinced that psychiatry is used to protect those who have broken the law. 57% respondents believe that the prestige of psychiatry in the opinion of doctors of other specialties is low or very low and 62.5% think that those doctors judge the effectiveness of psychiatric treatment as low. 87.5% of the respondents often notice discrimination of psychiatric patients by doctors of other branches of medicine. 96% psychiatrists expressed satisfaction with having selected psychiatry and 67% believe that most of their colleagues share this satisfaction. 77% assess that the level of emotional stress in their profession is high or very high and 64% believe that the level of legal responsibility is above average. 87% psychiatrists believe that funding for psychiatry is lower than for other fields of medicine.

*Conclusions.*– Many surveyed psychiatrists believe that a large part of the population considers psychiatric treatment rather ineffective and linked with violence, that its prestige is low among somatic doctors and it is discriminated against financially, however they are satisfied with their career choice.

*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**

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*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 parent, 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.

PW0049

### **Classification of behaviors in dementia based on theories of information processing**

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*Objective.*– There is vast heterogeneity in use of terminology and classification of behaviors in dementia with no universally accepted classification system. The objective is to classify behaviors in dementia based on impairment in theories of information processing.

*Methods.*– Criteria proposed by Davis, Buckwalter and Burgio (1997) were identified as the basis for classification of behaviors in dementia. A review of the literature was done to identify the “Specification of the Theoretical Construct” (STC) to justify aggregation of similar behavioral symptoms into clinically meaningful categories.

*Results.*– STC identified for these behavioral categories are those based in theories on information processing (TIP). Two behavioral categories emanating from pathological changes in TIP are: Disorganized Behaviors (DOB), and Misidentification Behaviors (MiB).

*Conclusions.*– DOB is the result of an alteration in the physiological status of the patient. This result in changes in arousal and attentiveness and this, in turn, leads to impairment of the sequential organization of information processing thereby giving way to fragmentation of the process at many different levels of the brain. MiB are the result of a specific breakdown in two specific steps of TIP; schema identification and pattern recognition. This result in the failure of the usual pairing of old and new information with an altered sense of relatedness between self and persons, places, objects and events.

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

PW0050

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

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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)**

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*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?**

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*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**

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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**

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**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.

PW0055

### **Transgenderism in Poland**

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**Introduction.**– Transgender lives continue to be understudies, especially in terms of understanding legal boundaries limiting access to specialized medical care. This study investigates the lives of transgender women and men living in Poland.

**Methods.**– A semi-structured interview study of 46 individuals (25 M, 21 F – by birth-assigned gender) was conducted throughout 2016 and 2017. Each meeting lasted about thirty minutes and participants responded to questions related to their experiences of changing gender in Poland.

**Results.**– Participants reported several issues concerning sex reassignment process in Poland. First, there is overwhelming bureaucratic bias against transgender petitioners seeking to legally change gender. In course of legal proceedings, transgender people are usually required to receive expert evaluation by a psychiatrist. Examination involves inappropriate touching of the genitals as indication of readiness for sex reassignments. Second, bureaucratically, most judges are not trained to handle cases of transgender petitions. As such, many have to hire a lawyer which puts them in difficult financial situation. Third, there are biases within the medical community where physicians often misinterpret transgenderism as a disease, potentiating maltreatment of transgender patients.

**Conclusions.**– Our data show that transgender individuals seeking to legally change gender in Poland are required to go through complicated and biased legal and medical assessments of fitness for change of gender. These processes often require medical examinations that are not based on scientific evidence, and increase stigmatization of this vulnerable sexual minority group.

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

PW0056

### **A peculiar case of Alice in Wonderland syndrome**

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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 consid-

ered 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**

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*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). Chi<sup>2</sup> 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**

PW0058

### **Prevalence of comorbid psychiatric disorder among children and adolescents with attention deficit hyperactivity disorder**

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*Introduction.*– Attention-deficit hyperactivity disorder is one of the most common psychiatric disorders among children and adolescents. Several studies have reported higher rates of other psychiatric disorders among affected children and adolescents that may complicate diagnosis, therapeutic interventions and prognosis.

*Objectives.*– In this study, the frequency of comorbidity in children and adolescents with attention deficit/hyperactivity disorder and its patterns according to gender and age is examined.

*Methods.*– In across-sectional community based study, 9636 children and adolescents aged 6–18 years were selected from five provinces in Iran. After screening with the Strengths and Difficulties Questionnaire (SDQ), then further evaluation was done using Persian version of Kiddie-SADS-Present and Lifetime Version (K-SADS-PL).

*Results.*– Among 9636 participants, 381 (3.96%) were diagnosed with ADHD. The overall prevalence of psychiatric comorbidity was 69.8%. The highest rate of comorbid disorder was for oppositional defiant disorder (44.1%), followed by anxiety disorders (35.4%), depressive disorders (13.9%), obsessive compulsive disorder (7.9%) and enuresis (7.3%). No significant difference was found between females and males in respect to the prevalence of comorbidities, and among specific disorders only depressive disorders had higher comorbidity in girls.

*Conclusion.*– We found high rate of comorbid psychiatric disorders among children and adolescents with ADHD.

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

PW0059

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

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*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**

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**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**

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**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.

PW0062

### **Evaluation of psychosocial factors and cognitive disturbances in patients with arterial hypertension of high cardiovascular risk**

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**Objective.**– To evaluate influence of psychosocial factors and cognitive disturbances on the course of arterial hypertension (AH) in patients of high and very high cardiovascular risk.

**Methods.**– 150 patients (aged  $56.5 \pm 4.6$  years) with AH of 1–3 degrees were examined. CHD ( $n = 30$ ), type 2 DM or disturbance of glucose tolerance ( $n = 38$ ), an excess body weight, obesity ( $n = 40$ ), dislipidemia ( $n = 45$ ) were revealed. HADS and MMSE were used.

**Results.**– Anxiety and depressive disorders were revealed in 45% of AH patients. Within the last 6 months patients experienced a psychosocial stress which caused development of mental and psychological disadaptation. Stressful factors included stress at work, in the family, loss of the nearest one. According to HADS the average level of depression was  $10.5 \pm 1.2$  points, anxiety –  $12.5 \pm 1.5$  points. Anxiety level in women was higher ( $P = 0.001$ ). In patients with very high cardiovascular risk level of depression was higher ( $11.2$  to  $14.5$ ;  $P < 0.05$ ). Level of points according to MMSE was  $25.5 \pm 1.5$ . Men with depression differed by a heavier course of AH combined with CHD ( $P < 0.05$ ). Fear of death, frequent critical states, tachycardia, irritability were typical for AH patients with a high level of anxiety. AH patients with depression had a low mood, fixing on the psychoinjuring situation, a sleep disorder. Decreases in concentration of attention, quick exhaustibility, forgetfulness were observed.

**Conclusion.**– In AH patients of high and very high cardiovascular risk who experienced a psychosocial stress, course of AH was complicated by development of anxiety and depressive disorders and mild cognitive disturbances.

**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**

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**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.

**Keywords:** Mindfulness-based stress reduction; Anxiety; Depression; Multiple sclerosis (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?**

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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 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.

PW0065

### **Neurological soft signs in tunisian patients with first-episode psychosis and relation with cannabis use**

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**Introduction.**– Neurological soft signs (NSS) are minor non-localizing neurological abnormalities that are conceptualized as neurodevelopmental markers that mediate the biological risk for psychosis.

**Objectives.**– We aimed to explore the relationship between NSS and cannabis use, an environmental risk factor of psychosis.

**Methods.**– This was a cross-sectional study in consecutively admitted patients hospitalized for first-episode psychosis in Fattouma Bourguiba Hospital, Monastir (Tunisia). NSS were assessed by the NSS scale. Presence of NSS was defined as a NSS scale total score  $\geq 9.5$ . Cannabis use was ascertained with the cannabis subsection in the Composite International Diagnostic Interview.

**Results.**– Among 61 first-episode psychosis patients (mean age =  $28.9 \pm 9.4$  years; male = 86.9%, antipsychotic naïve = 75.4%), the prevalence of current cannabis use was 14.8%. NSS were present in 83.6% of the sample (cannabis users = 66.7% versus cannabis non-users = 85.5%,  $P = 0.16$ ). The mean total NSS score was  $15.3 \pm 6.7$ , with a significant lower total NSS score in cannabis users ( $11.2 \pm 5.6$  versus  $16.0 \pm 6.7$ ,  $P = 0.048$ ). The linear regression model showed that this association remained significant after adjustment for two potentially confounding factors that have been associated with NSS: negative symptoms and neurological side effects of antipsychotics.

**Conclusions.**– This study demonstrated a negative association between cannabis use and NSS, especially regarding motor dyscoordination. This finding supports the hypothesis that a strong environmental risk factor, such as cannabis, may contribute to the onset of psychosis even in the presence of lower biological and genetic vulnerability, as reflected indirectly by lower NSS scores.

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

PW0066

### Psychological factors associated with glycemic control and adherence in type 2 diabetes

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The relationship between diabetes and mental disorders and in particular depression has been widely established in the literature. The objective of this study was to determine the psychological factors associated with glycemic control and adherence to treatment in type 2 diabetes.

*Methods.*– This is a cross-sectional study of 102 outpatients with type 2 diabetes. Adherence was assessed by the Morisky et al. scale. Depression symptoms were assessed by the Beck scale, self-esteem was assessed by the Rosenberg scale. The evaluation of the satisfaction of the treatment was carried out by the “Diabetes Treatment Satisfaction Questionnaire”, the evaluation of the quality of life by “the Audit of Diabetes Dependent Quality of Life scale”, the evaluation of the affective temperaments by “the Tunisian Temperament Scale”.

*Results.*– The mean age was 53.4±8.5 years old. The glycated hemoglobin was positively correlated with depression score ( $r=0.26$ ;  $P=0.009$ ) and negatively correlated with adherence score ( $r=-0.23$ ;  $P=0.02$ ), quality of life score ( $r=-0.23$ ;  $P=0.02$ ) and treatment satisfaction score ( $r=-0.46$ ;  $P<0.001$ ).

Adherence score was positively correlated with age ( $r=0.21$ ;  $P=0.03$ ), self-esteem score ( $r=0.20$ ;  $P=0.04$ ) and satisfaction score ( $r=0.26$ ;  $P=0.02$ ) and was negatively correlated with the depression score ( $r=-0.26$ ;  $P=0.009$ ), cyclothymic temperament score ( $r=-0.21$ ;  $P=0.03$ ), irritable temperament score ( $r=-0.28$ ;  $P=0.005$ ) and the anxious temperament score ( $r=-0.19$ ;  $P=0.05$ ).

*Conclusions.*– Glycemic control and adherence to treatment in type 2 diabetes are associated with psychological factors such as depression, temperament and self-esteem.

*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

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*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 Hyperactiv-

ity 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

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*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.

PW0069

### Are there differences between patients admitted into a dual diagnosis unit due to suicide attempt/ideation and patients admitted due to other causes?

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*Introduction.*– The probability of suicide in patients with substance use disorders is three to four times higher than in general population.

*Objectives.*– To describe the different characteristics between subjects with severe mental illness and co-morbid substance use disorders whether the reason of admission on a dual diagnosis unit was suicide attempt/ideation or not.

*Methods.*– We assessed all patients admitted into a dual diagnosis unit along three years by collecting sociodemographic and clinical data. We grouped them into two categories based on whether they were admitted due to suicide ideation/attempt or not. Comparisons between groups were carried out using chi-square test for categorical variables and T-test for continuous variables. Subsequently a multivariate analysis was performed using logistic regression.

*Results.*– There were 975 patients, of whom 71.7% were men. The mean age was 39.24 years (17–71). In 189 cases (19.4%), the reason of admission was suicide attempt/ideation. A significant relationship was found between suicide ideation/attempt and the following variables: female sex, married status, disability, pathology of axis I and II, and history of suicide attempts. In the logistic regression, a significant relationship was maintained with the variables female sex, married status, disability, pathology of axis II and history of suicide attempts.

*Conclusion.*– We found significant differences between the patients admitted due to suicide ideation/attempt and patients admitted due to other causes. These findings can help us to improve the treatment of those patients in the future.

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

PW0070

### Depressive symptoms in Parkinson's disease and recurrent depressive disorder

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*Introduction.*– Psychopathological symptoms, especially mood disturbances, are common in patients with Parkinson's disease. It has long been considered that the onset of depressive symptoms is secondary to motor symptoms (a reaction to the disability), but newer studies have shown that depressive symptoms can occur even before the onset of motor symptoms, suggesting that depressive symptoms are in themselves a possible neurological sign.

*Objectives.*– To identify differences between depressive symptoms in Parkinson's disease (PD) and recurrent depressive disorder (RDD)

*Methods.*– Eighty-four patients were included in this study. The first study group included 41 patients diagnosed with PD according to ICD-10 criteria and that had moderate or severe depressive symptoms upon study entry. The second group comprised of 43 patients with RDD according to ICD-10 criteria, who had either a moderate or a severe depressive episode upon study entry. The two patient groups were comparatively assessed by using the MINI Interview, the SCL-90, MADRS and HAM-D scales both upon study entry and after 1 month.

*Results.*– We found no statistically significant results regarding depressive symptom severity at baseline (study entry) between the two patient groups. At follow-up (1 month after study entry), patients with RDD had significantly lower HAM-D and MADRS total scores than patients with PD.

*Conclusions.*– Depressive symptoms in PD and RDD are similar in regards to severity, but not duration. Patients with RDD seem to have a quicker improvement of depressive symptoms than patients with PD.

*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

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*Background.*– Major Depressive Disorder (MDD) and Alcohol Use Disorder (AUD) are highly prevalent, comorbid and have significant 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, Chi<sup>2</sup>, 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

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**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.

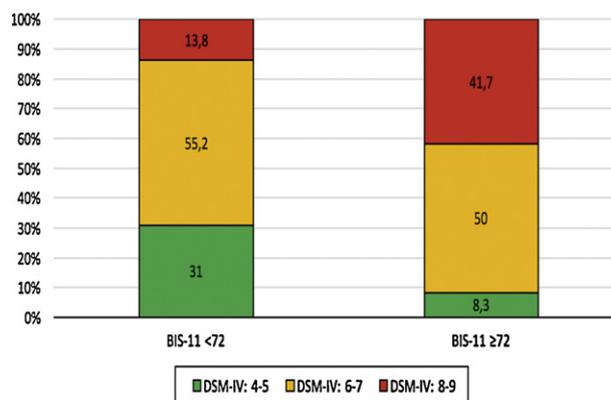
**Methods.**– The sample consisted of fifty-five men with gambling disorder. Trait impulsivity was measured by Barratt Impulsiveness Scale version 11 (BIS-11). The sample was categorized into highly and low impulsive by establishing the cut-off point at 72 [3]. Severity of gambling was evaluated by DSM-IV, 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).

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

**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.

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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

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**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).

Table 1 BIS-11 and DSM-IV correlations.

		Correlations		
		Rho Spearman		
		N	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

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

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**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

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**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

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**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 restrained. 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.

PW0077

### **The experience of the Moroccan military psychiatric service in the Syrian refugee crisis: Case of the Zaatari Camp**

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As a part of a humanitarian mission and Following royal orders, The Health Military Department deployed a medico-surgical multidisciplinary hospital since august 2012 in Jordan close to Syrian-Jordanian border. The main of this mission is to give a medical and social support to Syrian refugees in the Zaatari refugee's camp. The psychiatric support given to Syrian refugees, who suffer from psychic traumatism or from known mental disorders, is given by a medico-psychological team: a military psychiatrist and a specialist nurse. They give psychiatric consultations; they also practice liaison psychiatry for the benefit of injured and patients who carry psychiatric pathologies with somatic complaints. In our work we faced that anxiety disorders are dominated by post traumatic stress disorder, which affect 15% of a population of refugees estimated at over 120 000, this prevalence of 15% is lower than what

was found within the civilian victims of armed conflicts in Kosovo (34%) and Gaza (38%), this low rate is related to the fact that the Syrian refugees have left conflict areas. Moroccan health department provided support and medico-psychological assistance for the benefit of a population of destitute refugees who left their country for fear of losing their lives after losing everything.

**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**

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**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**

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**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**

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*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**

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*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**

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**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**

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**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 specialities 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**

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**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**

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**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?**

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**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**

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**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**

[1] Goldfeld AE, Mollica RF, Pesavento BH, Faraone SV. The physical and psychological sequelae of torture: symptomatology and diagnosis. *JAMA* 1988;259(18):2725–9.

PW0088

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

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**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 asses 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

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**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.

PW0090

### Emergency patients with mental crisis accessing emergency medical services in Thailand

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**Introduction.**– Emergency responders face an increasing number of calls involving people with behavioral and mental crisis issue. They must be able to recognize signs of mental distress, apply proven techniques for dangerous situations and referrals for them to obtain mental health care.

**Objectives.**– To study the situation, characteristics, issues, and accessibility to the emergency medical services (EMS) and appropriate treatment for emergency patients with a mental crisis in Thailand.

**Methods.**– The sample included 26,511 mental crisis patients using EMS from the Information Technology for Emergency Medical System between 2014–2016 and stakeholder from four provinces distributed regionally using focus group and in-depth interview. The data were analyzed using descriptive statistics and content analysis.

**Results.**– The number of mental crisis patients with EMS is increasing for the past 5 years. Most patients are male in working age group from the Northeastern during the raining and cold season, especially between September and October. During patients with maniacal attacks, assistance will be requested from the police and the emergency units. The response depends on the experience and community capability. The operation teams have insufficient knowledge and skills. Emergency rooms in most hospitals lack specific caring unit. Psychiatric hospitals have different criteria for admitting patients. Most had not fast track system and even refuse admittance.

**Conclusion.**– Accessibility to appropriate service centers was still an issue. Most staffs had insufficient knowledge and skills. Cooperation among the police, emergency operation team and the psychiatric team is still a challenge.

PW0091

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

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**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

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**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

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**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.

**Funding.**– This study was funded by the RFBR grant no. 16-06-00100.

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

PW0094

### Genetic polymorphisms of endothelin-1 (Lys198Asn) and E-selectin (Leu544Phe, Ser128Arg) in patients with alcoholism in Russia

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**Objective.**– The study aims to explore the prevalence of alleles and genotypes of the polymorphisms of Endothelin-1 (Lys198Asn) and

E-selectin (Leu544Phe, Ser128Arg) in patients with alcoholism and healthy people in Russia.

**Methods.**– 157 patients with alcohol dependence and 72 healthy people were included in the study. For analysis of polymorphisms – Endothelin-1 (Lys198Asn) and E-selectin (Leu544Phe, Ser128Arg) method was used allele-specific polymerase chain reaction with electrophoretic detection. Standard series of reagents for the study of mutations were used “Litech” (Russia).

**Results.**– In the study the mutation of Endothelin-1 in homo- and heterozygous condition were identified; mutation Leu544Phe E-selectin were presented only with genotypes Leu/Leu and Leu/Phe mutation Ser128Arg is determined solely by the genotype Ser/Ser in the control group. All studied polymorphisms conformed to Hardy-Weinberg balance. Were no differences between genotypes and alleles for the END-1 (Lys198Asn) and SELE (Leu544Phe) in patients with chronic alcoholism and healthy. Among patients with alcohol dependence were more likely to be carriers of the Ser/Arg genotype polymorphism of SELE (Ser128Arg). For this patient the risk of developing the disease was only 29.22 [CI 95%:1.75–486.58]. Homozygotes for Arg/Arg-genotype was determined only in patients with alcoholism. Carriers of the wild type genotype in homozygous state among healthy residents was predominant.

**Conclusion.**– For patients with normal allele Ser mutation SELE (Ser128Arg) OR equal to 0.03 [CI 95%: 0.00–0.49], carriers of the mutant allele Arg risk of alcohol dependence was 33.25 [CI 95%: 2.02–546.90]. Consequently, the carriage of the mutant allele polymorphism of E-selectin (Ser128Arg) contributes to the pathogenesis of alcoholism.

**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**

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**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.

PW0096

### **Assessing the shared genetic overlap between congenital heart disease and neurodevelopmental disorders using large-scale population data**

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**Introduction.**– Congenital heart disease (CHD) is the most common birth defect in newborns and the leading cause of death in infancy, affecting nearly 1% of live births. Along with the common health issues directly derived from cardiac disruptions in CHD, around 10% of children with this condition also exhibit neurodevelopmental alterations usually affecting motor, neurocognitive and social impairments. Novel findings suggest that the link between CHD and neurodevelopmental disorders can be informed by the analysis of shared genetic pathways.

**Objectives.**– By leveraging publicly available genome-wide association study (GWAS) results and data on ~500,000 individuals from the UK Biobank, this large-scale population analysis is aimed at eliciting the putative genetic overlap between cardiac and brain development alterations prenatally.

**Methods.**– Multiple statistical tools are used to analyze genotype data at both the global genome level (e.g., LD Score Regression; Mendelian Randomization, polygenic risk scores) and on a marker-by-marker basis (e.g., GWAS of the UK Biobank).

**Results.**– The results expand on the previous CHD/neurodevelopment literature to inform on genome-wide patterns of overlap, as well as on additional genomic loci throughout a broad set of neurodevelopmental outcomes.

**Conclusions.**– The data provide novel insights into the shared genetic architecture of CHD and neurodevelopmental disorders.

**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**

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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.

PW0098

### **Involvement of nicotinamide phosphoribosyltransferase in both amyloidogenic and non-amyloidogenic pathways**

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AMP-activated kinase (AMPK) and silent mating-type information regulator 2 homolog 1 (SIRT1) are representative enzymes in energy homeostasis. The concomitant action of AMPK and SIRT1 suppress Alzheimer's (AD) pathologies. Metformin; the most widely prescribed antidiabetic drug, has been shown to exert neurotoxic effects through AMPK activation; however little is known for SIRT1 activation. Therefore, we investigate the effect of metformin on the activity of SIRT1 as well as AMPK.

Metformin-induced AMPK activation simultaneously induces SIRT1 activation by activating the AMPK / nicotinamide phosphoribosyl transferase (Namt) / nicotinamide adenine dinucleotide (NAD) pathway. However, we have found that metformin cannot activate neuronal SIRT1 despite AMPK activation. Rather, it reduced the levels of Namt and NAD. Metformin-induced AMPK activation increased the levels of beta-site amyloid precursor protein cleavage enzyme 1 (BACE1) and secreted beta-amyloid (A $\beta$ ). In addition, metformin-induced Namt suppression was associated with decreased expression of tumor necrosis factor alpha converting enzyme (TACE) which promotes non-amyloidogenic pathway. These adverse effects of metformin were also identified in the brains of diabetic db/db mice. Overexpression of Namt rescued metformin-induced neurotoxicity in vitro. In addition, donepezil treatment reversed metformin-induced TACE suppression via Namt/NAD/SIRT1 in vitro and in vivo by activating Namt. Our results suggest the important role of Namt in regulating amyloid production. AMPK activation by metformin might be neu-

rotoxic because it fails to induce concomitant action of AMPK and SIRT1. Co-treatment of donepezil could be a proper measure to protect the brain from potential risk of AD pathogenesis in diabetic patients taking metformin.

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

PW0099

### **Russian original benzodiazepine phenazepam's safety during alcohol withdrawal syndrome treatment: Pharmacogenetics associations with ABCB1 3435C>T**

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*Introduction.*– ABCB1 (multidrug resistance gene 1 - MDR1) gene which coding transport protein glycoprotein P. Glycoprotein P share its' substrates with CYP3A4 isoenzyme. Consequently, glycoprotein P activity can influence on benzodiazepine tranquilizers' pharmacokinetics.

*Aim.*– To study associations of ABCB1 3435C>T polymorphism with bromdihydrochlorphenylbenzodiazepine safety in patients with alcohol withdrawal syndrome.

*Materials and methods.*– 102 male patients with non-complicated alcohol withdrawal syndrome (F 10.3 by ICD-10) were involved into the study in 24 hours after their admission to hospital. During 6 days of dynamic observation each participant was prescribed bromdihydrochlorphenylbenzodiazepine (Phenazepam). 5 ml of venous blood was collected from each participant for genotyping. Blood samples were analyzed to detect the ABCB1 3435C>T (rs1045642, C – dominant allele) polymorphism by real-time polymerase chain reaction. Safety of therapy was evaluated with UKU Side Effects Rating Scale. Data analysis was performed with SPSS Statistics 21.0.

*Results.*– Association analysis of adverse effects (AE) in the whole sample ( $n = 102$ ) revealed that CT>TT genotypes carriers had higher rate of "Other adverse effects" UKU subscale:  $0.36 \pm 0.78$  vs  $0.0 \pm 0.0$  scores ( $P = 0.033$ ). Comparison of several adverse effects showed that allele T was associated with "Increased dream activity" ( $P = 0.026$ ) and "Depression" ( $P = 0.046$ ), but allele C – with "Concentration Difficulties" ( $P = 0.031$ ), "Polyuria/polydipsia" ( $P = 0.048$ ).

*Conclusion.*– There were significant relationships of C and T alleles with adverse effects according to UKU Side effects rating scale. However, these associations were not specified. Consequent analysis will include addition biomarkers – CYP3A4 isoenzyme's activity factors: genetic polymorphisms and phenotyping.

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

PW0100

### Psychological stress causes relative infertility through direct change in the frequency pattern of GnRH release from the hypothalamus

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*Introduction.*– Effect of mentality on fertility is not fully clarified.*Objectives.*– Evaluation of oscillation pattern of GnRH release by the hypothalamus in different mental states.*Methods.*– Twenty eight patients were evaluated by a computer algorithm to find oscillation of LH/GnRH pulsation measured on four sessions (day 6 and 14) every 10 minutes within two consecutive cycles in addition to the MCMI-III.*Results.*– The pattern of oscillation was showed statistically significant lowering of frequency during anxiety and depression states. Besides, the slope of GnRH between two consecutive sessions ( $d_0\text{GnRH}_0/\text{GnRH}_1\text{dt}$ ) showed also a prominent reduction and even flattening. In addition the time to ovulation was also postponed in cycles with prominent anxiety.*Conclusion.*–

1. Psychological stress exerts its effect through a reduction of pulsation frequency in GnRH release.
  2. Pattern of GnRH pulsation changes due to external stimuli in the range of ¼ to 1/15 of the baseline.
  3. MCMI-III is an excellent tool for evaluating psychological state of the patient.
  4. Patients with borderline, schizoid, dependent, depressed and passive aggressive personality suffer most from irregularity of menstruation cycles.
  5. Patients with chronic major depression are subject to menstrual irregularity highest during stabilization of disease and in the early phases of recovery after treatment with SSRI.
  6. Treatment of depression/anxiety causes a reduction of menstrual cycle length.
  7. Measurement of GnRH, FSH, LH and Estradiol on two sessions one week apart is a nice marker for regularity and ovulation.
- The global functioning of bipolar patients between attacks is not fully delineated.

*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

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

PW0102

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

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*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

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*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.

PW0104

### Efficacy of meaning-centered psychotherapy in patients with pancreatobiliary cancer

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In patient with advanced cancer, not only physical symptoms, but also symptoms related to mental health or the meaning of life are becoming important subject of treatment. This study investigated the efficacy of meaning-centered psychotherapy (MCP), a psychotherapeutic intervention known to be helpful in situations of great suffering on pancreatobiliary cancer patients.

119 patients with pancreatobiliary cancer were recruited from 3 centers, and patients who wanted to receive psychotherapy were assigned to four sessions of meaning-centered psychotherapy. Patients were assessed before treatment and 2 months after treatment. The outcome measures assessed anxiety, depression, mental adjustment to cancer, and quality of life, as well as the degree of stress and physical symptoms.

Sixteen patients completed the MCP and completed the assessment 2 months later. In the initial assessment, the patients receiving MCP showed higher levels of stress, anxiety, and depression than patients were not receiving MCP, and the quality of life was also lower in terms of role function, emotional function, and social function. At the 2-months follow-up assessment, the MCP group showed a significant improvement than the non-MCP group in depression and anxiety. In addition, the quality of life was maintained at a similar level in the MCP group, while it was worse in the non-MCP group.

MCP has clear benefits for emotional distress and quality of life in patients with pancreatobiliary cancer. It is necessary to continue the research on psychological interventions with patients who have advanced cancer to reduce the emotional distress and enhance quality of life.

*Disclosure of interest.*— This project was supported by the research Funds of Korean Society of Surgical Oncology (2015).

PW0105

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

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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  $49.4 \pm 1.3$ ).

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**

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**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.

PW0107

### **Genetic polymorphism of CYP2C19 and clinical response to antidepressants – A literature review**

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**Background.**– The concept of individualized treatment is very important for improving the chances of recovery in patients diagnosed with major depression.

**Objective.**– To analyze the current status of research regarding the impact of CYP2C19 polymorphism in the antidepressants response.

**Methods.**– A systematic literature analysis was performed for detecting available applications of pharmacogenomics in cases of depressive disorder treatment. We searched medical databases

(MEDLINE, PubMed, Cochrane, EMBASE, Google Scholar) for clinical trials focused on the pharmacological implications of CYP2C19 polymorphism.

**Results.**– Importance of CYP2C19\*17, which represents an ultrarapid metabolizer isoform, is still under investigation from clinical perspective, but several studies report reduced concentration of escitalopram by 50%, and deletion of this gene with 5.7-fold increase of escitalopram concentration. Several recommendations were found related to the need to avoid tertiary amines like amitriptyline in patients with depression due to sub-optimal response in cases of \*17/\*17 genotype, or if these drugs are used then monitoring of the drug concentration should be included in the protocol. If combinations of \*2 and \*3 alleles are detected, then a 50% reduction of tertiary amines at the beginning of the treatment could be recommended. CYP2C19\*2 was associated with higher bupropion plasma concentrations, but CYP2C19 genotype was not associated with smoking cessation outcomes.

**Conclusions.**– Pharmacogenetics could offer a quantifiable way to identify the population at risk for non-response (due to lower blood concentration through metabolic enzymes hyperactivity), toxic reactions (based on higher concentrations, secondary to lower action CYP enzymes) and other types of adverse events during antidepressant treatment.

**Disclosure of interest.**– The author was speaker for Servier, Eli Lilly and Bristol-Myers, and participated in clinical trials funded by Janssen Cilag, Astra Zeneca, Otsuka Pharmaceuticals, Sanofi-Aventis, Sunovion Pharmaceuticals.

## **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**

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**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.

PW0109

### **Job stress outcomes among Iranian emergency room nurses: A literature review**

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**Introduction.**– Nursing is a stressful job originally. Nurses experience more job stress in emergency department, because there are workplace with excessive workload, unsure range and severity of patient, verbal and physical aggression by patient's companions, shortage of resources and many other problems.

**Objective.**– The aim of the study is the review of studies that assessed outcomes job stress among nurses, who are working in the Iranian emergency department.

**Methods.**– This literature review generated based on Prisma guideline. The searched keywords were included base on: stress, nurse and emergency in PubMed, Scopus and Iranian database such as SID, Magiran, Irandoc and Noormags. The research included all of original researches that were done in Iran and published between 2000–2017. In primary search 139 articles were found and, after exerting inclusion and exclusion criteria and eliminated the repeated articles, 10 full articles were reviewed.

**Results.**– Results shown; interpersonal problems, aggression, PTSD, burnout, skeletal diseases, mental workload and human errors are main impacts of nurses' job stress that assessed in Iranian articles. Nurses' job stress outcomes usually discussed in three main domains includes impact on staff, patient and organization. The findings showed that, patients' related outcomes neglected in Iranian researches.

**Conclusions.**– Nurses' job stress, especially in emergency room were treated nurses' health, their organization, and quality of services rendered for patients. Therefore, we recommend assessment of job stress' factors in workplace and using stress relief strategies for emergency room nurses for improving the quality of work and services for patients and nurses.

**Keywords:** Nurse; Job stress; Emergency

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

PW0110

### **Relationship between gluten sensitivity, celiac disease and mood disorders**

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**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 extent 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**

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**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**

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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**

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*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  $\geq 7.5$  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**

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*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.

PW0115

### **Hospitalized schizophrenics: Insight view**

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**Introduction.**– Insight became an important field for research and practice in psychiatry. Its improvement is an important prognostic factor and allows better care.

**Objectives.**– Evaluate insight and determine the predictors of good or impaired insight in patients hospitalized for schizophrenia.

**Methods.**– This is a cross-sectional study conducted in patients hospitalized for schizophrenia in a department of psychiatry of the Razi hospital in Tunisia. Diagnosis based on the DSM 5 diagnostic criteria. The insight was assessed using the Q8 scale and then assessed its correlation with various socio-demographic and clinical factors, collected from patients' medical records Results: our population was made of 25 male schizophrenics. The average age was 39.68 years. 20% of the cases had a university level. 84% of the patients were single. 20% was living alone. 64% was without a profession. Socioeconomic conditions were poor in 80% of the cases. 40% consumed toxic products. 65% of them were admitted according to the mode of office. The average duration of psychiatric stay was 79.55 days. 16% had no prior history of hospitalization. 28% had a history of attempted suicide. Follow-up was regular in 26% of patients. The insight scores were low with an average of 1.62. Factors that would increase the insight score include: free hospitalization, higher education, family support, history of hospitalization or attempted suicide, long hospital stay and regular follow-up.

**Conclusions.**– It seems important to work the awareness of the disorder in patients. Psychoeducation targeting the improvement of insight is useful but must be accompanied by supervision and care.

**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**

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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.

PW0117

### **Prevalence of stress in junior doctors during their internship training: A cross-sectional study of two Tunisia medical colleges' hospitals**

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**Introduction.**– Medical science is perceived as a stressful educational career and medical students experience monstrous stress during their internship and residency training, which affects their cognitive function, practical life, and patient care.

**Objectives.**– This study wanted to examine the prevalence of self-perceived stress among new medical graduates during their internship training.

**Methods.**– Interns of the Hédi Chaker and Habib bourguiba University hospitals in Sfax- Tunisia were invited to complete the Perceived Stress Scale (10-item form). Also, the questionnaire collected personal data (age, sex and marital status) in addition to information relevant to hospital training, assigned duties, and clinical training rotations.

**Results.**– A total of 216 (males = 60; females = 66) residents trainees participated in this study. The mean age of the study population was 27.30 years. Nearly 65% of the participants considered themselves in very good health. Most of the interns were affected by a severe level of stress (78.6%), followed by mild (19%) and moderate (2.4%) levels of stress. The stress level was significantly higher (83%) among female doctors in comparison with male doctors (65%) (Odds ratio = 1.64; confidence interval = 1.74–3.87;  $P < 0.0002$ ). The highest stress level was reported by interns during the clinical rotations of medicine (78%), followed by surgery (75%), pediatrics (70%), and emergency (60%). High levels of perceived stress were significantly associated with general health problems of residents trainees ( $P < 0.000$ ).

**Conclusion.**– We found a significantly high level of stress among the medical interns. Hence, medical interns need support and subsequent interventions to cope with stress.

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

PW0118

### Prevention program workshops are evaluated for their long term effectiveness

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**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

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**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

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**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.

PW0121

### **Mental health use in a group of patient with committed suicide**

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**Objectives.**– Suicide victims frequently have had contact with the mental health services before they died. In this study, the rate of mental health care system contact during the last year before suicide commission was evaluated.

**Methods.**– Utilization of mental health care facilities during the last 12 months of 231 individuals who committed suicide was assessed by the questionnaire.

**Results.**– Of the suicide victims, 62% had been used mental health services at least once. The mean age of the patients was 29.7 years ( $SD=4/11$ ). There wasn't significant difference in age between men and women who had used mental health services ( $P=0.077$ ). There was a significant relationship between the two groups using and not using of mental health services and suicide more than once ( $P=0.008$ ). There was also a significant relationship between psychiatric illness and mental health services ( $P<0.0001$ ).

**Conclusion.**– Increasing utilization of mental health care facilities should be considered a particularly profound suicide risk assessment and post discharge treatment planning. Continued and more serious follow-up of these patients with strategies such as social workers or through methods such as telemedicine (Continuous and right communication through phone, email, etc.) is necessary to prevent from their suicide.

**Keywords:** Suicide; Mental health services; Demographic data

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

PW0122

### **Psychiatric home hospitalization unit of the hospital Del Mar (HADMar). A crisis resolution and home treatment team in Barcelona**

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**Introduction.**– Although home hospitalization has begun to develop widely in recent years there is a notable lack of studies. The following study includes data from the Psychiatric Home Hospitalization Unit of the Hospital del Mar (HADMar). This program has been running for two years and takes place in a socio-demographically depressed area in Barcelona. It receives patients from community and hospital services. Monitoring is limited in time and at discharge patient are referred to the ambulatory unit.

**Methods.**– All patients visited from 2015 to the present time were selected. A total of 135 patients were included in the sample. A qualitative descriptive study was carried out in order to define the socio-demographic characteristics. The severity of symptoms, suicidal risk and changes in the functionality were considered as clinical outcomes.

**Results.**– The mean age of patients was 44.6 years and there were no gender differences. 26 patients had a history of autolytic attempts and 11.1% lived alone. 51.1% were diagnosed with a psychotic disorder. The mean GEP score for the severity of the psychiatric symptoms was 2.39 and the mean risk of suicide was 0.49. There is an increase in the GAF score from admission to discharge, which means an improvement in the functionality of patients.

**Conclusion.**– The results obtained in our study are consistent with previous results. Home crisis intervention teams have proved to be an alternative to traditional hospitalization. However, more studies are needed to support these results.

**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?**

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**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**

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**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.

PW0125

### **Family rooms in psychiatric hospitals**

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**Introduction.**– Up to half of all patients discharged from psychiatric hospitals have dependent children. Parental hospitalisation can have devastating impact on children. How can inpatient services support families during hospitalisation?

**Objectives.**– To evaluate the role of off-ward family room at psychiatric hospital in East London, UK during 2014–2016.

**Methods.**– Frequency of use of the room during was analysed using the electronic booking system. To obtain staff and patient thoughts and experiences on the family room, a 15-minute semi-structured interviews were conducted. Data was analysed using descriptive statistics and thematic analysis.

**Results.**– The room was booked almost every day (on average 225 bookings per year), more commonly on weekends and in the afternoon, and mainly by female patients. On average, the room was booked for 1 hour per patient. A total of 15 patients and 19 staff members were interviewed. Both staff and patients felt positive about using the room. Staff saw time spent with families in the room useful for diagnostic purpose as well as treatment. Patients found it useful to remain close to their families and feel that the room provides a sense of privacy which is not always the case on the wards. However, most patients want more flexibility during family visits and less staff supervision. Both agreed that the room should be bigger and better furnished.

**Conclusion.**– Family-friendly rooms are essential to the provision of family-friendly mental health services. They can improve experience of inpatient care as well as support parents and children during this critical period.

**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**

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**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 km<sup>2</sup>, 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**

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**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.

PW0128

### **Patterns of mental health morbidity in primary health care**

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**Introduction.**– In Portugal, main mental health care providers are Local Mental Health Services, located in departments belonging to general NHS hospitals. These work articulated with the primary health care centres in the same geographic area. The country already had one of the highest rates of mild and moderate mental health disorders prevalence when a long and challenging economic crisis putted primary health care to the test.

**Objectives.**– To evaluate the use of primary health care (PHC) services in Portugal, due to common mental health disorders, at the peak of the economic crisis negative effects.

**Methods.**– PHC services use was assessed through indicators available in the Regional Health Authority Information System (SIARS), using the International Classification of Primary Care, Second edition (ICPC-2) codification system.

**Results.**– Results show an increase in the number of PHC users with depression and anxiety disorders between 2011 and 2014, in all five Portuguese health regions. The increase was higher in the Alentejo region for Anxiety disorders (from 4.14% in 2011 to 6.70% in 2014), and Depression (from 6.05% in 2011 to 9.62% in 2014).

**Conclusion.**– Results show an increase in the number of users in the PHC services, during the worst period of the economic crisis. Mental health care in primary care must be considered a top priority in times of economical crisis. PHC services should work together along with liaison programmes, both with specialised services and other community institutions, such as schools and social care agencies.

**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**

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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.

PW0130

### **Critical review of psychiatric advance directives globally and its implications in LAMIC countries**

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*Introduction.*– Psychiatric Advance Directives are legal instruments for competent persons to state their preferences regarding future mental health treatment in the event of a loss of capacity to make healthcare decisions. These are seen as a landmark step in the shift from a charity – based to a rights – based approach. PADs have largely been implemented in the developed countries. Little is known about implementation in the LAMIC regions where resources are limited.

*Objectives.*– The present study aims to review existing reports on the implementation of PADs and examine implications in the Indian subcontinent

*Methodology.*– A systematic search of articles published in the English language was conducted. Ten experts in the field of mental health were interviewed.

*Results.*– PADs have been found to enhance treatment engagement and the perceived sense of control of the patient, leading to greater autonomy. Barriers such as lack of awareness of both providers and consumers, issues of determination of competency, have been discussed.

In the developing countries, PADs face financial, legal and cultural barriers. Cultural explanations of mental illness, the perceived autonomy of the mentally ill, poor awareness of legal provisions, perception of the doctor- patient relationship, and huge financial costs were seen as important challenges.

The differences in laws that have incorporated PADs and the individual challenges in the different countries will be discussed

*Conclusion.*– A large gap between legislation and implementation exists. Strategies to overcome this include awareness programs, legal assistance programs and a cultural paradigm shift in the doctor-patient relationship.

*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**

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*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**

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*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 themselves 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.

PW0133

### **Short and long term impact of a randomized school-based anti-stigma intervention on aggressive behaviors among youth with mental health symptoms**

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**Introduction.**– Aggressive behaviors are a concern among youth particularly to the extent that they relate to mental health (MH). We evaluated changes in perpetrated aggressive behaviors following the implementation of a school-based intervention aimed at reducing mental illness stigma.

**Objectives.**– To evaluate the short- and long-term impact of a school-based anti-stigma intervention on physical, verbal, and relational aggressive behaviors among youth with MH symptoms.

**Methods.**– Diverse sixth-graders were randomized to receive an anti-stigma curriculum. A pre-posttest survey assessed self-reported MH symptoms and frequency of aggressive behaviors. Longitudinal follow-up was administered at 6-, 12-, 18-, and 24-months post-intervention. Generalized estimating equations assessed the effect of the curriculum compared to control on perpetrated physical, verbal, and relational aggression among youth with high-level MH symptoms ( $n = 260$ ).

**Results.**– Highly symptomatic youth who received the curriculum compared to those who did not had consistently decreased odds of perpetrating physical, verbal, and relational aggressive behaviors from pre- to post-test. Although longitudinal effects were non-significant, predicted probabilities of perpetrating these behaviors were explored over the two-year follow-up. The patterns for each aggressive behavior type were consistent: youth who received the curriculum as compared to youth in the control demonstrated a declining trend in aggressive behaviors up to 18-months. After the 18-month follow-up, aggressive behaviors began to increase for those in the curriculum group.

**Conclusions.**– The anti-stigma curriculum reduces aggressive behaviors in the short-term among youth with high MH symptoms. However, in order to sustain these effects longitudinally, a booster intervention may be required at 18-months after first exposure to the intervention.

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

PW0134

### **Why do young psychiatrists leave Spain?**

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**Introduction.**– Qualified migration of health professionals to developed countries is a long-standing global phenomenon. Due to social and economic situation in Europe, it seems to be a great migratory flow of doctors and other health professionals within the continent.

**Objectives.**– The objective of this study was to explore the factors that motivated migration in this group from Spain to other European countries.

**Methods.**– The population included in the study were psychiatric trainees who were carrying out the last year training in Spain during 2014. The data were obtained through a semi-structured questionnaire of 61 questions designed specifically for the study called Brain Drain, to identify the factors that influence the time to migrate in search of work.

**Results.**– 95 psychiatric trainees participated in the survey, of which 71 (74.7%) had ever considered emigrating to another country in search of work. 21 (29.5%) had already started some practical steps to go abroad. The main reasons were higher wages in other countries (86%) and the opportunity to progress professionally (84%). The degree of satisfaction with the salary received was high or very high in 49% of the sample.

**Conclusions.**– Psychiatric trainees considered migrating outside Spain. Participants perceived that balance between work and life, work according to previous studies and experience, working conditions and work cooperation and team work were major issues to improve in Spain. In the other side, cultural and social environment were the main reasons to stay. The brain drain constitutes a loss of human capital that can deteriorate health care in Spain.

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

PW0135

### **Legislation restrictions of drive licensing as a tool of primary prevention of drug abuse among adolescents**

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**Introduction.**– According to the EMCCDA data, at least 80 new psychoactive substances are appeared annually in the European countries. Nowadays starch, sugar and oils are the sources of new amphetamines and new other drugs. In this situation to protect adolescents is the important task of all health policy makers all over the world.

**Objectives.**– To analyze the preferences among teenagers of 15–17 and according to these results to implement legislation restrictions as the primary prevention tool of drug abuse.

**Methods.**– Comparative analysis of federal statistic data and results of social surveys among teenagers were conducted.

**Results.**– The results of social surveys among adolescents revealed the drive licensing is one the most important attributes of self-assertion. Obligations of describing legislation restrictions for people who use drugs had been provided within the drug tests in schools. At the same time the legislation restrictions of drive licensing had been implemented due to target audience preferences. In 2016 the 41% decrease of new cases of drug use in non-medical purposes among teenagers were fixed in the federal statistics database.

**Conclusion.**– The legislation restrictions cannot influence directly, but it can be used as an efficient tool of primary prevention set of drug abuse among adolescents.

**Disclosure of interest.**– The author has 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**

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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

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PW0137

### **Meta-cognitive and mindfulness predictors of hallucination proneness in healthy population**

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**Introduction.**– Maladaptive metacognitive and mindfulness processing appears to be an important baseline for some individuals with a diagnosis of psychosis.

**Objectives.**– The aim of this study was to evaluate the Meta-cognitive and mindfulness predictors of hallucination proneness in healthy population.

**Methods.**– A total of 168 healthy volunteers completed revised Launay- Slade Hallucination Scale (LSH), Metacognitive Questionnaire (MCQ) and Mindfulness Questionnaire(MQ).

**Results.**– Regression analysis indicated that MCQ factors encompassing (1) negative beliefs about uncontrollability and danger of thoughts and (2) cognitive non-confidence; and MQ factors include of (1) observation, (2) description, (3) action with consciousness and (4) un reaction were the strongest predictors of hallucination proneness in healthy population.

**Conclusions.**– The results showed that the hallucinatory-like experiences are much more prevalent among general population than their extreme clinical manifestations. Moreover, psychological factors are strong predictors for these experiences and these factors should be considered in early preventions.

**Keywords:** Hallucination proneness; Meta-cognitive; Mindfulness

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

PW0138

### **Differences in perceived stigma towards mental and physical illnesses amongst healthcare professionals and general public**

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**Introduction.**– Over the past decade, the importance of stigma towards mental illness has been increasingly recognised by organisations such as the World Health Organization (WHO) and the World Psychiatric Association. Along with the burden of the illness itself both physical and mental illnesses are often stigmatised by the general public. In low income countries such as Pakistan mental health stigma has been identified as one of the biggest barriers leading to delays in treatment and poor engagement. There is limited information about the extent to which stigma is exhibited by healthcare professionals in comparison to the general population.

**Objectives.**– To compare the differences in perceived stigma towards mental and physical illness amongst healthcare professionals and the general population in a low income country.

**Methods.**– A sample of 1470 individuals aged 18 and above were recruited from three different groups; healthcare professionals ( $n = 726$ ), nursing students ( $n = 500$ ) and the general public ( $n = 244$ ) in Karachi, Pakistan. Bogardus Social Distance Scale was used to measure the stigma.

**Results.**– All three groups reported higher levels of stigma towards mental illness than physical illness. The general public reported higher stigma towards both physical and mental illnesses as compared to the healthcare professionals and the nursing and medical students.

**Conclusion.**– Stigma towards mental and physical ill health is prevalent amongst the general public and also amongst healthcare professionals. This highlights the importance of anti-stigma campaigns to continue to raise awareness and tackle stigma.

**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

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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

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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?

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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.

PW0142

### Identification of children with suspect of neurodevelopmental disorders and activation of the early intervention route Monteria - Colombia

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Neurodevelopmental disorders are childhood conditions that alter or delay the psychomotor development of an individual, most of the affected children live in low-resource countries, where the limited resources of trained personnel in primary health and community care make it difficult the intervention (Patel, 2013), for this reason caregivers are primordial in the implementation of stimulation guidelines as a measure against the deprivation of early intervention therapies. The Colombian health system does not intervene immediately, creating a gap that negatively impacts the prognosis of neurodevelopment. Therefore, identifying the patterns of stimulation performed by parents and caregivers, would allow establishing contingency plans in which parents are actively empowered and exploit the advantages of neuroplasticity, while awaiting specialized care. Objective: To detect neurodevelopmental problems early and to identify the route and time of activation for early intervention.

*Method.*– Descriptive, cross-sectional, mixed-qualitative design. The instruments applied in this research were the AGES AND STAGES QUESTIONNAIRE-3 for screening of neurodevelopment in 213 children aged 2–6 years, children’s development centers: El Dorado and La Palma (Monteria, Colombia). SEMISTRUCTURED INTERVIEW to primary caregivers.

*Results* Were detected 56 children with suspected developmental deficit, despite attending daily ICDs, identified that the route for health care for diagnosis and early intervention presents a delay of more than 4.2 months, which impacts negatively in the use of the Neuroplasticity and the best prognosis of the development.

*Conclusions.*– Our study puts into value the importance of developing early diagnoses of neurodevelopmental problems. It is important to implement these instruments of early detection in contexts of care for young children.

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

PW0143

### **Anti-stigma effect of a Consumer-Initiated Program with contact in mental illness**

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*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**

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*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?**

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*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.

PW0146

### **Impact of mental health stigma and problem recognition on parental help-seeking for adolescents**

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**Introduction.**– Parents frequently act as gatekeepers to mental health (MH) services for adolescents. The initiation of help-seeking oftentimes requires parents to positively identify MH problems in adolescents. However, stigma may disrupt this identification and prevent help-seeking from occurring altogether.

**Objectives.**– To examine the roles of stigma and recognition of adolescent MH problems on parental help-seeking behaviors

**Methods.**– Parents of adolescents from a school-based anti-stigma intervention study were analyzed. Logistic regressions examined the effect of stigma on parental recognition of adolescent MH problems. Additional models assessed the joint impact of stigma and problem recognition on parental help-seeking behaviors.

**Results.**– The more socially distant parents desired their children to be from individuals with mental illness, the less likely they were to believe their child had a MH problem, controlling for parent-reported MH symptoms and other factors. This was particularly prominent among parents of highly symptomatic adolescents. Social distance and other stigma measures were not significant barriers to help-seeking. In contrast, the strongest impact on help-seeking was problem recognition, over and above stigma, symptom reports, and other factors. No significant interactions were found between stigma and problem recognition on help-seeking.

**Conclusions.**– Stigma may present itself as an early barrier to problem recognition because labeling may impose a significant personal

cost on the adolescent and by affiliation the parent and family. In turn, the positive identification of MH problems is critical to parental help-seeking and suggests the value of developing and implementing interventions that target and inform parents how to recognize mental illness in adolescents.

**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**

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**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**

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**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.

PW0149

### Pressure sensitivity as an indicator of impaired proprioception in ASD

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**Introduction.**– Autism spectrum disorders (ASD) are neurodevelopmental disorders characterized by deficits in social interaction, communication, and restricted activities and interests. It is well known 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 postural control, organization of space, modulation of muscle force and effort and suitable motor patterns involved in imitation, all essential for daily tasks. 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.

**Objectives.**– The aim of this research is to evaluate the pressure sensitivity of neurotypical children compared to children with autism. We hypothesize that the record of pressure sensitivity is a potential clinical parameter indicative of a child's sensitivity threshold when pressure is exerted on its arms and legs. This perception of pressure correlates with proprioceptive modulation that is frequently impaired in children with autism.

**Results.**– A sample of 70 children with ASD and 70 typically developing control children between 3–13 years old were recruited for this study. In the autism group, pressure sensitivity in both arms and legs was significantly altered in comparison with control group.

**Conclusions.**– The present data open up new possibilities to restructuring rehabilitation programs for autistic children that will allow

the development of proprioceptive techniques to improve their body perception and subsequently improve their social interactions and performance in daily tasks.

**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

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**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.

**Keywords:** Psychosomatic symptoms; 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

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**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

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**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.

PW0153

### Evaluation of learning through play (LTP) training program for traditional birth attendants (TBAs) in Pakistan: A quasi experimental design

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**Background.**– Around 250 million children (43%) younger than 5 years in Lower, Middle, Income Countries (LMICs) do not develop their full potential, probably due to the absence of application of emerging scientific knowledge in nurturing care to enhance child development. The lack of early child development programs in health systems in resource poor settings has been identified as one of the major challenges.

**Aims.**– Considering the major role which Traditional Birth Attendants (TBAs) play in Pakistan, the current project was initiated to train the TBAs in order to enable them to support and encourage parental involvement in early child development, promote parent and child attachment and child's learning about self and the surrounding world.

**Method.**– A total of 322 TBAs from Karachi participated in the training. The 'Learning through Play' program has been designed to improve early child development. Knowledge, Attitude and Practices (KAP) questionnaire was used to measure the change post-training.

**Results.**– Paired sample *T*-test was used for statistical analysis, and results  $t=-29.366$  ( $P<0.05$ ) indicate a significant difference between knowledge and attitude about child development before and after the training of TBAs in low income regions of Karachi.

**Conclusion.**– Training TBAs in LTP program and integrating it into existing health care system can be an effective strategy to improve the knowledge, attitude and practices of parents to promote development of children. This may contribute in reducing the huge development gaps in low resource settings.

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

PW0154

### The physical development of adolescents with the mental deprivation

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Physical development is an integral indicator and refers to the most important criteria for a comprehensive assessment of the adolescent health status.

Studying the features of the physical development in adolescents with the mental deprivation.

128 adolescent males aged 11–15 years who were brought up in an orphanage with the social disadaptation were examined. The method of assessing physical development included anthropometry. The evaluation of the data obtained was carried out with the help of the centile tables according to sex and age.

The results of the study showed that harmonic physical development was noted in less than a third of adolescents –  $27.34 \pm 3.86\%$ . The most of adolescents had disharmonious physical development. Disharmoniousness was characterized by a combination of adolescent lagging behind growth and low body mass indexes –  $14.06 \pm 3.01\%$ , which in some cases reached pathologically low values –  $17.19 \pm 2.96\%$  of cases. The level of physical development mostly determines the social adaptation of the child, especially in adolescence. The statistical analysis made it possible to identify the main diagnostic features that play an important role in the formation of social disadaptation in adolescents. The list of high-value factors included: physical development with a decrease in growth – with an indicator of 99.7% significance and a pathological decline in physical development – with 99.0% significance.

Thus, disharmonious physical development, especially a low and pathologically low its level are prognostically unfavorable factors in the formation of social maladjustment in adolescents and can be manifested by aggressive behavior. Such adolescents need corrective psychological and pedagogical measures.

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

PW0155

### Screens and ADHD: Study on high school Tunisian students

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*Introduction.*– Attention-deficit/hyperactivity disorder (ADHD) is a multifactorial disease.

The aim of this study was to explore the relationship between screen use and ADHD in a population of high school students in Monastir (Tunisia).

*Methods.*– It was a cross-sectional study concerning a representative sample of 447 third year high school students of the governorate of Monastir during November 2015; we had proceeded to a cluster sampling. The diagnosis of ADHD was made by the Adult ADHD Self-Report Scale (ASRS-v1.1) validated in Arabic language. The sociodemographic and clinical characteristics were evaluated by a pre-established questionnaire. The threshold of 5 hours daily

was selected for the excessive consumption of TV, Internet and video games.

*Results.*– The mean age of our population was  $17.15 \pm 0.7$  years old. The sex ratio was 0.5. The study of the use of screens showed that 93.5% of the students have used the internet daily with an average of 4 hours; 89.7% have watched television each day with an average of 2.8 hours, and 44.7% have played video games with an average of one hour; 25.1% have consumed excessively the Internet, 7.6% have had an excessive television consumption and 5.4% have used excessively video games.

The diagnosis of ADHD was associated to excessive television use ( $P < 0.001$ ), excessive video games use ( $P = 0.02$ ) and excessive internet use ( $P < 0.001$ ). The logistic regression analysis showed an association between the diagnosis of ADHD and excessive internet use ( $P = 0.014$ ).

*Conclusion.*– The screen misuse has an impact on adolescents with ADHD.

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

PW0156

### Attention deficit / hyperactivity disorder and substance use behaviors in Tunisian adolescents

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*Introduction.*– Attention deficit / hyper activity disorder (ADHD) is reported to be associated with addictive behaviors (smoking, alcohol abuse, gambling, internet addiction. . .) in adolescence.

The aims of the study were to determine the prevalence of ADHD and substance use behaviors in a population of high school students in Monastir (Tunisia) and to explore the relationship between substance use and ADHD in this population.

*Methods.*– This is a cross-sectional study including 447 students from high-schools of the region of Monastir (Tunisia). For the diagnosis of ADHD, we used the Adult ADHD Self-Report Scale (ASRS-v1.1) validated in Arabic language; and for the addictive behaviors (smoking, alcohol abuse, substance abuse), we used yes/no questions.

We used SPSS-20 to analyze data and Chi<sup>2</sup> test for associations.

*Results.*– The mean age was  $17.15 \pm 0.7$  years old. The sex ratio was 0.5. The prevalence of ADHD in the study population was 18.1%; this prevalence was nearly the same for the males (20.93%) and the females (18.12%) ( $P = 1$ ).

We found that 27.3% of the adolescents had a regular substance use: 10.3% have been smokers; 9.4% have used alcohol; 5.6% have used cannabis and 2% have been glue sniffers.

There were significant associations between ADHD and smoking ( $P = 0.002$ ), alcohol use ( $P = 0.002$ ) and cannabis use ( $P = 0.029$ ).

*Conclusion.*– The prevalence of ADHD symptoms in this adolescent sample was extremely elevated and its association with addictive behaviors was undeniable. There is an extreme urge to investigate further the subject.

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

PW0157

### Social interactions, traumatic life events and ADHD in high school students: A Tunisian study

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**Introduction.**– Attention-deficit/hyperactivity disorder (ADHD) is considered as a neurodevelopmental disorder.

The aims of this study were to determine the prevalence of ADHD in a population of high school students in Monastir and to study the association between ADHD and relationship with parents and with peers.

**Methods.**– It is a cross-sectional study concerning a representative sample of 447 third year high school students. The diagnosis of ADHD was made by the Adult ADHD Self-Report Scale (ASRS-v1.1) validated in Arabic language. The sociodemographic and clinical characteristics were evaluated by a pre established questionnaire.

**Results.**– The mean age of the participants was  $17.15 \pm 0.7$  year-old. The sex ratio was 0.5. The prevalence of ADHD was 18.1%. The study of the family status showed that the majority (93.5%) lived in two-parent families. The relationship between the adolescent and his parents was described as very good in 47.7%, and disturbed in 23.7% of the cases. A history of maltreatment was reported by 18.8% of the participants. 91% of the students reported having friends; the relationship with the friends was described as very good for 42.3% and moderately disturbed for 13.2%. The diagnosis of ADHD was associated to the single parent family status ( $P < 0.001$ ), it was also associated to bad relationships with parents ( $P < 0.001$ ) and with peers ( $P = 0.04$ ). The multivariate regression analysis showed an association between the diagnosis of ADHD and the bad relationships with parents ( $P < 0.001$ ) and antecedents of maltreatment ( $P = 0.009$ ).

**Conclusion.**– The ADHD was associated to several sociodemographic characteristics and traumatic life event.

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

PW0158

### Mental health and executive functions (EF) in school children from low income families: Association with mental health of their mothers in Northeastern Brazil

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**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?

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**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.

PW0160

### Working memory and attention deficit hyperactivity disorder among children in Kenitra city (North-West of Morocco)

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**Background and aims.**– Working memory (WM) is an executive functioning, and it's the ability to retain short-term information, to perform cognitive operations such as listing a digit's series.

Several studies suggested that a deficit of WM could be linked to Attention Deficit Hyperactivity Disorder (ADHD). Therefore the aim of this study is to find out whether there is a relationship between WM and ADHD.

**Methods.**– The study was realized among 239 children studying in an urban school in Kenitra city, aged between 6 and 16 years. To evaluate the relationship between WM and ADHD, four tests were used: The short form of Conners' Teacher and Parents Rating Scale, DSM IV and digit span test (forward and backward).

**Results.**– The results showed that there is a significant correlation, between hyperactivity/impulsivity and normal WM ( $r=0.156$ ,  $P<0.05$ ) and ( $r=0.154$ ,  $P<0.05$ ) according to the short form of the Conners' Teacher Rating Scale and the DSM IV, respectively.

However, a significant correlation was found between learning and behavioral problems, and WM deficiency ( $r=-0.223$ ,  $P<0.01$ ) and ( $r=-0.140$ ,  $P<0.05$ ), according to the short form of the Conners' Parent Rating Scale and the forward digit span test, respectively.

Moreover, a significant correlation was found between Inattention and a deficiency in WM, according to DSM IV and the forward digit span test ( $r=-0.196$ ,  $P<0.01$ ).

**Conclusion.**– The results suggest that children with ADHD have normal WM, but suffer from some learning, attention and behavioral impairment; but deeper investigations are needed to study whether there are any possible factors that could be related to ADHD.

**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

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**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.

**Disclosure of interest.**– Study supported by Russian Foundation for Basic Research, project 17-06-00849 "Motivational and cognitive-affective factors of identity formation".

PW0162

### The association of some socioeconomic indicators with emotional and behavioral problems in 4–5-year-old Kosovar children rated by parents with the child behavior checklist (CBCL 1.5-5)

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**Background.**– Childhood emotional and behavior problems represent an important topic in developmental psychopathology and the preschool children have long been a neglected population in the study of psychopathology.

**Objective.**– To describe the extent to which parents reported child emotional and behavioral problems vary by different indicators of socioeconomic status.

**Methods.**– The sample consisted of 607 children of 4–5 years old ( $M=4.40$  years,  $SD=.49$ ). Parent completed the Child Behavior Checklist (1.5–5), and reported the socioeconomic indicators of income, education, and employment. Logistic regression models were used to predict internalizing, externalizing and total scores, as reported by parents, and considered all putative socioeconomic status (SES) predictor variables simultaneously.

**Results.**– The prevalence of parent-reported scores was 1.6% for 4-year-olds and 3.8% for 5-year-olds. Sex differences were observed, with boys showing higher scores in externalizing and total scores. The proportions of children scoring in the clinical range varied according to SES indicator. All the SES indicators independently predicted parent-reported child emotional and behavioral problems, although odds ratios were generally small to moderate (1.3 to 2.6), and not all reached statistical significance. Low income and unemployment showed larger associations than parent education. **Conclusions.**– A significant need for early identification of emotional/behavioral problems in young children is highlighted by associations with unemployment and family income that may further contribute to risk for persistent problems.

**Keywords:** Children; Parent report; Psychopathology; Risk factors; Socioeconomic status

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

PW0163

### Pressure sensitivity as an indicator of impaired proprioception in ASD

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**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.

PW0164

### Maladaptive behaviors among adolescents with ADHD in the United States

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**Objective.**– To assess and compare the risk of maladaptive behaviors for adolescents with and without Attention Deficit/Hyperactive Disorder (ADHD).

**Methods.**– Data were analyzed from the National Comorbidity Survey Adolescent Supplement (NCS-A), a US nationally representative survey of 10,123 adolescents (14–17) DSM-IV mental, emotional,

and behavioral disorders. The strength of association between lifetime ADHD and Non-AHHD was examined/ Total percentages, unadjusted and demographically adjusted odds ratios were calculated for several domains: suicide, aggression, behavior regulation, recent life events, education, and substance use.

**Results.**– ADHD was associated with a significantly elevated risk for a range of maladaptive behaviors. ADHD adolescents had suicide attempts at a rate of 7.4% vs. 3.4% controls (aOR 2.9, 95% CI = 1.3–6.6). 57.0% of ADHD youth had a history of physical aggression to others as compared with 37.5% of controls (aOR 2.1, 95% CI = 1.6–2.6). Adolescents with ADHD were more likely to have been expelled from school or fired from job (8.9% vs. 2.4%), (aOR 3.3, 95% CI = 1.7–6.5). 11.6% of ADHD adolescents, as compared with 6.0% of controls reported lifetime history of problems from drinking (aOR 1.9, 95% CI = 1.2–2.9).

**Conclusions.**– Adolescents with ADHD are at elevated risk for maladaptive behaviors in many diverse domains which have the potential to significantly alter the long-term development of their lives.

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

PW0165

### RECOGNeyes: Novel interactive eye tracking game for training attention in ADHD

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Existing treatments for Attention deficit hyperactivity disorder (ADHD) focus on pharmaceutical medication and cognitive behavioral treatment. The usage of serious games has received considerable interest but has not yet proven to be effective. RECOGNeyes is a computer game that you play using your eyes as the game controller. The game is designed to train people to have better control over their attention. As you advance in the game, you learn to control different aspects of your visual attention system. The game is played on a laptop with a small eye-tracker attached below the screen. Players receive continuous immediate feedback while playing the game. The game employs tracking algorithms that change the game difficulty based on performance.

**Objectives.**– The rationale behind the training game is that individuals with ADHD have an underdeveloped attention control system. This attention control system is underdeveloped not because they lack capacity but because this ability has not been sufficiently developed. RECOGNeyes isolates the underdeveloped attention control system and provides an opportunity to train this system. Results: ADHD children will play RECOGNeyes for several weeks (3 times/week) at home. A control group will play the game using the mouse for responding. Before, during and after the study ADHD severity and symptoms will be assessed with BGaze attention marker, ADHD rating scales, BRIEF-2 questionnaires, and WISC-V Coding and Digit Span subtests.

**Conclusions.**– RECOGNeyes is a child friendly interactive serious game. Here we assess whether this game has potential therapeutic benefits for people with neurodevelopmental disorders, in particular ADHD.

**Disclosure of interest.**– HS is co-founder of Braingaze.

PW0166

### DSM-5 conduct disorder with limited prosocial emotions: Predictive utility for children referred for conduct problems

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**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

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**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 Nimes 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 inter-

vention. 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:  $5.9 \pm 7.1$  vs.  $2.6 \pm 9.7$ , 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?

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**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

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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

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*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.

PW0171

### Comparison between donepezil 10 mg and 23 mg in patients with moderate–severe Alzheimer's disease: Single blinded randomized controlled trial in tertiary care center

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*Introduction.*– Moderate to severe stage Alzheimer's disease (AD) patients are having more cognitive deficits and behavioural and psychological symptoms of dementia (BPSD). Occurrence of BPSD is associated with more cognitive deficits, significant impairment in activities of daily living (ADL), lower the QOL of patient and caregiver, psychotropic prescription.

*Objectives.*– To compare the effectiveness of Donepezil 10 mg and 23 mg in behavioural and psychological symptoms in patients with moderate to severe AD(primary) and effect on the caregiver burden, quality of life, functionality, cognitive deficits and adverse side effects(secondary).

*Methods.*– Patients (n = 19) were randomly assigned to receive high-dose donepezil (23 mg once daily) or standard-dose donepezil (10 mg once daily) for total 12 weeks into two follow ups i.e. at 6th week and 12th week with the researcher as blind. BPSD was assessed by Neuropsychiatric inventory (NPI) and Behavioral pathology in Alzheimer's disease 84 (BEHAVE-AD).

**Results.**– At the 1st follow up there were statistically significant results noted only in functionality ( $P=0.042$ ) and behavioral symptoms assessed (0.028). during 1st & 2nd follow ups we found a similar pattern of clinical improvement in from the baseline in both 10mg & 23mg groups i.e. behavioral symptoms > severity > ADL > side effects scores > cognitive deficits and also scores of caregiver burden and quality of life.

**Conclusions.**– Though there were high attrition rates, patients on 10mg Donepezil were efficacious, better tolerable and found a pattern of higher clinical improvement in behavioral symptoms followed by quality of life, caregiver burden, functionality, severity of AD compared to 23mg group.

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

PW0172

### **The effectiveness of the comprehensive cognitive rehabilitation program in elderly persons with mild cognitive impairment: Preliminary evaluation**

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**Introduction.**– Persons with memory impairment who were not demented were characterized as having mild cognitive impairment (MCI). These subjects were at increased risk for developing dementia or Alzheimer's disease when compared with similarly aged individuals in the general population. At the moment, a few studies have examined the efficacy of non-pharmacological treatment in MCI.

**Objectives.**– Approbation carried out regarding the effectiveness of a comprehensive cognitive rehabilitation program in MCI group of elderly individuals. Our objective was to analyze the peculiarities of cognitive sphere dynamics during the rehabilitation process.

**Methods.**– Clinical data on 178 patients, 61 years of age or older, with MCI were analyzed. For efficacy analysis, patients were categorized by baseline Modified Hachinski Ischemic Score (MHIS), and examined by clinical psychological testing including Mini Mental State Examination (MMSE), Analytical Diagnostic (ANDI), and Clock Drawing test (CDT).

**Results.**– Data support the evidence that cognitive status of patients with MCI is malleable and responsive to rehabilitation cues. Our results demonstrate that a systematic rehabilitation, that provides comprehensive cognitive program training, produces an improvement in cognitive status of patients with MCI.

**Conclusions.**– There were sufficient data to recommend the comprehensive cognitive training along with clinical monitoring of persons with MCI due to their risk for developing dementia. Increasing attention should be paid to provide a platform from which to design effective cognitive rehabilitation programs to enhance cognition and also to alter the rate of progression to dementia.

**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**

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**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 Chi<sup>2</sup>/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**

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**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 Feet

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**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.

PW0176

### Long-term evaluation of an intervention program for stigma-suffering female caregivers of persons with mental illness

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**Introduction.**– Stigma is a crucial barrier to seeking and receiving mental illness (MI) treatment in the Middle Eastern collectivist communities. Stigma also affects the stigmatized person's community integration, and the resulting social isolation is equated to death. After all, effective interventions to reduce MI-related stigma, particularly in caregivers are largely under-researched in the Middle East.

**Objectives.**– Assessing the long term efficacy of an intervention program for female caregivers of persons with MI.

**Methods.**– An RCT for 205 stigma-suffering female caregivers of persons with MI identified using Devaluation & Discrimination Questionnaire. Knowledge, attitude and behavior concerning MI were assessed using: Mental Health Knowledge Schedule (MAKS), Attitudes to Mental Illness Questionnaire (AMIQ), and Reported and Intended behavior scale (RIBS), respectively. Two groups were assigned to either an anti-stigma intervention program (IP) ( $n=99$ ), or discussion-group attention placebo control (APC) ( $n=106$ ). The IP was a series of three sessions with assessments performed upon conclusion using same questionnaires; immediately, 6 months, and 1 year later.

**Results.**– 1 year follow-up data were provided by 82. MAKS: improvement was significant in both the IP ( $t/z: -9.5$ , 95% CI:  $-3.8$  to  $-2.1$ ,  $P \leq 0.002$ ) and the APC groups ( $t/z: -7.1$ , 95% CI:  $-3.5$  to  $-2.1$ ,  $P \leq 0.001$ ). AMIQ: significant improvement in the IP ( $t/z: -6.3$ , 95% CI  $-2.2$  to  $-0.8$ ,  $p \leq 0.007$ ) vs. APC ( $t/z: -2.6$ , 95% CI:  $-0.9$  to  $0.1$ ,  $P=0.3$ ). RIBS: significant improvement in the IP ( $t/z: -4.7$ , 95% CI:  $-0.9$  to  $-0.3$ ,  $P \leq 0.0001$ ) compared to APC ( $t/z: -2$ , 95% CI:  $-0.6$  to  $0.1$ ,  $P=0.2$ )

**Conclusions.**– Significant reductions of stigma confirm the efficacy of the intervention through changing mental health knowledge, attitudes and behavior.

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

PW0177

### The influence of depressive symptoms on sleep disturbance in elderly people

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**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 disease**

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**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)**

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**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.

PW0180

### **Prevention of cruel treatment of elderly people**

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The ageing of the world's population is accompanied by an increase in cases of age discrimination, abuse and violence. In Russia there is no monitoring of cases of abuse of elderly people. There has been an increase in crimes against the elderly people related to fraud with their property, physical violence by children. We observe a growing number of property transactions committed under the influence of fraud, deceit. There is an increasing number of elderly people, deprived of legal capacity.

In order to identify the determinants and forms of ill-treatment we examined 235 patients of late age who underwent forensic psychiatric examination in criminal and civil cases.

The results revealed forms of abuse and violence: physical—bodily injury; psychological—involuntary placement in a psychiatric hospital and examination by a psychiatrist, psychiatric hold in a hospital, unlawful deprivation of legal capacity; financial—fraud

with housing for older people, manipulation in the process of conclusion of civil-legal acts.

Risk of abuse is increased by biological determinants—sensory and motor deprivation, multimorbidity pathology, specific disorders later in life, dementia; socio-psychological—the termination of labor activity, loneliness, conflicts in relationships with children, alcohol; legal—conclusion and contestation of civil legal acts, legal illiteracy, legal controversy, lack of legal protection.

To prevent abuse of elderly people a complex of legislative measures is required aimed at protection of their rights, monitoring of cases of abuse, legal, psychological, educational, medical education and assistance programs, enhancing spiritual culture of people.

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

PW0181

### Falls and recurrent depression in older adults

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*Introduction.*— Major Depressive Disorder (MDD) in the older adults is correlated with a significant decline in daily physical activity, consequently resulting in increased exposure to falls-risk.

*Objectives.*— Establishing whether falls in patients with MDD modified results of muscle strength assessed by 30s Chair Stand (30sChS), balance as Single Limb Stance with open and closed eyes (SLS OP and CL), dual motor tasks (TUG<sub>MAN</sub>) and cognitive test constraints (TUG<sub>COG</sub>) 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, TUG, TUG<sub>MAN</sub>, TUG<sub>COG</sub>, 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<sub>MAN</sub> ( $P < 0.05$ ) and TUG<sub>COG</sub> ( $P < 0.01$ ), 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?

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*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 m<sup>2</sup>.

*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 treatment 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

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*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.

PW0184

### **Clinical factorial distribution of Anosognosia Questionnaire for Dementia (AQ-D)**

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**Introduction.**– Anosognosia is a common symptom in patients with Alzheimer's disease (AD), patients with anosognosia have been presented more dangerous behaviours.

**Objectives.**– This study investigated the factorial structure of the Anosognosia Questionnaire–Dementia (AQ-D) from a clinical perspective and to verify the association between the AQ-D clinical factors and patients and caregivers' variables.

**Methods.**– This is a cross-sectional study composed by 221 outpatients with AD and their caregivers. Patients were assessed with the AQ-D, Mini Mental State Examination, Functional Activities Questionnaire, Disability Assessment for Dementia, Neuropsychiatric Inventory and Clinical Dementia Rating Scale. Caregivers answered the AQ-D, Zarit Burden Interview, SF-12 Health Survey, and Sociodemographic Questionnaire. Our data was analyzed using factorial analysis and linear regressions.

**Results.**– Cronbach's alpha was high ( $\alpha = 0.91$ ), indicating excellent internal consistency. Three factors were grouped: Cognition, Functionality, and Behaviour/Personality. In the multivariate analysis, to patients, the factor Functionality was the most relevant in the association between high levels of anosognosia and deficits in activities of daily living (ADLs), less depressive symptoms, more neuropsychiatric symptoms, and older patients. To caregivers, the factor Personality was the most important in the relationship between high levels of anosognosia and caregiver burden and female gender.

**Conclusions.**– In a clinical perspective, anosognosia is a multidimensional phenomenon. Besides, deficits in ADLs, more neuropsychiatric symptoms, less depression, and older age had negative effect on the patients' AQ-D clinical ratings, whereas caregivers' AQ-D ratings were affected by burden and female gender.

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

PW0185

### **Burden in caregivers of patients with Alzheimer's disease in Brazil and Spain**

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**Introduction.**– Transcultural studies regarding the comparison of levels of burden in caregivers of patients with Alzheimer's disease (AD) from Europe and Latin America are rare.

**Objectives.**– This study investigated the differentiating factors associated with burden in Brazilian and Spanish caregivers of patients with AD.

**Methods.**– This is a cross-sectional study composed by samples of outpatients with AD and their caregivers from Brazil ( $n = 128$ ) and Spain ( $n = 146$ ). Caregivers answered the Zarit Burden Interview and a Sociodemographic Questionnaire. Patients were assessed with the Mini Mental State Examination, Functional Activities Questionnaire, Disability Assessment for Dementia, Neuropsychiatric Inventory and Clinical Dementia Rating Scale.

**Results.**– In the multivariate regression analysis, high burden levels were reported in Brazil, when caregivers were female ( $P = 0.025$ ) and when patients did not attend Day Care Center ( $P = 0.025$ ). In Spain, high burden levels were associated with living with the patient ( $P = 0.014$ ), younger caregivers ( $P = 0.003$ ) and participation of patients at Day Care Center ( $P = 0.046$ ). Also, different neuropsychiatric symptoms explained high burden levels: in Brazil, depression ( $P < 0.001$ ) and anxiety ( $P = 0.024$ ) and, in Spain, apathy/indifference ( $P < 0.001$ ), agitation/aggression ( $P = 0.019$ ) and irritability/lability ( $P = 0.027$ ).

**Conclusions.**– Caregivers' gender, patients who attended Day Care Center and neuropsychiatric symptoms were differentiating factors in the burden of Brazilian and Spanish caregivers.

**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**

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**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<sup>®</sup> 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.

PW0187

### Algorithm for evaluation of the quality of life in caregivers of patients diagnosed with Alzheimer neurocognitive disorder

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Caregivers of the patients diagnosed with neurocognitive disorders are facing a large number of challenges in their daily life, which are associated with various degrees of discomfort, lower quality of life, and even with an increased vulnerability to the onset of stress-related reactions. An algorithm for the monitoring of caregivers' quality of life could help in the early detection of the population at risk for developing stress related reactions, depression, adjustment or anxiety disorders, and recommendations for psychological counselling or even more symptom-focused approaches could be made based on the results of such an algorithm. A structured evaluation should include 3 directions: quality of life, overall functionality, and the severity of the perceived burden related to the caregiver status. EuroQol (EQ-5D) is a very user-friendly instrument, which requires a minimal time for administration, and its results can be interpreted very easy. Zarit Burden Interview (ZBI) is the golden standard for the evaluation of caregivers' burden in neurocognitive disorders. Global Assessment of Functioning (GAF) is a very useful scale and largely-validated for practically any psychiatric disorder in terms of symptoms severity and ability for daily functioning. We consider that a periodic administration of these instruments in caregivers of Alzheimer neurocognitive disorder diagnosed patients could have important social and economic consequences. In conclusion, implementing an algorithm for the evaluation of the quality of life in Alzheimer neurocognitive disorder patients' caregivers at the primary care level could be helpful by detecting population at risk for development of new psychiatric, stress-related, disorders.

**Disclosure of interest.**– The first author was speaker for Astra Zeneca, Bristol Myers Squibb, CSC Pharmaceuticals, Eli Lilly, Janssen Cilag, Lundbeck, Organon, Pfizer, Servier, Sanofi Aventis, and participated in clinical research funded by Janssen Cilag, Astra Zeneca, Eli Lilly, Sanofi Aventis, Schering Plough, Organon, Bioline Rx, Forenap, Wyeth, Otsuka Pharmaceuticals, Dainippon Sumitomo, Servier, Sunovion Pharmaceuticals.

PW0188

### The young-old and the oldest-old: Correlates of adjustment to aging

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**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.

**Keywords:** Oldest-old; Young-old; Correlates; Structural Equation Model

**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

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**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.

**Keywords:** Community-dwelling older adults; Content analysis; Multiple correspondence analysis; Qualitative study; Sexual unwellness

**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

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**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.

**Keywords:** Older adults; Psychometric properties; Positive and negative affect; Positive And Negative Affect Scale

**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<sub>2A</sub> receptor agonist

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**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 bet-

ter 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<sub>2A</sub>-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<sub>2A</sub>-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<sub>2A</sub> 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<sub>max</sub>-value of 23.95 ± 5.91 nM and a K<sub>D</sub>-value of 81.03 ± 24.99 nM. Selective 5-HT<sub>2A</sub>-receptor binding was confirmed by displacement using TCB-2 and ligands for 5-HT<sub>1A</sub>, 5-HT<sub>2C</sub> and 5-HT<sub>7</sub> 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<sub>2A</sub>-receptor-agonist complexes on cell surfaces. Influences of antidepressants on the 5-HT<sub>2A</sub>-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

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**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 (LECS);
- 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**

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**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-C 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**

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**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 =  $34.6 \pm 10.2$ ) 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**

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**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.

PW0196

### **Child psychiatric care in the emergency situation following the terrorist attack on July 14th, 2016 in Nice, France**

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**Introduction.**– The terrorist attack during the evening of July 14th, 2016 on the 'Promenade des Anglais' in Nice implicated a high number of families. Therefore, there was immediate need of the implementation of a medico-psychological emergency unit (CUMP) especially dedicated to the high number of children, adolescents and their families exposed to this traumatic event.

**Objectives.**– We describe the organization of early intervention dedicated to children and families and the population received during the first two weeks.

**Results.**– Immediately after the attack, faced to the need of continuous psychological care, a specialized unit for the pediatric population has been created inside the Children's Hospitals of Nice CHU-Lenval. This pediatric CUMP mobilized 126 caregivers over the first 2-weeks period with 57.6% of consultations conducted by a pair-working team.

Overall, 708 individuals have been registered between July, 14th and 28th, 2016, with 576 (81.4%) being present on the 'Promenade des Anglais' during the attack. Consultations included 382 children (53.9%) aged 3 months to 17.7 years and 135 family members (19.1%).

**Conclusions.**– The creation of a pediatric CUMP in the context of a terrorist attack against children and families was a unique experience in France. We describe how this type of specialized early intervention has been organized in order to manage the specificities of the affected public, but also how it could be improved. Our experience underlines the importance of an emergency unit specialized in psycho-traumatism of children, adolescents and their

families, as well as a specialized training of caregivers in order to face similar situations.

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

PW0197

### **Prevalence and risk factors of post traumatic stress disorder in a North Cyprus Household Adult Survey**

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**Introduction.**– Post Traumatic Stress Disorder (PTSD), in other words impairment after post-traumatic difficulty, is one of the most important topics investigated by mental health professionals all over the world.

**Objectives.**– In this article, the results of the 2016 national household survey of PTSD in North Cyprus (NC) are presented. The aim of the study is to determine the prevalence and risk factors of depression in NC households. The study was conducted between April and June 2016, the sample consisting of Turkish-speaking individuals between 18–88 years of age living permanently in NC. A multi-stage stratified (randomized) quota was used in the survey, and 978 people were selected according to the 2011 census. Demographic Information Form, Traumatic Events List and Traumatic Stress Symptom Scale were used.

**Results.**– PTSD prevalence was stated as 19% for NC. Being women, widow, unemployed, housewife, having a physical illness, having a psychiatric illness, being treated by a physical illness, living in a Greek property, living single or with a relative, defined as risk factors of PTSD in the present study.

**Conclusion.**– When we consider the world prevalence, NC has higher PTSD prevalence similar with other post conflict regions in the world. NC has environmental and socio-cultural characteristics such as a history of war, migration and colonization, high unemployment rates, socioeconomic problems, similar to other high prevalence PTSD countries and regions, which give a strong indication of the importance of socio-cultural factors on PTSD.

**Keywords:** Prevalence; Post traumatic stress disorder; North Cyprus; Risk factors

**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**

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**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**

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*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.

PW0200

### **Emotional content in narrative of trauma in battered women**

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*Introduction.*– Narrative studies have associated the use of emotional expressions and the psychological adaptation after trauma. However, few studies have analysed the relationship between the emotional narrative content and the adjustment after trauma in battered women.

*Objective.*– To analyse emotional content in narrative of violence episodes in battered women and its association with psychological symptoms.

*Method.*– The current study explored the use of emotional expressions in trauma narratives from 50 battered women, by comparing them with stressful narratives from 50 non-traumatized women. Emotional narrative content was assessed using the Coding and Assessment System for Narratives of Trauma (CASNOT) and the Language Inquiry and Word Count (LIWC).

*Results.*– Narratives from battered women contained significantly more words related to a range of negative emotions. Unexpectedly, for the trauma group humiliation/shame and guilt were associated neither with intimate partner violence characteristics nor with psychological symptoms. However, posttraumatic symptoms were associated to the use of more affective words and negative emotions. Discussion: Altogether, the analysis of emotional content in narratives from victims of intimate partner violence could help us to identify specific emotional responses linked to a poor trauma adaptation, and therefore to further develop psychological interventions focused on the management of such emotions.

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

PW0201

### **Making sense and meaning of trauma in battered women**

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*Introduction.*– Making sense appears to be an important cognitive aspect for the individual adaptation to stressful life events. However, evidence is inconclusive. In addition, few studies have explored this aspect in women victims of intimate partner violence, and all of them have used American samples.

*Objective.*– To analyse making sense and meaning of violence episode in battered women and their association with psychological symptoms.

*Method.*– This study analyses trauma narratives by 50 Spanish battered women (trauma group) in comparison with stressful narratives by 50 non-traumatized women (controls). The use of words and language expressions related to making sense were coded using the Coding and Assessment System for Narratives of Trauma (CASNOT) and the Language Inquiry and Word Count (LIWC).

*Results.*– Trauma narratives from battered women contained significantly more words and language expressions related to helplessness, insight, control, uncertainty and causation. However, no significant associations were found between making sense expressions and psychological symptoms. Discussion: Overall, this study

provides further evidence about the role of making sense in the trauma adaptation, specifically for women victims of intimate partner violence. Clinical implications and future research directions will be discussed.

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

PW0202

### **Autobiographical memory specificity in battered women**

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*Introduction.*– A number of studies has shown a reduced ability to retrieve specific memories in trauma survivors. Hence, overgeneral memory retrieval has been linked to the development of post-traumatic and depressive symptoms. However, few studies have explored specificity vs. overgenerality in memory retrieval among victims of chronic or repetitive traumas.

*Objective.*– To analyse overgenerality in the memory of trauma in battered women.

*Method.*– The present study assessed overgenerality in trauma narratives from 50 battered women and in stressful narratives from 50 control women using the Coding and Assessment System for Narratives of Trauma (CASNOT).

*Results.*– Battered women reported more specific memories as compared with those from control women. Contrary to expectations, women with PTSD diagnosis and depressive symptoms did not differ significantly in specificity. However, battered women with higher levels of trauma centrality, intrusion symptoms and nightmares reported significantly greater overgeneralization in their trauma memories. Discussion: All in all, a better understanding of autobiographical memory in trauma could lead to the development of innovative strategies focused on the event elaboration for the prevention, detection and treatment of trauma-related symptoms.

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

PW0203

### **Panic-related posttraumatic stress disorder**

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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**

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*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.

PW0205

### Center of Epidemiologic Studies – Depression Scale (CES-D): A global measurement of depression or four separate dimensions?

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**Introduction.**– The CES-D (Radloff, 1977) is a widely used screening instrument for depression. Despite the 4-factor structure originally suggested the sum score is commonly used and interpreted as proposed by Radloff (1977) herself. However, from a psychometric point of view this is only permitted if all items measure the same latent construct (one-dimensionality assumption).

**Objectives.**– We addressed the issue of dimensionality of the CES-D using Rasch-models. In addition, we investigated the influence of background variables (age and gender) on the response behavior.

**Methods.**– We analyzed data of 518 respondents deriving from a population-based study representative of the general population in Austria. A one-dimensional and a four-dimensional Rasch-model with and without background variables were applied. Infit-measures on item level as well as a DIF analysis for gender and depression were conducted.

**Results.**– The direct model comparison via the LRT (Likelihood-ratio test) identified the four-dimensional model to fit the data significantly better than the one-dimensional one ( $\chi^2 = 398.77$ ;  $df = 9$ ;  $P < 1 \cdot 10^{-10}$ ). Nevertheless, the EAP reliability index of the latent scale of the one-dimensional-model was 0.795. Gender showed a small effect as a background variable and a weak general effect in the DIF-analysis.

**Conclusions.**– The one-dimensional model showed sufficient overall model fit, therefore the use of the CES-D's sum score can be justified from a statistical point of view. However, if one total score is required, we would recommend to compute a sum score only from subscale II (Negative Affect) and subscale III (Somatic Symptoms).

**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

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**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.

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

PW0207

### Secondary traumatization, dyadic adjustment and differentiation of the self among wives' of ex-prisoners of war

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**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**

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*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 utility 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**

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*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**

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*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**

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*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**

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*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**

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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

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**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.

PW0215

### Dynamics of formation of psychopathological disturbances in premenstrual syndrome

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Cyclical alterations in the females of reproductive age are frequently accompanied by psychopathological disturbances manifested as transient alterations in emotional, cognitive and behavioral spheres.

**Objective.**– To study dynamics of formation of psychopathological disturbances in premenstrual syndrome.

**Material and methods.**– 75 women with neuropsychiatric form of premenstrual syndrome aged 18–41 years were examined. Methods used: clinical, anamnestic, clinical-psychopathological, clinical-dynamic, statistical. Mental status and dynamics of disorders were evaluated according to ICD-10; Zung Depression Scale,

Zung Self Rating Anxiety Scale, and Hamilton Anxiety Rating Scale were used.

**Results.**– Two variants of neuropsychiatric form of premenstrual syndrome (PMS) were revealed. Their difference was characterized by presence of anxiety-depressive disorders only in the first (luteal) or in both phases of the menstrual cycle. Variant 1 was characterized by anxiety-depressive disorders' presence in the follicular phase that became more substantial in the luteal phase of the menstrual cycle; high level of comorbidity with neurotic, stress-related disorders was revealed (65%). Variant 2 was represented by neuropsychiatric form of PMS with cyclically emerging anxiety-depressive disorders in the luteal phase of the menstrual cycle. The association between this variant and demonstrative type of accentuation of the personality (45%) was shown. Anxiety and anxiety-depressive syndrome determined mental status.

**Conclusions.**– Presence of neurotic, stress-related disorders in anamnesis of women of reproductive age was associated with longer duration of psychopathological disturbances during the cycle and major degree of severity of the premenstrual syndrome. Short-term manifestations of anxiety-depressive disorders in the luteal phase of cycle were more frequently associated with personality deviations.

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

PW0216

### Psychiatric comorbidity, self-esteem and intimate partner violence in women with infertility

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**Introduction.**– Child bearing in Asian countries is a social obligation. Experience of infertility profoundly affects the personal well-being of women. Women with infertility are at a higher risk of anxiety, depression, and Intimate partner violence (IPV) poor quality of life compared to fertile women.

**Objective.**– To assess the psychiatric comorbidity, self-esteem and intimate partner violence in women with infertility.

**Methodology.**– Hundred women with primary infertility in the age group of 18 years to 45 years were included. Socio demographic details were collected. Psychiatric diagnosis was made according to DSM-V. Following scales were applied:

- the WHO violence against women instrument;
- Hamilton Anxiety Rating scale (HAM-A);
- Hamilton Depression Rating Scale (HAM-D);
- Rosenberg self-esteem scale (RSES).

**Results.**– The mean age of the 100 women was 26.73 ± 4.23 years, duration of marriage was 7.11 ± 4.177 years and duration of infertility treatment in years was 5.56 ± 3.89. The prevalence of IPV among patients was 50% and psychiatric comorbidity was 46%.

When we compared the women who experienced IPV and who did not, the prevalence of anxiety disorder and depressive disorder was high among IPV group. Anxiety, depressive scores in HAM A, HAM D were higher and self-esteem was low in IPV group compared to the other group and was statistically significant (Table 1).

**Conclusion.**– A significant number of women who had infertility reported IPV. This emphasize the importance of screening of IPV in these women. It is observed that women with IPV had higher psychiatric comorbidity and low self-esteem and may require psychotherapeutic intervention.

Table 1 Comparison of women with IPV and No IPV in infertile patients.

Variables		IPV absent N=50	IPV present N=50	Statistical analysis
Psychiatric diagnosis	W	40	14	$\chi^2=27.28$ $p<0.001$
	Depression	5	20	
	Anxiety disorder	5	16	
HAND		9.4±6.16	13.16±7.58	t=6.336 $p<0.001$
HANA		11.1±4	15.4±2.86	t=6.179 $p<0.001$
ISES		19.74±3.22	13.72±3.896	t=8.416 $p<0.001$

*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

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*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.

PW0218

### The effect of perinatal depression on breastfeeding habits and child growth in a low-income setting

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*Introduction.*– The incidence of perinatal depression in low-income countries is between 12 and 35%. Perinatal depression is likely to have an adverse effect on child growth, through a negative impact on the stress responsive system of the unborn child, the breastfeeding habits, and the mothers self- and childcare abilities. An increased focus on mental health and its risk factors could have a positive impact on both maternal health and child mortality.

*Objectives.*– The aim of the study was to assess the effect of perinatal depression on breastfeeding practices and child growth.

*Methods.*– A prospective cohort study was performed among pregnant women attending antenatal care in Moshi, Tanzania. Participants, women and their children, were followed until 6–8 weeks postpartum, and again at 2–3 years postpartum using a questionnaire and recordings of anthropometric measurements. Breastfeeding practices were recorded on a dichotomous scale as exclusive breastfeeding for 6 months or less. Child growth outcomes were measured as continuous variables via Z-scores.

*Results.*– Of the 1233 mother–child pairs that were eligible for this follow-up, 1196 were included in the study (follow-up rate of 97%). Further analyses are currently underway.

*Conclusions.*– The results of the study will help close the data gap concerning maternal mental health and its risk factors in low-income settings.

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

PW0219

### Mental health and self-esteem during pregnancy: A follow of study

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Recently, in terms of mental disorders, pregnancy being a preventive or “feeling good” period has not been an accepted thought anymore. Pregnancy is a natural life crisis for females. An increase in level of anxiety in pregnant women, emotional swings, crying tends to be more sensitive and vulnerable to mental changes such as and depression, anxiety disorder, obsessive-compulsive disorder, may be observed According to the trimesters, woman’s feelings and response to the woman during pregnancy is different. Pregnant women, during pregnancy important psychological, physiological and emotional changes live. These changes also affect body perceptions and subsequent self-esteem. While these differ-

ences influence of women mental health, they also make them more inclined to psychiatric illnesses.

This study is to evaluate the mental health and self-esteem during pregnancy. For this reason, at first trimester, at second trimester and at third trimester 107 pregnant women were included in the study. All women were three times evaluated with Brief Symptom Inventory and Rosenberg Self-esteem Scale. The first pregnancy of 57% of pregnancies, the planned pregnancy of 72%. There is a statistically significant negative correlation between the self-esteem score and the short symptom inventory scores. Depression, anxiety, somatization, hostility scores and self-esteem scores were decreased in the second trimester, and increased in the third trimester. There was a statistically significant difference between variables such as educational status, working status, income status, family type, number of pregnancies and short symptom inventory scores ( $P < 0.05$ ).

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

PW0220

### **Intimate partner violence during pregnancy: Child growth and breastfeeding outcomes**

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*Background.*– Intimate partner violence (IPV) is a global problem that affects 1/3 of women worldwide.

Research suggests that IPV has a negative impact on breastfeeding and child growth, but the data gap is still substantial. Specifically, pregnancy related studies are needed.

*Objective.*– The objectives of this study are to assess the effect of IPV during pregnancy on breastfeeding and child growth.

*Method.*– The study consists of a cohort of women from Moshi, Tanzania. The women were enrolled during pregnancy in 2014–2015 and followed up with interviews during pregnancy, after birth and 2–3 years postpartum. Anthropometric measures were registered for the children.

Breastfeeding practices were registered on a dichotomous scale as either exclusive or not exclusive breastfeeding until at least 6 months of age and will be analyzed with a logistic regression model. Child growth outcomes are measured as continuous variables via Z-scores for height-for-age, weight-for-height and weight-for-age and will be analyzed with a linear regression model.

IPV was assessed during pregnancy and physical, sexual and psychological violence will be analyzed separately and combined.

*Results.*– Out of 1233 women eligible for the study, 1195 women completed all relevant interviews, resulting in a follow-up rate of 96.9% after 3 years.

Analyses are currently being carried out. Further results will be presented.

*Conclusion.*– The results of this study will help uncover the relationship between pregnancy related violence and child health in Tanzania.

PW0221

### **Lithuanian suicide rate and allostatic load – Putting the pieces together**

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*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**

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*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 trajectory 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**

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**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.

**Keywords:** Stockholm syndrome; Fusion; Dependence; Beating

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

PW0224

### **Violence of a couple affected by men in a heterosexual relationship: Sociodemographic and emotional aspects**

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**Introduction.**– Gender violence has become a public health issue because of the problems it produces at the individual, family and societal level (WHO, 2016). In 2016, 731 women were killed in Colombia by their partners.

**Objectives.**– The research aimed to assess emotional processing, emotional and/ affective regulation and impulse control by and to establishing a comparison between the variables evaluated, in a sample of men who effected violence in a heterosexual couple and conduct a hearing in the “judicial Court” of the city Monteria (Colombia).

**Methods.**– To collect the information, a structured interview was carried. A questionnaire was applied to evaluate out and three domains of emotion recognition scales were applied. Sixty men were selected by random sampling based on cases of violence hearing in “judicial Court”, and previous consent to participate in the study. Participants signed an informed consent and were informed of the purpose of the investigation.

**Results.**– This research highlights the show the important role of relevant sociodemographic characteristics in the detonation of violent behaviors against the couple. In particular, the most important factors are: (a), the antecedents history of violence in the family context, (b) the patterns of parenting based on physical punishment and (c) low educational level.

**Conclusions.**– These results demonstrate the need to implement prevention programs focused on education in values and the development of parenting models based on dialogue. The educational contexts are privileged environments to implement this type of programs since the violence of couple occurs at earlier ages.

**Keywords:** Violence in the couple; Emotional regulation; Emotional dependence

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

PW0225

### **Intimate dating violence in Iranian university students: A cross-sectional study**

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**Introduction.**– Although intimate dating violence has been researched for many years, this issue only in recent years has been considered as one of the health concerns around the world.

**Objectives.**– This study was conducted to assess intimate dating violence in Iranian university students.

**Methods.**– A cross-sectional survey by data collection from 430 female and male university students from three higher educations in northern Iran was established in 2015. They were enrolled through by the stratified cluster random sampling method and were requested to fill out the demographic data form and to answer

the questions about abusive behaviors through Persian version of youth risk behavior survey questionnaire. Descriptive and inferential statistics were used for data analysis via the SPSS v.16 software. *Results.*– The mean age of the participants was  $21.9 \pm 8.26$  years (ranged from 18 to 35 years) and 43.5 percent of them were female. In this study 9.1 percent of the university students reported being hit, slap, or physically hurt by a boyfriend or girlfriend during the last 12 months. In addition, 6.7 percent of them reported being physically forced into sexual relationship. No statistically significant difference was reported in dating violence between the male and female university students ( $P > 0.05$ ).

*Conclusion.*– Evidence supports that male university students expose to dating violence as well as female ones, so the screening programs must be implemented to both genders.

*Keywords:* Intimate dating violence; Dating violence; Young people

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

PW0226

### **Spectrum of medical and social problems in the female opium addicts**

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*Aim.*– The work was initiated to study peculiarities of medical and social c problems of the female opium addiction.

*Materials and methods.*– We examined 56 female opiate addicts aged from 18 to 56. To be included into the study the patients were to be diagnosed with ICD 10 code F 11.2

*Results and discussion.*– 70 women were employed, only three of them were working in their specialization, 39 patients were either unemployed or engaged in the unskilled labor, that is, the one being out of tune with their education level. Eight examinees served penal servitudes, eleven women (19.6%) being detained without imprisonment. The findings reflect disorders in social adaptation of the most examinees. It should be noted that a drug using sex partner shapes not only drug exposure of the women but her drug addiction itself. Almost half of our 56 examinees had drug using husband, cohabitant or sex partner. Basic addiction syndromes tend to form more rapidly in these women to be explained by introduction of a woman into ready drug addiction way of life. As in all drug addicts, changes in personality manifesting in falsity, egotism, volatility and instability of intentions, parasitic tendencies and volitional defect can be observed in the female drug users. These persons rapidly lose working capacity and interest to study. Drug using mothers are completely indifferent to their children's upbringing, leaving it to some relatives.

*Conclusions.*– The study revealed a number of peculiarities in medical and social consequences of the female drug addiction.

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

PW0227

### **Personality traits and autonomic nervous system – Cross sectional study**

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*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

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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  $46.33 \pm 12.39$  years, and 54 healthy participants with age  $35.59 \pm 13.39$ . 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

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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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PW0230

### Adjustment disorders in mothers and wives of heroin addicts and their needs for psychotherapy

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The addiction of the affected close one can be considered as a serious psychotraumatic factor for their family members especially mothers and wives. 104 mothers and 50 wives, 48 fathers and 36 siblings of heroin addicts were included in the study with clinical and psychological methods. The test battery consisted of ISTA personality test and Family environment scale. The test results revealed that mothers and wives carry the main emotional burden in the

family and involved more than the others in the addicts problems. the main psychotherapeutic targets for these most vulnerable family members could be personal anxiousness, feeling of guilt, lack of assertivity and self-confidence, sexual relationship issues and moderation of family conflicts.

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

## Schizophrenia and Other Psychotic Disorders - Part I

PW0231

### Psychological interventions in early onset psychosis: A systematic review

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*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.

PW0232

### Developmental adjustment among individuals at different risk of psychosis

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*Introduction.*– Family studies of schizophrenia have established its strong familial aggregation with a relative risk of about 11 compared with matched comparison groups. Multiple reports indicate the presence of subtle premorbid neuromotor, cognitive and behavioral alterations in children who later develop schizophrenia. However, it remains largely unknown whether individuals at heightened genetic risk of psychosis, but without the adverse outcome – overt psychosis (i.e. probands' healthy siblings), also manifest certain compromise of developmental adaptive capacities.

*Methods.*– The sample comprised 52 patients with schizophrenia-spectrum disorders, 55 of their healthy siblings and 51 controls. The Premorbid Adjustment Scale was used to evaluate participants' psycho-social adaptation during childhood and early adolescence. Between-group differences were assessed using ANOVA (with post-hoc Scheffe's test) and Chi<sup>2</sup>, while intra-individual differences in psycho-social adjustment between childhood and adolescence were tested with Wilcoxon signed-rank test.

*Results.*– Groups did not differ in age and sex. Patients had significantly poorer psycho-social adaptation during childhood and adolescence in comparison to other examined groups. Although the siblings exhibited somewhat poorer achievement of developmental goals than controls, the differences were not significant. However, both patients and their siblings showed significantly poorer adaptation in adolescence in comparison to their childhood, which was not observed in the control group.

*Conclusions.*– Present results suggest that shared liability to psychosis impacts the psycho-social adaptation in adolescence. However, the different outcome scenarios in adulthood reflect the existence of resilience enhancing mechanisms in probands' healthy siblings. Elucidation of these neural processes will improve our abilities to intervene early in at risk populations.

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

PW0233

### Neurocognitive profile in schizophrenia: A nested cross-sectional study

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*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 treat-

ment 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

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**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 pre-dating 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 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.

**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?

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**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.

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

PW0236

### Retrospective one-year follow-up study of one-monthly paliperidone palmitate in in-patient unit

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**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.

**References**

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PW0237

### Treatment retention and tolerability of high doses of second-generation long-acting antipsychotics in the treatment of patients with severe resistant schizophrenia. A 24-month follow-up

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**Introduction.**– Adherence to treatment of people with schizophrenia is important to reach clinical and rehabilitation goals, and effective and tolerable doses of antipsychotics are needed.

**Objectives.**– To evaluate treatment retention, effectiveness and tolerability of high doses of second-generation long-acting antipsychotics in patients with severe (CGI-S  $\geq$  5) resistant schizophrenia.

**Methods.**– 24-month prospective, observational study of patients treated with  $\geq$  75 mg risperidone long-acting injectable (RLAI)

( $n=60$ ),  $\geq$  175 mg paliperidone palmitate (1MPP) ( $n=30$ ) and  $\geq$  600 mg aripiprazole once-monthly (AM) ( $n=10$ ). Assessment included CGI-S, WHO-DAS and Camberwell (CAN) at the beginning and after 3–12–24 months; and also laboratory tests, weight, adverse effects, reasons for discharge and hospital admissions in the previous two years and during the follow-up.

**Results.**– Average doses were: RLAI=111.2 (9.1)mg/14 days; 1MPP=228.7 (11.9)mg-eq/28 days; and AM=720 (110)mg/28 days.

For all LAIs tolerability was good, decreasing side effects and biological parameters alterations. There were no discharges due to side effects with AM, one with PP and three with RLAI; and three with RLAI and one with PP due to lack of effectiveness. Weight and prolactin levels decrease. CGI-S ( $P<0.01$ ), CAN ( $P<0.01$ ) and WHO-DAS ( $P<0.01$ ) decreased with all injectables. There were less hospital admissions ( $P<0.001$ ) for all injectables. Retention in treatment after 24 months was 90% with RLAI, 93,3% with 1MPP and 100% with AM.

**Conclusions.**– Tolerability of high doses of second generation long acting antipsychotics (RLAI, PP and AM) was very good, being useful in improving treatment adherence in patients with severe resistant schizophrenia, and helping this way to get clinical stabilization and better functioning.

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

PW0238

### Suicide among people with severe schizophrenia preventive strategies. Role of second-generation long-acting-injectable antipsychotics

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**Introduction.**– Adherence to treatment of people with severe schizophrenia is important to reach clinical and rehabilitation goals and to prevent suicidal behaviour.

**Objectives.**– To know the retention in treatment of people with severe schizophrenia, suicide rates among them, and treatment characteristics related (oral vs long-acting-injectable antipsychotics).

**Methods.**– 8-year prospective, observational, study of patients with severe schizophrenia (CGI-S  $\geq$  5) undergoing community based comprehensive treatment in Spain ( $n=200$ ). Assessment included the CGI-S, the WHO-Disability Assessment Schedule (DAS), medications prescribed, laboratory tests, weight and adverse effects reported, at the beginning and after 3, 12, 24, 36 and 96 months. Hospital admissions and reasons for treatment discharge, including deaths by suicide, were recorded.

**Results.**– CGI-S at baseline was 5.9 (0.7). After eight years 42% of patients continued under treatment (CGI-S=4.1 (0.9);  $P<0.01$ ) and 37% were medical discharged (CGI=3.4 (1.5);  $P<0.001$ ); WHO-DAS decreased in the four areas ( $P<0.0$ ) in both groups; 10% were voluntary discharges. Twelve patients died during the follow up, four of them by suicide (2%; suicide rates among people with schizophrenia in standard treatment in Spain between 5–10%). 65% of all patients were treated with second-generation long-acting-injectable antipsychotics, with high tolerability. Among them, there was higher retention (4 vs 16 patients voluntary discharges;  $P<0.01$ ) and less suicides than patients with oral antipsychotics (1 vs 3 patients).

**Conclusions.**– Retention in treatment of patients with severe schizophrenia in a community based comprehensive programme

and treated with second generation long-acting antipsychotics was really high and seemed to be more useful to prevent suicidal behaviour than oral medications.

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

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**

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*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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- UpToDate – Royalties, honoraria (content developer and editor)

PW0240

### **Gut microbiome and magnetic resonance spectroscopy study of subjects at ultra-high risk for schizophrenia support the membrane hypothesis**

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*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.

PW0241

### **Neurocognitive predictors of psychological excitation in psychotic patients**

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*Introduction.*– Psychological excitation is an important clinical status that engage clinical health services and prognosis of individuals with psychotic disorders.

*Objectives.*– The aim of this study was to evaluate the neurocognitive predictors of psychological excitation in psychotic patients.

*Methods.*– A total of 52 psychotic (schizophrenia, bipolar, substance induced psychosis) patients were evaluated by means of positive and negative syndrome scale and also neuropsychological tools (Wisconsin card sorting test, Stroop test, n-back test).

*Results.*– One-way ANOVA revealed no significant differences of psychological excitation between three groups. Regression analysis indicated that cognitive inhibition and mental flexibility were the strongest predictors of psychological excitation in psychotic patients.

*Conclusions.*– The results showed that the cognitive functions are the baseline for the psychological excitation that experienced by the psychotic patients. so, cognitive rehabilitation can improve the psychological status of these patients and these factors should be considered in clinical interventions.

**Keywords:** Cognitive inhibition; Mental flexibility; Psychosis; Psychological excitation; Working memory

**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**

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**Introduction.**– Vitamin D as a neuroactive compound, a pro-hormone, 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.

PW0243

### **“The Doubt” as treatment in psychosis**

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**Introduction.**– The paranoid thoughts and irrational beliefs can be the result of a negative assessment of situations, relationships with others, and interpretations of these. There are a new therapy, investigated by a group from Hamburg, denominated Metacognitive training (CMT), which is based on the cognitive errors that the patient perceives, give rise to the interpretation of thoughts and are associated with delusional beliefs causing the distortion of reality.

**Objectives.**– The objective is to provide a bibliographic review of the “Metacognitive training” and their possibilities of use in the treatment of psychosis.

**Methods.**– A systematic review from the literature has been carried out by PubMed/ Medline (keywords: Metacognitive training, psychosis, delusional beliefs).

**Results.**– This therapy is composed of eight modules, which focus on cognitive errors and cognitive bases. These are the ones that can become delusions. It is done in group format, making a weekly session, two maximum of 45 to 60 minutes. The main therapeutic objective of the CMT is to be able to modulate the cognitive infrastructure of the delirious ideation. It is intended to increase the patient’s awareness of these biases and to teach them to think critically about them. With the work in these techniques it is tried to avoid relapses in new psychotic episodes, trying that the patient is able to realize critic of his own thoughts.

**Conclusions.**– CMT is an effective therapy in the treatment of psychotic symptoms. The combination of treatment with psychotropic drugs and psychological therapies aimed at improving cognition, are more effective than pharmacological treatment alone.

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

PW0244

### **FKBP5 variant rs3800373 and neurocognitive endophenotypes of schizophrenia and bipolar disorder**

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**Background and aim.**– An important endophenotype in the genetic research of schizophrenia (SCH) and bipolar disorder (BD) are cognitive functions. Impairments in working memory, declarative memory and attention are core symptoms for SCH and BD and they fulfill the criteria of an endophenotype. *FKBP5* gene is a gene, which has previously been shown to be associated with cognition. The aims of our research were to determine the degree of cognitive impairment in patients suffering from SCH and BD and to explore the connection between genotype of *FKBP5* variant rs3800373 with the cognitive endophenotypes.

**Methods.**– Patients and healthy controls recruited over a period of two years from the Psychiatric Clinic, Clinical Center University of Sarajevo. Genotyping and neuropsychological assessments were performed for 263 subjects (129 SCH, 53 BD, 81 HC). Neurocognition was assessed with Trail Making Test-A&B (TMT-A&B)

and Digit-span forward & backwards. Rs3800373 in FKBP5 was genotyped using Infinium PsychArray Bead Chips.

**Results.**– SCH and BD performed lower than HC in the TMT-A&B and in the Digit-span backwards, while no differences were observed between SCH and BD. Additionally SCZ performed lower in Digit-span forwards, while there were no differences between BD and HC and BD and SCZ. Rs3800373 was not associated with performance in TMT-A& TMT-B, or Digit-span forwards and backwards.

**Conclusions.**– Rs3800373 in FKBP5 gene was not associated with performance in the neuropsychological tests. Furthermore, as the analysis was limited to one SNP in this gene, the results cannot be generalized to other genetic variants in FKBP5.

**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**

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**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**

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**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**

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**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: ( $-2.7 \pm 3.6$ ) on the PANSS and ( $-2.98 \pm 2.35$ ) 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**

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**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  $\geq 1$  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**

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**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, workingmemory, 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.

PW0250

### PP3M treatment satisfaction and caregiver burden: 6 months follow up

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**Introduction.**– Schizophrenia is a complex and disabling affection which causes functional impairment in individuals, and usually patients have lack of treatment adherence, and hence worse outcomes (not only affects patients but also, causes caregivers burden). Studies have shown that monthly paliperidone palmitate (PP1M) is superior to oral medications in improving adherence and avoiding decompensations. In 2016 3-Month Paliperidone Palmitate (PP3M) was approved in Spain for the maintenance treatment of patients affected by Schizophrenia.

**Objectives.**– To describe a sample of patients under PP3M treatment, objectifying their level of acceptance and satisfaction with treatment and the level of overload of the main caregiver.

**Methods.**– A multicenter, prospective, 6 months follow-up study carried out in three psychiatric units of Barcelona and Gerona. The following scales have been administered: Treatment Satisfaction Questionnaire for Medication and Zarit Test to patients and caregivers, respectively.

**Results.**– 58 patients from 17 to 68 years old were evaluated. Most of them suffered from both psychotic disorder (mainly Schizophrenia) and substance use disorder. Clinical stability has been maintained and, in the majority of cases, monotherapy was used and substance abstinence allowed. Results from TSQM and Zarit Test showed a great satisfaction level with this formulation and low levels of burden in caregivers.

**Conclusions.**– PP3M has contributed to maintain symptomatic stability avoiding new relapses and maintaining an adequate tolerability profile. This new formulation has been accepted willingly by the majority of patients and by their relatives, allowing reducing burden of the caregiver in its struggle to assure the pharmacological adherence.

**Disclosure of interest.**– Dr. Ros-Cucurull, Dr. Grau-López, Dr. Ramos-Quiroga and Dr. Roncero have received fees as speakers for Janssen-Cilag. Dr. Ros-Cucurull, Dr. Ramos-Quiroga and Dr. Roncero have received financial compensation for their participation as board members of Janssen-Cilag. Dr. Ramos-Quiroga has received research funding from Janssen-Cilag.

PW0251

### Disease and health-related beliefs in psychiatric disorders with dermatologic symptoms: Delusional infestation and hypochondriacal disorder

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**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

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**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 ( $\pm 4$  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 Tunisia'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.

PW0253

### **Domains of stigmatization and reported causal factors for discrimination in schizophrenia – A survey of patients and their caregivers**

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**Introduction.**– Stigmatization in schizophrenia is an important social and mediatic phenomenon, patients diagnosed with this disorder being often targets of misconceptions and discrimination. Mass media illustrates cases of schizophrenia-diagnosed patients which have been involved in hetero-aggressive or self-aggressive acts, which creates a biased image of this pathology.

**Objective.**– Evaluation of patients and their caregivers' considerations about stigmatization related to health status.

**Methods.**– A survey applied on 20 pairs of patients with schizophrenia diagnosed for at least 5 years and their caregivers, included 12 items focused on stigmatization related to the psychiatric symptoms, diagnosis, social and professional functioning and treatment.

**Results.**– According to the results of the survey, 75% of the patients and 65% of their caregivers reported discrimination in the domains of employment opportunities and acceptance in the professional milieu; 60% of the respondents presented arguments for stigmatization related to the diagnosis in the domain of interpersonal relationships (rejection from friends, relatives, or other significant ones); 80% of the respondents considered treatment and its adverse events are the main reasons for which patients are discriminated against, while 70% considered psychotic symptoms are the main reason; 65% of the respondents invoked mass media as the main cause of stigmatization, 60% considered the lack of social policies is the main source of stigmatization, and 50% blamed traditional misconceptions about psychiatric disorders, in general.

**Conclusions.**– A large majority of the patients and their caregivers reported discrimination related to their disorder in important domains of daily living, like social interactions and professional activity.

**Disclosure of interest.**– The author was speaker for Servier, Eli Lilly and Bristol-Myers, and participated in clinical trials funded

by Janssen Cilag, Astra Zeneca, Otsuka Pharmaceuticals, Sanofi-Aventis, Sunovion Pharmaceuticals.

## **Substance Related and Addictive Disorders - Part I / Guidelines/Guidance**

PW0254

### **Opioid addiction treatment outcome and employment**

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**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**

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**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 differed 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 differed 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?**

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**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**

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**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;  $M_{age} = 28.17$ ,  $SD_{age} = 4.44$ , 23–37 range of age,  $M_{education} = 9.29$ ,  $SD_{education} = 1.46$ , 7–11 range of education years,  $M_{years\ of\ addiction} = 7.16$ ,  $SD_{years\ of\ addiction} = 1.63$ , 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**

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**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;  $M_{age} = 28.70$ ,  $SD_{age} = 4.32$ , 23–36 range of age,  $M_{education} = 9.10$ ,  $SD_{education} = 1.47$ , 7–11 range of education years,  $M_{years\ of\ addiction} = 7.05$ ,  $SD_{years\ of\ addiction} = 1.79$ , 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**

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**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.

PW0260

### **Leptin and ghrelin levels in alcohol dependent patients and their relationship with withdrawal and craving**

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**Introduction.**– Association between leptin and ghrelin plasma levels and alcohol craving have been found in few studies but they have failed to differentiate this correlation with alcohol withdrawal state.

**Objectives.**– To study levels of leptin and ghrelin in relation with alcohol craving and to study this correlation with respect to hyperexcitable state of alcohol withdrawal.

**Methods.**– 25 indoor patients fulfilling the alcohol dependence criteria were assessed for alcohol withdrawal symptoms and craving. Leptin and ghrelin levels were measured on 1st day, @ the end of 1st week, @ the end of 3rd week of stopping alcohol. Withdrawal was assessed using CIWA-A at day 1 and day 7, craving was assessed using PENN's scale of craving at the end of week 1 and week 3. Control group consisted of 15 first degree relatives not taking alcohol. **Results.**– It was found that leptin [ $t(38) = 2.95$ ,  $P = 0.005$ ] and ghrelin [ $t(38) = 2.56$ ,  $P = 0.015$ ] were significantly higher in alcohol dependent patients. Levels of hormones had no significant correlation with alcohol withdrawal scores but had positive correlation with craving scores after abstinence.

**Conclusions.**– Leptin and ghrelin, known for balancing the energy homeostasis of body, also seem to play a role in pathways of drug dependence and craving. This relation is independent of stress hormone axis as leptin and ghrelin levels are not correlated with withdrawal scores, which is an indicator of stress hormone axis activation during alcohol withdrawal.

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

PW0261

### **Depression disorder with peripartum onset – Approach and treatment in primary care**

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**Introduction.**– Peripartum depression is a public health problem. Pregnancy and postpartum is socially and culturally seen as a period of joy and fulfilment, however, 10% of pregnant women develop feelings of sadness, despair and demotivation. This problem is commonly underdiagnosed and not treated, with severe consequences for the mother and child bonding and the cognitive and socioemotional development of the later.

**Objectives.**– Our purpose is to draw attention to the methods of diagnosis and treatment of peripartum depression best suited to the field of primary care.

**Methods.**– Pubmed search with the query “peripartum depression primary care”, during the last 5 years, national health guidelines and the latest The Maudsley Prescribing Guidelines.

**Results.**– We found some preventive measures to perinatal depression: the father should be present in health appointments; the physician should recognize pregnant' emotions and identify psychosocial risk factors. Psychoeducation is very important and

can be offered by the program “What were we thinking” – 6 h group psychoeducation. Diagnosis should be made applying Edinburgh Postnatal Depression Scale. Treatment starts with supportive therapy. Difficult cases should be referenced to psychiatrists and interpersonal psychotherapy or cognitive-behavioural therapy should be given. The safest antidepressants are sertraline and fluoxetine. During breastfeeding paroxetine and sertraline are recommended.

**Conclusions.**– Peripartum depression is frequently unrecognized. General practitioners are the front line physicians and can truly prevent, diagnose and treat this disease, with no major financial burden, and no major time consumption, leading to great benefits to women, children and families.

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

PW0262

### **Correlates of benzodiazepine dependence in patients with depression**

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**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?**

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**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**

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**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.

PW0265

### **Serum BDNF levels in patients with opioid dependence during the early withdrawal period: A case control study**

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**Introduction.**– The neurobiology of opioid dependence has been explored on various fronts, but still remains elusive. The levels of brain-derived neurotrophic factor (BDNF), a neuropeptide important for neural growth and differentiation, have been explored as a marker for opioid use, though evidence has been limited and contradictory. The present study aimed to explore the serum BDNF levels in opioid dependent patients.

**Methods.**– Thirty patients with opioid dependence syndrome according to ICD-10, and 42 age and gender matched healthy controls were included. After inclusion, Socio-demographic details of all patients were recorded. At day 1 and after 10 days of inpatient detoxification, patients were administered the Fagerstrom's Test for Nicotine Dependence (FTND) and the Alcohol Smoking and Substance Involvement Screening Test (ASSIST) and serum BDNF levels were measured by ELISA technique.

**Results.**– In the present study the mean BDNF serum level among cases at Day 1 was 12.05 ng/ml, while that of controls was 12.20 ng/ml, the difference being non-significant ( $t=0.239$ ,  $P=0.812$ ). Also, there was no significant difference observed in the BDNF levels in patients at day 1 and 10 of inpatient detoxification. BDNF levels at day 1 and 10 correlated with each other ( $r=0.718$ ,  $P<0.001$ ).

**Conclusion.**– These results suggest that BDNF may play a critical role in the course of opiate addiction and withdrawal. (Supported by All India Institute of Medical Sciences New Delhi India).

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

PW0266

### **Integrated nanotherapeutic strategies for narcoassociated pain syndrome correction**

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**Introduction.**– Innovation nanotechnology approaches within precision medicine (Van der Stel J., 2015) searched to correct pain syndrome (PS) in clinical addictology are recognized as prospective, that is confirmed by European Psychiatric Association policy, recommendations and prognoses.

**Objectives.**– Instrumental detoxification integrated therapeutic set: membrane plasmapheresis (MPP), laser therapy (LT), and rational pharmacotherapy used for PS complex treatment in opioid dependence (OD).

**Methods.**– “Visual analogue scale” clinical psychopathological, quantification monitoring of PS treatment efficiency.

**Results.**– 60 OD patients with prevailing PS in their abstinence syndrome structure were examined. Main group (MG) included 35 patients treated with the proposed method (Patent of Ukraine 53586), observation group (OG) included 25 patients received medication therapy.

Integrated technique included MPP – 1 session per 3 days, 1.0 ml non-narcotic analgesic Ketorolac intramuscular injection, once every day for 3 days. In addition, 0.63  $\mu$ m wavelength intravascular LT, 2 mW radiation intensity, 30–40 min exposure, once a day for 3 days was prescribed.

After day 1 treatment, OG patients' pain parameter decreased to  $5.6 \pm 0.8$  points, meanwhile in MG patients this parameter values went on increasing to  $8.3 \pm 0.9$ . Post-treatment pain level decreased reliably in OG to  $1.60 \pm 0.05$  points ( $P<0.01$ ), and in MG to  $2.90 \pm 0.08$  points ( $P<0.01$ ). Difference between the post-treatment OG and MG values was valid ( $P<0.01$ ). MPP, LT, Ketorolac use allowed to relieve pain syndrome in OD patients for 3 days.

**Conclusions.**– The developed integrated method gives pathogenically targeted adjuvant medical effects, that allows to recommend it to use in analgesic programs for OD treatment.

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

PW0267

### **Integrated synergistic combination of pharmacological complex therapeutic effects for management of pain disorders of narcotic origin**

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**Introduction.**– Pain syndrome is pathognomonic, pathophysiological and pathopsychological obverse component of narcotic dependence (ND) acute and chronic signs, therefore, searching new approaches to its management remains extremely topical. Neuro-pathic and nociceptive pain causes suffering, dysphoria, aggressive behavior, emotional exhaustion, depressions, suicidal tendencies, decreased life quality, risk of relapses.

**Objective.**– To study analgesic effects of multimodality pharmacological triad synergistic combination in complex treatment for narcotic dependence at abstinence syndrome.

**Methods.**– This pain syndrome (PS) management technique in ND patients (Patent of Ukraine 68975) includes combined synergistic therapeutic effects of 3 medicines: Diazepamum tranquiliser (a.m., p.m., and at night 0.5% solution 2.0–4.0 mL intramuscular), Paracetamol non-narcotic analgesic (a.m. and p.m. 0.2–0.4 g oral) and Caffeine psychomotor stimulant (10% solution 1.0–2.0 mL subcutaneous).

The technique efficiency monitoring was performed by PS verification: Visual analogue scale; Verbal assessment scale; The McGill pain questionnaire; The Roland-Morris pain questionnaire.

**Results.**– 37 narcotic addicts were observed with opioid abstinence syndrome within marked PS period. They were divided into 2 groups: 20 patients were referred to main group (MG) treated by the proposed method; 17 patients were included into observation group (OG) received common conventional treatment.

At the first 4 days, PS manifestations intensity conventional parameter value in MG was equal to 43%, and in OG patients it was 30% ( $P<0.05$ ), that is considered to be effective in opioid dependence clinical course.

*Conclusions.*– Mechanisms of effect and recommendations are given concerning prospective introduction of PS pharmacological correction in ND clinical course.

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

PW0268

### **Differentiated use of precision analgesic mechanisms of transcerebral electrophoresis for treatment programs in addictology**

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*Introduction.*– Progress of analgesic therapy in addictology is connected with integrated precision approaches (Van der Stel J., 2015) combining therapeutic effects of transcerebral electrophoresis (TCE) with bilaterally applied electrodes and implementation of bipolar ions of analgesic and sedative pharmaceuticals from different orbits.

*Objectives.*– To study special features of dynamics of analgesic spectrum effects in narcotic addicts (NA) under basic integrated TCE therapy.

*Methods.*– Pain syndrome (PS) treatment in NA was performed by TCE (“Potok” unit), herewith, Diphenhydramine active cathode was fixed at superciliary frontal skin, Metamizole sodium active anode was applied on the back in the seventh vertebra area (Bourguignon’s orbital-occipital electrophoresis) with 1.5–5.0 mA amperage, exposure 25–30 minutes, 1–2 times daily. Treatment duration was determined by evidence of pain sensitivity threshold monitoring, and at its 2–3-fold increased level the treatment was ceased (Patent Ukraine 70867).

*Results.*– 32 NA with marked PS were examined. 19 patients were referred to main group (MG) treated with the proposed method. 13 patients were included to observation group (OG) treated conforming to addictology conventional therapeutic standards.

Efficiency of the proposed medical method was determined by the monitored pain sensitivity threshold. In MG pretreatment pain sensitivity threshold was  $0.84 \pm 0.72$ , in OG –  $0.96 \pm 0.69$ , difference was not valid ( $P > 0.05$ ). Intra-treatment monitoring demonstrated pain sensitivity threshold increase in MG up to  $3.57 \pm 0.61$ , in OG up to  $2.14 \pm 0.84$ . MG and OG posttreatment values difference was valid ( $P < 0.01$ ).

*Conclusions.*– Complex electrophoretic and pharmacotherapeutic actions of the technique provide reliable relieving analgesic effect at narcotic dependence.

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

PW0269

### **Alcoholic origin of positional compression syndrome – Identification of emergency addictology problem**

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*Introduction.*– Within recent decade in Ukraine, alcohol dependence syndrome demonstrated considerable clinical, pathomorphological, pathokinetic changes of its forms, emerging the subject

of intensive studies for Ukrainian scientific addictology. Alcohol dependence, being associated with atypical forms of drunkenness, acute intoxications, consumption of energetic beverages, beer, megacompulsive alcohol craving, lost capacity of quantitative and situational control, alcohol toxic dosages consumption, represents risk factor for severe psychic, somato-neurological disorders, incapitation.

Continuous massive alcoholization exposes patients unconscious, dormant intoxicated, soporose, comatose states, resulting in positional compression syndrome (PCS) due to nervous impulse ischemia and cutoff of muscles, peripheral vessels, local nerves, mechanically compressed by own body mass. It is real threat of PCS transforming into severe emergency. But, PCS problem hasn’t been identified in addictology, integrated approaches to therapy haven’t been developed.

*Objectives.*– To perform PCS targeted research within scientific addictology and didactics.

*Methods.*– Targeted special PCS monitoring test (questionnaire) for in-patients examination was developed.

*Results.*– 37 addicted in-patients were examined by massive non-sampling method and target questionnaire scanning for PCS evidence in history and feasible residual signs at the moment. Among 32 alcohol-dependent patients, medium severe forms of intoxication were revealed to be one of principal causes of continuous (over 1 hour) unnatural positions followed by acute PCS clinical picture. Clinically, PCS severity degree varied from mild (subclinical, masked, latent) to medium and severe with relative surgical consequences.

*Conclusions.*– PCS diagnosis and therapeutic principles were grounded, didactic approaches to implementation of new subdivision in clinical addictology are proposed.

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

PW0270

### **Current stage of the biological therapies for cocaine dependence – A narrative review**

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Immunological therapies for addictive disorders are subject of intensive research, but clear results that could support their clinical use on large scale haven’t been offered yet. Cocaine dependence and nicotine dependence are the most extensively studied addictions in the field of biological therapies, but pre-clinical data regarding anti-methamphetamine and anti-opioid vaccines are also available. While the expectations for this therapy are quite high, problems related to its efficacy, especially on long term, hindered the clinical use of anti-drug vaccines. A narrative review was considered necessary in order to establish the current stage of the development in the field of cocaine dependence, as no specific treatment for this disorder have yet been validated. The first step was conducting a literature review focused on clinical trials detected between 2000 and 2017 which had as the main objective detection of anti-cocaine vaccines efficacy and tolerability. A number of 6 trials were identified, and they presented a moderate rate of efficacy, with a fair tolerability. The second step was the detection of difficulties in the current research regarding anti-drug vaccines. Based on the available pre-clinical informations and clinical trials results, the design of the haptens used in anticocaine vaccines is a major challenge. Cocaine

is a small molecule and it must be conjugated with an immunogenic particle, like cholera toxin B, in order to provoke significant immune response from the organism. In conclusion, more effort is needed for finding haptens which can induce long-lasting immune response, which correlates with the vaccine's efficacy.

*Disclosure of interest.*– The first author was speaker for Astra Zeneca, Bristol Myers Squibb, CSC Pharmaceuticals, Eli Lilly, Janssen Cilag, Lundbeck, Organon, Pfizer, Servier, Sanofi Aventis, and participated in clinical research funded by Janssen Cilag, Astra Zeneca, Eli Lilly, Sanofi Aventis, Schering Plough, Organon, Bioline Rx, Forenap, Wyeth, Otsuka Pharmaceuticals, Dainippon Sumitomo, Servier, Sunovion Pharmaceuticals.

PW0271

### **Opioid antagonists efficacy and tolerability in young patients diagnosed with gambling disorder – A case series**

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*Background.*– Based on the effect of the opioid antagonists to inhibit dopamine neurotransmission in the motivational circuits, these agents seem to be good therapeutic choices in both drug and behavioral addictions.

*Objective.*– To evaluate the efficacy and tolerability of two opioid antagonists, naltrexone and nalmefene, in the treatment of gambling disorder in young adults.

*Methods.*– Four cases of gambling disorder, diagnosed according to the DSM 5 criteria, three male and one female, mean age 22.4, medium duration of the disorder 16.9 months, without prior pharmacological treatment with opioid antagonists, were evaluated monthly during 6 months of treatment with naltrexone 50 mg prn ( $n=2$ ) or nalmefene 18 mg prn ( $n=2$ ). Patients were instructed to take their medication whenever they felt the craving for gambling. Yale-Brown Obsessive Compulsive Scale adapted for Pathological Gambling (Y-BOCS-PG), Global Assessment of Functioning (GAF) and Clinical Global Impression-Severity (CGI-S) were applied monthly.

*Results.*– After 6-month of treatment 3 patients recorded significant changes of the Y-BOCS-PG (–65.5%), GAF (+25.5%), and CGI-S (–21.5%) scores, and one patient registered sub-optimal changes of the main outcome, Y-BOCS-PG (–34.5%), with modest improvements on GAF (+12.5%), and no change on CGI-S. Mean duration of naltrexone administration was 89.5 days, and for nalmefene 88.5 days. No differences in the Y-BOCS-PG scores were detected between patients treated with naltrexone and those treated with nalmefene. Both agents were very well tolerated.

*Conclusions.*– Opioid antagonists could be a useful therapeutic option in young patients diagnosed with gambling disorder, with a favorable efficacy/tolerability rapport.

*Disclosure of interest.*– The author was speaker for Servier, Eli Lilly and Bristol-Myers, and participated in clinical trials funded by Janssen Cilag, Astra Zeneca, Otsuka Pharmaceuticals, Sanofi-Aventis, Sunovion Pharmaceuticals.

PW0272

### **Pharmacodynamic and pharmacokinetic genetic polymorphisms affect adverse drug reactions of haloperidol in patients with alcohol-related psychosis**

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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  $9.96 \pm 2.24$  (10/10) vs  $13 \pm 2.37$  (9/10) ( $P < 0.001$ ) and in the SAS score of  $5.04 \pm 1.59$  (10/10) vs  $6.41 \pm 1.33$  (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**

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*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.

**Keywords:** Depression; Primary health care; Patient Health Questionnaire (PHQ-9); Chronic disease; Oman

**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

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**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

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**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

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**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  $\leq 2$ ) 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 meta-regression analysis

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**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 meta-regression analysis, separately for augmentation and co-initiation studies.

**Results.**– Meta-analyzing 45 studies ( $n=4238$ , duration =  $6.7 \pm 1.9$  weeks), AD augmentation (studies/comparisons = 8,  $n=1216$ , duration =  $5.9 \pm 2.9$  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 =  $6.9 \pm 1.6$  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  $\geq 2$  augmentation studies ( $\geq 1$  AE:  $P<0.001$ ; dry mouth:  $P=0.006$ , weight gain  $\geq 7\%$ :  $P=0.010$ ), and 1/21 outcomes reported in  $\geq 2$  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

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**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?**

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*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**

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*Introduction.*– Major depressive disorder (MDD) as a common and recurrent disorder is a 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- $\beta$ , IL-17 and TNF- $\alpha$  values with the ELISA method.

*Results.*– The serum concentration of TGF- $\beta$ , IL-17 and TNF- $\alpha$  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- $\beta$  and TNF- $\alpha$ , 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**

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*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  $60.53 \pm 10.94$ , control group –  $57.03 \pm 7.43$ . Immediate recall results of the first trial was  $6.13 \pm 1.43$  words in depression group compared to  $7.3 \pm 2.04$  words ( $P = 0.013$ ) in control group; results of the second trial in depression group was  $7.9 \pm 1.83$  words compared to control group –  $9.0 \pm 1.74$  ( $P = 0.020$ ); results of the third trial in depression group –  $9.07 \pm 1.64$ , control group –  $9.87 \pm 1.48$  words ( $P = 0.052$ ). Total recall in depression group was  $23.1 \pm 4.29$  compared to control group  $26.17 \pm 4.81$  words ( $P = 0.012$ ). Delayed free recall in depression group was  $7.3 \pm 2.38$ , control group –  $8.83 \pm 2.12$  words ( $P = 0.011$ ). Percent retained in depression group was  $79.14 \pm 16.76$ , control group –  $88.76 \pm 12.15$  ( $P = 0.014$ ).

*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**

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**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**

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**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  $\leq 8$  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 a 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

[1] Montejo A, Majadas S, Rizvi SJ, Kennedy SH. The effects of agomelatine on sexual function in depressed patients and healthy volunteers. *Hum Psychopharmacol* 2011;26(8):537–42.

PW0284

**Antidepressant for major depressive disorder. Comparison with vortioxetine, agomelatine, desvenlafaxine and bupropion XR**

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**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  $\geq 20$  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**

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**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/built 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**

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**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  $\geq 18$  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-Asberg Depression Rating Scale (MADRS).  
3- Variation in functionality, measured using the Sheehan Disability scale (SDS).

Student's *t*-test and Chi<sup>2</sup> 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

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**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.

PW0288

### A descriptive study about depressive symptoms among Iranian College students

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**Introduction.**– Depression is serious and, if left untreated, can worsen to the point of becoming life-threatening.

**Objectives.**– The aim of the study is to evaluate the depressive symptoms among Iranian college students.

**Methods.**– The study population consisted of 430 female and male university students in three higher education institutions located in the northern part of Iran. They were completed the intentional injuries questions related to depression adopted from Persian version of youth risk behavior survey questionnaire about

**Results.**– It showed that 39.1 percent of the university students were feeling despair and sadness during the last 12 months. Although 9.8 and 10.7 percent of participants having suicidal thoughts and having a serious plan for suicide during the last 12 months respectively. However merely 1.9 percent of them trying suicide during the last 12 months. No statistically significant difference was reported in depressive symptoms between the male and female university students  $P>0.05$ .

**Conclusion.**– The findings emphasize on need to prevention programs for improving university students' mental health.

**Keywords:** Depression; Intentional high risk behavior; Young people

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

PW0289

### Neuroticism as a predictor of inflammatory response in depressive disorders

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**Introduction.**– Human personality is a mental construct determined by the functioning of branched networks of nerve endings. It involves typical interpersonal behaviours, subjective reactions, feelings, and the objectives we are striving after.

**Objectives.**– The aim of the research was to verify whether neurotic personality traits (the so-called neurotic triad – hypochondria, depression, hysteria) are linked with changes in the peripheral expression of genes for selected proinflammatory and anti-inflammatory cytokines.

**Methods.**– Fifty patients, who met the diagnostic criteria for recurrent depressive disorders based on the ICD-10 guidelines, were qualified to take part in the experiment. The Minnesota Multiphasic Personality Inventory (MMPI-2) test by S. Hathaway and J. McKinley was applied in the assessment of the personality structure of the examined individuals. Expression of three proinflammatory interleukins (IL-1, IL-6, and IL-12) as well as IL-10 (anti-inflammatory interleukin) and TNF- $\alpha$ , at the protein and mRNA level, was evaluated.

**Results.**– The authors observed a significant positive relationship between expression for IL-1, IL-10, and IL-12 at the protein level and at the mRNA level and the depression scale, as well as for IL-10 and the hysteria scale for the MMPI-2 test. Gradual intensification of neuroticism features was observed in each subsequent episode of depressive disorders.

**Conclusions.**– As a personality trait, neuroticism may be a significant marker of inflammation during a depression episode.

**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

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**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

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**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

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**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 ( $M_{age} = 52.99$  years) and 18 Caucasian ( $M_{age} = 56.16$  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.

PW0293

### COMT Val158Me polymorphism influences the cerebral blood flow changes related to psychomotor retardation in major depressive disorder

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*Objective.*– To investigate the influence of COMT Val158Met Polymorphism on the CBF changes in MDD patients with PMR.

*Methods.*– COMT Val158Met genotypes and ASL-MRI data of 98 Chinese Han subjects (59 MDD, 39 NC) were collected in this study. MDD patients were divided into PMR group and NPMR group. CBF were analyzed based on the ASL-MRI data. Two-way ANCOVA was performed to analyze the main effect of group and genotype, and the interactions between group and genotype on the CBF.

*Results.*– The main effect of group on the CBF unraveled increased CBF of the limbic system (LS) in PMR group compared with NC and NPMR groups, and decreased CBF of the right calcarine in MDD group compared with NC group. The main effect of the genotype significantly impacted the CBF of left precuneus and bilateral thalamus. The CBF of the two brain regions were both significantly increased in A (Met) allele carriers compared with GG group. The interaction between group and genotype primarily influenced the CBF of left lingual gyri (LG) and right caudate. The A (Met) allele led a decreased CBF in NC and NPMR group, but an increased CBF in PMR group. Spearman correlation analyses showed significantly positive correlations between the CBF of left LS and the retardation severity.

*Conclusion.*– The increased CBF in the left LS is associated the PMR in MDD, and it positively correlated with the retardation severity. COMT Val158Met could modulate the CBF changes in the left LG and the right caudate, which are associated with PMR.

*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

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*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  $\alpha$ .

*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

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*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

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*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?

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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.

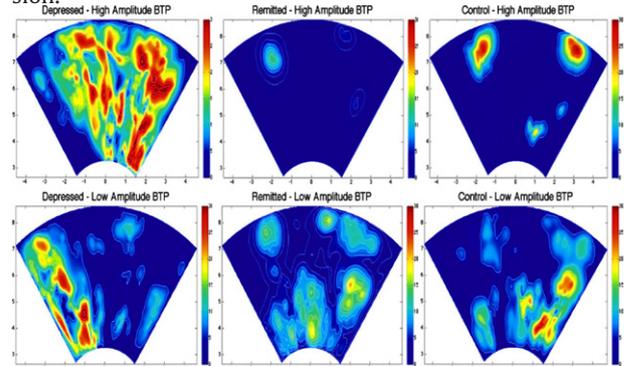


Fig. 1.

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

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PW0298

### Behavioral digit span and spatial span performance and their correlates with brain connectivity: Insights into the cognitive machinery

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*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.

PW0299

### Comparison of quality of life and psychiatric comorbidities in patients with functional (psychogenic) and organic movement disorders

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**Introduction.**– Patients with functional movement disorders (FMD) often report disability and have psychiatric comorbidities (PC). However, only few studies have compared their quality of life (QoL) and their PC to patients with organic movement disorders (OMD).  
**Objectives.**– To compare the QoL and PC of FMD and OMD patients.  
**Methods.**– 30 and 21 FMD patients were respectively compared to 30 sex- and age-matched parkinsonian patients and 21 sex- and age-matched dystonic patients. QoL was assessed using the Parkinson's Disease Summary Index (PDSI). PC and traumatic events were screened with the Hospital Anxiety and Depression Scale (HADS) and the Composite International Interview (CIDI), along with a psychiatric examination performed by a trained psychiatrist.  
**Results.**– The QoL in FMD patients was as much impaired as in parkinsonian patients (PDSI=38.3 vs 32.2;  $P=0.61$ ) and more impaired than in dystonic patients (PDSI=42.1 vs 25.1;  $P=0.003$ ). Moreover, FMD patients were more often unemployed because of their health condition than parkinsonian patients (53.3% vs 13.3%;  $P=0.005$ ) and dystonic patients (61.9% vs 14.3%;  $P=0.01$ ). Three groups reported the same prevalence of anxiety ( $P=1.0$  and 0.58) and depression ( $P=0.77$  and 0.77). Notably, the three groups reported the same prevalence of traumatic events ( $P=0.75$  and 0.58). FMD patients reported more often sexual abuse than parkinsonian (23% vs 0%;  $P=0.02$ ) and dystonic patients (28.6% vs 4.8%;  $P=0.13$ ).  
**Conclusions.**– FMD patients presented with an equally to higher impairment in QoL but a similar occurrence of PC compared to OMD patients. In this regard, management of FMD patients requires a collaboration between neurologists and psychiatrists.  
**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?

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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.

PW0301

### Variations in gray matter volume and neuropsychological scale following donepezil treatment in patients with Alzheimer's disease

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Alzheimer's disease (AD) is characterized by the presence of neurofibrillary tangles and senile plaques, impaired synaptic function, and cell loss. Until now, we have had no picture of how donepezil treatment influences brain morphological and metabolic changes in AD. Although several studies have reported the effect of donepezil treatment on either localized brain metabolism or on regional gray matter (GM) volumetry in patients with AD, a combined study of hippocampal metabolic changes and all-areas volume changes following donepezil treatment has not yet been attempted. The purpose of this study was to evaluate the gray matter (GM) volume changes and its correlation with neuropsychological scales after donepezil treatment in patients with AD using

voxel-based morphometry (VBM), and further to assess cellular metabolic changes in the hippocampus using proton magnetic resonance spectroscopy ( $^1\text{H MRS}$ ) at 3 Tesla. Compared with untreated patients with AD, donepezil-treated patients with AD showed significantly higher GM volumes in the caudate nucleus, putamen, inferior frontal gyrus, and inferior temporal gyrus. The GM volumes of the caudate nucleus, putamen, inferior frontal gyrus, and inferior temporal gyrus in treated patients were positively correlated with K-MMSE scores. In the  $^1\text{H MR}$  spectral analysis for the hippocampus, the treated patients showed a significant increase of  $\text{b} \times \text{g-Glx/Cr}$  ratio compared with untreated patients. It is considered that enhancement of GM volumes and Glx level in specific brain areas are potentially associated with increased K-MMSE scores in AD with donepezil treatment.

*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

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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.

PW0303

### The effect of feedback manipulation in social anxiety

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*Introduction.*– Socially anxious individuals are negatively affected by receiving negative feedback. However, they are also negatively affected even if they receive positive feedback. Nevertheless, there are little research on positive feedback in social anxiety.

*Objectives.*– The purpose of this study was to examine whether feedback manipulation on the speaking performance in socially anxious individuals affected the anticipatory anxiety, perceived others' expectations, and social ability.

*Methods.*– 100 participants with high social anxiety and 100 participants with low social anxiety screened by Social Phobia Scale were randomly assigned to four feedback conditions (i.e., two positive conditions and two negative conditions). Participants presented the speaking. After the presentation, they were provided with a feedback and were told to make a second presentation.

*Results.*– Participants high in social anxiety were significantly higher in anticipatory anxiety and significantly lower in perceived others' expectations and social ability than those low in social anxiety. In the two positive feedback conditions, participants experienced reduced anticipatory anxiety, and increased perceived others' expectations and social ability regardless of participants groups. Socially anxious individuals rated higher feedback acceptance in the two negative feedback conditions than in the two positive feedback ones.

*Conclusion.*– This study found that socially anxious individuals adopted negative feedback more than positive feedback, and positive feedback had the effect of reducing anticipatory anxiety. Considering this, the study reaffirmed the importance of interventions focused on modification of negative thoughts. In addition, this study suggests that intervention to expose positive aspects such as positive feedback of others also be important.

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

PW0304

### Psychological manifestations of maladjustment to educational activities

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*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% – subclinical 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 ( $54.12 \pm 1.98$ ), neuro-mental stress on a scale of T.A. Nemca ( $48.38 \pm 1.79$ ) and gotm on a scale of Zung ( $50.30 \pm 1.66$ ) compared with students

of group II, which had the lowest results and was respectively  $41.97 \pm 1.73$ , the  $38.24 \pm 1.22$  and  $44.51 \pm 1.96$  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**

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*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.

PW0306

### **The relationship between burnout and quality of work life in pediatric and neonatal intensive care unit nurses**

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*Introduction.*– Pediatrics and Neonatal Intensive Care Unit (NICU) nurses, due to more stressors, may be at a higher risk. Nurse's burnout not only negatively affects patient's care, but also can harm their physical and mental and general health as well as the quality of work life. The aim of this study was to determine the relation-

ship between burnout and quality of work life in pediatric and NICU nurses.

*Methods.*– In this descriptive and correlation study, 76 nurses employed at the pediatrics/NICU wards of Isfahan Medical University hospitals in 2014 were selected. The data was gathered by Maslach Burnout and Quality of work Life, and was completed by the samples. They were analyzed by SPSS20 and Student's independent *t*-test, and Pearson correlation test.

*Results.*– The results showed that the mean score of burnout for frequency and intensity of "personal performance" was respectively  $74.2 \pm 20.3$  and  $59.7 \pm 20.6$ , and in terms of frequency and intensity of "conflict" this was  $47.4 \pm 22.1$  and  $44.8 \pm 20.5$ , with the highest average score of burnout within the first personal performance and conflict ( $P < 0.05$ ).

*Conclusions.*– Due to the high average burnout score, the managers and directors of nursing by creating a good working environment and job protection of complications, should reduce productivity and prevent low quality care.

*Keywords:* Burnout; Nurses; Quality of work life; Pediatric and neonatal intensive care unit

*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**

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*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  $67.5 \pm 9.5$  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) ( $20.44 \pm 9.3$  vs.  $24.94 \pm 13$  SD;  $P = 0.01$ ). Women in HAMA-3 exhibited lower *T*-score values at lumbar spine in comparison with women in HAMA-1 ( $-2.84 \pm 1.4$  vs.  $-2.06 \pm 1.2$  SD, respectively,  $P < 0.001$ ), and lower *T*-score values at femoral neck ( $-2.21 \pm 0.9$  vs.  $-1.93 \pm 0.6$  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

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**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 ringing (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

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**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

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**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  $\epsilon$ -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**

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**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 ( $1.23 \pm 0.50$ ) and fabomotizole ( $1.19 \pm 0.21$ ) but were significantly higher than in control ( $0.55 \pm 0.1$ ,  $P < 0.05$ ). 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.

PW0312

### **Exploration of effects of repetitive transcranial magnetic stimulation targeting medial prefrontal cortex after exposure and before re-exposure on response to exposure therapy in claustrophobic patients**

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Phobia can be associated with high functional impairment. First line therapies, cognitive and behavioral therapy possibly associated with pharmacotherapy, are not necessarily available or effective. Virtual Reality Exposure-based Therapy (VRET) has been shown to be a therapeutic tool for specific phobia.

Greater activation of the ventral medial prefrontal cortex (vmPFC) during learning extinction of fear has been associated with better response to exposure protocols, which is thought to be mediated by the inhibition the PFC may exert on amygdala among other neural structures. High frequency, excitatory, transcranial magnetic stimulation (TMS) targeting vmPFC before VRET sessions accelerated therapy response in a sham-controlled protocol in patients with acrophobia.

We aim to explore if combined excitatory frequencies TMS targeting mPFC and exposure based-therapy can be associated with a therapeutic response in claustrophobic patients.

A case series will be conducted. After an initial evaluation (clinical, subjective functional evaluations and in vivo exposition), patients will undergo one week of treatment consisting in one per day session of exposure, using first VR then in vivo exposure, followed immediately by intermittent theta burst stimulation (iTBS) targeting the mPFC (Fz), followed immediately by a re-exposure. Subjective anxiety will be evaluated at all steps, latency time to enter and time spent in the chosen confined places and subjective real life functioning during treatment will be recorded. A re-evaluation will then be conducted and monthly follow-up proposed.

If clinical improvements are observed a randomized control trial will be designed, potentially resulting in extended treatment decision support in claustrophobia.

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

PW0313

### **Utilization of virtual reality exposure therapy in treatment of the patient with acrophobia – Pilot study**

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**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

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*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.

PW0315

### A phenomenological study of mania

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*Aims and hypothesis.*– This research was conducted to study symptomatology & diagnosis in manic patient and to investigate the possibility that there might be a natural division of manic episodes into clinical sub-types.

*Background.*– Several empirical studies have been done to arrive at phenomenological subtypes of schizophrenia and depression but such studies are scarce in mania. Factor analysis of signs and symptoms of mania have been done using different rating scales in different studies. This study was carried out to study the core features of the manic state.

*Methods.*– We studied 75 individuals with mania. It was descriptive, cross sectional hospital based study. Patients with mixed episodes and those with features suggestive of organic etiology were excluded from the study. All patients were rated on Scale for manic states (SMS) and subsequent factor analysis was done.

*Results.*– Among patients involved in this study, majority were married (52%). With principal component analysis three eigenvalues greater than unity were extracted. The three factors were euphoric activation, dysphoria and psychosis. These factors accounted for 68.16% of the rotated variance.

*Conclusions.*– This study identified at least three sub dimensions specific to mania. These findings support the multidimensional nature of manic symptoms. Use of sub dimensions, in addition to overall mania severity may enhance the ability to detect meaningful biological correlates of bipolar 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

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*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  $33.33 \pm 3.94$ ) and 22 women ( $37.23 \pm 8.48$ ). Age of the onset was  $22.59 \pm 3.21$  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**

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**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  $\geq 19$  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.

PW0318

### **Relationship of suicidal behavior with metacognition in patients with bipolar disorder**

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**Introduction.**– Metacognitions are beliefs about thinking and strategies used to regulate and control thinking processes. Although metacognitive problems in clinical populations can disrupt daily functioning, metacognition is poorly understood in bipolar disorder and suicidal patients.

**Objectives.**– Differences about metacognitions between bipolar disorder type I (BPDI) patients with or without suicide attempt and healthy individuals and relationship between metacognitive parameters with parameters related to suicidal behavior were aimed to investigate.

**Methods.**– 72 suicidal and 73 non-suicidal BPDI euthymic patients were included in the study, 86 healthy controls were matched statistically with respect to age and gender. Sociodemographic form, Beck Depression Inventory, Young Mania Rating Scale, Metacogni-

tive Questionnaire-30, The Suicidal Behaviors Questionnaire, UKU Side Effect Rating Scale, SCID-I, SCID-II were applied to patients.

**Results.**– When the total score of the Metacognition Questionnaire-30 was examined, the scores of the both of BPDI groups were significantly higher than control group ( $P<0.01$ ). The controls of worries subscale scores of the suicidal BPDI group and in the non-suicidal BPDI group were found to be higher compared to the control group ( $P<0.01$ ). The control of worries scores of BPDI group with suicide attempt were also higher than non-suicidal group ( $P<0.01$ ). In terms of cognitive self-consciousness subscale, the scores of BPDI group without suicide attempt were higher than both BPDI group with suicide attempt and control group ( $P<0.01$ ).

**Conclusions.**– Considering suicidal behavior in BPDI patients, there are differences in control of worries and cognitive self-consciousness subscales. Metacognitions is important in determining BPBI disease progression and the protection of patients from suicide.

**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**

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**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

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**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?

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**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 (BPDI) or Bipolar Disorder II (BPDII) were evaluated for hypomania using the 32-items- Hypomania Checklist Questionnaire (HCL-32). Socio-demographic and clinical data were recorded.

**Results.**– BPDI was more prevalent among men (66.7%) and BPDII 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.

PW0322

### Sociodemographic variables and clinical correlates of the treatment adherence in bipolar patients

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**Introduction.**– Bipolar disorder is a mood disorder featuring with both depressive and manic episodes. The primary aim of this study was to assess sociodemographic and clinical correlates of poor treatment adherence among outpatients with bipolar disorder.

**Materials and methods.**– This was a cross-sectional study carried out in a University Hospital in Turkey. All participants were administered a socio-demographic form, the Structured Clinical Interview for DSM Disorders-I (SCID-I), the Morisky 8-item Medication Adherence Questionnaire (MMAS-8), the Hamilton Depression Scale (HAM-D), the Young Mania Rating Scale (YMRS), Turkish version of Schedule for Assessing the three components of insight (SAI), Global Assessment of Functioning Scale (GAF) and Bipolar Disorder Functioning Questionnaire (BDFQ).

**Results.**– Patients with poor treatment adherence were low educated, were more likely to be not married, more frequently showed melancholic or atypic pattern, and had a greater prevalence of anxiety disorder and higher HDRS total scores. Only 8% of patients with good adherence had comorbid anxiety disorder, as compared with 32% of respondents in the poor adherence group. Logistic regression analyses revealed that comorbid anxiety disorder, lower education level, and duration of depression period were the independent predictors of poor adherence.

**Discussion.**– Assuring full adherence in bipolar patients may be an ideal target which can't be succeeded in a short period but increasing the number of adherent patients is possible and substantial for sufficient outcome. Adherence-focused psychoeducational interventions may be handled as a part of the treatment, further research is needed to assess the role of psychoeducational interventions in treatment adherence of patients with bipolar disorder.

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

PW0323

### The concentration of the stem cells in long-term treated bipolar disorder patients

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**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.

**Disclosure of interest.**– This work was supported by grant POIG.01.01.02-00-109/09.

PW0324

### Personality traits as a risk factor for bipolar disorders

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**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

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**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**

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*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). 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 ( $rs = -0.022, P=0.88$ ).

*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.

Table 1.

	CASE GROUP n=21	CONTROL GROUP n=19	p-value
<b>GENDER (male/female)</b>	52.4%/47.6%	26.3% / 73.7%	$p = 0.17$ (+)
<b>AGE</b>	50.52 (SD=13.28)	37 (SD=11.85)	$p = 0.003^*$ (**)
<b>BMI (kg/m<sup>2</sup>)</b>	28.75 (SD=4.96)	22.77 (SD=3.62)	$p = 0.000^*$ (***)
<b>SMOKING</b>	3 (14.2%)	3 (15.8%)	$p = 0.66$ (****)

Note: +  $\chi^2$ = Chi-squared Test, \*\*Mann-Whitney U Test, \*\*\*Fisher's Exact Test

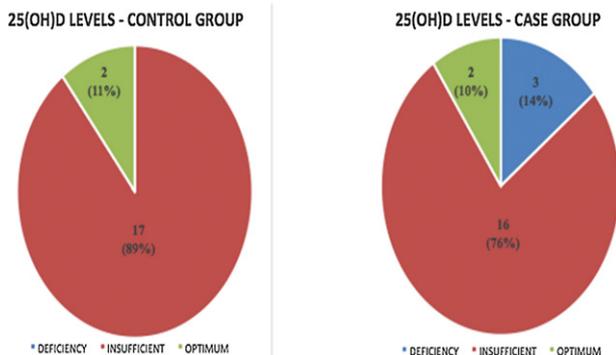


Fig. 2

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

PW0327

**Recognition of facial emotion: A possible endophenotype for bipolar disorder?**

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*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**

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*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 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

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**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.

PW0330

### Chronotype in remitted bipolar disorder

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**Introduction.**– Circadian rhythms deregulations and an evening preference have been associated with bipolar disorder (BD) both during euthymic periods and mood relapses.

**Objectives.**– The aim of this study was to identify possible clinical and sociodemographic correlates of chronotypes during euthymic periods in a sample of patients with BD.

**Methods.**– A sample of 100 patients treated for BD type I or II in euthymic phase were recruited according to predefined inclusion criteria. Sociodemographic and clinical data were collected. Chronotypes were assessed using the HORNE–OSTBERG MORNINGNESS–EVENINGNESS QUESTIONNAIRE (ME).

**Results.**– 56% of patients had an indifferent chronotype while 24% had a morning type and 20% had an evening type.

No significant correlations were found between sociodemographic or clinical data and a specific type of chronotype.

Analysis showed a significant effect of Lithium on the chronotype ( $P < 0.0001$ ) with patients displaying morning preferences.

**Conclusion.**– Chronobiology and circadian vulnerability are important fields of investigation to understand the pathophysiology of BD.

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

PW0331

### Different clinical characteristics in Italian bipolar I vs bipolar II patients with a previous suicide attempt

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**Introduction.**– Bipolar Disorder (BD) is a chronic and highly disabling condition, associated with a conspicuous burden of morbidity and mortality, often related to suicidal behaviours. Approximately 20 to 35% of BD patients attempt suicide during their lifetime. Different socio-demographic and clinical variables have been associated with a higher suicidal risk in the bipolar population. However, little is known about the influence of BD subtypes in relation to suicide and suicide attempt, in particular.

**Objective.**– The present study aimed to investigate the difference between BDI and BDII patients who committed at least one previous suicide attempt (PSA).

**Methods.**– 362 in- and out-patients with a diagnosis of BD type I (BDI) and II (BDII) according to DSM IV-TR criteria were recruited. Only patients with a PSA ( $n = 94$ ) were considered for the analysis and were divided in two subgroups (BDI vs BDII) to compare socio-demographic and clinical variables.

**Results.**– BDI and BDII patients showed a similar PSA rate without differences in socio-demographic variables. BDI versus BDII patients with PSA showed significantly more lifetime psychiatric hospitalizations, more substance abuse comorbidity, a higher rate of psychotic symptoms, and lower Global Assessment of Functioning scale score. In contrast, BDII versus BDI patients with a PSA had a significantly higher frequency of life events at onset, more frequent depressive first and most recent episode polarity, and more current antidepressant use.

**Conclusions.**– The present study pointed out specific clinical differences between BDI and BDII patients with a PSA, contributing to a better characterization of suicidal behaviours in BD subtypes.

**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

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**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

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**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 was 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

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**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 dis-

orders 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

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**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.

PW0336

### The risk markers for new onsets of the functional somatic syndromes

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**Introduction.**– The risk factors for developing chronic fatigue syndrome (CFS), irritable bowel syndrome (IBS) and chronic widespread pain (also known as fibromyalgia FM) are unclear.

**Objectives.**– In a prospective population-based study we assessed whether the risk markers for developing new onsets of CFS, IBS and FM were similar in the three syndromes.

**Methods.**– We used data from the Dutch Lifelines study, a population-based cohort with 152,170 participants at baseline, and, so far, 91,942 at 3 years follow-up. At baseline extensive biological, psychosocial and medical data were collected, including the presence of general medical illnesses and the MINI interview for psychiatric diagnoses. New onsets of the 3 syndromes were identified at 3 years follow-up by self-report. We excluded participants who, at baseline, reported the relevant syndrome or the key symptom (fatigue/abdominal symptoms/painful muscles) leaving 1082 new onsets of IBS, 208 of CFS and 491 of FM. Chi square or ANOVA were used to assess how the new-onsets differed from the general population. Penalised logistic regression is ongoing.

**Results.**– CFS, IBS, FM share many non-symptom characteristics that precede the illness onset including many socio-demographic features, stressful life events, psychiatric disorder, gastro-intestinal and musculo-skeletal illnesses and health perception, including in multivariate analysis. They differ in terms of age, sex distribution, years of formal education, BMI, the particular preceding general medical illness and prescribed medication.

**Conclusions.**– The similarities of the predictors suggest some common underlying aetiology but there appear also to be syndrome-specific features in both socio-demographic characteristics and general medical illnesses that predict syndrome development.

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

PW0337

### Neurotic conditions and psychosomatic disorders in highly qualified sportsmen

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**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 mechanisms, 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.

PW0338

### Neuropsychiatric manifestations Ushering Pellagra

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**Introduction.**– Pellagra is a metabolic disorder which is caused by a deficiency of vitamin B3. Its diagnosis is based on the patient's history and the classic triad of dermatitis, diarrhea, and dementia. **Objectives and methods.**– We report through this observation, a rare case of pellagra revealed by neuropsychiatric disorders.

**Results.**– Mr. N.A was a 48-year-old man. He has a past history of chronic alcohol consumption, and a pulmonary tuberculosis diagnosed in 2007 for which he was treated with first line antituberculosis drugs. He has no past history of neuropsychiatric illness.

The patient was diagnosed in 2015 with schizophrenia spectrum disorder and put on long-acting injectable antipsychotic therapy. In January 2017, Mr. N.A was deemed not guilty by reason of insanity following a crime involving Damage to Public Property, and was admitted in our forensic psychiatry department. The first examination revealed that he had aphasia, apraxia and agnosia. The dermatological examination found a Cheilite and photodistributed skin lesions spread over the the face and distal extremities. Biology revealed biological signs of malabsorption. The diagnosis of pellagra was made by a combination of antituberculous agents, chronic ethylism, cutaneous lesions, diarrhea, mental disorders and advanced dementia. Mr. N.A was put on multivitamin complex and supplemental parenteral nutrition. On his third day of hospitalization, he died as a result of septic shock complicating bronchopneumonia.

**Conclusions.**– The occurrence of mental disorders in a subject who had no previous psychiatric history, with a context of chronic ethylism, should lead to earlier consideration of seeking classic clinical triad of pellagra.

**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

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**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**

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**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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PW0341

### **Bio-psycho-social complexity of patients undergoing pre-orthotopic liver transplant compared to other clients of a consultation-liaison psychiatry service**

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**Introduction.**– The Modena Psychiatric Consultation–Liaison Psychiatric Service (MCLPS) provides consultations for medical-

surgical in- and out-patients, including psychiatric assessment of patients waiting for Orthotopic Liver Transplantation (pre-OLT).

**Objectives.**– To measure bio-psycho-social complexity, anxiety-depressive symptoms and their possible association among pre-OLT patients referred to the MCLPS.

**Methods.**– All patients referred to the MCLPS for pre-OLT screening from 01/02/2017 to 01/08/2017 were assessed by means of Intermed-Self Assessment (IMSA) and Hospital Anxiety and Depressive Scale (HADS), besides routine psycho-diagnostic examination, and compared to other, non pre-OLT, medically-ill patients referred to the MCLPS. Clinical and demographics variables were collected for each patient. Statistics was performed by means of regression models and Fisher's Exact test.

**Results.**– Twenty-five pre-OLT patients (76% males, mean age  $55 \pm 9.0$  years) were enrolled and matched to 31 controls (80% females, mean age  $58 \pm 16.6$  years). A caregiver was present for all pre-OLT patients and for 70% of controls. One pre-OLT candidate and 9 controls scored  $> 21$  on the IMSA, indicating bio-psycho-social complexity. Four pre-OLT patients (16%) and 20 (65%) controls reported symptoms of anxiety and depression. IMSA total score was higher among controls ( $P=0.03$ ) and lower when a caregiver was present ( $P=0.04$ ). Levels of anxiety, depression, and anxiety-depression symptoms were significantly higher among controls (OR 6.28,  $P < .01$ ; OR 5.19,  $P \leq .01$ ; OR 9.54,  $P < .01$  respectively).

**Conclusions.**– According to our preliminary results, pre-OLT patients reported lower levels of bio-psycho-social complexity and anxious-depressive symptoms in comparison to other MCLPS clients. The presence of a caregiver could reduce the level of bio-psycho-social complexity.

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

PW0342

### **Childhood trauma and psoriasis, as a psychosomatic disease**

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**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 ( $\pm 15.12$ ) and 37.13 ( $\pm 12.28$ ) years, consecutively. The sociodemographic characteristics of the patients and controls was not different ( $P > 0.05$ ). The mean scores of patients were 37.06 ( $\pm 7.04$ ) for CTQ; 13.07 ( $\pm 9.44$ ) for BDI and 312.91 ( $\pm 350.50$ ) for DES. The mean scores of controls were 33.63 ( $\pm 9.13$ ) for CTQ; 7.82 ( $\pm 7.10$ ) for BDI and 207.95 ( $\pm 210.75$ ) 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  $\leq 32$ .

**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.

PW0343

### Prevalence of delirium in tertiary general hospital patients

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**Introduction.**– Delirium is a multifactorial syndrome involving interactions between predisposing factors, such as severe illness, poor vision, and cognitive disorders, and precipitating factors, such as infections and surgical interventions. Furthermore, delirium is associated with prolonged hospitalization, increased mortality, and greater functional and cognitive impairment. Despite its prevalence in hospital patients, delirium is often undiagnosed or misdiagnosed.

**Objectives.**– Studies performed in the general hospital population have been limited to elderly patients. To our knowledge, no previous prevalence studies in a hospital setting have used psychiatric interviews to diagnose delirium in patients with a wide age range who were hospitalized in several different wards. We aimed to investigate the prevalence of delirium in tertiary hospital patients.

**Methods.**– The study included 741 of 800 randomly selected patients on all hospital wards except pediatrics, psychiatry, and intensive care.

**Results.**– Delirium was diagnosed in 48 (6.5%) patients. The prevalence of delirium was higher among patients with a low educational level, an older age, chronic obstructive pulmonary disease (COPD), and diabetes mellitus (DM), as well as those on surgical wards (e.g., orthopedics) and those with longer hospital stays. Delirium had not been recognized by health care professionals in 14 (29.8%) cases, and psychiatric consultation was not requested.

**Conclusions.**– Our findings indicate that delirium was more common among inpatients and postoperative patients and tended to be underdiagnosed. Early diagnosis of delirium by healthcare professionals may decrease the length of hospital stay and the mortality and morbidity rates. Educational interventions to improve understanding of delirium may help reduce misdiagnosis of delirium.

**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?

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**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

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**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.

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 (Karnoofsky 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 (Munichhausen 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 <sup>2</sup> :				94.53% (91.78% to 96.35%) p<0.0001

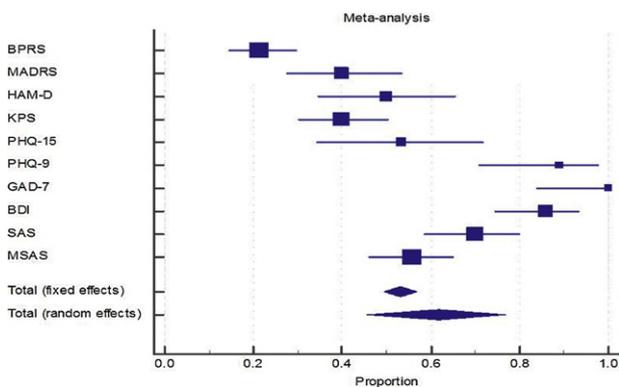


Fig. 1.

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

PW0346

### Socio-demographic, tumor characteristics and presence of psychiatric diagnostic in patients with primary brain tumor

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**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.

PW0347

### Cognitive impairments in type II diabetic patients

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**Background.**– Diabetes mellitus has a high prevalence in the world and is causing complications for patients, such as brain dysfunction and dementia which is less well-known. The aim of this study was to assess cognitive status in patients with type II diabetes compared with people without diabetes.

**Methods.**– The study included 60 type II diabetic patients and 60 healthy volunteers. After recording demographic information and obtaining consent, MMSE scale was recorded for all patients. *T* tests, Chi<sup>2</sup>, ANOVA and multiple logistic regressions were used to compare the studied variables.

**Results.**– The mean MMSE in diabetic patients was 24.13 and in the control group was 27.6 ( $P < 0.001$ ) that this relationship remained significant by eliminating confounding factors. The mean MMSE in diabetic patients with poor diabetes control was 22.64 and in diabetic patients with good control of the diabetes was 24.58 ( $P < 0.001$ ). Mean MMSE in diabetic patients with disease duration more than 15 years' was 22.86 in diabetic patients with duration less than 10 years was 26.16 ( $P < 0.001$ ).

**Conclusion.**– Results of this study showed that individuals with type II diabetes have poor cognitive function compared to healthy controls and these impairments worsens with increasing disease duration, age and lack of proper control of diabetes.

**Keywords:** Diabetes; Cognitive impairment; MMSE

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

PW0348

### Anxiety-depressive spectrum and cognitive disorders rates in inflammatory rheumatic diseases

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**Introduction.**– Mental disorders (MDs) are frequent comorbid diagnoses for Inflammatory Rheumatic Diseases (IRDs) patients. The

structure of MDs diagnoses and comparison of their rates in different IRDs have not been evaluated still.

**Objective:** comparative analysis of MDs: Anxiety-Depressive Spectrum (ADS) and Cognitive Disorders (CDs) rates in Inflammatory Rheumatic Diseases (IRDs) patients: rheumatoid arthritis (RA), systemic lupus erythematosus (SLE), systemic sclerosis (SSc), primary Sjögren syndrome (SjS) and Behçet's disease (BD).

**Methods.**– 613 IRDs patients were enrolled in the study. All of them had reliable diagnoses of IRDs: RA ( $n = 128$ ), SLE ( $n = 180$ ), SSc ( $n = 110$ ), SjS ( $n = 80$ ), BD ( $n = 115$ ). MDs were diagnosed in accordance with the Hospital Anxiety and Depression Scale (HADS) for screening and semi-structured (ICD-10) interview. CDs were diagnosed with psychology and neuropsychology methods.

**Results.**– Among diagnosed MDs in IRDs patients ADS (78.4%) and CD (70.0%) were significantly prevailed comorbid MDs. Depressive disorders (single, recurrent depression and dysthymia) were diagnosed in 73% of RA, 64.5% – SSc, 60% – BD, 50% – SLE, 49% – SjS-pts; anxiety disorders (GAD and adjustment disorder) – in 25% of SjS, 24.5% – SLE, 23% – RA, 17% – BD, 6.4% – SSc-pts. CDs of different severity were diagnosed in all SSc (100%) patients, less often in BD (77.4%), pSS (68.7%), RA (68.7%) and SLE (36.1%) patients. The chronic/recurrent depressions had preceded IRDs in most cases.

**Conclusion.**– Anxiety-Depressive Spectrum and Cognitive disorders are typical for the majority of IRDs patients.

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

## E-mental Health

PW0349

### Use of information and communications technologies among psychiatric population: A comparison between individuals with and without serious mental illness

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**Introduction.**– There is a growing interest in utilizing ICT (Information and Communications Technologies) for mental health related purposes. Despite the increasing evidence base for the efficacy of the technology-based intervention, little is known about the current rates of ICT use among the psychiatric population in general and the serious mental illness population in particular.

**Methods.**– We surveyed 427 psychiatric patients from different clinical settings (outpatient, inpatient and ER) in Emek Medical Center, Northern Israel. The self-report surveys included questions about demographics, access to and use of ICT (Computer, Internet, Facebook, Mobile phone, Smartphone).

**Results.**– The total computer use was 59.3% and 77.3% reported internet use and access. Overall 92.7% reported owning a mobile phone and 67.9% reported owning a smartphone. 63% of the participants reported owning a Facebook account. More than half of the participants who use ICT reported that they have used these technologies at least once a day. 50.5% ( $n = 216/427$ ) of the patients had a serious mental illness (SMI): Mainly psychotic and affective dis-

orders. Except of mobile phone, there were statistically significant differences between individuals with and without serious mental illness in using and accessing computer, Internet, Facebook and smartphone.

**Conclusions.**– A majority of our psychiatric patients are accessing and using ICT. Despite the relatively low frequency, access to and use of ICT among people with serious mental illness, we illustrate that their access and use are increasing and already extended. Future studies will be essential in evaluating potential barriers and challenges in utilizing ICT among SMI populations

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

PW0350

### Real-time schizophrenia monitoring using wearable motion sensitive devices

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**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.

PW0351

### **Voice user interfaces (VUI) and mental health**

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*Introduction.*– Attention economy is a concept in information management that treats human attention as a limited commodity. Herbert A. Simon is considered to be the first person having introduced the concept of attention in economics. Simon outlined that in an information rich world, there is a limitation of the resource that consumes information: human attention. Almost half a century later, there is a need for a form of human-computer interaction that does not consume visual attention and allows multi-tasking.

*Objectives.*– A mobile, artificial intelligence (AI) system that uses Voice User Interfaces (VOI) only, that is, the system responds to speech commands and answers questions in natural languages such as English, French or Arabic. This enables the user to simultaneously direct attention to other information sources and to perform physical actions while using the program.

*Methods.*– A system was generated by use of Artificial Intelligence Markup Language (AIML) that answers questions about mental health topics or neuro-developmental problems such as Attention Deficit Hyperactivity Disorder (ADHD). The system uses reliable, publicly available information sources to answer questions about psychological disorders.

*Results.*– The system allows an ongoing, uninterrupted dialogue about topics such as ADHD, refers the user to publicly available trustworthy information whenever possible and does not respond to inappropriate questions. In the event questions are asked that are not covered by its knowledge sources, the dialogue is appropriately re-directed to areas of competence.

*Conclusions.*– Voice User Interfaces are candidates for effective psycho-education in mental health informatics.

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

PW0352

### **An artificial intelligence system for diagnostic mental health interviews**

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*Introduction.*– Assessment interviews are highly structured; the examiner asks a set of questions in a prescribed order. If the clinician specialises on a certain condition such as Attention Deficit Hyperactivity Disorder (ADHD), interviews with parents and clients may become routine. Fatigue and other human factors can have an impact on the result of the interview if responses are not accurately recorded.

*Objectives.*– The development of an artificial intelligence (AI) system that uses voice user interfaces (VUI) to ask diagnostic interview questions in natural languages such as English, French or Arabic. The responses of the interviewee are recorded and transcribed. Importantly, the interviewee can ask for clarifications and explanations, the system then explains why certain questions have been asked.

*Methods.*– A system was built by use of Virtual Basic and the Microsoft Speech Engine that asks diagnostic questions about mental health or neuro-developmental problems such as ADHD. Tests runs of the system including free and complex responses by the

interviewee were analysed to answer the core research question: Is it possible to have a coherent, diagnostic interview by an AI system if there are free responses and intermittent questions by the interviewee? Are the results of the interview an acceptable outcome from the viewpoint of current clinical practice?

*Results.*– The system allows an ongoing, uninterrupted diagnostic dialogue and responds appropriately to complex responses including questions. The completely recorded and transcribed interview is forwarded to human clinicians for review.

*Conclusions.*– AI systems are candidates for routine interviews in mental health assessments.

*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**

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*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**

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**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 unevicenced 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**

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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<sup>®</sup>" 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<sup>®</sup> and its promotion.

StopBlues<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup>. 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**

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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  $\geq 5$  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.

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

PW0357

### **Automatic detection of emotions in depressed patients and healthy subjects: A mobile application study**

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*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.

PW0358

### **Multi-media intervention for preventing drug use among at-risk youth in Kazakhstan: Results on a pilot RCT**

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*Purpose.*– Located on major drug trafficking routes from Afghanistan to Russia, some former Soviet Union countries, including Kazakhstan, are experiencing skyrocketing rates of drug use, disproportionately affecting young people. The study is the first randomized controlled trial (RCT) adapting an evidence-based intervention to prevent drug use among at-risk adolescents from

communities highly affected by heroin trade and use in Almaty, Kazakhstan.

*Methods.*– This pilot trial, funded by the U.S. National Institute of Health, included 181 at-risk adolescents (ages 14–17), recruited through police officers ('inspectors') from public schools, and 181 of their caregivers (parents or other adult family members). Eligible youth had to have at least one risk factor (i.e., substance-using friends or family members, parental criminal history). In addition to the standard school-based health education program, intervention arm adolescent-caregiver dyads received pilot computerized sessions with interactive avatars customized to participants' gender that focused on building youth's assertiveness, refusal and coping skills as well as strengthening family communication and support. Electronic surveys in Russian were conducted at baseline, 3 and 6 months.

*Results.*– Compared to the control arm, intervention arm parents reported a reduction in harsh discipline practices (Cohen's  $d = -.35$ ,  $P = .026$ ) and an increase in positive and supportive parenting ( $d = 0.26$ ,  $P = .042$ ). Adolescents reported an increase in self-esteem ( $d = .22$ ), assertiveness ( $d = .22$ ) and reduction in peer pressure for substance use ( $d = 0.26$ ).

*Conclusions.*– In middle-income countries like Kazakhstan, interventions that combine empirically tested skills-based and family involvement approaches and utilize interactive technologies may represent a potentially engaging and cost-effective tool with high fidelity and easy scalability.

*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**

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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.

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

PW0360

**The impact of 15 minutes daily online self-help on stress, anxiety, depression and life satisfaction subscores measured over 6 years after treatment on 5000+ patients**

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We measured every 7 days DASS-21 subscores on Stress, Anxiety and Depression during participation in a 15 minutes daily online Self-Help Program on over 5000 patients. A follow-up measurement was done between 3 months and 6 years after their participation. In this presentation we will discuss the evolution of the weekly decrease in specific subscores on Stress, Anxiety and Depression during participation.

During the program, mean depression scores drop with 42% after 7 days, 49% after 14 days, 67% after 21 days, 75% after 35 days, 82% after 49 days. Stress subscores decrease with 36% after 7 days, 43% after 14 days, 51% after 21 days, 57% after 35 days, 64% after 49 days. Anxiety scores decrease with 33% after 7 days, 56% after 14 days, 67% after 49 days. Changes in Life Satisfaction were measured on a 0-10 subjective scale, resulting in a 20% increase after 7 days, 30% increase after 14 days and 40% after 21 days, whereafter remaining stable.

Detailed tables and graphs together with the follow-up measurement will be discussed and interpreted during the oral presentation. In this longitudinal descriptive research the 15Minutes4Me.com program was used to measure the DASS-21 subscores. The program delivers a weekly report with evolution graphs to the patient for sharing and discussion with his own General Physician or psychiatrist, who is responsible for medical diagnosis and overall follow-up of the patient, complimentary to his participation in the daily online Self-Help Autotherapy Program. *Disclosure of interest.*– The author has not supplied a conflict of interest statement.

PW0361

**How do stress, anxiety and depression scores evolve during a quarter of an hour online self-help autotherapy per day? A descriptive longitudinal follow-up study**

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In this poster we will show the tables and graphs of a descriptive longitudinal follow-up study during and after the daily attendance of an online self-help autotherapy program.

Over six thousand patients were measured weekly on their different DASS-21 subscores during the program (Figs. 1–3):

Over 2500 patients responded already to a repetitive follow-up measurement of their DASS-21 subscores on Stress, Anxiety and Depression within up to six years after their attendance. We will plot their latest subscores measured until January 2018 on Stress, Anxiety and Depression on the poster. The program used for this descriptive longitudinal follow-up study was the online Self-Help Program 15Minutes4Me.com.

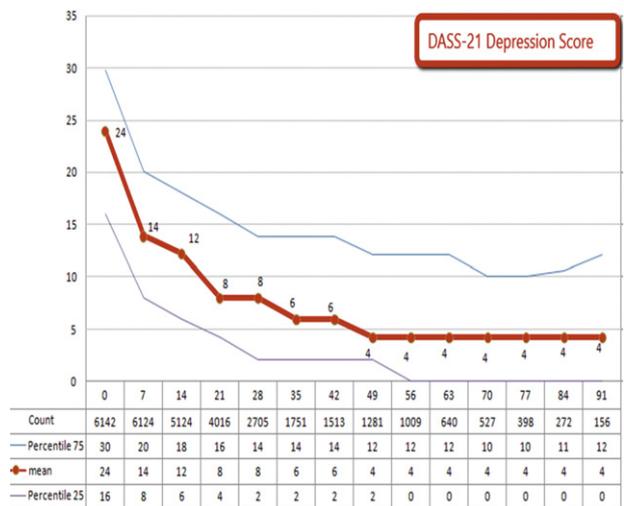


Fig. 1 DASS-21 Depression Scores during the daily online Self-Help Program.

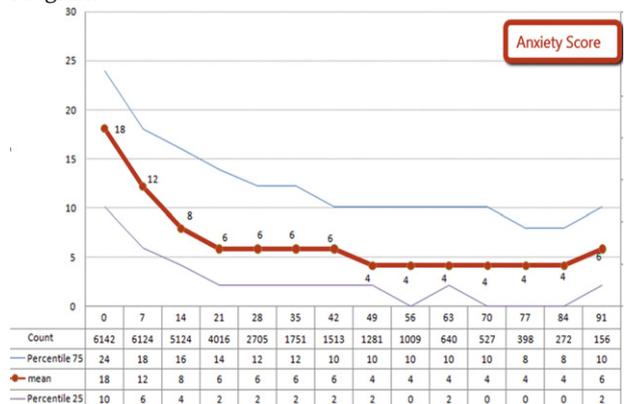


Fig. 2 DASS-21 Anxiety Scores during the daily online Self-Help Program.

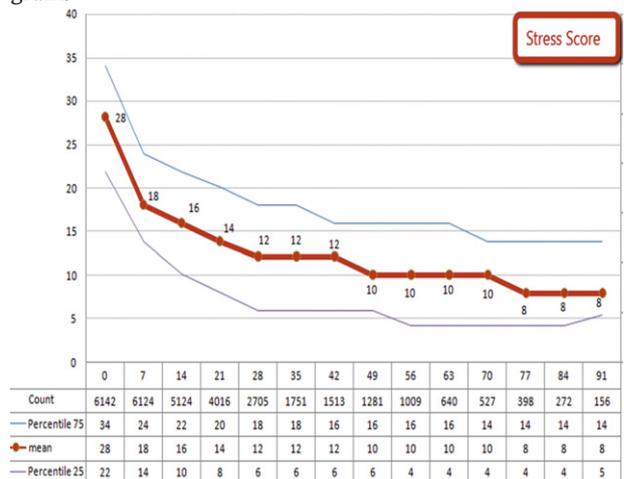


Fig. 3 DASS-21 Stress Scores during the daily online Self-Help Program.

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

PW0362

### Treating eating disorder symptoms with app-based cognitive behavioral therapy and video consultations

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**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, quality of life and the participants' experience with technology-based treatment.

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

PW0363

### Intra-individual variability (IIV) as a behavioral marker for detecting senior adults at risk of cognitive decline: Implications for telegeriatric healthcare

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**Backgrounds.**– Emerging from “aged” society to “super-aged” society (Chan & Liang, 2012), Hong Kong is expected to face a looming tsunami of gerontological issues in the coming decades. There is no satisfied medication for dementia and other major neurodegenerative diseases so far. Hence, a critical issue in geroscience will be lead by detecting the impending biomarkers of healthy and pathological ageing. Intra-individual variability (IIV) represents the facet of within-person changes as a measure of short-term fluctuations. IIV has been proven to be a promising phenotype of neurodegenerative changes.

**Objectives.**– This study was aimed to investigate the IIV of reaction time (RT) in the healthy senior adults and adults with mild neurocognitive disorders (NCD).

**Methods.**– 67 NCD patients and 137 healthy controls completed a neuropsychological battery and a computerized reaction time based test. IIV was evaluated by two indices: intraindividual standard deviations (iSD) and intraindividual coefficient of variation of reaction time (ICV-RT).

**Results.**– Compared to healthy controls, NCD group demonstrated greater IIV (iSD:  $t = 11.803$ ,  $P < 0.001$ ; ICV-RT). The IIV indices presented a moderate power to differentiate NCD subgroups (NCD-Alzheimer's disease: AUC value = 0.677–0.687; NCD-vascular disease: AUC value = 0.615–0.631) from healthy group.

**Conclusions and implications.**– The findings emphasize the importance of short-term fluctuations in differentiating the individuals with different cognitive status. Beyond cognitive performance, the perspective of IIV brings the insights into collecting and monitoring the cognitive status through cell phone app and wearable devices instantly and individually, which will lead dramatic changes in geriatric healthcare delivery.

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

PW0364

### Help information-seeking behavior of American veterans: A cluster analysis of health concerns most frequently discussed on the Internet

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**Introduction.**– This study investigates what kinds of health information US veterans with PTSD seek on the internet.

**Methods.**– First, using DEVONagent Pro, we selectively screened entire Internet to identify discussion sites, where U.S. veterans exchange health information. Second, we archived and qualitatively analyzed all data, using grounded theory.

**Results.**– We identified several theme clusters that capture what health information veterans with PTSD seek on the Internet. “Mental diagnosis and going back to work” – this group of forums concerns those veterans wishing to return to full-time employment after military service. “Vitamin B12 deficiency and changes in mood” – self-described experience of veterans diagnosed with Vitamin B12 deficiency and how it affects their daily mood and activities. “Diabetes and treatment” – treatment-related experiences of veterans diagnosed with diabetes. “Treatment with Prazosin for post-combat nightmares” – self-reflections of veterans receiving treatment with Prazosin for night terrors and dealing with associated side effects. “Training a rescue dog for service role” – these forums look at how veterans who own a rescue dog privately train them to become a support service dog. “PTSD and marijuana addiction” – reflects veterans who claim that addiction to marijuana helps in alleviating PTSD symptoms. “PTSD and anger” – management of anger problems, including tips on stress management.

**Conclusions.**– These data show that U.S. veterans with PTSD utilize online spaces to seek health information about a wide array of medical problems.

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

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

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**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

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**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 availabil-

ity 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

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**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.

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

PW0368

### **Preferred design features of E-mental health programs for prevention of major depression in male workers: Results from a Canadian national survey**

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*Introduction.*– E-mental health programs hold potential for early prevention of major depression. However, we have a little knowledge about men's preferences for design features of e-mental health programs.

*Objectives.*– Amongst Canadian male workers, to (1) estimate and compare the proportions of Internet use for medical information, preferred design features and likely use of e-mental health programs, (2) examine factors associated with the likely use of e-mental health programs.

*Methods.*– A cross-sectional survey in 10 provinces in Canada was conducted between March and December, 2015. Random digit dialing method was used to collect data from 511 working men who were at high risk of having MDE and 330 working men who were at low risk of having MDE.

*Results.*– High risk men were more likely to endorse the importance of accessing health resources on the Internet than low risk men. The top three features most likely to be used by high risk men were: "information about improving sleep hygiene" (61.3%), "practice and exercise to help reduce symptoms of stress and depression" (59.5%) and "having access to quality information and resources about work stress issues" (57.8%). Compared to men at low risk for MDE, men at high risk for MDE were much more likely to consider using almost every one of the different design features.

*Conclusions.*– E-mental health programs may be a promising strategy for prevention of depression in working men. Development of e-mental health programs should consider men's preferences and perceived barriers to enhance the acceptability of this approach.

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

## **Eating Disorders / Sleep Disorders and Stress**

PW0369

### **PTSD symptoms associated with myocardial infarction: Practical clinical implications**

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*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?**

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*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.

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

PW0371

### “It’s high time to go to bed” – Bedtime set by caregivers is still important, especially for older adolescents

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**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 INTERNS 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

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**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 assess-

ment 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.

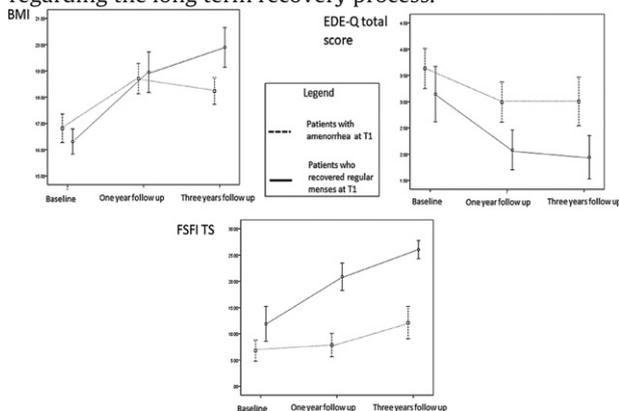


Fig. 1.

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

PW0373

### Facebook addiction, depression and sleep disorders in Tunisian medical students

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**Introduction.**– Facebook (fb) is become a new living environment, mainly for young people; but the relationship between internet addiction specially (fb), sleeping and mood disorders was little studied.

**Objectives.**– To study fb addiction prevalence, to assess depression, anxiety and sleeping disorders among medical students, and determine the relationship between these different entities.

**Methods.**– A cross-sectional, analytical study of 100 students of Sfax’s medicine faculty, in Tunisia, during the month of January 2017. The Hospital Anxiety and Depression Scale (HADS); to assess anxiety and depressive symptoms, the Facebook addiction scale test (FAST) and The Insomnia Severity Index (ISI).

**Results.**– The average age of students was  $22.94 \pm 2.7$  years. The sex ratio (M/W) was 0.7. They were single (78%).

The average age of the first connection was  $14.45 \pm 2.7$  years, with a connection’s duration of 227.45 min/day.

A sleeping dissatisfaction was founded in 38% of the students, and difficulty in falling asleep in 53%.

An addiction to (fb) was present in 26% of the students.

The depression was founded in only 11% of students but anxiety in 16% of them.

The prevalence of insomnia was 53%.

fb addiction was related to: younger age  $\leq 21$  years ( $P=0.002$ ), connection's duration  $\geq 300$  min/day ( $P<0.00$ ); insomnia ( $P<0.00$ ); and depression ( $P=0.01$ ).

**Conclusion.**– Our study reports that young students high in fb addiction are more vulnerable to depression, and sleeping disorders. The research needs to be more developed to improve prevention.

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

PW0374

### **Cortical complexity in anorexia nervosa (AN): A study by means of fractal dimensionality (FD)**

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**Introduction.**– In recent years several efforts have been focused on the study of the cortical structure in AN, trying to disentangle the relationship between any cortical alterations and the course of the disorder. A novel way to analyze the cortical structure has been offered by Fractal Dimensionality (FD), a technique that is designed for the analysis of complex structural patterns.

**Objectives.**– With the present study we used FD to examine the cortical complexity in a sample of patients with acute AN and in a sample of patients with AN in full remission (REC-AN).

**Methods.**– 38 patients with acute AN, 38 healthy controls (HC) and 20 patients recovered from AN underwent MRI scanning. Surface extraction was completed using FreeSurfer package. FD was computed with a specific Matlab toolbox (Madan et al., 2016).

**Results.**– A comparison between the AN group and HC revealed a global FD reduction. Total FD significantly correlated with BMI and duration of illness in patients. Regression analyses showed a relationship between FD and age, BMI, cortical volume and gyrification index in the AN group.

**Conclusions.**– Our findings support the hypothesis that cortical alterations in AN are complexly determined by several variables and confirm the importance of age in determining cortical complexity. FD represents a method to explore cortical complexity that demonstrated to be sensitive to the effects of malnutrition.

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

PW0375

### **Confirmatory factor analysis of the body image shame scale in overweight and obese women participating in a weight management programme**

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**Introduction.**– Body image-focused shame plays an important role in the development and maintenance of eating and weight-related problems. The Body Image Shame Scale (BISS; Duarte, Pinto-Gouveia, Ferreira, & Batista, 2015) was developed to assess body image shame as external and internal constructs. These are (i) fears and evaluations of other people's negative perceptions of oneself based on one's physical appearance and (ii) negative self-evaluations of one's own physical appearance.

**Objectives.**– The current study examined the factor structure and psychometric properties of the BISS in obese and overweight women participating in a commercial weight management programme.

**Methods.**– Six hundred and eighty three women, aged 19–65 years ( $M=45.07$ ;  $SD=11.27$ ) and with BMI ranging from 25.06–66.14 ( $M=32.83$ ;  $SD=6.40$ ), completed self-report measures of body image shame, weight-related self-criticism, loss of control of eating, and depressive, anxiety and stress symptoms.

**Results.**– Results of the Confirmatory Factor Analysis indicated that the BISS 2-factor structure presents a good model fit ( $\chi^2_{(74)}=460.78$ ;  $CFI=0.95$ ;  $TLI=.94$ ;  $PCFI=0.77$ ;  $RMSEA=0.09$ ;  $SRMR=0.04$ ). The total scale (.97) and the subscales External (.96) and Internal (.97) body image shame presented high internal reliability. Correlation analyses confirmed the scale's convergence with weight-related self-criticism, symptoms of depression, anxiety and stress and loss of control of eating.

**Conclusions.**– Results confirmed the adequacy of the BISS two-factor structure, supporting that this is a useful measure to assess body image shame in this specific population.

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

PW0376

### **Changes in depression and quality of life after a mindfulness, compassion and values-based intervention for BED – Who may benefit the most?**

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**Introduction.**– Binge Eating Disorder (BED) is highly associated with depressive symptoms and poorer quality of life (QoL), which influence BED maintenance and treatment. Shame, self-criticism, and psychological inflexibility also play an important role in this condition. BEfree is a novel 12-session compassion, mindfulness and values-based group intervention for BED in obesity that target these processes.

**Aims:** This study aims to explore whether patients that presented higher levels of shame, self-criticism and psychological inflexibility at pre-intervention, were those who showed greater improvements in depressive symptoms and QoL at post-intervention.

**Methods.**– Participants were 31 overweight/obese women with the diagnosis of BED who were enrolled in BEfree ( $M(\text{age})=39.68$ ,  $SD=10.29$ ;  $M(\text{BMI})=35.35$ ;  $SD=6.07$ ), and asked to fill a set of self-report measures at pre and post-intervention. ANOVA repeated measures were conducted, and two groups were formed according to the median in shame, self-criticism and psychological inflexibility: (i) below the median; (ii) equal/above the median.

**Results.**– Changes in depression and QoL differed according to pre-intervention levels of shame, self-criticism and psychological inflexibility. Participants with higher levels of shame, self-criticism and psychological inflexibility were those who showed greater

decreases in depression from pre to post-intervention. Similar results were found for changes in QoL.

**Conclusions.**– Results suggest that patients with higher levels of shame, self-criticism and psychological inflexibility are those who may benefit the most from BEfree in improving psychological functioning. Findings highlight the importance of targeting these processes, while promoting self-compassion and values-based actions, in this clinical condition.

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

PW0377

### **Alterations in the ghrelinergic system in anorexia nervosa patients: Inputs from animal models**

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**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 periprandial 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**

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**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 Chi<sup>2</sup>.

**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**

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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 behavioural 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

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*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

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*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.

PW0382

### Burnout among Tunisian geriatric caregivers

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*Introduction.*– Previous studies have demonstrated that geriatric caregivers are exposed to significant fatigue and stress that can lead to the development of burnout.

*Objectives.*– The aim of this study was to identify the prevalence of burnout and to examine individual and professional factors to predict burnout among caregivers in nursing homes.

*Methods.*– An exploratory descriptive study was conducted in 10 geriatric care centers in Tunisia. A total of 272 caregivers (nurse, nurse's aide and physiotherapist) were informed prior to the study and consenting. We have administered an anonymized self questionnaire including sociodemographic features, the Maslach Burnout Inventory (MBI) and a list of questions targeted to identify factors related to the professional burnout.

*Results.*– Thirty percent of the nursing staff had a burnout. 65% of them had a high level of emotional exhaustion, 39% had depersonalization and 19% had a feeling of inefficacy. Associated factors to burnout were male gender ( $P=0.05$ ), experience in the work more than 10 years ( $P=0.035$ ), exhibition to inadequate physical environment ( $P=0.008$ ), overload in the work ( $P=0.04$ ), relationship difficulties with the elderly ( $P=0.01$ ), depressive symptoms ( $P=0.01$ ) and the lack of specialist training in geriatrics ( $P=0.011$ ).  
*Conclusions.*– Working with elderly people is physically and emotionally demanding, so it could lead to burnout, especially in bad professional conditions.

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

PW0383

### Frequency of burn-out among Moroccan medical residents

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**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 burn out 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.

**Keywords:** Burn-out; Exhaustion; Doctor; Stress

**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

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**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

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**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.

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PW0386

### Features of obsessive-phobic disorders of patients with anorexia nervosa

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**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**

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**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 disorders 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.

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PW0388

### **Impulsivity, trauma and insecure attachment as mediators of suicidality in eating disorders**

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**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**

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**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**

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**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**

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**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 ( $22.32 \pm 15.24$  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  $30 \text{ kg/m}^2$  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.

PW0392

### **Clinical features in patients in Parkinson's disease with REM sleep behavior disorder**

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**Introduction.**– REM sleep behaviour disorder (RBD) is one of the most common non-motor symptoms of Parkinson's disease (PD) and have a significant negative impact on quality of life. It has been proven to be a predictor of development of PD. Furthermore, the identification of a significant relationship between RBD and severity of parkinsonian motor signs in corroborates this idea.

**Method.**– Thirty nine Parkinsonian patients, with an average age of 69 years, followed in our neurology department were retrospectively included. The sex ratio male / Female was 0.56. Patients were tested in the Off period using part III of the Unified Parkinson's Disease Rating Scale For each UPDRS MDS III, GDS (Geriatric depression score) and REM SBD SQ (Rapid Eye Movement Sleep Behavior Disorder Screening Questionnaire). Patients were divided according to severity of severe motor signs if MDS UPDRS III > 60, Moderate if

MDS UPDRS between 25 and 60 and mild if MDS UPDRS is less than 25.

**Result.**– 41% of our patients were at the severe stage, 48.75% of cases at the moderate stage and only 10.26% of cases at the light stage of the disease. Depression was retained in 84.62% of patients with GDS score  $\geq 5$ . RBD were found in 53.85% when REM SBD SQ  $\geq 5$ . There was a significant correlation between the severity of the motor signs of the disease and RBD ( $P=0.008 < 0.05$ ).

**Conclusion.**– Our findings demonstrated that patients with RBD showed higher motor examination (UPDRS-III) score compared to PD patients with normal REM sleep behavior.

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

## Epidemiology and Social Psychiatry - Part I / Pain and Treatment Options

PW0393

### Psychiatric disorders in Iranian children and adolescents

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**Introduction.**– There has been a growing need to better understand the prevalence and associated factors for mental health problems in children and adolescents in Iran.

**Objective.**– The aim of the present study was to investigate the epidemiology of psychiatric disorders in children and adolescents in five provinces of Iran: Tehran, Shiraz, Isfahan, Tabriz and Mashhad. **Method.**– In the present study, we selected 9636 children and adolescents aged 6–18 years through multistage cluster random sampling method from five provinces of Iran. We instructed the clinical psychologists to complete the Strengths and Difficulties Questionnaire (SDQ) for the participants, and those who received a high score on SDQ, completed the Persian version of Kiddie-SADS-Present and Lifetime Version (K-SADS-PL).

**Results.**– Based on the results, oppositional defiant disorder (ODD) (4.45%) had the highest prevalence of psychiatric disorders in the five provinces. In addition, attention deficit hyperactivity disorder (ADHD) had the most prevalence in boys (5.03%) and ODD had the most prevalence in girls (4.05%). Among the three age groups, 6 to 9 year olds had the highest rates of ADHD (5.69%); 10 to 14 and 15 to 18 year olds had the highest rates of ODD (4.32% and 4.37% respectively). Among the five provinces, Tehran and Mashhad allocated the highest rates of ODD; Isfahan and Shiraz had the highest rates of ADHD.

**Conclusion.**– The current study revealed that the overall frequency of psychiatric disorders based on Kiddie-SADS-Present and Lifetime Version (K-SADS-PL) was higher than a similar study.

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

PW0394

### Adolescent affective problems and premature mortality: A fifty-three year follow-up of a British National Birth Cohort Study

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**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 (HR<sub>adj</sub> = 1.61, 95% CI 1.20–2.15). Severe problems were associated with deaths from cancers and cardiovascular disease; however the strongest associations were observed with respect to 'other' causes (sub-distribution HR<sub>adj</sub> = 2.03, 95% CI 1.07–3.85). 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.

PW0395

### Investigation of neuroprotective effect of Fisetin in a reserpine-induced fibromyalgia in rats

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**Introduction.**– Fisetin (FST) (3, 3', 4', 7-tetrahydroxy flavone), a flavonoid have been reported to possess potent antioxidant and anti-inflammatory activities. Fibromyalgia is a complex disorder characterized by chronic widespread pain and complex comorbid symptoms.

**Objective.**– To evaluate the efficacy and possible mechanism of action of FST against reserpine-induced fibromyalgia (RIF) in rats.

**Methods.**– RIF was induced in male Wistar rats (180–220 gm) by administration of reserpine (1 mg/kg, s.c., once daily, for three consecutive days). Rats were treated with either FST (5, 10 and 25 mg/kg) or vehicle (10 mg/kg) p.o. for 21 days. Various behavioral,

biochemical, molecular and histological parameters were evaluated.

**Results.**– RIF causes a significant decreased ( $P < 0.05$ ) in the hyperalgesia and mechano-tactile allodynia whereas administration of FST (10 and 25 mg/kg) showed a significant increase ( $P < 0.05$ ) in hyperalgesia and allodynia. RIF-induced decreased in the brain (thalamus), and spinal cord monoamines (serotonin, dopamine, and noradrenaline) levels were significantly increased ( $P < 0.05$ ) by FST (10 and 25 mg/kg) treatment. FST (10 and 25 mg/kg) also significantly attenuates ( $P < 0.05$ ) RIF-induced alteration in oxido-nitrosative stress in brain and spinal cord. FST administration also decreased RIF-induced histological aberration in the brain and spinal cord.

**Conclusion.**– The results of present investigation demonstrated that fisetin possessed potent neuroprotective property against RIF-induced fibromyalgia via modulation of the central monoamines and oxido-nitrosative stress. Thus, our findings may open novel landscapes in the therapeutic potential of this dietary flavonoid in CNS disorders especially fibromyalgia and neuropathic pain.

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

PW0396

### Adverse childhood conditions as risk factors for cognitive impairment: Cohort study of ~ 55,000 persons from 13 European countries

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**Introduction.**– Disadvantaged conditions in childhood may lead to cognitive impairment in old age.

**Objectives.**– To investigate the association of adverse childhood conditions (socioeconomic hardship, poor school performance and poor health) with cognitive performance and cognitive decline in older adults. Secondary aim was to determine the role of a country in these associations.

**Methods.**– Observational longitudinal cohort study of 55,196 older individuals (mean age 67 years, 56% women) from the Survey on Health, Ageing and Retirement in Europe (SHARE). Simple and hierarchical linear regression was applied.

**Results.**– Indicators of adverse socioeconomic circumstances and poor school performance were associated with lower cognitive functions, adjusting for demographic, psychosocial and cardiovascular risk factors. History of most childhood diseases was associated with better cognitive performance. In the final, fully adjusted model, overall socioeconomic hardship [ $\beta$  -0.39; 95% confidence interval (CI) -0.44; -0.34] and poor school performance ( $\beta$  -0.63; 95% CI -0.68; -0.58) were associated with lower cognitive performance, while overall poor childhood health was linked to better cognition ( $\beta$  0.22; 95% CI 0.14; 0.29). Belonging to a specific country explained 14% of the variance in cognitive performance, but the effects of childhood conditions within each country were small. No indicator of childhood conditions was associated with the change in cognitive performance.

**Conclusions.**– Variation in childhood circumstances explain the differences in cognitive performance between older people, but does not protect against the decline from their previous level of cognitive

functions. The role of childhood diseases is less clear and should be investigated in future studies.

**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

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**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 ( $\geq 2$  weeks), treatment 1 (5 weeks), treatment 2 (5 weeks), post-evaluation ( $\geq 2$  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.

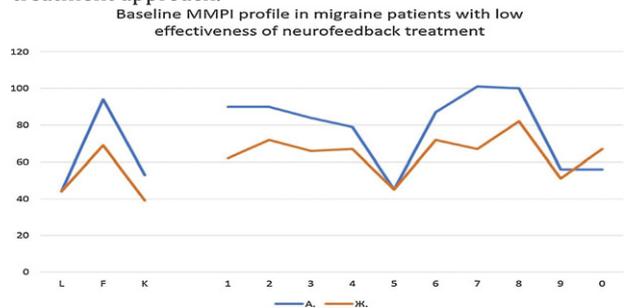


Fig. 1

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

PW0398

### Reduction of intensive negative emotions in everyday life during the treatment of migraine with neurofeedback

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**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 ( $\geq 2$  weeks), treatment 1 (5 weeks), treatment 2 (5 weeks), post-evaluation ( $\geq 2$  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

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**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

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**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 (Rit-sner 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.

**Funding.**– The reported study was funded by RFBR according to the research project no. 17-29-02169.

**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)

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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  $\geq 18$  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 ( $\pm 13.92$ ) and 56.40 ( $\pm 13.81$ ) 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.

PW0402

### Evaluation of the effect of aromatherapy with rosa damascena mill on postoperative pain intensity in hospitalized children

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*Background.*– Pain is the common complication after a surgery. The aim of this study was to evaluate the effect of aromatherapy with Rosa damascena Mill. on the postoperative pain in children.

*Materials and methods.*– In a double-blind, placebo-controlled clinical trial, we selected 64 children of 3–6 years of age through convenient sampling and divided them randomly into two groups. Patients in group A were given inhalation aromatherapy with R. damascena Mill., and in group B, the patients were given almond oil as a placebo. Inhalation aromatherapy was used at the first time of subjects' arrival to the ward and then at 3, 6, 9, and 12 h afterward. Common palliative treatments to relieve pain were used in both groups. Thirty minutes after aromatherapy, the postoperative pain in children was evaluated with the Toddler Preschooler Postoperative Pain Scale (TPPPS). Data were statistically analyzed using Chi<sup>2</sup> test, one-way analysis of variance (ANOVA), and repeated measures ANOVA.

*Results.*– There was no significant difference in pain scores at the first time of subjects' arrival to the ward (before receiving any aromatherapy or palliative care) between the two groups. After each time of aromatherapy and at the end of treatment, the pain score was significantly reduced in the aromatherapy group with R. damascena Mill. compared to the placebo group.

*Conclusions.*– According to our results, aromatherapy with R. damascena Mill. can be used in postoperative pain in children, together with other common treatments without any significant side effects.

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

PW0403

### The effect of pain on cognitive flexibility assessed with Stroop task

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*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<sub>pain</sub>=85.12 s, M<sub>non-pain</sub>=83.76), the number of corrected errors (M<sub>pain</sub>=1.90, M<sub>non-pain</sub>=1.9) or non-corrected errors (M<sub>pain</sub>=0.55, M<sub>non-pain</sub>=0.39). The results are presented in Fig. 1.

*Conclusions.*– Acute experimental pain does not influence the performance for cognitive flexibility task.

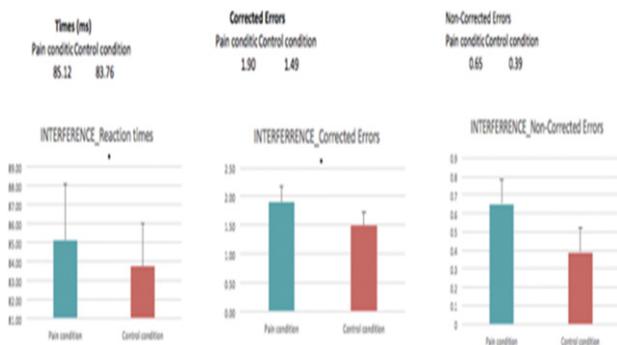


Fig. 1 Results for the interference condition.

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

PW0404

### Mental disorders: A considerably higher prevalence in prison populations

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*Introduction.*— While many researches show an excess psychiatric morbidity in incarcerated populations, there has been no recent study in France.

*Objectives and methods.*— The study of health in prison populations (SPC) is a multicentric retrospective survey aimed at measuring mental disorders according to the MINI. The sample includes adults arriving in prison between March 2014 and April 2017 in the following French departments: Nord and Pas-de-Calais. A comparison of the levels of disorder was conducted between the men in the study (96% of the population) and a matched sample of men interviewed with the same protocol in the Mental Health in General Population study (SMPG).

*Results.*— 630 men were included. Most of them are young (average 32) and in precarious social condition (half unemployed, half with an income of less than 850€ per month and half without any degree) (Table 1).

*Conclusion.*— Our study confirms the high prevalence of mental disorders among prison populations and confirms the need for strengthening specific actions before the incarceration.

Table 1.

	% SPC	% SMPG	P
Depressive episode last 2 weeks	27.2	13.6	<.001
Major depressive disorder recurrent	15.7	6.9	<.001
Panic disorder current	12.3	5.0	<.001
Social phobia current	6.1	4.0	<.001
Generalized anxiety disorder last 6 months	25.7	13.9	<.001
Post-traumatic stress disorder current	4.8	0.5	<.001
Psychotic disorder	6.7	4.0	<.001
Alcohol dependence last 12 months	22.0	6.2	<.001
Drug(s) dependence last 12 months	25.6	6.2	<.001

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

PW0405

### Serotonin syndrome as an interactions between SSRIs and Opiates

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*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)**

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**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**

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**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**

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**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%  $\leq 10$  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.

PW0409

### Comparing stigma towards alcohol abuse from healthcare workers with the general population

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**Introduction.**– In the domain of alcohol use disorders, stigma poses an “invisible” barrier in the way of efforts by individuals and their families to reach out for help. During 2014–2015, Singapore had conducted a multi-ethnic, cross-sectional study on mental health literacy at the population level, which revealed that alcohol abuse was perceived as a form of weakness rather than an actual illness. No corresponding data is currently available about the corresponding attitudes of hospital-based healthcare workers.

**Objectives.**– This study looks to examine a segment of hospital-based healthcare workers' attitudes towards patients with alcohol abuse, in comparison to the population's perspective. The authors hypothesized that coming from a more empathic and understanding role, healthcare workers would demonstrate less stigmatizing beliefs towards this group of patients.

**Methods.**– Doctors and inpatient nurses were administered the Depression Stigma Scale and Social Distance Scale. The questions for both scales were appropriately modified to suit the context for person(s) with alcohol abuse. The scales were administered via electronic forms or hard-copy questionnaires.

**Results.**– Data collection remains ongoing, but preliminary results appear to suggest that healthcare workers may actually have stronger negative attitudes towards alcohol abuse than the general population. Those with experiences of alcohol abuse, either

firsthand or by means of a family/friend, appeared to have less stigmatizing responses.

**Conclusion.**– Compared to the public, healthcare workers have different experiences in clinical encounters with patients suffering from alcohol abuse; this may adversely shape their attitudes towards this group. It remains to be seen how this ultimately translates to clinical care and patient outcomes.

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

PW0410

### Laser activated analgesic effects of opioid receptor agonists in integrated algorithms of modern addictology

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**Introduction.**– Nowadays, minimization of daily dosages for opioid receptor agonists in treatment programs of opioid dependent patients is an important issue of modern addictology.

**Objectives.**– To study the features of integrated application of intravascular laser therapy (ILT) technique targeted to reduce Tramadol therapeutic load for pain syndrome (PS) management at opioid dependence (OD).

**Methods.**– Laser therapy unit (LTU), disposable optic polymer-polymer probes, disposable needles were used. Needle was injected into cubital vein by transdermal puncture, disposable probe was inserted at 3–5 mm intravascular depth into the lumen of the needle. Disposable probe was connected to the LTU: red spectrum range, 0.63  $\mu\text{m}$  wavelength, 1.5 mW capacity, exposure duration of 30–40 minutes, 6-treatment course, 1 treatment daily. “Visual analogue scale” pre- and post-treatment clinical psychopathological monitoring and screening of pain disorders were performed.

**Results.**– 28 opioid dependent patients with marked PS were examined. 16 patients were referred to main group (MG), treated by ILT against the background of 100 mg intramuscular Tramadol, twice per 24 hours, 60-day course (Patent of Ukraine 14322). 13 patients were included to observation group (OG), treated conforming to addictology conventional therapeutic standards with 100 mg intramuscular Tramadol, thrice per 24 hours, 6-day course. Average results of analgesic effects: pretreatment MG –  $8.10 \pm 0.32$  point, OG –  $8.20 \pm 0.41$  point; posttreatment: MG –  $3.40 \pm 0.32$  point, OG:  $4.90 \pm 0.29$  point, differences between groups and with the first testing examination are valid ( $P < 0.05$ ).

**Conclusions.**– The work discussed mechanisms of laser activation and potentiation of Tramadol analgesic effects at OD.

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

PW0411

### Causes of death in Japanese schizophrenia patients

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**Introduction.**– Schizophrenia is a chronic and one of the most severe mental disorders. From many years studies regarding mortality among people suffering from schizophrenia are being conducted as a way of controlling indirectly the effectiveness of medical care and therapy.

**Objectives.**– Neuroscientists have been trying to identify risk factors for sudden death in individuals with schizophrenia, but the knowledge is still limited. This study examined all-cause and suicide mortality rates diagnosed with schizophrenia.

**Methods.**– Patients aged more than 17 years at Osaka examiner office during the period of January 2014 to December 2016 were included in the study. The history of schizophrenia was confirmed from other hospital's records through our clinical history sheets.

**Results.**– Primary profiling of 401 patients revealed that 246 were males and 155 were females. Mean age distribution was 56.1 years in male and 58.5 in female. Causes of death among people with schizophrenia were analyzed. Common causes of death due to disease included heart disease 125, pneumonia 17, cerebral hemorrhage, liver cirrhosis, and malignant cancer 8 each. The number of suicide death was 122. The way of suicide was jumping (61 cases), hanging (34 cases) and others (27 case).

**Conclusion.**– We could not decide the suicide in 42 cases. We showed statistic investments about causes of death in schizophrenia patients.

**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**

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**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**

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**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).

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

PW0414

### **Coordination of emotion processing by GABAergic interneurons, and therapeutic applications**

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**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.

PW0415

### Deletion of nuclear xenobiotic receptors Pxr and Car modifies recognition memory and electroencephalographic activity

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Nuclear Xenobiotic Receptors (NXR) are a group of transcription factors emerging as players in normal and pathological CNS development. Clinically the association between NXR and cognitive impairment was postulated. While a number of NXR has been studied, it is unknown whether invalidation of the Pregnane Xenobiotic Receptor (PXR, NR1I2) and the Constitutive Androstane Receptor (CAR, NR1I3) correspond to neurological modifications in the adult brain. We have tested the hypothesis that the impact of PXR or CAR on neurophysiology and behavior is underlined by neurovascular modifications.

PXR<sup>-/-</sup>, CAR<sup>-/-</sup> and wild-type mice were used to investigate: (i) recognition memory, motor coordination, and anxiety-like behaviors; (ii) longitudinal video-electroencephalographic (EEG) recordings and frequency wave analysis; (iii) neurovascular structures by histological evaluation and expression of the cerebrovascular tight junctions ZO1 and CLDN5.

PXR<sup>-/-</sup> and CAR<sup>-/-</sup> mice were associated with anxiety-like behavior and recognition memory impairment in adulthood. Concomitantly to memory deficits, EEG monitoring revealed a decrease in 3.5–7 Hz waves during the awake/exploration and sleep periods. Neurophysiological changes did not correspond to significant structural changes in PXR<sup>-/-</sup> adult brain, except for a localized and minor increase in the fronto-parietal neurovascular density. PXR<sup>-/-</sup> and CAR<sup>-/-</sup> show reduced ZO1 expression in isolated brain capillaries. Our results indicate that behavioral and electroencephalographic changes in adult PXR<sup>-/-</sup> and CAR<sup>-/-</sup> mice are concomitant to discrete developmental or structural brain defects. The possibility that interfering with NXR during developmental stages could contribute to adulthood brain abnormal physiology is proposed. The latter may constitute a pathophysiological entry point or a molecular target for brain diseases.

**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

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**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, Poncet & 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

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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

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*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

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*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 antiso-

cial 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**

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*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**

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*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**

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*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

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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 –  $20.4 \pm 2.6$  years) and 27 healthy volunteers (mean age –  $21.1 \pm 2.7$  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 ms, TR = 2000 ms) from left (Lfl) and right frontal lobes (Fig. 1).

This study revealed significant intergroup differences in: (1) GABA/Cr ratios in Lfl ( $0.137 \pm 0.041$  for patients vs  $0.191 \pm 0.046$  for controls,  $P < 0.01$ ); fraction anisotropy ( $0.420 \pm 0.018$  vs  $0.435 \pm 0.026$ ;  $P = 0.016$ ) 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.

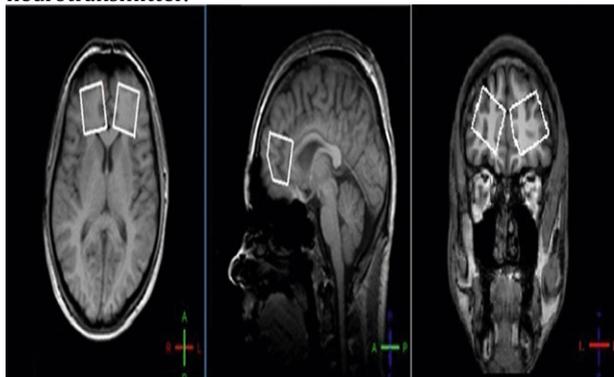


Fig. 1.

**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

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**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

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**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.

PW0426

### Delayed ganglion and bipolar neuroretinal processing in regular cannabis users

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**Introduction.**– Cannabis use is widespread worldwide, but its impact on brain synaptic transmission has been partially elucidated. The retina is considered as an easy means of determining dysfunction in brain synaptic transmission. The endocannabinoid system is involved in regulating retinal synaptic transmission. Previous preliminary results have shown impairments in retinal ganglion cell response in cannabis users. Here, we test the extent to which earlier retinal levels – bipolar cells and photoreceptors – are affected in cannabis users.

**Objectives.**– To verify whether early retinal stages are altered in cannabis users.

**Methods.**– We recorded pattern (PERG) and flash (fERG) ERG in 53 regular cannabis users and 29 healthy controls. Amplitude and implicit time of P50 and N95 (PERG) and of a- and b-waves (fERG) were evaluated.

**Results.**– Cannabis users showed a significant increase in PERG N95 implicit time and in fERG light-adapted 3.0 b-wave implicit time, compared with controls ( $P=0.0001$  and  $P=0.002$ , respectively; Mann-Whitney U test). No significant difference was found between the groups in terms of wave amplitude ( $P=0.525$  and  $P=0.767$  for the N95 and light-adapted 3.0 b-wave amplitude respectively; Mann-Whitney U test).

**Conclusions.**– We demonstrated lagged ganglion and bipolar cell responses in cannabis users. These results reflect a delay in the transmission of visual information from the retina to the brain. This retinal dysfunction may be explained by an effect of cannabis use on retinal synaptic transmission. The consequences of these anomalies on visual perception along with the molecular mech-

anisms underlying this retinal dysfunction should be explored in future studies.

**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

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**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.

PW0428

### Neuromorphological features of development of the human cerebral cortex in the conditions of prenatal alcoholization and hypoxia

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**Objectives.**– To ascertain nature of influence of the prenatal use of ethanol and chronic hypoxia on development of the human brain.

**Methods.**– Research material - brains of 26 embryos (7–12 weeks of development) obtained from alcoholic women and 30 children of both sexes who died in antenatal, intra- and postnatal periods within the first 2 months of life from the causes which were not connected with brain pathology. The main disease in children was asphyxia of the fetus and the newborn.

**Results.**– Neuromorphological alterations of cerebral cortex in children under hypoxia were in many respects similar to those at prenatal alcohol intoxication. In children with a delay of prenatal development and normothrophics with the term of gestation 28–37 weeks who died in the antenatal, intranatal periods, in superficial layers of cerebral cortex in the anterior central and posterior central gyri, thickening of cells at each other was noted, there was no differentiation into layers. In the posterior central gyrus of children with term of gestation 38–42 weeks who lived 8 days 2 months, the area of neurons was 2.2 times larger, than in the posterior central gyrus of children with a delay of prenatal development and normothrophics with the term of gestation 28–37 weeks who died in the antenatal and intranatal periods.

**Conclusions.**– On the basis of the studied material of the human brain the similarity of effects of prenatal alcoholization and chronic hypoxia consisting of impairments of formation of micromodules in the cerebral cortex was shown.

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

PW0429

### **Eye vergence responses as an objective tool supporting ADHD diagnosis in adults**

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**Introduction.**– It has become clear that ADHD is a chronic disease that continues into adulthood. Adult ADHD is associated with a range of clinical and psychosocial impairments and personal and societal problems, which can be prevented or reduced if patients receive timely diagnosis and treatment.

The diagnosis of ADHD is determined based upon a cluster of symptoms. Their expression however is subtle, which makes the diagnosis in adults challenging especially as several other psychiatric disorders show similar symptomology. Objective measures of ADHD symptoms to support the clinical diagnosis are therefore highly desired.

Vergence is the movement of both eyes in opposite direction and has a role in obtaining stable binocular vision. Recent evidence however suggests a novel role of eye vergence in visual attention. Such vergence responses are altered in children suffering ADHD, and vergence may be used as an objective tool supporting child ADHD diagnosis.

**Objectives.**– In this study we aim to investigate vergence as a possible marker for ADHD in adults.

**Methods.**– We assessed the modulation in the angle of vergence in adults ( $n = 88$ ) previously diagnosed with ADHD while performing an attention task and compared the results to age-matched controls ( $n = 42$ ).

**Results.**– Vergence responses were different between ADHD patients and controls. Using machine learning we classified ADHD

patients with an accuracy of  $77 \pm 2\%$ . FPR and FNR were  $26 \pm 1\%$  and  $20 \pm 1\%$ , respectively.

**Conclusions.**– In combination with an attention task vergence responses can be used as an objective marker to support clinical diagnosis of adult ADHD.

**Disclosure of interest.**– HS is co-founder and shareholder of Braingaze.

PW0430

### **Morphological study of human microglia in suicidal patients with possible depression using 3D reconstruction techniques**

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**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**

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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 (alpha1-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**

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*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**

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*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**

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*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**

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*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.

PW0436

### **Comparing cortical inhibition in depression and health: A transcranial magnetic stimulation study**

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*Background and aims.*– Inhibitory deficits in depression have been described using neuroimaging studies and animal models. Transcranial Magnetic Stimulation (TMS) provides a unique opportunity to non-invasively determine cortical inhibitory and excitatory interneuron functions in humans in a cost-effective manner. In this study, we aim to examine TMS single- and paired-pulse derived cortical inhibitory functions in patients ( $n=46$ ) with moderate to severe unipolar depression (ICD-10) and a group of healthy comparison subjects ( $n=30$ ).

*Materials and methods.*– After determining the resting motor threshold, twenty recordings were obtained in a random sequence for each of the following cortical inhibition/excitation parameters: test pulse derived motor evoked potential (MEP), short interval intra-cortical inhibition (SICI), long interval intra-cortical inhibition (LICI), intra-cortical facilitation (ICF) and cortical silent period (CSP). Patients were also rated on severity of their depressive symptoms using the Hamilton Depression Rating Scale (HDRS).

*Results.*– The two groups were comparable in terms of sex, resting motor threshold, LICI and ICF. However, there were significant differences on age, CSP and SICI. After controlling for age differences, patients with depression continued to have shorter duration of CSP (ANCOVA:  $F=35.79$ ,  $P<0.001$ ) and reduced SICI ( $F=5.23$ ,  $P=0.025$ ). There were no significant correlations between measures of cortical inhibition and severity of depression (HDRS).

*Conclusions.*– Patients with depression have deficits in both GABA<sub>A</sub> (SICI) and GABA<sub>B</sub> (CSP) mediated neurotransmission as measured using TMS. These cortical inhibitory deficits do not show significant associations with symptom severity and may be studied as trait markers of depression in future studies.

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

PW0437

### Electroconvulsivotherapy as life-saving in an acute catatonic syndrome associated with bipolar disorder: A case report

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Catatonia is a neuropsychiatric syndrome characterized by an onset of dysfunction in psychomotor activity and/or muscle tone, which may be associated with changes in consciousness, affect, and thinking. It is characterized by negativism, wax flexibility, catalepsy, mutism, echolalia, ecopraxia, stupor (...). It was first described in 1874 by Kahlbaum, who characterized it as specific motor disorder associated with different psychiatric disorders. Kraepelin and Bleuler restricted catatonia to a specific subtype of schizophrenia. However, the association between catatonia and other disorders, notably mood disorders, has been reinstated, including Bipolar Disorder. Its etiology is multiple and there are two severe forms: Neuroleptic Malignant Syndrome (NMS) and Malignant Catatonia (MC). These are syndromes that present high mortality, and the health professional should be aware of its etiology, signs, symptoms, evaluation and treatment. The aim of this study is to present a clinical case of MC, who was successfully treated by electroconvulsivotherapy. The case report was sustained by literature included on scientific platforms. It is essential to recognize the different clinical presentations of catatonia, taking into account that these are psychiatric alterations in which urgent intervention is justified. In the presented case, the use of antipsychotic medication aggravated the motor function and its suspension, associated with the introduction of lorazepam, resulted in a slight improvement. The electroconvulsivotherapy was the last resort, fully succeeded. The relationship between SMN and Catatonia/CM remains unclear from a psychopathological and pathophysiological point of view. Nevertheless, there is general agreement that catatonia represents a very significant risk factor for NMS.

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

PW0438

### Influence of long-term therapy with risperidone on parameters of the immunity of schizophrenic patients with hyperprolactinemia

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*Objective.*– To study action of risperidone in anti-relapse therapy on the parameters of schizophrenic patients' immunity in presence or absence of the medication-induced hyperprolactinemia (MIH).

*Methods.*– 46 schizophrenic inpatients being under maintenance therapy with risperidone for 6 months before hospitalization were divided into two groups: group 1 – patients with MIH ( $n = 36$ ; level of prolactin higher than 25 ng/ml in women and 20 ng/ml in men), group 2 – without MIH ( $n = 10$ ; normal level of prolactin in the

blood). Methods used: PANSS, identification of surface receptors of immunocompetent cells, levels of IgM, IgG, IgA and prolactin' level with immune-enzyme analysis sets; in female part of sample of reproductive age blood sampling in the first phase of the menstrual cycle.

*Results.*– Lower degree of severity of general psychopathological symptoms ( $P = 0.015$ ) and lower total score according to PANSS ( $P = 0.008$ ) in patients of group 1 in comparison with patients of group 2 were noted.

Lower values of CD3<sup>+</sup> CD19<sup>-</sup> ( $P = 0.028$ ), CD3<sup>-</sup> CD19<sup>+</sup> ( $P = 0.014$ ) and CD3<sup>+</sup> CD4<sup>+</sup>-lymphocytes ( $P = 0.048$ ) as well as higher number of HLADR<sup>+</sup> ( $P = 0.049$ ) and CD95-lymphocytes ( $P = 0.058$ ) were found in comparison with patients without MIH.

Higher values of CD3<sup>+</sup> CD4<sup>+</sup>- ( $P = 0.040$ ), HLADR<sup>+</sup>-lymphocytes ( $P = 0.040$ ) and lower IgM ( $P = 0.018$ ) in male patients in comparison with female persons were noted.

*Conclusion.*– Thus, features of risperidone action on the main parameters of the patients' immunity with MIH were revealed. The analysis of PANSS indices in schizophrenic patients under long-term anti-relapse therapy with risperidone demonstrated that in patients with MIH, disease proceeded in a milder, less intensive form.

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

PW0439

### Neuromodulation and treatment-resistant depression: Promises and pitfalls

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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 technics 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.

PW0440

### **Psychoneuroimmunomodulating effect of immune cells treated with psychoactive drug in depressive – Like animals**

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**Introduction.–** We first demonstrated the possibility of animal's behavior directed regulation by the transplantation of immune cells with definite functional characteristics. It was shown also the ability of immunocytes with in vitro caffeine modulated functional activity to stimulate passive behavior in animals in a dose-dependent manner.

**Objectives.–** We investigated the influence of caffeine modulated immune cells on the functional activity of the immune and nervous systems in depressive-like animals.

**Methods.–** (CBAXC57Bl/6) F1 male mice with depressive-like behavior, developed under long-term social stress, were undergoing the transplantation of immune cells in vitro treated with caffeine. Recipient's behavior, parameters of nervous and immune systems functional activities before and after transplantation were estimated.

**Results.–** It was shown that transplantation of immunocytes with caffeine modulated functional activity caused in depressive-like recipients stimulation of motor and exploratory activities in the “open field”, significant increase in mobility in the forced swimming test and anhedonia reduction. Behavioral changes were registered on the background of neurogenesis stimulation in hippocampus and modulation of regulatory cytokines synthesis in this and other (hypothalamus, striatum, prefrontal cortex) brain regions. In recipient's immune system were identified the splenocytes proliferative activity modulation, stimulation of the immune response, decrease in tryptophan catabolism in the spleen and modulation of cytokines production of its cells.

**Conclusions.–** Results demonstrated that immunocytes treated in vitro with caffeine after the transplantation caused positive psychoneuroimmunomodulating effect in depressive-like recipients by acting on the pathogenetic mechanisms of depression. So, it may be considered as a promising method in the immunotherapy of depression.

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

PW0441

### **Repetitive transcranial magnetic stimulation (rTMS) in schizophrenia: Effects on depression, negative symptoms and cognition**

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**Introduction.–** Brain stimulation is promising strategy for augmentation of pharmacotherapy in schizophrenia patients with depression.

**Objectives.–** Estimation of rTMS efficacy for depressive, negative and cognitive symptoms in schizophrenia.

**Methods.–** 66 patients were included in the study in accordance with criteria: schizophrenia (F20, ICD-10), CDSS  $\geq 6$ , PANSS composite index  $< 0$ , effective antipsychotic therapy in stable dose regimen, no antidepressants in 2 weeks prior to inclusion. Patients were randomized in 2 add-on treatment groups: 15-Hz rTMS on the left dorsolateral prefrontal cortex (100% intensity, 6-second trains, 60-second intervals, 20-train session, 5 sessions per week for 3 weeks) in the 1<sup>st</sup> group and antidepressant treatment in the 2<sup>nd</sup> one (active control). Patients were assessed weekly with CDSS, PANSS, cognitive tests. 50% CDSS score reduction after 3 weeks was criterion of efficacy.

**Results.–** Responders rate was 62.5% in rTMS and 52.9% in active control group with CDSS score reduction of 50.6% ( $P < 0.05$ ) and 47.4% ( $P < 0.05$ ) correspondingly. PANSS negative subscale reduction was 15.5% ( $P < 0.05$ ) for rTMS and 5.8% ( $P < 0.05$ ) for active control group. Cognitive test results have inverse correlation with PANSS negative subscale, the strongest Spearman's correlation was  $-0.45$  ( $P < 0.05$ ) for symbol coding task. The mean score improvement in this test was 20.3% ( $P < 0.05$ ) in rTMS and 11.4% ( $P < 0.05$ ) in active control group. Fast cognitive response was more likely to correspond with the positive outcome of the treatment.

**Conclusions.–** Fast antidepressive effect with significant reduction of negative symptoms and improvement of cognition were the prominent features of rTMS action in schizophrenia.

PW0442

### **Immunological criteria of prognosis of protracted course of organic disorders**

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**Introduction.–** In organic asthenic disorders beyond mental dysfunction of the organism, imbalance of immunity system is often revealed that leads to weakening of mechanisms of the immune protection. During further progression of organic asthenic disorder, gradual formation of organic personality disorder occurs.

**Materials and methods.–** Clinical-immunological examination of 232 patients (group 1) with organic emotional-labile (asthenic) disorder (F 06.6) and 93 patients (group 2) with organic personality disorder (F 07.0) has been conducted. Laboratory investigation included phenotyping of immunocompetent cells by flow cytometry. The level of brain-specific protein S-100 was determined by ELISA-test.

**Results.**– Significant differences between parameters of the immunity in examined groups have been identified. Immune status of patients with organic personality development as compared with patients of group 1 was characterized by lower values of number of T-lymphocytes – CD3<sup>+</sup> phenotype ( $P=0.0001$ ), higher values of number of lymphocytes with Fas-receptors of readiness to apoptosis (CD95) ( $P=0.0001$ ) and level of protein S-100 ( $P=0.0012$ ).

**Conclusion.**– Immune deficiency and disturbance of neuroimmune mechanisms of regulation should be considered as peculiar characteristics of united psychobiological process in organic pathology. Disturbances of immune protection are adverse factors promoting formation of organic mental disorders, their protracted course and polymorphism of clinical symptoms. Totality of factors such as decrease of number of T-lymphocytes, heightening of number of lymphocytes with Fas-receptors of readiness to apoptosis and heightening of level of protein S-100 allows considering them as predictors of formation of protracted course of organic mental disorders at early stages of disease.

**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**

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**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 'SYMPATHOCOR-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  $26.35 \pm 7.53$  to  $15.35 \pm 4.20$ ), SPRAS (from  $72.83 \pm 21.41$  to  $39.27 \pm 8.13$ ). For patients from the second group (DCASNS): HAM-A (from  $27.49 \pm 7.32$  to  $7.30 \pm 2.05$ ), SPRAS (from  $74.33 \pm 23.42$  to  $24.22 \pm 5.29$ ).

**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**

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**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**

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**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.

PW0446

### **Cytokine profile in patients with epilepsy with associated depression**

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At present time, there are many experimental and clinical study on the inflammatory theory of epileptogenesis and depressive disorders (De Simoni M.G. et al., 2000; Lehtimäki K.A. et al., 2004). Cytokines influence on neuronal transmission of mediators and contribute the development of hyperexcitability of neurons (Zou J.Y., Crews F.T., 2005). The cell-mediated immune activation and the process of inflammation induce the dysregulation of a brain-derived neurotrophic factor (BDNF) and decrease in the hippocampal neurogenesis and neurodegeneration associated with epileptogenesis and the development of depression.

The aim is to investigate the cytokine status and concentration of BDNF in blood plasma in patients with epilepsy (PE) with associated depression.

**Materials and methods.**– Cytokines and BDNF were analyzed in blood samples of 60 PE and 31 healthy donors (HD) using method of enzyme linked immunosorbent assay.

**Results.**– The study showed a significant disbalance of cytokines in the blood of PE: the increased levels of pro-inflammatory cytokines (IL-1 $\beta$  (316.5  $\pm$  14.0 pg/ml), IL-8 (157.1  $\pm$  99.4 pg/ml) and TNF- $\alpha$  (14  $\pm$  3 pg/ml)), decrease of the concentration of the receptor antagonist and significantly reduced the content of BDNF (4448 pg/l). The direct correlation established between immune disbalance and the presence of depressive disorders in patients with epilepsy ( $r = 0.67$ ;  $P < 0.01$ ) ( $r = 0.71$ ;  $P < 0.01$ ) ( $r = -0.83$ ;  $P < 0.01$ ) (img. 1).

**Conclusion.**– The results confirm the data on the inflammatory genesis of epilepsy and depressive disorders. The immune disbalance is more expressed in PE with severe depressive disorders.

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

PW0447

### **The recombinant human interleukin IL-2 as agent for the adjuvant treatment of patients with epilepsy and associated depression**

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Currently, there are many experimental and clinical evidence of the inflammatory theory of epileptogenesis and depression, and also, to dysregulation of neurotrophins.

The aim was study the cytokines and BDNF of patients with epilepsy (PE) and PE with associated depression (PED) before and after treatment with recombinant human interleukin IL-2 (rIL-2).

**Materials and methods.**– We investigated cytokines and BDNF in plasma blood of 38 PED and 60 PE before and after treatment with rIL-2h. The control group is 32 PE only treated AED and 31 healthy donors (HD).

**Results.**– Levels of IL-1 $\beta$ , IL-8 and TNF $\alpha$  increased, the concentration of rIL-1 $\beta$  and BDNF were reduced in both groups (PED and PE). The concentration level of IL-1 $\beta$  in PED is 2.5 times higher than in PE and HD ( $P < 0.01$ ). The initial BDNF was 4448 pg/l, its concentration is increased to 7023 pg/l ( $P < 0.01$ ) in PE, after treatment with rIL-2h. The concentration of BDNF tended to decrease in the control group PE. The average concentration of BDNF has not changed after treatment of rIL-2 in PED, however, within this group was observed two opposite trends of changes in BDNF: in the first subgroup BDNF increase 2.6 times, in the second – reducing 3.5 times, after treatment with rIL-2h.

**Conclusions.**– Our results support the “cytokine theory” of epilepsy and depressive disorders. Changes in the expression of BDNF in patients with associated depression after the treatment of rIL-2h should be considered from the standpoint of neuroplasticity as a predictor of therapeutic response in patients with associated depression.

**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**

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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.

PW0449

### Acute multisession bifrontal transcranial direct current stimulation for treatment of intractable tinnitus: A double blinded randomized controlled trial

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**Introduction.**– Transcranial direct current stimulation (tDCS) has shown promising but heterogeneous therapeutic efficacy on tinnitus.

**Objectives.**– To investigate therapeutic effects of acute multi-session tDCS (anodal/cathodal over the right/left dorsolateral prefrontal cortex (DLPFC)) on tinnitus symptoms.

**Methods.**– This was a double blinded randomized controlled trial on patients ( $n=42$ ) with chronic intractable tinnitus who were randomly divided into real or sham tDCS. The tDCS protocol consisted of twice daily sessions (intersession: 6 hours) of 2 mA current for 20 min for 5 consecutive days through 35 cm<sup>2</sup> electrodes. The anode was placed over F4, and the cathode over F3. The tinnitus handicap inventory (THI) was assessed pre- and post-intervention, and at one month follow-up. Tinnitus loudness and distress were assessed prior to intervention, and at immediately, one hour, one week, and at one month after the last tDCS session.

**Results.**– Real tDCS significantly reduced THI score at immediately post-treatment ( $P=0.001$ ) that lasted up to one month post-treatment (average reduction:  $20.042 \pm 10.2697$ ,  $P<0.001$ ). In the real tDCS, 72% patients showed significant clinical improvement, whereas 35.29% patients in sham tDCS improved indicating a significant different effect ( $P<0.05$ ). Real tDCS significantly reduced the distress immediately post-treatment ( $P<0.001$ ) and lasted one week ( $P=0.062$ ). Real tDCS reduced distress more than the sham condition, but the differences were not significant. The real tDCS significantly reduced loudness at “immediately post-stimulation” ( $P=0.045$ ) and persisted 1 hour ( $P=0.021$ ).

**Conclusions.**– Acute repeated sessions of tDCS may be promising treatment for intractable tinnitus with persisting effects.

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

PW0450

### Comparison of 20 Hz rTMS in acute and standard protocols in intractable major depression: A randomized controlled trial

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**Introduction.**– Studies on developing more efficient treatment protocols of rTMS for treatment of intractable depression are ongoing. **Objectives.**– To comparatively evaluate the therapeutic efficacy of an acute and the standard 20 Hz rTMS in drug resistant major depression in an open label single blinded clinical trial.

**Methods.**– The patients ( $n=24$ ) were randomly divided into standard or acute rTMS groups who received 20 Hz rTMS over left dorsolateral prefrontal cortex. The two groups received the same protocol consisted of ten sessions each session of 60 trains (2.5 s, inter-train of 17.5 s) at 120% MT, except that the standard group received daily one session for 2 consecutive weeks and the acute group twice daily with intersession interval of 2 hours. The 17-item Hamilton depression rating scale (HDRS-17) was used to determine treatment response (50% reduction in HDRS-17 score) and remission (score lower than 8). The response and remission rates were compared between two groups.

**Results.**– Ten patients completed the standard treatment where the response and remission rate was respectively 50% and 40%. The average HDRS-17 score significantly reduced posttreatment, compared with the baseline ( $P=0.006$ ). Both the response and remission rate in the acute rTMS was 33%. Moreover, the average HDRS-17 score was significantly reduced posttreatment compared with the baseline ( $P=0.042$ ). The two groups showed no significant difference in response and remission rate ( $P=0.05$ ).

**Conclusions.**– To reduce the total treatment period, we can use acute rTMS, while keeping the total number of pulses constant as standard protocol.

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

PW0451

### Spectral powers of prefrontal and sensorimotor regions of brain predict response to repetitive transcranial magnetic stimulation

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**Introduction.**– Quantitative assessments of repetitive transcranial magnetic stimulation (rTMS) effects are crucial to develop more efficient and personalized treatments.

**Objectives.**– To determine the spectral powers of different sub-bands of EEG correlated with treatment response to rTMS.

**Methods.**– In an open label study 10 patients with intractable major depression received a ten session 20 Hz rTMS over left dorsolateral prefrontal cortex. The EEGs were recorded in all subjects prior and post intervention using a 19-channel EEG system. Hamilton depression rating scale (HAM-D) was also used to determine treatment response. The rTMS protocol consisted of daily one session of 60 trains (2.5 s, inter-train of 17.5 s) at 120% MT for 5 consecutive days per week and 2 weeks. Absolute and relative powers in all electrodes for delta (0–4 Hz), theta (4–8 Hz), alpha (8–12 Hz), sensorimotor rhythm (SMR)(12–15 Hz), beta (15–20 Hz), and high beta (20–28 Hz) were compared prior and post-intervention in the responders.

**Results.**– In the responders ( $n=5$ ), absolute powers of alpha in F3, F4, C3, and C4 electrodes, absolute power of theta and alpha sub-bands in C4 electrode significantly changed ( $P<0.05$ ). In the SMR band, absolute powers in the Fp1, Fp2, F3, F4, F7, FZ, C3, and C4 significantly changed ( $P<0.05$ ). In beta sub-band, relative power in C4 and absolute power in Fp1, Fp2, F4, CZ, and C4 significantly changed ( $P<0.05$ ) (Table 1).

**Conclusions.**– The spectral powers of particular sub-bands in pre-frontal cortex and sensorimotor area can predict response to rTMS treatment.

Table 1.

	Mean	SD	Z	Asymp. Sig. <sup>a</sup>	Exact Sig. 2-tailed <sup>b</sup>
delta1	3.00	18.00	-1.98	.047	.056
delta2	3.00	18.00	-1.98	.047	.056
theta1	2.00	17.00	-2.19	.028	.032
theta2	3.00	18.00	-1.98	.047	.056
alpha1	3.00	18.00	-1.98	.047	.056
alpha2	3.00	18.00	-1.98	.047	.056
beta1	2.00	17.00	-2.19	.028	.032
beta2	1.00	16.00	-2.40	.016	.016
gamma1	2.00	17.00	-2.19	.028	.032
gamma2	1.00	16.00	-2.40	.016	.016
delta3	3.00	18.00	-1.98	.047	.056
delta4	3.00	18.00	-1.98	.047	.056
delta5	3.00	18.00	-1.98	.047	.056
delta6	3.00	18.00	-1.98	.047	.056
delta7	3.00	18.00	-1.98	.047	.056
delta8	3.00	18.00	-1.98	.047	.056
delta9	3.00	18.00	-1.98	.047	.056
delta10	3.00	18.00	-1.98	.047	.056
delta11	3.00	18.00	-1.98	.047	.056
delta12	3.00	18.00	-1.98	.047	.056
delta13	3.00	18.00	-1.98	.047	.056
delta14	3.00	18.00	-1.98	.047	.056
delta15	3.00	18.00	-1.98	.047	.056
delta16	3.00	18.00	-1.98	.047	.056
delta17	3.00	18.00	-1.98	.047	.056
delta18	3.00	18.00	-1.98	.047	.056
delta19	3.00	18.00	-1.98	.047	.056
delta20	3.00	18.00	-1.98	.047	.056

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

PW0452

### Immunotypes of the Asthenic Symptom-Complex in patients with paranoid schizophrenia

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The new approach in psychiatry is an attempt to analyze the immune mechanisms of the development of the asthenic disorders in the endogenous process using immunological (inflammation) parameters to specify the diagnosis of these disorders.

The aim was the differentiation of immunological features (the immunotypes) of the asthenic symptom-complex in patients with paranoid schizophrenia (PS).

The study included 43 patients aged 20–55 years with PS in the stage of therapeutic remission. Clinical evaluation was assessed by PANSS and MFI-20. The activity leukocyte elastase (LE) and a1-proteinase inhibitor (a1-PI) was detected in serum.

The asthenic disorders in total group with PS were associated with an increase in the activity of acute-phase proteins (by the activity of a1-PI) and deficiency in the functional activity of neutrophils (according to LE activity). These data are in contrast to those in patients with schizophrenia in the acute stage of the disease as previously was shown.

Two immunotypes depending on the activity of LE were revealed. The 1st one (42%) demonstrated moderate increase both LE and a1-PI activity as compared to normal values ( $P < 0.001$ ). The asthenic symptoms in these patients were transient and accompanied by the depression. The 2nd one (58%) showed an increase in a1-PI

( $P < 0.001$ ) but not LE activity ( $P > 0.05$ ). The asthenic symptoms in these patients were irreversible and formed at the stage of remission.

Thus, the investigated inflammation parameters allow evaluating the activity of the pathological process in the brain and can be used as markers of the asthenic symptom-complex in PS.

**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)

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**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

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**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 ( $36.00 \pm 20.98$  v.s.  $23.86 \pm 17.90$ ,  $P < 0.05$ ). Interestingly, the post-circumcision ceremony plan increased the total anxiety-depression subscale score of RCADS-child form ( $30.07 \pm 19.93$  v.s.  $19.16 \pm 16.73$ ;  $P < 0.05$ ).

**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

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**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.

PW0456

### Coping in teenagers and their parents urgently received in child and adolescent psychiatry

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**Introduction.**– The number of teenagers urgently received in Child and Adolescent Psychiatry is increasing. In fact, adolescence is a transition period during which youths and their families have to face multiple stressors.

**Objectives.**– Determine the profile of teenagers and highlights coping strategies used by them and their parents.

**Method.**– It is a transverse and descriptive study including 75 adolescents who were received urgently in Child and Adolescent Psychiatry department at hospital Razi. Following data were collected: socio-demographic, clinical, personal and family characteristics. A-cope questionnaire was assessed for measuring coping strategies in adolescents and Brief-cope questionnaire for parents. **Results.**– The sample of the study was formed of 75 adolescents from 10 to 17 years (73.3% girls). Mean age was 13.7 years. 48% were consulting for a suicidal behavior. About 50% of parents were primary scholar level. The most retained diagnosis according to DSM-V was adjustment disorder with depressive mood. 27.3% of adolescents had a history of maltreatment, 26.7% had a psychiatric family history. The mean score of diversity of strategies in our population was 36.57, the most coping strategies used by adolescents were seeking diversion (mean score = 22.47), developing social support (mean score = 19.84), engagement (mean score = 16.40), ventilating feelings (mean score = 15.41) and solving family problems (mean score = 15.28) and the most strategies used by parents were planning (mean score = 7), religion (mean score = 6.8) and acceptance (mean score = 6.7).

**Conclusion.**– Studying coping in this population is very important in a way to improve it.

**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

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**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 =  $16.5 \pm 1.2$ ) 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).

PW0458

### Gene environment interaction of SLC6A4 and maternal negative affectivity predicting behavior problems in Korean preschoolers

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Individuals with short variants of SLC6A4 are more vulnerable to internalizing and externalizing problems than those with long variants. These problems in preschoolers are associated with poor emotional regulation. This study assumes that maternal negative emotions will increase the risk of child's internalizing and externalizing problem by reducing the chances of developing emotional regulation. We investigated whether maternal negative affectivity moderates the effect of genetic polymorphism of SLC6A4 on children's behavior problems.

Participants included 143 preschoolers and their mothers in South Korea. CBCL and EAS Adult Scale were used to measure child behavior and maternal affectivity. DNA from saliva was genotyped for serotonin transporter polymorphism.

Maternal negative affectivity showed main effects in externalizing ( $b = 5.78, P < .001$ ) and internalizing problems ( $b = 6.09, P < .001$ ). The interaction of SLC6A4 polymorphism with maternal negative affectivity showed main effects on externalizing ( $b = -7.62, P < .01$ ) and internalizing problem ( $b = -9.77, P < .01$ ) Children with two short alleles showed considerable changes in both externalizing and internalizing problems according to maternal negativity; however, children with one short allele or none show relatively few change in behavior problems due to maternal affectivity.

In conclusion, the effect of SLC6A4 polymorphism on child behavior was moderated by maternal negative affectivity. In addition, the impacts of maternal negative affectivity vary on the child's genetic risk. High maternal negative affectivity triggered risk allele while low maternal negative affectivity allows risk allele shows less behavior problems. Children with two short variants of SLC6A4 genotype may benefit from intervention that modulates maternal negative affectivity.

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

PW0459

### Prevalence of attention deficit hyperactivity disorder (ADHD) in a pediatric endocrine clinic in Saudi Arabia

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**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 characteris-

tics 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.

**Keywords:** ADHD; Child; Endocrine; Neurobehavioral; Saudi Arabia

Table 1 Distribution and comparison of children medical and psychological conditions in relation to ADHD.

Variable	ADHD (yes/no) (%)
<b>Medical Conditions</b>	
Obesity	629 (17.1%)
Diabetes	151 (1.9%) *
Growth Deficit	25\119 (17.4%)
Thyroid Dysfunction	1786 (16.2%)
Heart Diseases	48 (33.3%)
Neurological Diseases	622 (21.4%)
<b>Psychological Conditions</b>	
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
<b>Medical Conditions</b>		
Diabetes*	67	11
Obesity	27	7
Thyroid	61	10
Growth Deficits	11	2
<b>Psychological Conditions</b>		
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
<b>Medical Conditions</b>		
Diabetes	20	5
Obesity	15	3
Thyroid	23	4
Growth Deficits*	25	6
<b>Psychological Conditions</b>		
ADHD*	13	4
Anxiety*	3	2
Depression*	4	1
Bipolar disorder	1	0
Schizophrenia	0	0
Personality disorders	1	0

\* The highest frequency

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

PW0460

## The relationship between the number of internet game genre usage and adolescent internet game addiction

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**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 was consists of 9 question and total score was 0–27. Score of 10 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

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**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). 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.

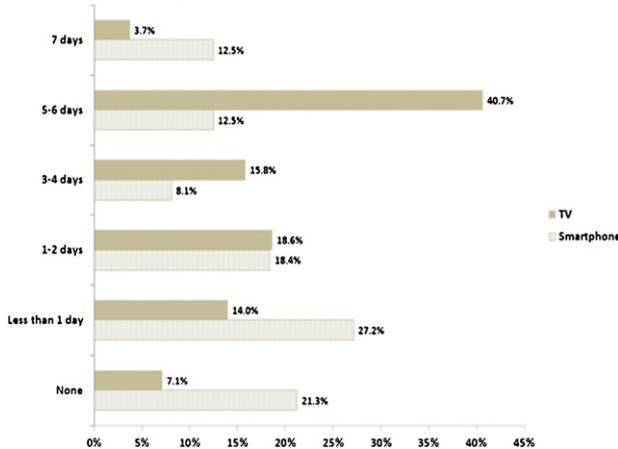


Fig. 1 Frequency of Usage of TV and Smartphone Per Week.

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)	0.068 (0.075)	0.098 (0.072)	0.208*** (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)	1.628 (2.681)	-2.047 (2.902)	-1.168 (1.492)	-0.071 (1.629)	-0.669 (2.126)	1.823 (2.865)	1.812 (2.711)	0.840 (1.561)	-3.247* (1.860)	1.948 (2.548)
BDI of mother	6.432*** (1.572)	5.261*** (1.649)	6.336*** (1.518)	2.740** (1.177)	2.104** (1.001)	2.007* (1.085)	2.215** (1.057)	3.765*** (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	0.039	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. SNS: 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

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**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 ( $P \leq 0.05$ ) more poorly than the full-term infants on cognitive scale, receptive language, gross and fine motor. No significant ( $P \leq 0.05$ ) 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.

**Funding.**– The research was supported by grant of the Russian Science Foundation no. 16-18-10371.

**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

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**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.

PW0464

### Sub-threshold depression in different groups of adolescents

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**Introduction.**– The detection of sub-threshold depression is discussed by researchers of adolescent mental health. The prevalence of sub-threshold depression varies from 5 to 29%, it is regarded as a predictor of the actual development of depression, accompanied by a disruption of functioning and increase of suicidal risk.

**Objective.**– To study the prevalence of sub-threshold depression in adolescents.

**Material.**– 659 adolescents 12–17 years, of which 139 students in urban comprehensive schools, 297 pupils of rural schools, 223 pupils of the correctional boarding schools for children with hearing and vision impairments.

**Methods.**– The Children's Depression Inventory (M. Covaks., 1992), clinical and statistical methods were used.

**Results.**– The level of risk for depressive symptoms “above average” was 26.6% (22.3% – boys, 28% – girls), high in 7.9% (1.7% and 14.5%, respectively).

The adjustment disorders were diagnosed in 29 adolescents, 68 pupils had some signs of affective disorders, affecting the quality of functioning. The predominant symptoms were periodic low mood, irritability, negative self-esteem, pessimistic attitude towards the future, reduction of academic performance, problems of interpersonal interaction, and elements of risk behavior.

**Conclusion.**– Sub-threshold depression was detected in 10.3% of adolescents, of which 15.8% were urban, 10.8% – rural and 6.3% – adolescents with disabilities. This group needs monitoring and preventive measures with the involvement of the social environment.

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

PW0465

### Design of a website for helping people with the Down syndrome to develop a life plan

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**Introduction.**– Self-determination means to make decisions about one's own fate or life without undue external influences. In France, this notion is expressed through the law on equal rights and opportunities, participation, and citizenship of people with disabilities. This law places the life plan at the center of the compensation process. The life plan is a projection into the future and constitutes a guide for pursuing personal objectives in many spheres of daily life. However, the self-determination and prospective memory difficulties experienced by people with intellectual disability (ID) considerably limit their ability to develop a life plan. Today, the use of digital tools has shown relevant results in terms of improving social inclusion in people with ID.

**Objective.**– In this context, the objective of our work is to design and develop a digital tool for helping people with ID to develop a life plan.

**Method.**– To do so, a user-oriented process with more than one hundred interviews has been conducted with adults with Down's Syndrome (DS) and their caregivers.

**Results.**– Results show that scores of usability, effectiveness, efficiency, and satisfaction increased at each stage of the design. Moreover, the first evaluation of this tool (after one month of use by 2 people with DS) shows positive results with regard to the development of a life plan and generally on psychological well-being, worries and perceived self-determination.

**Conclusion.**– This research confirms the importance to develop tools to help people with intellectual disability make plans for the future to improve their well-being.

**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

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**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 9g) 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

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**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

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**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.

The survey among GPs was financially supported by Otsuka Lundbeck that had no role in the construction of the questionnaire or in data analyses.

PW0469

### Enhancement motives as a mediator of alcohol use among adolescents in Sfax, Tunisia

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**Introduction.**– The implication of sensations and pleasure seeking in alcohol use, among adolescents, is emphasized by various occidental studies. Therefore, data related to Tunisian adolescents are not available.

**Objectives.**– Our aims were to assess the prevalence of alcohol use among a sample of students from the city of Sfax and to determine the link between alcohol use and different dimensions of sensations seeking.

**Methods.**– This was a cross-sectional study enrolling 317 middle and high school students in Sfax (Tunisia). The alcohol dependence was evaluated by Alcohol Use Disorders Identification Test (AUDIT). The Sensation Seeking Scale (SSS-V) was used to assess the level of sensation seeking.

**Results.**– The average age of students was  $15.79 \pm 1.5$  years with a sex ratio of 1.07. The prevalence of current alcohol use was 8.8%. According to the AUDIT, alcohol dependence was identified among 42.8% of the alcohol users. The two main motives for alcohol consumption, reported by students, were the search for new experiences (57.8%) and the sensation of pleasure (60.7%). According to SSS-V, the average total score was more important among the alcohol users (23.9 versus 18.2;  $P < 0.001$ ). Alcohol use was correlated to the sensations seeking in particular on the dimensions of disinhibition ( $P < 0.001$ ), experience seeking ( $P = 0.002$ ) and boredom susceptibility ( $P = 0.001$ ). The average score of the thrill and adventure seeking was higher among the alcohol users, but without significant relationship (7.3 versus 6.9,  $P = 0.2$ ).

**Conclusion.**– Our study shows that sensations seeking, observed through enhancement motives, are related to alcohol use in Tunisian adolescents.

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

PW0470

### **Non-syndromic orofacial clefts and increased risk for psychiatric disorders**

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**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.

PW0471

### **Childhood maltreatment as a predictor of later psychological distress: A Tunisian study**

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**Introduction.**– Maltreatment during childhood or adolescence is still widespread and often unrecognized. It has been linked to later physical and psychosocial disturbances.

**Aim.**– The aim of this study was to investigate the relationship between history of maltreatment and psychological distress as well as alcohol use among adolescents.

**Methods.**– It was a cross-sectional study involving 315 pupils from 4 middle and high schools in Sfax (Tunisia). We used the Alcohol Use Disorders Identification Test (AUDIT) to recognize risky alcohol-consumption.

**Results.**– The mean age was 16 years with a sex-ratio of 1.08. The participants have suffered in the past from physical abuse (16.2%), moral harassment (35.5%) or sexual abuse (1.6%). Among them, 7.3% had a psychiatric problem, 7.3% have already attempted suicide and 19.7% have drunk alcohol at least once in their lifetime.

Adolescents with history of physical abuse were more likely to attempt suicide ( $P = 0.002$ ). Those having suffered from moral harassment or sexual abuse were more likely to have a psychiatric problem later ( $P = 0.002$  and  $P = 0.045$  respectively) and to attempt suicide ( $P = 0.008$  and  $P = 0.045$  respectively).

Alcohol users were more likely to have histories of physical abuse ( $P = 0.002$ ), moral harassment ( $P = 0.003$ ) and suicide attempt ( $P = 0.015$ ). AUDIT score was significantly higher in alcohol users having suffered from sexual abuse ( $P = 0.011$ ).

**Conclusion.**– Our study highlighted the link between histories of maltreatment and later alcohol consumption and psychological disturbances. Thus, alcohol use management in adolescents with histories of maltreatment must include underlying issues of abuse and related psychological distress to reduce co-occurring health risk behaviors.

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

PW0472

### **Attention deficit and hyperactivity disorder in children with penetrating eye injury**

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**Introduction.**– ADHD is significantly related to increased risk of injuries. One of the most important factors leading to non-congenital unilateral blindness in pediatric population is eye injury.

**Objectives.**– To assess both ADHD and other possible psychiatric disorders in children with penetrating eye injuries.

**Methods.**– 37 children with penetrating eye injury (PEI) aged between 4–13 years old as a patient group and 24 children with accommodative refractive esotropia (ARE) aged between 4–13 years old as a control group were recruited to study. All patients underwent a complete ophthalmic examination. History of penetrating eye injury and socio-demographic data were recorded. After clinical stabilization we assessed each group with Schedule for Affective Disorders and Schizophrenia for School Aged Children, Present and Lifetime Version. Turgay DSM-IV-Based Child and Adolescent Behavior Disorders Screening and Rating Scale was fulfilled by parents in order to evaluate ADHD symptoms.

**Results.**– 72.2% ( $n=26$ ) of children with PEI and 45.5% ( $n=10$ ) of children with ARE had a mental disorder ( $P=.178$ ). ADHD was the most frequent and anxiety disorder was the second leading psychiatric disorder in both groups. Prevalence of ADHD was found 48.7% in the PEI group versus 22.7% in the control group, respectively ( $P=.046$ ).

**Conclusion.**– ADHD was more common in children with PEI. In addition, prevalence of ADHD between PEI and ARE groups was statistically significant. ADHD is treatable psychiatric disorders, if it is diagnosed properly. Therefore, a suitable diagnosis and treatment of ADHD may prevent vision loss due to penetrating eye injuries in children.

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

PW0473

### Early onset of Gilles de la Tourette syndrome. Treatment results

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**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

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**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

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**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 cog-

nitive 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.

PW0476

### Risperidone-associated sexual dysfunction in women

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**Introduction.**– Sexual dysfunction is the most bothersome symptom and adverse drug effect of antipsychotics and Risperidone seems to be the antipsychotic treatment causing the most sexual dysfunction.

**Objective.**– The aim of this study was to describe sexual dysfunctions occurred in a population of women treated with risperidone.

**Methods.**– It was a retrospective and descriptive study about 60 Tunisian women treated with risperidone during 1 year at least, consulting in the Adult Outpatient “Pinel” of Razi hospital from 2014 to 2015.

**Results.**– Sixty female patients were included in this study. The mean age was 28 years (SD: 3.4). They were treated for schizophrenia (50%), Bipolar disorder (25%), schizoaffective disorder (16.6%) and personality disorder (8.4%). Risperidone was prescribed in monotherapy in 53.3% of cases. The other associations were with a Benzodiazepine (33.3%), a mood stabilizer (41.6%) and antiparkinsonism drug (18.3%).

The most common sexual ADEs was a decreased sexual desire in 46.6% of the cases. The others sexual ADEs were amenorrhoea (27%), vaginal dryness (18%) and Galactorrhea in (10%). However, we found one case of increased sexual desire.

**Conclusion.**– An attention to the associated sexual and reproductive functions side effects of risperidone in women is necessary in order to improve the adherence to the treatment of our patients.

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

PW0477

### Evaluation of a decision-making algorithm for hospitalization of elderly affected by Diogenes syndrome or related disorders

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Diogenes syndromes and related disorders (DS) are rare psychiatric conditions still not sufficiently studied scientifically. However, they present major problems of care for practitioners at home faced with the difficult decision of hospitalization, specifically regarding potential suicidal risk for the person torn away from his house.

The objective of this retrospective analytical observational study was to evaluate the concordant validity of a decision-making algorithm for DS hospitalization. It was realized by comparing the care strategies obtained with this scale and those led in practice by a Mobile Psychiatric Team of Evaluation and Follow-up for the Elderly (EMESPA) in Limoges.

Elderly with DS and assessed by EMESPA at home between 2013 and 2016 were selected on 905 outpatients. After several preliminary works, a scale baptized Ethical and Clinical Score of Diogenes Hospitalization (SECHD) was created to help in the decision of hospitalization of these subjects. Statistical analyses assessing its psychometric qualities were carried out.

Thirty two older people were recruited. The total SECHD score and its sub-scores concerning the environmental and the intrinsic factors predicted significantly the decision of hospitalization of these subjects. Good performances were found, with respective levels of significance:  $P = 0.005$ ,  $P = 0.017$  and  $P = 0.012$ .

The SECHD appears to be performing for the detection of the indication of hospitalization for subjects with DS, and could thus be used in practice to carry out prospective analyses. More studies would be necessary on larger samples in order to improve the relevance of this score into clinical practice.

**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

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**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.

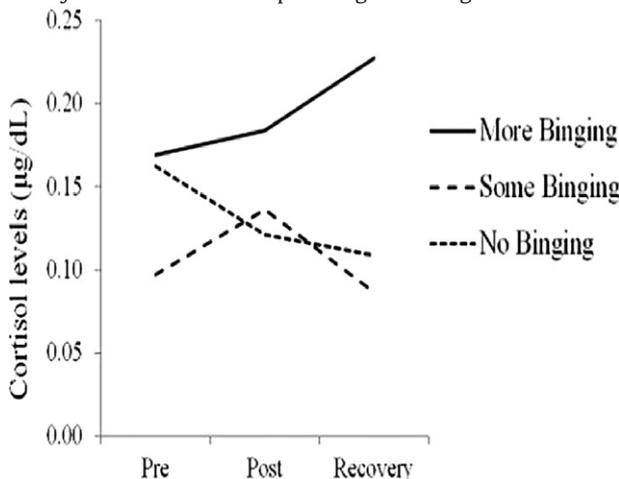


Fig. 1.

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

PW0479

### Psychotropic drugs are associated with functional decline and more needs in nursing homes

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**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 ( $\geq 60$  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  $\geq 3$ , 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

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**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  $\geq 65$  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% presented 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.

PW0481

### **Sociodemographic profile of transsexual patients in Poland**

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**Introduction.**– Broadening and popularizing knowledge about the determinants of transsexuality in medical and non-medical communities play an important role in shaping the positive attitudes, tolerance and respect towards persons suffering from this condition and also enables them to receive a proper medical and psychological help. Patients would also benefit from improved diagnostic, therapeutic and legal processes related to the gender change in Poland.

**Objectives.**– The aim of the study is sociodemographic characteristics of the group affected by transsexuality in Poland.

**Methods.**– Study includes a retrospective analysis of medical record of patients (in the period from 2009–2015) aged 18 and above, both sexes, with definitive transsexual diagnosis (ICD 10-F64), treated in the Mental Health Clinic and the Pathology of Intimacy Clinic in Lodz. One group of approximately 136 participants and no control group was created. The obtained data was analyzed statistically.

**Results.**– Of the 136 participants in the study, 30 were diagnosed with transgender type – MtF (22.05%) and 106 – FtM (77.94%). The age range in the study was wide. The oldest person was 53 years old, the youngest was 17 years old (M = 25.57, SD = 7.89). The study also included the number of years of treatment (attendance at the clinic) – maximum 24 years, minimum less than 1 year (M = 5.34, SD = 4.58).

**Conclusions.**– Gathering and analysis of sociodemographic data is important for elucidating the transsexual patient's profile. It facilitates better understanding, timely recognition and choice of appropriate treatment for these patients.

**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**

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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**

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**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<sub>95%</sub>: 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**

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**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  $\epsilon 4$  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  $\epsilon 4$  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**

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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 epigenetic 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**

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**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.

PW0487

### **Clinical features in Libido disorders (nonpsychotic mental diseases in men)**

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A comprehensive study of 150 men aged 20 to 50 years with complaints of sexual desire disorder, helped distribute them into 4 groups, depending on the nature of their mental disorders. The first group consisted of patients with endogenous depression – 45 (30%) of people in the second – patients with neurotic depression – 48 (32%) people in the third – patients with neurasthenia – 35 (23.3%) people, in the fourth – patients with residual-organic brain damage – 22 (14.7%) patients. In violation of endogenous depression libido is a total character, having a specific daily and seasonal rhythms. In patients with neurotic depression, disorders of sexual desire may occur against a background of fairly pronounced compensatory capacities of the individual, moderate (functional) behavioral and somatic-vegetative disorders. As part of neurasthenia sexual desire disorder observed in 2–4 months after the onset of the patients expressed neurotic symptoms For disorders of libido in organic mental disorders characterized by a certain dynamics resistant decreased libido, less dependent on external conditions. At light loads, patients do not find the strength and the desire to enter into intimate contact. Treatment in patients with a decrease in libido included antidepressants, trazodone (50–150 mg per day) was chosen because it does not negatively affect sexual function and multimodal mechanism of action.

**Conclusion.**– The study of disorders of sexual desire with the definition of clinical features is an important diagnostic criterion for qualification of mental disorders and to develop adequate therapeutic and rehabilitative programs.

**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**

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**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  $26.6 \pm 4$ . Mean follow-up duration was  $25.9 \pm 11$  months, mean HT duration was  $13.8 \pm 5$  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**

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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.

PW0490

### Paraphilias on the internet: Overview of methodological approach

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*Introduction.*– Our hypothesis has been that we might utilize the Internet to identify and study digital communities of people with paraphilias.

*Methods.*– In three longitudinal studies investigating zoophilia, pedophilia, and gay BDSM, we applied mixed methods qualitative and quantitative solutions. In the first part, we selectively searched entire internet with modified version of DEVONagen Pro, using combination of keywords [“zoophilia” AND/OR “pedophilia” AND/OR “bdsm” AND/OR “kind” AND/OR “help”]. Through these efforts, we identified several thousand “hits” where people exchanged conversations about paraphilias. Over the course of two years, we carefully archived and qualitatively studied these materials. Subsequently, we advertised and collected survey responses from about a third of individuals whose posts were analyzed qualitatively.

*Results.*– We identified a number of methodological and ethical challenges concerning investigations of paraphilias using digital spaces. First, using selective search approach, our research minimized selection bias of digital materials for qualitative analysis as we looked for data across entire English-language Internet. Second, we show that using the Internet, and digital discussion spaces in particular, is an effective way of investigating paraphilias. Third, we show that retrospective qualitative analysis of discussions happening online effectively captured self-described lives of people living with paraphilias. Fourth, we show that surveys might be administered to capture data such as demographics and other information not available through qualitative analysis. Fifth, we devised an ethical system for collecting data on paraphilias.

*Conclusions.*– These findings ensure appropriate investigation of paraphilias on digital spaces, while exercising the highest ethical and methodological standards.

*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

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*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.

PW0492

### 2D:4D digit ratios in subjects with female-to-male gender dysphoria and their sisters

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*Introduction.*– Although the etiology of gender dysphoria (GD) is not completely known, it has been said that prenatal exposure to testosterone could be an important factor in development of it. The ratio of the 2nd to the 4th (2D:4D) digit lengths has been suggested to represent prenatal testosterone levels. The data on 2D:4D digit ratios in subjects with GD are inconclusive and contradictory.

*Objectives.*– The present study aims to investigate the difference in 2D:4D digit ratios between subjects with female-to-male (FTM) GD, their sisters and, female controls.

**Methods.**– Thirty-five subjects with FtM GD (according to DSM-5 criteria), 35 their sisters and, 38 female controls were included in the study. Photocopies of the palms and digits of the hands of the participants were taken of all subjects and 2D:4D digit ratios were measured.

**Results.**– Comparisons between the groups revealed that the right-hand 2D:4D ratios in female controls are significantly higher than in subjects with FtM GD ( $P=0.02$ ). While there was no significant difference between subjects with FtM GD and their sisters in right-hand 2D:4D ratios, subjects with FtM GD had lower left-hand 2D:4D digit ratios compared to their sisters ( $P=0.047$ ).

**Conclusions.**– Our results support a biological etiology of subjects with FtM GD, pointing increased prenatal testosterone exposure in FtM GD.

**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**

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**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**

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**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?**

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**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 ( $-110^\circ\text{C}$  do  $-160^\circ\text{C}$ ). 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.

**Keywords:** Whole-body cryotherapy; Mild cognitive impairments; Memory deficits; Cognitive functions

**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

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**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 elderlies 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.

**Disclosure of interest.**– This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement no. 690090.

PW0497

### Lithium's impact on the sexual function of bipolar patients

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**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**

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**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.

**Keywords:** Sexual function; Pregnancy; FSFI; Depression

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

## **Psychotherapy**

PW0499

### **Psychotherapy and technology. A new support to treatment and psychotherapeutic assessment**

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**Introduction and objectives.**–Research in psychotherapy imposes, among other things, a challenge with objectivity. In addition to that, the research data are limited partially due to the scarcity of standardized and reliable tools. In particular, until now, researchers have been lacking of an effective and shared monitoring tool able to assess psychopathological disorders and their development in a given time-frame, for a given case and considering the relational and non-verbal aspects of the therapeutic process.

**Methods.**– Telepress Doctor Notes is a method that combines clinical interpretative models with the monitoring of the interactions and transactions via a technology originally intended for audiovisual classification and analysis. Introduced by Telpress International BV this technology, which is based on a software architecture, has been newly applied in psychological assessment and in individual.

This methodology is useful in clinical assessment, for example in the analysis of Adult Attachment Interview (AAI) and in the study of implicit mentalization, based on non-verbal and procedural elements. Psychotherapists can compare data useful for research and clinical ends and, when permitted, extract visual clues of data provided by other clinicians; keeping track of the evolution of their own research and treatment becomes a possible and simple task.

**Conclusions.**– Fundamental goals:

- annotate on the basis of verbal and non-verbal communication;
  - indexing and quick data retrieval of audio elements;
  - (selective) sharing of the information with the scientific community;
- for research, training and therapeutic ends.

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

PW0500

### **Grief in a mental health center: A brief psychotherapy evaluation**

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**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 loss.

**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.

PW0501

**System version of short-term polymodal psychotherapy based on self-regulation methods (Practice “OCEAN” for patients with alcohol dependence syndrome)**

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The author describes a special method based on a multi-modal psychotherapy for patients with alcohol dependence syndrome. There are a lot of psychotherapeutic methods for chemical-abused patients. Among them, there are traditional relaxation practices, such as autogenic training that includes direct interaction of physician and patient. A therapeutic effect exists due to alliance that takes place between doctor and patient. Nowadays, autogenic training is the basic method for self-regulation of alcohol addicts in Russia. During last years, the popularity of autogenic training came down. The Practice “Ocean”<sup>®</sup>, proposed by author, helps patients to achieve self-psychological recovery through the use of self-regulation breathing techniques, psychotherapy meditation and auto-hypnotic impact, that are more modern. The method is designed to work in group or individual format, including remission period. Also, the e-poster describes the duration of remission with various types of treatment: Practice “Ocean”<sup>®</sup>, autogenic training and medication.

*Disclosure of interest.*– The author has 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**

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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.

PW0503

**Psychological correction of psychoemotional state in women with pregnancy hypertensive complications**

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*Introduction.*– Psychoemotional disorders in pregnant women represent a significant medical and social problem, as the consequences caused by this pathology have a strong effect on infants born to such mothers, and their mothers during and after pregnancy. The purpose of psychological correction of emotional States in pregnant women with hypertensive syndrome Ericksonian method of hypnosis.

*Objectives.*– The study was conducted on the basis of fsbi “research center for obstetrics, gynecology and Perinatology named after academician V.I. Kulakov” Ministry of healthcare of the Russian Federation. The study involved 150 pregnant women with hypertensive syndrome. 75 pregnant women with hypertensive syndrome received psychological correction method of Ericksonian hypnosis in the amount of 15 sessions.

*Methods.*– To assess the psycho-emotional state the techniques used: depression scale Beck and the scale of anxiety Spielberg-Hanina (State Anxiety Inventory – STAI). The study was carried out 4 times in the first, second, third trimester and three months postpartum.

*Results.*– When comparing psycho-emotional state of pregnant women with hypertensive syndrome on the background of psychological correction method Ericksonian hypnosis and pregnant women with hypertensive syndrome who did not receive psychological correction revealed statistically significant differences. In pregnant women with hypertensive syndrome, receiving psychological correction method Ericksonian hypnosis, revealed a lower level of depression and situational anxiety than women who did not receive psychological correction.

*Conclusions.*– Thus, our study has proved the necessity of psychological correction method Ericksonian hypnosis and its effectiveness for stabilization of psychoemotional state of pregnant women with hypertensive syndrome and prevention of preeclampsia.

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

PW0504

**EMDR training’s in Bosnia and Herzegovina resulted with the first national EMDR conference**

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The needs for EMDR (eye movement desensitisation and reprocessing) treatment of Bosnia-Herzegovina (BH) citizens, affected by 1992–1995 war, increased. The Trauma Aid UK (former Humanitarian Assistance Programmes UK & Ireland) works in partnership with mental health professionals in BH.

**Objectives.**– We aim to build an environment in which qualified and experienced professionals trained in EMDR may establish and sustain complete EMDR education and to keep international standards of EMDR practice.

**Method.**– Authors described the history of idea and its realization of EMDR education considering all needed phases that were provided from the Trauma Aid UK with non profit, humanitarian approach in sharing skills of EMDR to mental health therapists in BH.

**Results.**– The trainers from Trauma Aid UK completed five EMDR trainings in Bosnia-Herzegovina for recruited trainees from different cities and entities in BH. For continual professional development (CPD) all of these mental health professionals need to be active participants in professional and scientific meetings. Though, Association of Bosnia and Herzegovina EMDR Therapists, member of EMDR Europe, organized the First EMDR conference in Bosnia-Herzegovina sponsored by Trauma Aid UK under the patronage of EMDR Association of UK & Ireland.

**Conclusion.**– Five training of Bosnia-Herzegovina mental health workers to effectively use EMDR with enthusiastic help of EMDR trainers from Trauma Aid UK resulted with European accredited EMDR practitioners, one European accredited EMDR consultant and the first EMDR conference in BH. This will keep national development of psychotherapy capacities in post-war BH.

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

PW0505

### **The Effect of (MCT), (MBCT) on couple communication patterns with the mediating of perceived stress, perceived social support and emotion regulation in patients with (CHD)**

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**Background.**– Psychosocial risk factors have been associated with coronary heart disease (CHD). Social support within couples' relationships has been shown to be important for patient health outcomes and adjustment to the psychological and physical conditions in patients with(CHD). Constructive interactions with family, especially within couples can reduce the level of perceived stress and increase perceived social support and effect on experienced emotions.

**Methods.**– This research was an experimental (pretest, posttest with two experimental groups and one control group) design of the CHD patients of Rajaei hospital, a sample of 45 subjects were chosen through random sampling and considering the available conditions and then were put into two experimental and control group. Measurement tools of the study included Cohen's perceived stress scale, perceived social support questionnaire (MSPSS), emotion regulation questionnaire (Gross & John) and communication pattern questionnaire (CPQ). Data was analyzed through of multivariate analysis of covariance (MANCOVA) and stepwise regression analysis.

**Results.**– Findings of the study indicated that MCT and MBCT had an effect on the reduction of perceived stress and on the increase of

perceived social support and improvement of emotion regulation and couple communication patterns among CHD patients.

**Conclusions.**– The present study can be helpful in achieving an effective solution to the decrease of stress, increase of social support, improvement of emotion regulation and couple communication pattern and to the improvement of mental condition in general.

**Keywords:** Meta cognitive therapy; Mindfulness; Couple communication pattern; Perceived stress; Perceived social support; Emotion regulation; Coronary heart disease

**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**

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**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)  $\leq 5.1$ ) 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**

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

PW0508

### **System of integrative psychotherapy of somatoform and psychosomatic disorders patients**

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The main goal of the investigation was the integrative psychotherapy system established. On the basis of the examined 350 patients with somatoform disorders and 250 patients with chronic psychosomatic diseases we have elaborated a test that allows to evaluate quantitatively the 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**

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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.

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

PW0510

### **Potential of a homogeneous group in psychotherapy of schizophrenics**

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Insurmountable loneliness and isolation of schizophrenics is difficult to overcome in a dyadic relationship. Intensity specific to such a relationship, experienced in e-contrastrs of acceptance and rejection, does not enable a stable adaption to reality. Group psychotherapy undermines the intensity of developing and transference tensions connected to the original dyadic situation, allowing progress. Therapeutic capacities of the group ensure the group as a whole is able to take on functions resembling the functions of the ego on an individual level. The group for schizophrenics determines reality with its formal and content determinants. The schizophrenic patient has an opportunity to, in a tolerant atmosphere constantly built by the therapist, approach others within his comfort zone. Transference relationships are diluted by multiplying. Homogeneous groups of schizophrenics are based on underlying levels of functioning or disorders. Seeing how the group possesses its setting and a topic of

conversation, allows the actual referential frame to be related to the fluid conceptualisation, therefore making its effects visible to members. Development of cohesion of the group diminishes the sense of fear and loneliness. Similar cognitive deficit implies a more specific determination of work techniques, enabling setting a test of reality and working through content and acquiring insight. Norm of understandable communication in the group is a formal frame for establishing contact. For the schizophrenic, the homogeneous group intensifies therapeutic effects, whereas the presence of the former in a heterogenous group contributes more to the group dynamic than the patient himself.

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

PW0511

### Psychotherapy within psychiatric training: Are we improving?

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*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 country. 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

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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

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*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**

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**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.

PW0515

### **Cognitive-behavioural therapy, a new treatment for delusional disorder?**

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**Introduction.**– Delusional disorder is characterized by a difficult evolution, with little response to antipsychotic drugs. For years there have been theories that suggest that delusions arise from alterations in the ways of processing and evaluating information. Faced with this situation, the idea of treatment through cognitive-behavioral therapy (CBT) of delusions arises by modifying the processing pathways and producing changes at the cognitive level that allow an adequate evaluation of the information.

**Objectives.**– To review the existing literature on the efficacy of CBT in the treatment of delusional disorders, as well as the usefulness of CBT in the study of the pathways of delusional disorder.

**Methods.**– PUBMED's website is searched for articles under the following terms: “Delusional disorder and cognitive-behavioural therapy”.

**Results.**– It seems to be a relationship between self-esteem with the degree of conviction in the delusional belief.

The main mechanism of CBT is the reduction in the conviction of the delusions.

It has been objectified significant reductions in preoccupation and emotional level; as well as significant improvements in social/working level and functioning.

Efficacy is independent of the content of the delusion.

**Conclusions.**– CBT is a valid method in the treatment of delusional disorder, and may be considered as a first option.

More research is needed on the efficacy of CBT as a single or concomitant treatment with drug therapy.

CBT appears to be a suitable method for the study of etiopathogenic mechanisms in the delusional disorder.

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

PW0516

### **Therapeutic beliefs and practices of Jewish-Israeli and Palestinian-Israeli social workers**

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**Introduction.**– The present study investigates social workers' preferences regarding four therapeutic orientations: psychodynamic therapy (PDT), cognitive-behavioral therapy (CBT), client-centered therapy (CCT), and eco-systemic therapy (EST).

**Objectives.**– To reveal similarities and incongruence when comparing the social workers' beliefs in the efficacy of the different therapeutic orientations and the frequency of their use in practice.

**Methods.**– 679 social workers (528 Jewish and 151 Palestinian) reported their beliefs regarding the efficacy of the four therapeutic orientations, and 343 additional social workers (193 Jewish and 150 Palestinian) reported how often they apply the therapeutic orientations in their practice.

**Results.**– CCT was the most preferred and PDT was the least preferable therapeutic orientations among social workers in Israel. Social workers with a private practice reported greater use of PDT (both Jewish and Palestinian social workers) and less use of CBT and EST

(Jewish social workers). Finally, a larger number of clients was associated with greater use of CBT (among both Jewish and Palestinian social workers) and EST (among Jewish social workers). Among Jewish social workers, a higher proportion of Palestinian clients was associated with greater use of CBT, EST, and CCT. Palestinian social workers used CCT more frequently with their Palestinian clients, while they used it less with their clients belonging to all the other ethnic groups.

**Conclusions.**– The results obtained demonstrate that an incongruence exists between social workers' therapeutic beliefs and their practices. In addition, social workers tend to use different therapeutic interventions when working with clients belonging to different ethnic groups.

**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

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**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

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**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 community<sup>1</sup> and the risk of death by suicide inside the prison is about 3–6 times that of the general population<sup>2</sup>. In addition prisoners have greater experiences of childhood trauma (CT), an exposition associated with suicidal behaviors<sup>3</sup>.

**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)<sup>4</sup>. The presence of specific trauma (emotional, physical and sexual abuse; emotional and physical neglect) was determined by meeting a threshold of moderate maltreatment severity<sup>5</sup>.

**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.

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 (-.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

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

PW0519

**Ketamine and its anti-suicidal effects:****A systematic review**L. Castanheira<sup>1</sup>, E. Fernandes<sup>1</sup>, C. Ferreira<sup>1</sup>, L. Ferreira<sup>2</sup>, J. Jerónimo<sup>1</sup>, J.M. Pereira<sup>1</sup><sup>1</sup> Centro Hospitalar Lisboa Norte, Hospital de Santa Maria, psychiatry, Lisboa, Portugal; <sup>2</sup> Hospital Distrital de Santarém, psychiatry, Santarém, Portugal

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**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.

PW0520

**Outcomes of a case managed community based treatment in the prevention of suicide among people with severe schizophrenia**S. Diaz-Fernandez\*, J.J. Fernandez-Miranda, J. Diaz-Leiguarda  
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**Introduction.**– Case management approach for people with schizophrenia improves treatment compliance and should help to prevent suicidal behaviour.

**Objectives.**– To know retention in treatment of people with severe schizophrenia and suicide rates among them in a case managed community based program.

**Methods.**– 8-year prospective, observational, open-label study of patients with severe schizophrenia (GCI-S  $\geq 5$ ) undergoing community based, case managed treatment in Spain ( $n = 200$ ). Assessment included at the beginning and after 3, 12, 24, 36 and 96 months: the Clinical Global Impression severity scale, the Camberwell Assessment of Needs (CAN) and the WHO Disability Assessment Schedule

(WHO-DAS). Reasons for discharge, including deaths by suicide, were recorded.

**Results.**– CGI-S at baseline was 5.9 (0.7). After eight years 42% of patients continued under treatment (CGI-S = 4.1 (0.9);  $P < 0.01$ ); 37% were medical discharged (CGI = 3.4 (1.5);  $P < 0.001$ ) and continued standard treatment in mental health units; DAS decreased in the four areas ( $P < 0.005$ ) in both groups, and also CAN ( $P < 0.01$ ); 10% were voluntary discharges. Twelve patients died during the follow up, four of them by suicide (2%), while suicide rates among people with schizophrenia in standard treatment in Spain are between 5–10%. All patients had their own case manager, mainly a nurse (89%).

**Conclusions.**– Retention of patients with schizophrenia with severe symptoms and impairment in a community based, case managed programme, was really high and seemed to be useful to decrease suicides among them. This kind of intensive treatment showed better rates of treatment compliance and suicide behaviour than standard one.

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

PW0521

**Time series analysis of successful suicides in Iran (2006–2016)**S.S. Hashemi Nazari<sup>1</sup>, H. Nazari<sup>2</sup>, A. Shojaei<sup>3</sup><sup>1</sup> Shahid Beheshti university of medical sciences, school of public health, epidemiology, Tehran, Iran; <sup>2</sup> School of public health, Shahid Beheshti university of medical sciences, Tehran I.R. Iran, department of epidemiology, Tehran, Iran; <sup>3</sup> Iranian legal medicine organization, Tehran, Iran, legal medicine research center, Tehran, Iran

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**Introduction.**– Forecasting is a complex set. Rates of suicide shows a small increasing trend in Iran. It is quite important to explore suicide trends in the previous data and recognize its pattern via time series analysis.

**Objectives.**– To determine future successful suicides in Iran using past trends.

**Methods.**– The total monthly suicide data (April 2006–March 2016) were gathered from Iranian Legal Medicine organization. Time series analysis was done on the data using forecast, fit.AR, tseries and fpp packages in R software. Cross-validation procedure was used to evaluate the three forecast methods (Time series linear model, autoregressive integrated moving average and exponential smoothing) to distinguish which of these methods is more proper and the best model according to mean absolute error index was chosen for forecasting.

**Results.**– A number of 35,635 successful suicides occurred within 10 years. An increase in the monthly suicide rates were observed. The ETS (A, N, A) model was selected as the best model with additive error and seasonality component. A total of 4091 suicides were predicted for 12 future months (Fig. 1).

**Conclusion.**– This was the first attempt to forecast suicide in Iran. Considering that suicide rate has increased in recent years, if we'd like to succeed in preventing and controlling suicide, more extensive studies should be done on the factors influencing it. Close evaluation of current intervention programs and implementation of new ones might contribute to its prevention.

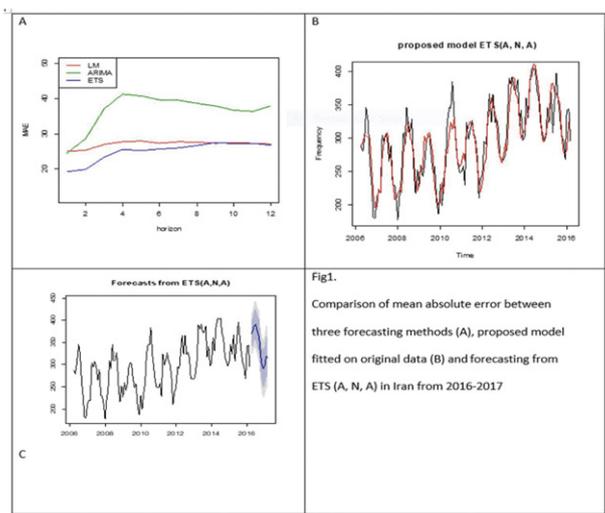


Fig. 1. *Disclosure of interest.*– The authors have not supplied a conflict of interest statement.

PW0522

### Ten year suicide rate trends by gender and age in Iran

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**Introduction.**– Suicide is an important public health problem which is attracting widespread interest due to its worldwide increase<sup>1</sup>.

**Objectives.**– To compare the successful suicide rates by sex and age in Iran from March 2006 to February 2016.

**Methods.**– The data on 10-year suicide and population were gathered from Iranian legal medicine organization and statistical center, respectively. The trend of annual suicide rates by sex and age (among 4-age groups) were assessed.

**Results.**– Totally 35,635 suicidal deaths have been investigated countrywide over a 10-year period consisting of 25,106 (70.45%) men and 10,529 (29.50%) women. The suicide rate between 2014 and 2016 was almost constant and around 5.3 (per 100,000 population) but 23% higher than the rate in 2006. The suicide rate in men was 2.38 times higher than that in women. The 15–29 and 5–14 year age group had the highest and lowest frequency with 18,339 (51.46%) and 753 (2.11%) cases, respectively. The suicide trends in the two age groups (15–29 and 30–49) were quite similar to that of the whole country but a completely different trend was observed in suicide incidence in the two age groups of 69–50 and ≥ 70 years old (Fig. 1).

**Conclusion.**– One of the goals of the national health system is to prevent suicide in the society and due to the high suicide rate in the youth and men, the authorities are required to pay special attention to these groups in social planning.

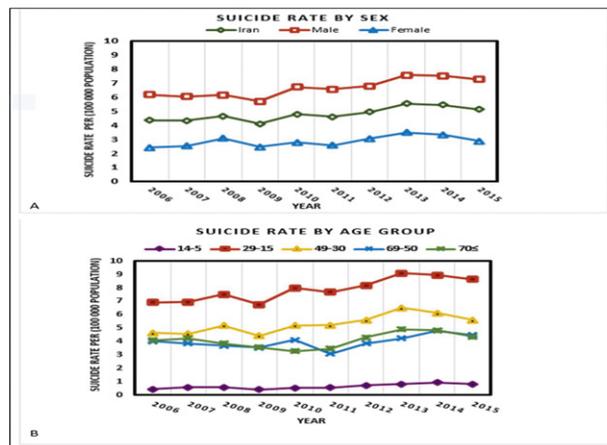


Fig. 1 Ten year suicide rate in Iran by sex (A) and age group (B). *Disclosure of interest.*– The authors have not supplied a conflict of interest statement.

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.

PW0524

### Relationship between suicide attempt and cognitive functions in schizophrenia patients

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**Introduction.**– Suicide is known as a major cause of premature death in schizophrenia patients. An association has been reported

between suicidal behavior and both lower and higher cognitive functions and greater insight in schizophrenia.

**Objectives.**– The aim of this study was to compare cognitive functions, hopelessness and insight in schizophrenia patients with and without suicide attempt and determine the predictive factors for suicide attempt.

**Method.**– 50 patients diagnosis of schizophrenia were enrolled prospectively to the study, were categorized based on patient and interviewers as suicide attempters and non-suicide attempters. These groups were compared about depression, positive/negative symptoms, insight, hopelessness and cognitive functions.

**Results.**– In group of suicide attempters hopelessness, insight and depression were higher than non-suicide attempters. Neuropsychological performance was better in patients with suicide attempt. Stroop test times were better, WCST perseverative responses, errors were better in patients with suicide attempt.

**Conclusion.**– According to our results patients with suicide attempt executive functions are better than patients without suicide attempt.

**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

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**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

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**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 ≥ 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.

**Support.**– FAPESP (grant 2014/06972-7).

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

PW0527

### Different impact of childhood adversities on suicide behavior in borderline personality disorder and postpartum major depression

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**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 adver-

sities 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.

PW0528

### **Correlates of suicidal behavior among alcohol-dependent men**

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**Introduction.**– Alcohol dependence (alcoholism) is associated with a considerable risk of suicidal behavior. Accumulated evidence suggests that a lifetime diagnosis of alcohol dependence is a major risk factor for attempted or completed suicide. In relation to this, it is crucial to investigate the risk factors of suicidal behavior among alcoholics in order to prevent suicide attempts and completions among this subgroup.

**Objectives.**– This study seeks to identify risk factors of suicidal behavior among alcohol-dependent men. The present study also aims to determine the differences between alcohol-dependent suicide attempters and completers.

**Methods.**– The sociodemographic and mental health characteristics of 117 male alcohol-dependent suicide attempters and 99 male alcoholics who commit suicide were investigated.

**Results.**– Alcohol-dependent men, who attempt or complete suicide are characterized by poor social support, living alone, interpersonal conflicts, unemployment, psychiatric comorbidity. Results show that, compared with suicide attempters, suicide completers were older (40 vs. 32.1), unmarried (43.4% vs. 33.3%), unemployed (63.6% vs. 46.2%). Consumption of alcohol at the time of suicidal behavior was reported more commonly by suicide completers (84.8% vs. 70.1%). Positive blood alcohol cases were found more frequently in suicide attempters age 18–29 (91.9%) and suicide completers age 30–39 (93.3%).

**Conclusions.**– Suicide attempters and completers were similar on most sociodemographic variables. However, suicide completers were more likely to use alcohol before suicidal act. The acute alcohol intoxication is a proximal risk factor for suicidal behavior among alcohol-dependent men.

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

PW0529

### **The spatial pattern of suicides in Europe**

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**Introduction.**– The regularity in suicide rates in Europe was one of the essential challenges facing social scholars at the end of XIXth century.

**Objectives.**– The present study aims to assess the continuation of this phenomenon in XXIth century.

**Methods.**– To explore this phenomenon suicide rates were obtained from WHO official publications for 1990, 2000, 2010 and 2012 across 41 European nations. In order to examine the regularity of spatial suicide pattern the data sets were subjected to Spearman's rank order correlation analysis.

**Results.**– The suicide rates rank order distribution between European nations in 1990 was associated with suicide rates in 2000, 2010 and 2012 ( $r_s = .91, .81, \text{ and } .80$ , respectively,  $P < .001$ ). The national suicide death indices show the significant positive correlation over the studied period, what means the definite regularity of suicide mortality pattern and absence of essential changes or fluctuations between the regions. The highest indices have the countries situated on the Northern and Eastern part of the European continent (Lithuania, Russia, Belarus and Hungary). On the opposite pole are the nations settled the Mediterranean and British islands. Thus the fixed gradient in suicide distribution with the growing to the north and north-east of European continent is visible. The same stable vector in suicide spatial distribution is duplicated on the vast territories on the east part of Europe.

**Conclusions.**– The data presented support the idea that spatial regularity in suicide distribution in Europe is not generally connected with social and cultural changes occurred during the centuries.

**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**

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**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.

PW0531

### **Future clinicians' attitudes towards suicidal patients: A survey on temperamental predictors of medical students**

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**Introduction.**– Temperament deeply influences man's attitude towards life, death and the world he lives in. Clinicians' attitude towards suicidal patients impacts on their possibility of treating them effectively.

**Objectives.**– To investigate the impact of temperament in predicting certain attitudes towards auto and etero-suicidality in medical students.

**Methods.**– 366 medical students of the first–fourth year who have never studied psychiatry were enrolled. Subjects completed a socio-demographic form, TEMPS-A and SOQ. Bivariate Pearson Correlation (SPSS, v.20; IBM Corp) tested the relationship between temperaments and attitudes toward suicide. Associations were corrected for positive responses to SOQ items 105, 106, 108.

**Results.**– Previous experience with suicidality determined more positive attitudes towards it. Depressive temperament: positive association with “social disinterest” ( $P = 0.001$ ;  $r = 0.199$ ); negative with “acceptability” ( $P = 0.001$ ;  $r = -0.198$ ), “perceived factual knowledge” ( $P = 0.000$ ;  $r = -0.213$ ), “emotional perturbation” for suicide ( $P = 0.044$ ;  $r = -0.124$ ). Irritable and anxious temperaments: negative opinions towards auto- and etero-suicidality. Cyclothymic temperament: negative association with “acceptability” ( $P = 0.000$ ;  $r = -0.273$ ). Hyperthymic temperament: positive associated with “perceived factual knowledge” ( $P = 0.02$ ;  $r = 0.190$ ); negatively with “emotional perturbation” ( $P = 0.006$ ;  $r = -0.169$ ). Irritable temperament: negatively associated with “acceptability” ( $P = 0.000$ ;  $r = -0.287$ ); “perceived factual knowledge” ( $P = 0.000$ ;  $r = -0.227$ ), “emotional perturbation” ( $P = 0.041$ ;  $r = -0.125$ ), “personal defense” ( $P = 0.022$ ;  $r = -0.194$ ). Anxious temperament: inversely associated with “acceptability” ( $P = 0.000$ ;  $r = -0.280$ ); “perceived factual knowledge” ( $P = 0.000$ ;  $r = -0.402$ ), “personal defense” ( $P = 0.012$ ;  $r = -0.157$ ).

**Conclusions.**– Depressive temperaments show the highest social disinterest whereas irritable and anxious temperaments the most negative opinions of suicidality.

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

PW0532

### **The blue-whale phenomenon: A Google-based investigation in Italy**

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**Introduction.**– The Blue Whale Game is a social network phenomenon that has become popular worldwide in the last months. Although its existence in real life is much debated, it has become a well-known mediatic character. Evidence shows associations between online suicide-related search volumes and national suicide-rates worldwide [1].

**Objectives.**– To analyze the phenomenon and its association with online suicidal dimensions evaluated through online search-volumes of suicide-related words.

**Methods.**– Google Trends provided Italian data of online search-volumes of “Blue Whale”, “commit suicide”, “suicide”, “how to commit suicide”, “sadness”, “loneliness” in Google Search and Google News (2013–2017). STATA was used to perform Pearson correlation coefficient ( $\alpha = 0.05$ ).

**Results.**– No online searches for “Blue Whale” in Google Search and Google News resulted before March 2017. The number of Google Search online queries peaked from the 7th May–25th July 2017. Than it decreased constantly. There is no association between monthly and weekly suicide-related queries and Blue Whale search volumes in Google News. “To commit suicide” ( $P = 0.0061$ ) and “how to commit suicide” monthly queries (0.0582) were significantly associated with “Blue Whale” monthly search volumes in Google Search. Weekly search volumes of “Blue Whale” were associated with “suicide” ( $P = 0.0011$ ) and “to commit suicide” ( $P < 0.0001$ ) search volumes in Google Search.

**Conclusions.**– Blue Whale online searches were associated with suicide-related Google Search online queries pertaining to active suicidality.

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

**Reference**

[1] Solano P. et al., 2016. A Google-based approach for monitoring suicide risk. *Psychiatry Res* 2016;246:581–6.

PW0533

### **Associations among history of suicidal attempt and gonadal axis hormones in hospitalised patients with high suicidal risk**

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**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 ( $676.2 \pm 492.6$  nmol/l vs.  $2031.04 \pm 1549.9$  nmol/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 ( $0.0197 \pm 0.0142$  nmol/l vs.  $0.0395 \pm 0.0247$  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?

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**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

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**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 D<sub>3</sub> 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)  $\geq 24$  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

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**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  $32 \pm 6.4$  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.

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

PW0537

### Retinal ganglion cells dysfunction in schizophrenia patients with visual hallucinations

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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

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**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

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**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**

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**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 cognitive 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.

PW0541

### **Treating psychosis in Italian outpatient setting: Long acting injectable antipsychotics, team work and compliance**

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**Introduction.**– Poor compliance to treatment is a major challenge in therapy of psychoses. Increasing the effectiveness of interventions on adherence may have an impact not only in improving medical treatment but also in overall patient health. Interventions combining elements from pharmacotherapy and different approaches (cognitive-behavioral therapy, family and community-based engagement) have shown better outcomes.

**Objectives.**– To assess the effect on compliance of different therapeutic approaches in psychotic patients taking long acting injectable antipsychotics (LAI), treated in a public health service, following outpatient setting.

**Methods.**– We recruited 115 psychotic patients (schizophrenia, bipolar disorders, other psychosis) upon LAI treatment: 42.7% following medical treatment as usual (TAU), 57.3% pharmacotherapy combined with other professional interventions (educators, paramedics, psychologists) in a team work management (TWM). We assessed socio-demographic data, global functioning and compliance.

**Results.**– No statistical differences ( $P<0.05$ ) were found in demographic variables between TWM and TAU group. Both groups were homogenous for global functioning (GAF score  $50 \pm 5$ ). TWM group showed better compliance intended as not skipping any administration (87.4% in TWM vs 77% in TAU).

**Conclusions.**– Our study suggests that treating psychoses with the use of long acting injectable antipsychotics results in good adherence with the possibility of easy monitoring of global functioning, nevertheless to improve compliance a “tailored on patient” therapeutic team approach seems determinant for continuity even in long acting injectable pharmacotherapy. Further research needed to evaluate differences in global functioning and compliance among diverse diagnosis: psychosis but also off-label LAI therapies.

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

PW0542

### **Resilience, burden of care, and quality of life in Egyptian family caregivers of patients with schizophrenia**

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Caring for mentally ill patients affects the family caregivers' physical and mental health which leads to a lot of burden. Consequently, family caregivers need resilience to help in relieve this burden and to regain their quality of life.

**Objective.**– The present study was designed to assess the levels of resilience, burden and quality of life among family caregivers of patients with schizophrenia and their relationships.

**Setting.**– The study was conducted at the psychiatric outpatient clinic of Mental Health Hospital in Tanta City and Psychiatric Outpatient Clinic.

**Subjects.**– A descriptive correlational design was utilized in the study, using a convenient sample of family caregivers of patients with schizophrenia ( $n=109$ ). Tools: Connor Davidson Resilience Scale (CD-RISC), Burden of Care Inventory, and the World Health Organization Quality of Life Scale.

**Results.**– The present study indicated a significant positive correlation between resilience level and quality of life. On the other hand, caregiving burden was negatively correlated with each of resilience and quality of life. Moreover, family caregivers have moderate level of resilience, and around two thirds of them have poor overall quality of life and experiencing moderate to severe burden.

**Conclusion.**– The present study concluded that, decreasing family caregivers' burden and enhancing their quality of life is imperative, this can be done by emphasizing the significant role of resilience.

**Recommendations.**– A rehabilitation program and ongoing interventions for family caregivers should be established to enhance their resilience and consequently to decrease their burden and improve their quality of life.

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

PW0543

### **Aripiprazole-induced hypersexuality:**

#### **A case report and literature review**

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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**

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**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 × 2 × 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**

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**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



(± 4.05)60.79 (± 4.37)63.08 (± 5.77)Treatment compliance 100%100%77.7%66.6%BMI26.39 (± 4.73)25.78 (± 3.76)Prolactin477.2 (± 336.2)299.94 (± 41.88)190.34 (± 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] Kekes 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

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**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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nia – integration of complementary methods in longitudinal follow up of first episode psychosis patients.

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

PW0550

### Perception of contradictions in schizophrenia: Primary approbation of questionnaire

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**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 approbate 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

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**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  $35 \pm 9$  with disease duration of  $5.4 \pm 4.5$ , 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

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**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

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**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

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**Introduction.**– Both positive and negative symptoms of schizophrenia are 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**

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**Introduction.**– The most common comorbid disorder in schizophrenic patients is a social phobia. It is usually an unrecognized problem that may be associated with a high distortion in managing claims of life.

**Objectives.**– The 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**

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**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?

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**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

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**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  $30.4 \pm 8.9$ ) and men who have sex with women (49%; MSW;  $34.2 \pm 7.9$ ). 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

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**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 ( $22.34 \pm 4.81$  pg/ml vs.  $87.10 \pm 2.96$  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.

PW0560

### Do cannabis and cannabinoids have anxiolytic therapeutic effect?

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**Introduction.**– Written historical evidence reveals that Cannabis sativa has been used medically, recreationally and spiritually for more than five centuries in many cultures.

**Objectives.**– To review what the studies, conducted over the past two decades, indicate about anxiolytic effects of the cannabis and cannabinoids.

**Methods.**– We selected literature review using PubMed resources, to summarize the findings of the existing publications on cannabis and cannabinoids and their possible anxiolytic therapeutic effects only.

**Results.**– The use of simple ‘smoked cannabis’ remains dangerous because of the effects on inducing psychosis which the article itself refers to, and needs to remain illegal. Overall, based on available research, it does appear that marijuana can cause anxiety, and isn’t a great treatment for anxiety. Research supports cannabis’ clear acute effect on neurocognition, while non-acute effects for prolonged use of marijuana are unclear and still insufficiently explored. Due to cannabidiol’s (CBD) safety and tolerability, the absence of psychoactive or cognitive effects, the existence of clinical trials with positive results and its broad pharmacological spectrum, CBD is a cannabinoid whose initial results will likely lead to implementation into clinical practice.

**Conclusion.**– There is more evidence that cannabis causes anxiety than its ability to successfully treat anxiety, so use of marijuana is not recommended. Further controlled studies are essential to determine the precise mechanisms of action of cannabinoids on various neuropsychiatric disorders like anxiety and depression as well as the safety of their use are needed. Never just the use of ‘smoking cannabis in an unlicensed way’.

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

PW0561

### **Binge drinking, mood and psychological well being in university students**

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**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 bingeing and non-bingeing 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?**

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**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)**

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**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.**– Salience, 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.

PW0564

### **What are you waiting for? Drug addicted individuals wait for money but not for drugs**

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**Introduction.**– Impulsivity is a hallmark of addiction. The inability to stop an initiated response is one aspect of impulsivity shown to be both a determinant and consequence of drug use, but the same has not yet been shown for premature responding – another aspect of impulsivity. Furthermore, as impulsivity has only been examined in non-drug contexts, the degree to which context influences impulsivity remains unknown.

**Objectives.**– We aim to determine whether premature responding is a predisposing trait, and the degree to which context plays a role in this form of impulsivity. We hypothesized that premature responding is a predisposing trait, which is influenced by context. Therefore, we predict that both addicted individuals and their unaffected siblings will demonstrate increased premature responses, and that this behaviour will be particularly pronounced when anticipating drug rewards.

**Methods.**– Using the monetary incentive delay task – a measure of reward anticipation – we investigated responses made before the target (i.e. premature), when anticipating monetary or drug rewards, in four distinct populations: stimulant-dependent individuals ( $n=50$ ), their unaffected siblings ( $n=50$ ), unrelated non-dependent stimulant users ( $n=29$ ), and unrelated control participants ( $n=50$ ). We analysed the data using non-parametric tests.

**Results.**– Groups did not differ in premature responses when anticipating monetary reward ( $P=0.604$ ), but did significantly differ when anticipating drug reward ( $P=0.006$ ). This effect was due to increased premature responses in stimulant-dependent individuals when compared with the other groups ( $P<0.05$ ).

**Conclusion.**– These findings indicate that premature responding in itself may not be predisposing, but that this form of impulsivity is dependent on context.

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PW0565

### **Goal commitment predicts outcome of adolescent cannabis use disorder**

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**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.

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PW0566

### **Spine density in the nucleus accumbens is differentially changed after rat gambling task with different housing condition**

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**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**

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**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 ( $\geq 5$ ) 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?**

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**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**

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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 addic-

tion 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 naive alcoholic out-patients

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*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 naive alcoholic patients seeking medical advice at early stages of the disease.

*Method.*– 34 treatment naive 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.

PW0571

### Markers of the oxidative stress in blood plasma of alcoholic patients in the process of the therapy

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*Objective.*– Dynamic of carbonylated proteins (CP) and products of lipid peroxidation (PLP) in alcoholics' blood plasma at baseline and after therapy in group of patients with different initial oxidative status was studied.

*Methods.*– Blood sampling from 46 male alcoholic patients occurred twice: at baseline and by week 2 of standard antialcohol medication. In blood plasma CP were identified with 2,4-dinitrophenylhydrazine, PLP with thiobarbituric acid. Blood of 34 healthy men was used as control. Control indices were as follows: for CP 0.37 (0.29–0.44) nmol/mg, for PLP 2.50 (2.10–2.90) nmol/ml, taken for 100%. If in an alcoholic patient PLP and/or CP exceeded control values by more than 20%, presence of oxidative stress (OS) was regarded. OS reduction/activation after therapy was regarded according to CP and PLP decrease/increase.

*Results.*– At baseline in 14 patients CP and PLP did not exceed control values by more than 20% (group “without OS”). In the rest 32 patients OS was revealed (group “with OS”). After the therapy in “without OS” group PLP did not change (at baseline: 3.10 (2.50–4.23), after: 3.15 (2.40–4.63) nmol/ml;  $P=0.38$ ), and indicator CP increased (at baseline: 0.31 (0.28–0.38), after: 0.35 (0.33–0.43) nmol/mg;  $P=0.03$ ). Different dynamics was in the group “with OS” – after therapy decrease occurred both in CP (at baseline: 0.41 (0.34–0.49), after: 0.38 (0.30–0.47);  $P<0.001$ ) and PLP (at baseline: 3.12 (2.50–4.37), after: 2.80 (2.30–3.37);  $P<0.001$ ).

*Conclusion.*– In groups of alcoholics characterized by different initial oxidative status the differently directed dynamics of markers of OS in the process of therapy were found.

*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

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*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**

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**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**

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**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 administrations 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**

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**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

PW0576

### The prevalence and correlates of depression, anxiety and stress among undergraduate private medical students in Dhaka, Bangladesh

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**Introduction.**– Depression is projected to become the cause for 2nd highest DALY by 2020, while anxiety disorders currently afflict 264 million people worldwide. Medical students reportedly exhibit a higher rate of psychological morbidity. The burden and the correlates of these afflictions among undergraduate private medical students in Bangladesh remain largely unexplored.

**Objective.**– The study aimed to estimate the prevalence of depression, anxiety & stress and their correlates among undergraduate private medical students in Dhaka, Bangladesh.

**Methods.**– A multi-center, cross-sectional study was carried out in three private medical colleges from March to August, 2017. Final sample consisted of randomly recruited 310 students (response rate 86.11%) who completed a self-administered, semi-structured questionnaire including DASS-21. Scores for each of the subscales (Depression, Anxiety and Stress) were calculated as per the severity-rating index. Adjusted multiple logistic regression was used to detect the significant correlates.

**Result:** Majority of the respondents were male (162, 52.26%) and the average age was 21 years. The prevalence of depression, anxiety and stress were 43.0%, 51.3% and 27.1% respectively. The proportion was significantly higher among female students (49.4%, 52% and 38.5% respectively) than the male (37%, 50.6% and 18% respectively).

Other factors such as ‘1st/2nd year student’, ‘taking tea/coffee > 2 times/day’, ‘staying at hostel’ and ‘sleep < 8 hours/day’ showed significant ( $P < 0.05$ ) associations.

**Conclusion.**– Significant proportions of undergraduate private medical students were found to be depressed, anxious and stressed, highlighting a pervasive negligence towards mental health. Comprehensive systematic measures such as counseling service and friendlier environment for females are direly needed.

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

PW0577

### A combination of Rhodiola Rosea and Crocus Sativus extracts for depression: A prospective observational study

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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  $13.5 \pm 2.5$  at D0 to  $5.5 \pm 3.8$  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 depression. 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

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**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.

**Keywords:** Self-ratings for aggression; Intensity of depression

**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

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**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 partook 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.

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

PW0580

### Biomarkers of antidepressant pharmacological treatment response: A systematic review and meta-analysis of the last 15 years

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**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.

**Disclosure of interest.**– Philip Gorwood received during the last 5 years, research grants from Eli Lilly, Ethypharm and Servier, and fees for presentations at congresses or participation in scientific boards from Alcediag-Alcen, AstraZeneca, Biocodex, Bristol-Myers-Squibb, Ethypharm, Janssen, Lilly, Lundbeck, Naurex, Otsuka, Roche, Sanofi Pasteur MSD, Servier.

PW0581

### Ketamine metabolite rescues chronic stress-induced depression in rats

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**Introduction.**– Major depressive disorder affecting more than 100 million people worldwide every year is a heterogeneous illness. To date, current pharmacotherapies require prolonged administration from several weeks to months for an appreciable response.

**Objectives.**– It is still unclear that whether ketamine metabolite rescues chronic stress-elicited depression-like behavior.

**Methods.**– Depression-like behavior in the rats were induced by learned helplessness (LH) procedure. Forced swim test (FST) and sucrose preference test (SPT) were used to study the depression-like behavior.

**Results.**– Rats receiving learned helplessness procedure exhibited high failure rate in the escapable footshock test compared to control group. LH rats exhibited an increase in immobile time during the FST and a reduction in sucrose consumption. Intraperitoneal ketamine metabolite injection decreased immobile time during the FST and increased sucrose consumption in LH rats.

**Conclusions.**– Ketamine metabolite rescues LH-induced depression-like behavior including despair behavior and anhedonia.

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

PW0582

### **Depression in women but not men is associated with a very high risk of cardiovascular mortality in primary care population in Latvia**

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**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  $\geq 10$ ) 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**

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**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  $6.2 \pm 4.3$ , W2 – on  $9.3 \pm 4.6$ ; CG, respectively  $5.3 \pm 3.9$  and  $8.1 \pm 4.1$ ). 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  $11.3 \pm 5.9$  in SG,  $10.8 \pm 5.3$  in CG. More rapid onset of anxiolytic trazodone action was compared to SSRI/SNRI (SG W1 HAM-A decreased on  $5.4 \pm 2.9$ , CG –  $3.5 \pm 2.5$ ,  $P=0.04$ ). 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.

PW0584

### **Psychosocial intervention for paternal depression in Karachi, Pakistan**

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**Background.**– Rates of paternal depression are high and it is associated with internalizing and externalizing difficulties in the offspring and also with father-child conflicts. There are some reports of parenting interventions with fathers in the developed world but such programs are rare in low and middle income countries.

**Objectives.**– To explore whether fathers with depression will engage with proposed intervention (Learning through Play Plus)

and whether LTP Plus will lead to reduction in symptoms of depression.

**Methods.**– This was a pre-post experiment design. Fathers with children aged 0–30 months were screened with Edinburgh Postnatal Depression Scale (EPDS) and diagnosis was confirmed through Clinical Interview Schedule Revised (CISR). A total 23 fathers completed baseline assessment which included Hamilton Depression Rating Scale (HDRS), Multidimensional Scale of Perceived Social Support (MSPSS), Euro-Qol quality of life scale (EQ-5D) and Parenting Stress Index (PSI). Twelve sessions of LTP Plus were offered during the period of three months.

**Results.**– The LTP Plus was acceptable to depressed fathers and all participants attended at least 7 of the total 10 sessions. Results also indicated reduction in mean scores from baseline to 3-month on HDRS (MD = 4.20,  $P < 0.00$ ) and PSI (MD = 20.07,  $P < 0.01$ ). Mean scores improved significantly on MSPSS (MD = 22.10,  $P < 0.00$ ) and EQ-5D (MD = 19.50,  $P < 0.00$ ).

**Conclusions.**– The results show that it is possible to engage with dads in a psychosocial intervention which has a potential to improve not only paternal depression and stress but possibly child outcomes.

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

PW0585

### **Relationships between major depression symptoms and circadian rhythm**

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**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 Quality-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**

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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, discomfiting 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**

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**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 identify 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**

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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**

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**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.

PW0590

### **Factors influencing relapse in recurrent depressive disorder**

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**Introduction.**– Recurrent depressive disorder is presently one of the most prevalent psychopathological disorders in developed countries. Preventing relapses is essential for proper global functioning and quality of life of affected individuals.

**Objectives.**– To identify factors and possible predictors of relapse in patients with recurrent depressive disorder.

**Methods.**– We assessed 67 in-patients, diagnosed with recurrent depressive disorder according to ICD-10 criteria, admitted in the Timisoara Psychiatric Clinic during 2014 and 2017, by using the MINI Interview and the CERQ scale.

**Results.**– We found higher risks of relapse in patients with: a higher disorder duration, a higher number of episodes, a lower age at onset and a positive family history of affective disorders. We also found the following factors favoring relapse, which, with proper interventions, could prevent (or at least reduce the risk) of future relapses:

non-adherence to medication, legal and illegal substance use or abuse and the use of maladaptive emotion regulation strategies.

**Conclusions.**– Intervening on some of the identified factors in a timely and efficient manner may reduce or even prevent relapses, thus increasing the quality of life and global functioning of patients.

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

PW0591

### Tellenbach's orderliness in depression and anxiety disorders

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**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 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 be 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.

Table 1.

SVS subscales	KIMTP Factor 1 orderliness	KIMTP Factor 2 conscientiousness
SVS 1 tension	0,126	-0,121
SVS 2 demoralization	<b>0,418**</b>	-0,086
SVS 3 Reduced social support	<b>0,333**</b>	-0,143
SVS tot	<b>0,344**</b>	-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
IRI_perspective taking	-0,006	0,199
IRI_empathic concern	-0,008	<b>0,334**</b>
IRI_personal distress	<b>0,330**</b>	-0,008
IRI_tot	0,147	<b>0,242*</b>

\*p<0.05; \*\*p<0.01

**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

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**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  $\geq 20$  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 ( $\pm 5.3$ ) on the MADRS and 7.5 ( $\pm 1.2$ ) on the SAHPS. 7.9 ( $\pm 1.3$ ) on the SDS-Work, 8.2 ( $\pm 1.3$ ) on the SDS-Social life and 8.1 ( $\pm 1.1$ ) on the SDS-Family life.

We observed a significant decrease 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

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**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

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**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

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**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

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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<sub>D17</sub>). 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 candidate 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

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*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

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*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

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**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

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**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 =  $21.47 \pm 2.19$ ; 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 ( $\chi^2/df = 3.006$ ; 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

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**Introduction.**– The HEXACO-60 inventory assess 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 items 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**

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**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**

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**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**

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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**

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*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**

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*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.

PW0607

### **Relationship between personality traits and mental health of coronary artery disease patients of Fatemeh Zahra Hospital in Sari**

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*Introduction.*– Cardiovascular disease is the leading cause of death in many developing countries, especially Iran, and is one of the most serious risks to human life and health.

*Objectives.*– The purpose of this study was to investigate the relationship between personality traits and mental health of coronary artery disease patients of Fatemeh Zahra hospital in Sari.

*Method.*– This descriptive study was a correlation study. The statistical population of this study was all coronary artery disease patients referring to Fatemeh Al-Zahra heart surgery hospital in the city of Sari in the first two months of 2012, which were reported

about 1999 persons. The sample group was 297 people who were selected according to Krejcie and Morgan tables by simple random sampling. They were then evaluated by NEO-FFI personality scale and mental health SCL-90-R.

**Results.**– Findings showed that there is a significant positive correlation between personality traits and mental health of patients with coronary artery disease, so that there is a positive correlation between extraversion, adaptability, self-awareness and admission with mental health of patients with coronary artery disease. There was a significant negative correlation between neuroticism and mental health. In addition, the findings showed that personality traits do have predictive power for mental health.

**Conclusion.**– According to the above findings, it is possible to improve the prognosis of heart disease with more accurate monitoring and training, and by conducting counseling sessions to control the anxiety and stress of heart patients with high neurotic and help to control and regulate blood pressure.

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

PW0608

### **Brain volume alteration and its correlation with anxiety severity in patients with obsessive-compulsive disorder and generalized anxiety disorder**

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Obsessive-compulsive disorder (OCD) and generalized anxiety disorder (GAD) are associated with abnormalities in the processing and regulation of anxiety. Differences between OCD and GAD in the neurologic and symptomatic features have becoming more important in assessment and treatment of patients with OCD and GAD. The purpose of this study is to evaluate the differential gray matter (GM) and white matter (WM) volume alterations between healthy controls and patients with OCD and GAD using voxel-based morphometry (VBM). Sixteen patients with OCD, 16 patients with GAD, and 16 healthy controls participated in this study. Magnetic resonance image data were processed using SPM8 software with diffeomorphic anatomical registration through an exponentiated Lie algebra (DARTEL) algorithm. Compared with patients with OCD ( $P < 0.001$ ), patients with GAD showed decreased GM volumes in the precuneus, dlPFC, SOG and mPFC, as well as decreased WM volumes in the dlPFC, mPFC and angular gyrus ( $P < 0.001$ ). In analysis of covariance (ANCOVA) adjusting for the Hamilton Anxiety Rating Scale (HAM-A;  $P < 0.001$ ), patients with GAD showed significantly decreased GM volume in the mPFC as contrast to patients with OCD. The GM volumes of the mPFC in patients with GAD were negatively correlated with HAM-A scores. Our findings indicate that the mPFC volume abnormality may be associated with anxiety disorder in patients with GAD rather than OCD. This study would be useful to aid our knowledge to understand the differential neuropathology between OCD and GAD in terms of the regional volume alterations of GM and WM.

**Disclosure of interest.**– The authors have 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**

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

PW0610

### **Relationship between personality traits and mental health in athletes students**

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**Aim.**– The purpose of this study was to investigate relationship between personality traits and mental health in athletes students. This study was a descriptive and correlation design.

**Method.**– 60 athletes students were randomly selected and responded to NEO-PIR inventory and General Health Questionnaire (GHQ 28). NEO assesses five personality traits: Neuroticism (N), Extroversion (E), Agreeableness (A), Openness to new experience (O) and Conscientiousness (C), and GHQ assesses four dimensions: Somatic symptoms (A), Anxiety (B), Social withdrawal (C) and Depression (D). NEO assesses five personality traits: Neuroticism, Extroversion, Agreeableness, Conscientiousness, Openness to experience. The data were analyzed with Pearson correlation test.

**Results.**– The findings showed that there was positive significant correlation between neuroticism with somatic symptoms and depression, and negative significant correlation between extroversion, agreeableness, openness to new experience and conscientiousness with depression.

**Conclusion.**– Based on findings, it is concluded that physical exercises and sport plans have positive effects on mood and affect of students, and decrease physical and mental diseases in athletes students.

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

PW0611

### **Comparison of pharmacological prescribing patterns of obsessive-compulsive disorder in Italy**

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**Introduction.**– Obsessive-compulsive disorder (OCD) is a debilitating neuropsychiatric disorder characterized by experiencing intrusive thoughts and/or carrying out repetitive and ritualized behaviors that are time consuming and invalidating. Despite its relative ease of diagnosis, OCD still remains underdiagnosed and/or not properly treated. Besides delayed therapeutic effect and treatment resistance, some therapeutic failures may be due to different prescribing practices.

**Objectives.**– The aim of the study was to investigate the psychopharmacological prescribing patterns in large sample of patients ( $n=1800$ ) recruited from four Italian centers specialized in OCD, in comparison to available national and international guidelines.

**Methods.**– The centers were asked to complete a specific data sheet questionnaire on patients' therapeutic status. Statistical analyses were carried out by SPSS.

**Results.**– Selective serotonin reuptake inhibitors were the most prescribed drugs in all centers, whereas clomipramine and other tricyclic antidepressants were mostly used in Rome and Pisa. Mood stabilizers were almost exclusively prescribed in Pisa, while atypical antipsychotics were often used in Pisa and in Milan.

**Conclusions.**– Although still following the available guidelines about pharmacological treatment of OCD, a slight but significant degree of variability emerges from the four main specialized centers in Italy possibly depending on the different educational background, the presence of comorbidities and the availability of other specific therapeutic strategies.

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

PW0612

### **Obsessive compulsive disorder among university students and its impact on academic achievement**

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**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 ( $20.9 \pm 1.63$ ) years. Most of them were females (78.9%), single (94.7%), Saudi (96.6%) and GPA was ( $4.095 \pm 0.661$ ). 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**

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**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

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**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 ( $\pm 7.20$ ). The mean number of suicide attempts in the last two years was 3.09 ( $\pm 2.30$ ).

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

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**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

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**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.

**Keywords:** Cognitive functions; Insight; OCD

**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

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**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 where 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

PW0618

### Psychoeducation for bipolar affective disorder

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**Introduction.**– Bipolar Affective Disorder (BD) is a chronic disease with a major impact on patients' functioning and quality of life. Psychosocial interventions have been a great investment as adjunctive treatment for BD. One of these interventions is Psychoeducation, which intends to educate people with mental disease about the disorder, its treatment and rehabilitation.

**Objective.**– The present work intends to gather information about the effectiveness of Psychoeducation for BD.

**Method.**– The authors conducted a literature review on PubMed database for publications on Psychoeducation use in BD adult population, published between January 2010 and March 2017.

**Results and discussion.**– Different approaches are found in literature, mainly, group Psychoeducation for BD patients and group Psychoeducation for BD patients' families and caregivers. Interest in online Psychoeducation programs has been clearly increasing in the last years. Combining Psychoeducation with other psychosocial interventions has also been common, namely, with Cognitive-Behavioural Therapy. Different studies and meta-analyses had different conclusions, but in general, Psychoeducation improved medication adherence, reduced manic symptoms and increased global functioning. Results are more controversial regarding the reduction of relapse rates: some studies concluded that Psychoeducation reduced both poles relapse rates; other concluded that it had no effect on depressive relapses. In addition, a quite recent meta-analysis concluded that only interventions for family members affected relapse rates.

**Conclusion.**– Overall, Psychoeducation has revealed to be a very useful tool in the treatment of BD, whether it is used alone or in combination with other interventions and techniques.

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

PW0619

### Mixed bipolar disorder: Among 173 bipolar type 1 patients

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**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  $2 \pm 1.5$ , a minimum of 1 and a maximum of 7. The mean age of our group was  $46.4 \pm 12.7$  years. 65.6% was men. The average age of onset of the disease is  $27 \pm 10$  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  $5.6 \pm 4.91$  and the frequency of mixed episodes was  $2.03 \pm 1.6$  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.

PW0620

### The relationship between clinical and sociodemographic factors and suicidal behaviour in bipolar disorder

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**Introduction.**– Studies have shown that bipolar disorder is associated with a higher frequency of attempted suicide and suicidal ideas than other psychiatric disorders. It has also been proven that several clinical and sociodemographic characteristics have been associated with suicide attempts in bipolar patients.

**Objective:** The aim of the following study was to assess the relationship between suicidal thoughts and attempts and clinical and sociodemographic characteristics in bipolar patients.

**Material and method.**– This is a retrospective study that included 200 bipolar patients admitted in the Psychiatry Department of the Emergency County Hospital in Cluj-Napoca, Romania from 2012–2017. Clinical and demographic data were collected from patients' files. Inclusion criteria: patients diagnosed with Bipolar Disorder, manic (group A), mixed (group B) or depressive (group C) episode.

**Results.**– Significant correlation between gender and the incidence of suicidal attempts was revealed. Female bipolar patients had 12 times more suicidal attempts compared to male patients. The prevalence of suicidal thoughts was approximately 30% for female patients and 22% for male patients. There were no significant differences between group A, B and C regarding age of admission. There was a significant difference within the 3 groups regarding the incidence of suicidal thoughts and attempts. There was a significant difference between the number of co-morbidities and suicidal attempts.

**Conclusions.**– Suicidal behaviour in bipolar disorder is associated with female gender, older age, psychotic symptoms and increased number of co-morbidities.

**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

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**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.

PW0622

### Bipolar affective disorder: “Reading the mind in the eyes” and social functioning

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**Introduction.**– Patients with bipolar disorder show an impaired judgment in recognizing facial emotions. This aspect is very important in interpersonal communication.

**Objectives.**– We want to check whether socio-demographic and clinic parameters influence the level of social functioning and the relationship between reading the mind in the eyes and social functioning.

**Methods.**– We selected 40 subjects with bipolar disorder in accordance with the ICD 10 criteria. Socio-demographic parameters were analyzed: gender, age, educational level, marital status, profession and the number of episodes throughout disease progression. The tests applied were “reading the mind in the eyes” and the social functioning scale (SFS).

**Results.**– Most subjects have a low ability to interpret a person’s gaze. The most recognizable emotion of subjects is ‘Dreaming’ and the most difficult to identify was ‘Rage’. The ability to recognize the emotion of ‘Joy’ and ‘Love’ correlates with the ability to communicate ( $P < 0.05$ ), to relax ( $P < 0.05$ ) and especially to perform social activities ( $P < 0.05$ ) but also the ability to live an independent life ( $P < 0.05$ ). There are statistically significant direct correlations between the schooling level and the level of social activity ( $P < 0.05$ ) and independence ( $P < 0.05$ ). In our group of patients there are statistically significant correlations of the opposite sense between the number of episodes of disease and all items of the SFS scale.

**Conclusion.**– The ability to recognize the emotions of ‘Joy’ and ‘Love’ in patients with bipolar affective disorder correlates with social functioning. The socio-demographic and clinical settings influence the level of social functioning.

**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

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**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.

PW0624

### Relationship style in major depression and bipolar types I and II

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**Background.**– Relationship style can influence the patient-physician relationship, adherence to treatment recommendations and course of illness. Insecure attachment styles are more prevalent in individuals with mood disorders and has been associated with worse clinical outcomes, whereas a secure attachment is linked to more positive health behaviours, such as greater adherence to health plans and preventive health behaviours.

**Aim.**– To examine the prevalence of close relationship/attachment styles in patients with major depression (MDD), bipolar type I (BPI) or bipolar type II (BPII).

**Methods.**– 219 participants were recruited from the Mood Disorders Program of the McGill University Health Center in Montreal, Quebec. Mood diagnoses were determined using the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID). Relationship/attachment styles were assessed using the Experiences in Close Relationships Questionnaire, anxious and avoidant attachment styles were examined. One-way ANOVA and Tukey post-hoc tests were conducted to examine the prevalence of attachment styles within each diagnostic group.

**Results.**– The prevalence of anxious attachment differed in the MDD, BPI and BPII groups ( $F(2, 180) = 5.652, P = .004$ ). There was no difference in prevalence of avoidant attachment style between the groups. Post-testing revealed that the BPII ( $4.5 \pm 1.31$ ) scored significantly higher than the BPI group ( $3.73 \pm 1.25, P = .003$ ).

**Conclusion.**– Bipolar type I and type II groups may develop different type of relationships with their treatment team as a consequence of their attachment patterns. Modification of treatment approaches may be warranted.

**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

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**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  $\geq$  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

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**Introduction.**– The executive functions correspond to high level functions operating in complex situations. The function of the executive 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

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**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 ( $1 P<0.001$ ,  $P=0.039$  2).

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

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**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 HVLT 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

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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

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**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  $38 \pm 2.5$  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.

PW0631

### Neurocognitive subgroups in bipolar disorder: Association with subjective cognitive measure

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**Introduction.**– Significant cognitive function heterogeneity has been found in bipolar disorder (BD), with some patients ranging from unimpaired to severely impaired.

**Objective.**– To investigate the profile of cognitive function in bipolar patients, as well as to compare subjective cognitive function, clinical and demographical characteristics between groups.

**Methods.**– Patients older than 18 years who met DSM IV-TR criteria for BD, and were euthymic (YMRS and HDRS  $\leq$  7) were included. Healthy controls (HC) without current or past psychiatric history, and no first-degree relatives with bipolar or psychosis diagnoses also were recruited.

Comprehensive neuropsychological assessment was performed. Patients' raw scores on neuropsychological tests were standardized to z-scores based on the performance of the HC.

Cognitive Complaints in Bipolar Disorder Rating Scale (COBRA) was used as a subjective cognitive measure.

Hierarchical cluster analysis was conducted to determine whether there were specific groups based on neurocognitive patterns. Subsequently, we compared subgroups on subjective cognitive measure, demographic and clinical variables.

**Results.**– Table 1 and Fig. 1 not supplied.

**Conclusion.**– The present findings, in line with previous studies, detected three neurocognitive subgroups. Interestingly, the globally impaired subgroup was characterized by lower subjective cognitive complaints than intact group. These results may indicate the lack of insight of this specific subgroup, suggesting a possible explanation for the poor correlation between subjective-objective cognitive measures in BD.

**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**

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**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.

PW0633

### **May serum uric acid levels help us distinguish between bipolar and unipolar depression? – An exploratory study**

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**Introduction.**– Recent studies have found a correlation between serum uric acid (UA) levels and the mood disorder diagnosed, with lower UA levels found in unipolar disorder and higher levels in bipolar disorder (BD).

**Objectives.**– Assess if serum UA levels in patients admitted for unipolar depression can predict later evolution to BD.

**Methods.**– We retrospectively analyzed UA levels in patients hospitalized in our Psychiatry Department with a diagnosis of depressive disorder over a 3-year period (June/2006 to June/2009), including all patients who had an UA measurement.

Patients above 40 years old, with conditions and taking medications that alter UA levels were excluded. We subsequently identified the patients who received the diagnosis of BD later on.

**Results.**– 1074 patients were hospitalized with a diagnosis of depression within the stated time interval. 72 met inclusion criteria. 60 (83.3%) had the diagnosis of unipolar depression and 12 (16.7%) the diagnosis of BD.

We found a positive correlation between UA levels and diagnosis with higher UA in patients who were later diagnosed with BD. In multivariate analysis, a positive correlation with statistical significance was also found.

**Conclusions.**– We found a positive correlation in inpatients with unipolar depression between serum uric acid levels and later diagnostic conversion, with higher levels of uric acid in patients later diagnosed with BD. Our results suggest UA as a possible risk biomarker for BD in patients with unipolar depression.

**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**

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**Background.**– Impairment due to decreased cognitive function is a major factor subserving suboptimal recovery in Bipolar Depression (BD). Elevated levels of TNF- $\alpha$ , 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 Infiximab 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**

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**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**

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**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**

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**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**

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**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**

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**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**

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**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**

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**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**

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**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.

PW0643

### **The screening value of the “single question in delirium” in post-operative cardiothoracic surgery patients**

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**Introduction.**– Post-operative delirium is a common sequel of cardiothoracic surgery but the timely diagnosis of delirium is often missed. Several questionnaires exist for detecting post-operative delirium, but they are characterized by complexity and require appropriate training. The Single Question in Delirium (SQiD) may be a simple alternative tool, that could be used to screen for post-operative delirium.

**Objectives.**– To verify the validity and diagnostic accuracy of the SQiD in detecting possible post-operative delirium cases following cardiothoracic surgery.

**Methods.**– Two-hundred consecutive patients undergoing cardiac surgery were evaluated for post-operative delirium according to ICD-10 criteria and the SQiD. The SQiD consists of the follow-

ing question addressed to someone familiar with the patient “Do you feel that [patient’s name] has been more confused lately?”, and responses were compared to the clinical diagnosis of delirium according to ICD-10 criteria.

**Results.**– The SQiD correctly identified 31/33 patients with delirium (94% sensitivity) and recognized 133/149 patients without delirium according to ICD-10 criteria (89% specificity). It was not possible to assess post-operatively 18 patients, either with ICD criteria or the SQiD, due to various medical reasons. In overall, SQiD displayed a 66% positive predictive value and a 98% negative predictive value, given that the prevalence of delirium in this cohort of post-operative patients was 18%.

**Conclusions.**– Under-diagnosis of postoperative delirium has detrimental consequences and therefore the prompt recognition is essential. SQiD proves an easy and accurate tool, that can be used by nurses and other non-medical hospital personnel to identify patients likely to suffer from post-operative delirium.

**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**

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**Aims.**– Perampanel is an anti-epileptic drug (AED) licensed 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**

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**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

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**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

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**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

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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**

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**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**

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**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**

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**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). Demographics 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**

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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**

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**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**

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**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 ( $\geq 65$  years), followed for diabetes at the outpatient department for chronic diseases of the Regional Hospital of Aguerb, 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

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**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  $29.09 \pm 7.69$  (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.

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

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

PW0656

### Influence of co-morbid (Unipolar) affective disorders on the effectiveness of pharmacotherapy for adult attention deficit hyperactivity disorder, a naturalistic cohort

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**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

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**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.

PW0658

### **Features of course of type 2 diabetes mellitus in patients with non-psychotic mental disorders**

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**Objective.**– To evaluate factors of prognosis of features of the course of type 2 diabetes mellitus (DM) in patients with non-psychotic mental disorders.

**Methods.**– With method of logistic regression, prognostic significance of psychosocial factors determining the course of type 2 DM was proven in 203 patients (aged  $50.62 \pm 8.07$  years) with non-psychotic mental disorders.

**Results.**– Mental state of DM patients was determined in 44.3% of cases by neurotic, stress-related and somatoform, in 38.9% – organic, in 9.8% – affective, in 7% – personality disorders. The leading psychopathological symptoms were represented by depressive in 36.5% of cases, anxiety in 16.7%, anxiety-depressive in 10.3%, asthenic in 20.0%. The cumulative forecasting indicator of type 2 DM was from 74.5 to 92.7%. Among predictors determining features of the course of type 2 DM the most significant ones were as follows: level of glycaemia ( $P=0.0001$ ); length of DM ( $P=0.0001$ ); length of mental disorder ( $P=0.0002$ ); stress factors ( $P=0.0001$ ); age at onset of mental disorder ( $P=0.0118$ ); leading psychopathological syndrome ( $P=0.0029$ ); hypothyria ( $P=0.0002$ ); personality traits ( $P=0.0001$ ); anxiety ( $P=0.0001$ ); fear of death ( $P=0.0001$ ); vegetative disorders ( $P=0.0011$ ); body mass index ( $P=0.0001$ ); arterial hypertension ( $P=0.0005$ ); level of systolic arterial pressure ( $P=0.0001$ ); dyslipidemia ( $P=0.0001$ ); vascular disturbances ( $P=0.0035$ ); family history of DM ( $P=0.0437$ ). High risk group included patients with depressive disorders with experience of psychosocial stress the mean level of glycaemia in whom was 10.68 mmol/l.

**Conclusion.**– Psychosocial stress contributed to persistent increase of blood glucose level, progressing type 2 DM and an earlier development of diabetes in persons with previous disturbance of glucose tolerance.

**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**

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**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**

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**Introduction.**– The work describes the benefits of physical activities in patients with dual diagnosis in a psychiatric clinic of Rio de Janeiro city, Brazil.

**Objectives.**– Present the benefits of physical activities inside the hospital space. Evaluate the impact of the introduction of regu-

lar 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

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**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.

PW0662

### Addition of psychoactive or anorectic agents to standard hypoglycemic regimens can reduce FBS and HbA<sub>1c</sub> in long term

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**Introduction.**– Effect of psychological factors on blood glucose levels is not fully understood.

**Objectives.**– We want to determine whether psychoactive drugs exert a positive effect on glycemic control.

**Methods.**– In a pioneering study, we have treated 156 patients with type II diabetes with Duloxetine 30–60 mg/d if female and Bupropion 150–300 mg/d if male in addition to a combination of Metformin, Sitagliptin and Repaglinide (Table 1).

Table 1.

Treatment group	Patients' number	Weight loss at 3 and 9 mo.	HbA <sub>1c</sub> day zero	HbA <sub>1c</sub> 3mo.	HbA <sub>1c</sub> 6 mo.	HbA <sub>1c</sub> 12 mo.	HbA <sub>1c</sub> 24 mo.	HbA <sub>1c</sub> 48 mo.
Duloxetine	84	7.2, 8.9	11.3	9.1	7.2	6.8	6.6	6.6
Bupropion	71	4.7, 6.2	11.5	9.0	7.4	7.0	6.9	6.8
Citalopram	32	1.8, 4.7	11.7	9.5	7.4	7.1	7.0	7.0
control	63	2.1, 4.4	11.6	9.8	7.8	7.4	7.5	7.5

**Results.**– Compliance for all drugs were fair to good with 10 patients omitted from the Duloxetine group and 5 from the Bupropion group and two for the Citalopram group. All other patients were evaluable. The group in the Duloxetine group experienced a more uniform weight reduction and the Bupropion, Citalopram and control groups followed. HbA<sub>1c</sub> reduction of was excellent in all four groups compared to patients' background and was best in the Duloxetine group and all three psychoactive groups fared better than the control group. These differences (single and cumulative) were significant at 95 and 98% interval.

**Conclusions.**– This is the first study that shows direct effectiveness of unrelated drugs on HbA<sub>1c</sub> in type II diabetes.

**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)

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**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.

PW0664

### **Thyroid disorders in patients with schizophrenia, unipolar depression or bipolar disorder**

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**Introduction.**– The relation between thyroid function and mental disorders has long been recognized. The co-occurrence of psychiatric and thyroid diseases may be the result of common biochemical abnormalities.

**Objectives.**– The aim of this study is to investigate differences in thyroid-stimulating hormone (TSH) level in patients with acute schizophrenia, unipolar depression, bipolar depression and bipolar mania.

**Methods.**– We analyzed the TSH level of 108 patients admitted to our unit. The study included patients with schizophrenia, bipolar disorder and unipolar depression.

**Results.**– The mean age was  $39.5 \pm 12.42$ . The proportion of women was 37% ( $n=40$ ).

Mean serum TSH concentration was: schizophrenia ( $n=58$ ) 2.51 IU/mL, unipolar depression ( $n=12$ ) 2.89 IU/mL, bipolar disorder ( $n=38$ ) 4.12 IU/mL, bipolar depression ( $n=8$ ) 5.39 IU/mL and bipolar mania ( $n=30$ ) 3.79 IU/mL. No significant difference was found for TSH level between clinical groups ( $P=0.40$ ).

Depending on the normal range used (0.27–4.2 IU/mL), the overall rate of being above or below the normal range was 20.7% for schizophrenia, 16.7% for unipolar depression and 26.3% for bipolar disorder.

No significant correlations were found between TSH level and age nor sex.

**Conclusions.**– Our results confirm that there may be a higher prevalence of thyroid dysfunctions in patients with these mental disorders. Although the difference between clinical groups was not significant, patients with bipolar disorders seems particularly vulnerable to thyroid dysfunction.

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

PW0665

### **Study of C-reactive protein (CRP) levels in patients with schizophrenia, unipolar depression and bipolar disorder**

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**Introduction.**– Studies show that elevated C-reactive protein (CRP) is strong predictor for cardiovascular risk. Patients with various mental disorders have elevated levels of CRP.

**Objective.**– The aim of the study was to determine differences in CRP serum level in patients with acute schizophrenia, unipolar depression and bipolar disorders.

**Method.**– Serum level of CRP was measured for 83 inpatients. The cut-off points for low, moderate and high levels of CRP were set according to the Centers for Disease Control and Prevention and by the American Heart Association criteria as  $< 1$  mg/l (low), 1–3 mg/l (moderate) and  $> 3$  mg/l (high). Elevated CRP level ( $> 10$  mg/l) may not reflect their usual CRP level but rather infection or inflammatory disorder.

**Results.**– There were 82.3% men ( $n=51$ ). The mean age was 39.55 years.

Twenty-one patients (25.3%) had CRP  $> 10$  mg/l and were not included in our analysis.

The mean concentration of CRP in different groups was: schizophrenia ( $n=38$ ) 3.82 mg/l, unipolar depression ( $n=9$ ) 3.48 mg/l and bipolar disorders ( $n=15$ ) 4.1 mg/l. The comparison between the three groups shows no significant difference ( $P=0.58$ ). The rate of being above the high level of CRP was 39.4% for schizophrenia, 44.4% for unipolar depression, 46.6% for bipolar disorder.

The rate of patients being above high level was higher in women ( $P=0.023$ ). CRP level was positively correlated with age ( $P=0.012$ ).

**Conclusions.**– Our study shows that more than the third of patients presents a high cardiovascular risk according to CRP level.

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

PW0666

### **Bipolar disorder in ADHD: frequent comorbidity or severe neurodevelopmental disorder?**

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**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

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**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

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**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

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**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 intoxi-

cation and explain the role of SSRIs treatment (fluoxetine) in this condition. We propose three different case reports and literature review.

**Method.**– We conducted a systematic review of the literature with the principal database (PubMed, Embase, PsychInfo) and we present three different case reports.

**Results.**– The acute alcohol intoxication during fluoxetine treatment determines a dissociative amnesia characterized by autobiographical memory compromise, compromise 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**

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**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 differences in sociodemographic characteristics of the sample ( $n=20$ ), only gender differences: male are more than 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 explains 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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PW0671

### **Self-esteem, depression and anxiety in multiple sclerosis: Is there a link?**

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**Introduction.**– Studies have shown that patients with multiple sclerosis (MS) report low levels of self-esteem, high levels of anxiety and depression and reduced quality of life.

**Objectives.**– To assess self-esteem, depression and anxiety in patients with MS and to determine the relation between them.

**Methods.**– A cross-sectional and analytical study was carried out on 42 patients with MS, followed up in the outpatient neurology department of Habib Bourguiba hospital, Sfax, Tunisia, over a period of six months. The evaluation of the level of self-esteem was done by the Rosenberg Self-esteem Scale (RSS; 10-items), anxiety and depression by the Hospital Anxiety and Depression Scale (HADS), and the level of disability by the Expanded Disability Status Scale (EDSS).

**Results.**– The sex ratio was 0.9 and the mean age of the participants was  $36.9 \pm 9.6$  years. Relapsing-remitting MS occurred in 88.1% of cases. The mean duration of MS was  $8.4 \pm 5.2$  years. The mean EDSS score was  $2.8 \pm 2.1$ . Vesicosphincteric disorders were reported by 52.4% of patients. Low levels of self-esteem (RSS score  $\leq 30$ ) were found in 57.1% of patients. According to the HADS, 38.1% of patients had depressive symptoms and 54.8% had anxious symptoms. Low levels of self-esteem were correlated with anxiety ( $P=0.016$ ), depression ( $P=0.002$ ) and the presence of vesicosphincteric disorders ( $P=0.047$ ).

**Conclusions.**– It is important to consider the relationship between these aspects, since self-esteem, anxiety and depression can be positively modified through psychotherapeutic interventions, thus potentially having an important impact on quality of life of patients with MS.

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

PW0672

### **Suicide attempts associated to substance use disorders; A descriptive study**

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**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**

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**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  $28.67 \pm 8.55$  and control group is  $31.97 \pm 8.11$ . 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.

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

## **Ethics and Psychiatry / Forensic Psychiatry**

PW0674

### **Risk assessment of dangerous behavior in persons with mental disorders**

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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 ( $\alpha$ -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**

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**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**

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**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**

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**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.

PW0678

### **Voluntary euthanasia of patients with mental illness: An inversion of psychiatry's fundamental clinical and ethical values**

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In several European countries physician-assisted suicide and euthanasia by lethal injection are being made available to psychiatric patients with non-terminal mental illnesses, commonly administered by their own treating psychiatrists giving the injection. Canada now offers euthanasia by injection for patients who are not strictly terminally ill and is on the verge of making it available to those with psychiatric disorders only. This raises profound ethical questions, for psychiatrists in particular, who have a core

ethos and skill set to prevent suicide, help patients cope with suffering, find alternative paths to a better future, even make meaning of suffering. Allowing psychiatrists to help their patients suicide inverts the fundamental ethical framework and very definition of what it means to be a psychiatrist. This lecture examines the history of developments in Europe, Canada, and the U.S. regarding physician-assisted suicide and euthanasia of non-terminal psychiatric patients. Data from Belgium and Netherlands are reviewed. The positions of medical and psychiatric organizations around the world are shown, especially the new ethical position against such practices by the American Psychiatric Association. Fundamental ethical arguments in favor of psychiatric euthanasia are contrasted with those against. Clinical, social, and professional consequences are reviewed, including some specific cases, relevant data, and evidence for a “slippery slope” of these policies and practices. Finally, the way these activities challenge the fundamental identity of the psychiatric profession will be discussed, and how this is an unanticipated consequence of pursuing parity for the mentally ill.

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

PW0679

### **Clinical and sociodemographic factors affecting repetitive crime in female prisoners**

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*Objective.*– In the last two decades, parallel to the apparent increase in the number of female offenders, the number of studies investigating women’s characteristics, the nature of the crime and the conditions for the crime process have also increased. In this study, it was aimed to investigate the clinical and sociodemographic factors affecting repetitive crime in female prisoners.

*Method.*– 105 women convicts who applied for psychiatric examination in Istanbul Bakirköy Woman Closed Prison were enrolled to study. The socio-demographic data collection form created by the investigators was utilized by the Structured Clinical Interview Formulation for DSM-IV Axis I Disorders SCID-I and Taylor’s Crime Severity Grading Scale. The sample group was divided into two groups as repetitive offenders (25 people) and non-repetitive offenders (80 people), groups were socio-demographically compared according to their crime types and clinical characteristics.

*Results.*– In our study, recurring offenders had more history of disease, early onset psychiatric disorders, longer episodes, more applications to the psychiatric clinics, more self-injurious behaviors and suicide attempts, alcohol and substance abuse, and alcohol-substance abuse during the crime and their Axis II disorders were more prominent. It has been determined that substance abuse, self-injuring and seperation in the family are independent factors that significantly predict recidivism.

*Conclusion.*– Multidimensional evaluation of women who commit repetitive crimes by mental health professionals and the judicial system will be more effective in preventing new crime.

*Keywords:* Prison; Female; Crime; Substance use disorders

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

PW0680

### **Red-teaming the panopticon (Mobilising adaptive change in secure and forensic settings)**

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*Introduction.*– In England and Wales, secure and forensic psychiatric services impose significant restrictions upon detainees. Patients may be detained under the MHA for several years or even life, as they are deemed to present a significant risk to themselves or the public. Patients under s37/41 require Home Office approval for any increase in freedom. Best practice requires reoffending risk to be assessed before a patient is discharged. Evaluation of risk is an inexact actuarial science operating in a political arena, and research has indicated risk assessment tools have little positive predictive validity. There is concern amongst the wider psychiatric and judicial communities about the ethics of current practice.

*Objectives.*– To examine these issues and means of improving risk assessment practice.

*Methods.*– Consideration of the concept of risk and issues regarding risk assessment tools. Initiatives to make secure and forensic services more patient-centric are considered together with evidence of impact and efficacy. Further means of improving risk assessment are explored.

*Results.*– More research is required to explore the experiences of patients, especially their experience of risk assessment, and to study patient–professional interaction more closely.

*Conclusions.*– Forensic psychiatric services need to become more authentic; enabling patient offenders to both be treated fairly to seek support and give support to others. It may be argued that such changes would resonate with the ethical underpinning of clinical psychiatry and have the potential to achieve natural epistemic and cultural fit. This would work towards liberating services from the paralysing fear of the innate uncertainties of risk.

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

PW0681

### **On psychiatry in context of philosophical anthropology**

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*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].

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

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*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.

PW0682

### Ethical and spiritual aspects of attitudes toward euthanasia in junior medical students

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*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.

PW0683

### Protective factors associated with the criminal desistance in young people in conflict with the law

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*Introduction.*– Previous studies about young people in conflict with the law (YPCL) have a tendency to focus on the risk factors that contribute to trigger antisocial criminal behaviours. Instead, this study aims to research about the protective factors that prevent the development of such behaviours and encourage the criminal desistance.

*Objectives.*– From a sample that is made up of 100 YPCL non-recidivists, the main objective is to analyze the personal and contextual factors related to criminal desistance in YPCL.

*Methods.*– Unstructured interviews have been carried out, since the technique allows a style of interaction that favors empathy, the interpenetration between the interviewer and the interviewee with sufficient confidence and naturalness so that the data obtained can be elaborated, nuanced and valid.

*Results.*– This study showed a preponderance of the following protective factors associated to the criminal desistance: educational opportunities, change of social context, harmonic relationship with at least one reliable adult, parental supervision, sense of purpose, critical awareness, ability to solve problems, hooks for change, cognitive transformations, Pygmalion effect, knifing off, social support networks, spirituality, dis-labeling process.

*Conclusions.*– Considering the desistance as a gradual process in which an adolescent with repeated criminal behaviours reduces this activity to a low or insignificant level over a prolonged period of time, it has been possible to identify personal and context protective factors that encourage the criminal desistance. The findings of this study may contribute to future policies aimed at promoting the criminal desistance of young people in conflict with the law.

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

PW0684

### **A complicated case of an obsessive homicidal patient – The Copycat effect**

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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**

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*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 patho-

logical 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**

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*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**

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**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**

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**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.

**Keywords:** Self-esteem; Aggression; Female population/women

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

PW0689

### **Neuropsychological and neuroimaging findings for paedophilia**

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**Aim.**– To present the latest neuropsychological and neuroimaging findings for pedophilia.

**Method.**– We searched the database of [www.google.com](http://www.google.com), [www.pubmed.com](http://www.pubmed.com) and [www.elsevier.com](http://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**

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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.

PW0691

### **Local ethics committee role in resolving ethical cornerstones of clinical trials in psychiatry**

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Patients with mental disorders, as one of the most vulnerable groups participating in the biomedical research, demand special attention to ethical requirements compliance in clinical trials.

*Objective.*– To analyze main issues in presenting clinical trials information for the patients with mental disorders

The one year (2016) operational experience of Bekhterev National Medical Research Centre of Psychiatry and Neurology Local Ethics Committee (LEC) has been analyzed. From 87 cases considered: approved without conditions – 63 (72.4%), approved after correction LEC remarks – 23 (26.4%), declined – 1 (1.1%).

ICF forms were the main area where corrections were requested by the LEC (23 trials). The primary reasons for this were the following: The use of statements, that could potentially misguide the subjects, such as “scientific research”, “physician”, “medication” (for phase I-III clinical trials) – LEC’s recommendations were to use more specific terms, such as “clinical trial”, “investigator”, “investigational product” – 13 cases (56.5%)

Clinical trial information, including ICF, cannot be labeled as confidential information, as these documents must contain a statement that the study participant can discuss it with any person he or she wishes. It is unacceptable to mark any pages with the label “Confidential information” – 8 trials (34.8%)

In 4 cases (17.4%) the ICF was not pertaining an option to inform the primary physician about participation in the study.

*Conclusion.*– LEC plays a significant role in control of in adhering to ethical principles of clinical research in patients with mental disorders.

*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**

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*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**

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*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**

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*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.

PW0695

### **Facebook use and mental health statues among Tunisians users**

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*Introduction.*– Online social networking sites have become an integral part of our everyday life. Nowadays, Facebook represents the most popular social networking platform. Its excessive use has become an intriguing phenomena and a major concern by health care professional.

*Objectives.*– In the current study, we sought to investigate the demographic characteristics and the motives of Facebook use, assessing the psychological health of Tunisians users through different research instruments.

*Methods.*– We performed an online survey including five sections: (a) demographic data; (b) motives for Facebook uses; (c) Facebook addiction scale short version; (d) depression scale short version (CES-D10); and (e) Satisfaction with life scale short version (SWLS).

*Results.*– A total of 150 Facebook users participated to the study (mean age  $29.7 \pm 9$  years; 70.7% were women). Fifty seven per cent of the respondents were single. Among our cohort, 95.3% had university level and 69.3% had a professional activity. Relationship maintenance and passing time were the most advanced reasons to use Facebook. We noticed that 8% of the participants had maladaptive use of Facebook. Based on CES-D10, depressive symptoms were observed in 45.3% of participants. Participants were for 68% satisfied with their lives whether 28.7% were dissatisfied. Maladaptive use of Facebook was correlated with low satisfaction with life ( $r = -0.227$ ;  $P < 0.001$ ), as well as with low self esteem ( $r = -0.347$ ;  $P < 0.001$ ).

*Conclusion.*– Our study showed that maladaptive use of Facebook might be associated with mental health disorders. Further studies are needed to better investigate the relationship between Facebook use and mental health issues.

*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**

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*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

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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

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*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  $12.6 \pm 2.1$  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

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*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

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**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 ( $\chi^2 = 25.92, P < 0.05$ ) 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

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**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

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**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.

PW0703

### **The Effect of parental mental health on a child's risk of poor mental health and death by suicide: A population-wide data-linkage study**

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*Background.*– Death by suicide is a major public health concern and identifying those most at risk is vital to ensure the implementation of effective interventions. Mental health is known to have a genetic component and parental mental health is associated with a child's mental health. However, little is known on the effect of parental mental on a child's risk of death by suicide.

*Methods.*– This population-wide data linkage study utilised data from the 2011 Northern Ireland Census linked to 5 years' death records (2011–2015) to construct regression models to determine if children living with parents with poor self-rated mental health are at an increased risk of poor mental health themselves or at an increased risk of death by suicide.

*Results.*– Of the 618,970 individuals who live with their parents, 13.7% live with parents with poor mental health, 11.6% have poor mental health themselves and 0.1% (225) died by suicide. Living with a parent with poor mental health was associated with likelihood of poor mental health in children. After adjustment for age, gender, physical illness, socio-economic status and own mental health status, children of parents with poor mental health were 73% more likely to die by suicide compared to children of parents with good mental health ( $OR = 1.73$ , 95%CI 1.25, 2.40). The effect size increases for children living with  $\geq 2$  parents with poor mental health.

*Conclusions.*– Parental mental health is associated with a child's suicide risk even after adjustment for their own mental health status. This is an at-risk group.

*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?**

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*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 reg-

imen; 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**

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*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.

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**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

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**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  $\chi^2$ :  $P < 0.05$ ).

**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.

PW0708

### Suicides and mortality from tuberculosis in Russia

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**Introduction.**– Until recently the mortality from tuberculosis and the suicide rates in Russia were both among the highest in the world. The mortality rates from tuberculosis and suicide are considered as the indicators of psychosocial distress. The theoretical premises and empirical evidence suggests the positive association between suicide and mortality from tuberculosis at the individual and population levels.

**Objectives.**– The present study aims to assess the aggregate level link between the mortality from tuberculosis and the suicide rates in Russia.

**Methods.**– Trends in age-adjusted sex-specific tuberculosis mortality and suicide (as an integral indicator for psychosocial distress) rates from 1980 to 2015 were analyzed employing a time series analysis in order to assess bivariate relationship between the time series.

**Results.**– The results of analysis indicate the presence of a statistically significant association between tuberculosis mortality and suicide rates for men at lag zero ( $r = 0.71$ ;  $SE = 0.169$ ). The association between tuberculosis mortality and suicide rates for

women was also positive, but statistically not significant ( $r=0.26$ ;  $SE=0.169$ ).

**Conclusions.**– The results of this study suggest positive aggregate-level association between tuberculosis mortality and suicide rates. This study indirectly supports the hypothesis that tuberculosis mortality can be considered as an indicator of psychosocial distress  
**Disclosure of interest.**– The author has not supplied a conflict of interest statement.

PW0709

### Urban-rural differences in the correlates of female parasuicide in the regions affected by Chernobyl nuclear disaster

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**Introduction.**– Chernobyl nuclear reactor accident was the greatest technological disaster in history. There is evidence that the accident has had a significant long-term impact on psychological well-being of the affected population. In particular, the rate of suicidal behavior has increased dramatically among the exposed population. At the same time, little epidemiological information about parasuicidal individuals is available.

**Objectives.**– This study was design to extend our understanding of suicidal behavior by examining urban-rural differences in the sociodemographic and mental health characteristics of female suicide attempters in the region affected by Chernobyl nuclear disaster.

**Methods.**– We interviewed 207 female suicide attempters [137 urban residents (UR) and 70 rural residents (RR)] received treatment at Gomel regional psychiatric hospital (Belarus).

**Results.**– The most important risk factors identified were younger age (18–29), being single (71.7% of RR and 59% of UR), being unemployed (35% of RR and of 34.5% UR), having mental disorders (100% of RR and 96.7% of UR), having previous suicide attempts (36.7% of RR and 16.8% UR). The most frequent diagnoses were mental disorders due to psychoactive substances use (43.3% of RR and 37% of UR). The prevalence of alcohol dependence was higher among RR compared with UR (30% vs. 20.4%). Consumption of alcohol at the time of the parasuicidal act was reported more commonly by RR than by UR (48.3% vs. 27.3%).

**Conclusions.**– These findings are consistent with previous research indicating a causal role for mental health problems and alcohol abuse in suicidal behavior.

**Disclosure of interest.**– The author has 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

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**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](http://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

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**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 led 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**

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**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**

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**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**

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**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  $26.8 \pm 6.1$ . The mean TG score was  $1.48 \pm 1.1$  mmol/L and an elevation of triglyceridemia was found in 25.7% of patients. The mean HDL count was  $1.21 \pm 0.28$  mmol/L and 33.8% of the patients had a decrease in HDL cholesterol. The mean cholesterol level was  $4.5 \pm 1.2$  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

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**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  $387.1 \pm 39.9$ , 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.

PW0716

### Hypnotics and sedatives use in São Paulo, Brazil; results from the megacity mental health survey

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**Introduction.**– Few studies are conducted between individuals with diagnostic of mental disorders.

**Objectives.**– This report estimated the prevalence and the factors associated with the use of hypnotics and sedatives (HS) in the general population and among subjects with different diagnose of 12-month psychiatric disorders.

**Methods.**– Data were from the São Paulo Megacity Mental Health Survey, the Brazilian segment of the World Mental Health Survey Initiative. A sample of 5,037 individuals (response rate: 81.3%) was assessed using the World Mental Health version of the Composite International Diagnostic Interview, designed to generate DSM-IV diagnoses. Participants were asked about prescription medicines that used in the previous 12-months for “problems with emotions, nerves, mental health, substance use, energy, concentration, sleep or ability to cope with stress”. Anxiety disorder, mood disorder, substance Use Disorders and Impulse-control Disorders were included in the diagnostic.

**Results.**– The prevalence of the use of HS in the general population was 3.6% and in between subjects diagnosed was 7.8%. The use was more frequent in subjects with mood (14.7%) than anxiety (8.1%) disorder. Subjects with panic disorder and bipolar I and II (33.7% and 23.3% respectively) reported higher use. Individuals aged 50 or more (11.1%), workers/retirees (11.8%), with two or more disorders (11.2%), with disorders considered moderate/severe (9.9%;  $OR = 2.8$ ;  $95\% CI = 1.7-4.8$ ;  $P = 0.0001$ ), who reported the use of psychiatric services (29.8%;  $OR = 25.0$ ;  $95\% CI = 13.7-45.6$ ;  $P < 0.0001$ ) and with health insurance (10.7%) reported higher use.

**Conclusion.**– Individuals diagnosed with any mental disorders are being inconsistently treated considering the higher use in subjects with mood than anxiety.

**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

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**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

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**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.

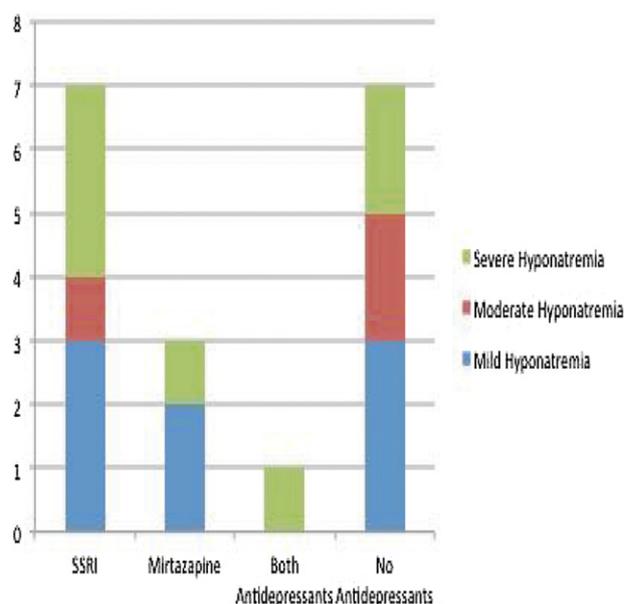


Figure 1.

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

PW0719

### Monotherapy and polytherapy with psychotropic drugs is more likely in women of lowest socio-economic status during pregnancy

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**Introduction.**– Prenatal use of psychotropic drugs (PTs) may be harmful to the fetus and polytherapy with different PTs may increase the harm. There is limited evidence that women of lower socio-economic (SES) are more likely to be prescribed psychotropic drugs prenatally than other women.

**Objectives.**– We aimed to assess the odds of prenatal monotherapy and polytherapy with PTs by drug category and SES.

**Methods.**– We linked registry datasets from British Columbia. Prescriptions for PTs were categorized as Anti-depressants, Anti-epileptic, Anti-psychotics and Anxiolytics. The outcome monotherapy was defined as filling a prescription from exactly one of these four categories. Two outcomes related to polytherapy. Dual therapy described maternal exposure to exactly two drug categories and other polytherapy described maternal exposure to more than two categories. To estimate SES, we used area-based disposable family income data from the infant's year of birth where Decile-1 represented the most disadvantaged. By pregnancy and outcome, we calculated odds ratios using logistic regression and adjusted for maternal age, parity, having a psychiatric disorder and having an epilepsy diagnosis.

**Results.**– Mothers from Decile-1 were more likely to experience monotherapy and particularly with anti-psychotic drugs [AOR = 1.73 (95% CI (1.16, 2.57), *P*-value = 0.007]. They were also more likely to be exposed to dual therapy [AOR = 1.34 (95% CI 1.15, 1.56), *P*-value < 0.0005] or other polytherapy [AOR = 2.59 (95% CI 1.39, 4.85), *P*-value < 0.003].

**Conclusions.**– Prenatally, women of lowest SES are more likely to experience monotherapy and polytherapy with PTs than other

women. Further research is needed to ascertain the reason in this already vulnerable group.

*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?

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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<sub>b</sub> demonstrated high affinity of loxapine succinate for the D<sub>2</sub> receptor and 5-HT<sub>2A</sub> receptor with a value below 2 nM. Using the PET autoradiographies, a competition occurred at low concentrations of loxapine on D<sub>2</sub> receptors (–50% of [<sup>11</sup>C]–Raclopride displacement at 10 nM, –80% at 50 nM and –90% at 100 nM of loxapine, respectively). In a similar manner, the displacement of [<sup>18</sup>F]–altanserin (5-HT<sub>2A</sub> receptors) was significant at 10 nM, 50 nM and 100 nM of loxapine (–30%).

*Conclusion.*– Loxapine succinate has a high affinity for the D<sub>2</sub> receptor and 5-HT<sub>2A</sub> receptor, in an in vitro binding study with humans' cell, with a 5-HT<sub>2A</sub>/D<sub>2</sub> 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 D<sub>2</sub> receptors and for 5-HT<sub>2A</sub> receptors at different concentrations. The PET study, confirms the affinity of loxapine for other 5HT (5-HT<sub>1A</sub> and 5-HT<sub>6</sub>), 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. Baloche 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

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*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, dyskinetic 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

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*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.

PW0723

### Effects of chlorpromazine, haloperidol and sulpiride On GLUT2 of cells of isolated rat's islets

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**Objective.**– To clarify its metabolites result from influence the expression of glucose transporter 2 (GLUT<sub>2</sub>) located in cell membrane of isolated rat's islets.

**Methods.**– The cells of isolated rat's islets were prepared by a modified collagenase digestion methods. At 5.5 mmol/L glucose, the cells of islets was treated with 1 mmol/L chlorpromazine, haloperidol and sulpiride, respectively, blank control group was also set. Following longer exposures to the drugs (48 h), the cells of isolated rat's islets in each group were detected GLUT<sub>2</sub> mRNA level with RT-PCR and GLUT<sub>2</sub> protein expression with Western-blot. All the data are statistical analyzed with SPSS 20.0.

**Results.**– The mRNA and protein expression of GLUT<sub>2</sub> in chlorpromazine group was both significantly lower than control group ( $P=0.045 < 0.05$ ,  $P=0.038 < 0.05$ , respectively), and no significant difference between haloperidol group, sulpiride group and control group ( $P > 0.05$ ).

**Conclusion.**– Chlorpromazine can inhibit GLUT<sub>2</sub> expression of cells of islets, and then hamper glucose transport through cell membrane, which was one of mechanisms to explain the effect of clozapine on insulin secretion.

**Keywords:** Chlorpromazine; Haloperidol; Sulpiride; Glucose transporter

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

PW0724

### Intra-individual variability of head motion (IIV-HM): A novel index of in-scanner head motion and its associations with cognitive performance

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There is emerging evidence that individual differences in head motion (HM) might be an indicator of certain disorders and reflect a trait-like property of the individuals, rather than a confounding factor. The features of HM evaluation are person-centered repeated measurements, linking to another core neurocognitive concept— intraindividual variability (IIV).

We conducted a RT-based task, structural MRI and resting-state functional MRI in forty-one elderly. Intraindividual coefficient of variation of reaction time (ICV-RT) is used to evaluate the IIV enu-

merated with the formula:  $ICV-RT = (SD \text{ of } RT / \text{mean of } RT) \times 100$ . Similar to IIV of RT, IIV of HM was calculated based on the realign file with mean HM adjusted. Gray matter volume (GMV) was calculated by surface-based morphometry analysis.

Psychometrically, IIV of RT was correlated with the elevated mean HM of x-axis, IIV-HM of x-axis and y-axis. Morphometrically, mean HM of y-axis was correlated with reduced GMV of OpIFG, GRe, POrg, tmp and STG. Mean HM of x-axis was associated with decreased GMV of tmp and STG. As to the IIV of HM, IIV-HM of x-axis was correlated with reduced GMV of tmp and STG. IIV-HM of y-axis was associated with decreased GMV of GRe, POrg, tmp, STG and fusiform gyrus. IIV-HM of z-axis was correlated with reduced GMV of OpIFG, tmp and STG.

IIV of HM exhibits the similar psychometric features as IIV of RT; meanwhile, it also shows the overlapping regions as HM has. The findings suggest that IIV of HM might use as a potential indicator connecting the behavior and brain in neuroimaging study (fig 1).

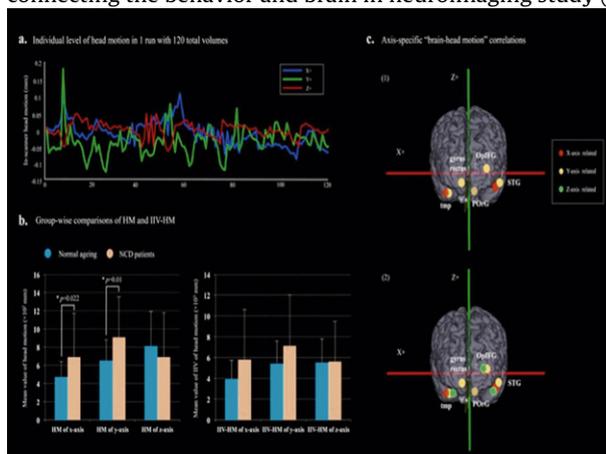


Figure 1.

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

PW0725

### Psilocybin: Antidepressive, anxiolytic and antiaddictive effects

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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<sub>2A/C</sub> and 5HT<sub>1A</sub> 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**

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*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**

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*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**

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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**

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*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 Colferro/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?**

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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**

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*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**

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**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 paraphases 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**

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**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**

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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 Ca<sup>2+</sup> 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**

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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**

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*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.

PW0737

### **The first pre-sapiens awareness: psychopathology of the homo erectus**

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*Introduction.*– Around the world, the *Homo sapiens* has been considered as the first ancestor with self-awareness. His cranial capacity was the evidence about complex neuro connections with the use of his total capacity. This reminds about feelings, about soul, perdurable life after death and psychopathological behavior. The advances in paleo neurology (see Figure 1) were supported in archaeological findings (cranial scalps, culture manifestations like burials, rock art, and manufacture of weapons). Burials lead to the

conclusion of social structure, believing of persistence of the soul. Thus, cultural beliefs predispose to depression. The evolution of brain volume make possible the expansion of awareness (Fig. 2).



Figure 1 Comparison between Homo erectus brain (left) and Homo sapiens (right). Both have upper area of Broca and prefrontal area. Source: Smithsonian Human Origins Program and Field Research, 2016.

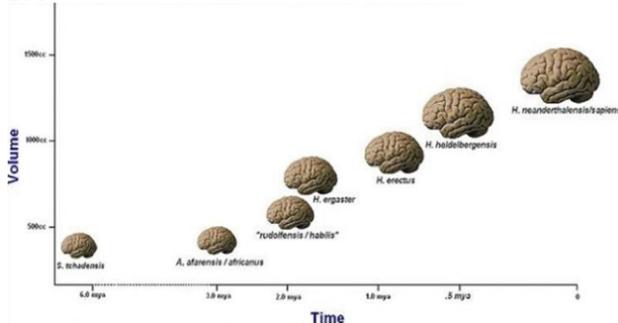


Figure 2 Comparison of brain volume. Source: Smithsonian Human Origins program and Field Research, 2016.

**Objective.**– Associate homo erectus art samples with the appearance of self-awareness.

**Methods.**– Review of scientific articles.

**Results.**– However, recent findings about *Homo erectus* deposits (see Figure 3) approach the emergence of awareness long before the emergence of *Homo sapiens*. With the reconstruction of a 3-D model of the *Homo erectus* brain, we can suspect paleo neurological complex, ancient, but enough for the archaic psychopathology of the awareness. Just for an adventure conclusion, the *Homo erectus* was our first ancestor with the capability of awareness.

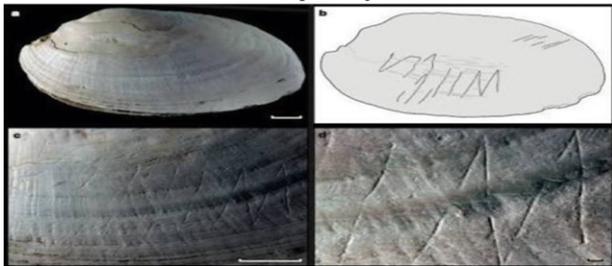


Figure 3 Art associated to Homo erectus (540 000 BC) Source: Smithsonian Human Origins program and Field Research, 2016.

**Conclusion.**– Therefore, one can surmise that the psychological and psychiatric manifestations probably were present from *Homo erectus*.

**Disclosure of interest.**– The author has 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

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**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 the 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

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**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 pre-

vented 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

PW0740

### Alexithymia and face emotion recognition in schizophrenia spectrum

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**Introduction.**– Recognising, describing and differentiating emotions is significant for social communication as well as for emotion regulation. Impaired social cognition is considered a contributor to unfavorable psychosocial functioning in Schizophrenia Spectrum Disorders.

**Objectives.**– Evaluation of alexithymia and the capacity of emotional face recognition in subjects who are part of the schizophrenia spectrum.

**Aims.**– To establish a correlation between alexithymia and emotion recognition ability.

**Methods.**– A sample of 26 subjects were analysed in this trial, diagnosed with Schizophrenia Spectrum (according to ICD 10 criteria), who were hospitalised in the Psychiatry Clinic of Timisoara. Subjects were introduced in the trial based on inclusion/exclusion criteria. The analysed parameters were: socio-demographic (age, gender, marital status, education level), clinical (diagnosis, evolution of disease), alexithymia (Toronto Alexithymia scale) and the ability to identify emotions (Reading the Mind in the Eye Test).

**Results.**– 57.69% of the subjects had alexithymia, 19.23% had possible-alexithymia and 23.07% were non-alexithymic. Most of the subjects had a low ability to identify emotions (84.61%). 66% of the non-alexithymic patients had a normal capacity to recognise emotions.

**Conclusion.**– The subjects with Schizophrenia Spectrum Disorders have deficits expressing, describing and identifying emotions. Difficulties recognising facially expressed emotions and alexithymia could possibly be linked.

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

PW0741

### Schizophrenia – innovations in programmatic interventions and integrated care to improve recovery

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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 Injectibles 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?

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**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 comorbidity, 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**

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**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**

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**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**

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**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.

**Keywords:** Restraint; Aggressiveness; Clozapine; Schizophrenia

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

PW0746

### **Coronary artery calcification in patients diagnosed with severe mental illness**

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**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.

PW0747

### **Abnormal neural hierarchy in processing of verbal information in patients with schizophrenia and their non-manifesting siblings**

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Previous research pointed to abnormal comprehension of verbal information in patients with schizophrenia. Yet, the neural mechanisms underlying the breakdown of verbal information processing in schizophrenia are poorly understood. Imaging studies in healthy populations have shown a network of brain areas involved in hierarchical processing of verbal information over time.

Here, we identified critical aspects of this hierarchy, examining patients with schizophrenia. Using functional magnetic resonance imaging, we examined various levels of information comprehension elicited by naturally presented verbal stimuli; from a set of randomly shuffled words to an intact story. Specifically, patients with first episode schizophrenia, their non-manifesting siblings and healthy controls listened to a narrated story and randomly scrambled versions of it. To quantify the degree of dissimilarity between the groups, we adopted inter-subject correlation (inter-SC) approach, which estimates differences in synchronization of neural responses within and between groups. The temporal topography found in healthy and siblings groups were consistent with our previous findings – high synchronization in responses from early sensory toward high order perceptual and cognitive areas. In patients with schizophrenia, stimuli with short and intermediate temporal scales evoked a typical pattern of reliable responses, whereas story condition (long temporal scale) revealed robust and widespread disruption of the inter-SCs. In addition, the more similar the neural activity of patients with schizophrenia was to the average response in the healthy group, the less severe the positive symptoms of the patients.

Our findings suggest that system-level neural indication of abnormal verbal information processing in schizophrenia reflects disease manifestations.

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

PW0748

### **Increased delayed reward during intertemporal decision-making in schizophrenic patients and their unaffected siblings**

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Intertemporal choices are decisions with consequences in multiple time periods and constitute a significant part of social cognition. The shared neuropathological characteristics of patients

with schizophrenia and their siblings might express intermediate phenotypes in behavior that could be used to further characterize the illness. Schizophrenic patients, unaffected siblings, and healthy controls underwent a computerized version of the “Intertemporal Choice Task”. All participants could choose between sooner-smaller (SS) and later-larger (LL) options in now-trials and in not-now-trials. Subjects also underwent a battery of cognitive neuropsychological assessment. Our results indicated that schizophrenic patients and unaffected siblings both had a tendency to choose LL options in now-trials or not-now-trials compared to healthy controls. Schizophrenic patients had significantly lower scores in several cognitive tasks, including MoCA, attention, executive functions, and information processing when compared with the other two groups. Moreover, within the schizophrenic patient group, significant correlations were found between intertemporal decision-making performance and executive function. The present study showed that schizophrenic patients and unaffected siblings both have intertemporal decision-making impairments, which may result from fronto-striatal and fronto-parietal networks dysfunction. Moreover, this impairment was associated with differences in executive function performance.

*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**

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*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**

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*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.

*Disclosure of interest.*– I am employed by Janssen Pharmaceutica NV. The other authors have not supplied a conflict of interest statement.

PW0751

### **A circle and a triangle dancing together: Alteration of social cognition in schizophrenia**

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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 inten-

tionality 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**

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*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**

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*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 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**

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*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**

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**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:  $43.0 \pm 13.6$  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.

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PW0756

### **The lack of association between serum interleukin-6 and c-reactive protein serum levels and treatment-resistance in patients with schizophrenia**

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**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**

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**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.

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

PW0758

### Higher BMI in 25-OH vitamin D deficit than non-deficit patients treated with MARTA antipsychotics

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**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 ( $\geq 1$  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

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**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.

PW0760

**Extrapyramidal side-effects with antipsychotics: Prevalence and Risk factors from the French National Face-schizophrenia cohort**

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**Introduction.**– Extrapyramidal side effects (EPS) were identified as a complication of antipsychotics treatment (Browne et al., 1996). Meta-analysis had investigated EPS prevalence and risk factors through clinical trials (Leucht et al., 2009; Rummel-Kluge et al., 2012). Because clinical trial are not representative of the general population, especially about antipsychotic polytherapy, multiple episode, treatment resistance, studies in real-world schizophrenia are needed.

**Objectives.**– In the present study we utilized the FACE-SZ (FondaMental Academic Centers of Expertise for Schizophrenia) cohort based on a French multicentric network baseline data to examine the prevalence and clinical correlates associated with EPS.

**Method.**– Clinical and socio-demographic factors were collected during an extensive standardized evaluation. The Simpson and Angus Scale (SAS) and the Abnormal Involuntary Movement Scale (AIMS) were used to assess respectively Dug-Induced Parkinsonism (DIP) and Tardive Dyskinesia (TD).

**Results.**– 674 patients were included. The overall prevalence of DIP and TD were respectively 13.2% and 8.3% in our community-dwelling sample of patients. After adjustment for confounding factors, PANSS negative factor (*aOR*=1.10, *p*<.001), prescription of first generation of antipsychotic (*aOR*=2.04, *P*=.047) and prescription of anticholinergic (*aOR*=2.10, *P*=.017) were associated with a higher prevalence for DIP (table 1). Disorganization (PANSS disorganized factor) (*aOR*=1.10, *P*=.049) was associated with a higher prevalence for TD (Table 2).

**Conclusion.**– Our results indicate a reduced prevalence of EPS compared to previous studies. The roles of negative and disorganized symptoms are highlighted for the prognosis of schizophrenia. Clinical exploration of EPS should be systematically implemented to reduce such antipsychotic associated side effects.

Table 1 Factors associated with drug induced Parkinsonism according.

	Univariate analysis		DIP		Multivariate model				
	No DIP (N=585)	DIP (N=89)	mean/N	SD%	<i>P</i>	<i>aOR</i>	95%CI	<i>P</i>	
<b>Socio-demographic characteristics</b>									
Sex Male, N (%)	430	73.50%	64	71.91%	0.751	0.607	0.316	1.166	0.334
Age (years), mean (SD)	32.31	9.50	34.71	12.04	0.075	1.025	0.999	1.053	0.603
<b>Clinical variables, mean (SD)</b>									
Illness duration (years), mean(SD)	10.78	7.08	12.23	9.82	0.129				
PANSS positive factor, mean (SD)	9.27	4.25	9.74	5.25	0.433				
PANSS negative factor, mean (SD)	16.98	6.39	21.00	7.89	<0.001	1.102	1.055	1.151	<0.001
PANSS disorganized factor, mean (SD)	8.15	3.35	9.49	4.14	0.005	0.997	0.920	1.080	0.940
PANSS excited factor, mean (SD)	5.73	2.33	6.01	3.07	0.324				
PANSS depressed factor, mean (SD)	7.17	3.09	7.92	3.73	0.077				
PANSS total score, mean (SD)	69.93	17.93	80.40	23.97	<0.001				
CDSS score, mean (SD)	3.96	4.21	4.45	4.67	0.323				
<b>Substance disorders and addictions, N (%)</b>									
Current daily tobacco smoking	311	53.16%	45	50.56%	0.647				
Current daily cannabis abuse or dependence*	80	13.68%	12	13.48%	0.592*				
Current alcohol abuse or dependence*	54	9.23%	7	7.87%	0.843*				
<b>Adherence to treatment</b>									
BARS score, mean (SD)	85.80	24.60	88.75	19.59	0.221				
MARS score, mean (SD)	6.16	2.24	6.34	2.40	0.515				
<b>Current treatment, N (%)</b>									
Second generation antipsychotic	449	76.75%	64	71.91%	0.838				
First generation antipsychotic	123	21.03%	31	34.83%	0.001	2.038	1.010	4.111	0.047
Antipsychotic polytherapy	180	30.77%	34	38.20%	0.063	0.864	0.441	1.692	0.669
Antidepressant drug	164	28.03%	25	28.09%	0.772				
Benzo-diazepines	136	23.25%	25	28.09%	0.211				
Anticholinergic drug	88	15.04%	26	29.21%	<0.001	2.103	1.143	3.869	0.017
Antipsychotic dose (CPZ100eq), mean (SD)	5.97	6.26	6.61	5.90	0.499				

Mean(SD): mean ± standard deviation, *aOR*: adjusted odds ratio, 95%CI: 95% confidence interval.  
 PANSS: Positive And Negative Symptom Scale for Schizophrenia, CDSS: Calgary Depression Scale for Schizophrenia, BARS: Brief Adherence Rating Scale, MARS: Medication Adherence Rating Scale  
 \*N=58, 125 missing values for current treatment or no antipsychotic treatment (18.55%).  
 † Fisher exact test.  
 ‡ DIP: Drug Induced Parkinsonism, as defined by a score ≥ 0.65 in the Simpson-Angus Scale (Simpson and Angus 1970)  
 § as defined in the Structural Clinical Interview for mental Disorders (SCID-1)  
 ¶ CPZ100eq: dose equivalent to 100mg/d of chlorpromazine calculated according to the minimum effective dose method, Leucht et al. (2014).  
 Significant associations are in bold.

Table 2 Factors associated with tardive dyskinesia (TD) according to Abnormal Involuntary Movement Scale, (AIMS) in a sample of 674 patients with schizophrenia.

	Univariate analysis				Multivariate model				
	No TD (N=618)	TD (N=56)	mean/N	SD%	<i>P</i>	<i>aOR</i>	95%CI	<i>P</i>	
<b>Socio-demographic characteristics</b>									
Sex Male, N (%)	455	73.62%	39	69.64%	0.519	0.882	0.421	1.848	0.740
Age (years), mean (SD)	32.51	9.76	33.86	11.23	0.331	1.008	0.976	1.041	0.633
<b>Clinical variables</b>									
Illness duration (years), mean(SD)	10.87	8.13	12.15	9.41	0.277				
PANSS positive factor, mean (SD)	9.32	4.37	9.43	4.67	0.870				
PANSS negative factor, mean (SD)	17.24	6.56	20.54	6.57	<0.001	1.037	0.988	1.090	0.144
PANSS disorganized factor, mean (SD)	8.16	3.41	10.15	3.90	<0.001	1.103	1.000	1.217	0.049
PANSS excited factor, mean (SD)	5.71	2.40	6.48	2.81	0.055	0.978	0.860	1.112	0.736
PANSS depressed factor, mean (SD)	7.29	3.17	7.07	3.38	0.659				
PANSS total score, mean (SD)	70.61	18.87	79.18	20.66	0.002				
CDSS score, mean (SD)	4.03	4.24	3.96	4.63	0.906				
<b>Substance disorders and addictions, N (%)</b>									
Current daily tobacco smoking	328	53.07%	28	50.00%	0.659				
Current daily cannabis abuse or dependence*	86	13.92%	6	10.71%	0.684*				
Current alcohol abuse or dependence*	56	9.06%	5	8.93%	1.000*				
<b>Adherence to treatment</b>									
BARS score, mean (SD)	86.39	23.76	83.87	27.21	0.464				
MARS score, mean (SD)	6.17	2.27	6.33	2.16	0.619				
<b>Current treatment, N (%)</b>									
Second generation antipsychotic	474	76.70%	39	69.64%	0.606				
First generation antipsychotic	137	22.17%	17	30.36%	0.078	1.263	0.603	2.642	0.536
Antipsychotic polytherapy	196	31.72%	18	32.14%	0.666				
Antidepressant drug	175	28.32%	14	25.00%	1.000*				
Benzo-diazepines	142	22.98%	19	33.93%	0.028*	1.568	0.793	3.099	0.196
Anticholinergic drug	100	16.18%	14	25.00%	0.044*	1.349	0.635	2.867	0.457
Antipsychotic dose (CPZ100eq), mean (SD)	5.99	5.72	7.85	10.28	0.267				

Mean(SD): mean ± standard deviation, *aOR*: adjusted odds ratio, 95%CI: 95% confidence interval.  
 PANSS: Positive And Negative Symptom Scale for Schizophrenia, CDSS: Calgary Depression Scale for Schizophrenia, BARS: Brief Adherence Rating Scale, MARS: Medication Adherence Rating Scale.  
 \*N=58, 125 missing values for current treatment or no antipsychotic treatment (18.55%).  
 † Fisher exact test.  
 ‡ TD: Tardive Dyskinesia, as defined by a score of at least three (moderate degree) in any body part or with at least two (mild degree) in two or more body part of the Abnormal Involuntary Movement Scale (Gay et al. 1976)  
 § as defined in the Structural Clinical Interview for mental Disorders (SCID-1)  
 ¶ CPZ100eq: dose equivalent to 100mg/d of chlorpromazine calculated according to the minimum effective dose method, Leucht et al. (2014).  
 Significant associations are in bold.

**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?**

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**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**

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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**

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**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. Detecting 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**

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**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.

**Keywords:** Depressive symptoms; Depression; Patient Healthcare Questionnaire (PHQ-9); Autism spectrum disorder; ASD; Caregivers Depression; Oman

**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**

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**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**

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**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.

PW0767

### **Weight gain and metabolic risk associated with treatment with second-generation antipsychotics in antipsychotic-naïve children and adolescents: A 12- month follow-up study**

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**Objectives.**– To evaluate the risk of weight gain and alteration of metabolic parameters after antipsychotic treatment of naïve or quasi-naïve children and adolescents in follow-up at 12 months.

**Methods.**– Observational, longitudinal, naturalistic and multicenter study with a total sample of 243 patients. Among the 243 patients, 138 were treated with Risperidone, 51 with Olanzapine, 43 with Quetiapine and 11 with Haloperidol. Of the 243 patients, 84 (43.3%) had a diagnosis of the psychosis spectrum, 54 (22.2%) mood disorders and 105 (43.2%) had behavioral disorders and others.

**Results.**– In the three groups of antipsychotics, a significant increase in BMI z-scores was detected during the 12 months of follow-up. Patients treated with Olanzapine had greater weight increases than patients treated with Risperidone. Significant alterations in glucose metabolic parameters were obtained in patients treated with Risperidone. Other alterations in TG and LDL are dependents of the antipsychotic. We do not appreciate differences regarding HDL levels. There was an increase in the percentage of At-risk patients in the three groups during the 12 months of follow-up. No significant differences were detected among the three antipsychotic groups in the % of At-Risk patients

**Conclusion.**– Second-generation antipsychotics have an effect on weight gain with profiles of different metabolic side effects with respect to time. Olanzapine is the drug in which the weight gain is greater with a tendency of the other antipsychotics to equal to 12 months but without reaching it. Weight and metabolic profile should be monitored closely in children and adolescents treated with SGAs.

**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**

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**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:  $95.9 \pm 12$  and  $106.2 \pm 12$  respectively,  $U = 157$ ,  $P = 0.02$ ; SD NS:  $106.1 \pm 21$  and  $120.5 \pm 17$  respectively,  $U = 157$ ,  $P = 0.02$ ). Conversely, UHR adolescents showed a higher temperament trait of Harm Avoidance (HA) ( $125.1 \pm 14$  and  $110 \pm 19$  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.

PW0769

### **The Automatic and intentional inhibitory control mechanisms in children with ADHD**

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**Introduction.**– The inhibitory control of attention has been categorized in two processes: automatic inhibitory control mechanisms and intentional inhibitory control mechanisms. A deficit of inhibitory control has been recognized as a clinical feature of children with attention-deficit/hyperactivity disorder (ADHD).

**Objectives.**– The main aim was to examine.

**Methods.**– A sample of 20 children with ADHD and 20 typically developing children, matched for age and gender, participated in this study. These participants were recruited from an initial sample of 435 participants. A saccadic interference (SI) task and a delayed ocular response (DOR) task were employed. The DOR and SI tasks were operated using eye-tracking technology.

**Results.**– The ADHD group showed a general deficit in the inhibitory control. More precisely, the ADHD group performed poorly the DOR task than the typically developing group. In SI task, the ADHD group did not differ significantly from the typically developing group.

**Conclusions.**– This study suggests a dissociation between automatic and intentional inhibitory deficits in children with ADHD. The results are discussed in light of theories on inhibitory control of attention in childhood.

**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**

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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.

PW0771

### **The physis child: identification of cognitive and emotional factors in relation to acoustic-verbal hallucination in non-psychotic children**

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**Introduction.**– Hallucinations in nonpsychotic children represent a high prevalence on symptomatology in child psychiatry. This experience is often considered as a transitional and benign developmental phenomenon. However, recent research suggests that the persistence and aggravation of the hallucinatory experience would signal a possible evolution towards psychotic disorders.

**Objectives.**– The objective of this study was to explore social cognition and emotional experience like factors favoring the presence and persistence of non-psychotic hallucinations to improve diagnostic and therapeutic management.

**Methods.**– This prospective multicenter case-control study, longitudinal over 6 months, will include participants with acoustic-verbal hallucinations (AVH) and without diagnosis of psychosis. Social cognition is assessed using NEPSY II with “theory of mind” and “emotion recognition” tasks. The emotional experience is assessed using Differential Emotion Scale IV (DES IV), to establish an emotional profile of child, and the Revised Beliefs About Voices Questionnaire (BAVQ-R), categorizing child's emotions about AVH. **Results.**– This study included 40 subjects (75% girls) with mean aged of 12.8 years. There was no significant association between presence of AVH and social cognition and emotional factor. At 6 months, 50% of subjects had persistents AVH: they were significantly associated with emotional factor and post-traumatic stress disorder (PTSD). In case group, 18% evolved towards psychotic disorder at 6 months, significantly associated with malevolence interpretation of voices.

**Conclusion.**– Even if social cognition was not associated with hallucinations, emotional factor could promote their persistence. A dimensional regard of this symptom could promote a better understanding of the child disorder and deliver targeted therapies.

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

PW0772

### **The effect of melatonin on sleep disorders in children with ASD: A meta-analysis**

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**Introduction.**– Sleep disorders are very common in people with autism spectrum disorders (ASD). They may exacerbate problem behaviors and represent a considerable burden for caregivers.

**Objectives.**– To evaluate the effect of melatonin on sleep problems in people with ASD.

**Methods.**– A systematic literature search was performed in Web of Science, PsycINFO, Embase, and CINAHL up to March 2017. We included all randomized controlled trials comparing melatonin to placebo. Outcomes included total sleep time, sleep latency onset and number of night awakenings.

**Results.**– Three studies involving children with ASD (age range: 4–16 years) met inclusion criteria and contained appropriate data for meta-analysis. Random-effects meta-analyses showed a significant effect of melatonin on total sleep time (Hedges'  $g=1.58$ , 95% CI 0.82 to 2.34,  $P\leq 0.001$ ) and sleep latency onset (Hedges'  $g=-1.33$ , 95% CI  $-1.79$  to  $-0.87$ ,  $P\leq 0.001$ ). The effect on the number of night awakenings was in favour of melatonin, but not significant.

**Conclusions.**– Melatonin appears to be useful in the treatment of sleep disorders of ASD children. More trials involving patients of different ages and with different type and dosages of melatonin are needed to better elucidate its effect in ASD.

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

PW0773

### **Pre-, peri- and neonatal risk factors for autism spectrum disorder**

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**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.

order to establish this treatment modality as standard of care for children and adults with ADHD

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
Sobilo van der Oord et al., 2011	Prospective, Non-randomized, controlled, experimental, double-blind	Children in treatment group (n)=22 Children in control group (n)=11 Parents (n)=22	Children aged 14-17 yrs	8-week mindfulness training for children and their parents	-Reduction in symptoms of ADHD	-Parenting stress -Parental ADHD behavior -Parental overreactivity -Mindful awareness	-There was a significant reduction of parental ADHD behavior from pre-posttest and from pre-to follow-up test -Teacher ratings showed no significant effects	-Significant reduction of parent-rated ADHD behavior of themselves from pre-posttest and from pre-to follow-up test -Significant increase of mindful awareness from pre-to posttest -Significant reduction of parental stress and overreactivity from pre-to follow-up test
Evans de Weert Begeman et al., 2011	Prospective, Non-randomized, controlled, experimental, double-blind	Children (n)=40 Parents (n)=40	Children aged 10-13 yrs	8-week mindfulness training for children and their parents	-Attention and behavioral problems -Mindful awareness- Executive functioning	-Parenting/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' overactive parenting -Increase in children's overactive parenting -No effect on mindful awareness of both parents
Arabi Shalini et al., 2017	Randomized, controlled trial	Children in treatment group (n)=34 Children in control group (n)=22	Children aged 11 to 17 yrs	Integrates Mindfulness Meditation (MM) with Marital/Parenting (MP) which is a group treatment program that incorporates mindfulness meditation with yoga, cognitive behavioral therapy (CBT), and marital etc.	-Therapist perceived as and Therapist/Parent (TR) as calculated on EEG during one sample point focus task and two active attention tasks	N/A	Significant improvement in attentional ability, especially decreased TR for the treatment group but not controls.	N/A

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.

Table 2

Study Name/Author	Description of Studies	Study Participants Characteristics	Intervention Used	Conclusion
Christine A. Birk 2008	-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 interested with clinical samples -6 studies interested 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 1y to 18 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 reported 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.
Mahmoud Aouf 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 significant reduction in ADHD symptoms in adult patients.
Schuhara Evans et al., 2017	16 studies were identified (8 that included children in treatment, and 8 that included combined parent-child treatment). children=58 Parents=60 Complete data N/A	Children up to 18 years of age and diagnosed with ADHD	meditation-based intervention in 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.
Davis S. Bick et al., 2009	A systematic review of 6 was conducted from 1972 to 2008, obtaining a sample of 18 empirical studies related to sitting meditation interventions among youth. Sample size=80 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	Sitting meditation seems to be an effective intervention in the treatment of physiologic, psychosocial, and behavioral conditions among youth

PW0774

### Mindfulness-based cognitive-behavioral therapies for treatment of attention deficit hyperactivity disorder in children and adolescents: A literature review

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**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

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

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PW0775

### Impact of the Maternal mindfulness training during pregnancy on cognitive development in young children

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**Background.**– There is evidence that maternal anxiety during pregnancy affects child outcomes. However, there is lack of studies that have evaluated the effects of maternal psychosocial factors during pregnancy on child cognitive outcomes. This study evaluates the effect of the maternal mindfulness training during pregnancy on cognitive development in 4–5 years old children.

**Method.**– In the current study we included 28 women who participated in the maternal mindfulness training during pregnancy. The control group included 28 women who did not participate in this training during pregnancy. When the offspring of the target pregnancies were between 4 to 5 years of age, their cognitive development was assessed by Lurias's child neuropsychological assessment battery that enables to assess five functional domains, including executive abilities, language, memory, sensorimotor and visuospatial abilities.

**Results.**– One-way ANOVA was used to reveal group differences in performing subtests from five functional domains of Luria's battery. We have revealed the significant differences ( $P < .05$ ) between groups in two functional domains. The children from the experimental group performed better on subtests from language and memory functional domains.

**Conclusion.**– These results suggest that maternal mindfulness training during pregnancy may have positive effect on cognitive development of young children, particularly on the development of language and memory abilities in preschool children.

**Funding.**– The research was supported by Act 211 Government of the Russian Federation, agreement 02.A03.21.0006

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

PW0776

### Specific deficit in executive abilities in children with hypoxic-ischaemic encephalopathy

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**Background.**– It is known that children, born with Hypoxic-ischaemic Encephalopathy (HIE), have a risk for neurodevelopmental disorders. The goal of this research was to examine the hypothesis that preschool children, born with HIE, have a specific deficit in executive abilities.

**Participants and methods.**– The experimental group included 28 children aged 5–6 years (mean age = 5.2). They were born full-term with perinatal Hypoxic-ischaemic Encephalopathy. The control group included 28 typically developing children. The children from experimental and control group were matched for gender and age. Children from both groups were assessed with subtests from Luria's child neuropsychological assessment battery. These subtests are designed to assess voluntary attention and abilities for programming.

**Results.**– One-way ANOVA has revealed group differences in voluntary attention. However, we have not revealed significant ( $p < .05$ ) differences between children from experimental and control group in abilities for programming.

**Conclusion.**– In view of the obtained results it can be assumed that the Hypoxic-ischaemic Encephalopathy has specific (not global) negative effect on development of executive abilities in children. Particularly, preschool children, born with HIE, have deficit in voluntary attention.

**Funding.**– The research was supported by Russian Foundation for Basic Research, grant no. 15-06-06491A.

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PW0777

### Weight gain and metabolic changes in antipsychotic-naïve young people after twelve months of treatment with second generation antipsychotics.

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**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  $\leq$  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  $14.46 \pm 2.94$  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.

PW0778

### Exploring measurement invariance across groups of children with and without ADHD in word recognition and spelling tests

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Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental condition encompassing symptoms of inattention, hyperactivity, and impulsivity that interfere with a person's daily functioning. There is a clear association between ADHD and learning disabilities, with comorbidity rates ranging from 31 to 45%. Studies have consistently demonstrated that children with attention-deficit/hyperactivity disorder (ADHD) perform significantly lower than controls on word recognition and spelling tests.

A problem with this approach is that such studies rely on the assumption that those groups are comparable in these measures. Measurement invariance indicates if, in a certain measure, the same construct is tested across different groups. This study investigates comparability of word recognition and spelling tests based on diagnostic status for ADHD through measurement invariance methods. The participants ( $n=1,935$ ; 47% female; 11% ADHD) were children aged 6 to 15 with normal IQ ( $\geq 70$ ). Measurement invariance was investigated through Confirmatory Factor Analysis and Multiple Indicators Multiple Causes models. Measurement invariance was attested in both methods, demonstrating the direct comparability of the groups. Children with ADHD were 0.51 s.d. lower in word recognition and 0.33 s.d. lower in spelling tests than controls. Results suggest that differences in performance on word recognition and spelling tests are related to true mean differences based on ADHD diagnostic status. Implications for clinical practice and research are discussed.

**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

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**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  $9.55 \pm 1.78$  years. In our study, there were significantly more cases of attention deficit disorder, hyperactivity, impulsivity, conduct, behavioral disorder, PTSD, motor tics, outism, 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.

**Keywords:** Welfare centers; (CSI-4); Orphans children

**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

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**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

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**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

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**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.

PW0783

### Positive mental health and coping styles in a sample of university students

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**Introduction.**– The empirical evidence suggests that a positive mental health is associated with the coping styles deployed by youth and adolescents.

**Objectives.**– To characterize and correlate the coping styles and the positive mental health of the participants.

**Methods.**– Quantitative and cross-sectional research, consisting of a sample of 123 university students, 73 males and 50 females, who were intentionally selected (mean age was 18, and ranging from 16 to 19, SD = 0.7). The participants completed a survey which included the Positive Mental Health Scale (Lluch 2001) and the Scale of Coping Styles (Lazarus and Folkman 1986).

**Results.**– It was shown that as personal satisfaction increases, avoidance styles, self-blame and fantasy are used less frequently. Likewise, a significant correlation was found between self-control and problem solving and social support styles. At the same time, there was a negative correlation between autonomy and styles of avoidant coping, self-blame and fantasy. In general, correlations show a direct and significant relationship between interpersonal skills and problem solving and social support styles.

**Conclusions.**– There is a significant correlation between the variables positive mental health and coping styles of first semester students, especially Interpersonal Relations Skills and problem solving ( $r = .53$ ,  $P < .01$ ). The more mastery they present for their positive mental health in general, they will use coping styles focused on solving the problem and seeking for social support. Likewise, to the extent that they employ positive mental health dimensions such as personal satisfaction and autonomy, they will use less avoidance, self-blame, and fantasy styles. These preliminary results are discussed in order to understand the relationships among coping strategies and mental health in adolescent population.

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

PW0784

### Prognostic factors in ASD. Pilot study in Georgia

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**Introduction.**– Autism spectrum disorders are common behavioral syndromes characterized by impairments in social interaction, abnormalities in verbal and nonverbal communication, and restricted and stereotyped interests and behaviors. Their onset occurs in early childhood and often results in severe lifelong impairments. According to longitudinal observation on children with ASD, literature suggests that a minority of individuals with an ASD will lose the diagnosis. However, the existence of this phenomenon is

still controversial. Are there any already identified factors, which can help clinicians to predict any kind of outcome.

**Patients and methods.**– Retrospective medical chart review in a tertiary care clinic of Tbilisi (Mental Health Center) were conducted of 2–6 years old 49 children, diagnosed as having ASD based on ICD-10 criteria, ADI-R and the ADOS. They were reassessed after min 2 years: obvious progress in symptom severity were identified.

**Results.**– The pattern of autistic symptom severity varied over time by domain. Standard assessments at earlier ages (before 30 month) did not predict outcome later even within the same domain of functioning. In contrast, standard assessments at age 3 did predict outcome. Early intervention, high IQ, less stereotype behavior and the development of communicative and language skills at an early age could be the most powerful factors contributing to an optimal outcome.

**Conclusion.**– These results reveal some evidence of the possibility of 'recovering' from ASD and demonstrate that it is, in fact, possible to reach a level of typical functioning, while not eliminating the possibility of residual deficits in the problematic fields of ASD

**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

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**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-Multiaxial-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**

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**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.

PW0787

### **Filling the gap between lab and clinical impact: an open randomized diagnostic trial comparing urinary ethylglucuronide and ethanol in alcohol dependent outpatients**

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**Background.**– Alcohol use disorders represent a major health burden. Efforts aiming at reducing alcohol-related harm includes detection of early relapse in patients with alcohol dependence who are detoxified and committed to abstinence. Ethyl glucuronide has been proved to be a good biomarker for the detection of recent drinking. However, to date, no randomized diagnostic trial has tested its impact on drinking outcomes. The aim of this study was to assess, with a randomized design, the implications of ethyl glucuronide screening on alcohol outcomes.

**Methods.**– Alcohol dependent outpatients were randomized to either 24 weeks of continuous screening with ethyl glucuronide or ethanol. Patients were aware of screening methods and results. After 24 weeks, all participants were screened with ethyl glucuronide. Self-reports were also gathered. A logistic regression model was performed comparing the rate of ethyl glucuronide positive results at study end between groups. Generalized estimating equations were performed to evaluate the descending rate of EtG positive patients in the EtG group, measured month to month.

**Results.**– A total of 162 patients were randomized. During the study period, ethanol subjects showed a lesser number of positive screens. However, after 24 weeks, patients in the EtG group showed a greater probability of having a negative screening test compared to ethanol subjects, provided they were all screened with ethyl glucuronide. A significant decrease in the rate of EtG positive patients was found for the first three months of the study.

**Conclusions.**– Routine screening with ethyl glucuronide improves abstinence rates in alcohol dependent outpatients.

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

PW0788

### **Recognition of emotional faciale expressions and hemispheric asymmetry differentiate in abstinent heroin abusers**

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**Introduction.**– Emotional facial expressions are accepted as a quick, reliable way to understand the feelings of others. Recent studies have shown that patients who were hospitalized with alcohol and substance abuse showed worse performance than healthy controls in ability to recognize facial expressions.

**Objective.**– There is an increasing body of literature on the role of hemispheric asymmetry in perceiving the universally accepted facial expressions such as happiness, sadness, anger, surprise, fearfulness, disgust, and neutrality. No such studies exist for heroin addicts.

**Method.**– The goal of this study was to investigate the recognition of emotional facial expressions by heroin addicts and to examine the accuracy and response times of their brain hemispheres by employing the divided visual field (DVF) technique. There are 31 heroin addicts and 32 healthy participants in the study. Informed Consent, Demographic Information Form, Edinburgh Handedness Inventory, Beck Depression Inventory, State Trait Anxiety Inventory, and The Symptom Checklist (SCL-90-R) were applied to all subjects. Then each subject took the PHP-based Emotional Facial Expression test in a computer environment.

**Results.**– The results indicated that abstinent heroin abusers detected fewer correct facial expressions for the sad, angry, sur-

prised, and fearful emotions, and their response times were longer than those of healthy controls. Healthy controls showed right hemispheric (RH) superiority in recognizing angry faces, while the AHs showed RH superiority in recognizing sad and angry faces, and LH superiority in recognizing disgusted faces.

**Conclusion.**– AHs have an impaired capacity for emotional perception and different hemispheric asymmetry patterns. rds: emotional facial expressions, abstinent heroin abusers, hemispheric asymmetry

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

PW0789

### **Impact of depression on smoking cessation: Are depressed patients more dependent?**

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**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**

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**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.

PW0791

### **Lifetime prevalence and risk factors of drug use in North Cyprus: 2003–2017**

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**Background.**– Drug use has become widespread with extreme proportions recorded globally and studies of psychoactive substance use becoming more prevalent throughout the world.

**Objectives.**– The purpose of this study is to determine the characteristics and prevalence of cigarette, alcohol and other psychoactive drug use among adults in North Cyprus (NC).

**Methods.**– A random multi-staged, stratified sampling quota was used for sampling method in May-June 2017. Household survey interviews were conducted with 1000 people within the 18–65 age groups. A survey questionnaire was used, which is the Model European Questionnaire of Council of Europe adapted to the Turkish language. The prevalence data are given in comparison with surveys conducted using the same questionnaire in 2003 (825 people), 2008 (804 people) 2013 (1040 people) and 2015 (994 people).

**Results.**– The survey shows that the lifetime prevalence of smoking is 60.9%, alcohol use is 63.5% and illicit drug use is 11.7%. Lifetime cannabis use is 5%, synthetic cannabinoid is 5.8%, ecstasy is 2.7%, sedatives/hypnotic drugs is 5.7% and volatiles were found as 1.1%. The cocaine, heroin, amphetamines, LSD and codeine syrups use proportions were between 0.6 and 2.5%.

**Conclusion.**– It has been observed that the lifetime cigarette and alcohol use is decreasing among adults in NC; however, the lifetime use of other psychoactive drugs is increasing. NC has higher proportion of cigarette use than Asian, European and African countries. Alcohol and substance use is similar to the high prevalence propor-

tions of United States. NC needs efficient prevention programs in order to combat drug use.

*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**

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*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- $\Delta$ 9-tetrahydrocannabinol ( $\Delta$ 9-THC), may be modulated by previous cannabis exposure.

*Objectives.*– To test whether modest previous cannabis exposure modulates the acute effects of  $\Delta$ 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,  $\Delta$ 9-THC challenge study using an fMRI paradigm.

*Results.*– Compared to non-users ( $n = 12$ ; < 5 lifetime cannabis joints smoked), abstinent modest cannabis users ( $n = 12$ ;  $24.5 \pm 9$  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  $P \leq 0.01$ ).  $\Delta$ 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,  $\Delta$ 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  $\Delta$ 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  $\Delta$ 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  $\Delta$ 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**

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*Introduction.*– Alcohol abuse in the collegiate population continues to be a significant problem.

*Objectives.*– This study examined 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**

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*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.

PW0795

### **Phenazepam's safety in patients with alcohol withdrawal syndrome: Haplotype analysis of CYP2C9 and CYP2C19 genes**

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**Introduction.**– Phenazepam is the Russian original benzodiazepine tranquilizer. We have performed first pharmacogenetic study of Phenazepam's safety in patients with alcohol withdrawal syndrome.

**Aim.**– To determine associations of adverse reactions to Phenazepam with haplotypes of CYP3A5, CYP2C9, CYP2C19 and CYP2D6 genetic polymorphisms.

**Materials and methods.**– 102 male patients with non-complicated alcohol withdrawal syndrome (F 10.3 by ICD-10) were involved into the study in 24 hours after their admission to hospital and were prescribed Phenazepam. 5 mL of venous blood was collected from each participant for genotyping to detect CYP3A5\*3, CYP2C9\*2, CYP2C9\*3, CYP2C19\*2, CYP2C19\*3, CYP2C19\*17 and CYP2D6\*4 polymorphisms by real-time polymerase chain reaction. Safety of therapy was evaluated with UKU Side Effects Rating Scale at 6th day of treatment. Haplotype analysis was performed by SNPStats online-tool.

**Results.**– There were established protective role of haplotypes against several adverse drug reactions. Thus, CYP2C9\*2-CYP2C9\*3 (C-C) decreased risk of "Increased duration of sleep" (OR=0.18 (95%CI 0.04 - 0.91),  $P=0.042$ ). CYP2C9\*2-CYP2C9\*3-CYP2C19\*2 (C-A-A) was associated with less frequency of "Orthostatic dizziness" (OR=0.21 (95%CI 0.06–0.73),  $P=0.015$ ) and "Palpitations/Tachycardia" (OR=0.11 (95%CI 0.02–0.70),  $P=0.022$ ).

**Conclusion.**– Significant associations of haplotypes CYP2C9 and CYP2C9-CYP2C19 with decreased risk of adverse reactions to phenazepam's treatment in patients with alcohol withdrawal syn-

drome. Our data confirm role of different pharmacokinetic genetic markers in safety of Phenazepam.

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

PW0796

### **Altered frontoparietal grey matter volume in internet gaming disorder with childhood attention deficit hyperactivity disorder**

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**Objective.**– Attention deficit/hyperactivity disorder (ADHD), characterized by delayed cortical development, is one of the most common comorbid conditions with internet gaming disorder (IGD). We hypothesized that IGD with and without childhood ADHD may differ in the neurobiological basis underlying loss of control over gaming. This study investigated whether IGD subjects with childhood ADHD had specific alterations of gray matter volume (GMV) reflecting their distinct pathophysiology of uncontrolled gaming.

**Method.**– Whole-brain voxel-based morphometry (VBM) analysis with diffeomorphic anatomical registration using an exponentiated Lie algebra algorithm (DARTEL) was conducted on 40 male IGD subjects (ages 19–29) with and without childhood ADHD and 20 age-matched, healthy male controls. GMV of IGD subjects with childhood ADHD were compared to that of IGD subjects without childhood ADHD and matched controls.

**Results.**– Compared to controls, IGD subjects with childhood ADHD showed smaller GMV in the anterior cingulate cortex (ACC) and the left inferior frontal gyrus (IFG), whereas IGD subjects without childhood ADHD had smaller GMV in the ACC, the left orbitofrontal cortex (OFC), and the left insula. IGD subjects with childhood ADHD also had smaller GMV in the left superior parietal lobule (SPL) than did IGD subjects without childhood ADHD. Within IGD subjects with childhood ADHD, the GMV in the SPL was inversely correlated with hyperactivity/restlessness.

**Conclusions.**– IGD subjects with childhood ADHD showed specific alterations of GMV in frontoparietal regions, which are related to diminished executive control. Our findings suggest that structural abnormalities from childhood ADHD may distinctly influence the development and maintenance of uncontrolled gaming.

**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**

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**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

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**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 pre-

scription 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.

PW0799

### Awakening the hedonic response in cocaine addiction: Which role for repetitive transcranial magnetic stimulation (rTMS)?

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**Introduction.**– Cocaine use disorder (CUD) is associated with dysregulation of reward, mainly represented by the presence of craving and occurrence of anhedonia for pleasurable stimuli other than cocaine intake. CUD alterations in reward functioning may relate to changes induced by cocaine or to pre-existing differences related to vulnerability to addiction.

**Objectives.**– In this study, we explore the possible utility of repetitive Transcranial Magnetic Stimulation (rTMS), a non-invasive brain stimulation intervention, to improve hedonic response in cocaine-dependent subjects.

**Methods.**– Fifteen CUD subjects entered the study. Hedonic response was studied by using: the Cocaine Selective Symptoms Scale (CSSA; Anhedonia subscale) and the Temporal Experience of Pleasure Scale (TEPS). The assessment was performed before and after five days of high frequency rTMS (twice a day, 15 Hz, 100% rMT, 2400 pulses/session) over the left dorsolateral prefrontal cortex (DLPFC).

**Results.**– In this study, we report the improvement of hedonic response in CUD subjects after rTMS treatment (Figure 1).

**Conclusions.**– We provide preliminary results that rTMS reduces hedonic tone dysfunctions, improving response to natural non-drug rewards. rTMS possibly targets the deficits in dopaminergic circuitry and corresponding anhedonic symptoms. These results support the notion that brain stimulation treatments may modulate neurocircuits involved in the maintenance of the addiction cycle and are a promising therapeutic option that deserves further exploration in sham-controlled trials.

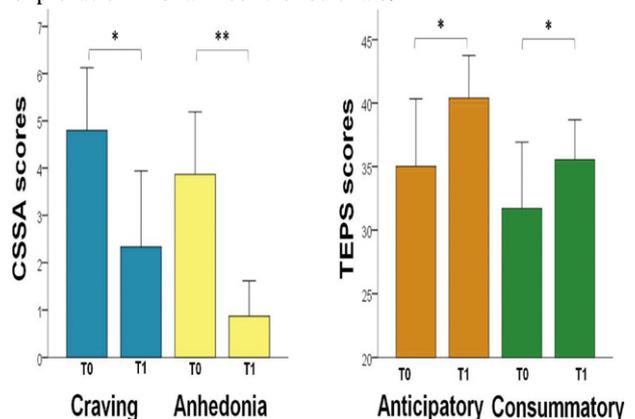


Fig. 1.

*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**

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*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.

PW0801

### **Investigating the relationship between family affective atmosphere and self-differentiation with addiction tendency in addicts referring to addiction treatment center**

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*Introduction.*– Family factors play an important role in the tendency toward psychological and sociological traumas such as addiction. The purpose of this study was to determine the relationship between family affective atmosphere and self-differentiation with addiction tendency in addicts referring to addiction treatment centers.

*Materials and methods.*– The present study was descriptive and correlational. 220 addicts who were referred to addiction treatment centers in Sari city were selected by random sampling and responded to addiction, family affective and self-differentiation questionnaires. The collected data were analyzed by Pearson correlation coefficient and regression analysis.

*Results.*– The results of Pearson correlation coefficient showed that there is a significant relationship between the family's emotional atmosphere and the tendency to addiction. Also, the results showed that there was a significant relationship between their differentiation bar and its components: interconnection with others, emotional responsiveness, my position And there is anxiety with the desire for addiction. The results of regression analysis also showed that family emotional atmosphere and self-differentiation variables significantly predict addiction (P<0.001).

*Conclusion.*– The study showed that the family's emotional atmosphere and self-differentiation predict the tendency to addiction. Therapists need to pay more attention to these categories in the treatment of substance abuse.

*Keywords:* Family affective atmosphere; Self-differentiation; Addiction tendency

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

PW0802

### **Original anticonvulsant galodif (meta-chloro-benzhydryl urea) is GABA-modulating in treating patients with compulsive habits**

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*Background.*– GABA-stimulating effect of substances, enhancing braking processes in the brain, is effective for stopping the symptoms of anxiety and depression, reducing irritability and aggressiveness, reducing alcohol withdrawal symptoms and compulsive attraction to alcohol.

*Methods.*– Modeling of the interactions of Galodif with GABA receptors - docking was performed in MolegroVirtual Docker. The clinical study included 68 male alcoholics and 23 healthy volunteers. Galodif was administrated at dose 300 mg/day to alcoholic patients with diagnosis according to ICD-10: F10.232 and F10.302. during the ongoing course of treatment 21 days. Cortisol, DHEA and DHEA-S were determined with ELISA (immunosorbent assay).

*Results.*– Molecular docking showed that the anticonvulsant Galodif is complementary to the benzodiazepine binding site and interacts with key amino acids on the alpha1-gamma2 interface: Y159, T206 (hydrogen bonds); F77, F99 (pi-pi interaction). Galodif showed a positive trend in the reduction of craving for ethanol in alcoholic

patients. The increase in the index of the ratio of Cortisol/DHEA in alcoholics with abstinence is significantly reduced against the background of the course therapy. An increase in the level of DHEA on the background of Galodif therapy testifies to the stimulation of DHEA synthesis. DHEA and DHEA-S are able to protect neurons from glucocorticoid-induced neurotoxicity.

**Conclusion.**– The ratio of Cortisol/DHEA is of particular importance, since the antiglucocorticoid effects of DHEA lead to a reduction in anxiety and depression in humans. An increase in DHEA levels can increase overall GABAergic conductivity and is a positive predictive response to Galodif anticonvulsant therapy [1,2].

**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**

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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**

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**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?**

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**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 analyses 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**

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*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**

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*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, contempo-

rary 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**

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*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.

PW0809

### **Proactivity enhancement in schizophrenia: An ecological training and smartphone application**

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Trouble to generate goal directed actions is one hallmark behavioural deficit in schizophrenia (Frith et al., 1991). This is related to a deficit of the cognitive control mechanism, split into a reactive and a proactive mode (Braver et al., 2012). The first one is triggered by contextual stimuli (bottom-up), and products a goal reactivation to adapt the current behaviour. Contrary, the proactive mode is triggered by goal-relevant information (top-down). It is well known that schizophrenia deals with a proactivity deficit, thought to depend on the lateral prefrontal cortex (Lesh et al., 2011), which can be trained and improved (Edward et al., 2010). In keeping with these results, we designed a software training program for a more ecological application of proactivity improvement. Hence, participants with schizophrenia are trained to imagine themselves achieving a daily life goal, with contextual cue and strategy to prepare them (proactivity reinforcement). They then answer whether a target is useful or not to complete the goal (Fabre et al., 2016). Pre and post training outcomes have been collected in a double blind protocol.

First results show a session (pre-post training) and a group training (active-inactive) effect: an improvement of proactivity for the active group is observed. Hence, part of Edward’s et al., results are replicated. Furthermore, this work leads to the current development of a smartphone application for a largest use. The final benefit for patients is to use the right training strategy at the right time in their personal environment.

References not supplied.

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

PW0810

### **Descriptive analysis of referrals to psychiatry performed from primary care in a mental health center in Madrid**

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**Introduction and objectives.**– The role of the Primary Care Physician (MAP) in the management of psychiatric pathology is very relevant, with the most prevalent psychiatric diseases being treated and followed for the most part by Primary Care. An analysis of the referrals to other Mental Health specialists that occur after the first psychiatric consultation is presented.

To highlight the importance of adequate training in the screening of psychiatric illness in Primary Care for the efficient management of resources.

**Material and methods.**– Cross-sectional descriptive study in which the Inter-Consultation Parties (PIC) were collected from 9 Health Centers attached to the MSM of Las Águilas of the Latin District (Madrid) between October 2015 and March 2017 with different demographic, clinical and administrative data. Total sample of 170 PICs.

**Results.**– Among the patients evaluated in a first interview by a psychiatrist:

- 38.2% required specialized follow-up by a psychiatrist;
- 52.3% did not present any specialized follow-up pathology;
- 23% required psychotherapeutic treatment;
- 19.4% had an anxious symptomatology subsidiary of treatment through relaxation therapy;
- 5% were referred to specific centers to help drug addicts.

**Discussion and conclusions.**– A high percentage of patients evaluated by psychiatry are referred to other specialists (psychologist, nurse). Correct training in primary care on the screening of mental pathology and the different competencies of qualified mental health personnel would improve the management of resources and reduce waiting times in Public Health.

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

PW0811

### **New ways to learn psychopharmacology: Side effects polygomis**

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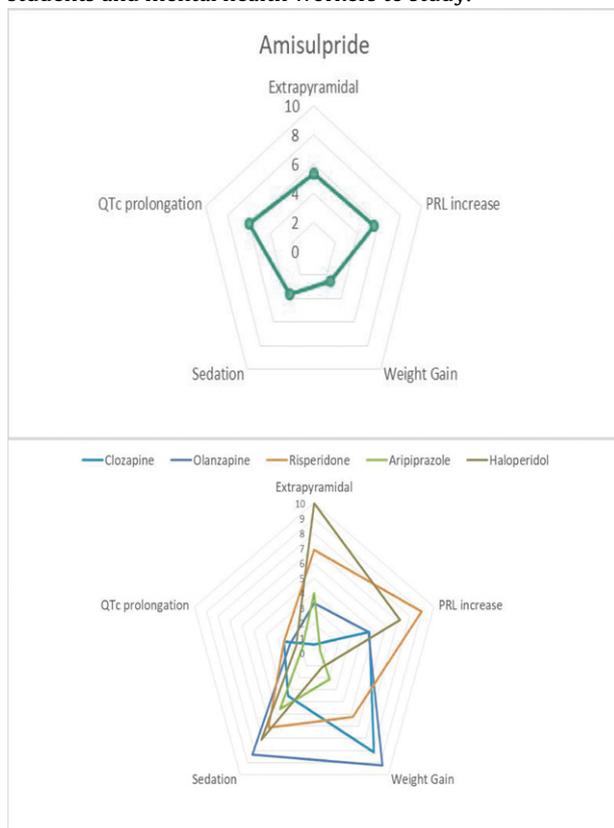
**Introduction.**– Psychopharmacology is a difficult matter to be learned for mental health workers because there are so many drugs and their mechanism of action, efficacy, usage and side effects are wide.

**Objectives.**– We are currently developing this graphics, formally called “Polygomis” because the polygon shape to help students understand and apply basic science concepts,

**Methods.**– We made a systematic computerized literature search of clinical studies using MEDLINE, The Cochrane Library and Trip looking for papers with comparing data about antipsychotics side effects. The metanalysis from Leucht et al [4] showed the largest

amount of data computerised. We took side effects Odds Ratio and transform it in Microsoft Excel into a decimal base table counting from 1 to 10, where one was the lowest effect size and ten the most. That table was used to make a flexible pentagon-shaped graphics. *Results.*– The results are shown in figures. Figure 1 is the amisulpiride polygomi and Figure 2 is a comparison between 5 polygomis: risperidone, aripiprazole, olanzapine, clozapine and haloperidol. Each vertex of the pentagon is one side effect (Prolactin increase, extrapyramidal side-effect, weight gain, QTc prolongation and sedation).

*Conclusion.*– We consider this way to learn antipsychotics visual and easy to get an idea of the side effects. Polygomis can be shown individually or taking specifics side effects or drugs. Any graphic could be build, like one with two or more antipsychotics to compare them. Polygomis make an issue such as antipsychotics easier for students and mental health workers to study.



Figs. 1, 2.

*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

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*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?

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*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**

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*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.

PW0815

### **A review of constructs and evidence-based interventional methods to enhance resilience in medical education**

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*Background.*– Multiple influences contribute to medical students' well-being. Resilience is an emotional competence and can be considered as a behavior that can be acquired during training

*Study Goals:*

– 1-Synthesize resilience paradigms relevant to training in medicine;

– 2-Identify current evidence regarding the effectiveness of resilience promoting interventions.

*Methods.*– A literature search was conducted through 4 online databases Pubmed, EMBASE, PsycINFO, and ERIC.

*Inclusion criteria:*

– Published in English within the last 10 years, studies focused on proposed resilience promoting intervention techniques or aimed at clarifying resilience paradigms relevant to training in medicine, only original research papers examining resilience promoting resilience techniques and studied population must be medical students.

*Study selection:*

– Article titles and abstracts were screened for relevance according to the search criteria and duplicates were removed.

*Results.*– Twenty-two of the articles were original studies investigating the effectiveness of resilience promoting interventions. The main intervention types were mindfulness, cognitive behavioral techniques, resilience workshops, reflection and curricular reform. A few resilience-promoting programs combine a variety of intervention techniques. Five resilience paradigms relevant to training in medicine were identified.

*Discussion.*– Relatively few studies examined the effectiveness and long-term implications of resilience interventions.

– Mindfulness based programs: Most studied intervention technique in medical education

– Results from the mindfulness based interventions are promising: Most studies found significant improvements in resilience related concepts such as self compassion, self-awareness, empathy, and self-efficacy post intervention.

– Paradigms indicate that resilience is a complex interplay of factors and concepts

*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**

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*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 ques-

tions: 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**

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**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**

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**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**

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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

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*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?

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*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

PW0822

### Interventions for prevention of self-harm in young people: An update

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*Introduction.*– Globally suicide is a serious public health issue, and is amongst the leading causes of death in many countries. Up to 75% of all suicides occur in low- and middle-income countries (LAMICs)

where resources and health services are limited. Self-harm is one of the strongest predictors of death by suicide, with an approximate 10-fold increase in risk. We are not aware of any randomized control trials of intervention for self-harm in adolescents within LAMICs.

**Objectives.**– We present an update of the Cochrane review (Hawton et al., 2015) on psychosocial and pharmacological interventions for the prevention of self-harm in children and adolescents and to identify any trial published from LAMICs.

**Methods.**– A search of electronic databases; CCDAN Specialized Register, MEDLINE, EMBASE, PsycINFO was conducted from January 2015 to August 2017. The inclusion criterion for studies was; repetition of self-harm as primary outcome, age up to 18 years, and both male and female participants (of any ethnicity).

**Results.**– Through our search strategy a total of 5 trials (n=5) of interventions for the prevention of self-harm in young people were found, however none of these were conducted within the LAMICs. We also explored clinical trial registers for planned or ongoing trials of interventions for self-harm in children and adolescents, but again we were unable to identify any trials within LAMICs.

**Conclusion.**– There is limited research concerning the evaluation of interventions for prevention of self-harm in young people living in LAMICs, indicating a clear need for further research.

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

PW0823

### Serum levels of pro-inflammatory cytokines after a suicide attempt

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**Introduction.**– Immune hypothesis has been advanced postulating an association between suicidal behavior and a dysregulation of the immune system. The role of inflammatory cytokines (especially IL-6 and TNF -  $\alpha$ ) has been widely studied. However, results remain controversial. Our research hypothesis assumes that patients with suicidality would present aberrant levels of pro-inflammatory.

**Methods.**– It is a case-control study that will be conducted among all patients having made a suicide attempt in the health region of Sousse during the period between November 2016 to July 2017. A form of data collection with three parts will be previously designed. The first part will concern the socio-demographic and clinical patient data collection. The second part will concern data related to attempted suicide. The third part will include an assessment of psychopathology. A blood sample will be performed for all patients between 8: 00 and 12: 00 pm and sent to the Department of Biophysics. All Sera will be explored for the determination of biomarkers following IL-6, TNF -  $\alpha$ . Healthy controls subjects will be recruited in the near people posing to the blood bank.

**Results.**– This study was conducted among 40 patients who have made a suicide attempt and 60 healthy control subjects. Levels of interleukin6 (IL6) and Tumor necrosis factor (TNF $\alpha$ ) were significantly increased in blood of patients with suicidality compared with healthy control subjects ( $P < 0.05$ )

**Conclusions.**– Levels of IL6 and TNF $\alpha$  were significantly increased in blood of patients with suicidality and these cytokines may help distinguish suicidal from non suicidal patients.

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

PW0824

### Suicidal ideation in Parkinson's disease: A control study

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**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.

PW0825

### Hormonal and cholesterol status of persons who suicide attempts

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Prior suicide attempt is the most important single of risk factors for suicide, but through the next year suicide is committed by no more than 1% of those who had suicide attempt, after 2 years – 12%, what makes it important to search for predictors of the risk of suicidal behavior.

**Object of study.**– The persons who suicide attempt (20 people, 5 of whom committed violent suicidal actions - hanging), persons with diagnosis of adjustment disorder (9 people) and a control group (mentally healthy persons - 6 people).

**Methods.**– Cholesterol, high-density lipoprotein (HDL) and low (LDL) density, adrenocorticotropic hormone, cortisol were evaluated. The results obtained are processed using the Statistika for Widows software package.

**Results.**– The study revealed no significant differences in the content of triglycerides, as well as high-density lipoproteins, the level of low-density lipoprotein content was significantly higher in the group of patients with violent suicidal actions compared with the control group and a group of patients with suicide attempt. When determining the content of cortisol, its highest level was determined in the group of patients with violent suicidal actions. A direct correlation between the level of ACTH and cortisol in a group of patients with violent suicidal actions.

**Conclusions.**–

– revealed low levels LDL values and high rates of cortisol in the blood of individuals who suicide attempt, especially those with violent suicidal actions;

– patients with violent suicidal actions are characterized by low levels of lipoproteins that are associated with high levels of cortisol in the blood.

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

PW0826

### Severity assessment in suicidal behaviour according to diagnosis and previous history of suicidal behaviour: a descriptive study

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**Introduction.**– Suicide is the 15th cause of death worldwide. Improved understanding of who is at risk and development of interventions to reduce suicide in high risk groups are priority targets.

**Objectives.**– To describe the frequency of the different psychiatric diagnoses in suicidal attempts (SA), and previous history of suicidal behaviour (SB).

**Methods.**– Cross-sectional description of patients attending two Psychiatry Emergency Units (PEU) in Barcelona. Severity of the attempts was classified as low (suicidal ideation or mild medical injuries), intermediate (short observation required or non life threatening injuries) and high (urgent medical attention or psychiatric hospitalization).

**Results.**– 7911 patients were admitted during 2013 in our PEU. 452 consulted for SA or SB, assessed as: low-severity 347 (76.6%), intermediate-severity 71 (15.7%) and high-severity attempts 35 (7.7%). Previous history of (SB) was: low severity group 116 (33.4%), intermediate group 39 (54.9%) and high group 17 (48.6%). Diagnosis was also compared with the severity of the attempts; results in the following Table 1:

Table 1.

	No diagnose	Affective and Substance anxiety disorders	abuse	Personality disorders	Psychotic disorders	Other diagnoses
Low	78 (22.5%)	114 (32.9%)	46 (13.3%)	58 (16.7%)	32 (9.2%)	19 (5.3%)
Intermediate	15 (21.4%)	31 (44.3%)	6 (8.6%)	10 (14.3%)	7 (10.0%)	1 (1.4%)
High	3 (8.8%)	15 (44.1%)	2 (5.9%)	7 (20.6%)	5 (14.7%)	2 (5.9%)

Other diagnoses: eating disorders, obsessive-compulsive disorders, intellectual impairment, somatoform disorders, delirium and dementia.

**Discussion.**– Low-severity attempts are more frequent than high-severity ones, that predominate in patients with an established

diagnosis. Previous history of SB predominates in the intermediate and high-severity groups. Specific prevention programmes considering these data should be conducted to improve clinical outcomes.  
**Disclosure of interest.**– The authors have not supplied a conflict of interest statement.

PW0827

### Risk factors for suicide attempts repetition

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**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

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**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**

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**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**

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**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.

PW0831

### **Caregivers – suicide intervention assisted by messages (C-SIAM): The development of a post-acute crisis text messaging outreach for suicide prevention**

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**Context.**– Suicidal behaviour and deliberate self-harm are common among adults. Feasibility trials demonstrated that intervention through text message was also effective in preventing suicide repetition amongst suicide attempters. The due care of caregivers was put in contribution to reveal of a suicidal crisis at their at-risk close relatives, encourage them in this case to consult a healthcare professional.

**Objectives and methods.**– A prospective, open-label, 2-months study will be conducted in the Emergency department (ED) and psychiatric unit (PU) of the Brest University Hospital, France. Participants will be adults discharged after self-harm, from emergency services

or after a hospitalization. The intervention is comprised of an SMS that will be sent at h48, D7, D15 and monthly. SMS are addressed at the relative designed by the suicide attempt survivor during the including. The text message enquires about the patients' and careers' well-being and includes information regarding sources of help and evidence-based help strategies. After the reception of SMS, the careers have 24 hours to send a SMS back to the patient and it must contain information regarding sources of help.

Our aim is to assess the feasibility and acceptability of text message intervention including a close relative of suicide attempters.

*Discussion and conclusion.*– This paper describes the design and deployment of a trial C-SIAM. It utilizes several characteristics of interventions (SMS and caregivers) that have shown a significant reduction in the number of suicide reattempts. We propose to assess its feasibility and acceptability in a sample of suicide attempters (SA).

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

PW0832

### **The use of mental health care in students with suicide risk: A transversal study in the i-Share cohort**

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*Background.*– While suicide ideas or behaviour are prevalent among university students, healthcare renunciation is frequent among them.

*Objective.*– We aimed to evaluate factors associated with use of mental health care among students at suicide risk.

*Methods.*– Study population was all the enrolees in the i-Share cohort, included between April 2013 and March 2017. Suicidal risk was defined at inclusion as suicidal ideation over the previous year or a suicide attempt lifetime. The use of prescribed anxiolytic/hypnotic over the previous 3 months was investigated at inclusion, as well as visits with a psychiatrist or a psychologist in the previous year. Renunciation to health care was collected. Multivariate logistic regression models with backward stepwise were performed to assess factors associated with “psy” consultation and the use of anxiolytic/hypnotic drugs among students at suicide risk.

*Results.*– Among 12,112 students who completed the inclusion questionnaire, 2916 were at suicide risk. Almost 27% of them had “psy” consultation versus 9% of students without suicide risk ( $P < 0.0001$ ) and 19% used anxiolytics/hypnotics versus 7% ( $P < 0.0001$ ). Among students at suicide-risk, the use of “psy” consultations and of these drugs were both associated with female gender and a history of diagnosed psychiatric disorders. Other factors were associated with the use of a specific type of care: being an orphan, dissatisfaction with lifestyle, disability, family psychiatric history with “psy” consultations and physician consultation, somatic disease, poor sleep quality, poor relationships with parents with drugs use.

*Discussion.*– These findings provide a better understanding of determinants of care use among students at suicide risk.

*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)**

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*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 psychodiagnosics and prevention of suicide in patients with dementia.

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

PW0834

### **Has information provided via the internet negatively impacted suicide rates by increasing the lethality of suicidal behaviour?**

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The suicide rate in Germany steadily decreased from 1998 to 2006, but this decline ended and was even slightly reversed from 2007 to 2010. This unfavorable change was mainly due to increases in suicides by self-poisoning due to gasses and coincided with a tripling in the availability of factual (how-to) information on specific suicide methods on the internet. This paper examines current trends in suicide rates in Germany and whether there have been increases specifically in self-poisoning methods, especially due to gassing. Further tested are whether these relatively new suicide methods are associated with online searches for related terms.

During the period 2007–2015, the overall suicide rate significantly increased in females (Average Annual Percentage Change

(AAPC=2.37%), but not in males. Increases in self-poisonings (AAPC=2.86%) were significantly more pronounced than the increases in all other suicide methods (AAPC=0.71%). Of the self-intoxication suicide methods, those due to gasses increased the most (by 500% in females and 164% in males). Significant positive correlations were found between the intensity of Google searches concerning carbon monoxide poisoning and the frequency of all self-poisonings and specifically self-poisoning by gasses, but not with other terms.

The findings are in line with the hypothesis that information via the internet may have negative impact on suicide rates, possibly via increasing lethality of suicidal intoxications. Together, these results underscore the importance of ongoing systematic surveillance not only of suicide methods, but also the internet that may provide suicidal individuals with information on suicide methods.

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

PW0835

### Neutrophil to lymphocyte ratio: Useful peripheral biomarker of suicidal behavior?

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*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

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*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

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*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 med-

ication, 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 ( $20.9 \pm 1.63$ ) years. Most of them were Females (78.9%), single (94.7%) and Saudi (96.6%). Their GPA was ( $4.095 \pm 0.661$ ). 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.

PW0838

### **Clinical predictors of response to methylphenidate in adult attention deficit/hyperactivity disorder: Preliminary results from a longitudinal, naturalistic study**

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**Introduction.**– Stimulants are the mainstay of treatment in adult ADHD with methylphenidate (MTPH) the first-line choice in Europe. Response to MTPH is variable, with scarce evidence on predictive factors of improvement in medicated adults. We report the preliminary findings on predictors of symptom improvement in a sample of successive adults assessed and treated for ADHD.

**Methods.**– Initial diagnostic assessment: Mini International Neuropsychiatric Interview; Conner's Adult ADHD Diagnostic Interview; Symptom Checklist 90 Revised; Conner's Adult ADHD Rating Scale self-assessment module (CAARS); Quality of Life Enjoyment and Satisfaction Questionnaire – Short Form (Q-LES-Q-SF). CAARS and Q-LES-Q-SF scores were collected regularly at subsequent visits.

**Results.**– Up to the present, complete follow-up data are available for 22 patients (14 males, 8 females) treated with MTPH. All subjects showed a decrease in CAARS scores (mean decrease  $12.1 \pm 10.4$ ,  $P < 0.001$ ) and an improvement in Q-LES-Q-SF scores (mean increase  $7.8 \pm 9.5$ ,  $P = 0.001$ ). Regression analysis: CAARS score decrease is predicted by CAARS scores and anxiety scores at baseline ( $B = 0.464$ ,  $P = 0.013$ ; and  $B = -7.79$ ,  $P = 0.013$ , respectively), and MTPH dose in mg/kg ( $B = 12.56$ ,  $P = 0.022$ ). Predictors of quality of life at last assessment were age ( $B = -0.532$ ,  $P = 0.023$ ) and CAARS score improvement ( $B = 0.534$ ,  $P = 0.005$ ).

**Conclusions.**– Our results suggest that, in adults with ADHD, early treatment with an adequate dose of MTPH and effective control of anxiety symptoms are essential to ensure improvement, both in terms of ADHD symptoms and quality of life.

**Disclosure of interest.**– Bernardo Barahona-Corrêa has received honoraria as member of the advisory board for Ritalin LA (Novartis) and for paliperidone palmitate (Janssen-Cilag)

The other authors have not supplied a conflict of interest statement.

PW0839

### **Emotional intelligence and personality characteristics of psychiatric nurses and their situations of exposure to violence**

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**Introduction.**– Nurses working in psychiatry clinics can be under risk of being exposed to violence in terms of the environment and the patient profile characteristics of the psychiatric working area. Emotional intelligence and personality characteristics of the individual can affect the situation of being or not being exposed to violence.

**Objective.**– The objective of this study is to examine the relationship between the emotional intelligence and sociotropic-autonomic personality characteristics of the nurses working in psychiatry clinics and their situation of being subject/exposed to violence.

**Methods.**– This study was carried out with 103 nurses working in a district hospital between March and May in 2016, in Turkey. The research data were collected by Emotional Intelligence Evaluation Scale (EIES), Sociotropy–Autonomy Scale (SAS), and Descriptive Information Form which was developed by the researchers.

**Results.**– The rate of being exposed to physical violence was 32% and the rate of being exposed to psychological violence was 66%. A statistically meaningful relationship was determined between the “awareness of emotions” dimension EIES and the number of physical violence that was exposed and “management of emotions” dimension of EIES and the number of psychological violence that was exposed ( $P < .05$ ). It was determined that there was a meaningful relationship between the situation of being exposed to psychological violence with socio-tropic personality characteristics and the number of violence ( $P < .05$ ).

**Conclusion.**– There were an inversely proportional relationship between the situation of being exposed to violence and emotional intelligence levels of the nurses and a directly proportional relationship with their personality characteristics.

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

PW0840

### **Prenatal and postnatal attachment among mothers diagnosed with a mental disorder: A controlled study**

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**Introduction.**– The presence of a mental disorder in the mother is one of the key factors affecting attachment.

**Objectives.**– The present study aimed to evaluate prenatal and postnatal attachment among mothers diagnosed with a mental disorder by comparing them to a healthy control group.

**Methods.**– The patient group included women who received follow-up care in a psychiatric clinic (74 pregnant & 75 postpartum), and the control group consisted of women who attended a follow-up

polyclinic (118 pregnant & 82 postpartum). Data were collected using questionnaire forms, including the Prenatal Attachment Inventory and the Maternal Attachment Scale.

**Results.**– Among the pregnant women diagnosed with a mental disorder, it was found that they received less antenatal care during pregnancy, was less satisfied with the baby's assigned gender, and was subject to more trauma. Among the postpartum mothers diagnosed with a mental disorder, it was found that they breastfed their babies less often during the postnatal period, expressed more concerns about infant care, were subjected to more trauma during puerperium, and relied on others to care for their babies more often than themselves. It was determined that the attachment scores among mothers diagnosed with a mental disorder were lower, both during pregnancy and the postnatal period, compared to the control group

**Conclusions.**– The present study determined that pregnant and postpartum mothers diagnosed with a mental disorder were insecurely attached to their babies during the prenatal and postnatal periods, compared to a control group consisting of pregnant and postpartum women with satisfactory mental health.

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

PW0841

### The demographic and psychosocial predictors of depression among university students in Turkey

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**Introduction.**– Recent research indicates that university students experience increased levels of depression. It is less clear what strategies university health care providers might use to assist students in decreasing depression.

**Objectives.**– This study was carried out to determine the predictors of depression among university students in Turkey

**Methods.**– This descriptive and cross-sectional study was conducted. The sample consisted of 2567 undergraduate students from various faculties of Istanbul University. Data were collected through a questionnaire based on the literature and prepared by the researchers, which was designed to determine the demographic (gender, study subject, economic status, academic performance) and psychosocial factors (religious, happiness, history of violence, problematic internet use, nutrition, body mass index, psychical activate) that may be related to depression. Depressive symptoms assessed by using the 10-item version of the Centres for Epidemiologic Studies Depression Scale (CES-D). Bivariate logistic regression models examined the associations between depression, and demographic and psychosocial characteristics.

**Results.**– Of the participants, 30.8% were male and 69.2% were female. The prevalence of severe depression was 15.8% and depression score  $9.45 \pm 5.72$ . A higher likelihood of depression score was observed among female gender, problematic internet users, describing their health status negatively, having no religious beliefs, using cigarettes/alcohol/drugs, having sleep problems, having less social support and describing themselves as unhappy.

**Conclusions.**– The implications of our findings include the need for more integrated approaches to the development of resilience, mental health promotion, and early intervention among this vulnerable student population.

**Keywords:** Health behaviour; Problematic internet use; Turkey; University students

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

PW0842

### Neurocognitive and mood disorders in Parkinson's disease

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**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

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**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.

PW0844

### **Cultural adaptation, internal consistency and test–retest reliability of the Turkish version of the Body Exposure During Sexual Activities Questionnaire**

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**Introduction.**– The Body Exposure during Sexual Activities Questionnaire (BESAQ) is a measure of body image experiences in the specific context of sexual relations.

**Objectives.**– This study was planned in order to examine the Turkish validity and reliability of The Body Exposure during Sexual Activities Questionnaire, which was developed by Cash et al, on pregnant women and to adapt the questionnaire into Turkish.

**Methods.**– Language and context validity studies for the validity of the scale were performed, and its internal consistency, item total score correlations, and test retest compliance were examined for its reliability.

**Results.**– The relationships between the item scores and item total scores of the BESAQ, which was applied to 169 pregnant women, were evaluated, 24 of the 28 items were found to be meaningful while the effect of 4 items on the item score average was not statistically significant. The highest contribution to the total score was made by the item “I try to hide certain parts of my body during sexual intercourse” ( $r = 0.678$ ). Positive, strong, and statistically highly significant relationships between item-total score correlation reliability coefficients were found for most of the items. In the internal consistency analysis of the scale, the cronbach alpha reliability coefficient was found to be  $\alpha = 0.80$ . Test retest analyses were performed in order to evaluate the time invariance of the scale, and no differences between the applications were found.

**Conclusions.**– The Turkish version of the BESAQ is a valid and reliable tool that can be used in studies in our country with pregnant women.

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

PW0845

### **Synesthesia in bipolar and schizophrenic patients: A study of its relationship with abstract thinking**

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The neurological condition ‘synesthesia’ may explain the links underlying metaphor perception and comprehension of abstract concepts in humans. Schizophrenia and bipolar disorders share certain similarities regarding symptomology which often inhibits and attenuates differentiating between them. A unique characteristic of schizophrenics’ thought and language disturbance is concretism. In other words, schizophrenic patients fail to understand metaphors. On the other hand, an intellectual ability such as metaphor perception remains intact in bipolar patients. The current study determines if schizophrenic patients are weaker at metaphor comprehension than bipolar and normal individuals, if the schizophrenics are weaker in synesthesia comprehension than bipolar and normal individuals, if bipolar patients can understand metaphors as well as healthy people, and whether bipolar patients can understand synesthesia as well as healthy controls. Twenty-eight schizophrenic patients, 28 patients with bipolar disorder, and 28 healthy controls, were analyzed in two subgroups of male and female participants, who completed Synesthesia battery and a designed metaphor task. The results of battery and the task in schizophrenic patients were significantly lower, in comparison with bipolar patients’ ( $P < 0.01$ ). The responses to the metaphor task were more literally comprehended in the schizophrenic group as compared with the bipolar and control groups. No significant differences were observed in the results between the healthy control and bipolar group tasks. The results revealed a strong correlation between synesthesia and metaphor recognition which could stem from co-existing common neurological structures. Thus, synesthesia may determine a causal role in the ability to develop understanding abstract concepts and abstract thinking.

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

PW0846

### **Predictors of the agreement between instrumental and clinical diagnosis in a sample of adults with autism spectrum disorders**

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**Introduction.**– Diagnosing autism spectrum disorders (ASD) in adulthood often represents a challenge. Clinical diagnosis should be supported by the use of standardized tools, such as the ADOS (direct observation of the patient) and the ADI-R (interview to parents).

**Objectives.**– To evaluate potential predictors of the agreement between diagnostic instruments (ADOS-2 and ADI-R) and clinical diagnosis in a population of adults with ASD.

**Methods.**– After an extensive clinical evaluation, 95 adults with an IQ  $\geq 70$  were diagnosed with ASD according to DSM-5 criteria. ADOS-2 was separately administered to all participants and 81 caregivers underwent ADI-R interview. Binary logistic regressions were conducted to find potential predictors of the agreement (gender, age, IQ, severity levels of criteria A and B of DSM-5).

**Results.**– Female gender was a negative predictor of the agreement between ADOS-2 and clinical diagnosis ( $B = -1.59$ ,  $P = 0.03$ ). IQ seemed to negatively predict the agreement between ADI-R and DSM-5 ( $B = -0.03$ ,  $P = 0.04$ ), while people with higher severity levels at criterion B better agreed with clinical diagnosis ( $B = 1.20$ ,  $P = 0.03$ ).

**Conclusions.**– Clinicians' training and experience remains of primary importance while assessing adults who could potentially belong to the autism spectrum. Women and individuals with higher IQs, in fact, seem to have more camouflaging strategies and less pronounced symptoms. In these subsamples, it is thus more difficult to correctly identify ASD by means of standardized instruments.

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

PW0847

### Long-term weight gain in psychiatric inpatients: A meta-analysis

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**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 [ $\pm 13.3$ ]; males  $n = 72$ ; age 39.56 [ $\pm 11.72$ ]) 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.

**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

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**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).

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
MTRR:66A>G+MTHFR:677C>T	27	32	4.78	2.38–9.62	0.000
MTRR:66A>G+MTHFR:677C>T+MTHFR:1298A>C	5	16	8.96	3.02–26.62	0.000
MTHFR:677C>T+MTHFR:1298A>C	10	13	3.23	1.30–8.08	0.009

Only patients with PedAIS had all four SNPs combination ( $n = 6$ ).

**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

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**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 (QJCPAAS) 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**

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**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?**

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**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**

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**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**

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**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**

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**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**

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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

PW0856

### Treatment Resistance in first episode psychosis – Prevalence and predictors

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*Introduction.*– According to National Institute for Health and Care Excellence criteria, patients with Schizophrenia who do not respond to two sequential antipsychotic trials are classified as 'treatment resistant' (TRS). This corresponds to around 30% of patients.

Several studies proposed that neurotoxicity of psychotic episodes and chronic exposure to medication are the main possible causes of TRS, leading to the belief that this mostly occurs in chronic patients. However, more recent studies point out the existence of patients that are resistant to treatment since the first episode of psychosis (FEP), suggesting a neurodevelopmental etiology.

*Objectives.*– Gather information about the prevalence and predictors of resistance to treatment in FEP.

*Methods.*– The authors conducted a literature review on PubMed database for publications on TRS e FEP in adult population. No date of publication limit was established.

*Results.*– The most recent studies indicate that 70 to 80% of resistance to treatment occurs in FEP. Different factors have been associated with treatment resistance, mainly, early age of onset, severity of negative symptoms, worse premorbid functioning and longer duration of untreated disease. Other factors will also be discussed.

*Conclusions.*– It is important to notice that the majority of treatment resistance occurs since FEP. Adequate treatment should be initiated without delays.

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

PW0857

### Avolition and structural connectivity in schizophrenia: evidence of reduced white matter integrity between amygdala and insular cortex

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*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

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*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 significant 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

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**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 (CDSS), 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

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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.

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**Keywords:** Schizophrenia; Bipolar affective disorder; Neurocognition; Social cognition

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

PW0861

### Efficacy of integrated community club care and community-based psychosocial rehabilitation on social cognitive processing in schizophrenia

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**Introduction.**– Psychosocial rehabilitation aims to recover social functioning for mentally ill individuals. Community Psychiatric Institute (Pécs, Hungary) provides two types of psychosocial rehabilitation programs for schizophrenic patients to help improve their

social cognition. One is community-based psychosocial rehabilitation (CPR), the other is Integrated Community Club (ICC).

**Objectives.**– Our aim was to examine the efficacy of CPR and ICC on improving social cognition in schizophrenia.

**Methods.**– A total of 86 schizophrenic patients participated either in CPR, ICC or treatment as usual (TU). Both CPR and ICC received pharmacotherapy and took part in a 6-month program including trainings, such as communication and assertiveness trainings. In addition, ICC provided group therapeutic treatments four times a week and a continuously available day care where patients had the possibility to participate in various social interactions. TU group received only pharmacotherapy. Social cognitive domains were assessed in the three groups at baseline and post-treatment with a self-developed psychometric software including a battery of questionnaires that examined affective face perception, affective prosody perception, pragmatic language and mentalizing functions.

Kruskal-Wallis one-way analysis of variance by ranks and Wilcoxon Signed-Rank Test were performed to analyse data.

**Results.**– Social processing improved significantly both in CPR and ICC between baseline and post-treatment. After the Bonferroni correction ( $P < 0.01$ ), both ICC and CPR improved their performance in irony tasks ( $P < 0.001$ ;  $P = 0.001$ ) and CPR also improved performance in prosody tasks ( $P = 0.001$ ). However, TU group impairments of mentalizing progressed significantly ( $P < 0.001$ ).

**Conclusion.**– Results showed that CPR and ICC are effective psychosocial rehabilitation programs for patients to improve social processing.

**Disclosure of interest.**– This research was supported by the National Brain Research Program Grant No. NAP KTIA NAP-A-II/12.

PW0862

### **Social cognition deficit related to reduced frontal gray matter volume as markers of psychosis proneness in 22q11.2 deletion syndrome**

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**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 22q11.2 DS 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**

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**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  $\geq 2$  studies with data, calculating standardized mean differences (SMDs) and risk ratios (RRs) for continuous and categorical outcomes.

**Results.**– Across 10 trials ( $n = 2176$ ; age =  $27.5 \pm 4.6$  years; male = 62.3%; trial duration =  $16.2 \pm 7.4$  (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),  $\geq 1$  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

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**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

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**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 comprehensive 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

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**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

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**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 syndrome 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**

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**Introduction.**– Clozapine is an effective, but possibly-hazardous treatment for intractable psychosis<sup>1,2</sup>, with potentially-lethal side effects (e.g. metabolic syndrome, agranulocytosis, depression and suicide, cardiovascular disease and death), requiring mandatory monitoring<sup>3-6</sup>. Community management is now encouraged because of its potential to reduce stigma and improve access to care<sup>7-9</sup>, 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<sup>10-12</sup>.

**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**

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**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 psychopatho-

logical 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.

**Keywords:** Schizophrenia; Membrane phospholipid theory; Niacin skin flush test; GPR120

**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**

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**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.

**Keywords:** Schizophrenia; Gluten sensitivity; Leaky gut syndrome

**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**

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**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**

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**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**

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**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**

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**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**

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**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

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**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.

PW0877

### Validation of the Illness Perception Questionnaire for schizophrenia in Chinese patients with schizophrenia

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**Introduction.**– Nonadherence has contributed to outcome variations related to symptoms and social function in patients with schizophrenia. Studies show that illness perceptions have been associated with patients' reactions to health threats such as adherence and further have influenced health outcomes. The Illness Perception Questionnaire for Schizophrenia (IPQS) was developed to explore illness perceptions in patients with schizophrenia.

**Objectives.**– The aim of the study was to test the psychometric properties of the Chinese version of IPQS.

**Methods.**– Participants were 200 community patients with schizophrenia. Demographics, IPQS and the Knowledge About Schizophrenia Test were collected. The psychometric properties, including internal consistency, test-retest reliability, concurrent validity and known-groups validity were analyzed.

**Results.**– Except personal control subscale, other subscales were internally reliable. Most of the subscales, apart from personal control and personal blame subscales, were proven to be reliable over four weeks. Correlations with knowledge about schizophrenia denoted the good concurrent validity of IPQS. Besides, the subscale scores among patients of various educational levels, occupational status and monthly income were significantly different ( $P < 0.05$ ), indicating the known-groups validity of IPQS.

**Conclusions.**– The Chinese version of IPQS is a reliable and valid measure of illness perceptions about schizophrenia for patients. This may provide empirical evidence for its generalizability and possibility to bring insight into Chinese patients' illness perceptions about schizophrenia.

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

PW0878

### Iatrogenic psychosis

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**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

PW0879

### Theory of mind and social cognition in major depression: Results of an observational analytic study

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*Objective.*– To evaluate the relationship between executive deficits, depressive symptoms and changes in the theory of mind in a sample of patients diagnosed with major depression, using a control group of healthy individuals

*Methods.*– Female patients diagnosed with major depression, admitted to the psychiatric ward of our hospital institution were included in the study. Patients were excluded if there was a history of neurologic disease, substance use or brain injury. The presence of another psychiatric comorbidity was also considered a criterion of exclusion. A comparison with a group of healthy controls was also performed. The evaluation consisted in the application of the test Reading the mind in the eyes. Besides that, it also included sociodemographic variables, characterization of the current depressive episode and some cognitive tests (Moca, Trail Making Test, Verbal fluence tests and Stroop). Statistical analysis was performed using the SPSS V. 21.

*Results.*– Preliminary results suggest that social cognitive performance is impaired in depressed patients. The results also suggest a relationship between executive function and theory of mind deficits, which highlights the importance of the frontal lobe in this process.

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

PW0880

### Comparison of emotional distress in renal disease patients undergoing hemodialysis and patients with kidney transplantation in Cyprus

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*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.

PW0881

### Depression of women during pregnancy: Results of a cross-sectional study

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*Introduction.*– Pregnancy is an important period in the life of women. It contains many physical and mental changes. These changes may be important and induce symptoms of depression which can affect the well-being during this period.

*Objectifs.*– The purpose of this study is to research the prevalence and symptoms of depression of pregnant women.

*Methods.*– We conducted a cross-sectional study which concerns 100 Tunisian pregnant women. We used a questionnaire to investi-

gate demographic data. The prevalence and symptoms of depression were investigated by Edinburg Post-natal Depression Scale (EPDS). **Results.**– The mean age of participant women was  $29.4 \pm 5.6$  years. 62% of the sample were housewives and 25% had primary school education. 73% were of medium socioeconomic status and 2% were of low one. The mean pregnancy term was 25 gestational weeks  $\pm 9$  weeks. 42% of the pregnant women were in their third trimester. 60% of the participants noted that they were satisfied and enjoyed their pregnancy.

The mean score of Edinburg Post natal Depression Scale (EPDS) was  $8.7 \pm 5.4$ . We noted depressive symptoms in 28% of the sample.

**Conclusions.**– Depression during pregnancy is frequent and may be ignored by women and the healthcare professionals. The variation of the mood can affect the well-being of the women and even the couple. A systematic detection of depression during pregnancy can be useful to enhance the health care of pregnant women.

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

PW0882

### Suicide in Huntington disease: Case report

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**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 hypnotic (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

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**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.

PW0884

### Investigation of the effects of recurrent transcranial magnetic stimulation (rTMS) therapy on taste and smell sensations in depression diagnosed patients

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**Introduction.**– In patients with Major Depressive Disorder (MDD), it is noteworthy that smell and taste sensations deteriorate compared to healthy volunteers. In this thesis study, it is aimed to investigate the effects of 15 sessions of rTMS therapy on smell and taste sensations in MDD patients.

**Method.**– In this prospective original study; Sociodemographic and clinical data of 30 cases of MDD with a decrease in smell and/or taste sensations and with an indication for rTMS were investigated. Hamilton Depression Scale (HAM-D) was used for severity of depression, while “Sniffin Stix” smell test was used for smell test and “Taste Strips” smell test was used for taste test.

**Result.**– It was determined that the taste and smell test results after rTMS treatment were statistically improved significantly compared to the pretreatment. rTMS treatment resulted in a decrease in HAM-D scores while also improving smell and taste test scores.

**Conclusion.**– It is important to be the first study to investigate the effects of rTMS treatment on smell and taste sensations in MDD cases. Our study showed a positive effect of rTMS treatment on smell and taste sensations even in patients who did not achieve adequate reduction in HAM-D scores. The same positive effect has been observed in both drug users and non-drug users. Thus, independent from depression scores, rTMS treatment will again have

its deserved place in terms of positive value added to the quality of life.

*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**

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*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**

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*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.

PW0887

### **Childhood trauma and big five personality traits: Comparative analysis of depressed and non-depressed population in Pakistan**

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*Background.*– Depression is a serious public health concern in the developing world and predicted to become the most common cause of disability by the year 2020. There is a well-established link between depression, personality traits and childhood trauma. The prevalence of depression is high in Pakistan but there is limited evidence on relationship of other psychological factors with depression.

*Objectives.*– To compare depressed and non-depressed population on childhood trauma and big five personality traits.

*Methods.*– This was a cross sectional survey of 455 participants, conducted in a tertiary care hospital in Karachi Pakistan. Structured Clinical Interview for DSM-IV was used to confirm the diagnosis of depression. Big five personality traits were assessed by using NEO-PI(R). Retrospective reports of childhood trauma were collected using the Childhood Trauma Questionnaire (CTQ). A comparable sample of non-depressed individuals was taken from same hospital.

*Results.*– Depressed group had significantly higher scores on all the 5 domains of CTQ (emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect) as compared to non-depressed. Depressed group scored significantly higher on neuroticism as compared to non-depressed group. However, there was no significant difference between two groups on extraversion, openness, agreeableness, conscientiousness.

*Conclusion.*– Understanding of personality traits, early recognition of childhood trauma and appropriate intervention may play an important role in the prevention of depressive disorders throughout the life span. Long term cohort research is needed to further explore any probable associations.

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

PW0888

### Negative life events, social support and depression

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*Background.*– Depression is a serious public health concern in low income countries and is predicted to become the most common cause of disability by the year 2020. Depression is associated with increased mortality and contributes to the disability of comorbid physical diseases. Several systematic reviews from both high and low income countries supported that social factors like lack of support play an important role in etiology of common mental disorders like depression. Moreover, experience of negative life events is also a well-established risk factor for development of depressive symptoms.

*Objectives.*– To compare frequency of negative life events as well as degree and source of social support between depressed and non-depressed individuals.

*Methods.*– A total of 455 participants were recruited for a cross sectional survey from psychiatry department of a public hospital in Karachi, Pakistan. Social support was assessed using Multidimensional Scale for Perceived Social Support (MSPSS). Burgha's Recent Life Event Questionnaire was used to identify negative life events. Non depressed participants were recruited from same hospital.

*Results.*– There was a significant difference between depressed and non-depressed groups on all three domains of perceived social support (friends, family, and significant other). Depressed group reported significantly more recent negative events as compared to non-depressed group.

*Conclusion.*– These results suggested that negative life events and lack of social support can be potential risk factors for depression. These findings provides useful information for developing psychosocial interventions for depression.

*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

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*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 molecu-

lar 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.

PW0890

### Depression in the elderly: Diagnosis and treatment

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*Introduction.*– Depression is a major problem of public health especially in elderly. It is necessary to propose appropriate therapeutic management that must take into account the specificities of use of antidepressants and the psychotherapeutic strategies specific to the elderly.

*Objectif.*– Determine the semiological and therapeutic characteristics of the depression on elderly.

*Methods.*– A descriptive study, conducted in the psychiatric department in the Hedi Chaker hospital, Sfax, Including 30 patients with a major depressive episode according to the DSM IV during a period of 16 years (from 2000 to 2015).

*Results.*– Sex ratio (M/F) was 0.66. The mean age was 69 years and 8 months. The reason of hospitalisation was almost sadness and psychomotor instability. 86.7% of patients were hospitalized under constraints (compulsory hospitalization (23.3%), at the request of one third (60%)).

Major depressive episode occurs in in unipolar depression (45%), bipolar disorder (24%), pseudo-dementia depression (17%), post-psychotic depression (10%) and depression due to a general medical condition (4%).

Most patients (93.3%) were on antidepressant therapy, which was fluoxetine in 50%, sertraline in 16.7% and clomipramine in 16.7%. An adjuvant treatment with neuroleptic or anxiolytic was associated in 93.3% of the cases.

*Conclusions.*– Masked depression in elderly is frequent and has in common an absence of expressed sadness, even a denial of feelings of depression. Therapeutic response to antidepressants is delayed and globally worse, with more resistant forms and residual symptomatology. Despite this finding, very few therapeutic trials have been specifically dedicated to the depressed elderly.

*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

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**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

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**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  $44.5 \pm 11.1$  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

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**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.

PW0894

### Shaken baby syndrome as a consequence of depression in young fathers

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According to the statistics of the World Health Organization, during the first year of life of the child 20% of mothers and 14% of fathers become victims of postpartum depression.

A psychological survey was conducted during the reception of a neurologist and psychologist of married couples with babies who had been diagnosed with Shaken Baby Syndrome(SBS).

The aim of the study was to find out the effect of the postpartum depression of both spouses and the development of the child's shake syndrome in the child as a result of aggressive acts against his parents.

There were 104 cases analyzed. The fathers experiencing a depressive condition were 69.2% (72), which is 2.2 times more plague of mothers 30.7% (32). According to the duration of 70.8% of fathers (51) at the time of development of SBS, depression lasted for 3–4 months, and in 29.2% (21) in 4–6 months.

In 76.4% (55) of cases, men noted the development of depression as a consequence of their unreadiness for changes in life after child-birth, 56% (40), the increased requirements of the wife in 51.4% (37), the difference in expectation and reality were noted (37), fatigue in 47.2% (34), lack of female attention in 44.4% (32). An anxiety-depressive disorder was found in 41.7% of fathers (30), hysterico-depressive in 22.2% (16), asthenia-depressive 19.4% (14), melancholic in 16.7% (12).

Thus, depression in young fathers is not currently a rarity and requires careful further study and understanding of the problem. It can also be said that in the implementation of the SBS, young fathers are 2.2 times more likely to blame than the mother.

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

PW0895

### Patterns of antenatal and postnatal depressed mood on child health at five years postpartum

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*Introduction.*– The negative consequences of maternal depressed mood have been well-established both in high income and low and middle income countries. Most studies, even those examining longitudinal outcomes, only assess depression at one point. This study examines the consequences of maternal depressed mood on child outcomes over the first 5 years of life.

*Methods.*– Pregnant women in 24 peri-urban township neighborhoods in Cape Town, South Africa ( $n=1238$  mothers) were randomized by neighborhood to a home visiting intervention or a standard care condition and 92% were followed repeatedly at two

weeks post-birth, 87% at 6 months, 91% at 18 months and 85% at 36 months, and 83% at 60 months post-birth. Regressions were conducted to examine how the pattern of depressed mood over time impacted child outcomes at 60 months.

*Results.*– Mothers were categorized as: (1) never depressed ( $n=451$ , 40.6%), (2) antenatally depressed only ( $n=144$ , 13%); (3) postnatally depressed only ( $n=290$ , 26.1%); or (4) both antenatally and postnatally depressed ( $n=226$ ; 20.3%). Similar across intervention conditions, depressed mothers were significantly less educated, and had less electricity and income and more likely to have problematic drinking, food insecurity, be HIV seropositive, and experience intimate partner violence at 60 months, the pattern of maternal depressed mood was significantly associated with compromised physical growth, child behavior problems, and reduced executive functioning.

*Conclusions.*– Patterns of maternal depressed mood over time differentially influence child outcomes over their first five years. More proximal, post-natal depressed mood appears to have a larger influence on child outcomes, compared to antenatal depressed mood.

*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

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*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.

PW0897

### Prevalence of depression and anxiety in patients with multiple sclerosis

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**Introduction.**– Depression and anxiety are the most common psychiatric disorders in patients with multiple sclerosis (MS) and contribute to reducing the quality of life of such patients.

**Objectives.**– To assess the prevalence of depression and anxiety in patients with MS and their correlation with clinical factors.

**Methods.**– This was a cross-sectional, descriptive and analytical study of 42 patients with MS, carried out in the neurology department at Habib Bourguiba Hospital in Sfax, Tunisia, from January to June 2017. The evaluation of anxiety and depression was done by the Hospital Anxiety and Depression Scale (HADS) and the level of disability by the Expanded Disability Status Scale (EDSS).

**Results.**– The mean age of the patients surveyed was  $36.9 \pm 9.6$  years and the sex ratio was 0.9. The mean duration of MS was  $8.4 \pm 5.2$  years. Relapsing-remitting MS occurred in 88.1% of cases. The mean EDSS score was  $2.8 \pm 2.1$ . According to the HADS, 38.1% of patients had depressive symptoms and 54.8% had anxious symptoms. Statistical analysis showed that high scores for depression were correlated with high EDSS scores ( $P=0.047$ ,  $r=0.296$ ). On the other hand, there was no correlation between depression or anxiety and the form of MS, duration of disease and the number of relapses.

**Conclusions.**– The results of our study emphasize the high frequency of anxiety and depression and their relation to the degree of disability in patients with MS. It seems necessary to pay particular attention to these disorders for better management.

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

PW0898

### Acceptability, attitudes and representations of general population and medical doctors towards computerized cognitive behavior therapies (CCBT) for depression in France

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**Introduction.**– In some countries, the CCBT are considered as full fledged therapies scientifically validated in the treatment of depression.

**Objectives.**– Our aim was to establish an overview of the practices in psychotherapy and to assess the social acceptability, attitudes and representations of patients and medical doctors towards CCBT in French population.

**Methodology.**– Three surveys were sent online to voluntary subjects (VS) and to medical doctors (GPs and psychiatrists).

**Results.**– The results show a general concern on the accessibility, availability and the effective use of CBT. For the VS the main explanations of this phenomenon lie in the fear of being stigmatized, in personal time constraints, in an insufficient frequency of therapy sessions and in an apprehension of face to face. For the psychi-

atrists and the GPs, the main causes are the cost of the therapy and the too long waiting period to have appointments with therapists. The results on the acceptability of CCBT show a clear positive result from VS, psychiatrists and GPs. The benefits of CCBT perceived by the medical doctors and VS are the cost, better flexibility and a loss of the fear of being stigmatized. The respondents raised concerns over the possibility that CCBT may reinforce the loneliness of patients. Given the absence of face to face contact with therapist in the implementation of the treatment, some respondent perceive this therapy as being inadequate in helping patients to understand their medical condition, to integrate the core concepts of CBT and therefore maintaining them involved in the treatment. As a result, the long term efficiency of this treatment raises concern from medical doctors and voluntary subjects.

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

PW0899

### Albumin binding-site alteration in melancholic depression under pharmacotherapy

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**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 ( $7 \times 10^{-10}$  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<sup>1\*</sup>, U. Schweiger<sup>2</sup>, A. Wells<sup>3</sup>, K.G. Kahl<sup>1</sup><sup>1</sup> Hannover Medical School, Psychiatry, Hannover, Germany;<sup>2</sup> University of Luebeck, Department of Psychiatry, Luebeck, Germany; <sup>3</sup> University of Manchester, Division of Psychology and Mental Health, Manchester, United Kingdom

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*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.



## 26th European Congress of Psychiatry E-Poster Viewing

### Anxiety disorders and somatoform disorders

EV0001

#### Cultural reflections in practicing cognitive-behavioural therapy for social phobia

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Evidence-based practice of cognitive behaviour therapy has long been adopted as an effective therapy for treating anxiety disorders including social anxiety disorder. In many situations it is the chosen therapy for such a debilitating disease. Due to its proven efficacy & readiness applicability it has proven to be the 1st choice of therapy for social anxiety across different life spans from adolescents to geriatrics. Yet, cross-cultural differences have seldom been considered in the approach towards managing social anxiety. Many differences lie between populations & countries in defining what is accepted & what is not with regard to social interactions. Even across the one country many differences may color the perception of appropriate social communication. Hence no one-size-fits all can be adopted here. Thus, during the application of cognitive behavioural therapy, effectual therapist should modify his conceptual framework of action while still trying to abide with the fundamental notion of CBT of exposure experiments. In doing this many therapists may be challenged in their work. While still lacking a strong body of research, clinical experience can provide us with some helpful innovations for successful practice. Our aim is to provide therapists & psychiatrists across the Arab world with tools for applying successful CBT for social anxiety. A series of case studies are discussed to present some innovations in applying CBT for patients suffering from social inhibitions. Moreover, essentials of past research are reviewed & needs for further research directions in the field are discussed.

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

EV0002

#### Razi psychiatric hospital staff concerns during disasters: Content analysis

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*Introduction.*– The idea for this study was inspired by the participation of staff to hospital disaster preparedness workshop. Hospital staffs are count on and expected to fulfill responsible roles during disaster situations. Most of the earlier studies focused on health care workers willingness to attend in outbreaks, bioterrorism and pandemic agents. However, there is little research that specifically explores the concerning of psychiatric hospital staff to attend work in disasters.

*Objectives.*– At this study, we focused on Razi psychological Hospital staff concerns during disasters.

*Method.*– The study was performed in 2016, and conducted using qualitative content analysis methods. Twenty-three participants were selected purposefully and data were collected through interviews, focus group, and observation. Data saturation was a criterion for sampling.

*Results.*– “Disaster based resiliency” was the main theme. Three main categories include “Ignoring the basic human needs” and “lack of disaster-based organization” and “emotional response”. And we found 10 sub-categories, and 71 codes. Most of staff concern about their family in time of disaster.

*Conclusion.*– It seems for appropriate and effective response during disaster, need to resolve main concerns of hospital staff, and improve resiliency of hospital, for effective response and prevent loss in disaster.

*Keywords:* Psychiatric hospital; Concerns; Disasters; Staff

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

EV0003

### About the predictability of the post-traumatic stress status chronicle passage

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**Introduction.**– The enumeration of risk factors for the chronicity of the state of post-traumatic stress is a crucial moment in the clinical evolution of this pathology, because the prediction of a possible chronicity allows us to review and Type of chemopsychotherapeutic management as well as the medico-military decision.

**Methodology.**– This is a follow-up of a cohort of patients with post-traumatic stress disorder hospitalized in the department of psychiatry of the HMRUC and see those who progress towards chronicity (persistence of the disorder beyond 3 months) Through a stress measurement scale.

**Results/discussions.**– Thirty percent of patients have progressed to chronicity, and through them we have listed factors such as risk of chronicity (personal psychiatric history, celibacy, intensity and duration of trauma. . .) and Protective factors (living as a couple, speed of care, short latency, high intellectual level) that exist in those who have not evolved towards chronicity.

**Keywords:** Post-traumatic stress disorder; Chronicity; Protective factors

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

EV0004

### Burki's Index of Dhant

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**Aims.**– Dhant is highly prevalent disease in subcontinent. Symptoms are vague and multiple. Careful study of symptoms reveals it is mixture of psychological, somatic, inflammatory, urinary and symptoms of allergy. Attempt is made to quantify severity of disease for its gradation. Tool is developed for gradation of disease and to monitor treatment response.

**Method.**– Classical symptoms of dhant were studied from Hakims books of Tibay Unani. Symptom checks list of dhant was developed. It was administered to population of dhant patients. Symptoms having significant statistical value were sorted. Symptoms were phrased in Urdu language by a team of Hakims and experts of Urdu language.

**Results.**– Questionnaire consisting of 27 questions were developed. Index has been divided into different domains including anxiety, depression, somatic urinary, sexual, inflammatory and allergy symptoms. Every symptom was graded on five response option.

**Discussion.**– Burki's Index of Dhant is based on medical interpretation of dhant phenomenon. It meets criteria of test and retest reliability, standardization, validity and practicality. Anxiety and depression domains explain psychological state. Allergy and inflammatory domain reflects level of sickness. Urinary symptom reveals urinary tract involvement. Somatic domain level reveal extend of somatization phenomenon very common in subcontinent. Sexual symptoms revolve around sexual functions like changes in libido, erectile IVLT, frequency of nocturnal emission, function of the

patients. Scores has been used to compute treatment response of treatment regimens. In order to evaluate norms larger population studies are required.

**Conclusion.**– Burki, index of dhant help evaluate and design treatment according to differential domain score and compute response.

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

EV0005

### Problematic masturbation multifaceted phenomenon

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**Introduction.**– Masturbation is a universal practice done, medically healthy activity. When it is done in hard way or at a frequency that is causing impairment in social, occupational and other area of functioning it become problematic. Attempt to control or reduce it gets repetitively failed. This can cause urethral inflammation and genital lesions like Pyronie's disease. How and why this healthy activity becomes unhealthy?

**Method.**– Internet search was made at various websites like psych info science direct pub med using key words masturbation, compulsion, addiction, impulsive, etc.

**Result.**– Compulsive masturbation is part of hyper-sexuality disorder. Because of inconsistency in defining criterion, there is no authentic epidemiological study of subject.

**Discussion.**– Excessive masturbation can be understood as spectrum of compulsivity, impulsivity and addiction. As a compulsive act it can be considered as self-treatment for depression anxiety or frustration. Masturbation can be an attempt to neutralize recurring obsessions. Compulsive masturbation is followed by guilt feeling and is ego dystonic. In impulsive masturbation there are irresistible urges and impulses to act out. Impulsive masturbation occur secondary to mood changes or occurrence of stress. Excessive masturbation do follow pattern of addiction as well. There is continued engagement despite adverse physical and psychological consequences, loss of control and. Neuro-plastic changes in amygdla and neuclus accumbency necessitate greater frequency of masturbation to counter dysphoria. Due to neuroplastic change in glutamergic transmission subject becomes cue sensitive. Treatment with SSRIs anti glutamergic have shown promising result.

**Conclusion.**– Psychiatrist should give due consideration to problematic masturbation.

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

EV0006

### Can doctors apply treatment strategies for patients with bodily distress syndrome

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**Introduction.**– Patients with bodily distress syndrome (BDS) with multiple unexplainable somatic symptoms are prevalent in all medical settings and challenge the health care system in time and economically aspects. Despite that documented effective treatment for this patient group is available, doctors appear to struggle to apply these strategies both in primary and secondary care. For the individual doctor, it is essential to know and manage the patient

related as well as the doctor related factors that could prevent proper treatment for this patient group.

**Objectives.**– This case report presents a 65-year-old man with multiple unexplainable symptoms, which have caused substantial consequences for the patient and for the health care system. We identify which factors related to the patient, the doctor and health care system that lead to this man's intensified condition of BDS. Furthermore, we discuss whether the involved doctors were able to follow the common treatment strategy.

**Conclusions.**– Discussion and conclusion is available after the research work.

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

EV0007

### **Determination of the temperament characteristics to the levels of stress and discomfort in patients with premenstrual dysphoric disorder**

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**Introduction.**– Although the premenstrual dysphoric disorder is common in women between 18 and 45 years of age, it has not received much attention as a research topic in psychiatry.

**Objective.**– Determining the temperament characteristics, distress and discomfort resistance of premenstrual dysphoric disorder patients and contributing to the diagnosis of the disease.

**Method.**– Participants of the study were given sociodemographic data form, scan scale for pre-menstrual symptoms, distress resistance scales, and discomfort resistance scale.

**Results.**– There were 43 participants. The average age of the participants was  $27.56 \pm 8.4$ . The average duration of the menstrual cycle was  $27.50 \pm 3.22$  days. The average age of menarche was  $13.21 \pm 1.27$  years and the average duration of the menstrual cycle was  $5.54 \pm 1.34$  days. A total of 18.6% ( $n=8$ ) of them were learned to have psychiatric disease history in their families and 16.3% ( $n=7$ ) of them had psychiatric treatment before. Only 11.6% of the participants were pre-diagnosed as premenstrual dysphoric disorder.

**Conclusion.**– Better recognition of premenstrual dysphoric disorder and determination of temperament, distress and discomfort resistance levels of women with this disorder may reduce the disruptions in certain areas and minimize the loss of labor force.

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

EV0008

### **Broken heart disease and psychiatric pathology: A case report**

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**Objective.**– Highlight the importance of performing an organic screening before diagnosing panic attacks, especially in the cases of refractoriness.

**Material and methods.**– The case of a 58-year-old woman diagnosed with anxiety-depressive disorder, refractory to antidepressant and anxiolytic treatment was presented. In the Emergency Service, it was detected that elevated numbers of myocardial damaging enzymes and echocardiographic alterations existed which were studied in the Department of Cardiology and diagnosed as Takotsubo Syndrome. During follow-ups at a Psychiatry clinic, it was observed that the symptoms of anxiety persist such as nausea, tachycardia, sweating, and dizziness, which do not subside with prescribed pharmacological treatment. After the following studies significant findings of elevation of metanephrines in blood and urine, and images of abdominal ultrasound and scintigraphy with MIBG compatible with paraganglioma at the left intrarenal location were found. It required surgical intervention with the paraganglioma being extirpated resulting in improvements of her anxious disorder, but the depressive symptoms persist.

**Conclusions.**– Although Tako-Tsubo cardiomyopathy secondary to pheochromocytoma is a very rare entity, it should be taken into account in the differential diagnosis of anxiety disorders that do not respond to usual treatment, especially in postmenopausal women. It is estimated that about 47% of the patients with this pathology present a previous story of psychiatric or neurological pathology and that 17.1% were medicated with one or more antidepressants. The case is representative of the psychiatric aspects of the organic disease and the diagnostic and therapeutic problems that arise when these are the form of onset of the disease.

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

EV0009

### **Obsessive-compulsive disorder with obsessive-compulsive personality disorder – A case report**

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**Introduction.**– Obsessive-compulsive disorder along with anankastic personality is a diagnostic challenge for the experienced clinician too [1]. Untreated OCD and OCPD are risk factors to develop in other psychiatric problems pushing the patient to seek treatment. They do exist together and must be carefully diagnosed and appropriately treated. Here, I present a case report of such an unusual case and its treatment.

**Objectives.**– To highlight that OCD and OCPD can co-exist and needs to be carefully teased out and a need for appropriate treatment.

**Results.**– The patient's diagnosis was carefully done and patient was successfully treated [2] with antidepressants and low-dose anti-psychotic, along with behavioural therapy to address both OCD and OCPD.

**Conclusions.**– Obsessive-compulsive disorder should be carefully teased out from Obsessive-compulsive personality so appropriate treatment can be administered.

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

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EV0010

### Released-active drugs as a modern tool of psychiatric and neurological diseases therapy

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To date, there are many modern drugs for psychiatric and neurological diseases treatment. However, almost all of them have different side effects that limit their use in ambulatory practice. Moreover, uncontrolled long-term use of such drugs creates a high risk of mental and physical dependence.

The alternative is to use innovative released-active drugs presented on the Russian and CIS pharmaceutical markets, for example, Tenoten, Divaza, Brizantin, Kolofort and Proproten-100. The peculiarity of these drugs is that due to special manufacturing process – the consecutive reduction of the concentration of initial drug substance (different antibodies), new structures emerge in the solution. These new structures are derivatives of the initial antibodies, but possess a different type of the activity: they retain specificity of action, however, do not neutralize their target, but modify it. This activity has been named released-activity, and the derivatives of the antibodies – released-active form of antibodies. Released-activity allows to biochemical correct the violations of integrative activity of the brain. The spectrum of pharmacological activity of the released-active drugs has been shown in the numerous experimental and clinical studies conducted in the leading research centers of Russia and Europe. For example, it was proved that released-active form of antibodies to S100 protein has anxiolytic, antidepressant, anti-stress, anti-aggressive, nootropic (anti-amnesic, neuro-protective) and neuro-trophic activities without sedative and muscle relaxant effects and any type of dependence.

Thus, application of innovative market-proven released-active drugs could be considered as a modern effective and safe tool of psychiatric and neurological diseases pharmacotherapy.

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

EV0011

### Stress and medically unexplained symptoms: Voice of Pakistani patients

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*Background.* – Patients presenting to primary care and medical outpatient units frequently express physical complaints that may be unrelated to any organic disease. Such medically unexplained symptoms (MUS) are commonly attributed to psychological or emotional problems. MUS are disabling, and are associated with significant costs to the individual and the health system.

*Objectives.* – To explore the phenomenon of medically unexplained symptoms and participants explanations of their symptoms, causes/triggers and impact on their lives.

*Methods.* – Semi-structured interviews were conducted with a total of 20 participants with an established history of physical symptoms unexplained by an organic/physical cause, recruited from medical outpatient units of a public hospital in Karachi, Pakistan. Participants scoring 9 or above on Patient Health Questionnaire-15 (PHQ-15) were considered eligible. All interviews were digitally recorded and transcribed verbatim.

*Results.* – We used framework analysis to analyze the data. Following 5 themes were emerged (i) physical symptoms included headache/body pain, heaviness, numbness, gastric problems, and dizziness (ii) feelings experienced by the participants included loneliness, depressed mood, hopelessness and anxiety (iii) triggers for symptoms included relationship difficulties, stress related to children, poverty and supernatural beliefs (iv) coping strategies included rationalization and distraction (v) impact on participants' lives included being unable to function as normal, denial of psychological challenge, and impact on family.

*Conclusion.* – Primary care physicians should be trained in understanding the psychological manifestations of MUS so they are better equipped in their management. There may also be a role of psychological interventions in low resource settings like Pakistan.

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

EV0012

### Emotional disturbances in anxiety disorders patients

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It was inspected 136 patients with anxiety disorders (AD). The inspected were divided into 3 groups according to heading of ICD-10: 35 patients with panic disorder (PD) (episodic paroxysmal disorder (EPD)), 34 patients with generalised anxiety disorder (of GAD) and 67 patients with the mixed anxiously-depressed disorder (of MADD). For EPD pathognomyc is predominance of paroxysmal somatic-vegetative and emotional violations on a background the high indexes of personality anxiety and in relation to the normal indexes of reactive alarm. For GAD more inherent connections of permanent and paroxysmal somatic-vegetative and emotional violations are on a background the high indexes of reactive alarm and in relation to normal-personality anxiety. For MADD inherent interference connection of both clinical and pathopsychological displays. From data of methodology of Spilberger scale in most patients there was a high level of reactive alarm in all three groups. From data, got by methodology of K. Leongard, considerable predominance of anxious type was determined for all patients. On the basis the got results, by us reasonable and worked out system of psychotherapy and psychocorrection of sick EPD, GAD and MADD, built on the systems and multilevel principles. The base method of realization of medic-psychologic rehabilitation of sick GAD and MADD, was group psychotherapy. The decline of general level of anxiety, internal anxiety was attained in most patients. On the whole considerable improvement it was attained in 72% patients of I group, in 68% patients of II group and in 78% patients of III group.

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

EV0013

### **Body-centric healing of extreme trauma**

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*Introduction.*– The Extreme Abuse Survey report on endritual-abuse.org (run by US Clinical Psychologist Dr Ellen Lacter) outlines numerous extreme offences and complex trauma symptoms. Traditional Psychiatry and Psychology, often failing to acknowledge the formation of dissociative disorders by neglect and abuse in early childhood, have little to offer. Energy oriented approaches (e.g. Kurz & Fecht, 2016) provide an alternative. Drawing on the unique experiences of a survivor of extreme abuse, this paper outlines a body-centric healing method.

*Objectives.*– The presentation provides a personal perspective on abuse and symptoms experienced as well as healing.

*Aims.*– The aim of this presentation is to disseminate information about the impact of extreme offending on mental health and survivor-informed techniques for healing.

*Methods.*– Release of traumatic memories triggered a period of self-reflection and self-healing that resulted in a technique that could potentially benefit others.

*Results.*– The method consists of focusing one's awareness on the physical body, and from there locating and healing wounds in the energy body until the energy body is repaired, and health is restored. There are seven umbrella elements: self-care, self-monitoring and recording, caring for your word, caring for your actions, a strong intention for self-healing, arranging your life so that you can heal, and persistence. There are seven detailed stages of the process.

*Conclusion.*– This self-healing approach was an isolated individual's solution for dealing with the debilitating somatoform dissociation caused by trauma. It is referenced with published literature, other survivors' accounts, and catalogues anomalous autobiographical phenomenological experiences.

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

EV0014

### **The prevalence of adult separation anxiety disorder in outpatient clinic in Egypt**

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*Background.*– Prevalence of adult separation anxiety disorder (ASAD) is still under estimated, and its risk factor is unclear.

*Aim of the work.*– This study aimed to assess the prevalence and risk factor associated with ASAD in psychiatric outpatient clinic.

*Methods.*– Four hundred and ten patients diagnosed with any anxiety disorders according to DSM-V. We assess their sociodemographic data, Hamilton for depression, Hamilton for anxiety and the Separation Anxiety Symptom Inventory).

*Results.*– Patients with social phobia show higher prevalence of ASAD and this co-morbid was elevated in female than male. Early separation anxiety scores but this association was unique in females only. ASAD was also co-morbid with depression and low educational level.

*Conclusions.*– Prevalence of ASAD is under estimated and clinicians diagnose it as another anxiety disorder especially social anxiety or depression.

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

EV0015

### **The prevalence of adult separation anxiety disorder in outpatient clinic in Egypt**

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*Conclusions.*– Prevalence of ASAD is under estimated and clinicians diagnose it as another anxiety disorder especially social anxiety or depression.

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

EV0016

### **Acting upon misperceptions of one's own body**

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One may believe the perception of one's own body to be trustworthy, or even immune to errors, since it is about "the same old body always there", as William James (1890) put it. However, bodily awareness can be impaired in several psychiatric conditions. Patients with body hallucinations, for instance, misperceive their own body. They feel their organs rot in the Cotard syndrome, and during Alice in Wonderland hallucinations they sometimes even perceive and see their body parts changing shape (Todd, 1955). Impaired body perceptions also occur during the phantom limb phenomenon, among patients with somatic symptom disorders when they report sensations that are inconsistent with their objective physical lesions, and in anorexia nervosa. Those symptoms may be influenced by how patients act with their body, insofar as actions influence body perceptions and vice versa (Pitron and de Vignemont, 2017). One major question then arises: to which extent can actions help to reverse impaired body sensations in psychiatric conditions? Interestingly, it is possible to mimic psychiatric bodily symptoms in healthy volunteers with the rubber hand illusion paradigm that makes participants perceive their own body part with another shape or in a different position (Botvinick and Cohen, 1998; Van der Hoort et al., 2011). After describing how actions can reshape body perceptions during the rubber hand illusion, I shall discuss the circumstances under which action-oriented treatments may offer good opportunities for bodily symptoms of psychiatric patients.

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

EV0017

### **Marital satisfaction in patients with anxiety disorders**

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*Background.*– Marriage satisfaction and the quality of partnership play an important role in the occurrence of psychiatric disorders. Anxiety disorders affect the family everyday functioning, require greater demands for adaptation and re-evaluation of the existing habits of family members and consequently may result in family dysfunction due to anxiety disorders, especially in marital relationship or partnership.

*Method.*– The relevant studies were identified through the Web of Science, Pub Med, and Scopus databases, within the period 1990–2017.

*Results.*– Dissatisfaction in a relationship can act as a trigger for the development of anxiety disorders and could also be responsible for the modulation and maintenance of these disorders. However, this dissatisfaction may also be the consequence of manifestation of the anxiety disorders. The individuals with the anxiety may feel guilty about their partners because of the tolerance and help (does not matter what kind and quality of the help he/she provides), sometimes they are submissively grateful because of the support, they may feel inferior, tend to serve him/her. On the other hand, he/she begins to rebuke partner's supposed negative attitudes; the patient may start to use his psychological problems as an excuse and expect others to help him and solve the situation. Consequently, he/she starts to check and criticize the partner and this tense situation may lead to problems in marriage and disturbs family functioning.

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

EV0018

### **Idea of illness in technologies of rehabilitation of patients with non-psychotic mental disorders**

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*Introduction.*– In many cases problems of rehabilitation of mental patients are connected with their attitude towards the process of the therapy that conditions its inconsistency and fragmentariness. *Objective.*– To study efficiency and specifics of rehabilitation of patients with non-psychotic mental disorders at the stage of the therapy and after discharge from hospital.

*Methods.*– Clinical-psychopathological, clinical-dynamic, clinical-follow-up, immunological, psychological, statistical. Sixty patients of non-psychotic level – with adjustment disorders, somatoform and organic mental disorders were examined.

*Results.*– The examination and therapeutic-preventive activities were carried out. In the process of the therapy all patients showed significant improvement of their state, however, gradual worsening of their overall health was noted, 10 months after discharge from hospital in 38 cases (63.3%), the patients needed additional courses of treatment. In most cases the therapeutic-preventive activities were canceled earlier than needed or were carried out fragmentarily. Only 13 patients (21.67%) passed fully the recommended course of pharmacotherapy and two patients (3.33%) continued psychotherapy after discharge. About 30% of patients of all groups preferred not to continue the course of the treatment but its repetition next year. Hospital (therapeutic) social environment and appropriate social-medical activities were perceived as socially accepted ways of avoidance from social risks and manipulation of the surrounding people.

*Conclusions.*– Existing model of specialized assistance to patients with non-psychotic mental disorders needs enforcement of its social and educational components as well as psychotherapeutic and psychocorrective component.

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

EV0019

### **The comparison of anxiety disorders prevalence in 8–12 years old children in only child families and families with several children. Gorgan, 2017**

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*Introduction.*– Anxiety disorders with a prevalence of 5 to 17 percent are one of the most commonly diagnosed psychiatric disorders in childhood. Considering the high prevalence in the community, on the one hand, and increasing the tendency of the family to have a maximum of one or two children, on the other hand, the need for further research projects Determine the effect of this procedure on the behaviour of children.

*Materials and methods.*– A questionnaire including questions about sex, age, mother's occupation, mother's education level and number of children's children, screening of emotional disturbances associated with childhood anxiety (Spence) is being used. This questionnaire was completed by children aged 12-8 years old who referred to Taleghani Hospital's non-psychiatric clinics and pediatricians' offices.

**Results.**– The results of the study showed that in all subgroups of anxiety other than general anxiety ( $P=0.084$ ), mean scores were significantly higher in children of multi-child families, and this statistically significant increase was observed ( $P<0.003$ ), and in 49 (34.3%) children of single-child families and 94 (65.7%) of children in multi-child families, there was anxiety disorder and this result was statistically significant. Severity has been significant ( $P=0.001$ ).  
**Conclusion.**– It can be concluded that the prevalence of anxiety disorder among children with siblings is higher than that of single children and among single children in girls. The idea that single children have better family conditions and care more will be raised.

**Keywords:** Anxiety disorders; Spence Questionnaire; Only child; Child with siblings

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

EV0020

### **Asthma and panic disorder: Two conditions, one presentation**

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**Introduction.**– Panic disorder and asthma frequently co-occur.

**Objectives.**– The aim of this study is to review the current literature about the co-occurrence of asthma and panic disorder.

**Methods.**– We conducted a literature review searching the terms “asthma” AND “panic” in Pub Med. The search strategy was limited to articles written in English and that used adult human samples. Bibliographic references of the identified articles were also included.

**Results.**– Asthma increases the risk of developing anxiety disorders, including panic disorder. Several factors may explain this phenomenon. Medications typically used in asthma management, such as adrenergic agonists, theophylline and steroid medications have anxiogenic properties. In anxiety prone patients, the frightening experience of having repeated asthma attacks may precipitate a panic disorder, with typical cognitive distortions. On the other hand, anxiety can impact asthma-related outcomes. In patients with asthma, anxiety-related hyperventilation can lead to hypocapnia, which in turn induces bronchoconstriction and asthma symptoms worsening. Interventions based on cognitive-behavioural techniques and respiratory rehabilitation has been proposed to treat patients with both conditions.

**Conclusions.**– The recognition of symptom overlap between asthma and panic attacks is important for the differential diagnosis and the identification of comorbidity. The understanding of underlying mechanisms is important for treatment success.

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

EV0021

### **Comparison of SSRIs and SNRIs in Generalized Anxiety Disorder (GAD)**

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**Introduction.**– Generalized anxiety disorder (GAD) often leads to physiologic symptoms, including fatigue, muscle tension, restlessness, and other somatic complaints. Women are almost twice diagnosed over their lifetime. Antidepressants, selective sero-

tonin reuptake inhibitor (SSRI) and serotonin norepinephrine reuptake inhibitor (SNRI) classes, are the first-line medication treatments. Escitalopram as SSRIs increases intrasynaptic levels of the neurotransmitter serotonin by blocking the reuptake of the neurotransmitter into the presynaptic neuron. Duloxetine as SNRIs inhibits the reuptake of serotonin and norepinephrine (NE) in the central nervous system and increases dopamine (DA) specifically in the prefrontal cortex.

**Objective.**– Compare clinical efficacy, safety and tolerability of escitalopram and duloxetine in patients with generalized anxiety disorder (GAD).

**Methods.**– 8-week, fixed-dose, parallel-group design. A total of 10 outpatients (mean age = 38.8 years, all women) with a ICD-10 criteria-defined GAD diagnosis received escitalopram 20 mg/day ( $N=5$ ) and duloxetine 60 mg/day ( $N=5$ ). The primary efficacy measures were the HAM-A and CGI-I.

**Results.**– Duloxetine was more effective after the first month of treatment and had greater functional improvement in all of five patients. The mean change represents 49% decrease in HAM-A total score from baseline for duloxetine-treated patients and had significantly greater improvement ratings at endpoint on the CGI-I. Safety and tolerability of both medications were equal.

**Conclusion.**– These data suggested that a connection between early improvement of duloxetine, endpoint response and remission status, can be used to guide clinical decision-making. The findings support the inclusion of duloxetine as an empirically validated pharmacologic intervention for GAD as well.

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

## **Bipolar disorders**

EV0022

### **Co-existence of bipolar disorder and OCD: A case study**

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Bipolar disorder is considered a serious life long mental illness and often with other comorbidities like Anxiety disorder, substance use disorder and OCD (Obsessive-compulsive Disorder) OCD, which was grouped under Anxiety disorder in DSM IV, has become a separate disorder with several underlying disorders. This case report will present a case of a patient seen in outpatient setting with a diagnosis of Bipolar disorder and who also displayed symptoms of Obsessive-compulsive disorder. We will present the likelihood of having both these disorders at the same time, how do they present clinically and their treatment options. We will also discuss the fact that often when the bipolar disorder symptoms like mania or depression are controlled with treatment including the use of medications the OCD symptoms still persist. Will also outline the new advances in diagnostic imaging for OCD and what different treatments can be available for these patients in future.

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

EV0023

**When bipolar disorder faces Twitter**M. Alvarez de Mon Gonzalez<sup>1\*</sup>, V. Pereira<sup>1</sup>, T. Dot<sup>1</sup>, H. Saiz<sup>2</sup>, I. Alberdi<sup>3</sup>, G. Lahera<sup>4</sup><sup>1</sup> *Clinica Universidad de Navarra, Psychiatry, Pamplona, Spain;*<sup>2</sup> *Complejo Hospitalario de Navarra, Psychiatry, Pamplona, Spain;*<sup>3</sup> *Hospital Clínico San Carlos, Psychiatry, Madrid, Spain;*<sup>4</sup> *University of Alcalá, Psychiatry, Madrid, Spain*

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**Introduction.**– Twitter is a social media platform with growing activity and impact on public opinion. Major mental disorders seem to be a frequent topic of interest in Tweets during the recent years.

**Objective.**– To analyze Tweets referring to bipolar disorder from the Twitter accounts of prominent US mass media outlets.

**Methods.**– A qualitative analysis of Tweets selected among a representative sample of American communication media outlets in Twitter. We selected the 15 accounts with the highest number of followers. Tweets were selected if they made any reference to Bipolar disorder. This study focused on the Tweets from 2007–2016.

**Results.**– Eighty-two Tweets were selected and divided into three categories. 66% were testimonies from patients (“Carrie Fisher’s openness about her bipolar disorder motivated me to talk about mine”, “Catherine Zeta-Jones talks about her struggle with bipolar disorder”), 30% focused on medical advancements or epidemiological facts (“HEALTH: Study: Breast Cancer Drug May Treat Bipolar Disorder”) and a minority had a condescending tone towards these disorder. Tweets referred to personal testimonies had the highest number of retweets. Peaks in the number of tweets have been observed when celebrities were subjects of the news.

**Conclusions.**– Bipolar disorder has been the topic of a variety of Tweets among US mass media Twitter accounts, reflecting a social interest on this disorder, most especially when testimonies and news are related to celebrities.

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

EV0024

**Assessment of the psychosocial adjustment in bipolar patients in remission**C. Ati<sup>\*</sup>, W. Homri, R. Zeramdini, N. Bram, I. Ben Romdhane, R. Labbane*Hospital Razi, Psychiatry C, Tunis, Tunisia*

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**Introduction.**– Bipolar disorder is a chronic and disabling mental disorder associated with reduced quality of life, impaired functioning and significant burden for families and society.

**Objectives.**– To assess the psychosocial adjustment in patients with bipolar disorder in remitted state, and to identify the socio-demographic and clinical features interfering with this adjustment.

**Methods.**– This is a cross-sectional, descriptive and analytic study involving 60 patients diagnosed with bipolar disorder type I, according to DSM IV-R criteria, in clinical remission for at least three months. Psychosocial adjustment was assessed with The Social Adjustment Scale by Weissman.

**Results.**– Of the 60 bipolar patients recruited in the study, 18.3% were unemployed. One third of employed subjects had moderate or severe occupational functioning impairment. 20% were divorced or separated. 45% were married. 32% of married patients had moderate or severe marital dysfunction, significantly influenced by having children, a criminal record, a poor insight or comorbid personality disorders. 30% of patients had moderate or severe family maladjustment. More than a half had a moderate or severe social

impairment, significantly influenced by family history of mood disorder, frequency of relapse and the total follow-up duration. 55% of bipolar patients had moderate or severe general psychosocial maladjustment and was associated with psychiatric family history, depressive episodes as well as severe manic episodes with psychotic features.

**Conclusion.**– Our study underlines the importance of both pharmacological and psychotherapeutic interventions aiming to improve psychosocial adjustment and occupational functioning in patients suffering from bipolar disorder.

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

EV0025

**Partial empty Sella syndrome and bipolar affective disorder: Two case reports**E. Başar<sup>\*</sup>, Y. Görgülü, R.K. Çınar, M.B. Sönmez  
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Empty sella syndrome is an illness characterized by filling of cerebrospinal fluid in the pituitary fossa. Due to reduction of pituitary gland, hypopituitarism may occur 20% to 50% of patients. There is a case report in the literature of a patient had manic attack due to hyponatremia according to syndrome of inappropriate anti-diuretic hormone (SIADH). Beside that another case report had been published of a patient had bipolar disorder and the empty sella syndrome incidentally.

Here we present two cases that have been treated in our inpatient clinic for manic phase of bipolar disorder, diagnosed for partial empty syndrome. During the investigations to rule out the organic cranial pathology, partial empty sella appearance has been noticed. There was no neurologic, visual dysfunction or laboratory abnormality in both patients. Thyroid dysfunction was ruled out. Patients should be investigated further for hypopituitarism. Patients have remitted less than 4 weeks of treatment with valproic acid and atypical antipsychotics.

Empty sella syndrome coexisting with bipolar disorder is a very occasional condition. Our knowledge is not enough to claim that the empty sella syndrome is a cause of bipolar disorder. But we should investigate patients with bipolar disorder carefully for organic pathology.

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

EV0026

**Validation of the Arabic version of the Bipolar Prodrome Symptom Scale –Prospective (BPSS-P) in Tunisian adolescents and young adults**A. Ben Dhia<sup>\*</sup>, A. Braham, A. Souilem, J. Sehli, A.S. Bannour, S. Ben Nasr, B. Ben Hadj Ali*CHU Farhat Hached, psychiatry department, Sousse, Tunisia*

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**Aim.**– The study aimed to examine whether the Arabic version of the Bipolar Prodrome Symptom Scale–Prospective (BPSS-P) has good construct, concurrent validity and reliability.

**Methods.**– Validity was established on a sample of 78 Tunisian subjects aged between 14 and 30 years. These subjects were divided into 3 groups according to the BPSS-P scores: BPSS (–) ( $n=31$ ), ARMS: at risk of mania syndrome ( $n=21$ ), bipolar NOS ( $n=10$ ), POBS

[presence of bipolar syndrome: bipolar 1 and 2 ( $n = 16$ )]. For construct validity, we used the convergent validity. We used Young Mania Rating Scale (YMRS) and Montgomery-Asberg depression rating scale with the BPSS-P. For concurrent validity, we studied the correlation between symptoms of the BPSS-P and their equivalents in the YMRS and MADRS. The BPSS-P reliability was conducted by studying the Interrater reliability.

**Results.**– The ARMS group was shown with intermediate scores of YMRS, MADRS between the groups BPSS-P (–) and POBS. That confirms a good construct validity of the Arabic BPSS-P. We noted a correlation between the scores in mania and depressive sections measured by the BPSS-P and their corresponding level of the YMRS and MADRS. These results show that the BPSS-P has a good concurrent validity. For the reliability study, we noted a good correlation between the two raters with a Pearson coefficient ranging from 0.66 to 0.8.

**Conclusion.**– Analysis of the results of construct validity, concurrent validity and reliability of the BPSS-P indicates that this version translated into Arabic is valid and reliable.

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

EV0027

### **Linguistic validation of the Arabic version of the Bipolar Prodrome Symptom Scale – Prospective (BPSS-P)**

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**Introduction.**– The relevance of the identification of prodromal symptoms reside in its involvement in the management and prognosis of bipolar disorders and in the eventuality of identifying these subjects before the outbreak of the disorder that usually begins in adolescence.

**Aim.**– The aim of this work is to translate the BPSS-P scale into literary Arabic and to verify its validity.

**Methods.**– We translated the BPSS-FP into literary Arabic using the translation and retro-translation method with direct translation, retro-translation and a comparison between source scale and retro-translated scale. The validity of content was done through the pre-test and expert opinion.

**Results.**– A first comparison of the two versions, source and retro-translated, made it possible to detect certain discrepancies, some of which were related to translation and others to retro-translation. Then a verification of the Arabic literary version was carried out. Subsequently, a second retro-translation was made. Once these steps were completed, we proceeded to the steps of validity of the content. Remarks made during the pre-test concerned either the vocabulary used, or the grammatical and syntactical construction of items. No problems with ethical or cultural considerations have been reported. The experts' opinion made it possible to detect items deemed linguistically inappropriate to measure the concept. Alternatives to certain terms deemed complicated have been proposed. According to this step, the quality of the items in the BPSS-P was very satisfactory overall.

**Conclusion.**– It emerges from this work that the quality of the items in the BPSS-P has proved satisfactory overall. However, further validation of the BPSS-FP is necessary.

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

EV0028

### **Early-onset bipolar disorder: descriptive study among 48 bipolar patients**

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**Introduction.**– Bipolar disorder is a mood disorder. Symptoms of mania and depression in adolescents may manifest themselves through a variety of different behaviours.

**Objective.**– To study different characteristics of early onset bipolar disorder.

**Methodology.**– It was a descriptive retrospective study of all bipolar patients with early onset hospitalized between January 2008 and December 2016 in the psychiatry department in Monastir and had a minimum follow-up of six months

**Results.**– The study was involved 48 patients with 28 men. The average age was 33.75 years. The mean age of onset of the disease in our study population was 16.1 years with extremes ranging from 13 to 18 years. A stressor preceding the first episode was present in 41.7%. These were mostly family conflicts (14.6%). The average number of years of study was 8.9. 79.1% were single and 4.2% were divorced. The family history of mood disorder was found in 50% of patients and schizophrenia in 29.2. 22.9% of the patients had a criminal record as well as addiction to a substance in 31.3%. The nature of the first episode was predominantly manic in 81.2%. The delay between the 1st episode and the 1st relapse had a median = 12 months. The average number of access per year was 0.54. We found a higher frequency of manic episodes with a mean of  $5.1 \pm 3.6$ . A dominant polarity of the manic type was found in 97.9% and 72.9% had psychotic symptoms in their relapses.

**Conclusion.**– Our study suggests that early onset bipolar disorder presents some differences in clinical expression.

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

EV0029

### **Age and delayed diagnosis of early-onset bipolar disorder**

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**Introduction and objective.**– Our aim was to examine the influence of the age at onset of the illness and the delay of diagnosis of the early-onset Bipolar disorder (EOBD).

**Methods.**– Fifty-five patients, aged between 18 and 22 years, diagnosed with EOBD according to DSM-V criteria and followed up for at least one year were included. Twenty-five subjects were diagnosed after a delay of one year of follow up. The level of significance was fixed at a probability  $P < 0.05$ .

**Results.**– We collected 55 patients, all single, with an average age of 20.4 years and a standard deviation of 1.4 and a sex ratio equal to 1.5. Forty-five percent were diagnosed after a delay of one year of follow up. A statistically significant difference ( $P = 0.018$ ) was observed in relation to age of first hospitalization: Those diagnosed late with an EOBD were younger than those diagnosed early ( $19.92 \pm 1.35$  years vs.  $Z 20.83 \pm 1.41$  years). The average delay between the onset of the illness and the diagnosis was 14.4 months (SD: 16.2 months). The delay was correlated inversely with age at

onset of illness ( $r = -0.192$ ). Independently, delay to diagnosis was associated with more depressive symptoms ( $P = 0.03$ ) and anxiety ( $P = 0.05$ ).

**Conclusion.**– These data converge with other evidence that early onset of bipolar disorder is associated with a long delay to diagnosis and to first pharmacologic treatment. To reduce complications related to this delay, the recognition and diagnosis of EOBBD needs to be improved.

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

EV0030

### The coexistence of arachnoid cyst with bipolar disorder: A case report

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**Introduction.**– It has been reported that AC occurred in about 1% of the general population and even more prevalent in psychiatric patients.

**Objectives.**– To present a clinical case illustrative of the relationship between the presence of an arachnoid cyst (AC) and psychiatric symptoms.

**Methods.**– We used a multidisciplinary approach to the patient and reviewed the literature about the theme.

**Results.**– Male 57-year-old, with previous psychiatric disorders and a history of AC and hepatitis C, was admitted at the emergency department with grandiose delusions, insomnia, increased activity, social disinhibition, behavioural disorganization and heteroaggressiveness, that begun three months ago. A cranial computer tomography (CT) revealed the presence of the already documented AC in the left frontal lobe. After consultation with Neurosurgery, conservative management was proposed. He was admitted into the Psychiatric Service and started in sodium valproate, olanzapine and diazepam. During his stay at the hospital, the patient's psychotic symptoms persisted with frequent periods of mental confusion and behavioural disorganization. He repeated the cranial CT that show no new changes and did an electroencephalogram with normal result. The treatment was adjusted and the patient was discharged after two months of hospitalization with mild improvement in symptomatology. We started a follow-up outpatient care, including psychiatric and neurosurgical appointments.

**Conclusions.**– Some articles suggest that there is an etiologic relationship between AC and psychiatric disorders, however it is difficult to be absolutely certain whether the lesion had influence on the patient's psychiatric symptoms or not. More research is necessary to establish the relationship between cyst lesions and psychiatric symptoms in bipolar patients.

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

EV0031

### May serum uric acid levels help us distinguish between bipolar and unipolar depression? – An exploratory study

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**Introduction.**– Recent studies have found a correlation between serum uric acid (UA) levels and the mood disorder diagnosed, with lower UA levels found in unipolar disorder and higher levels in bipolar disorder (BD).

**Objectives.**– Assess if serum UA levels in patients admitted for unipolar depression can predict later evolution to BD.

**Methods.**– We retrospectively analysed UA levels in patients hospitalized in our Psychiatry Department with a diagnosis of depressive disorder over a 3-year period (June/2006 to June/2009), including all patients who had an UA measurement. Patients above 40 years old, with conditions and taking medications that alter UA levels were excluded. We subsequently identified the patients who received the diagnosis of BD later on.

**Results.**– Overall, 1074 patients were hospitalized with a diagnosis of depression within the stated time interval. 72 met inclusion criteria. 60 (83,3%) had the diagnosis of unipolar depression and 12 (16,7%) the diagnosis of BD. We found a positive correlation between UA levels and diagnosis with higher UA in patients who were later diagnosed with BD. In multivariate analysis, a positive correlation with statistical significance was also found.

**Conclusions.**– We found a positive correlation in inpatients with unipolar depression between serum uric acid levels and later diagnostic conversion, with higher levels of uric acid in patients later diagnosed with BD. Our results suggest UA as a possible risk biomarker for BD in patients with unipolar depression.

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

EV0032

### Differences within the psychosis spectrum: A preliminary study

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**Introduction.**– There is increasing evidence of an overlap (biological, genetic and phenomenological) between the chronic psychosis spectrum disorders, including bipolar disorder (BD), schizoaffective disorder (SA) and schizophrenia (SCZ), thus bringing into question the "traditional" dichotomy between schizophrenia and bipolar disorder.

**Objectives.**– To comparatively assess patients with "stable" BD, "stable" SA, patients who have shifted from BD to SCZ (BD-SCZ) and patients who have shifted from SCZ to BD (SCZ-BD).

**Methods.**– Thirty-three inpatients with BD, 32 inpatients with SA, 31 inpatients with BD-SCZ and 31 inpatients with SCZ-BD, hospitalized in the Timisoara Psychiatric Clinic between 2014 and 2017 were included in our study. All patients were diagnosed in accordance with ICD-10 criteria. We used the MINI Interview and the BPRS to assess all patient groups.

**Results.**– We found statistically significant differences in our 4 patient groups regarding: educational level (SCZ-BD and BD-SCZ patients had higher educational levels than BD and SA patients); a positive family history for chronic alcohol consumption (higher for BD and BD-SCZ patients); alcohol abuse (higher in BD and SCZ-BD patients); supportive social network (lower quality in SCZ-BD patients); intrafamilial violence (highest in BD and BD-SCZ patients); age at onset (BD patients had a higher age at onset than the other patient groups); number of episodes (patients with SCZ-BD had a significantly higher number of episodes than SA and BD-SCZ patients).

**Conclusions.**– The identified parameters might have partial predictive value in regards to the outcome of patients with psychotic spectrum disorders.

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

EV0033

### **Isoniazid: Prophylaxis treatment of tuberculosis. Does it increase the risk of psychosis? Case report**

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Isoniazid is a drug related to psychiatric symptoms such as mania or psychosis, being these infrequent, appearing sometimes prodromes of anxiety and emotional lability. Its etiology is unknown, believing the relation between isoniazid and deprivation of vitamin B as a possible cause. The main action is to withdraw isoniazid along with antipsychotic treatment. It's important to rule out any causal relationship despite the patient's antecedents towards to a more specific therapeutic approach

The aim of this case is to show the possible relation between isoniazid and psychotic symptoms in a patient with bipolar disorder. Its a 36 year old male with bipolar disorder and B27 + ankylosing spondylitis with axial and peripheral involvement who enters into psychiatry unit for manic decompensation with psychotic symptoms. Usual treatment: lithium 1800 mg, isoniazid 300 mg, calcium foliate, methotrexate and certolizumab. The patient takes isoniazid for 3 months as a prophylactic treatment after the finding of positive Mantoux test with negative chest radiograph prior to starting certolizumab. Lythimia before the entry: 1.01. The patient suffers insomnia, delirious ideation of megalomaniac content as well as phenomenon of telepathy with famous people. Starts treatment with dispersal in increasing dose until 12 mg, being insufficient to control the symptoms. Thus rheumatology is consulted, which after a negative quantiferon test discard the presence of a latent tuberculosis suspending isoniazid. After it, starts treatment with 400 mg of valproic acid as a second mood stabilizer. Progressively the remission of symptoms occurs along with the euthemia of the patient

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

EV0034

### **Social cognition and predominant polarity in euthemic bipolar disorder**

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**Introduction.**– Deficits in social cognition (theory of mind and emotion recognition) have been detected in manic, depressed and euthemic bipolar subjects. The effect of clinical variables other than mood ratings (especially manic symptoms) on social cognitive performance of bipolar patients is understudied.

**Objectives.**– We investigated whether predominant polarity (PP) affects social cognitive performance of euthemic bipolar patients.

**Methods.**– We compared 36 healthy controls (HC) with no family history of major psychiatric disorder in their first-degree relatives and 54 euthemic (Hamilton depression and Young mania scores  $\leq 7$ ) bipolar I or II patients (30 with depressive PP, PP-D; 24 with manic PP, PP-M) on two social cognition tasks: Faux-Pas Recognition Task and Reading the mind in the Eyes.

**Results.**– There were not significant differences in gender, age, and education among the three groups or in CGI severity, Hamilton depression and Young mania scores among the two patient groups. Significant differences among the three groups were detected on Faux-Pas detection score (ANOVA,  $P=0.027$ ,  $\eta^2=0.08$ ). In specific, PP-M performed significantly worse than PP-D (post-hoc Bonferroni  $P=0.028$ ) but neither patient group differed significantly from HC. No significant differences were recorded on Eyes.

**Conclusions.**– Euthemic bipolar subjects with manic PP display worse theory of mind performance compared to those with depressive PP. Further research is warranted to investigate whether this is the result of a distinct temperament profile or of the cumulative effect of manic/hypomanic episodes.

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

EV0035

### **Patients with bipolar disorder referred to a consultation-liaison psychiatry service**

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**Introduction.**– Consultation-liaison psychiatry (CLP) is required when inpatients with medical or surgical processes need psychiatric evaluation or treatment. More studies about the approach of bipolar patients in these settings are needed.

**Objectives.**– To describe the main clinical features of bipolar patients according to DSM-IV-TR criteria attended by a CLP service in a general hospital.

**Methods.**– Retrospective analysis of clinical records of patients treated by CLP service of Hospital Clinic of Barcelona over a 10-year period (from January 2005 to December 2014).

**Results.**– Over a 10-year period, 187 bipolar patients were asked for consultation and 51,3% were men. On average, they were aged  $56.5 \pm 15.1$  years old. 78.1% of them had psychiatric history of bipolar disorder, and 25.7% of patients were referred from a General Medicine service. The most common physical problems were intoxications or poisonings (16.6%), infections (10.7%) and fractures (9.1%). Some of the reasons for referral were suicide attempt or

risk (13.4%), anxiety (2.7%), depression (2.7%), psychosis (3.7%) and treatment adjustment or mental state examination (62%). Regarding the main pharmacological treatment, 39% received mood stabilizers, 8.5% antidepressants and 41.1% antipsychotics. At discharge, 69.5% were linked to a mental health consultation and 13.4% were admitted to the psychiatric department.

**Conclusions.**– According to previous data, 21.9% of patients were diagnosed of bipolar disorder by our CLP service. Suicide attempt or risk assessment is a frequent reason for referral in a CLP service, being the main reason in 13.4% of bipolar patients. In 13.4% of cases from our sample an admission to a psychiatric department was needed.

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

EV0036

### **PDW and RDW are new parameters for bipolar subtypes and unipolar depression**

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**Introduction.**– Although bipolar disorder and unipolar depression are complex and multifactorial mental disorders characterized by mood swings, disability and impaired quality of life, pathophysiologies of both disorders are not fully understood and without an adequate biological explanation. In this context, interest in the etiology of these disorders has been increasing.

**Methods.**– Between January 2016 and January 2017, in our study a 69 patients with manic episodes of bipolar disorder, 60 patients euthymic episodes of bipolar disorder, 70 patients with unipolar depression and 60 sex-matched healthy volunteers (control group) were retrospectively analysed. PDW, RDW and platelets levels were measured in four groups.

**Results.**– In our study, 199 patients and 60-control group were included. There were no differences between the patients and the healthy control group participants in terms of age and sex. Bipolar subtypes and unipolar depression patient group was statistically significantly different from the healthy control on RDW, PLT and PDW.

**Conclusion.**– Our study is the first in the literature in terms of comparing the measure of blood PDW, RDW and platelet levels in bipolar subtypes, unipolar depression and healthy control groups. We believe that levels of PDW, RDW and platelet can be used as a novel marker for bipolar subtypes and unipolar depression. With it, advanced, detailed and larger prospective clinical studies are required to confirm these findings.

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

EV0037

### **Association of multiple sclerosis and bipolar disorder: A case report**

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**Introduction.**– Multiple sclerosis (MS) is an autoimmune condition, which affects central nervous system causing neural demyelination and degeneration. It causes impairments in sensation, motor function, and cognition. Patients with MS develop neuropsychiatric symptoms during the course of the disease such as: depression,

anxiety, apathie, disinhibition, hallucinations, euphoria and bipolar disorder (BD).

**Objectives.**– We aim to illustrate the comorbidity of multiple sclerosis with bipolar disorder.

**Methods.**– A case report and a review of literature.

**Results.**– Mrs A.B.H is 29 years old. The patient was diagnosed with multiple sclerosis in her remitting-relapsing form, at the age of 20. She was treated with interferon (beta 1a). Two years after the diagnosis of MS, the patient was hospitalized in psychiatry department for the first time, for a manic episode with psychotic features, that occurred simultaneously with a relapse of her immune disease. She was treated with haloperidol and valproate. The patient was hospitalized 6 times for manic relapses always following the cessation of her treatment. the prevalence of bipolar disorder in multiple sclerosis at the time of diagnosis and across time was estimated to 16%. BD is twice as common in MS. It can be explained by a biological and inflammatory mechanism and also by emotional distress from being diagnosed or living with a chronic medical condition.

**Conclusion.**– Among individuals with multiple sclerosis (MS), mental health comorbidities damage the quality of life and play a significant role in contributing to secondary disability.

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

EV0038

### **Memory evaluation in bipolar disorder patients**

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**Introduction.**– Memory plays a very important role in cognition and is often equated with it. The memory impairment during the symptomatic phase of bipolar disorder is well documented e but few studies that have an interest in mood stabilization. The goal of this study was to assess memory function in euthymic bipolar patients s comparing with controls.

**Subjects and methods.**– A cross sectional study case-control, conducted among 50 bipolar patients and 50 euthymic subjects healthy volunteers matched *selon l'âge*, sex and educational level. The evaluation of the memory is based on e 3 validated scales: Hopkins verbal Learning Test (HVLT) of the e Span test figures and e test categorical semantic verbal fluency.

**Results.**– The evaluation by HVLT showed a mean score of the total immediate recall chez bipolar patients significantly lower than in controls (6.80 vs. 21.98 + 23.82 + 3.707, P=0.048). The average score of the span direct numbers of patients and the control subjects were comparable (4.78 ± 1.18 vs. 4.80 + 1.01, P=0.66). The evaluation of memory testing by efluence verbal categorical semantics showed an average of better words generated significantly in control subjects (P = 0.004).

**Conclusion.**– This work has shown impairment of memory function in bipolar patients even if PHA mood stabilization. The presence of these residual cognitive impairment is associated with a lower level of functioning and then with a poor prognosis.

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

EV0039

### C-reactive protein level in tunisian bipolar patients

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*Introduction.*– Studies exploring the relationship between serum levels of CRPus and bipolar disorder (TB) are few and inconclusive.

*Objective.*– This study was to evaluate serum levels of CRPus in 50 euthemic bipolar patients compared to a control group.

*Subjects and methods.*– This is a cross-sectional study among 50 bipolar patients and euthemic 50 witnesses volunteers and healthy subjects matched for age and sex. The assessment is made using a questionnaire exploring the socio-demographic and clinical data and ladders psychomé internationally validated cudgels.

*Results.*– The average rate of the CRP us in bipolar patients was  $2.82 + 3.04$  mg/l (0.53 to 9.66) versus  $1.63 \pm 2.22$  mg/l (0.61 to 7.20) in controls ( $P=0.03$ ). The rate of CRPus did not seem to be affected by the age of disease onset ( $P=0.31$ ), disease duration ( $P=0.45$ ), the type of mood stabilizer ( $P=0.17$ ) or the mean dose of antipsychotics ( $P=0.36$ ). We have no significant correlation between the average rate of CRPus and the average scores of various psychometric tests used in the clinical evaluation.

*Conclusion.*– Our study showed that the rate of CRPus Significant, is higher in euthemic bipolar and does not vary with socio-demographic and clinical parameters which means it is a parameter of the disease.

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

EV0040

### The art of wellness

K. Hines

The Kevin & Margaret Hines Foundation, Brain Health & Wellness,  
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Kevin shares his story of hope and celebration of life. Kevin Hines is a mental health advocate, global speaker, best-selling author, documentary filmmaker and entrepreneur who reaches audiences all over the world with his story of an unlikely survival and his strong will to live. Two years after he was diagnosed with bipolar disorder (at 19 years of age), he attempted to take his own life by jumping from the Golden Gate Bridge. 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.

Kevin discusses his evidence informed recovery toolkit which plays a crucial role in his recovery. He shares his process for wellness, resilience and recovery. In order to be self-aware and cognizant of his mental wellness, Kevin has developed a 10 step regimen to stay on track and monitor the signs of falling off track. Clinical studies are discussed that prove why these are important to maintain wellness for everyone, not just those with a diagnosed mental illness. Audiences come away with a knowledge of how to build their own toolkit for maintaining their mental wellness, as well as the wellness of their loved ones.

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

EV0041

### The effectiveness of attention process training on sustained attention deficit in partially or remitted patients with bipolar mood disorder

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*Introduction.*– Impaired sustained attention is a robust feature of the manic and depressive state and sustained attention deficit persists during the euthemic phase of bipolar mood disorder and disrupting the patients' function.

*Objectives.*– The aim of present study was to investigate the effectiveness of attention process training on deficits in sustained attention in bipolar patients.

*Methods.*– The participants of this study were six bipolar patients which were treated with mood stabilizers in Amirkabir hospital, Arak, Iran. Participants were assessed at baseline, during treatment, and 1 month follow-up. Participants after various baseline spots (3,5, and 7 spots) were randomly arrived to attention process training program, that consisted of 15 20-minute sessions twice a week. Sustained attention was measured by continues performance test. Data were analysed based on recovery percentage and visual inspection.

*Results.*– All participants showed fewer Omission and Commission errors after intervention. Percentage of Non-overlapping Data (PND) for all cases was above 76%. All participants showed better performance in reaction time. Percentage of Non-overlapping Data (PND) for all cases was above 66%.

*Conclusion.*– It seems that attention process training can be an effective supplementary treatment for improving sustained attention deficit in patients with bipolar mood disorder.

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

EV0042

### Bipolar Mood Disorder (BMD) is the result of ambiguity between master and slave circadian oscillator

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*Introduction.*– Circadian system derangement is generally accepted as pathogenesis of BMD without clear mechanism.

*Objectives.*– Here we present an elegant illustrative algebraic model that incorporates multiple genes (multiple oscillators that prevent chaos) in the pathogenesis of BMD.

*Methods.*– The circadian genes CLOCK/BMAL1 heterodimer within the suprachiasmatic nucleus is regarded as the master oscillator with a nearly curve of  $y = a \sin x + b$ . Light/darkness from ganglion retinal cells affects it as noise (<5%) without changing periodicity; hence  $y = \Omega (ne^x + b) + a \sin x$ . Superimposition oscillating functions can change the pattern of periodicity and even abolish or negate periodicity of others. The master oscillator has suppressing effect on 3 slave oscillators. We suggest that alternating reigning of the master and slave oscillators can cause a dying curve in the form of  $Y = f(e^t)g(\sin 1/t) + \zeta(b)$  where  $t$  is time and  $f$  and  $g$  are two functions typical for master and slave oscillator and  $\zeta(b)$  the effect of

light/darkness which in contrast to the previous situation is not negligible. This causes the disease course unpredictable. Alternate reigning of master and slave oscillators is due to:

- mutation in the master with longer periodicity;
- mutation in the master with no suppressing effect on slaves;
- mutation in the slave with less sensitivity to the suppressing effect of the master;
- mutation in the slave with shorter periodicity than the master.

*Results.*– Disease course and subtypes can be predicted by the curve behaviour.

*Conclusions.*– Based on the above, mathematical biology can find relevance in treatment strategies.

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

EV0043

### **Bipolar Mood Disorder (BMD) can be classified into 4–5 broad molecular categories based on parametric oscillation theory and signs and symptoms**

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*Introduction.*– Correlation of molecular basis of multiple oscillators with different clinicopathologic presentation of BMD spectrum is lacking.

*Objectives.*– We present an elegant illustrative algebraic model that incorporates multiple genes (multiple oscillators that prevent chaos) in the pathogenesis of BMD.

*Methods.*– Based on 73 patients literature review we have differentiated 4–5 disease activity patterns. A divergent model of one master circadian oscillator in the suprachiasmatic nucleus (CLOCK and BAML1 heterodimer) + at least 4 slave oscillators (neuronal PAS domain protein 2, Rora, Rev-erb, and CSNK1E) and the downstream effector genes PER1, PER2, PER3, CRY1, CRY2, Teneurin 4, NCAN (Neurocan), GSK3-b and casein kinase I epsilon were designed to highlight both heterogeneity in regard to genetics and presentation.

*Results.*– Five patterns of disease activity curves with the appropriate molecular explanations:

- Master oscillator mutation (below 75% activity): One attack, rare exacerbations, near normal inter interval mental social functioning.
- Major mutation of the master oscillator and ambiguity between master and slave oscillator: Frequent attacks with inter interval derangements.
- Hyperactive mutant of slave oscillators and suppression of the master oscillator: One major attack and no apparent remission with a wide range of signs (even contradictory) alternating in prominence.
- Master oscillator mutant with higher activity: Change of the innate frequency.

Mutation in one or two downstream genes (i.e. GSK3-b, Per, CRY, NCAN: A diagnostic dilemma, mild continuous signs and symptoms without attacks; overlap with borderline or schizotypal personality disorder or transient simple schizophrenia disorders.

*Conclusions.*– Finding molecular correlation with disease subtypes and activities is possible.

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

EV0044

### **General results of personality scores of bipolar patients studied by MCMI-III during inter-attack periods and relevance to clinical course**

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*Introduction.*– The global functioning of bipolar patients between attacks is not fully delineated.

*Objectives.*– Evaluation of relevance of personality tests for BMD and finding correlations in addition to risk factors.

*Methods.*– Thirty three patients during inter attack interval and 45 normal volunteers were evaluated by way of the MCMI-III. All of them were under treatment with Lithium.

*Results.*–

- There were overall higher scores in schizotypal, borderline, narcissistic, histrionic and self-destructive personalities among BMD patients compared to the control group.  $P < 0.03$ .
- With the BR score of 72, all (33 out of 33) patients fulfilled the diagnosis of at least one of the personality disorders.  $P < 0.04$ .
- Borderline personality had the highest correlation with BMD and after scheduled interview 22 of 33 patients fulfilled the criteria for it.  $P < 0.1$ .
- Presence of high scores in apparently contradicting personalities such as Obsessive-compulsive and histrionic or narcissistic and dependent or avoidant and histrionic were also encountered.  $P < 0.02$ .

*Conclusions.*– Although many patients with BMD show normal functioning during inter attack intervals they fulfill the criteria of some personality disorders. This is in concordance with our idea that BMD spectrum has correlation with personality disorders in a subgroup that has mutations in the downstream genes (glycogen synthase kinase3-b (GSK3-b), casein kinase I epsilon, NCAN, PER1, 2, 3 or CRY1, 2 . . .) rather than master circadian oscillators (CLOCK/BMAL1). They do not show full blown symptoms but remain aberrant with subclinical attack like fluctuations. Besides, presence of criteria of apparently contradicting personalities might also be a sign of ambivalent “Weltanschauung”.

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

EV0045

### **Clinical differences between bipolar disorders I and II**

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*Introduction.*– The Bipolar disorder (BD) is a chronic mental disorder, which have highly incapacity and negative consequences on the patient. The main clinic is based on severe mood changes. The manic or hypomanic episodes are the ones that determine the diagnosis, which will be interspersed by depressive episodes. In the case of BD I we will observe manic episodes, and in BD II, hypomanic episodes.

*Objectives.*– The objective is to provide a bibliographic review of the clinical differences between bipolar disorders types.

*Methods.*– A systematic review from the literature has been carried out by Pub Med/Medline (keywords bipolar disorders, subtypes, clinical).

**Results.**– DBI: Patients present at least one episode of mania and may have a depressive episode. The prevalence is 0.6%. We can observe psychotic symptoms. They have more severe episodes, but longer interval between episodes, so the quality of life is better. The age of onset of the symptomatology is earlier.

**DBII.**– Patients present episodes of hypomania, and depressive episodes. The prevalence is 0.4%. There are more susceptible to sub-depressive states, to chronic depression and the interval between episodes is usually lower. There is increased comorbidity with alcohol abuse and other mental disorders, such as personality disorder. here is more genetic influence in type I than in type II.

**Conclusions.**– There are important differences between the I and II, which must be known to perform a correct diagnosis and approach of the patient. Type II is not a “light version” of TB I. Both are chronic pathologies, and in most cases incapacitating.

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

EV0046

### Automated analysis of verbal fluency performance in patients with bipolar disorder

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**Introduction.**– Verbal fluency tasks (VFT) are a widely used neuropsychological tool for assessing spontaneous word production under restricted rules—usually starting with a given letter or semantic category. Although only the number of words is usually considered, VFT are thought to tap at least two cognitive components: lexiEVsemantic processing and executive function. Both are reportedly impaired in bipolar disorder (BD). Automated techniques have been increasingly used to assess semantic organization of verbal performance. However, to our knowledge, such techniques have never been applied to VFT in BD across different mood episodes.

**Methods.**– Overall, 83 patients with BD – 25 manic, 12 mixed manic, 19 mixed depressed, 17 depressed, and 20 euthemic – and 31 controls were recruited. Participants were administered clinical questionnaires, and the letter and semantic VFT. Performance on VFT was analysed using clustering algorithms which incorporated Latent Semantic Analysis (LSA) – a computational technique in natural language processing—to quantify semantic similarity.

**Results.**– The number of clusters in both VFT conditions differed significantly among groups. Post-hoc Tukey analyses showed that depressed and mixed manic patients produced fewer clusters than controls in the semantic task and letter task, respectively. Correlations between two human-scored clusters and automated clusters were high ( $r > .70$ ), suggesting good face validity.

**Discussion.**– Preliminary results show promising evidence that automated analyses of verbal performance can differentiate states in BD, and also give insights into the relationship between semantic anomalies and clinical symptoms.

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

EV0047

### Typical and atypical antipsychotics in acute mania: Comparison of effectiveness

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**Introduction.**– Mania is challenging to treat. Typical antipsychotics may be more efficient compared with atypical antipsychotics, however, with unfavorable side effects.

**Objectives.**– To investigate the course of acute manic episodes and the correlation between change in severity of mania by type of antipsychotic treatment.

**Methods.**– This retrospective case record study included patients admitted with mania (International Classification of Diseases 10<sup>th</sup> revision code F30, F31.0, F31.1, F31.2 or F31.6) at the Department of Affective Disorders, Aarhus University Hospital from 2013–2016. The dose of typical and atypical antipsychotics was standardized as defined daily dose according to the World Health Organization's guidelines. The severity of mania was measured daily with the Modified Bech-Rafaelsen Mania Scale (MAS-M). We applied a linear regression in a mixed model.

**Results.**– We included 56 admissions. MAS-M varied between patients—both daily variation and change over time. Patients receiving typical antipsychotics had a higher baseline MAS-M, more recent admissions, more mechanical constraint and higher dose of antipsychotics. The daily change in MAS-M score was -0.18 points/day for typical antipsychotics and -0.22 points/day for atypical antipsychotics. Thus, the MAS-M reduction-rate was 0.04 (95% CI 0.02; 0.06) points/day higher in the group receiving atypical antipsychotics only (adjusted for age, gender, mechanical constraint and dosage of antipsychotics).

**Conclusions.**– The improvement-rate of mania was similar in the two groups which supports a preference for atypical antipsychotics to reduce risk of severe side effects. The results may reflect confounding by indication.

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

EV0048

### Bipolar disorder and behavioral addictions

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**Background.**– Behavioral (or non-chemical) addictions can be explained as disorders characterized by repetitive behaviours beyond the control of the person. Few studies have looked for the potential association of behavioural addictions and emotional disorders. Behavioral addictions can be explained as disorders characterized by repetitive behaviours beyond the control of the person.

Few studies have looked for the potential association of behavioural addictions and emotional disorders.

**Aims.**– To study the sociodemographic characteristics among patients with bipolar disorder comorbid to any kind of behavioural addictions and set up then a profile of these patients.

**Methods.**– The sample is made of 100 patients with behavioural addiction in at least one field. These patients are consultants (outpatients) or are hospitalized (inpatients) at Arrazi psychiatric Hospital. We did a symptoms screening of mood disorders in these patients. Screening instrument: MINI (Mini International Psychiatric Interview) These patients have been compared to a control group.

**Results.**– About 80% of patients with behavioural addiction have been diagnosed with a bipolar disorder, especially manic episode. Behavioral addictions are more frequent in bipolar patients than in controls. This association can be explained by high levels of impulsivity and individual and social immaturity.

**Conclusion.**– Bipolar disorder poses a risk to the individual's physical and emotional well-being. Those afflicted with bipolar disorder have a higher rate of relationship problems, economic instability, accidental injuries and suicide than the general population. They are also significantly more likely to develop a behavioural addiction as well as to drugs or alcohol.

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

EV0049

### A gender perspective in bipolar disorder

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**Introduction.**– In connection with Bipolar Disorder, some gender differences are known. Evidence has reported an increased risk of type II Bipolar Disorder in women. There are also differences in associated diagnoses, so alcohol abuse is more frequently present in men and anxiety disorders in women. No differences were found in prevalence, incidence, age of onset, severity of symptoms or suicidal behaviour.

**Objective.**– To study whether there are differences in relation to diagnosis, age, number of admissions, average hospital stays or toxic consumption between women and men with Bipolar Affective Disorder.

**Methods.**– Descriptive, epidemiological and retrospective study that analysed the medical histories of all hospitalized patients with a diagnosis of type I and II Bipolar Disorder, Schizoaffective Disorder and Bipolar Disorder induced by substance or medical condition in the Hospitalization Mental Health Unit of Seville (between January 2013 And December 2016). Variables collected: age, sex, residence (urban or rural), number of admissions, mean hospital stay and toxic consumption. SPSS was used for statistical analysis.

**Results.**– Out of a total of 2953 admissions, 88% had one of the referral diagnostics. 56,5% were female and 43,5% were male. There were no statistically significant differences in relation to age, diagnosis, residence, number of admissions or length of hospital stay. There was statistically significant difference ( $p < 0.05$ ) in relation to

toxic consumption, finding that the percentage of toxic-consuming patients is higher in males.

**Conclusions.**– We could observe variations in each gender that should be taken in account when addressing the Bipolar Condition holistically, so further studies on gender in Bipolar Disorder are necessary.

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

EV0050

### Mania with psychotic symptoms after malaria prophylaxis with atovaquine-proguanil

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**Introduction.**– Although rare, psychiatric symptoms have been associated with the use of antimalarial drugs, mainly with quinolones. Mood disorders and acute psychosis can occur. Newer antimalarial classes are less known to cause psychiatric adverse effects. The association of Atovaquine and Proguanil (Malarone<sup>®</sup>) is currently widely used, but published reports on its psychiatric side effects are scarce.

**Objectives.**– Case report of a manic episode with psychotic symptoms following malaria prophylaxis with Atovaquine-Proguanil, with complete remission of symptoms after the interruption of the drug association. Literature review about the clinical case.

**Methods.**– Case report was prepared with data obtained from clinical files. Literature review was made using Pub med database. Specific terms were searched: Atovaquine/Proguanil Hydrochloride; antimalarial; neurotoxicity; mania.

**Results.**– A 27-year-old woman, without previous psychiatric history, was prescribed Atovaquine-proguanil as malaria prophylaxis five days before she presented to the psychiatry emergency room with a clinical picture compatible with mania with psychotic symptoms. She was given haloperidol 5 mg IM and she was discharged with a prescription for haloperidol 3id and indication for suspension of the antimalarial therapy. She suspended haloperidol the next day. On the second day after the visit to the ER there was a complete resolution of all symptomatology.

**Conclusions.**– This clinical report calls the attention of clinical teams to a still unknown and rare association between psychiatric symptoms and malaria prophylaxis with Atovaquine-proguanil. The complete resolution in few days without a sustained antipsychotic therapy strongly suggests that the clinical picture was an adverse effect of the drug and not a primary psychiatric disease.

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

EV0051

### Bipolar disorder and emergency, the role of LAIs

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The psychiatric emergency is an important clinical practice, it is necessary to know what are the most frequency pathologies that visit us to improve our attention and to avoid this kind of attention and also the ingress.

*Methods.*– We analysed all the patients that visit to emergency in our hospital, first of all we build a data base and then we analysed these data with SPSS program.

*Results.*– In this year 1143 patients have been attended in our emergency (95,25 patients/month). We choose a random month (January), in this month 52% were people between 30–49 years old, 44% were women. Years. One of the most important and frequent reasons for visiting an emergency room (and even precipitating hospitalization) is that the patients leave the treatment and that precipitates decompensation of the underlying pathology. In the case of bipolar disorder it is not an exception

*Conclusions.*– After having analysed this population of bipolar disorder we concluded that we need treatments than improve the adherence (like injectable antipsychotics), decrease secondary effects and improve quality of live, and secondary decrease the need to go to emergency.

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

EV0052

### Transient ischemic accident during manic phase of bipolar disorder

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We present the case of a 45-year-old female patient diagnosed with type I bipolar disorder, who entered psychiatry due to behavioural disturbance, disorientation and possible psychopathological decompensation. She was diagnosed with bipolar disorder since 2012, type II diabetes, dyslipidemia and hypertension. She had been hyperthymic, irritable, insomnia, very disorganized and incoherent language. During admission with the readjustment of psychopharmacological treatment, there is evidence of an improvement in clinical status; but abruptly it begins again with symptoms of disorientation, including memory loss, requiring consultation by Neurology. Cranial Magnetic Resonance showed small ischemic subcortical lesions dispersed by supratentorial white matter. Given the history of cardiovascular risk and the persistence of disorientation intermittently, a neurological study of the patient was necessary, demonstrating the existence of brain lesions. Numer-

ous psychiatric symptoms are common in patients with lesions in the Central Nervous System, so it is important to carry out the differential diagnosis, since the symptoms of psychopathological decompensation can mask the physical condition. In this case it could be epileptic seizures, cerebrovascular disease or drug abuse, concomitantly with the manic episode. Finally, with the complementary tests and the neurological study performed, it was determined that they were transient ischemic accidents. In this case we chose to use asenapine, because of its intermediate risk of metabolic syndrome, unlike other antipsychotics, and due to the intolerance to extrapyramidal effects risperidone that she had previously experienced.

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

EV0053

### Verbal fluency in patients with bipolar I disorder

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*Introduction.*– Cognitive deficits are present in bipolar I disorder (BDI) during the acute phase of illness and euthymic Areas such as attention, memory and executive function are involved. Verbal fluency (VF) tasks afford rapid and reliable assessment of both verbal ability and executive functions. Studies using these tasks have however yielded discrepant results.

*Objectives.*– Determine the extent of the VF impairment in euthymic BDI patients. Explore the effect of clinical and treatment-related parameters on VF.

*Methods.*– Twenty five euthymic patients with BDI were matched to 25 healthy community controls. Demographics, clinical characteristics and current treatment were collected. Letter and category tasks have been applied. VF was assessed in BDI patients and compared with healthy individuals.

*Results.*– BDI patients were male in 60% of cases. The mean age was 40 ± 8 years. Forty eight per cent of the patients were single. Among our cohort, 16% had university level and 28% had stable professional activities. The mean age at onset was 22 years and the mean length of illness was of 14 years. The number of hospitalizations had a median value of 4. Twenty four patients received mood stabilizer and 20 patients received antipsychotics. As compared to the control group, BDI patients reached significantly lower scores in both letter ( $p = 0.003$ ) and category tasks ( $p < 0.001$ ). We didn't found any significant relation between clinical and therapeutic features and cognitive deficits in BDI patients.

*Conclusion.*– VF impairments are observed in BDI and seem to be independent of clinical and therapeutic factors.

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

EV0054

### Psychoeducation in bipolar disorder: A case study

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*Introduction.*– Bipolar disorder is a chronic, recurrent, life-long disease that requires treatment. Because individual and social adjustment is difficult, and morbidity and suicidal risk are high, careful consideration of the patient and family is required. It

is stated in the literature that the application of psychoeducation besides the medication applied to the patient improves the adaptation process of the patient and the number of recurrent hospitalizations decreases.

**Objectives.**– This study was conducted to evaluate the efficacy of psychoeducation applied to the patient in the manic period who uses her drugs irregularly, spends her money uncontrollably, needs to newly recognized people easily, needs to travel frequently, and is hospitalized recurrently.

**Methods.**– 10 sessions of psychoeducation were applied to the patient once a week and 'Young Mani Assessment Scale' was used to evaluate the manic condition of each patient. In the psychoeducation, information about the biological nature of the patient's illness was assessed, the patient's stratification was assessed, the natural coping mechanisms of the patient were defined, the existing support mechanisms were actuated, the family process was assessed, and the contents were regulated according to the patient's individual characteristics and disease findings.

**Results.**– The awareness of compliance with the drug use, belief in healing, and illness symptoms has increased after the psychoeducation. Recurrence was not observed in the patient after discharge.

**Conclusion.**– It has been observed that adaptation to the illness has increased and psychoeducation practice is recommended together with drug treatment.

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

EV0055

### **Use of benzodiazepines and hypnotics in maintenance phase of patients with bipolar disorder in an outpatient setting**

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**Background and aims.**– Guidelines for the maintenance treatment of bipolar disorder generally do not include the use of hypnotics, in particular benzodiazepines. In the acute phase of mania, benzodiazepines are useful for anxiety, agitation and insomnia. The aim is to describe the use of hypnotics in patients with bipolar disorder in remission seen at an outpatient clinic in Singapore.

**Method.**– The case notes of patients with bipolar disorder in remission, seen by a single psychiatrist (author) in an outpatient bipolar disorder clinic in a general hospital unit from Dec 2014 to Mar 2015 were studied. Data describing the age, sex, type of bipolar disorder and psychotropic medications prescribed, was obtained.

**Results.**– Overall, 42 patients were included, of which 13 (31%) were male and 29 (69%) were female. The age ranged from 23 to 82, with mean age of 47 years. Of these 17 (40%) had Bipolar I and 25 (60%) had Bipolar II. There were a total of 12 patients on long-term use of hypnotics (28.6%). Of these 4 were Bipolar I and 8 were Bipolar II. There were 6 patients on benzodiazepines; 1 on zolpidem; 1 on hydroxyzine; 1 on both benzodiazepines and zolpidem; 2 on both benzodiazepine and hydroxyzine; 1 on zolpidem, benzodiazepines and hydroxyzine. There was no pattern of escalating usage of hypnotics in all of them.

**Conclusion.**– About one third of the patients were prescribed hypnotics as adjunctive medication for maintenance treatment, mostly on benzodiazepines.

**Keywords:** Bipolar disorder; Maintenance treatment; Benzodiazepines and hypnotics

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

EV0056

### **Internet psychoeducation in bipolar patients (e-PROBAD)**

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**Objective.**– The internet is an important source of information and exchange for patients and can exert considerable influence on their health-related behaviours and decisions. Internet-based therapy typically involves the interaction between a consumer and therapist via the Internet and incorporates the use of a structured Web-based treatment program for consumers to access in conjunction with therapist assistance (usually by email). Over the past decade, Internet-based treatments have been found effective for a variety of physical health conditions and mental health disorders, such as headache, encopresis, tinnitus, depression, panic disorder, social phobia, GAD and posttraumatic stress disorder.

**Aims.**– The purpose of this open study will be to test the efficacy of therapist-assisted internet 12 module 4 month long self-help program based on cognitive behavioural approach (IB-CBT) with the treatment as usual (TAU) for bipolar affective disorder patients who are medicated with thymostabilisers.

**Method.**– Participants who recruit from the patients of the Psychiatric clinic Olomouc at time of start the maintenance pharmacological phase of the treatment of bipolar affective disorder will be randomized to the TAU (treatment as usual) and IB-CBT (12 modules of internet based CBT+ TAU). All participants will complete a clinical diagnostic interview, and a set of questionnaires to assess affective symptoms at four time periods (start of the maintenance treatment period and at follow up: 6 month, 12 month and 24 month). The study will be done in open conditions.

**Results.**– The results from the start of the maintenance treatment period will be present.

**Disclosure of interest.**– Supported by grant IGA MZ ČR NT11047.

EV0057

### **Diagnosis of late-onset bipolar disorder in a patient with history of lacunar thalamic stroke**

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**Introduction.**– Bipolar disorder (BD) is an affective disorder. Although sparse, published information regarding BD following stroke is increasing in recent years. A few cases of late onset bipolar disease have been described as a consequence of lacunar ischemic lesions, specifically those affecting the basal ganglia and the thalamus. Recent studies have also implied that intrinsic brain functional connectivity may play a role in bipolar disorder pathophysiology.

**Objectives.**– We aim to present a clinical case of secondary BD following stroke, which represents a possible link with Default Mode Network.

**Methods.**– A literature review was made using Pub Med and Clinical key databases.

**Results.**– A 55-year-old Caucasian woman with no previous psychiatric history complained to her Family Doctor about depressive mood, hypersomnia and anhedonia. Symptoms appeared one year after a stroke with a lacunar lesion involving the thalamus and the posterior arm of the right internal capsule. She was prescribed Paroxetine 20 mg with improvement. Four years later she displayed hypomanic symptoms and was medicated accordingly, with non-compliance to treatment. After three years, she was admitted to a Psychiatric Unit with dysphoric mood, pressure of talk, increased energy, flight of ideas, grandiose and mystical delusions and lack of insight.

**Conclusions.**– This case suggests a significant role of stroke-associated lacunar thalamic lesions in late-onset bipolar disorder, underlining the importance of searching for brain injury in such patients. The findings of this case are coincident with the most recent evidence regarding brain function connectivity in mood disorders.

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

EV0058

### Possible predictors for suicide attempts in mood disorders

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**Introduction.**– Bipolar, schizoaffective and recurrent depressive patients have a high risk for suicide attempts, especially during the acute episodes. Discovering possible early predictors is essential for preventing suicide attempts.

**Objectives.**– To compare the patient groups and identify early predictors for suicide behaviour.

**Methods.**– 69 patients diagnosed with recurrent depressive disorder, 59 patients diagnosed with bipolar affective disorder and 64 patients diagnosed with schizoaffective disorder, according to ICD-10 diagnostic criteria, admitted in the Timisoara Psychiatric Clinic between 2009 and 2017 for depressive episodes were selected for this study. Patients were assessed with the MINI Interview, HAM-D-17 Scale, and the SCL-90.

**Results.**– The highest suicide attempt rate was found in the bipolar group. The schizoaffective group as well as the bipolar group showed positive correlations between suicide attempts and disorder duration and between suicide attempts and the “interpersonal sensitivity” item of the SCL-90, while in the recurrent depressive group we found a positive correlation between suicide attempts and the “anxiety” item of the HAM-D scale, which may indicate that higher anxiety could lead to more frequent suicide attempts.

**Conclusions.**– Bipolar affective disorder and recurrent depressive disorder patients are at a high risk for suicide. Early and efficient treatment coupled with identifying predictors for suicide may reduce suicidal behaviour.

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

EV0059

### MHPG as a biomarker for bipolar disorder

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**Introduction.**– The lifetime prevalence of bipolar disorder is about 4%. Bipolar disorder has many clinical implications, such as high rates of suicide. Using blood levels of a biomarker should be a very useful tool in clinical practice to know if a patient is in remission or not. Several biomarkers have been studied among the past decade. 3-methoxy-4-hydroxyphenylglycol (MHPG) is a metabolite of noradrenaline. This metabolite is reduced in plasma levels after treatment with antipsychotic drugs.

**Methodology.**– A review was conducted aiming to clarify the relationship between MHPG and affective disorders, including depressive and manic disorders. The literature search was conducted in Pub Med data reviewing articles dating between 2009 and 2015.

**Results.**– 1. MHPG levels in plasma are related with noradrenaline levels in the brain. 2. Higher levels of MHPG are related with manic states. 3. Low levels of MHPG are associated with higher rates of depression. It could also be related with higher rates of suicide.

**Conclusions.**– The MHPG level is likely to reflect the clinical characteristics of the switch process in bipolar disorder, and has prognostic significance for the treatment of manic and depressive states. The MHPG level is associated with the severity of the illness. The MHPG level can vary from one individual to another, it is important to know each patient’s levels from one to another state. There are no studies with high evidence on this relationship, but it could be an useful marker with a significant clinical correlate.

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

EV0060

### Measurement and dimensionality of subjective well-being in bipolar disorder

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**Introduction.**– In bipolar disorder (BD), affective status is significantly associated with subjective well-being. That relationship is particularly significant for depressive symptoms. However, a “good” subjective well-being in manic patients mirrors the pathological euphoric mood.

**Objective.**– Analyze whether it is appropriate the use of the Subjective Well-Being under Neuroleptic Scale (SWN-K) among patients with BD.

**Method.**– Forty-nine outpatients were recruited. Subjective well-being was evaluated using the SWN-K. Current symptomology was rated using the Hamilton Depression Rating Scale (HAM-D) and the Young Mania Rating Scale (YMRS).

**Results.**– In our sample, there is a strong inversely correlation ( $|r| > 0.7$ ,  $p < 0.01$ ) between the score on the HAM-D and the total score on the SWN-K. HAM-D and SWK are linearly related and that relationship is inverse, declining an average of 2.46 points on the

SWN-K, for each point increase on the HAM-D. There is a modest direct correlation ( $0,30 \leq r \leq 0,70$ ,  $p < 0,01$ ) between the total score on the YMRS with the total score on the SWN-K. Both variables are linearly related and this relationship is direct, increasing an average of 0.94 points in the mental function subscale, for each point increase in the YMRS. In each subscale of the SWN-K is detected this relationship with the YMRS, and in all of them the relation is moderated and direct.

**Conclusions.**– Affective status is associated with subjective well-being in bipolar patients and that relationship is particular significant for depressive symptom. Further investigations are necessary to assess subjective well-being in acute mania, to determine whether SWN-K is a good tool for it.

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

EV0061

### **Introjections, projection and disintegration of the ego in paranoid paroxysms**

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Bipolar affective disorder is expressed differently according to the premorbid personality, which will also influence the evolution of the first axis disorder in terms of establishing the therapeutic alliance, compliance with treatment and social functioning.

**Objective.**– This case consider a bipolar affective disorder characterized by severe manic episodes with psychotic phenomena, alternating with moderate depression. I<sup>th</sup> axis disease overlaps with a paranoid personality, which imparts a particular function of the patient, both in illness and in remissions. The paranoid personality determines the legal-medical complications of the case more than its manic episodes, and the psychotic phenomena overlapped with severe mania are also the transition from paranoid to paranoid functioning, which requires a detailed differential diagnosis with delusional disorder.

**Methods.**– Hospitalization in a psychiatric service, study of legal documents, repeated psychiatric assessments for legal medical expertise, psychological examination, follow-up of psychotropic treatment, monitoring of therapeutic alliances and tremendous feelings in counter-transfer.

**Results.**– The patient presents a predominantly defined symptomatology at the level of thinking, affectivity and attitudinal behavioural sphere. The absence of phenomenology in the perceptual area and its translation to the thinking plane implies paranoid character. The function of the patient is dominated by delirious interpretations, tangentiality, multiple words meaning, denial and projection mechanisms, dysphoria, raptus potential, pulse fixations in pathological jealousy spectrum.

**Conclusion.**– The legal-medical complications of the case are mainly determined by its paranoid side and by the inability to disinvest what he loved, the manic episode giving him the power to act and to behave violently.

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

EV0062

### **Mania secondary to HIV: A case report**

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**Introduction.**– The World Health Organization (WHO) estimates that 37 million people were living with human immunodeficiency virus (HIV) at the end of 2016. HIV is a multisystem illness related to profound immune dysregulation, but it can also cause several neuropsychiatric disorders, such as cognitive impairment, behavioural difficulties or other psychiatric symptoms. Mania is an uncommon clinical presentation, but can complicate any stage of the infection and it has prognostic implications.

**Objectives.**– Clinical description of an acute mania episode secondary to HIV infection and description of the appropriate treatment used.

**Methods.**– Case report of a patient admitted in our Short-Term Hospitalization Unit.

**Results.**– Our patient was a 44-year-old, with 3-year history of HIV infection, admitted to our Unit due to an agitation episode and delusions. He had no prior history of psychiatric illness. The family reported he experienced progressive impairment during the last year. Psychiatric evaluation revealed religious and grandiose delusions, inappropriate affect and accelerated thinking and speech. It is diagnosed as a maniac episode and antipsychotic treatment (Haloperidol) is initiated, but due to extrapyramidal symptoms it is changed to Olanzapine 30 mg/24 h. Valproic acid 1500 mg/24 h was used as a mood stabilizer. He was discharged from the hospital on this treatment and on antiretroviral therapy and he continued follow-up.

**Conclusions.**– This condition is often undiagnosed because of its low prevalence. Early psychopharmacological treatment can improve the quality of life for these patients, due to enhanced adherence to antiretroviral treatment.

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

EV0063

### **Screening for psychiatric disorders with self-administered questionnaires**

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**Introduction.**– To improve diagnostic recognition, self-administered screening scales have been recommended. A problem with much of the research effort on screening scales is the confusion between diagnostic testing and screening. It is important for a screening test to have high sensitivity because the more time intensive/expensive follow-up diagnostic inquiry will presumably only occur in patients who are positive on the initial screen.

**Objectives.**– Investigators vary in how they analyze their data in determining the recommended cutoff score on a self-administered screening questionnaire. To illustrate this, in the present report we examined how often each of the different approaches towards determining a cutoff score on bipolar disorder screening scales were used.

**Methods.**– We reviewed 68 reports of the performance of the 3 most commonly researched bipolar disorder screening scales to determine how the recommended cutoff on the scale was derived. **Results.**– Most studies recommended a cutoff point on the screening scale that optimized the level of agreement with the diagnostic gold standard. Only 11 (16.2%) studies recommended a cutoff that prioritized the scale's sensitivity.

**Conclusions.**– It is important for clinicians to understand the difference between screening and diagnostic tests. The results of the present study indicate that most studies of the performance of the 3 most commonly studied bipolar disorder screening measures have taken the wrong approach in deriving the cutoff score on the scale for the purpose of screening.

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

## Child and adolescent psychiatry

EV0064

### Eating the teddy bear: A pica case report

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**Introduction.**– Pica is defined as the persistent eating of non-nutritive substances for at least one month. It occurs particularly in children and pregnant women. Pica has been associated with iron deficiency or serious affective deprivation.

**Objectives.**– We report a case of an 8-year-old girl with pica for foam rubber.

**Results.**– An 8-year-old girl was referred to child and adolescent mental health consultations after being treated in the hospital emergency department for abdominal pain and vomiting in which foam rubber content was detected. The patient admitted to having ingested part of a stuffed toy in the context of anxiety after receiving a reprimand from her parents for bad grades. The pica disorder as reported by parents starts at age 3 but they had not previously consulted. As a medical history the patient was born with intestinal malrotation that required surgical intervention. She also presented low levels of ferritin (7 ng/mL) and iron supplements were prescribed. The mother refers to difficulties in parenting and depressive symptoms during the first two years of life. The mother had an anxious bond with the girl with overprotection and guilt. These difficulties in relation to attachment and the anxious component of the mother may be influencing the child to eat the stuffed toys. Due to the anxiety component of the symptom, relaxation therapy and psychotherapeutic support consultations were recommended.

**Conclusion.**– Pica is probably a pattern of behaviour that responds to multiple factors. Many treatments have been described with varying responses. It is important to be aware of this common but often overlooked disorder.

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

EV0065

### Risk factors for Autism Spectrum Disorder (ASD) in Saudi Arabia

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**Introduction.**– Autism spectrum disorder (ASD) is a complex neurodevelopmental disorder with unknown etiology. Several studies have reported some environmental factors associated with developing ASD. However, there are only few studies addressing that in Saudi Arabia.

**Objective.**– To assess some of the environmental factors associated with ASD.

**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 filled by the parents. It contains several questions addressing demographics and evaluating potential risk factors in both, child and parents.

**Results.**– Presence of psychiatric disorders in the parents or their families were reported more in ASD group compared to controls with highly significant statistical difference. For instance, 10.4% ( $N=12$ ) of ASD group mothers had psychiatric disorder with only 1.0% ( $N=2$ ) in control group ( $OR=10.303$ ,  $p<0.0001$ ). Moreover, 23.5% ( $N=27$ ) of the ASD group father's family has a psychiatric disorder compared to only 2.2% ( $N=4$ ) in control group ( $OR=13.4224$ ,  $p<0.0001$ ). However, consanguinity marriage and parents mean age at time of child delivery was not statistically significant compared to controls. Complications during pregnancy of ASD group mothers were reported significantly higher (37.9%) compared to control group (10.7%) ( $OR=4.9978$ ,  $P<0.0001$ ). For example, 26 mothers (22.6%) in ASD group had gestational diabetes mellitus compared to 10 mother (5.6%) in control group.

**Conclusion.**– ASD was associated with some environmental factors. Such as, family history of psychiatric disorders and pregnancy complications.

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

EV0066

### Which side does the mass media take on the debate on ADHD?

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**Introduction.**– Information on health and disease is one of the priority interests of people in countries with high economic development. Increasingly, patients and their families seek information about it on the internet and on social networks.

**Objective.**– To conduct a qualitative analysis on the Tweets that refer to ADHD from the Twitter accounts of prominent US mass media outlets.

**Methods.**– Fifteen US news media outlets were selected and analysed. 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 ADHD (ex. ADHD from @nytimes). This study focused on the Tweets from 2007–2016.

**Results.**– Overall, 208 Tweets were selected and divided into four categories. 50 focused on general interest (“Common symptoms of women with ADHD”), 92 were testimonies from patients (“Simone Biles proudly opens up about having ADHD”), 38 revolved around scientific advancements (“Research shows Omega-3 fatty acids helped improve attention spans of boys with or without ADHD”) and 28 had a condescending tone towards these disorders

**Conclusions.**– The rise in ADHD diagnosis has been one of the most controversial issues in psychiatry in the past ten years. Twitter perfectly reflects this truth by presenting both sides of the argument. On one hand, users turn to Twitter to reinforce the existence of ADHD by giving personal testimonies and statements. Conversely, doubters use Twitter to not only express their disbelief in the disorder, but also attack both doctors and patients.

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

EV0067

### **Common mistake in a common case – Depression in Alzheimer disease – The usual suspect**

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**Introduction.**– Alzheimer disease (AD) is the most common type of dementia. The memory loss and the cognitive decline usually starts slowly and worsen over time. As a neurodegenerative affects people over 65–70 years old, and only rarely onset begins earlier of the fifth decade of life. Depression is a symptom of dementia or it's often met as a prodromal stage of AD.

**Objectives.**– Herein we present a case old a 58year-old man who get the diagnosis of depression instead of AD.

**Methods.**– A 58year-old man, owner of a security company referred to a psychiatry due to “forgetfulness” and behavioural changes. His wife mentioned that he became anxious with sleep disturbances and also jealous. He admitted to have difficulties in many daily activities. He was diagnosed with depression and got a prescription for SSRIs. The next ten months he deteriorated and he was almost unable to work, to drive home alone, to pay the bills or to remember his appointments. The neurological examination with Mini Mental test and MoCa test, the CFS examination and brain MRI established the diagnosis of AD, excluding other causes of dementia. Cholinesterase inhibitors were prescribed.

**Results.**– This case although the patient's family remarked the memory decline the physician overlooked it and didn't include at the differential diagnosis dementia.

**Conclusions.**– Dementia has an insidious onset and psychiatric disorders, like depression, are a part of dementia's spectrum. Physicians should keep a high level of suspicion of AD to figure out if psychiatric symptoms are part of dementia or are isolated disorders.

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

EV0068

### **BMI reduction observed with outpatient use of clozapine, General Hospital of Santorini**

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**Background.**– The use of Clozapine, is widely linked in literature with an increase in BMI1 and consequent negative metabolic changes2. The protocol of outpatient initiation of Clozapine followed by the psychiatric department of our hospital allowed the observation of patients at their usual non-restrictive environment.

**Objective.**– To observe whether outpatients' BMI, starting on clozapine, would be affected by their treatment.

**Method-Material** To achieve this, an interview with the clinical dietitian was performed at the date of Clozapine initiation followed by monthly observations. The procedure was the same each time: BMI measurements were taken and the same sets of questions were asked about habitual nutrition, in the form of a food frequency questionnaire, appetite changes and physical activity routine. Data collected from 9 patients with treatment resistant schizophrenia. All were on depot treatment (thus excluding unsatisfactory response due to non-compliance) at the minute of initiation. They were observed for 6 months, by when the dose of clozapine had been fully adjusted by the psychiatrist.

**Results.**– An overall initial raise in BMI appeared at the first month, which declined the following months and then stabilized during the last month. By the end of the 6 month period, 7 patients' BMI was below their initial BMI. All patients mentioned raised appetites and physical activity that did not exceed the one before their treatment with Clozapine. No relation was observed between BMI reduction and PANSS score.

**Conclusions.**– Further research is needed to explain the unexpected BMI reduction at 6 months while appetite for food was being increased and physical activity remained unchanged

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

EV0069

### **Peculiarities of child-parent relations in Tuvinian families with children and adolescents suffering from behavioral disorders**

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**Introduction.**– Various factors influencing on formation of personality abnormalities in children include life style of parents and their

attitude toward their educative functions. Purpose of this investigation is study of peculiarities of child-parent relations in families with children and adolescents suffering from behavioural disorders.

**Methods.**– We have examined 76 boys and 18 girls at the age of 6–17 years, under counseling observation at dispensary unit of Republican Psychiatric Hospital of Republic of Tyva for hyperkinetic disorders (F 90–47.9% of cases) and behavioural disorders (F 91–52.1%). Verification of psychopathological disorders was carried out according to diagnostic criteria of ICD-10. Out of 94 patients–64 children lived in families, 30–at a boarding school, child home. We used clinical-psychopathological, psychological methods of investigation. With questionnaire PARI we have performed evaluation of educative style of mothers of 50 patients suffering from hyperkinetic disorders (28) and behavioural disorders (22).

**Results.**– Out of 23 analysed aspects-signs we have distinguished on both groups signs predominating according to scored evaluation, and namely: “Irritability”, “Suppression of aggressiveness of the child”, “Avoidance of communication with the child”, “Excessive restraint”, “Indifference of the husband”, “Dependence of the mother”. In addition, mothers of patients with hyperkinetic disorders had higher scores according to severity of such signs as “Excessive care”, “Sense of self-sacrifice”, “Dissatisfaction with the role of housewife”.

**Conclusions.**– Obtained results may be used as stimulus material during psychodiagnostic and psychocorrective work oriented at preventive rehabilitation of children and adolescents with emotional and behavioural disorders.

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

EV0070

### Relationship between the Rorschach Perceptual Thinking Index (PTI) and the Structured Interview for Prodromal Symptoms (SIPS) in a sample of helpseeker adolescents

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**Introduction.**– Rorschach Perceptual and Thinking Index (PTI) has been proved effective in differentiating adolescents at clinical high risk for psychosis from non-psychotic patients, evaluated with the Structured Interview for Prodromal/Psychosis-risk Symptoms (SIPS). However, the relationships between SIPS and PTI criteria have not been explored.

**Objectives.**– The aims of this study were to investigate the relationships between the five PTI criteria, their main variables (X-%; WSum6; M-) and the SIPS subscales (Positive, Negative, Disorganization and General Symptoms).

**Methods.**– A sample of 117 help seeking adolescents, 68% females, 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 Rorschach (according to the standard

Comprehensive System Method) and the Structured Interview for Prodromal Symptoms (SIPS).

**Results.**– PTI Total score and PTI1 significantly correlated with SIPS negative, disorganization and general subscales ( $r_s 0,2-0,4$ ;  $p < 0,05$ ); PTI2 with disorganization and general subscales ( $r_s 0,2-0,4$ ;  $p < 0,05$ ); PTI3 with positive subscale ( $r_s = 0,22$ ;  $p = 0,02$ ); PTI4 with positive, negative and disorganization subscales ( $r_s 0,2-0,4$ ;  $p = 0,02$ ) and PTI5 with disorganization and general subscales ( $r_s = 0,2$ ;  $p < 0,02$ ). WSum6 significantly correlated with positive and disorganization subscales ( $r_s = 0,2-0,3$ ;  $p < 0,01$ ); X- with disorganization and general subscales ( $r_s 0,2-0,3$ ;  $p < 0,02$ ) and M- with disorganization subscale ( $r_s = 0,2$ ;  $p = 0,02$ ).

**Conclusions.**– Rorschach PTI criteria and their main variables (X-%; WSum6; M-) show a mild to moderate correlation with specific SIPS subscales and might be helpful in identifying adolescents at risk for psychosis.

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

EV0071

### Alexithymia in a Tunisian adolescent population

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**Introduction.**– Alexithymia is not a diagnostic category included in any mental disorder but a multifaceted personality construct associated with various somatic or psychiatric disorders as well as non-clinical populations. This personality construct is characterized by four main features: 1) difficulty identifying and distinguishing emotions from bodily sensations; 2) difficulty describing and verbalizing emotions; 3) poverty of fantasy life; 4) externally oriented thinking. Alexithymia has been widely studied in adult populations. Although, research with adolescents is relatively limited.

**Objectives.**– To assess the prevalence of alexithymia in a population of adolescents and to determine some associated factors

**Methods.**– A cross-sectional study including 237 randomly recruited adolescents. Alexithymia was diagnosed using the twenty-item Toronto Alexithymia Scale (TAS-20).

**Results.**– The average age of participants was 14.77 and the sex ratio (M/F) was 0.96. The prevalence of alexithymia was 35.86%. The average score of TAS-20 was significantly higher in adolescents practicing sport (58.2 versus 54.76), using drugs (68.66 versus 56.39) and those who were dissatisfied with their body image (61.1 versus 55.8). Alexithymia was also correlated to younger age (age < 16 years).

**Conclusion.**– Our study has just shown that alexithymia is common among adolescents in our country and is a predisposing factor in the use of toxic substances. These results underline the need for screening and early management of alexithymia in our adolescents in order to protect them from involvement in conduct disorders.

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

EV0072

### Impulsivity in adolescents: What associated factors

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**Introduction.**– Impulsivity is a key concept for psychopathological states, especially among teenagers. Indeed, several problematic behaviours that arise during this period are associated with higher levels of impulsivity.

**Objectives.**– To assess the prevalence of impulsivity in a population of adolescents and to determine some associated factors.

**Methods.**– A cross-sectional study including 237 randomly recruited adolescents. Trait impulsivity was measured using the Barratt Impulsiveness Scale-11 (BIS-11).

**Results.**– The average age of participants was 14.77 and 51.1% of them were female. Thirteen adolescents participated in gambling. Of the participants, 93 (39.2%) had impulsivity-trait (score  $\geq 72$ ). The average BARRATT score was significantly higher in smoking adolescents (72.46 versus 67.83 in non-smoking;  $P=0.03$ ) and in gamblers adolescents (76.54 versus 67.91 in non-players;  $P=0.008$ ). The BIS-11's dimension "Cognitive Impulsivity" was also correlated to alcohol consumption ( $P=0.013$ ) and conflictual family environment ( $P=0.035$ ). There was no correlation between impulsivity and socio-demographic factors.

**Conclusion.**– The current study indicates that impulsivity, present in more than a third of our adolescents, constitutes a risk factor for using toxic substances and gambling.

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

EV0073

### **Anxiety and depression in adolescence**

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**Introduction.**– Anxiety and depression are often dismissed as developmentally normal components of a teenager's life. This perception may explain the lack of existing research on sub-clinical emotional difficulties in adolescence. They often occur and their comorbidity is common in children and adolescents.

**Objectives.**– To assess the prevalence and the comorbidity of anxiety and depression in a population of adolescents and to determine some associated factors.

**Methods.**– A cross-sectional study including 237 randomly recruited adolescents (age between 13 and 18 years). Depression and anxiety symptoms were assessed by the Hospital Anxiety and Depression Scale.

**Results.**– The average age of participants was 14.77. More than one-third of adolescents (39.24%) had a depressive symptomatology of which 14.8% had certain depression. More than half of adolescents (54.43%) had an anxiety symptomatology, of which 27.8% had a certain anxiety state. Comorbid certain anxiety and depression was observed in 8% of cases while anxiety and depressive symptomatology coexisted in 26.6% of cases. The average HAD-A score was significantly higher in younger ( $P=0.041$ ) girls ( $P=0.000$ ) which parents were divorced ( $P=0.001$ ). The average HAD-D score was significantly higher in adolescents with conflictual family environment ( $P=0.008$ ), divorced parents ( $P=0.000$ ), using tobacco ( $P=0.000$ ), alcohol ( $P=0.046$ ) and practicing gambling ( $P=0.02$ ).

**Conclusion.**– Our study showed that anxiety and depression are common in our adolescent population and each is associated with substantial functional impairment and future mental health problems. Depression symptomatology constitutes a risk factor for addiction.

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

EV0074

### **What about masturbation among Tunisian adolescents? Cultural influences**

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**Introduction.**– Sexuality remains till now for Tunisian teenager a 'taboo' subject, despite the society emancipation and development.

**Objective.**– The objective was to study masturbation practice and knowledge among Tunisian adolescents.

**Methodology.**– A cross-sectional study was conducted on 77 adolescent (43 ♀, 34 ♂) attending a high school in Essalama City, Tunisia. They completed a questionnaire exploring different items: demographic data, knowledge about masturbation and possible masturbation activities.

**Results.**– The mean age was 13.8 years. Five girls and 19 boys tried masturbation at least once. The average starting age was 12.8 years for boys and 12.2 years for girls. Concomitant pornography viewing was founded for 6 boys. The non-practice of masturbation reasons' were: religious forbidden ("hram"; 86%), masturbation ignorance (66%), losing virginity fear (42%) and venereal diseases fear (37%). For half of girls and 44% of boys, masturbation was a "dirty" act. 67% of girls and 18% of boys believed that people who masturbate to be "mentally ill". For 56% of girls and 44% of boys, masturbation could damage the genital tract and compromise fertility. Eleven adolescent believed that masturbation is a criminal act punishable by law. Nine girls thought that masturbation could make them pregnant.

**Conclusion.**– Sexual education is a necessity among Tunisian children and teenager. It will help to bring down the cultural taboos and provide clear information adapted to each age and life period.

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

EV0075

### **The impact of the smartphone use in Tunisians adolescents: What do parents think?**

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**Introduction.**– Recently, smartphone has become an important tool for accessing information, interaction, and entertainment in modern society. However, the impact of smartphone use on individuals, especially among adolescents, has become a great concern.

**Objectives.**– Describe the perception of Tunisian parents of the impact of the smartphone use on their adolescents.

**Methods.**– Cross-sectional study by the team of the Child Psychiatry department, in the Mongi Slim Hospital (Tunis, Tunisia) during September 2017. An anonymous questionnaire was published on social networks for parents concerning the use of smartphones by their adolescents aged between 12 and 18 and its repercussions.

**Results.**– Overall, 185 mothers and 67 fathers replied to the questionnaire. The mean age of their adolescents was 14.3 years and the sex ratio was 0.94. The mean age of smartphone acquisition was 11.9 years. According to 34.6% of the parents, teenagers spent 3 to 6 hours per day using the smartphone. The main uses reported were: Facebook (66.7%), playing games (60.2%) and taking photos (49.6%). As per parents, the use of smartphones by their children had an impact on their sleep (43, 1%), their family relationships (55.3%), their friend relationships (23,7%) and their school performance (44.6%). 45, 9% of parents reported at least 3 consequences

of the smartphone use. More than half of the sample thought that their children were addicted to the smartphone.

**Conclusions.**– It seems important to understand adolescent smartphone use patterns and their associated risks. The role of parent is important in order to control use and to detect any abuse.

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

EV0076

### **Effects of gender differences on smartphone use according to parents: A Tunisian study**

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**Introduction.**– Smartphone have become increasingly popular in recent years among teenagers. However, the role of individual characteristics in the smartphone use is far from clear.

**Objectives.**– Examining the effect of gender differences on smartphone use according to tunisian parents.

**Methods.**– Cross-sectional study by the team of the department of child Psychiatry, in the Mongi Slim Hospital (Tunis) during September 2017. An anonymous questionnaire was published on social networks for parents concerning the use of smartphones by their adolescents aged between 12 and 18 years. A comparison between genders was made, using Pearson's chi-squared test.

**Results.**– A total of 255 responses were retained. 73.4% of them were from mothers. The sex ratio was 0.94 and the mean age of adolescents was 14,3 years. The mean age of smartphone acquisition was 12 years for girls and 11, 8 years for boys. According to the parents, teenagers would spend 3 to 6 hours per day using the smartphone (34.6%). No significant difference between gender on duration of smartphone use has been found ( $P=0,757$ ). Taking photos for girls and playing games for boys were statistically the main uses reported by parents. No gender differences were found in the control exercised by the parents. 53% of boy's parents and 60% of girl's parents felt that their children were addicted to the smartphone ( $P=0,288$ ).

**Conclusion.**– Teenagers, both boys and girls, seem to use their smartphone in a similar way according to their parents. A direct survey will confirm or deny this parental observation.

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

EV0077

### **“Conditio sine qua non” for anorexia of female adolescents: different blood types mother/daughter with traumatic contact between mother/daughter blood during pregnancy and/or birth**

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**Introduction.**– My new theory is that Anorexia of the Female Adolescent, in addition to the girl's psychological causes, needs a necessary but not sufficient condition: Different mother/daughter blood types (O, A, B, AB) and traumatic contact between the two blood types during pregnancy and/or birth.

**Objectives.**– Reducing the mortality rate and the consequences of anorexia by providing a theory that allows us to have early and predictive diagnosis.

**Methods.**– Twenty-four years ago, in a purely casual way, I found the blood type difference between an anorexic patient and her mother. Pregnancy had been with placental detachment and birth was traumatic, presumed cause of a mother/daughter blood contact. From that day on, I checked, in the case of female adolescent anorexia, the anorexic and her mother's blood types.

**Results.**– In my collection of data (more than 100 cases in 24 years): only the girls who have a different blood type (O, A, B, AB) from the mother are anorexic and from the patient's history we could think of a mother/daughter blood contact. There are no exceptions in my data.

**Conclusions.**– Female adolescent anorexia recognizes some psychological causes of the girl and her family, but requires a “sine qua non conditio”. Recognizing this condition allows us an early diagnosis, a predictive hypothesis and a right view of mother/daughter relationship, that is not conflicting but is simply disturbed by an immunological alarm.

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

EV0078

### **The problem of child's rehabilitation under conditions of disease of unclear etiology, pathogenesis and prognosis**

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Causes, treatments and prognosis for opsoclonus myoclonus syndrome (OMS) remain unexplored that determines difficulties in social and psychological rehabilitation of the children with OMS. The research was conducted in the group of 21 OMS-children and included both them and their families.

Our aim was to explore systematically the connection between hypothetical disease etiology and course of disease (severity, treatment and prognosis), on the one hand, and mental development of children, their emotional state and relationship in “mother-child” dyad, on the other hand.

The following methods were used: observation of a) patient's development, b) state dynamics in hospital, c) relationship in “mother-child” dyad; analysis of parent-child relationship based on semi-structured interviews with mothers; assessment of psychoverbal and intellectual development and its psychological features.

Conducted research demonstrates heterogeneity within the group: children differ drastically in severity of the disease as well as treatment methods differ. The medical prognosis is indefinite as well as the parents' attitude toward the child's future. The influence of psychological and social factors on course of disease and prognosis was underestimated. The potential of psychosocial rehabilitation almost was not used in treatment.

In treatment planning for idiopathic diseases and its prognosis, not only biological, but also psychosocial approach seems important. Rehabilitation of patients should be based on the psychological knowledge and understanding of curing features possessed by psychological intervention. It is possible and necessary to involve both children suffering from such diseases and their parents into psycho-preventive and socio-psychological rehabilitation programs constructively using the biopsychosocial model of disease and its treatment.

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

EV0079

### **Influence of disease onset time on mental development of children with opsoclonus myoclonus syndrome**

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Opsoclonus myoclonus syndrome (OMS) is a rare disease understudied from clinical-psychological perspective. The disease onset time should be considered in psychological analysis; achieved data could help in organization of psychocorrectional work.

The aim of the research was to explore the dependence of cognitive and psychological development on disease onset time. The research included 21 children with OMS aged from 2,5 years to 10,5 years. The following methods were used: analysis of patient's development and medical record, psychological interview with parents, neurological state assessment and pathopsychological assessment. Patients were divided into three groups according to disease onset time: 1) disease onset before the age of 1 year ( $n=3$ ), 2) disease onset of 1–3 ( $n=15$ ), 3) disease onset at the age 3–5 ( $n=3$ ). The developmental delay was discovered in most cases ( $n=12$ ), several children were diagnosed with intellectual disability ( $n=5$ ). Intellectual retardation depends on early disease onset time (before the age of 1 year,  $n=2$ ), number of disease recurrences (more than 5 times) and their severity. Normal intelligence level was diagnosed in 4 cases: with late disease onset (at the age 3–5,  $n=3$ ), mild severity ( $n=1$ ), without disease recurrence ( $n=1$ ). The normal intelligence level was diagnosed in 1 case with early onset of the disease (aged 1 year).

The developmental delay is connected with early disease onset, but not directly. Other factors such as treatment duration and quality, time from disease onset to diagnosis should be analysed more carefully to understand their role in mental development of the children with OMS.

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

EV0080

### **Comparison of executive functions indicators in school children from two regions of Brazil: A preliminary investigation**

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*Introduction.*– The regions in Brazil present economic and social discrepancies. In the southeast, there are higher income rates and better index of social development, whereas the northeast shows

lower development indexes and more poverty indicators. In this context, it is important to understand how the executive functions (EF) profile, as an important cognitive ability to manage self-control, is associated to regional differences.

*Objective.*– Compare executive functions indicators of school children from two regions of Brazil. Methods: Descriptive study involving children (6 and 7 years-old) enrolled in the first year of primary education in two public schools from Maceió (north-east) [ $n=69$ ; 45 male and 24 female], and one private school from São Paulo (southeaster) [ $n=43$ ; 23 male and 20 female]. Different dominium of EF were assessed using WISC-IV (working memory index), trial making test, and a questionnaire answered by the teachers about difficulties in EF (Work Memory–WM; Inhibitory Control–IC; Flexibility - FL; Aversion to Delay - AD and Regulation–RG).

*Results.*– *T* tests indicated significant difference between all indexes (Table 1), with the best results pointing to the schools in the south-easter.

*Conclusions.*– Children from schools in the southeaster of Brazil presented better performance in EF tasks and on teachers' reports if compared to children from the northeast. Considering that superior performance on EF is a predictor of better mental health, it is necessary the improvement of EF training programs at schools to reach a greater number of children.

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

EV0081

### **Association of cyberspace/digital games related factors with psychopathology and cyber issues in adolescents: A preliminary report**

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*Intoduction/objective.*– However studies suggest that internet addiction and digital gaming addiction (as a form of internet addiction) may cause psychopathologies and cyber issues, the factors playing role under these conditions have not been clear yet. In this study, we aimed to define these factors and to guide the clinicians improve preventive basic interventions.

*Method.*– For this preliminary report, 47 adolescents aged from 12 to 18 years were analysed. All cases were assessed with Revised Children's Anxiety and Depression Scale (RCADS), Internet Addiction Scale (IAS), Digital Game Addiction Scale (DGAS), Cyber-Bullying Scale, Cyber-Victimization Scale, Sensivity to Cyber-Bullying Scale, Connors'-Wells' Adolescent Self-Report Scale Short (CASS:S). Children's parents were assessed with Eysenck's Personality Inventory (EPI). All cases were evaluated for psychiatric diagnosis with Schedule for Affective Disorders and Schizophrenia for School-Age Children–Present and Lifetime Version (K-SADS-PL) and clinical evaluation.

*Results.*– There was a significant positive correlation between IAS scoring, and RCADS total anxiety subscore, RCADS total anxiety-depression subscore, CASS:S scores, Cyber-Bullying Scale scores, Cyber-Victimization Scale scores ( $r=0.522$ ,  $P<0.001$ ;  $r=0.468$ ,  $P=0.001$ ;  $r=0.500$ ,  $P<0.001$ ;  $\rho=0.398$ ,  $P<0.05$ ;  $\rho=0.353$ ,  $P<0.05$ ). Likewise there was a significant positive correlation between DGAS scoring and the same scales ( $\rho=0.357$ ,  $P<0.05$ ;  $\rho=0.309$ ,  $P<0.05$ ;  $\rho=0.295$ ,  $P<0.05$ ;  $\rho=0.341$ ,  $P<0.05$ ;  $\rho=0.353$ ,  $P<0.05$ ).

*Conclusions.*– Internet and gaming addiction correlated with anxiety, depression and ADHD. As the level of Internet and gaming

addiction increases, being cyber bullying and victimization levels are also increasing. The study sample will be expanded to illuminate sociodemographic variables and the research will continue.

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

EV0082

### **Prevalence of posttraumatic stress disorder in student whose school burned down**

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*Aims.*– To examine prevalence of posttraumatic stress disorder (PTSD) and its related factors in student whose school burn down.

*Methods.*– Student in 1-6 grade were screen PTSD by using UCLA PTSD Reaction Index (DSM-5 Version) with permission from parents at 1 month and 6 months after school burn down. Diagnosis was confirmed by child psychiatrist interview. Percentage and logistic regression were use as statistic evaluation.

*Results.*– Five of fifty-six students (8.9%) had PTSD at one month after incidence. Two of them symptoms recovered after six months. There are six of fifty six students (10.7%) had PTSD at six months after incidence. Female:male ratio was 2:3. Student who live in dorm while it burned down had significantly had PTSD more than those who did not live  $P < 0.01$ ,  $RR = 5.16$  (4.04-6.6).

*Conclusions.*– PTSD is common disorder in children after disaster. Although the symptoms can recovered shortly after incidence but there are some children had symptoms after one month of incidence.

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

EV0083

### **Parenting styles and social skills of school-aged children with Attention-Deficit Hyperactivity Disorder (ADHD)**

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*Background.*– Social impairment is not part of diagnostic criteria of attention-deficit hyper activity disorder (ADHD), but is strongly associated with the condition and still often persists after treatment of primary symptoms through medication and behavioural therapy. Interactions between parents and child, particularly parenting styles, have been found to be associated with wide-range of outcomes in child's life, but very few studies have been conducted in investigating its association with child's social impairment.

*Objective.*– To examine the association between parenting styles of primary caregivers and social skills of children with ADHD.

*Methods.*– We investigated the association in a sample of children (6-12 years of age), who were diagnosed with ADHD and have received treatment at Southern Institute of Child and Adolescent Mental Health in Surat Thani, Thailand, through questionnaires. Cross-sectional statistical analyses, including Pearson correlation, were used to examine the association between parenting styles and social skills of children with ADHD.

*Results.*– Total of 221 participants were analysed; There are a negative correlation between neglectful parenting style and participant's self-control, problem-solving skill, and conflict resolution skill ( $P < 0.05$ ) and a positive correlation between authoritative parenting style and participant's self-confidence ( $P < 0.05$ ) while controlling for primary caregiver sociodemographic factors (marital status, education level, and income), participant's length of received treatment, and medication adherence.

*Conclusions.*– Neglectful parenting style has been found to be negatively associated with participant's self-control, problem-solving skill, and conflict resolution skill, while authoritative parenting style has been found to be positively associated with participant's self-confidence.

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

EV0084

### **View of rural parent's medical activity**

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*Introduction.*– The level of child's satisfaction in medical care depends on parent's attitudes to apply the available medical service effectively.

*Purpose.*– We focus on rural parents' behaviour as medical services users, based on analysis of 153 Cards of Individual Development (COID) of children aged 7-18. The data was obtained in a course of mediEVpsychological counseling in one of the comprehensive schools in the Tomsk Region.

*Methods.*– We chose to study the cases of children with residual effects of perinatal brain damage (PBD). The empirical basis of the research was obtained from deconstruction of COID and clinical data in them with a pattern of a child's medical supervision as a primary unit of analysis.

*Results.*– There were few reasons of parents' initial visit to the doctor. That were need of vaccination or going to kindergarten; acute illnesses, when the period visits to the doctor was extremely short; the routine of establishing and maintaining of disability status and parents' sought for medical attention on children's deviant behaviour. We distinguish the following characteristics of rural parents' behaviour: (a) the narrowing range of the active complaints, (b) the incomplete execution of medical prescriptions, and (c) formal adherence to medical procedures if parents are claiming for social benefits. Parents complained only in cases of severe, socially observable symptoms. Only a few parents used opportunities of medical services systematically and consistently.

*Conclusion.*– In rural area, the improvement of children's health implies persistent social efforts to evolve parents' culture of interaction with health care system.

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

EV0085

### Treatment of psychotic features in suicidal adolescents with complex psychopathology in an ASS crisis intervention unit

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**Objectives.**– To propose a transdiagnostic treatment approach in adolescents with complex ASS.

**Background and aims.**– We were impressed by the complexity of comorbid clinical features in adolescents with ASS who had imperative hallucinations to suicide and marked traits of Anorexia Nervosa. These combinations made it virtually impossible to start treatment of ASS. A sense of urgency was felt to prioritize treatment focus in order to prevent detrimental impact on Team cohesion.

**Materials and methods.**– Patients were mainly under the age of 18. Signs that might be interpreted as obsessive thoughts, presumably connected to autistic thinking, were treated as imperative hallucinations, monitoring plasma levels of antipsychotics for dose adjustment. In the selection procedure, as a pilot study, patients were visited in their referring clinic to give advice concerning treatment of psychotic features in relation to suicidality. Disturbances in behaviour were scrutinized for the possibility of another explanation than ASS.

**Results.**– In two patients a marked improvement occurred using haloperidol and a combination of aripiprazole and pimozide, respectively. In a third patient frequent outbursts of rage were seen as possible indication for Intermittent Explosive Disorder and treated with Lithium with good result. In a fourth patient with comorbid Reactive Attachment Disorder interactions with group members were conceived as paranoid and treated successfully with a low dose of pimozide. Patients with severe eating disorders were further excluded from admission.

**Conclusions.**– Eventually the specific climate designed for ASS patients might be used with more specific benefit by ASS patients in which comorbidity in the sense of transdiagnostic psychiatry is treated as much as possible, in advance.

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

EV0086

### Emotional experience of parents in a situation of child's hospitalization in a psychiatric hospital

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**Introduction.**– Hospitalization of the child in psychiatric clinic often appears for parents tough decision. Understanding of this by experts is an important factor of successful cooperation

**Objectives.**– To determine the parents' most popular strategies for emotional regulation and to evaluate their effectiveness at the time of hospitalization of their child in psychiatric clinic.

**Methods.**– A total of 89 parents have participated in a research. Research techniques: The Beck depression questionnaire; Test "Study of anxiety"; Questionnaire of cognitive regulation of emotions.

**Results.**– Parents demonstrate high rates of situational and personal anxiety (64% and 53%); 46% of them have symptoms of depression. The most popular (an average rank 7,3 and 6,7) were "Positive revision" and "Planning" strategy. However neither they, nor any other strategy were connected with decrease in level of anxiety and a depression. The positive correlation of symptoms of a depression and such strategy as "Rumination" and "Katastrofization" ( $r=0,538$  и  $r=0,498$ ,  $P=0,01$ ); signs of situational anxiety and strategy "Acceptance", "Rumination" and "Katastrofization" ( $r=0,419$ ,  $r=0,484$ ,  $r=0,487$ ,  $P=0,01$ ) is noted. There are no differences in symptoms of emotional trouble and in the patterns of regulation in mothers and fathers and also at those whose child is hospitalized for the first time and repeatedly.

**Conclusions.**– Expression of symptoms of a depression and anxiety demonstrate that hospitalization is stressful for all family. The lack of effective regulation strategy in this situation sets for experts a separate task of helping not only to the child, but also to all his family.

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

EV0087

### What does the Internet do for the Indian adolescent?

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**Background.**– Adolescents, particularly students form a growing chunk of the Internet user base in India. Online activities largely comprise of internet gaming and social media use. Clinicians are increasingly encountering problematic internet use as a presenting feature of mental disorders among teenagers.

**Aim and objective.**– The authors attempted a detailed evaluation of the determinants of internet overuse in a small group of adolescents.

**Method.**– We examined five individuals with excessive internet use. Apart from psychopathology, patterns of emotional regulation, social behaviours, family dynamics and the pressing need and gratifications derived from the internet were explored in detail.

**Results.**– The patients were diagnosed with Obsessive-compulsive disorder, Anorexia Nervosa, Paranoid schizophrenia (prodrome), Somatoform Pain disorder and Major depressive disorder. Borderline personality traits and passive aggression were dominant in most individuals. Loneliness, low self-esteem, impulsivity, body image issues, parental discord and peer influences were important triggers. Need for affiliation, conflict resolution, a virtual yet heightened sense of achievement, distraction from real life stressful situations and instant appraisal were some of the observed gratifications.

**Conclusion.**– It is apparent that internet has taken precedence over live interaction and recreational activities and may assume problematic proportions. Intervention need not be restricted to diagnosis alone but also exploration of psychodynamic underpinnings. Gradual withdrawal and substitution with adaptive emotional release mechanisms should be a focal point of therapy.  
**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0088

### **The impact of parenting style, perfectionism and self-efficacy on children anxiety symptoms: A pilot study**

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Understanding the contributing factors of anxiety disorders in children has always been a controversy in the child and adolescent psychiatric community. The results of several studies suggest the contribution of various parent-related factors as an important component in mental health of children. Therefore, the aim of this study is to investigate the causal relationship between parenting styles, perfectionism and self-efficacy of mothers' with children's anxiety symptoms. The current research is a descriptive study with 157 female parents who were selected by random sampling method. The participants were evaluated with parenting self-efficacy styles questionnaire, and multi-dimensional Frost perfectionism scale. The data were analysed with multiple regression. The results indicate that parenting styles, maternal perfectionism, and self-efficacy significantly predict anxiety symptoms in children. The findings of this study are consistent with prior literature suggesting that children's anxiety symptoms are associated with some of the parents' characteristics. The role of family, especially the mothers imply the formation and the continuation of anxiety disorders in their children. Therefore, it is worth considering the maternal variables in the provision of educational and preventive programs and in the treatment of children with anxiety disorders.

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

EV0089

### **Neurodevelopmental and childhood-onset schizophrenia in an adolescent presenting inherited 10q26.3 duplication**

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**Introduction.**– Childhood-Onset Schizophrenia (COS) is defined by an onset of schizophrenia positive symptoms (delusions, hallucinations, disorganized speech or behaviour) before age 13. A higher rate of neurodevelopmental and cytogenetics abnormalities is observed in COS compared to adult onset schizophrenia. The exact pathogenic mechanism remains unknown.

**Case description.**– We describe a 17-year old girl without ante- or perinatal history despite uncomplicated caesarian section. The family history was marked by the violent father's death in early patient's childhood. The developmental history revealed

delayed motor milestones, communication, intellectual (IQ=74) and learning impairments. She presented tantrums and poor social interactions since the age of 7 and delusion and visual hallucinations at age of 12, and was diagnosed with COS. EEG, cerebral MRI, standard blood analysis and metabolic screenings were normal. A chromosomal microarray analysis revealed interstitial 324 kb duplication (10q26.3). Familial segregation revealed the presence of this microduplication in both patient and her mother, associated with schizophrenia spectrum disorders, and the absence in the asymptomatic 22-year old sister.

**Conclusion.**– Our report is the first description of an association of 10q26.3 duplication, so far described in autism, with Childhood-Onset Schizophrenia. The mother's psychotic disorder evolved since adolescence (15 years) while her daughter presented an early and neurodevelopmental form of schizophrenia. This case argues in favor of the schizophrenia "two-hit hypothesis" where the second hit, an early childhood psychotrauma, might explain the early neurodevelopmental clinical presentation.

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

EV0090

### **A qualitative study of how legal guardians experience deliberate self-harm among adolescents under their custody**

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This study was conducted in partial fulfillment of a master's degree at the University of Malta.

**Background.**– Deliberate Self-Harm is the intentional act of causing harm to oneself in the absence of suicidal intentionality, however it's repetitive nature increases the risk of fatality having severe repercussions on global public health. The overall aim was to explore the lived experience of legal guardians of adolescents who deliberately self-harm.

**Method.**– Heideggerian Hermeneutic Phenomenology underpinned the study while Interpretative Phenomenological Analysis guided the extrapolation and interpretation of results. Four participants and one pilot study were recruited, consisting of mothers in care of adolescents who received care from the Child Guidance Unit and engaged in Deliberate Self-Harm in the past year. In-depth semi-structured interviews were carried out and transcripts were produced. These were analysed and themes were extrapolated through abstraction.

**Results.**– Results demonstrated the anguish and distress experienced by legal guardians due to social, financial and familial circumstances faced. Guilt and feelings of defenselessness and helplessness were reported as devastating while trying to cope and maintain an adequate level of function-ability.

**Discussion.**– The background of these individuals and socio-economic factors hugely impact the development of their circumstances, however the dedication of these legal guardians assisted them in enduring their difficult familial stresses.

**Conclusion.**– Further support and education for the legal guardians should be provided from the psychiatric services. Studies recruiting adolescents coming from different cultural backgrounds and investigating any possible discrepancies and a longitudinal study exploring the skills learned and satisfaction gained from services utilized should be conducted.

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

EV0091

### Underage admissions to a brief psychiatric hospitalization unit

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**Introduction.**– At least 20% of children and adolescents have some mental disorder. When they require admission, there is usually a greater impact on family, social and school functioning.

**Objectives.**– To know the epidemiological characteristics of the children inpatients.

**Methods.**– A cross-sectional study on the prevalence of psychiatric disorders in a Brief Hospitalization Unit. Description of the sample. Inclusion criteria: younger than eighteen years admitted between May 2007 and May 2017. Variables: age, sex, health care district, days of stay, diagnosis. Quantitative variables are described with averages and standard deviation, and qualitative variables with percentages.

**Results.**– Patients admitted: 1006. Average age: 13.7 (14.2). Gender: female: 521 (52%), male: 485 (48%). Average age according to gender: woman: (14.2), male: (13.3). Prevalence of diagnosis by gender: Psychotic disorders: female: 35.23%, male: 64.77%. Eating Disorders (ED): female: 83.60%, male 16.40%. Autism spectrum disorder: female: 13.43%, male: 86.57%. ADHD: woman: 29.73%, male: 70.27%. Other diagnoses: female: 54.28%, male: 45.72%. Ávila 56 (6%), León: 95 (9%), El Bierzo: 74 (7%), Salamanca: 66 (7%), Valladolid West: 124 (12% Valladolid Este: 294 42 (4%), Burgos: 82 (8%), Palencia: 85 (9%), Segovia: 33 (3%). Days of average stay: overall: 23.87. ED: 39.68. Rest of diagnoses: 20, 14.

**Conclusions.**– The most frequent causes of admission were ED, anxiety disorders, ADHD, psychotic and affective disorders. Males were admitted more frequently, except in cases of ED. The mean age was lower in males. The mean stay was higher in cases of ED. Admissions were greater in our health care district.

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

EV0092

### Optimize clinical drug performance for the treatment of ADHD using response surface analysis

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The objective of this paper was to develop a novel model-based methodology utilizing the response surface analysis and a non-linear optimizer algorithm to maximize the clinical benefit of drug treatments. The response to a treatment was described by a drug-disease model accounting for multiple components such as the dosage regimen, the pharmacokinetic characteristics of a drug (including the mechanism and the rate of drug delivery), and the exposure-response relationship. A convolution-based approach was used to characterize the pharmacokinetics of the drugs used

and an indirect-response modeling approach was used to link the drug exposure with the clinical response.

A case study is presented to illustrate how the performances of drug treating the attention deficit hyperactivity disorder (ADHD) can be improved. The results of the analysis indicated that a substantial improvement in clinical benefit was expected when optimal strategies were deployed.

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

EV0093

### Inflammation and its part on treating non-responders in schizophrenia

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Inflammation has been playing an important part in our understanding of psychiatric disorders, for at least a decade now.

In this oral presentation, we are trying to achieve an understanding of how anti-inflammatory drugs can reduce psychotic symptoms in schizophrenic patients, who are not responding to antipsychotic treatment.

In order to do so, we have overviewed all publications of the last 5 years of research, that contain the words “inflammation” and “Schizophrenia”.

The aim is to outline the fact that (and explain how) most non-responders, have a lot of specific inflammatory cytokines on circuit and that this blocks most antipsychotics.

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

EV0094

### Improvement of Autism Diagnostic Observation Schedule (ADOS) Scores after comprehensive intensive early interventions in a clinical setting

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**Introduction.**– Pre-school children with autism in southern Sweden are offered to participate in a Comprehensive Intensive Early Intervention (CIEI) program.

**Objectives.**– The primary aim of the study was to evaluate the ongoing CIEI-program.

**Methods.**– The improvement of the Autism Diagnostic Observation Schedule (ADOS) test results between baseline and evaluation among children participating in the CIEI-program ( $n = 67$ ) was compared to children in a comparison group (receiving traditional habilitation services only,  $n = 27$ ). The difference between the study groups regarding change of ADOS-scores (total, and calibrated severity scores, respectively) were estimated using ANCOVA.

**Results.**– Children in the CIEI-group improved their ADOS-total scores between baseline and evaluation (-0.8 scores per year; 95%CI: -1.2 to -0.4), whereas no such improvement was detected in the comparison group (+0.1 scores per year; 95%CI: -0.7 to +0.9). The change difference (change among children in the CIEI-group vs change in the comparison group) was statistically significant, both crude and after adjusting for possible confounders (-1.1; 95%CI -1.9 to -0.4). Children in the CIEI-group also significantly improved their ADOS-severity scores, but not significantly differently so from the comparison group.

**Conclusions.**– The results from the current study must be interpreted cautiously, but they do support earlier studies reporting on improvement of autism symptoms after early intensive interventions. This naturalistic study indicate that children with autism benefit from participating in early comprehensive intensive programs, and that investments in these programs may be highly justifiable, and may be of immediate importance to health care organizations when allocating the already strained resources to different patient groups.

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

EV0095

### Childhood subclinical characteristics in schizophrenia – Toward the early screening for the risk of schizophrenia

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**Background and aims.**– The subclinical behavioural and psychological characteristics of schizophrenic children have not been sufficiently investigated to present specific evidences. This study is a retrospective report of childhood neurobehavioural assessment in adult patients with schizophrenia and healthy controls using the CBCL to elucidate the subclinical characteristics of schizophrenic children and to find out indicators which predict later development of schizophrenia.

**Method.**– Schizophrenia outpatients in his/her twenties who fulfill DSM-IV-TR criteria and who present now mainly negative symptoms after passing an acute stage were investigated. Normal healthy subjects were also examined as sex- and age-matched controls. By modified use of the CBCL as a retrospective assessment questionnaire, the parents of the patients and of control subjects rated their childhood (aged 6-8 years) behaviours.

**Results.**– A logistic regression using the eight CBCL syndrome subscale T-scores adequately classified 85.8% of the population. Among the eight subscale T-scores, those of Withdrawn, Thought problems and Aggressive behaviour were significantly associated with risk of schizophrenia, although any of these mean scores were not in clinical range. Concerning Aggressive behaviour, patients showed a significantly lower score than controls.

**Conclusion.**– The results suggest that subclinical neurobehavioural characteristics of schizophrenia already exist in the patients' childhood. The combination pattern of these subclinical characteristics would predict later development of schizophrenia. Quite early screening for risk of schizophrenia could be possible with some instrument using obtained logistic regression model.

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

EV0096

### Perceptions of parents having child with thalassemia

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**Background.**– Patients with thalassemia need to inject blood repeatedly and need to be treated with chelating. Thalassemia like any other chronic disease affects different aspect of person's life and despite of therapeutic measure, the patient is faced with several physical and psychological problems. Therefore the purpose of this study was exploring perceptions of parents having child with thalassemia.

**Methods.**– The method applied in this study is content analysis. 10 participants was selected purposely in this study. Data collection was done deep, semi-structured, face to face and individual interviews.

**Findings.**– Ten participants including 5 mothers, 1 grandmother, 2 fathers and 2 nurses participated in the study. The average age of mother was 33 years old and the average age of father was 44, the grandmother was 50, the average age of nurses was 45, the average work experience of nurses was 20 and the average work experience in thalassemia department was 4 years. Having analysed data, the three following categories were specified: rejection of child's disease, parents' psychological problems, and psychological problems of family members.

**Conclusion.**– The results of present study revealed that parents of child with thalassemia experience several psychological problems and they need to support from health system. It is also necessary that health authorities establish consulting nurses for parent with child having thalassemia to provide them with necessary consulting services.

**Keywords:** Parent; Thalassemia; Content analysis

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

EV0097

### Psychopathy in children

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**Introduction.**– Dissocial disorder is one of the most controversial entities in Psychiatry. It is a persistent set of behaviours that evolve over time. It is characterized by destructive behaviours against society, which violate other people's rights, norms and use deception to achieve their goals. These manifestations are linked to a series of familiar, social and school situations that can initiate or maintain them.

**Methodology.**– A 13-year-old woman, Mapuche, who lives with her mother and her partner. She had no psychiatric history until two months ago, when she consulted Psychiatry, at the initiative of the mother, due to behavioural alterations and inappropriate and aggressive behaviour in school and at her home. Brought to the ER because he had tried to kill a classmate. Excessive interest in the violent manga, (creepypasta).

**Results.**– In the EPP it stands out: Avoidance and facial expressionlessness. Stereotyped phrases. Inappropriate affection. Cold attitude. Unyielding and magical thinking. Search for eccentric behaviours. Non-compliance with standards. He reacts with excessive anxiety and anxiety when he breaks the pre-established idea that he has of any situation. We maintain delayed diagnosis. It presents schizotypal, autistic spectrum and compatible dysocial traits, of which we will explain the differential diagnosis.

**Conclusion.**– Psychopathy is a form of mania without deficit in cognitive faculties, but with a severe damage in the affective capacity. Dissocial disorder before age 15 is a diagnostic criterion in adults. Importance of focusing on sensitive stages of development. Non-solvent methodological studies that demonstrate the efficacy of treatments for psychopathy: unfavorable results in general.

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

EV0098

### Family aggregation in ADHD and other pathologies of the child and adolescent. About a case

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Family studies implicate share genetic risk between attention deficit hyperactivity disorder (ADHD) and bipolar disorder, schizophrenia, major depression and autism. The influence of the emotional expression of caregivers on children and onset disorders in childhood has also been described. Nevertheless, in clinical practice sometimes the relation between members of a family is obviated.

**Objectives.**– Describe the psychopathology between the siblings of a family and their influence on the evolution of each one.

**Methods.**– Presentation of a case.

**Results.**– A 16-year-old male has been in follow-up for Mental Health for three years due to behavioural disturbance, social isolation and low academic performance. He is the youngest of four siblings. The older brother, with no diagnosed pathology, was characterized by violent behaviour, fits of anger and intimidation of the parents. The sister attended with anorexia nervosa and self-harm, in addition to consuming THC with the patient, with whom she had a fusional relationship for a year, which she abandoned for her work. The younger brother is diagnosed with autism spectrum disorder (ASD), under treatment. Apparently healthy parents. The patient was taking prolonged-release methylphenidate with partial adherence to treatment for one year, in addition to cognitive-behavioural therapy and family intervention; with improvement results. He is currently undertaking vocational training and has started a relationship.

**Conclusions.**– It is important to carry out a family approach for the treatment of ADHD, as well as to study the case of siblings, considering the probable vulnerability to develop other pathologies in them, as much for sharing genetic

as environmental factors and breeding styles. (Figure 1)

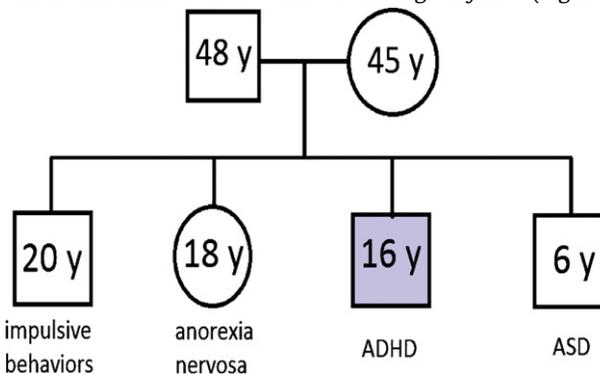


Figure 1

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

EV0099

### Examining the relation among the methods of parenting and creativity of high school girls students on Sari city

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**Introduction.**– The parenting style is a combination of parental behaviours that occur in a wide range of situations and create a barren parenting environment.

**Objective.**– Current study has been done for examining the relation among the methods of parenting and creativity of high school girl's students on sari city.

**Aim.**– Studying the relationship between the methods of parenting and creativity of high school girl's students on sari city

**Method.**– This study is of descriptive type and the method of study is correlation one. Statistical society of study includes all girls' students of high school degree on sari city in which includes about 1400 persons.

**Result.**– Sampling has been done by the aid of kerjtis- Morgan table and about 203 persons has been selected by method of random-categorical method. Gathering standard questionnaire instrument of Bamrind parenting practices methods includes 30 questions and also Abedi creativity questionnaire includes 60 questions has been used and parenting practices, creativity method questionnaire stability has been examined through Cronbach's alpha and its amount (8.86-0.83) has been calculated, respectively. In order to analyze data, we have used of Pearson correlation test by the aid of SPSS software.

**Conclusion.**– The result of study has shown there is relation among the methods of parenting practices and creativity of students. Easy parenting practices, autocratic parenting and authoritarian parenting respectively are the strongest anticipating the amount of students' creativity.

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

EV0100

### Parental attitude and beliefs to children with mental and behavioral disorders

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**Introduction.**– The presence of mental and behavioural disorders in a child is a heavy burden for the whole family.

**Objectives.**– To reveal the features of the parental attitude to children with mental and behavioural disorders.

**Methods.**– Questionnaire for parents "parental attitude to children's illnesses"; the Plutchik's Life Style Index (Russian version); The Clinical Global Impressions–Severity scale (CGI-S) and Statistical methods.

**Sampling.**– Parents of 80 children aged from 2 to 7 (mean 4,6): 20–mental retardation (F80–82–ICD-10), 40–autism spectrum disorder (ASD; F84), 20–intellectual disabilities (F70–79).

**Results & conclusions.**– Parents of children with developmental disabilities often do not realize the morbid nature of changes in the behaviour of children and interpret it as spontaneity, pamperedness or even giftedness. Most parents of children from all groups underestimated the doctor's recommendations for compliance with the regime (treatment and upbringing). The parents of children with intellectual disabilities and autism spectrum disorder use the following defense mechanisms–denial, reaction formation and intellectualization. The awareness of illness is connected with age of a child and the severity of disorder (CGI-S) in mental retardation and intellectual disabilities, but not in ASD. The parents of children with ASD quite often explain the state of their child as giftedness, that cannot be evaluated by other people. Parents' beliefs concern social assessment of the prospects for its development. This study should contribute to the development of support programs to families with children with mental disorders. It is aimed at increasing compliance and reducing family tensions.

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

EV0101

### Depression, anxiety and eating disorders: Prevalence and association among adolescents studying in public schools of Delhi

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**Introduction.**– Data on prevalence of mental health disorders indicates that 4.5% and 3% of the Indian population is suffering from depression and anxiety respectively. Depression is ranked by WHO (2015) as the single largest contributor to global disability, therefore there is a need to investigate the maturation patterns (gender specific) & its relationship with psychosocial & nutritional factors which impact overall health of an adolescent.

**Objectives.**– The present research was designed to study the prevalence & association of depression & anxiety with eating disorders & BMI among adolescent boys & girls (aged 13–16 years) studying in public schools of Delhi.

**Method.**– Three hundred adolescents participated in this cross-sectional study. For the assessment of depression and anxiety & eating disorders Child Behavior Checklist (CBCL; administered to the parents) and Three Factor Eating Questionnaire (TFEQ; admin-

istered to the subjects) were used respectively. Data were also collected on socio demographic profile, physical activity, dietary practices & consumption pattern, food intake (24hr recall, Food Frequency Questionnaire), body image perception, locus of control & anthropometric (Weight, Height, BMI, Body fat %) profiles.

**Results.**– Prevalence of depression & anxiety is 37.5% and eating disorders (restrained, uncontrolled & emotional) is 18% respectively. Anthropometric data revealed that 18.3%, 7% and 20% of the subjects are underweight, overweight and obese respectively. 58% of the malnourished subjects are suffering from depression & anxiety.

**Conclusion.**– This study highlights the association of mental health with eating disorders & nutritional status of adolescents. It will also serve as a strategic tool for mental health prevention & management policies designed for adolescents.

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

EV0102

### Child mental health and juvenile delinquency

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Using a nationally representative survey on U.S. children and young adults, we examine the consequences of mental health problems in childhood (age 4–12) on subsequent delinquency measured by lifetime criminal activities and illicit drug use by age 18. After controlling for family-specific unobserved factors as well as child-specific observed factors, we find that antisocial scores in childhood are strongly associated with lifetime arrest, probation, and incarceration as well as lifetime illicit drug use in adolescence. We also find that symptom scores for ADHD are associated with lifetime victimization in physical attack and rape, but not with criminal activities or illicit drug use. Our results are robust in a model that allows comorbidity. Gender differences are inconspicuous in general although we find that anxious/depressed symptoms are often positively associated with delinquent outcomes only among females.

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

EV0103

### Weakness in holistic processing in children with specific language impairments

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**Background.**– Children with specific language impairments (SLI) have deficit in producing and understanding language (Bishop, 1997). The nature of this developmental disorder is still not understood. We have shown that children with SLI at the age of 6–7 have weakness in holistic processing (Kiselev et al., 2017). The goal of this research was to examine the hypothesis that children with SLI at the age of 4–5 have also deficit in brain holistic mechanism.

**Method.**– Experimental group included 17 Russian-speaking children with SLI at the age of 4–5. The control group consisted of 17 children. The children from experimental and control group were matched for IQ, gender and age. We used the Rey-Osterrieth Com-

plex Figure Test to assess the brain holistic mechanism in children. It was proposed that part-oriented strategy in copying Complex Figure is related to weakness in holistic processing (Luria, 1973).

**Results.**– In comparison to children from control group the majority of children with SLI (63%) had immature (part-oriented) strategy in copying Complex Figure. In view of the obtained results it can be assumed that preschool children with specific language impairment have deficit in the specific brain mechanism responsible for holistic processing. We hope that our results will help to elucidate the nature of impaired mechanism in specific language impairment in children.

**Funding.**– The research was supported by Act 211 Government of the Russian Federation, agreement 02.A03.21.0006

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EV0104

### **Deficit of memory in delayed recall condition in preschool children with ADHD**

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**Background.**– It was shown that children with ADHD have deficit in prefrontal cortex function including deficit in working memory (Martinussen et al., 2012). In our previous research we have revealed that ADHD children at the age 8–9-years have deficit in memory in delayed recall condition (Kiselev et al., 2017). The goal of this research was to examine the hypothesis that preschool children with ADHD have the same deficit in memory in delayed recall condition as children at the age 8–9-years.

**Method and participants.**– The experimental group included 13 children with ADHD at the age 5–6-years. The control group included 13 typically developing children. The children from experimental and control group were matched for IQ, gender and age. Children from both groups were assessed with visual memory subtest from Luria's neuropsychological assessment battery. This subtest is designed to assess the ability to perform visual memory for objects in immediate and delayed conditions. Two-way ANOVA was used to reveal group differences in reproducing the objects in two conditions.

**Results.**– We have not revealed significant differences between children from experimental and control group in the reproducing the objects in immediate condition. However, the interaction of condition type and group was significant ( $p \leq 0,05$ ). ADHD children were less successful in reproducing the objects in delayed condition. In view of the obtained results, it can be assumed that preschool children with ADHD have specific deficit in memory in delayed recall condition.

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

EV0105

### **Characteristics of psychological development of toddlers with congenital heart disease subjected to heart surgery**

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The situation of pediatric heart surgery is a major psychological stress for toddler with congenital heart disease (CHD) and his family, connected with a long stay in a hospital, pain, early separation from mother, movements and play limits. Much attention is now being placed on the psychological and social outcomes of these children.

The participants of our research were 84 diads: toddlers with severe CHD subjected to heart surgery and their mothers. Mean age:  $14,52 \pm 1,50$  months old, 43,50% - girls. Center for Epidemiologic Studies Depression Scale was used to measure depression rate in the mothers. State-Trait Anxiety Inventory–for anxiety rate in the mothers. The level of psychological development and functioning of the toddlers was measured two days before the surgery by The Diagnosis of Neuro-Psychological Development of Infants (DNPDI) designed by Pantuhina G.V., Pechora K.L., Fruht E.L.

We've found out that 34,8% of the infants with CHD had 1 epicrisis period delay in their psychological development; 43,5% - had 2 epicrisis period delay. Among the mothers–40,1% had heightened level of state anxiety, 26,6% had high level of state anxiety. 65,2% of the mothers reported depressive symptomology. We've shown that the higher level of depressive symptoms in the mothers from the study group correlated with bigger delay in the psychological development of toddlers with CHD subjected to heart surgery ( $R = 0,835$ ,  $p = 0,000$ ).

The further research in this field suggests the search for techniques helping to improve the mothers' psychological functioning as it plays a great role in toddlers development.

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

EV0106

### **Impact of motor sequencing training on executive and motor abilities in children with ADHD**

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**Background.**– It is known that children with ADHD have deficit in executive and motor abilities. It is of great significance to receive the evidence for efficiency of different training programmes that are aimed to help children with ADHD. The goal of this study was to assess the impact of 12 weeks of motor sequencing training on the executive and motor abilities in children with ADHD.

**Participants and methods.**– The participants were 24 children aged 5–6 years (mean age = 5.1) with ADHD. Children were randomly assigned to the intervention and comparison group. Children from intervention group participated in 12 weeks of motor sequencing training. This programme trains the child to plan, sequence and process information more effectively through repetition of goal-directed movements. This programme is built on the conceptual framework derived from the work of Luria's theory of restoration of neurocognitive functions (Luria, 1963, 1974). The Luria's child neuropsychological assessment battery was administered before and after the intervention period.

**Results.**– Analysis of covariance tested the effect of motor training programme on four scales of the Luria's child neuropsychological assessment battery: Executive scale; Motor scale; Visuo-spatial scale; Memory scale. Group differences ( $p < .05$ ) were found for the Executive scale and Motor scale. Posttest mean for the intervention group were significantly ( $p < .05$ ) greater than the control group.

**Conclusion.**– Motor sequencing training in children with ADHD benefits both motor abilities and executive functions.

**Funding.**– The research was supported by Act 211 Government of the Russian Federation, agreement no. 02.A03.21.0006.

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

EV0107

### **Impact of visuospatial training on language abilities in children with SLI**

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**Background.**– It was shown that children with specific language impairments (SLI) have deficits not only in producing and understanding language but also in visuospatial abilities (Kiselev et al., 2016). We assume that training programmes that are aimed to develop the visuospatial abilities can help children with SLI. The goal of this study was to assess the impact of visuospatial training on the language abilities in children with SLI.

**Participants and methods.**– The participants were 28 children aged 6–7 years (mean age=6.8) with SLI. Children were randomly assigned to the intervention and comparison group. Children from intervention group participated in 36 weeks of visuospatial training. This programme trains the child to do different visuospatial exercises both on motor and cognitive level. This programme is built on the conceptual framework derived from the work of Luria's theory of restoration of neurocognitive functions (Luria, 1963, 1974). We used the subtests from Luria's child neuropsychological assessment battery to assess language abilities in children before and after the intervention period.

**Results.**– Analysis of covariance tested the effect of visuospatial training programme on five language subtest from Luria's child neuropsychological assessment battery. Group differences ( $p < .05$ ) were found for subtest that assess understanding prepositions that describe the spatial relations between objects. Posttest mean for the intervention group were significantly ( $p < .05$ ) greater than the control group.

**Conclusion.**– Visuospatial training in children with SLI benefits specific language abilities for understanding sentences with spatial prepositions.

**Funding.**– The research was supported by Act 211 Government of the Russian Federation, agreement no. 02.A03.21.0006.

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

EV0108

### **A novel way of analyzing facial emotions processing in children with Autism spectrum disorders**

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Emotion perception in autism spectrum disorders is one of the most researched topics of the past decade, being extremely important for monitoring the therapy progress. Facial emotions processing can be done using eye-tracking devices. However, these can sometimes be hard to wear for the child. Stating from this observation, it becomes

important to device other ways of studying facial emotions processing in autism spectrum disorders

The aim was to develop a program that will help identify the pattern in which image processing occurs.

Eighteen children (8 neurotypical) were included in this study, based on informed consent. They were asked to press on some images displaying facial emotions and the order in which they touched the different features of the faces in the photos was quantified and then analysed.

The data was analysed using Spss 22.0 and non-parametric testing was employed for non-continuous variables.

There were differences between the two groups for the emotion of "surprise"  $p$  Wilcoxon  $< 0.05$ . The children in the control group also had significant differences from one press to another on the same picture, for the emotion of surprise ( $\chi^2(8,3) = 9.18, P = 0.02$ ). In the group on children with autism spectrum disorders, this trend of difference was observed for the emotion of "fear" ( $\chi^2(10,3) = 7.92, P = 0.04$ )

These results suggest that the test of showing children facial emotions might be an efficient manner of analyzing emotional processing in children with developmental disorders. Another important conclusion is that not all emotions are processed in the same way in both typical and non-typical children.

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

EV0109

### **Cohort study of gaze following ability in preterm infants**

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**Background.**– The aim of the current study was to investigate the influence of prematurity on development of gaze following behaviour.

**Participants and methods.**– Our study consists of two birth cohort: 10 month cohort consists of 7 preterm infants with mean corrected age 9.71(1.17), mean gestation age 35.29 (17.50) and 10 full-term infants with mean age 10.42 (1.19); 14 month cohort consists of 8 preterm infants with mean corrected age 14.06(1.64), mean gestation age 32.37(16.71) and 10 full-term infants with mean age 10.42(63). The infants from both cohorts were matched for gender and age. Each trial was divided in four phases: 1- the model sits, looking down; 2- the model is looking straight ahead; 3- the model is shifting her gaze to the toy; 4- the residual time. The percentage of performed trials, fixation duration (ms) on relevant and irrelevant stimulus were analysed.

**Results.**– We have not revealed the significant ( $P \leq 0.05$ ) differences between groups from 10 month cohort. Statistically significant ( $P \leq 0.05$ ) differences were found between groups from 14 month cohort: difference in the number of performed trials (full-term. 85 (22) and preterm. 44 (36),  $F = 8.747, P = 0.015$ ); fixation duration on relevant stimulus in the 4<sup>th</sup> phase (full-term 5.389 (2.207)s and preterm 2.307(1.716)s,  $F = 10.474, P = 0.005$ ).

**Conclusion.**– Premature infants have shown lower level of gaze following behaviour in 14 month in comparison to infants from control group. It can be assumed that prematurity has influence on the development of communication skills related to gaze following behaviour in infants at 14 month of age. This work was supported by grant Russian Science Foundation 17-15-01144

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

EV0110

### **The use of oxytocin in autism spectrum disorder: A literature review**

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*Objective.*– Autism Spectrum Disorder (ASD) is a neuro-developmental disorder that affects 1% of the general population and involves persistent deficits in social communication. It is also characterized by the presence of repetitive behaviours, restricted interests and inflexible adherence to routines. One possible treatment for the social communication deficits observed in Autism involves the use of Oxytocin.

*Method.*– Our literature review shall involve a comprehensive look at published data on the use of Oxytocin in individuals for the amelioration of social cognitive deficits, and we shall review the mode of administration, doses and treatment regimens used for this purpose, and suggest a possible treatment plan involving oxytocin for patients who have ASD, and what the expected responses to such a treatment regimen might be.

*Result.*– Once daily usage of Intranasal Oxytocin, at 24 International Units (IU) may help with social cognitive deficits, although the magnitude of this effect is small. There is little evidence on whether this effect persists after cessation of Oxytocin.

*Conclusion.*– Oxytocin may be a useful adjunct to social skills training and early intervention strategies for individuals with Autism and Social Cognitive Deficits.

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

EV0111

### **Trauma-based mind control and Istanbul protocol for torture diagnosis**

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*Introduction.*– This paper reviews the applicability of the Istanbul Protocol for Torture Diagnosis to extreme child abuse cases as outlined on the website [traumabasedmindcontrol.com](http://traumabasedmindcontrol.com).

*Objectives.*– The presentation outlines the difficulty of tackling a suspected Organised Ritualised Crime Network (ORCAN) with conventional Psychiatry and Psychology skills and offers alternatives from torture research.

*Aims.*– This presentation aims to explore research based alternatives to the ‘Discourse of Disbelief’ where allegations of extreme abuse and authority compromise are simply denied.

*Methods.*– Document reviews yielded a disturbing picture of an extreme abuse network comparable to the Marc Dutroux case in Belgium and promising diagnostic methods that could be deployed to properly investigate allegations.

*Results.*– A small child showed flashbacks and signs of dissociation after repeated contact visits to his biological father. Review of case materials suggested the operation of a high-level extreme abuse ring involving prominent mental health professionals, business leaders and politicians. Child disclosures covered bizarre as well as sexually exploitative abuse acts that a child would be rather unlikely to come up with without corresponding experiences. Authority representatives alleged that the mother was mentally

unwell and took the child into care without proper examinations. The detailed guidelines contained in the Istanbul Protocol for Torture Diagnosis could probably lead to the identification of suitable proof to prosecute suspected offenders.

*Conclusions.*– Extreme abuse torture of small children appears to be met with denial when actually workable diagnostic approaches are available.

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

EV0112

### **Potential barriers in the therapeutic relationship in unaccompanied refugee minors in mental health**

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*Introduction.*– Even though refugee children, particularly unaccompanied refugee minors, present with disproportionately high prevalence of emotional and psychological morbidities, this group of vulnerable but marginalized young people's access to utilize mental health service has been consistently shown to be significantly poorer than the general population. However, so far there has not been much research to explore the possible underlying reasons or barriers for them to access mental health service in their host countries.

*Objectives.*– This research aims to understand unaccompanied refugee minors' barriers to access and utilize specialist mental health services and to explore any specific issues that are perceived to be related to this poor engagement with the services.

*Methods.*– The study was conducted by using semi-structured interviews with fifteen unaccompanied refugee young persons and their carers to elicit their views, perceptions and beliefs based on their experience of receiving treatment from a specialist mental health service in the UK.

*Results.*– Thematic analysis was used to analyze the interview transcripts. After analyzing the interview data, main findings were categorised into two broad themes, the participants' perceptions of the intervention received, and the professionals involved. The different elements and pertinent issues within these two broad areas were discussed.

*Conclusions.*– The findings will help stimulate further research into gaining better understanding of the barriers for these young people to access help, and contribute in developing services that are more efficient in engaging this vulnerable group and suitable to meet their specific needs.

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

EV0113

### **Body dissatisfaction, depression and self-esteem in obese Tunisian adolescents**

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**Objective.**– The aim of this work was to examine the relation between body dissatisfaction, depression and self esteem in adolescents with obesity.

**Methods.**– The patient group included 30 participants (18 girls, Mean age = 15.27 years  $\pm$  3.59) who were diagnosed as having obesity at Endocrinology service of University Hospital Hédi Chaker, Sfax and the control group consisted of 30 non obese participants (25 girls, Mean age = 16.53 years  $\pm$  1.85). Socio-demographic and clinical data related to obesity were collected using a self-reporting questionnaire. We used the Bruchon-Schweitzer's Body image questionnaire (QIC) to measure body image dissatisfaction, the Rosenberg Self-Esteem Scale to evaluate the self-esteem and the CES-D (Center for Epidemiologic Studies - Depression) to detect depression.

**Results.**– In this study, the patient group stated that they are highly dissatisfied with their bodies compared to the control group ( $P=0.005$ ). Obese adolescents demonstrated more depression ( $P=0.009$ ) than normal weight peers. We did not find any significant difference in mean scores for self-esteem between the two groups. The obese children with body dissatisfaction had significantly lower self-esteem and higher levels of depressive symptoms than the obese children without body dissatisfaction.

**Conclusion.**– Our findings suggest that obesity may be linked to body dissatisfaction which was also associated with low self-esteem and high levels of depressive symptoms. These psychological consequences of obesity, associated with somatic complications could further darken the prognosis in this young population. A multidisciplinary approach including psychotherapeutic treatment is essential to optimize the quality of the care provided.

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

EV0114

### Relaxation kinetics in the study of neurobiological processes using functional magnetic resonance imaging and spectroscopy

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Biochemical reactions in normal living cells are multistage chemical processes that take place in a stable steady state. Study of the dynamic system behaviour and kinetics of system return to the initial stable steady state provides ample information on the process mechanism. The aim of this study is to combine the method of localization dynamic spectroscopy we developed with relaxation kinetics techniques using MRI methods (fMRI and NMR).

Nine mentally and neurologically unimpaired men comprised test group (mean age was 22.1  $\pm$  1.9).

MRI data were performed on Achieva Philips 3.0 T scanner. The fMRI audio-stimuli (tone, 1 kHz frequency, 70–80 dB) were presented to the test subjects. The test subjects were instructed to press a special button with the right hand index finger upon the stimulus presentation. The paradigm of the study consisted of 210 dynamics, the number of target stimuli was 30. A spectroscopic voxel measuring 20'10'15 mm<sup>3</sup> was placed in the activation area.

Statistical analysis demonstrated that without a load all measured values are constant. The load effect is observed for two parameters: [Hb]/[dHb] (BOLD) and NAA. For [Hb] we observed three kinetically discriminable processes involving at least four kinetic stages. The variation of the NAA concentration follows similar kinetics.

Analysis has revealed six kinetically discriminable stages. The oxygen consumption activation processes are kinetically related to the concentration dynamics of the NAA as a neuronal marker. The developed approach reveals the multi-substrate character of the process and makes it possible to formulate hypotheses of the molecular response mechanisms. (Figures 1, 2, 3)

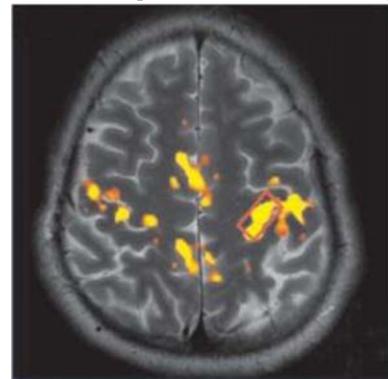


Fig 1 Position of the spectroscopic voxel in the axial T2-weighted brain images

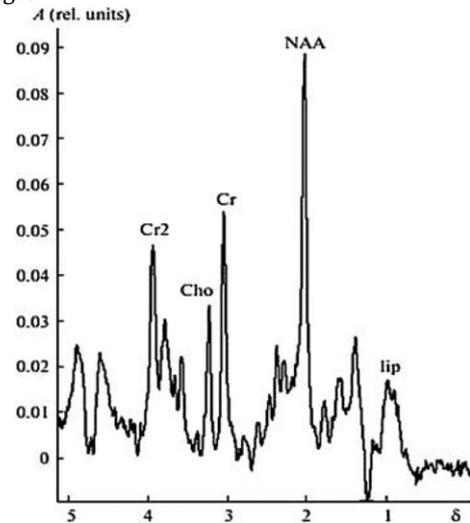


Fig 2 <sup>1</sup>H NMR spectrum of a human brain motor cortex sample

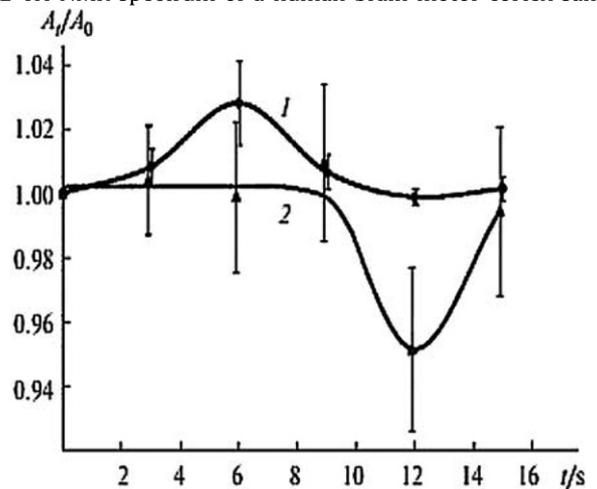


Fig 3 Bold signal (1) and dynamics of the averaged NAA signal amplitudes (2) in the <sup>1</sup>H NMR spectra of the premotor cortex for time  $t$  ( $A_t$ ) normalised to the amplitude of NAA signal for  $t=0$  ( $A_0$ ).

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

EV0115

### **New paradigms in child and adolescent psychodermatology: A case series from India**

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**Introduction.**– There is sparse literature available in context of Child and Adolescent Psychiatry and Dermatology from India.

**Objectives.**– To report an interesting case series on Child and Adolescent Psycho-dermatology where patients were referred from Dermatology to Psychiatry.

**Methodology.**– Case Series. Case 1 was a 7 year old boy with Trichotillomania referred for further management. Case 2 was a 3 year old boy with Neurofibromatosis referred for developmental problems. Case 3 was a 4 year old girl with Tuberous Sclerosis referred for developmental problems. Case 4 was a 14 year old boy with Systemic Lupus Erythematosus referred for fearfulness. Case 5 was a 12 year old boy with Alopecia Totalis referred for counseling.

**Results.**– All the five cases were clinically diagnosed by the Consultant In charge in Child and Adolescent Psychiatry and advised further appropriate psychological assessments, referrals, treatment settings, pharmacotherapy and psychotherapy. Case 1 was diagnosed with Depressive Episode (Moderate with somatic syndrome) and received Syrup Fluoxetine 5 ml od and CBT. Case 2 was diagnosed with Autism with Self Injurious Behavior and received Syrup Risperidone 0.25 mg hsod and Autism Training. Case 3 was diagnosed with Global Developmental delay and advised Child Occupational Therapy. Case 4 was diagnosed with Organic Psychosis and advised Tablet Olanzapine titrated to 7.5 mg daily. Case 5 was diagnosed with Severe Depression without psychosis and advised Tablet Escitalopram (10 mg) and CBT.

**Conclusion.**– We perceive that child and adolescent psychodermatology is a fascinating new area of clinical research and recommend further original research with better methodology.

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

EV0116

### **Alice in Wonderland syndrome. Case report**

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**Introduction.**– Alice in Wonderland Syndrome is a neurological disorder usually diagnosed in childhood. This syndrome is characterized by body-image distortion and disordered perception of distances, size, shape and spatial relationships between objects.

**Objectives.**– To know the different etiologies, clinical characteristics and outcome of the patients diagnosed with this syndrome.

**Methods.**– We review recent literature related to a clinical case admitted to our Psychiatric Emergency Service. A 14- year-old girl presented with a sense of strangeness consisting on changes in shapes and in spatial relation amongst objects, whilst being aware of the illusory nature of her perceptions. This picture appears in the context of a migraine in neurological follow-up. The patient had

psychological history and her neurologist appreciated that symptoms were stress-related.

**Results.**– After being evaluated by the Neuropaediatric Emergency Service, organic pathology is ruled out by EBV serological tests and imaging tests. Finally, Alice in Wonderland Syndrome was diagnosed in relation to migraine with atypical aura.

**Conclusion.** We should take into account the Alice in Wonderland Syndrome when patients present with the described symptomatology. This picture is unfrequent but alarming, with benign nature and spontaneous resolution in most cases.

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

EV0117

### **The separation protocol during hospitalisation for suicidal behaviours in children and adolescents: A survey of French psychiatric practice**

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**Objective.**– The study aimed to assess practices of French psychiatrists regarding the management of children and adolescents with suicidal behaviours, focusing on the use of the separation protocol. This framework, in which youth are separated from their relatives, appears to be a French practice, and is not formalized.

**Methods.**– We conducted an online survey. French psychiatrists caring for children and adolescents were asked to describe their practice of the separation protocol, via a questionnaire.

**Results.**– A total of 147 participants were enrolled in the study. Most of them worked in a university hospital. Children and adolescents who made a suicide attempt (SA) were systematically hospitalized in 61% of cases, compared to a rate of 20% in those presenting with suicidal ideations (SI). A separation protocol was set up systematically in 39% of cases, and on a case-by-case basis in 51%. The most common criteria cited were family relationship difficulties (78%). The mean age from which a separation protocol was indicated was 11.25 years. As for duration, 29% of participants reported a 24-48 hours period, and 21% a 48 hours period. Reasons given to justify use of the separation protocol were to allow a better clinical assessment (75%), and separate the child from a potentially harmful environment (57%). There were no significant differences between academic and non-academic practitioners regarding the characteristics of the separation protocol.

**Conclusion.**– This study confirms that the separation protocol is a widespread practice in France, despite the deprivation of liberty it implies. Studies need to be conducted to assess implications of this practice.

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

EV0118

### **“I am bigger than the sun”. Bipolar disorder in pediatric age**

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With this case report we would like to make a review about pediatric bipolar disorder (BPD) and we want to describe the phe-

nomenclology and clinical characteristics of BPD in children. We present an 8 years old child who gets into our inpatient unit because of behavioural alterations.

**Methods.**– The parents describe symptoms like mood changes intense irritability and outbursts of anger. All of these symptoms are associated psychomotor restlessness and distractibility. He started to threaten his parents (“I’ll cut your head off”) and also verbalizes unusual contents, which impress of grandiloquence expressing their own omnipotence (“I am going to destroy the sun and the moon with spell”). Finally, the diagnose was an maniac episode in pediatric age.

**Results.**– Most DSM-5 symptoms of mania were common in the children and adolescents with BPD with the most common symptoms being increased energy, distractibility, and pressured speech. On average, four of five bipolar cases also showed threshold levels of irritable mood and grandiosity, and more than 70% of all cases showed elated/euphoric mood, decreased need for sleep, or racing thoughts. Roughly 69% of cases also showed poor judgment, whereas only half of bipolar cases demonstrated flight of ideas, and slightly more than one-third showed hypersexuality or psychotic features.

**Conclusions.**– The clinical picture that emerges is that of children or adolescents with periods of increased energy (mania or hypomania), accompanied by distractibility, pressured speech, irritability, grandiosity, racing thoughts, decreased need for sleep and euphoria/elation

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

EV0119

### **Psychotherapy integrative model of mental and behavior disorders children moved out of “anti-terrorist operation” zone**

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**Introduction.**– Contemporary one of the most pressing problems in the Ukrainian health care is children’s mental health. The reason of this problem is the increasing number of extreme situations (military operations in the territory of Ukraine). Due to this we established the training model of specialists capable of carrying out psychosocial rehabilitation to victims of “anti-terrorist operation” (ATO).

**Objectives.**– The mental and behaviour disorders children affected of ATO. We studied 280 family: 110 adults and 170 children. The aim of the project was to optimize the provision of psychosocial support for children with problems of the psychic sphere by developing a system of psychotherapy adjustment and psychological education at the Centre for psychosocial rehabilitation of children. The basic component was the creation of the necessary conditions that expand the comfort and a safe space for the child to enhance positive impacts and mitigate negative impacts of the social environment.

**Methods.**– The leading role was played by a combination of three areas of work: psychotherapy (individual and family) psychocorrection (trainings, art-, hyppo-therapy) and social work.

**Results.**– In 86.5% of the children showed stabilization of mental and emotional state, reducing aggression, increasing motivation to social activity. In 58.0% of families - reducing conflict relations. **Conclusions.**– The non-standard integrative psychotherapy model, psycho-correction allowed organizing a fruitful and cre-

ative leisure. Provided of this model resulted in the reduction of aggression and anxiety, increased motivation for the successful development of new activities and problem-solving skills and conflict situations with peers and family members.

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

EV0120

### **Use of asenapine in childhood, our experience**

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**Introduction.**– In a childhood and adolescent inpatient unit, we could find different kind of pathologies (bipolar disorder, schizophrenia. . .) who need an hospitalization. In this study we are going to pay attention in those ones which we used asenapine like antipsychotic. In spite of the few studies presented to date, in our dairy practice we use them with efficacy and low secondary effects. Aim of the study: Analyze the use of asenapine in our unit.

**Methods.**– We analysed all the patients minors under 18 years old (N=1117) who were admitted in our inpatient unit a between 2009–June 2016. Our data were analysed with the SPSS program.

**Results.**– In the last 8 years (2009-2016), in our unit of hospitalization for children and adolescents (UHBIJ), 1711 children were evaluated in our emergency room (we do not include the patients in review or consultation). 1117 have been hospitalized with different pathologies. (aproximate 139 admissions per year). We have reported, in last three and a half years, 14 cases treated with asenapine. Their diagnoses were 71,4% bipolar disorder, 7,1% Attention deficit disorder and hyperactivity, 7,1% schizoaffective disorder, and 14,2% disrupt behaviour. We also analized other parameters like treatment dose (since 5 mg yo 10 mg), evolution, sex, age. . .

**Conclusion.**– The use of asenapine is a good treatment in patients who have mania and bipolar disorder but we find another uses (disrupt behaviour, schizoaffective disorder. . .) like others second-generation antipsychotic.

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

EV0121

### **Family functioning and socio-demographic features of children diagnosed with night terrors at a tertiary treatment center**

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**Introduction.**– Besides the biological function of sleep is still largely unknown, sleep is seen as an important part of the healing process and is considered essential to life in the physical, neurological, and emotional areas.

**Methods.**– Records of patients evaluated in the past year (i.e. August 2016- August 2017) at the Department of Child and Adolescent Psychiatry of the Abant İzzet Baysal University Medical Faculty were

screened and those with a primary diagnosis of Sleep (Nigh) Terrors as per ICD-10 (F51.4) were recorded. The parents are contacted via telephone and General Functioning subscale of the Family Assessment Device (FAD) were completed. Data were entered into a database prepared via SPSS Version 20.0 (IBM Inc.) and descriptive statistics were used for analyses.

**Results.**– Within the study period 22 patients (59.1% female) with a mean age of 7.8 (S.D = 3.1) years were diagnosed with Sleep Terrors. Mean ages of mothers and fathers were found to be 36.1 (S.D = 6.7) and 38.3 (S.D = 6.9) years; respectively. Comorbidity with other psychopathology as well as family history of psychopathology were rare (9.1%; each). Mean score of FAD- General Functioning was found to be 1.6 (S.D = 0.6) and 72.7% of parents of children rated their family general functioning in the pathological range. Half of the children received symptomatic treatment (i.e. hydroxyzine) while others received psychoeducation and supportive therapy.

**Conclusion.**– Sleep terrors in school age children in our sample were mostly without comorbidity although symptoms were long-lasting and family functioning was poor.

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

EV0122

### **Retrospective follow-up data on the use of intramuscular paliperidone palmitate in adolescents and young adults**

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**Introduction.**– Paliperidone palmitate, in its monthly and trimestral intramuscular administrations, has shown efficacy in the long-term treatment schizophrenia-spectrum disorders in adults. Data is scarce on off-label use in other disorders and in younger patients.

**Objective.**– To describe sociodemographic, clinical and follow-up data from adolescents and young adults in treatment with palmitate paliperidone.

**Methods.**– We conducted an observational retrospective follow-up collection of sociodemographic, clinical and outcome data from patients with ages ranging 15-30 years old and in treatment with monthly and trimestral palmitate paliperidone in our department of Psychiatry.

**Results.**– A total of 23 young patients received monthly or trimestral palmitate paliperidone. Most frequent primary diagnosis (61%) was oppositional defiant disorder (ODD); the rest where schizophrenia, bipolar disorder, substance abuse and others. Average age of patients was 21 years, and average duration of treatment was 8.9 months. Final dose widely varied from 50 to 150 mg/month. 87% of patients achieved antipsychotic monotherapy with this treatment. 77% required no psychiatric hospitalization after initiation of treatment; the rest were hospitalized once. 4% discontinued treatment due to adverse effects.

**Conclusion.**– Palmitate paliperidone has been safely used in adolescents and young adults in our clinical setting. The most associated diagnosis was ODD, and overall results suggest good tolerability and efficacy. More clinical trials with palmitate paliperidone and other long acting antipsychotic should be conducted in these populations in order to establish its clinical indications.

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

EV0123

### **An overview of recent findings on social anxiety disorder in adolescents and young adults at clinical high risk for psychosis**

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**Background.**– Some studies showed that anxiety is particularly frequent in the Clinical High Risk (CHR) for psychosis population. Notably, social anxiety disorder is identified as one of the most common anxiety disorder in CHR adolescents and young adults. Despite this, the frequency and the clinical significance of social anxiety in this population have been underestimated.

**Methods.**– A selective review of literature published between 2011 and 2017 on social anxiety disorder in CHR adolescents and young adults.

**Results.**– Five studies are included. In particular, three studies demonstrated that CHR adolescents and young adults have higher levels of anxiety compared to controls. Furthermore, anxiety, including social anxiety, is related to the severity of psychotic symptoms. The other studies included show inconsistent results regarding the possible relationship between social anxiety and social functioning.

**Conclusions.**– Social anxiety disorder was common in CHR adolescents and young adults and correlated with more severe attenuated psychotic symptoms (e.g. suspiciousness). Thus, assessment of social anxiety disorder, along with other anxiety disorders, should be standard for all CHR adolescents and young adults presenting for help. Future longitudinal studies on larger samples of CHR adolescents and young adults are essential to examine the relationship between anxiety disorder and transition to psychosis

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

EV0124

### **Where is my home? Probe into adolescent attachment styles**

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**Introduction.**– Adolescence is considered as a transition period from childhood to adulthood. The duration of this stage is variable depending on biological, psychological and social stressors. Elements of attachment take their foundation early in life. Depending on the environment, the child will either become securely or insecurely attached. Aim: To examine the attachment patterns among adolescence and their later consequences.

**Method.**– We hereby present 5 case vignettes of adolescence with chief complaints of intense anger, self-harm, disordered eating and disobedience. Sessions primarily focused on ventilation with patient and parents. Information related to abuse, bullying at school, early childhood experiences and parental conflicts were explored.

**Results.**– It was found that adolescents failed to achieve a sense of security from the parental figure. Witness to abusive fights, strained home environment, emotional turmoil gathered a place in their minds. Resorting to harming oneself, extreme refusal of

food, pornography and gaming in excess and disobedience were manifested.

*Conclusion.*– Thus attachment holds a central place in the psychological journey of adolescence. Adulthood behaviour, coping mechanism, adaptive choices and development of mental health problems may be traced back to attachment styles.

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

EV0125

### Some questions of therapy of vegetative disorders in children and adolescents with depression

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*Background and aims.*– Vegetative dysfunction is one of the central manifestations of the affective pathology in children. Despite numerous studies concerning vegetative disorders treatment in children with depression, it remains a pressing problem at present.

*Materials and methods.*– A total of 120 children aged 12 - 14 with depression were involved in the study. Clinical psychopathological, somatic neurological, psychological (CDRS-R rating scale for depression in children, B. Mendelevych Test for the assessment of the neurotic status, scheme of investigation for recognizing the signs of vegetative disorders' by Vein AM, and neurophysiological methods (multidimensional linear and nonlinear investigation of brain dynamics -Kolmogorov-Sinai entropy (KSE)) have been used in the study.

*Results.*– It has been established that formation of clinical manifestations of vegetative dysfunction in children during puberty is based on emotional stress, imbalance of self-regulation processes, and depressive disorders somatization. The level of vegetative disorders, depression, asthenia and anxiety in adolescents corresponds to the criteria of the disease. A reduced adaptive capacity for loading (intellectual tests) has been diagnosed, which confirms a decrease in HRV parameters. The results obtained enable the authors to substantiate the strategy of intervention for correction of vegetative dysfunction in children with depression, precisely administration of neuropeptide (Semax, 0.1%) in combination with cognitive-behavioural therapy and low-power physiotherapy (electromagnetic radiation of millimeter range).

*Conclusion.*– The proposed complex provides regulation, anti-stress, vegetal stabilizing, adaptogenic, and neuroprotective effects in a very short time without pharmacobiologic load on the child's organism at puberty with preserving compliance and quality of life.

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

EV0126

### Description of neurodevelopment in children aged 0–5 years in child development centers

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*Introduction.*– Neurodevelopment is a dynamic process of interaction between the organism and the environment that results in the (a) organic and functional maturation of the nervous system, (b) the development of the psychic functions and (c) the structuring of the personality (Early Care White Paper, 2000). This process begins very early and continues several years after birth, with critical periods for normal brain development, the main ones being intrauterine life and the first year of life (Medina et al., 2015).

*Objectives.*– The study aimed to describe the characteristics of neurodevelopment in children 0-5 years old institutionalized in child development centers, the population is characterized by the presence of social variables such as extreme poverty and low educational level.

*Methods.*– The information was collected through the ASQ3 test administered to the parents of the children. The population consists of 213 participating mothers and/or parents.

*Results.*– The results show that 50.2% of the children are in a normal range of neurodevelopment measured by the scale; 26.2% at risk and 23.4% at low. The areas evaluated were communication, gross motor, fine motor, problem solving and socio-individual. The analysis by the areas shows that the fine motor skills present low performance compared to the other areas evaluated.

*Conclusions.*– The results of the study serve as a baseline to continue the path of diagnosis and early intervention

*Keywords:* Neurodevelopment; Child development and early intervention.

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

EV0127

### Anti-NMDAR encephalitis versus ADHD. Case report

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*Introduction.*– Isolated psychiatric episodes are infrequent but can occur as initial onset or relapse of anti-NMDAR encephalitis.

*Objectives.*– The aim of our study was to review the status of the issue by a case report.

*Methods.*– Literature research was carried out using Pub Med and Up-To-Date. Publication dates: 10 years. MeSH terms were “anti-NMDAR encephalitis” and “psychiatric episodes”.

*Results.*– A 15-year Caucasian male with progressive school failure, memory deficits and social isolation was referred to psychiatry. A.D.H.D study and neuropsychology tests were completed. Results were negative. 2 months later his condition worsened gradually. He was hospitalized because of neurological symptoms like hallucinations, delusions, disorganized thinking and insomnia. Screening for NMDAR antibodies was done because of decreased level of con-

consciousness and stupor with catatonic features. The results were positive and finally immunotherapy was successful.

**Conclusion.**– Patients with anti-N-methyl-D-aspartate receptor (NMDAR) encephalitis often develop prominent psychiatric manifestations. In patients with new-onset psychosis, having a history of encephalitis, subtle neurological symptoms, and/or abnormal results on supplementary tests should prompt screening for NMDAR antibodies. In summary, the results presented here suggest that little research has focused on. Recognition of these episodes is important because they respond to immunotherapy.

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

EV0128

### **Serotonin syndrome in a 10 year old child: A case study**

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A 10-year-old Caucasian male who presented to the Emergency Department with worsening shortness of breath, malaise, and cough that were gradually worsening over the past 4 days. He had recently been seen by a private psychiatrist and commenced on Sertraline 2 weeks back at a dose of 25 mg mane and rapidly hiked to 150 mg within the fortnight!, In ED, patient was noted to be in distress with tachypnea and tachycardia. He was admitted with a diagnosis of possible pneumonia and was started on antibiotics. Within 24 hours of admission, patient went into respiratory distress with agitation, confusion and muscular rigidity. At this time, the possibility of serotonin syndrome was entertained.

Sertraline was ceased and general supportive treatment was provided. He showed rapid recovery after 5 days with follow-up.

**Discussion.**– This case displays a very typical presentation of serotonin (5-HT) syndrome (SS). The key learning point is the high index of suspicion to diagnose and treat this condition before it becomes fatal. SS is classically described by a triad of symptoms: mental status change, autonomic hyperactivity, and neuromuscular abnormality.

**Differential diagnosis.**– NMS, anti-cholinergic toxicity, malignant hyperthermia, meningitis. The key step towards diagnosis is a thorough history and physical examination. The most common clinical manifestations are neurological, autonomic, and neuro-muscular changes.

**Sternback/Hunter criteria.**– *Lab tests:* CPK or myoglobin levels can help in determining extent of muscle breakdown. *Management:* mostly supportive, cessation of any possible offending agents including SSRI, MOI inhibitors, antipsychotics,

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

EV0129

### **Psychoactive effects of nutmeg in an adolescent man: A case study**

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Mr. DB, a 14 year male who presented with a delirium like picture with extreme agitation, confusion and disorientation. He had a past diagnoses of ODD and polysubstance abuse (THC, ETOH etc). P/E and organic screen done showed no abnormality. A Urine Drug

Screen was not positive for any of the commonly used psychoactive substances.

On MSE, he displayed confusion and poor orientation to Time, Place and Person. His MMSE score was 24/30. At this stage, a detailed mental assessment was not possible, and so he was transferred to the Child and Adolescent Inpatient Unit. During the next day or so he was noted to be presenting with a fluctuating mental state and also seen to be responding to external stimuli which responded well to a trial of benzodiazepine (lorazepam 1–2 mg PRN to a max of 6 mg in 24 hrs).

He showed significant improvement in his mental state over the next 2 days and was discharged back home. On follow-up 2 weeks later he showed no features of a morbid mental state. However, he reported having used 5–6 crushed Nutmegs a day prior to hospitalization and that he had often done this with his friends in the past for the 'high' effects that it produced.

Nutmeg contains an active psychoactive compound called 'myristicin', belonging to the deliriant drug family. Effects can range from a mild high or 'stoned feeling' similar to THC to full-blown experience with auditory and visual hallucinations and shifts in perception.

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

EV0130

### **Personal constructs of adoptive parents with the experience of care for children with significant developmental and emotional-behavioural disorders**

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**Introduction.**– The current social policy in Russia actively encourages adoption and fostering of children with developmental abnormalities. The discrepancies between parental expectancies and attitudes with child's behaviour, disillusionment with their perceived ability to cope with problems arisen increases the risk of family crisis and eventual placement failure.

**Objective.**– To study how the experience of care for children with serious developmental disorders or mental illnesses is related to expectancies and parental attitudes.

**Methods.**– A modification of repertory grid technique was used, with parents ranking the pictures of supposedly parent-less children, as well as own family members. Quantitative indexes of construct differentiation and element distances, content-analysis of constructs and qualitative analysis of each grid were employed. Responses of parents of 16 families with adopted children with serious developmental and behavioural disorders (all resulting in stationary psychiatric care necessity) were compared to 12 control adoptive families and 20 families without adopted children.

**Results.**– No significant differences on single indexes between groups were found. The parents from under investigation group were both low and high scorers defined by interquartile range. Qualitative analysis permitted to describe some characteristic patterns of how the experience of care for difficult children influence construing: the simplified construing (with use of problematic children as reference element or stigmatizing), the monolithic con-

struing with fusion of images of self and adopted children, loosened construing with projection of idiosyncratic beliefs.

**Conclusions.**– The impact of experience of care for seriously disturbed children isn't unimodal. It is not determined by severity of child disturbances only.

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

EV0131

### Spiritual psychotherapy for adolescents with conduct disorder

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**Objective.**– The global burden of conduct disorder is considerable, especially in males. Majority of studies showed that spirituality has significant effect on delinquent and antisocial behaviours. we designed the Spiritual Psychotherapy Package for Adolescents with Conduct Disorder and executed it as a random clinical trial with control group.

**Method.**– Qualitative content analysis and focused sessions with experts were used to design the package and its validity was assessed by experts. The package was executed for 30 adolescents with conduct disorder aged 14 to 18 years in 4 experimental groups at Tehran reformatory as a random clinical trial. Aggression Questionnaire, and The Attachment to God Inventory were completed. Outcome measurements in experimental group were compared with control group who was 30 adolescents with conduct disorder in the same reformatory, in the pre-post package administration and after 6 month follow-up.

**Results.**– Four main themes were extracted from the data analysis: 1) Object relations based on insecurity and fear; 2) Object relations based on inability and abjection; 3) Object relations based on pessimism and mistrust; 4) Object relations based on non-maintenance of boundaries and limits. The findings of the clinical trial showed significant difference in avoidance attachment to God in experimental group as compared to control group. Also, we found significant decrease in anger measurements in experimental group at post-treatment and follow-up as compared to pre-treatment.

**Conclusion.**– The findings of this study indicated effectiveness of the Spiritual Psychotherapy Package for Adolescents with Conduct Disorder in reducing anger and avoidance attachment to God.

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

EV0132

### Study of the pattern of psychotropic medications prescribed for children referred to child psychiatry clinic, Mansoura University Hospital

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**Introduction.**– The number of children diagnosed with psychiatric disorders as well as the use of psychotropic drugs in children has increased significantly in the past two decades. This situation is of concern because it is not clear that the benefits of many psychotropic medications exceed the potential harms in children. To the best of our knowledge there are no regional studies in Egypt that review and summarize the pattern of psychotropic prescriptions in children.

**Objectives.**– Degree of concordance between psychotropic medications prescribed for children referred to child psychiatry clinic, MUH and the Maudsely guidelines.

**Methods.**– All the enrolled patients were subjected to:

- clinical assessment using the Arabic version of MINI KID;
- the socio-economic status scale for health research in Egypt;
- the study population prescriptions were reviewed to assess those pattern versus the Maudsely guidelines, 12th edition.

**Results.**– (Table 3)

Table 3 Distribution of psychotropic drug prescription within the studied group.

Drug categories	No. (%)
Antipsychotics drugs	154 (56.6)
stimulants atomoxetine	27 (9.9)
anticonvulsants	94 (34.6)
behavioral therapy	42 (15.4)
antidepressants	
Mono-therapy	187 (67.3)
Combined therapy	89 (32.7)
	Median (Min.-Max.) for combined therapy 2 (2-5)

**Conclusions.**– The degree of concordance between psychotropic medications prescribed for children referred to child psychiatry clinic, MUH and the Maudsely guidelines was ordered as follow:

- 42.3% disagreed;
- 34.2% partially agreed;
- 23.5% totally agreed.

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

EV0133

### A case report of how abuse can spark mania in children

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**Introduction.**– According to a recent meta-analysis, the overall rate of Bipolar Disorder (BD) among youth aged 7-21, is 1.8%. It is also known that certain traumatic experiences such as abuse can trigger the symptoms.

**Objective.**– To emphasize that all forms of abuse need to be questioned, regardless of the provided reasons for the patient's referral.

**Aim.**– To provide an example of a complicated case of how abuse and trauma may end up in a chain of full-blown manic episodes (BD 1).

**Methods.**– Literature review in scientific database and case report presentation.

**Results.**– A 7-year-old girl was brought to our clinic with complaints about irritability, grandiose manners, attention problems, lack of sleep and increased talkativeness which were going on for the last 3 weeks with on-off periods. She had numerous relatives -including her father- who were suffering from psychosis/BD. No organic pathology could be detected through neurological testings (EEG, MRI) or blood tests. When further questioned, her mother told the girl had been molested by a man some weeks ago. These

mood swings had started right after this incident. She went through another manic episode until being stabilized by Aripiprazole.

**Conclusion.**– It can be difficult to suspect/question abuse when the child is admitted to the clinic with seemingly irrelevant complaints. Yet, it is of vital importance that a child psychiatrist keeps in mind that abuse might be the underlying reason for many cases of psychopathology.

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

EV0134

### **Suicidal risks in juvenile bipolar versus major depressive disorders: Systematic review and meta-analysis**

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**Objective.**– Suicide attempts are prevalent in association with major mood disorders, and risk is greater with bipolar disorder (BD) than major depressive disorder (MDD) in adults. There may be similar relationships in juvenile mood disorders, but the evidence has not been compiled systematically and quantitatively.

**Method.**– We searched for reports of studies comparing rates of suicide attempts in children or adolescents diagnosed with BD or MDD, and applied random-effects meta-analysis.

**Results.**– In 6 reports from 1995 to 2017, with 2,303 participants diagnosed with mood disorder from the United States and South Korea, aged 3 to 18 years, rates of suicide attempts differed significantly by diagnosis: BD (31.5%) > MDD (20.5%) > hypomania or mania-only (8.49%). Risk of suicide attempts differed (BD > MDD) highly significantly by meta-analysis (OR = 1.71, CI = 1.33–2.20,  $p < 0.0001$ ), and was very similar if a study with attempts and suicidal ideation was excluded (OR = 1.64, CI = 1.26–2.14,  $p < 0.0001$ ).

**Conclusion.**– Risk of suicide attempts in juvenile mood disorder patients ranked: BD > MDD » hypomania or mania-only » juvenile general population.

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

EV0135

### **Emergency referrals to liaison psychiatry department in a busy Dublin Pediatric Hospital, with a focus on deliberate self harm presentations, 2011–2015; trends over time**

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**Introduction.**– The Paediatric Liaison Psychiatry Department in the Children's University Hospital (CUH) serves one of the busiest Emergency Departments in Europe for children under 16 years of age.

**Objectives.**– To analyse all referrals to the Paediatric Liaison Psychiatry Department in the Children's University Hospital (CUH) with a particular focus on deliberate self-harm (DSH) presentations. In terms of service need, demographic and clinical and characteristics and service use. To compare these DSH presentations in terms

of socio-demographic and clinical characteristics with a previously published cohort from this centre.

**Methods.**– Clinical database and chart reviews. Descriptive and analytical statistics using SPSS version 23

**Results.**– In terms of service need, there were 1256 presentations involving 1087 individuals who were referred for a psychiatric assessment to the Liaison Psychiatry Service. There has been a five-fold increase in DSH presentations compared with the earlier study. There was a high rate of non-school attendees (10%). The most common method of self-harm was an overdose with paracetamol. The rates of self-cutting which increased from 15% ( $n = 33$ ) in 2012 to 25% ( $n = 67$ ) in 2013. In terms of service use, the rate of admission to CUH for continuing care was 43% ( $n = 533$ ) over the five year period, and the average length of stay was 2.11 days.

**Conclusions.**– The majority of these cases were discharged to the community after a psychosocial and psychiatric assessment and those requiring admission were discharged in under 3 days reflecting the crisis nature of many of these presentations.

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

EV0136

### **Effectiveness of treatment for children with ADHD and autism with noofen**

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Attention Deficit Hyperactivity Disorder (ADHD), especially when it is in comorbidity with autism, is a challenge in psychiatric treatment. Noofen has been found to have demonstrated a positive effect on ADHD children by improving cognitive, self-control, focus, attention distribution, and verbal memory. The purpose of this study was to assess the effectiveness of Noofen in the treatment of Hyperactivity and Autism in children ages 4–11. Participants were children who have sought medical help at the Mental Health Center for Children and Adolescents.

In this pilot study are included 12 children, and it was done during 2016, over a period of three months. 10 of the participants were male and two females. The average age of the participants was  $M = 7.08$  ( $SD = 2.46$ ). Children have been diagnosed with childhood psychiatric hyperactivity disorder and are treated with NOOFEN with an average dose of 250 mg to 500 mg. The NOOFEN Dosage was made according to a psychiatric preparedness scheme. The results showed that 11 children had improved symptoms of hyperactivity, while one of the children reported improvement, but was discontinued due to the anaesthetic effect (headache). Participants were also monitored through CBCL in improving the symptoms of hyperactivity as well as through direct interviews with parents.

This pilot study has shown that treating the symptoms of hyperactivity with attention deficit as well as some of the symptoms of autism is effective in the short term, especially in attention and language but we do not currently have the effects for a longer time.

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

EV0137

## Autism spectrum disorder: Organization of treatment and parental perceptions

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Despite there is no proof that most of medically induced methods of correction of ASD, arranging medical treatment of ASD is based on combination of various interferences.

Our experience of dealing with parents of children with ASD shows that in 95% of observations scientific substantiation of a stimulation method is not of priority importance.

Otherwise, when parents run across a new method for the first time, medical personnel was required to explain what therapy needed to be applied. However, the main reason, when making a decision, was interaction with other parents. In 3% of observations the decision was made by parents after their 5<sup>th</sup> visit.

The main motivation component in making the decision was visible reduction of certain symptoms in other children's cases.

Fifteen percent of parents after the first visit of trainings had questions about physiotherapy methods, dynamic proprioceptive correction and massage, though during the initial examination there was no misunderstanding on their part. After the second explanation of how the method works there were no more questions.

Such stimulation methods as transcranial direct current stimulation, lingual correction, sensory integration and behaviour therapy caused no questions from parents. Also there were no questions about the course duration and the timing of each stimulation.

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

EV0138

## The association of sleep onset latency and sleep duration with psychologic problems according Strengths and Difficulties Questionnaire (SDQ) in Siberian adolescents: The school-based study

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The SDQ was developed by R. Goodman [J Child Psychol Psychiatry. 1997 Jul;38 (5):581-6] as a brief psychopathological screening tool that has been recommended for the detection and classification of psychosocial problems in adolescents. Data regarding the SDQ assessment in adolescent with sleep disturbances are limited.

*Materials and methods.* – A total of 481 urban Siberian (Krasnoyarsk) adolescents (aged 12-18; boys/girl ratio 213/268) were tested with self report version of SDQ questionnaire and sleep characteristics. Adolescents were asked "During the past month, how long (in minutes) has it usually taken you to fall asleep each night?" to estimate sleep onset latency. Bedtime and wake-up time on school days were assessed with the question: "At what times (hours:minutes) do you usually go to bed and wake up on school days?" Data are shown as median (25-75% quartiles). Kruskal-Wallis test was used.

*Results.* – Significant positive associations were detected between sleep onset latency and SDQ total difficulties score with more

remarkable progressive increasing in adolescents with emotional problems (Table 1). Hyperactivity score exhibited progressive association with sleep time reduction (mainly due to late time of "going to bed").

Table 1. Sleep onset latency in adolescents with different SDQ points subgroups (min).

Table (3): Distribution of psychotropic drug prescription within the studied group

Drug categories	No. (%)
Antipsychotics drugs Stimulants Atomoxetine Anticonvulsants	154 (56.6) 27 (9.9) 94 (34.6) 42 (15.4) 23 (8.5) 15 (5.5)
Behavioral therapy Antidepressants	
Mono-therapy	187 (67.3)
Combined therapy	89 (32.7) Median (Min.-Max.) for combined therapy 2 (2-5)

Table 2. Sleep duration in adolescents with different SDQ points subgroups (hours:minutes).

Table 1. Sleep onset latency in adolescents with different SDQ points subgroups (min).

SDQ scales	Self rated SDQ (points subgroups)			
	Average (unlikely to be clinically significant) n=314	Slightly raised (may reflect clinically significant problems) n=114	High (substantial risk of clinically significant problems) n=53	p
Total difficulties score	15,1 (14,3-16,0)	22,7 (19,4-25,9)	29,8 (24,6-34,9)	0,002
Conduct problems score	16,2 (15,2-17,2)	20,1 (18,0-22,2)	24,0 (19,2-28,9)	0,098
Emotional symptoms score	16,5 (15,5-17,6)	21,3 (16,3-26,3)	24,2 (20,9-27,4)	0,022
Hyperactivity score	16,9 (15,8-17,9)	21,6 (18,4-24,9)	19,6 (15,7-23,6)	0,075
Peer problem score	16,1 (15,0-17,2)	22,3 (19,7-24,8)	17,1 (15,1-19,1)	0,052

*Conclusion.* – Sleep onset latency increasing may be used as surrogate marker of psychosocial problems in adolescents, especially those with emotional problems (Table 2)

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

EV0139

## Conduct disorder and ADHD in children with soiling and encopresis -- Albanian experience

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*Objective.* – To evaluate the presence of mental health comorbidities in children suffering from fecal soiling or encopresis in gastroenterology-endocrinology-neurology unit of pediatric hospital.

*Materials and methods.* – A total of 22 children outpatients and inpatients, aged 4 to 13 years old, with fecal soiling, encopresis or functional constipation, were assessed for mental health diagnoses based on clinical evaluation and were diagnosed based on DSM-IV-R. Their parents completed the Albanian version parent report form of Strength and Difficulties Questionnaire (SDQ). SDQ is a screening instrument of emotional and behavioural problems in children and adolescents.

*Results.* – The overall frequency of any psychiatric symptom in the sample of children was 68.2 percent. Among the evaluated children the most prevalent symptoms were those of conduct disorder (68%), than peer problems (54%), emotional symptoms (45%), hyperactivity symptoms (41%). One in three children had also enuresis as a comorbidity and 40% had symptoms of separation anxiety disorder. There were not any statistically significant differences between sexes in the frequency of psychological disorders.

*Conclusions.* – Conduct disorder tends to be prominent in children with encopresis, it is evident that majority of them are prone of

stigma and this is associated with high levels of distress for both children and parents. Higher frequency of hyperactivity symptoms and ADHD and emotional symptoms warrants more specific evaluation of possible causes of these high frequency rates.

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

EV0140

### **Psychosocial aspects related to adolescent fatherhood: A systematic review**

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*Introduction.*– The physical and psychosocial risks of teenage pregnancy have been described broadly, but studying the mental health and life experiences of adolescent fathers has been neglected. Researchers have shown some negative effects, like decreasing years of schooling, early marriage, and jeopardizing on labour market outcomes. A systematic review may contribute to add solid evidence about this issue.

*Objective.*– To understand the psychosocial issues related to adolescent fatherhood.

*Methods.*– Following the PRISMA Checklist, original articles were included. Participants were adolescent fathers between 10 and 19 years old. Psychosocial aspects were described as: negative emotional disorders, externalizing behaviours, self-esteem, meanings related to fatherhood, emotional experiences, interpersonal relationships, and social support. MEDLINE, EMBASE, PsycINFO, Web of Science, and CINAHL were accessed, using the terms: (paternity OR fatherhood) AND adolesc\*. Studies published from 2012 to 2016 were included. Two authors screened the titles and abstracts independently, as well as the full text. A senior author accessed disagreements.

*Results.*– In short, 536 records were identified, 99 full-text articles were assessed, and 16 studies were included. We provided a narrative synthesis and 8 categories emerged: (1) Fatherhood: role of provider, feelings, and expectation; (2) Contraception, love, and sex; (3) Family and social relationships; (4) Education: a look to the future; (5) Commitment and access to partner and baby; (6) Identity and gender role; (7) Mental health; and (8) Criminality and externalizing behaviour problems.

*Conclusions.*– Main results point out adolescents assume fatherhood as transformative, besides facing difficulty on becoming fathers, especially considering the role of provider.

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

EV0141

### **Psychological problem among children who are sexually abused**

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*Background and aims.*– Sexual abuse referred to as molestation is the forcing of undesired sexual behaviour by one person upon another. And child sexual abuse is a form of child abuse in which a child is abused for the sexual gratification of an adult or older adolescent. The aim of the study was to explore psychological problems among children who are sexually abused.

*Materials & method.*– Sample of the study comprised of 29 children who are sexually abused and got service from YVC center of

BSWS through peer education at cruising spot. The age range of the participants was between 12–18 years. Among these children male (MSM) child was 20 and TG children were 09. All the children were from lower social economic status. All the cases were referred from cruising spot. Qualitative study was used as a focus group discussion (FGD) and in-depth interview (IDI) design. To collect data, in depth interview and socio-demographic questionnaires were used. Content analysis was used to analyze qualitative data.

*Results.*– The major findings comprised of two sections. The first one describes the nature of child sexual abuse among the sample and the section two describes four major domains of psychological problems and behavioural problems.

*Conclusion.*– So at last it can be said that sexually abused children suffers from long term negative effects. It is likely that stigma and discrimination against these groups has had a number of negative consequences for this group, many of which are connected with increased long traumatic risk.

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

EV0142

### **Problem behavior management through the use of informative material and shared reading stories among four-year olds in a Brazilian school**

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This study investigated and intervened in behavioural difficulties among 37 four-year-old children from a municipal school in Santos/SP, Brazil. The Inventory of Behaviors of Children and Adolescents - Report for Teachers (C-TRF) was used for behavioural assessment. Descriptive statistics showed a preponderance of externalizing behaviours, evidencing aggressive behaviour and attentional problems. Inferential analysis showed that aggressive behaviour and attentional problems were correlated, which was expected once both are classified as externalizing ones. The internalizing behaviour “withdrawn” was correlated to “attentional problems” and “aggressive behaviour” suggesting that once the child cannot keep his/her attentional focus to what is happening, he/she disconnect of the environment and withdraws. The externalizing behaviours were the most cited by the two teachers, perhaps because they are the most easily identifiable and those that cause the most need for management. Positive Behavior Support (PBS) was used focusing on the management of problem behaviours and on the promotion of prosocial behaviour. Teachers were instructed through printed material created by the second author based on the PBS model and also through the proposal of shared reading children’s books, highlighting sociocognitive aspects of the chosen stories. The effectiveness of the interventions was verified through a questionnaire answered by the teachers, which was qualitatively analysed. The results showed attentional improvement and a broader interest for shared reading. The need for more effective school administrative support for the teachers to use and develop those strategies was pointed out and should be addressed in future research.

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

EV0143

### Emotional dysregulation in our adolescents is it a risk of depression?

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The World Health Organization (WHO) has defined: Depressive disorder will be the main cause of incapacity for industrialized societies in the year 2020 (WHO,2001). In the same way, the WHO draws attention when describing that between 15% and 20% of Adolescents would have this kind of pathology in the course of their lives (Labelle et Bedwani, 2011).

Emotional dysregulation can be observed within the normal process of biopsychosocial neurodevelopment during childhood and specifically during adolescence (Mc. Elroy,2015). However, emotional dysfunctional dysregulation is a characteristic of many child & adolescents mental disorders. In fact, the emotional dysfunctional dysregulation could be found in depressive disorders, where the family dysfunction plays an important role (Bienvenu et Davydow,2011).

The objective of this article is to describe a clinical case in our practice and work in mental health with children and adolescents. We would like to identify the symptoms and signs of emotional dysfunctional dysregulation in an adolescent, a diagnostic hypothesis, a psychotherapeutic plan, the psychoeducation and the psychopharmacological option.

Finally, We would like to conclude as the emotional dysfunctional dysregulation in adolescents is obligatory study of comorbidity and specialized clinical approach to avoid the chronically irritability and the possible consequences both epigenetic and biopsychosocial.

**Keywords:** Emotional dysregulation; Depression; Dysfunctional; Adolescent

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

EV0144

### Impulsivity, emotional dysregulation and bipolar spectrum in adolescents. Evolution and treatment in one adolescent with comorbidity between odd, ADHD, impulsivity, emotional dysregulation and bipolar spectrum

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**Introduction.**– The irritability and Emotional Dysregulation are causes of consulting that increase day by day in our services of Child & Adolescent Mental Health. This irritability and impulsivity dysfunctional in adolescents, must be studied in their overall states. **Background.**– There is a high comorbidity between the impulsivity, frequent irritability, outburst of anger, inattention, hyperactivity and greater degree of oppositional defiant behaviour seen in Externalizing disorders, and Bipolar Spectrum or Bipolar disorder(BD), being a challenge to diagnosis and treatment in adolescents. **Objective.**– Demonstrate by reviewing a case, the diagnostic comorbidity between Oppositional Defiant Disorder (ODD), Externalizing Disorders, Attention Deficit Disorder with Hyperactivity(ADHD), associated with a pattern of Bipolar Spectrum, its effective psychotherapeutic and psychopharmacological treatment.

**Methodology.**– A twelve-years-old adolescent,with a four year history of hypoprosexia, hyperactivity, inattention, and impulsivity in the context of family dysfunction. There was also occasional hyperphagia. He had received psychotherapeutic and psychopharmacological treatment to ODD, then to Attention Deficit Disorder with Hyperactivity and increased symptoms. We needed to change the psychopharmacological treatment, because still the sintomatology with irritability, distractibility, restlessness, anger outburst, hyperactivity, grandiosity and dysphoria. In the test of Young Mania Rating Scale and HCL-32,the results were compatible with BD. The new pharmacological treatment were with Antipsychotic. He had psychotherapeutic management-social skills- and family therapy. HAS (Haute Autorité de Santé). Now the prognosis is better(CHIP-AE),and there is absence of irritability.

**Conclusions.**– The irritability dysfunctional, emotional dysregulation and impulse control deficits, have a high etiopathogenic relationship with Bipolar disorder in Adolescents, where the same psychotherapeutic treatment could be effective. However, the psychopharmacological treatment is a challenge and should be monitoring step by step.

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

EV0145

### Physiological correlates of clinical symptoms in autism spectrum disorders

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**Introduction.**– Autism spectrum disorders (ASD) display significant heterogeneity, therefore identification physiological correlates to the clinical symptoms is of practical importance for subtyping the cases, planning personalized treatment and assessment the pathophysiological dynamics.

**Objective.**– Searching for correlates to clinical symptoms (estimated in accordance with the Autism Diagnostic Observation Schedule-ADOS) in ASD, using electroencephalographic (EEG) and Heart rate variability (HRV)-based assessments.

**Methods.**– Seventeen children with ASD (5.4 ± 2.5 years) were recruited. EEG (19-channel) in parallel with HRV was recorded at rest with closed eyes. EEG functional connectivity (LORETA-based analysis of absolute phase) was assessed with Neuroguide software. Further, obtained data were subjected to correlation analysis (Spearman *r*) with ADOS evaluation data.

**Results.**– Z-score based EEG comparison with normative database, demonstrated significant differences in absolute phase between different Brodmann areas (BA) areas, but most prominent among the areas within somatosensory cortex (BA1,2,3), observed in all children. Partial correlation analysis (EVfactors age, gender) showed: a negative correlation between the stereotypic use of words/phrases and absolute phase between right BA1/BA3 and BA2/BA3 for beta bands; the quality of social reaction correlated negatively with the absolute phase between BA1/BA2 and BA1/BA3 for delta and theta in the left, and for beta in the right hemisphere; HRV-based index 'low versus high frequency', correlated positively with initiation of joint attention( $r=0.006$ ) and quantity of social initiatives ( $r=0.022$ ).

**Conclusions.**– Analysis of EEG functional connectivity can be useful for objective evaluation of ASD symptoms. HRV can be applied to distinguish the contribution of stress to the presented clinical symptoms in ASD.

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

EV0146

### **Modular therapeutic interventions for maltreated children and young people: A focus on the mental health of refugee children on the move in Europe**

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**Introduction.**– Children and adolescents being forced to flee their homes in an attempt to escape war, persecution, organised violence, and political or religious unrest is a global issue (BBC Radio 4, 2016; UNHCR, 2014). Children on the move are subjected to a multitude of possible traumatic events including the witnessing, experiencing and forcible participation in extreme violence and killing, alongside losses of family, security, and property, and overall upheaval. Such cumulative traumas are extremely damaging to the mental health of these children, with notably high rates of PTSD, depression and anxiety disorders. As a result, they often show signs of biologically embedded 'toxic stress' due to extreme, prolonged exposure to unpredictable stressors. Research demonstrates the benefits of a modular approach, using 'common practice elements' with children who have experienced violence and related trauma.

**Objectives.**– Increased awareness of the mental health needs of refugee children on the move in Europe. Presentation of the HfCF guides for intervention with children who have suffered violence and related trauma.

**Methods.**– Findings from a review of the literature will be presented. Advice on using the intervention guides will be given.

**Results.**– The workshop conclusions will be submitted in a paper to European Psychiatry.

**Conclusion.**– Mental health treatment recommendations will be made for refugee children on the move in Europe.

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

EV0147

### **Resignation syndrome in refugee children in Sweden**

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**Introduction.**– Sweden has the highest rate of refugees per capita in Europe. Many traumatized refugee children have been affected by a longstanding disorder: "resignation syndrome" during the last two decades.

**Objectives.**– The aim is to describe the background, onset, course, and recovery of the disorder.

**Methods.**– A total of 50 children are examined and followed from onset and through recovery.

**Results.**– Most children come from ethnic minorities in the former Soviet Union or Balkan States. Flight from their homeland has been

due to severe trauma to family members which was witnessed or directly experienced by the later sick child. The first symptom is the child's resistance to eat and drink, and he/she becomes mute. General mobility is lost and so is sensibility for pain. The children usually come to the hospital in a stupor or catatonia-like state. After hydration, tube-feeding is initiated. When establishing a confidence that they are safe and secure, usually with a residency permit, which can take years, the children slowly begin to recover. The tube can usually be removed after 3 months and return to school after 6–12 months. Depressive symptoms are common long after "recovery".

**Conclusions.**– The acute threat of deportation back to a place where the children experienced a severe trauma re-activates their unbearable fear and stress and causing the catatonia-like condition. The onset can be acute in connection with a negative decision in their asylum process or as a result of a progressive depression during the long waiting time for a decision.

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

EV0148

### **Study of psychosocial profile and health related quality of life of sufferers of pediatric malignancies**

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**Background.**– The great advances in early diagnosis and treatment of different malignant tumors have improved the overall health care of the sufferers and prolonged their life expectancy; a fact that made the improvement of the psychosocial status and the overall quality of life of cancer patients, a target and a necessity.

**Objectives.**– Evaluation of the psychosocial profile of an Egyptian sample of children suffering from different types of malignancies whether newly diagnosed or survivors compared to controls.

**Participants & methods.**– Twenty children with newly diagnosed malignancies (Group I), 20 cancer survivor children (Group II), and 20 healthy children of comparable age and sex to Group I & II as controls (Group III) were enrolled. Assessment of Health Related Quality of life (HRQOL), socioeconomic status, and psychological profile was carried out for all the participants.

**Results.**– Depression score was significantly higher in malignancy sufferers whether newly diagnosed or survivors compared to controls while mean values of Anxiety and Pediatric Symptom Checklist Scores were significantly higher only in newly diagnosed compared to controls. On the other hand, HRQOL; both total and all sub scores, were significantly lower in newly diagnosed malignancy patients compared to controls. In survivors; the total HRQOL was significantly lower compared to controls with the highest imprints on physical and social subcategories.

**Conclusion.**– The reported significant psychological burden and reduction of HRQOL highlight the importance of evaluation of such parameters as an integral part of the management plan of sufferers of pediatric malignancies whether newly diagnosed or survivors.

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

## Classification of mental disorders

EV0149

### Towards depsychiatrisation of transgender identity: A French study for ICD-11

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**Introduction.**– As a part of the development of ICD-11, WHO recommended to remove gender identity disorders from the chapter on mental and behavioural disorders to a non psychiatrising chapter. Current classifications consider that the presence of psychological distress and impairment are necessary and sufficient to consider transgender as a mental disorder. It implies that they are universally reported and determined by gender incongruence per se. A first study, conducted in Mexico showed that they are not always present and are predicted by experiences of social rejection

**Objective.**– The aim of this study was to replicate the Mexican study in a French context, assuming that distress and impairment will not be reported by everyone, and that they may have other determinants than gender incongruence.

**Method.**– A total of 72 transgender adults, mostly trans-women (60%), were asked to answer a questionnaire related to their experiences of gender incongruence, distress, functional impairment, social rejection and violence, during their adolescence.

**Results.**– As in Mexican study, most French participants reported having experienced psychological distress (88.4%) or functional impairment (85.5%). But both features were not reported by everyone. Moreover, distress was related to work and scholastic dysfunction, and participants who experienced dysfunction also reported more experiences of social rejection, particularly from schoolmate and/or coworkers.

**Conclusion.**– Results confirmed the overall pattern observed in Mexico and support the suggestion to classify transgender incongruence outside of the category of mental disorders in future ICD-11. This could improve access to treatment, and contribute to reduce stigmatisation and victimisation.

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

EV0150

### From pseudologia fantastica to psychogenic psychosis: A case report

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**Introduction.**– Both Pseudologia Fantastica (PF) and Psychogenic Psychosis (PP), are two entities described between late 19th century and early 20th. Their concepts have been poorly defined and understood.

**Objetives** We conduct a review of the literature about PF and PP in current classification systems, as well as the development of PP in patients with PF symptoms.

**Methods.**– We describe and analyse a clinical case of PF which developed PP, conducting a literature review of both disorders and their relationship.

**Results.**– PF is an entity that consists on a disproportionate falsification that may be extensive and complicated. Frequently, PF has its onset during the adolescence and presents over a period of years or even a lifetime. In current diagnostic systems, PF is included within Factitious Disorder. On the other hand, PP are the varied clinically independent psychoses, whose distinctive feature is that they are caused by psychic factors (psychic trauma). They typically have an acute onset and early remission. Currently, these psychotic episodes are diagnosed as “acute and transient psychotic disorders”. Certain individuals diagnosed of PF slowly develop delusional doubts (‘doutes délirantes’) and when a stressful event occurs, they suffer a PP episode.

**Conclusions.**– PP diagnosis has almost disappeared since the introduction of ICD-10 because of the elimination of aetiological factors in this classification. This diagnosis is now mainly subsumed under “acute and transient psychotic disorders”. Furthermore, more reviews and studies about PF diagnosis in current classifications, and its relationship with other disorders are required.

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

EV0151

### Ganser's syndrome. Classification challenges and differential diagnosis throughout a case

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**Introduction.**– Ganser's Syndrome (GS) is classified as dissociative disorder in CIE 10 and DSM 5. It was first described as a hysterical reaction, result of an unconscious effort to escape an intolerable situation. Differential diagnosis involves psychosis, factitious disorders and simulation.

**Objectives.**– To outline the persistence of controversies about Ganser's symptoms. To emphasize the role of cognitive impairment and organic disorders. Make differential diagnosis between GS, factitious disorders and simulation.

**Methods.**– A 50-years-old male, prison inmate, with personal history of HIV, HCV, cirrhosis, COPD, cognitive impairment. Former IVDU and alcoholic, he currently takes tobacco, cannabis and amphetamines. First admission to our unit with diagnosis of substance induced psychotic disorder, neuroleptic depot was prescribed. Second admission subsequent to agitation and disorganized language plenty of neologisms. After a few days he admitted simulation in order to achieve probation. At third admission he was agitated, provided approximated answers and behaviours.

**Results.**– Deterioration of somatic and neurological processes was not demonstrated by clinical examination, brain imaging and blood analysis. Drugs were not detected. Symptoms continued for weeks despite a cancelled trial that was supposed as a stressor.

**Discussion.**– Psychosis, SG and simulation can overlap. Relevance of organic pathology, especially neurological, in Ganser's symptoms, as described in most of the reviewed literature. Conceptualization of GS as a polymorphic clinical presentation with multiple causality, in which there is a difficulty in cognitive and emotional elaboration

of conflicts, under the confluence of personality factors, low IQ or cognitive impairment and organic damage.

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

EV0152

### **A surf through “mixed states” or “features” in mood disorders**

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*Introduction.*– In spite of the progress in understanding their pathogenesis, “mixed states” remain challenging to recognize and to treat. In fact, The higher rates of misdiagnosis and therefore inadequate treatment in patients experiencing mixed symptoms are well documented. A better understanding of “mixed states”, through a literature review, is thus probably useful.

*Objective.*– To examine the different dimensional and nosological descriptions and classifications proposed to define the mixed symptoms in mood disorders.

*Methods.*– The literature attempting to describe or define the mixed states had been explored using the Medline database and the following keywords: “mixed states”, “mixed features”, “mixed episode”, “bipolar disorder”, “affective disorder”, “classification” and “nosology”. A bottom-up search from the articles obtained had been also pulled.

*Results.*– Pub Med research returned 252 results. The number of articles has remarkably increased in the last decade. Indeed, mixed symptoms have been described since the antiquity with Hippocrates and Aretaeus of Cappadocia. Then, Kraepelin succeeded with other authors shed light on this concept in the late eighteenth. In this era, the Kraepelinian model was the dominant one until the introduction of the DSM III in 1980. Finally, the DSM 5 introduced the new nosological entity, mixed features, and denied its pathognomonic character of bipolar disorder.

*Conclusion.*– While progress has been made in its neurobiological specification, the clinical diagnosis of mixed states didn’t stop evolving in order to be more adapted with the statistical findings and clinical presentations.

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

EV0153

### **Persistent complex bereavement disorder: A case report**

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*Background.*– Persistent complex bereavement disorder (PCBD), previously known as complicated grief disorder is a newly proposed diagnosis included in the DSM-5 as an invitation for further study and exploration. It’s a diagnosis assigned to individuals who experience an unusually disabling or prolonged response to bereavement and have shown persistent and severe grief symptoms during at least 6–12 months after the death of a loved one.

*Aim.*– Outline clinical features and treatment of PCBD.

*Methods.*– Our case study deals with a patient with PCBD who consulted and were followed in psychiatry outpatient ward.

*Results.*– Mr NH was a 38-year-old father who lost his child at the age of two by drowning seven years ago. Since the tragedy,

he was devastated, felt hopeless and experienced a deep yearning and longing for his kid. He started being disconnected from social life and accumulating absenteeism at work. He became irritable, anxious and started picturing his son and reviewing in his mind his laughs and attitudes. He also reported nightmares and his tries to avoid reminders that would trigger intense emotion or physical symptoms. He was often neglecting his diabetes medication knowing this could be dangerous. The prolonged symptoms were so unbearable that he made a suicidal attempt and was referred to our ward. Patient was treated with Paroxetine 20 mg/j and didn’t show an improvement yet (3 months).

*Conclusion.*– PCBD has been recently the focus of DSM-5 work groups as its symptoms, prognosis and treatment are specific. Further studies are needed to understand and well define this condition.

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

EV0154

### **Compulsory admission: The Portuguese protocol**

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*Introduction.*– Compulsory admission (CA) are necessary as a way of assuring psychiatric patients’ safety and those around him/her. Even though a CA in Portugal is mainly a clinical (ie, medical) decision, it requires judicial (ie, legal) authorization, because it clashes with the patient’s freedom and rights. Taking into account that there are no standardized European protocols for CA, we describe the Portuguese Protocol.

*Methods.*– Review of clinical and legal determinants that concern CA in Portugal. A patient shall have a CA if he/she has a serious psychiatric condition that: (1) Can create a dangerous situation of legal and/or of patrimonial value of a relevant item, personal or non-personal, and refuses to undergo the necessary medical treatment; (2) Circumvents the ability to discern consequences and the lack of medical treatment may accentuate that state.

*Results.*– CA are classified as “urgent” or “non-urgent”. Urgent CA, which are more frequent in our country, occur when the patient’s behaviour requires immediate evaluation in the Emergency Department. Non-urgent CA are initiated by law representatives after a complaint is made (ex: family). A reevaluation is obligatory by two other psychiatrists. Further details are available in The Constitution, namely in “Decreto-Lei no35/99. In: Diário da República (DR), I Série A–no30; 5/2/99” and in “Lei de Saúde Mental no36/98. In: DR, I Série A–no169; 24/7/98”. (Link: [www.dre.pt](http://www.dre.pt))

*Discussion.*– Psychiatric disorders are unique in their sometimes dramatically change in the patients wellbeing. Future research should try to standardize protocols for CA in Europe.

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

EV0155

### **A psychopathological evaluation of frequent attenders of acute psychiatric ward**

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**Introduction.**– The problems of admission and readmission is very current worldwide and is a problem that concern different level of care. A retrospective observational study was conducted in a psychiatric ward in Switzerland in a period of 4 years (2012–2016). The purpose of this study is to determine the clinical and psychopathological characteristics of the frequent attenders of psychiatric service during the period of 2012–2016. We propose a literature review.

**Method.**– We conducted a systematic retrospective study of the admissions in the psychiatric clinic in Ticino during the period of 2012–2016. We review the literature with the use of the principal database (Pub Med, Enbase, PsychInfo). We use the definition of frequent attenders that are used in literature.

**Results.**– Sociodemographic characteristics year by year are explained in the table. Frequent attenders are associated significantly with male gender ( $p < .001$ ), younger age ( $p < .001$ ), caucasian race ( $p < .001$ ), psychiatric diagnosis of schizophrenia ( $p < .001$ ) or bipolar disorder ( $p < .001$ ), dependence comorbidity for alcohol ( $p < .001$ ) or cocaine ( $p < .001$ ), high frequency of admission more of 8 admission/year ( $p < .001$ ).

**Discussion and conclusion.**– Frequent attenders are a problem of the psychiatric service [1,2]. Effects of the readmission determine an increase of health costs and force to consider in worldwide health care a resolution that is valid for the personal care and in terms of pharmaconomy. Further research is warranted to replicate our clinical and qualitative observations and, in general, quantitative studies in large samples followed up over time are needed. Methodological limitations are considered.

Reference(s)

[1] Jacob R et al., 2016.

[2] Reid S et al., 2003.

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

EV0156

### **An exaggerated physical reaction in misophonia**

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Misophonia is described as a condition in which negative emotions and negative physical reactions are triggered by particular sounds. The patients with misophonia demonstrate hatred and extreme intolerance against specific non-dominant and repetitive sounds. It is a severe psychiatric disorder rather than a mere obsession. Its symptoms may vary from mild to severe. Although some patients can dissemble and passed out, some may lose their control. In severe cases, involuntary physical violence may be observed. Although it is usually perceived as a spoil by the society, it may cause the patient's life become unbearable. In this paper, the physical violence of a misophonia patient directed to a dinner guest who smacks his mouth during eating was reported. Unfortunately, the patient could not achieve to exclude himself from the source of disturbance before exhibiting the adverse physical reaction. Therefore, this case becomes important in demonstrating the extreme involuntarily reactive nature of misophonia. Misophonia is a profoundly disturbing disorder for a patient which might exhibit spontaneous unwanted physical reactions as in this case. There is no surgical or pharmacological treatment. It has a devastating effect on the patient's quality of life. Misophonia is not classified among the current disorders in DSM-5 and ICD-10. Therefore, it should be considered as a distinct psychiatric disorder within the forthcoming editions. Unique diagnostic criteria should also be constituted to

improve the recognition of this disorder by the health professionals as well as to encourage further scientific studies.

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

## **Comorbidity/dual pathologies**

EV0157

### **Cannabis use and psychiatric disorders in youth**

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**Objectives.**– To study the percentage of youth seeking inpatient treatment in a 30 bedded psychiatric nursing home for cannabis use and study associated mental health conditions.

**Significance.**– Despite the use of cannabis being associated with various psychological disorders, its consumption is on a rise, especially among the youth. According to the World Drug Report, 2017, among the people undergoing treatment for various drugs, 39% (highest global average) are those who are in treatment for cannabis use.

**Methodology.**– Out of 68 patients aged 15–29 years consecutively admitted over a 2 year period for various mental health concerns, a sample of 18 patients with cannabis use was drawn.

**Inclusion criterion.**– Youth aged 15–29 years, fulfilling the ICD 10 Criterion for cannabis dependence, seeking inpatient treatment. **Exclusion Criterion:** Other psychoactive substances (excluding nicotine), or any pre-existing neurological illness.

**Results.**– Out of the 68 patients, 17 (25%) were users of cannabis. All 17 patients had associated psychological and psychiatric morbidity. 58.8% were found to have associated schizophrenia/psychosis, 17.6% had a motivational syndrome, 11.7% manifested affective disturbances, 5.8% manifested with anxiety disorder and 5.8% with cognitive impairments.

**Conclusion.**– Significant psychiatric morbidity is associated with the use of cannabis with schizophrenia/psychosis rates the highest, followed by amotivation syndrome and affective disturbance. The high rates of association illustrate the need for creation of awareness among the youth on the harmful effects of cannabis and the urgency to seek treatment to prevent further harm. There's a role of providing aid to policy makers to regulate the supply of cannabis.

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

EV0158

### **Aspiration pneumonia in Catatonia. An omitted vital risk and a required prevention. A series of 3 cases**

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**Introduction and case description.**– In a 6-month period, three patients were admitted to a psychiatric hospitalization unit presenting with catatonic symptoms of different etiology. A patient with persistent depressive disorder, a patient with schizophrenia

and a patient with type II bipolar disorder. During hospitalization all three patients showed aspiration pneumonia (AP) as a clinical complication. All three patients fulfilled catatonia criteria at admission, according to the Bush-Francis Catatonia Rating Scale.

**Objectives and methods.**– The main goals of this work are to determine whether AP may pose at risk patients with catatonic symptoms, studying the clinical consequences on the evolution of hospitalized patients and evaluating the need of establishing prophylactic measures. Therefore, we conducted a research on hospitalized patients during a half year period presenting with catatonia and secondary AP and studied the cases.

**Results.**– All the patients required oxygen therapy, two of them intensive care and a patient died after secondary complications. In two patients this intercurrent condition lead to delay on electroconvulsive therapy (ECT) onset, slowing down the psychopathological remission and prolonging hospitalization. After less than 6 ECT sessions, the catatonic symptoms remitted ad interm in the 2 surviving patients.

**Conclusions.**– AP in catatonia is a poor described entity in literature. It entails an important vital risk, can lead to delay on ECT onset and can prolong hospitalization. Prophylactic measures or prevention protocols have not been published in order to manage this entity. This case series evidences the need to attend this matter and consider the establishment of prophylactic preventive measures.

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

EV0159

### **Improving care for people with multimorbidity through workforce development and blended learning approaches**

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Multimorbidity, the presence of two or more long-term conditions in an individual, is a significant problem across healthcare systems. In the UK, multimorbidity presents a considerable challenge, while guidance has targeted improving care for people with multimorbidities (NHS England, 2016; NICE, 2016). Multimorbidities often involve the physical health of people with severe mental illness, and the mental health of people with long-term physical conditions. Tackling this problem requires service development and health promotion, but also up-skilling of healthcare workforces, with such work underway in South London.

To evaluate the clinical impact of a workforce development initiative targeting healthcare staff through blended learning approaches using multiple interventions.

A blended learning programme of training interventions to tackle multimorbidities was implemented across healthcare settings, including e-learning methods, face-to-face training, and mental health simulation. A sequential transformative mixed-methods design was employed. Organisational level measures of training access, uptake, and confidence ( $n = 750$ ) were undertaken via surveys. Evaluations were undertaken for each intervention, focusing on quantitative measures of knowledge, confidence, attitudes, and skills, and qualitative analyses of perceived impact of training.

Analyses identified improvements in access and uptake of training, as well as staff confidence in addressing multimorbidities. Further evaluations suggested that simulation training was the most effective way to improve skills, attitudes, and confidence, while e-learning, seminars, and face-to-face training improved knowledge.

Qualitative analyses highlighted the benefits of interprofessional collaboration, system navigation, and 'networking'.

Blended learning approaches to multimorbidities involving mental illness can support workforce development, with simulation training the most effective educational intervention.

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

EV0160

### **Prevalence of post traumatic stress disorder in patients attending national drug treatment centre Ireland**

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Aim of this research is to meet a few objectives which are: Firstly, to look at prevalence of post-traumatic stress disorder (PTSD) in Substance Use Disorder patients. Secondly, to compare and self-rating of PTSD and clinical judgment. Thirdly, to compare trauma exposure between individuals with substance use disorder (SUD) and dual diagnosis patients. Fourthly, to perform an analysis of the characteristics of SUD/PTSD patients was performed. Fifthly, to review treatment programme based on analysis

**Study method.**– Cross Sectional design.

**Sample.**– Current attendees at National Drug Treatment Centre of 2 clinical teams.

**Results.**– The study is currently ongoing and preliminary results will be presented at the conference in 2018.

**Conclusion.**– It is a known evidence that there is a link between addiction and history of trauma. Further evidence from this study would help inform the need for further resource and parallel treatment for marginalised cohort of patients.

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

EV0161

### **What if an acute psychosis is treated with anticoagulants?**

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**Introduction.**– The annual incidence of cerebral venous thrombosis is estimated to 3 to 4 case per 1000 inhabitants. its mode of beginning is very variable. Headache is the most common clinical symptom, it's present in 74 to 90 per cent of cases. However, there are unusual aspects making diagnosis difficult such as acute psychiatric disorder.

**Objective.**– We proposed through a clinical case, to illustrate that an acute psychotic disorder can revealed a cerebral venous thrombosis.

**Methods.**– Study of a clinical case concerning a 21-year-old patient hospitalized for acute psychiatric disorder

**Results.**– Case report: madam RB is 21 years old with no history of somatic pathology. She has had an acute setup symptomatology maked of polymorphous delusional syndrome associated to auditory, visual, ceneasthetic and olfactory hallucination, a syndrome of mental automatism and a depersonalization syndrome. The somatic examination finds a 38 degree fever with a strictly normal neurological examination. The biological analysis only finds a hyperleucocytosis 13,400. The brain scan is normal. The diagnosis

of acute psychosis is suspected, The patient receive 6 mg per day of resperidone and 5 mg per day of lorazepam for 15 per day. The evolution is marked by the absent of improvement so a cerebral MRI was practiced and it objectified an extensive right transverse sinus thrombosis. An anticoagulant treatment was started with improvement after one week and disappearance of psychiatric symptomatology after one month

**Conclusion.**– A psychiatric symptomatology can mask a neurological pathology. The practitioner must strive to eliminate the somatic urgency before concluding to a psychiatric origin

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

EV0162

### **Sleep disturbance in individuals with alcohol use disorders**

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**Introduction.**– Subjects with sleep disorders tend to self-medicate with alcohol to promote sleep or to treat anxiety symptoms. Alcoholism can, in turn, cause sleep disturbances, which can result in relapse. The chronic use of alcohol can decrease sleep time, increase sleep latency and wake time after sleep onset, and cause a deficiency in slow-wave sleep generation, as well as affect Rapid Eye Movement (REM) sleep.

**Objectives.**– The authors assess the prevalence of sleep disturbance in alcoholic patients being treated in the outpatient clinic.

**Methods.**– This is a cross-sectional analysis conducted at the Dual Disorders Unit at Coimbra Hospital and University Centre. Subjects with active alcohol abuse/dependence and the ability to consent were recruited to complete a comprehensive sleep disorder questionnaire, including a general medical, psychiatric, and alcohol abuse/dependence history as well as validated scales (e.g., Insomnia Severity Index, Pittsburgh Sleep Quality Index and Epworth Sleepiness Scales).

**Results.**– Studies have reported that individuals with insomnia are more likely to consume alcohol to sleep, and the prevalence of sleep disturbance in alcoholic patients is higher than in general population. Preliminary results from our study confirm data in the literature.

**Conclusion.**– Alcohol abuse/dependence is a public health problem that interferes with physical and mental health. Insomnia and alcoholism are EVoccurring disorders. Therefore it is recommended a routine screening for sleep problems in subjects with alcohol use disorders, promoting an individualized and integrated treatment for each patient.

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

EV0163

### **Bipolar disorder and Sjogren's syndrome: A case report**

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**Introduction.**– Sjogren's syndrome is a common connective tissue disease. It may first occur with psychiatric symptoms (mostly

depressive symptoms and anxious ones). However, the association with bipolar disorder is not well known which leads to delaying diagnosis and treatment.

**Objective.**– Our objective is to highlight that bipolar disorder could be associated with Sjogren's syndrome.

**Methodology.**– A case report

**Results.**– Mrs X is a 57-year-old diabetic patient who was first admitted for occipital migraines, agitation, boxing movements in the upper limbs and pedaling movements in the lower ones. Neurological examination revealed both a pyramidal syndrome and a posterior cordonal one. The MRI showed a periventricular white matter lesion on T2-weighted. EEG was normal. The Cerebrospinal fluid analysis revealed a pathologic IgG index. HIV and hepatitis C virus serologies and VDRL/TPHA were all negative. The anti-DNA test, antinuclear antibodies and anti-SSA/Ro and anti-SSB/La tests were negative; rheumatoid factor and total complement were normal. Oral and ocular sicca syndrome were suspected from history-taking and confirmed by Schirmer test. The Salivary gland biopsies showed a lymphocytic infiltration, scored 4 using Chisholm's criteria. Psychiatric assessment revealed a bipolar disorder type II with an onset on post-partum. We also noticed a hysterical personality. The patient showed significant improvement with corticosteroid therapy associated with immunosuppressive treatment and mood stabilizer.

**Conclusion.**– Neuropsychiatric manifestations in Sjogren's syndrome are common and can occur not only during its course, but also at the onset of the disease. In our view, a more rigorous analysis of clinical background should be done by psychiatrists so to help early diagnosis and treatment.

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

EV0164

### **The particular association between recurrent depression and persistent delusional disorder**

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**Introduction.**– The association of two Axis I diagnoses in psychiatry is not a rule, but there are some exceptions and, in these cases the process till a correct and complete diagnosis is complicated.

**Objectives.**– The presentation of a clinical case that describes an unusual association of two Axis I diagnoses.

**Methods.**– A 53-year-old male, diagnosed with recurrent Major Depressive Disorder and Persistent Delusional Disorder (according to ICD-10 and DSM-5), known with alcohol abuse, had four depressive episodes, all of them severe. He was initially diagnosed only with Persistent Delusional Disorder and after one year the diagnosis of Major Depressive Disorder was established. Schizoaffective disorder was excluded.

**Results.**– Over the course of the illness, the clinical picture included systematized delusions of jealousy with congruent behaviour, associated with periods of real depressive episodes when the delusions were not present. Treatment consisted of high doses of antidepressants, atypical antipsychotics and mood stabilizers. As a particular aspect, the prescription of antidepressants did not worsen the delusional symptoms. These were constantly present between episodes more as a personality trait.

**Conclusions.**– The psychiatric disorders show variable clinical symptoms making it difficult to differentiate one from each other.

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

EV0165

### **Implementing and development of dual diagnosis services in institute of psychiatry – Ain Shams University; psychosocial collates (ongoing research)**

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*Introduction.*– Effective dual diagnosis programs combine mental health and substance abuse interventions that are tailored for the complex needs of patients with co morbid disorders. Our main objective of this ongoing research to study the impact of developing dual diagnosis service in Ain Shmas University Institute of Psychiatry and to identify the psychosocial factors associated with patients suffering from dual diagnosis and the impact of these factors on the severity of their condition.

*Methods.*– Implementing and development of Dual Diagnosis services in the Institute of Psychiatry- Ain Shams University started since August, 2015. Our service program included both outpatient clinic twice weekly and inpatient service both individual and group therapy. The ongoing study had started September 2015 till the end of December 2017. Both sexes were included irrespective to their socioeconomic status, aged 18–55 yrs old and accepted to participate in the study. They were assessed with semi structured clinical interview of Institute of psychiatry, SCID I and ASI. Preliminary results showed that Substance induced psychosis followed by substance induced mood are the most prevalent diagnoses among the studied sample, young aged males with low to middle socioeconomic status. Most incriminated substance is cannabinoids (hash and synthetic cannabis – Voodoo) exact results can't be declared till the end of the study [1,2].

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

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EV0166

### **Eosinophilia induced by clozapine: A case report and review of the literature**

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*Introduction.*– Clozapine is an atypical antipsychotic that has been used in the treatment of schizophrenia and other psychotic disorders especially resistant ones. It needs extensive monitoring. Besides of agranulocytosis, eosinophilia has been associated with the use of clozapine especially in the first weeks of its introduction. *Objectifs.*– To study the continuation of the treatment with clozapine in the absence of organs damages when eosinophilia occurred. *Methods.*– A study of a case of eosinophilia that occurred during the introduction of Clozapine in an adult diagnosed with resistant schizophrenia.

*Results.*– An eosinophilia occurred four weeks after the introducing of clozapine (1300/cmm), the dose of clozapine was 300 mg/day. The clozapine was continued at the dose of 300 mg. After four weeks her eosinophil count decreased and settled down to less than 300/cmm and the dose of clozapine was increased to 400 mg/day without any increase of eosinophil count.

*Conclusions.*– The current report shows further evidence that it may be unnecessary to cease treatment in all patients who develop a transient benign eosinophilia induces by clozapine. Careful haematological monitoring should be considered.

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

EV0167

### **The effectiveness of object relation couple therapy on amending ineffective communication pattern sand sexual dissatisfaction of couples being victim of domestic violence**

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*Objective.*– The aim of the present study was Evaluation Of the effectiveness of object relation couple therapy on amending ineffective communication patterns and sexual dissatisfaction of couples being victim of domestic violence.

*Method.*– The present study was quasi-experimental, pretest-posttest with control group. The study population included all couples referring to the private counseling Center for protecting Victims of Violence. The study sample consisted of 40 spouses (20 couples) who referred to this association and were recruited voluntarily through available sampling method in Tehran, Iran in 2016. Data were collected using Spouse abuse questionnaire and Communication Patterns Questionnaire (CPQ). Data were analysed using SPSS software through covariance analysis.

*Results.*– The findings of this study indicated a statistically significant decrease in the mean score of the experimental group in both post-test. Also, in comparison with the control group, there was a statistically significant decrease in the mean scores of the anxiety and depression ( $p < 0.01$ ).

*Conclusion.*– The results of the present study demonstrated that object relation couple therapy on amending ineffective communication patterns and sexual dissatisfaction of couples being victim of domestic violence

*Keywords:* Object relation couple therapy; Communication patterns; Sexual dissatisfaction; Couples.

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

EV0168

### **“Broken hearts”: Cardiovascular mortality in bipolar disease – About a clinical case**

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**Introduction.**– Bipolar disorder is associated with several medical conditions contributing to substantial morbidity and mortality being the most common medical problems obesity, diabetes mellitus and subsequent cardiovascular disease (CVD).

**Objectives.**– To describe a clinical case paradigmatic of cardiovascular mortality in a bipolar patient and make a review of the literature on the subject. To call attention to the need to increase awareness and recognition about cardiovascular diseases in this patients population.

**Methods.**– Bibliographic research was conducted through the Pub Med in the Medline library and clinical information was obtained through medical records and clinical interviews with the patient.

**Results.**– A 47-year-old man with psychiatric history since his early twenties, when the first manic episode is reported. At that time, the patient started treatment with mood stabilizers and antipsychotics, which he continued for the next two decades. As medical history, the patient presented obesity and had unmedicated dislipidemia and hypertension. He also had history of stroke at age 40. At day 10 of the last admission for new manic episode (September 2015), the patient was found in cardio-respiratory arrest in the bed. Autopsy revealed, as cause of death, ischemic heart disease.

**Conclusions.**– Compared with individuals with no history of mental illness, individuals with bipolar disorder are at increased risk of premature death from CVD. Developments in the prevention, detection and treatment of metabolic risk factors and lifestyle changes in this group are essential in improving care and prognosis.

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

EV0169

### **The risk of thromboembolism in psychiatric patients: Review of the literature and clinical cases**

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**Introduction.**– Arterial and venous thromboembolism are common causes of morbidity and mortality in the western world. Hospitalized psychiatric patients have some specificities such as: obesity induced by psychotropic drugs, physical restraint, possible catatonia, potential dehydration and treatment with antipsychotics or antidepressants. Some studies have shown that psychotropic drugs themselves may modify the risk of TE.

**Objective.**– Our aim is to correlate the clinical aspects of venous thromboembolism (VTE) with the clinical cases presented.

**Methods.**– We searched Internet databases indexed at MEDLINE using the keywords: (schizophrenia OR bipolar OR depression) AND (venous thromboembolism OR pulmonary embolism).

**Results.**– We describe two cases of pulmonary embolism (PE): a 79-year-old woman with antidepressant treatment hospitalized for

EP, and a 56-year-old woman with schizophrenia and antipsychotic therapy hospitalized for severe bilateral EP. VTE is a serious disease that can be complicated by EP and is a major cause of morbidity and mortality in non-surgical hospitalized patients. Risk of VTE is increased in psychiatric patients, especially in schizophrenia and bipolar disorder. The associations between VTE and depression are less clear. Antidepressants and antipsychotics may be a risk factor. The risk of VTE with typical and atypical antipsychotics varies with type of drug and is highest just after starting the drug.

**Conclusion.**– Psychotropic drugs are widely prescribed, so understanding the association between TE and underlying pathophysiological mechanisms is of major importance. The prescription of psychotropic drugs should be cautious and especially, it should be based on clinical assessments of the associated benefits and risks.

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

EV0170

### **Depression as a comorbid factor in patients with tuberculosis attending the rural government TB Hospital in Tamil Nadu, India**

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**Background.**– Tuberculosis (TB) remains a leading infectious cause of morbidity and mortality throughout the world. Medication non-compliance has been recognised as one of the drawbacks in the successful management of this disease. TB is associated with psychiatric morbidity, particularly depressive disorder, and this has been recognised as a cause of poor compliance and a cause of increased morbidity and mortality from the disease. Despite this recognition, little attention is paid to the identification of depression among TB patients. This study was designed to determine the prevalence of depression in patients with TB attending the rural Government TB hospital in Tamil Nadu, India and to find out the factors that may be associated with this.

**Methods.**– All consenting TB patients attending the hospital completed a socio-demographic questionnaire and nine-item HADS scale designed to screen for depression and anxiety, in outpatient and inpatient settings.

**Results.**– A total of 130 patients participated in the study of whom 61% were males and 39% were females. The mean age of the respondents was range 25–70 years. 57% of the patients had depression. Socio-demographic factors and a clinical factor (persistent cough) were significantly associated with depression.

**Conclusion.**– Measures to reduce depression among patients with TB should include effective symptom control, particularly of coughing, and measures to improve the financial status of this group of patients. Financial empowerment of patients may reduce depression in them, improve the compliance rate to anti-TB medication, and could furthermore bring an improvement to their quality of life.

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

EV0171

### Schizo-obsessive disorder. A case report

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**Introduction.**– Obsessive-compulsive symptoms and obsessive-compulsive disorders are frequent in patients with schizophrenic disorders, and it is argued that this high prevalence of comorbidity between both illnesses is due to common risk factors. In this way, there is a new clinical entity called schizo-obsessive disorder that has been proposed for a group of patients who present both diagnoses.

**Objectives.**– To know the clinical characteristics and outcome of patients diagnosed with this disorder.

**Methods.**– We review recent literature about this disorder related to a case admitted to our Mental Health Centre. A 64-year-old woman with long-term schizophrenia, that presented at the moment of the consultation obsessive thoughts, especially of a sexual nature.

**Results.**– It was requested a cranial computed tomography (CT) scan and a complete analysis, in which no significant alterations were observed. After several consultations, the patient was diagnosed with schizo-obsessive disorder.

**Conclusions.**– We should take into account the schizo-obsessive disorder when patients present with both delusional and obsessive symptoms, or in patients with a previous diagnosis of schizophrenia that also present with obsessive symptoms. Although there is some controversy with this disorder, the frequency of appearance of both symptoms together makes us think that it is a new clinical entity.

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

EV0172

### Dual diagnosis in the psychiatric emergency room: 20 years ago and today

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Dual diagnosis refers to an individual who suffers from both an addiction disorder and a mental illness. It is also known as EV-occurring disorders.

**Objective.**– Determine the prevalence of Dual diagnosis in our psychiatric emergency room today and 20 years ago.

**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 2006.

**Results.**– A total of 122 admissions were included. 19 (22%) had dual diagnosis disorder, 9 (7%) had substance abuse disorder (SUD), and 94 (71%) had non-substance abuse disorder (NSUD). Alcohol, Cocaine, and cannabis heroin were the substances most frequently found respectively. Differences among groups of years (1996 and 2006) were found in age and type of illicit drug use. Cannabis-psychosis association were more frequently in 2006 than 1996.

**Conclusions.**– Dual diagnosed patients at the emergency psychiatric room presented as both clinical and social important problems.

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

EV0173

### Suicidal behavior and alcohol intake admissions in the psychiatric emergency room

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Alcohol abuse is the commonest type of substance dependence worldwide. Suicide is major public health issue. Therefore, given the enormous socioeconomic burden of the latter, investigating their possible relationships is almost mandatory.

**Objective.**– Determine the relationship between suicidal behaviour and alcohol intake in patients admitted in the psychiatric emergency room. To outline the characteristics of the population.

**Methods.**– Data on 74 consecutive admissions visited in a psychiatric emergency room of a general teaching hospital during a period of six months were collected and analysed.

**Results.**– A total of 74 admissions were included. A positive correlation between alcohol intake and drug overdose as suicidal method was found. Drug intake by younger people (<25) is more frequently than older people. There was not significant difference between males and females.

**Conclusions.**– The admissions to the psychiatric emergency room for drug overuse and alcohol intake in young people is a common and important finding

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

EV0174

### Psychiatric susceptibility: Case report

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**Introduction.**– Steroids are drugs widely used in clinical practice, but are frequently associated with neuropsychiatric adverse effects as depression, mania, followed by psychosis, delirium and mixed states.

**Objectives.**– To present a clinical case that reflects the relationship between high doses of corticosteroids and the onset of psychopathology, especially in people with psychiatric background.

**Material and methods.**– Descriptive study of a clinical case and bibliographic review on the subject.

**Results.**– A 23-year-old woman with psychiatric background from the age of 18, due to toxic-induced Psychotic Disorder. Well-controlled since then with Paliperidone 6 mg, although at age 22, due to alcohol abuse, Antabuse was also prescribed. One year later, she was diagnosed with acute hepatitis, that after liver biopsy and autoimmune study, was diagnosed with Autoimmune Hepatitis. Antabuse and Paliperidone were withdrawn and Prednisone 60 mg daily was prescribed. After initial analytical improvement, the patient was discharged. However, two weeks later she presented manic symptoms severe enough to need admission in the Psychiatry Department. After ruling out other possible causes, she was diagnosed with Psychotic episode induced by corticosteroids.

**Conclusion.**– Treatment with corticosteroids may be associated with psychiatric disorders, especially when high doses are prescribed. Therefore, the dose of corticosteroids should be as low as possible, especially in patients with psychiatric background.

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

EV0175

### Psychiatric and neurocognitive function in patients with adrenal incidentaloma

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**Introduction.**– Hypothalamic-pituitary-adrenal axis is involved in the pathophysiology of psychiatric disorders. Mood and anxious symptoms are common in endocrinological diseases, such as Cushing's syndrome caused by a chronic excess of cortisol.

**Objectives.**– To evaluate psychiatric and neurocognitive function in patients with Adrenal Incidentaloma (AI).

**Methods.**– We enrolled 18 patients (M 6, F 12, mean age 64.3 years) referred to Endocrine Unit for AI. We included 12 patients with Subclinical Hypercortisolism (SH) and 6 without SH as control group. SH was diagnosed in subjects presenting at least two altered parameters out of urinary free cortisol (UFC) levels above the upper limit of normal values, cortisol after 1 mg-dexamethasone suppression >3 mg/dL, ACTH levels <10 pg/ml. We evaluated mental health by Hamilton Depression Rating Scale, Brief Psychiatry Rating Scale, Young Mania Rating Scale, Clinical Global Impression Severity, Global Assessment of Functioning, Sheehan Disability Scale (SDS). Moreover we explored neurocognitive function in 9 patients, younger than 65 years, by the Brief Assessment Cognition Schizophrenia (BACS) test.

**Results.**– We did not find any correlation between the adrenal function parameters and the psychometric evaluation. We found a negative correlation between the Verbal Memory (item of BACS test) and UFC levels ( $p=0.038$ ). In 6 patients a new psychiatric disorder was diagnosed (4 generalized anxiety disorder, 1 cyclothymia, 1 major depressive disorder). Patients with SH showed significantly higher scores of perceived stress, assessed by SDS, than individuals without SH ( $4.4 \pm 1.7$  vs  $1.8 \pm 1.7$ ,  $p=0.01$ ).

**Conclusions.**– Psychological and neurocognitive function should be evaluated in AI patients regardless of the presence of SH.

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

EV0176

### Psychiatric symptoms in systemic lupus erythematosus: A case report

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**Introduction.**– Systemic lupus erythematosus (SLE) is a chronic, systemic autoimmune inflammatory disease. It can affect the nervous system. psychiatric and neurological abnormalities are common

features of this disease, including cognitive changes, mood and anxiety disorders, acute confusional state and psychosis.

**Objectives.**– Illustrate the association of SLE and neuropsychiatric symptoms.

**Methods.**– A case report and literature review.

**Results.**– Mrs. A.S is a 46 year-old woman married at the age of 27 with no children. She was diagnosed with lupus at the age of 36, with a cutaneous, articular and renal involvement. she was treated with high-doses of corticosteroids. Two years after the diagnosis of lupus, she was transferred to the psychiatry department for disorders that have occurred in the past year. Psychiatric symptoms were atypical and were simultaneous with the renal relapse of SLE. It included delirium, behavioural disorders, carelessness, emotional indifference and auditory hallucinations. the brain scan did not show any lesions and the cerebral MRI has not been done. The patient was treated with chlorpromazine, and for her renal relapse with high doses of corticosteroides with a clinical improvement after 2 months of hospitalisation. The patient was then lost to follow-up. the psychiatric symptoms of this patient could be attributed to neurolupus, side effects of corticosteroides or a comorbidity between SLE and psychosis.

**Conclusion.**– It is estimated that up to 75% of patients suffering from SLE will experience neuropsychiatric manifestations at some point in the course of the disease. Neuropsychiatric symptoms are amongst the main causes of morbidity and mortality in SLE.

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

EV0177

### Dual diagnosis and treatment: The experience of a multiprofessional team in mental health

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**Introduction.**– The work was developed with the transversal descriptive analysis of the data obtained with a population hospitalized in a psychiatric clinic in the city of Rio de Janeiro, in the period of five years. 1.832 patients were assessed, whereas 494 presented dual diagnosis, that is, an association between a psychoactive substance use disorder and another concomitant psychiatric diagnosis. **Objectives.**– The main objective of the research is to know, in the population of hospitalized patients, the distribution of the most prevalent psychiatric diagnosis associated with the psychoactive substance use disorders.

**Methods.**– The work consisted of the evaluation of all the patients who were admitted to the clinic in the period of five years, from 2012 to 2016, using the ICD 10 for the diagnosis of the dual pathologies. All the patients were evaluated by anamneses done by the multiprofessional team. Biochemical examinations were done and, when necessary, neuroimaging and neuropsychological examinations were requested were treated with the use of psychoactive drugs, cognitive behavioural psychotherapy, a 12-step program, art therapy and moderate physical activity.

**Results.**– In the evaluation carried out, the most frequent diagnoses associated with the psychoactive substance use disorders: depression (33,8%), bipolar disorder (24,5%), personality disorder (13,7%), schizophrenia (10,6%), non-schizophrenic psychosis (9,1%) and other diagnoses (8,3%).

**Conclusion.**– It was also evidenced the increase in the capacity of recognition of the dual diagnosis as this entity has been receiving more attention in national and international studies. The effectiveness of the proposed treatment will be evaluated in later work.

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

EV0178

### **Neuropsychiatric involvement in patients with systemic lupus erythematosus in Albania**

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*Introduction.*– Systemic Lupus Erythematosus(SLE) is an autoimmune disease that affects a lot of organs of the body, producing a broad spectrum of clinical findings. Neuropsychiatric involvement is one of the most important and aggressive disorders related to SLE.

*Objectives.*– This is an observational study that aimed to evaluate the most frequent types of neuropsychiatric disorders related to SLE, in patients with SLE and consulted at Rheumatology clinic at UHC “Mother Teresa”, Tirana, Albania.

*Methods.*– Forty-four patients with SLE for more than 3 years were evaluated for neuropsychiatric disorders. They were hospitalized or outpatients at Rheumatology Clinic. There were 34 females and 10 males. Neurologist and psychiatrist consults were performed to achieve information about their disorders. Every patient was completed with the necessary examinations.

*Results.*– Twenty-five patients(56.81%) had neuropsychiatric involvement that was related to SLE. From 34 females with SLE, 23 were found with light, moderate or severe neuropsychiatric involvement(67.64%): 3 with seizure disorders(13.04%), 2 with cerebral vasculitis (8.69%), 7 females had headache (including migraine & benign intracranial hypertension)(30.43%), 5 patients had anxiety disorders(21.73%) and 6 patients with cognitive disorder(26.08%). There were found only 2 males with neuropsychiatric involvement: 1 with cranial neuropathy and 1 with anxiety disorder.

*Conclusion.*– In this study it's seen that neuropsychiatric involvement is one of the main complications of SLE. More than half of the patients were affected. The most frequent neuropsychiatric complications appear to be headache, anxiety and cognitive disorders. There should be a more detailed approach towards patients with SLE in order to diagnose and treat neuropsychiatric disorders related to SLE.

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

EV0179

### **Binge eating disorder and social anxiety disorder: Are they related?**

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*Introduction.*– Research has consistently shown that anxiety disorders are common among individuals with eating disorders. However, scarce research has examined anxiety disorders in people with binge eating disorder, in particular the relation between Binge Eating Disorder (BED) and Social Anxiety Disorder (SAD).

*Aim and methods.*– Revision of the existing studies concerning if SAD and BED are related. Pub Med was used as a research source, with the search terms “social anxiety disorder” and “binge eating disorder”.

*Results.*– In our research we found some studies that clinically associated social anxiety with BED. However they have not done statistics studies. For example, the presence of SAD has been shown to be correlated with binge eating frequency in Koskina et al study.

*Discussion and conclusion.*– We found a correlation between SAD and BED in some studies. The fear of negative evaluation has been linked to disordered eating and increased food intake. It has predicted body image dissatisfaction and dysfunctional eating attitudes. Individuals with SAD may overeating to manage emotions, which may lead to weight gain and resulting feelings of shame, and further overeating to manage feelings of shame. BED is considered a public health problem because of its impact on psychiatric, physical, and social functioning. Based on this link between SAD/BED, the importance of examining anxiety (in particular social anxiety) in relation to eating disorder psychopathology becomes essential. Psychological and pharmacological interventions for binge-eating disorder and sad have previously demonstrated efficacy.

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

EV0180

### **Arachnoid cyst in patient with schizophrenia: A case report**

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*Introduction.*– Arachnoid cyst is a rare intracranial condition that is usually detected by accident. The most common clinical manifestations are neurological, depending on the size and the localization of the cyst. Psychiatric presentation seems to be uncommon. Yet, there had been few cases reporting the coexistence of arachnoid cyst and psychiatric disorder in the literature.

*Objective.*– This case report aims to investigate the coexistence of arachnoid cyst and psychotic symptoms and to discuss the possibility of a causal relationship between the MRI-identified lesion and a patient's psychiatric symptoms.

*Method.*– We analysed the case of 25-year-old patient who is suffering from psychotic symptoms and frequently admitted in our department for severe relapses.

*Results.*– We present the clinical report of 25-year-old patient with past family history of psychosis, characterized by the insidious development of psychotic symptoms: Delusion of persecution, auditory hallucinations and aggressive behaviour. The cerebral magnetic resonance imagery revealed the presence of a cyst in the left temporal lobe. The surgical intervention was recused by the neurosurgical department. The therapy consisted on atypical antipsychotic without obtaining full remission of psychotic symptoms. The fact that remission was obtained by performing neurosurgery in some reported cases leads to discuss the possibility that the lesion played a role in the pathogenesis of the psychiatric symptoms.

*Conclusion.*– More studies are required to determine an eventual etiological relationship between arachnoid cyst and psychiatric disorder and to optimize the therapeutic approach in cases involving their coexistence.

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

EV0181

### Prevalence of psychiatric disorders in Thai patients with epilepsy

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**Introduction.**– Many studies have shown that there are higher psychiatric problems in patients with epilepsy (PWE) compared to those in the general population. In Thailand, however, the prevalence of psychiatric disorders among PWE has not been reported.

**Objective.**– To study the prevalence and characteristics of psychiatric disorders in Thai PWE.

**Methods.**– A cross-sectional study was conducted at Ramathibodi Hospital. A total of 170 patients (aged 18 years old or above) diagnosed as epilepsy by neurologists were recruited at the outpatient neurology clinic. Demographic and clinical characteristics were collected. Participants were evaluated for any psychiatric disorders according to the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, using the Mini-International Neuropsychiatric Interview. Prevalence of psychiatric disorders was determined. Chi-square test and logistic regression were applied to analyse the associations between psychiatric disorders and associated factors.

**Results.**– Among 170 participants (mean age 43.5), 43 (25.3%) fulfilled diagnostic criteria for one or more psychiatric disorders. The prevalence of depressive disorders was shown to be highest at 10.0%, followed by psychotic disorders (8.2%), bipolar disorder (7.1%), anxiety disorders (5.3%), and obsessive-compulsive disorder (2.9%). Electroencephalogram (EEG) abnormalities in temporal lobe were found to be a significant predictor of having psychiatric disorders in PWE (adjusted odds ratio 4.01, 95% confidence interval: 1.47–10.92, P-value = 0.007).

**Conclusions.**– The prevalence of psychiatric disorders among Thai PWE was higher than in the general population. Screening for psychiatric disorders in this population is recommended, especially in those with EEG abnormalities in temporal lobe.

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

EV0182

### I am ill, but I am not; a case study on factitious disorder and malingering

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**Introduction.**– Factitious disorder (FD) is a psychiatric condition whereby a person creates signs/symptoms or induces injury/illness in themselves or others to assume the sick role. In malingering, the person does so for secondary gain, e.g. money. FD and malingering can be difficult to identify, differentiate and manage, taxing resources at times. Other medical/psychiatric comorbidities may exist and complicate the picture.

**Objectives.**– This case study covers a challenging case, investigating the patient's symptoms, obstacles faced by clinicians/allied health-care staff, and management.

**Methods.**– Case-notes and discharge summaries from psychiatric and general hospitals were reviewed.

**Results.**– A 37-year-old Chinese gentleman follows up with us for benzodiazepine and alcohol abuse and FD/malingering. He cuts himself, claiming he was attacked or holding a knife while intoxicated or having a seizure. He also self-induces haematemesis. He

has visited psychiatric and general hospital emergency departments multiple times over the years, often refusing investigations and treatment and discharging against medical advice, at times merely hours after presenting. He asks for referral letters for investigations, only to decline them. Multiple scopes and imaging have been performed, and treatments given. At times he asks for social-service funding or to stay for “rest”. Other times there are no evident gains. A grand round was held, concluding that he had features of both malingering and FD. A multi-disciplinary team is now employed in his management.

**Conclusion.**– Further studies into FD and malingering are needed, for more data on clinical profiles and evidence-based management.

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

EV0183

### Anxiety and depression in patients with substance use disorders

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**Introduction.**– Substance use disorders are commonly comorbid with other psychiatric disorders.

**Objective.**– To investigate the relationship between addiction, anxiety and depression.

**Methods.**– This is a descriptive and analytical cross-sectional study involving 50 patients with substance use disorders. They were compared to 50 control patients matched for age. The evaluation focused on demographic data, personal and family history, and characteristics of addictive behaviours. Anxiety and depression were assessed using the Hospital Anxiety and Depression Scale (HADS).

**Results.**– The average age of patients was 30.86 years (SD=8.07 years). The patients were single in 74% of the cases; 34% of the subjects were unemployed. The average age of onset of consumption was 22.42 years (SD=6.91). The primary substance of abuse, excluding tobacco, was cannabis (60%), followed by heroin for 20% of subjects, Buprenorphine (12%), psychotropic drugs (4%) and alcohol (2%); 42% of subjects reported polyconsumption. The mean duration of substance use was 8.24 years. Anxiety and depression were found in 46% and 38% of cases respectively. The comparative study found that patients with substances use had significantly higher scores of anxiety and depression than control subjects (p respectively=0.000 and 0.000). The depression score was correlated with early onset of substance use ( $r = -0.260$ ,  $p = 0.05$ ) and polyconsumption ( $p = 0.007$ ).

**Conclusion.**– Our study showed that anxiety and depression were associated with substance use. An emotional evaluation of patients with substance use disorders is necessary in order to optimize the care of these patients.

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

EV0184

### Lipid profile and glucose in patients with schizophrenia, unipolar depression

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**Introduction.**– Schizophrenia, unipolar depression and bipolar disorder are severe psychiatric disorders. Patients have increased mortality, in part, related to metabolic abnormalities.

**Objectives.**– The aim of this study is to investigate differences in triglycerides (TGA), cholesterol (TC), HDL, LDL and glucose levels in patients with acute schizophrenia, unipolar depression and bipolar disorder.

**Methods.**– This was a transversal study. We did a blood tests to 125 patients admitted to our unit during a period of 3 months. Analysis were done next day after admission.

**Results.**– The mean age of our patients was  $39.96 \pm 13.26$ . Seventy-six percent of them (N=95) were men. Mean TGA level was: schizophrenia:  $1.10 \pm 0.46$  mmol/L, unipolar depression:  $1.13 \pm 0.43$  mmol/L, bipolar disorder:  $1.45 \pm 0.79$  mmol/L, inter-group differences were significant ( $p=0.016$ ). Mean TC level was: schizophrenia:  $4.09 \pm 0.95$  mmol/L, unipolar depression:  $4.09 \pm 1.25$  mmol/L, bipolar disorder:  $4.03 \pm 0.94$  mmol/L, inter-group differences were not significant ( $p=0.9$ ). Mean LDL level was: schizophrenia:  $2.46 \pm 0.69$  mmol/L, unipolar depression:  $2.72 \pm 1.19$  mmol/L, bipolar disorder:  $2.36 \pm 0.6$  mmol/L, inter-group differences were significant ( $p<0.038$ ). Mean glucose level was: schizophrenia:  $4.53 \pm 1.6$  mg/L, unipolar depression:  $4.64 \pm 1.63$  mg/L, bipolar disorder:  $4.72 \pm 1.8$  mg/L, inter-group differences were not significant ( $p=0.08$ ). The proportion of patients having metabolic abnormalities was 16% for TGA (TGA >2 mmol/L), 3.4% for TC (TC >6 mmol/L), and 25.4% for hyperglycemia (glucose > 6 mmol/L). Glucose and lipids abnormalities were correlated to age and female sex.

**Conclusions.**– Our results confirm that there is a high prevalence of lipid and glucose abnormalities in patients with schizophrenia and mood disorders. Women and aged patients are at particularly high risk.

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

EV0185

### Diagnostics brain contusion comorbid with combat stress

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**Objectives.**– Solution of the problem for differential diagnosis brain contusion comorbid with combat stress and post-traumatic stress disorder. We identified a group of patients, delivered from anti-terrorist operation zone with mental disorders which have not previously met and did not fit clinical picture of post-traumatic stress disorder. Therapy of post-traumatic stress disorder did not have an effect.**Methods.**– Clinic-psychopathological examination, neurologist and otolaryngologist examination; registration and analysis of EEG; MRI and CT of the brain, audiogram, neuropsychological examination.

**Results.**– An increased convulsive readiness or subclinical epileptiform activity, localized mainly in temporal, frontotemporal or frontal parts of the brain was discovered due to analyzing EEG mapping results in 85,19% cases. Decrease of the amplitude of biopotentials in alpha and theta ranges of rhythms, slow rhythms dominance in prefrontal parietal-temporal divisions, obliterating of interhemispheric asymmetry were also diagnosed. MRI and CT examinations of brain did not reveal any organic brain damage, significant violations were not discovered during neurological examination. The audiograms of these patients showed an increase in bone-air thresholds conduction at all frequencies, presence of bone-air interval of 15-30 dB in acute period. Neuropsychological testing allowed to have a possibility to identify various kinds of higher mental functions disorders which were not total, had the partial disturbance character, often with violations either praxis or gnosis.

**Conclusions.**– Provided data allowed to diagnose brain contusion. The therapy of concussion made it possible to obtain a high therapeutic effect.

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

EV0186

### Somatogenic depression and comorbidity with cardiovascular diseases

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Contemporary tendention of increase of depressive disorders, due to somatogenic origin. We to studied clinical structure of somatogenic depression in 120 patients, (60 patients with myocardial infarction (MI) and 60 patients with cerebral stroke (CS). Examination of the patients was carried out in four stages.

The first stage in MI patients-pain (86,7%), phobic (83,3%), asthenic - anxious (43,3%) syndromes.

The second stage in MI pain (50,0%), phobic (40,0%) and asthenic - anxiety (33,3%) syndromes. The third stage asthenic-depressive (33,3%), pain (30,0%), anozognostic syndromes (23,3%).

During the fourth stage in MI patients -asthenic-anxiety syndrome in 13,3% of cases, phobic syndrome in 10,0% of cases and attitude to the disease in 16,7%.

The first stage in CS patients- cognitive syndrome (83,3%), asthenic syndrome (66,7%).

The second stage in CS patients -cognitive (66,7%), pain (53,3%), asthenic syndrome (40,0%), anozognostical (10,0%), depressive (33,3%), hypochondriac (10,0%), anxious (16,7%), hysterophorm (6,7%) syndroms.

The fourth stage in CS patients asthenic-depressive 33,3% of patients, asthenic-anxiety in 23,3%, asthenic-hypochondriac 13,3%, phobic 16,7% of patients, anozognostical 5,0% cognitive 73,3% syndroms.

The multimodal based system of psychotherapeutical correction of in MI and CS patients were developed.

The proposed system demonstrated a significant improvement in 80% of MI patients and 77% of CS patients, a partial improvement in 10% of MI patients and in 13% of CS patients.

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

EV0187

### Traumatic experiences among alcohol users

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**Introduction.**– Single or repeated traumatic events, whether they are old or new are often found in the biography of addicted patients. Furthermore, post-traumatic stress disorder leads in many cases to the development of addictive behaviour with or without substance. The state of post-traumatic stress disorder is a major public health issue with a prevalence ranging from 1 to 9% in the general population. Important and complex relationship between alcohol and psychological trauma has been demonstrated by studies conducted mostly on the victims of aggression, or exaction, collective disasters, or among veterans.

**Methods.**– This is a descriptive cross-sectional study on a sample of 100 patients who have suffered from a psychological trauma in a moment of their life, from childhood to adulthood, and the alcohol addiction began after this life event. The objective is to study the psychopathological profile of these subjects, to improve their management which should be early and appropriate for a better prognosis. We used the Post-traumatic stress disorder Checklist scale.

**Results.**– A 90% of the alcohol users had experienced an adverse life event. 20% were women, whereas men were 80% of the sample. The traumatic events were: rape and child abuse (40%), car accident causing damage (30%), loss of a family member (10%), terrorist attack (1%), other traumatic events (9%)

**Conclusion.**– The results of the present study suggest that post-traumatic stress disorder is deeply connected to adverse life events, and the toughest is the traumatic event the more severe the alcohol abuse is.

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

EV0188

### Long-term goals in psychological care for multiple sclerosis patients

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**Introduction.**– Multiple sclerosis (MS) is a chronic neurologic autoimmune disease with frequent comorbid psychiatric disorders. Its common symptoms are usually accompanied by problems in psychological functioning which require active psychological care. **Objectives.**– The aim was to determine long-term goals in psychological care for MS patients as the disease progresses.

**Methods.**– The study was done on the sample of 104 MS patients with the case history for 1–29 years who completed psychological questionnaires that covered their relevant symptoms and personality traits.

**Results.**– It was found out that at the initial stage of MS psychological care should be focused on psychological diagnosing and informing a patient through establishing an efficient contact with him/her, informing them about the disease and necessary lifestyle, identifying the patient's psychological status and current problem areas. As MS progresses the accent is placed on

promoting the patient's motivation and coping: motivation for attainable positive changes, correction of the disease representation and non-effective communication skills, and development of stress managing skills. The next step is associated with the emphasis on the patient's intrapersonal resources: working out coping strategies; neutralization of negative emotional experience; developing self-regulation skills, positive experience of interpersonal relations, positive self-attitude, and personality integration. On the stage of severe cognitive and physical dysfunction, the accent may be placed on supportive care: sustaining the obtained results, emotional support, and social support.

**Conclusions.**– The findings of this study may be taken into consideration when providing an appropriate psychological care to MS patients with prospects of long-term disease progression.

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

EV0189

### Mood disorder in HIV infection

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**Introduction.**– Psychiatric disorders, particularly mood disorders, have a profound effect on the use of and adherence to highly active antiretroviral therapy (HAART) among patients with human immunodeficiency virus (HIV) infection. HIV infection and mood disorders have features in common, and each is a significant risk factor for the other.

**Objective.**– The objective is to highlight the clinicians on the importance of screening and treating affective disorders among patients with HIV infection.

**Methods.**– Two cases of HIV infected patients with comorbid mood disorder and torpid evolution by poor adherence to treatment are reported. A brief literature review on this subject is done.

**Results.**– Major depression has been shown to alter the function of killer lymphocytes in HIV-infected patients and may be associated with the progression of HIV disease. HIV-positive patients with mental disorders are less likely to receive and adherence to antiretroviral therapy. First case-report: a man 52 years-old, HIV-positive since 1985 with a comorbid bipolar disorder, with recurrent depressions and poor adherence to both treatment with a rapidly exitus laetalis. Second case-report: man 45 years-old, HIV-positive since 1992 with a comorbid depressive disorder, non-adhered to both therapy and HIV-associated dementia.

**Conclusions.**– Depressive disorders are common in HIV infection. Antiretroviral regimens for HIV-infected patients require strict adherence. Untreated depression has been associated with medication non-adherence. Understanding the contribution of depression and its subsequent treatment on antiretroviral therapy adherence might direct clinicians toward earlier identification and more aggressive treatment among this population.

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

EV0190

### Long-term antipsychotics in the management of patients with schizophrenia and HIV

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We present the case of a 50-year-old woman who attends emergency services due to agitation in the context of multiple toxic substances abuse and abandonment of psychopharmacological treatment. She was diagnosed of schizophreniform disorder due to multiple substance use, 10 year evolution of HIV without adherence to treatment, and hepatitis c virus. Finally, admission to psychiatry is indicated. There was difficulty in exploring the psychotic symptoms due to lack of collaboration, she was not approachable and very hostile, suspicious, irritable, and defiant, referring to kinesthetic hallucinations and self-referential ideas of prejudice. In analysis she presented anemia, leukopenia and thrombocytopenia, so interconsultation was carried out with the Hematology and Infectious Services for case evaluation.

Initially the patient refused any type of clinical intervention, she was informed of the need for treatment and follow-up given the risks presented (until then she had not correctly followed any antiretroviral treatment regimen). She was treated with prolonged-release antipsychotics (Paliperidone Palmitate 75 mg IM) given his lack of adherence and accepted. Subsequently, she shown a remarkable clinical improvement, and she begins to become aware of the severity of the physical and psychiatric conditions, agreeing to follow medical monitoring and treatment. We emphasize the importance in cases of difficult management the possibility of administering injectable treatment of prolonged release, because it allows to control the psychiatric symptomatology and in this case also allows to treat the organic disease. The paliperidone palmitate does not interact with antiretroviral treatment, so it would be indicated in these cases.

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

EV0191

### Comorbidity between body dysmorphic disorder and schizophrenia

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*Introduction.*– Patients suffering from body dysmorphic disorder have an increased concern about their physical appearance. This concern may be related to either real or imaginary physical defects. On the other hand patients with schizophrenia may present delusional ideas about their body image.

*Objectives and methods.*– Our objectives were to illustrate and discuss the association of body dysmorphic disorder and schizophrenia throughout a case report.

*Results.*– We report the case of a 45-years-old male patient who has begun to have an exaggerated concern about his physical appearance since the age of 15. He was convinced that his chest looked feminine. This conviction yielded to behaviours of camouflage (wearing wide clothes) and verification (compulsive mirror

gazing, multiple medical consultations). After an abdominal examination performed by a physician at the age of 19, the patient had a delusional conviction that his testes were displaced. Throughout the following years, other delusions came to surface (bewitchment, persecution, revendication, grandeur and erotomania). Additionally, social and professional functioning were altered (introversion, frequent employer changes, indebtedment). At the age of 45, the patient committed a homicide attempt against his work partner. The offense was motivated by bewitchment and persecution delusions. Body dysmorphic disorder's symptoms are currently present.

*Conclusions.*– Body dysmorphic disorder may precede schizophrenia then persist as a comorbid disorder. Early and close psychiatric management of adolescents with body dysmorphic disorder is mandatory. Screening for schizophrenia should be one of the main follow-up process axes in such patients.

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

EV0192

### Clinical experience on guanfacine use in patients with adhd and substance use disorder: A case series

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*Introduction.*– Attention deficit hyperactivity disorder (ADHD) is a common disorder in adults, and frequently comorbid with substance use disorders (SUD). The guanfacine is drug approved only for child and youth, but some studies have been explored its use in adults. Furthermore, it has been suggested that guanfacine could be useful when SUD is presented as comorbidity.

*Objectives.*– To describe clinical experience about guanfacine use in ADHD patients with SUD attended in an Addiction Unit In Barcelona.

*Methods.*– A case series description of patients with ADHD and SUD attending an Addiction Outpatient center in Barcelona who have been treated with guanfacine. The patients were evaluated with Visual Analogue Scale (VAS) for craving, before and after treatment.

*Results.*– The sample consisted predominantly on males, the main substances used were: cocaine, heroin, cannabis and alcohol. All patients had good tolerability to guanfacine, and mostly presented a decrease in craving and impulsivity.

*Conclusions.*– Guanfacine could be a new pharmacological strategy in treatment for ADHD in adults with SUD.

*Conflict of interest:*

I have received fees as speaker from Mundipharma and Exeltis

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

EV0193

### Hypoglycemic-induced hallucinations in a patient with pancreatic insufficiency

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*Background.*– Auditory hallucinations have been described in conjunction with many life circumstances and diseases, including religious phenomena, bereavement, drug intoxication, sensory

deprivation, and near-death experiences, as well as psychiatric or neurological disorders (Nicolson et al., 2006). This case report aims to bring awareness to clinicians the identification and treatment of hypoglycemic-induced hallucinations and recounts the treatment course of a psychiatric patient with new-onset auditory hallucinations.

**Methods.**– The patient is a 35-year-old African American male with past psychiatric history of major depressive disorder, past medical history of diabetes mellitus and pancreatic insufficiency contextual to multiple gunshot wounds, who presented to our adult outpatient psychiatry clinic for evaluation and treatment of residual depressive symptoms and new-onset psychotic symptoms including auditory hallucinations and paranoia.

**Results.**– Patient's fasting blood sugar demonstrated a critically low value, thus the patient was contacted and subsequently brought to the medical emergency department for stabilization and observation. Patient's acute psychotic symptoms and paranoid features subsided after correction of hypoglycemia and his antidepressant medication was resumed. He was discharged to follow up with outpatient psychiatry for continued treatment of his residual depressive symptoms.

**Conclusions.**– New-onset auditory hallucinations in a 35-year-old man can have a broad differential diagnosis. Careful medical evaluation of psychiatric patients is crucial in determining the etiology of new-onset symptoms. Patients should therefore be informed of the possibility of new-onset symptomatology with coexisting medical comorbidities and should work with clinicians to formulate a plan to manage potential hypoglycemia-induced phenomena.

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

EV0194

### **Opioid maintenance therapy in subjects receiving antipsychotic for schizophrenia**

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**Introduction.**– Schizophrenia is associated with high rates of abuse or dependence of nicotine, cannabis, alcohol, or cocaine. Very few studies assessed the frequency of opioid use disorders in subjects with schizophrenia. Moreover, to our knowledge, there is no study investigating the frequency of subjects receiving opioid maintenance therapy among patients receiving antipsychotic medications.

**Objectives.**– To assess the frequency of subjects receiving opioid maintenance therapy in patients receiving antipsychotic medications.

**Methods.**– A data set from National Information System of French healthcare Social Security which covers 97% of the French population was matched with the public and private hospitals inpatients and outpatients diagnosis data system, using the social security number which all French citizen affiliated to the French Health System have. All subjects from Hauts-de-France area, North France, receiving opioid maintenance therapy, i.e. methadone, buprenorphine, or buprenorphine/naloxone, and antipsychotics prescribed by any Medical Doctor (e.g., hospital physicians, general practitioners, psychiatrists...) in patients with ICD-10 diag-

noses of schizophrenia, schizotypal disorders, delusional disorders, brief psychotic disorders, substance/medication-induced psychotic disorders, schizoaffective disorders, and other schizophrenia spectrum disorders in 2015, were included in the study.

**Results.**– The analysis of the data sets showed that among the subjects with ICD-10 diagnoses of schizophrenia spectrum included in the study and receiving antipsychotic medications ( $n = 20473$ , 0.4% of the general population), 2.6% received methadone or buprenorphine ( $n = 532$ ).

**Conclusions.**– The rates of patients with schizophrenia spectrum receiving opioid maintenance therapy was not uncommon, more frequent than the rate of subjects receiving opioid maintenance therapy in the general population (0.70%).

**Conflict of interest:**

A. Dervaux has received honoraria for lectures from AstraZeneca, Lunbeck, Lilly, and Otsuka.

O. Cottencin honoraria for lectures from, Indivior, Lundbeck, Janssen-Cilag, and honoraria for research from Lundbeck, Ethypharm

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

EV0195

### **A systematic review of dual disorders**

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**Introduction.**– Dual diagnosis is a growing problem in the Western society, despite the fact that there are no relevant studies that examine this issue, non-specific protocols to address them.

**Objectives.**– Raising the awareness of the importance of dual diagnosis both its prevalence and special features that presents need a different performance plan from them separately.

**Results.**– In addition to that, a common point between depression and alcohol disorders lies in the deterioration of cognitive functions. Some complications in the treatment of patients with dual diagnosis are adherence, interference between the two treatments and the failure of medical or psychological prescriptions.

**Conclusions.**– Dual diagnosis has very specific characteristics that we must know in order to develop therapeutic strategies adapted to the present conditions. All this suggests that the combination of treatments for both diseases would be more effective, especially for those who

claim to use alcohol as self-medication.

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

EV0196

### **Depression during an acute psychotic decompensation of schizophrenia: Diagnosis and management: A case report**

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**Introduction.**– The prevalence of depressive symptoms in patients with schizophrenia ranges from 10% to 75% in different studies. Depressive symptoms are most often found during the first acute psychotic episode and in schizophrenics with several recurrences. Adequate management of depression aims to improve the prog-

nosis of schizophrenia, as it is an important and decisive factor in recidivism.

**Objectives.**– Diagnosis of depression concomitant with an acute psychotic episode in schizophrenics. Management, efficacy and safety of antidepressants associated with antipsychotics.

**Methods.**– Through a clinical case, we will discuss the diagnosis and the management of depression concomitant with an acute psychotic episode in schizophrenic patients.

**Results.**– The patient is a 28-years-old woman hospitalized for suicidal ideation. The patient had a delirious syndrome with predominantly auditory hallucinations and a dissociative syndrome. The diagnosis of schizophrenia was evident according to DSM criteria. The patient also had a severe depressive symptomatology of sadness with self - depreciation, guilt ideas and a negative vision of the future. She had a Calgary score of 19 indicating the severity of the depressive symptoms. The patient was treated with an atypical oral neuroleptic at first but considering a categorical refusal to take her treatment and given the non availability of long-acting injectable atypical antipsychotic, she received Haloperidol decanoate. The prescription of antidepressants was not advocated because of the supposed risk of exacerbation of delirium.

**Conclusions.**– Adequate management of depression in the same rank of psychotic relapse should be advocated to ensure complete remission and rapid reinsertion of the subject.

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

EV0197

### **Can we prevent substance use disorder in ADHD patients?**

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**Introduction.**– The prevalence of is about 5% in children and 2.5%. This disorder is sometimes infradiagnosed because of its multidimensional symptoms, which can confuse the practitioner to identify the core symptoms of ADHD. Validated assessment scales and high-yield clinical questions can help diagnose adults with ADHD. Patients with ADHD may be at high risk of developing a substance use disorder. It depends of many factors, such as impulsive behaviour, psychosocial problems, affective disorders or self-treatment of ADHD disorder with psycho-stimulant drugs.

**Methodology.**– A review was conducted aiming to clarify the triggers and possible mechanism of prevention in ADHD patients to prevent a EVoccurring substance use disorder. The literature search was conducted in Pub Med data reviewing articles dating between 2013 and 2017.

**Results.**– 1. Guidelines suggest that the most impairing symptom of ADHD should be treated first. But, for example, treating ADHD with SSRIs is related with an increase in substance-related events in short term. 2. Many studies have suggested that treating both adult and adolescents with stimulants for ADHD is related with a reduction of substance use disorder. 3. Treatment of ADHD has also been associated with a reduction of psychosocial problems that can lead to substance use disorders.

**Conclusions.**– Early detection and treatment of ADHD is an important fact to prevent the future development of a substance use disorder. Untreated ADHD can lead to behavioural, social, functional and mental health problems. Some studies may suggest a need for increased doses in population with SUD to achieve optimal ADHD symptom control.

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

EV0198

### **Antiepileptic drugs and psychopathology of epilepsy**

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**Introduction.**– Psychopathology in epilepsy has a multifactorial etiology and antiepileptic drugs (AEDs) constitute one of many determinants that are both neurobiological and psychosocial.

**Objective.**– To determine psychotropic effects of AEDs in patients with epilepsy.

**Methods.**– We conducted a cross-sectional study involving 54 patients with epilepsy who were treated in the neurology department of Habib Bourguiba Hospital in Sfax, Tunisia. We used the Mini International Neuropsychiatric Interview for the diagnosis of Axis I psychiatric disorders. We tried to evaluate the associations between AEDs and psychiatric comorbidities.

**Results.**– Thirty-six patients were treated with monotherapy and 18 were on polytherapy. Twenty eight patients had psychiatric comorbidities. Eleven patients had major depressive disorder (valproate: 5, barbiturates: 1, carbamazepine (CBZ): 1, polytherapy: 4). Panic disorder was noted in 8 cases (valproate: 3, carbamazepine: 4, polytherapy: 1). Carbamazepine intake was associated with generalized anxiety disorder (2 CBZ on monotherapy, one associated with valproate and one with barbiturates) and with dysthymia (2 on monotherapy and 4 on polytherapy). While social phobia and agoraphobia seem to be linked with valproate (6/7 patients and 6/9 patients respectively). In the group of patients on polytherapy, 55% had psychiatric comorbidities vs 50% in the group on monotherapy.

**Conclusions.**– Selection of antiepileptic drug therapy for patients with epilepsy is usually focused on an agent's ability to suppress seizures, but other attributes of the drug should be considered such as adverse effects which can include psychiatric disorders.

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

EV0199

### **“Sexsomnia”: An uncommon parasomnia associated with potential major psychological consequences**

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**Introduction.**– The term “Sexsomnia” refers to a form of parasomnia in which abnormal sexual behaviour is exhibited in sleep. Initially described in 1897, it was rarely reported in the literature until a decade ago, possibly because of patient's understandable difficulty in disclosing due to negative feelings<sup>1</sup>. A growing attention has been focused on this disorder, primarily driven by its forensic implications, aiming for a better understanding and characterization of this parasomnia<sup>1-3</sup>.

**Objectives.**– We propose to present and scrutinize a clinical case of sexsomnia in all clinical dimensions in order to draw attention to its potential mental health impact.

**Methods.**– We present a case of a 55-year-old woman with 18 month's history of sexsomnia and explore its characteristics, focusing on its differences from those previously mentioned in the literature, as well as on the psychosocial impact of this disorder.

**Results.**– Besides the potential occurrence of violent episodes, with possible forensic consequences, we realize that differences of profile and presentation of sexsomnia have little effect in the resulting psychological distress, whose approach, together with pharmacological treatment, seems to configure the most effective strategy in order to relieve its consequences.

**Conclusions.**– The description of the particular characteristics of this manifestation along with the other cases already described in the literature help to further clarify the clinical profile of this condition. We also highlight the resulting psychological distress, which had major impact in the patient's global quality of life, underscoring the need for an effective dialogue between psychiatry and neurology.

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

EV0200

### Prevalence of hypertension and associated factors in patients attending a community psychiatry service in North India

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**Introduction.**– Persons suffering from mental illness are known to have higher rates of cardiovascular morbidity and mortality. However data regarding prevalence of hypertension and associated factors such as obesity, physical activity, family history of diabetes, body mass index (BMI), smoking status etc in patients with psychiatric illness are scarce.

**Objectives.**– This study reports the preliminary results of a larger project that aims to find the prevalence of hypertension and associated factors in patients attending a community outpatient psychiatry service of a tertiary hospital in North India.

**Methods.**– The study design was approved by the institute ethics committee. Written informed consent was obtained. Patients aged 18 years or above were included. Sociodemographic and clinical details were recorded. Blood pressure and anthropometric details were measured as per World health organisation norms. Family and medical history was inquired into. Activity levels were measured using global physical activity questionnaire.

Table 1

Variables	Male	Female	Total
Hypertension	17	13	30
Central obesity	14	36	50
BMI	25	15	40
	Within norms		
Overweight	8	8	16
Generalized obesity	12	32	44
Activity as per GPAQ	6	14	20
	Insufficiently active		
Active	39	41	80
Tobacco use	20	1	21
Alcohol use	18	0	18
First degree relative with diabetes	2	6	8
Known hypertension/diabetes/coronary artery disease	5	8	13

**Results.**– The results of a 100 patients (45 males and 55 females) are reported (Table 1)

**Conclusions.**– There is a significant prevalence of hypertension and contributory factors in patients with mental illness in the community. Implications are discussed.

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

EV0201

### Anorexia nervosa symptoms in a young woman with treatment-resistant schizophrenia – Challenges in diagnosis and treatment

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**Introduction.**– Comorbidity of eating disorders (ED) in schizophrenia is poorly understood. ED in schizophrenia is difficult to assess due to diagnostic overlap and atypical presentations, and treatment strategies can be challenging to implement.

**Objectives.**– We describe a case of comorbid anorexia nervosa (AN) in a young woman with treatment-resistant schizophrenia.

**Case.**– Miss H. is a 27-year old single woman, the older of two children from a lower-middle class family, with no family history of mental illness. She presented with school and food refusal at age 9, and was diagnosed with depression. This was revised to schizophrenia when she exhibited disorganized and paranoid behaviour at age 12. Due to treatment-resistant disorganized behaviour, she has been a long-stay patient of Institute of Mental Health (IMH) since age 19. Her body mass index ranges between 9.8-16.8, due to persistent food refusal and recurrent vomiting as she feels fat. She was diagnosed with possible anorexia nervosa at age 18. Full assessment and treatment of AN was hampered by her psychotic symptoms and cognitive deterioration. She is currently stable on fluoxetine 60 mg/day, olanzapine 20 mg/day and IM flupentixol 40 mg 4-weekly, with the mainstay of treatment to encourage oral intake. Whilst a multi-disciplinary team, reward-based system and close supervision has been partially effective, improvement has been difficult to sustain.

**Conclusions.**– We report a case of likely AN comorbid in a young woman with chronic schizophrenia. This case illustrates the diagnostic overlap between restrictive eating in ED and food refusal in psychosis, as well as the challenges in treatment.

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

EV0202

### Dual pathology approach among chronic mental disorders; a retrospective descriptive study

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**Introduction.**– Dual pathology in mental health is defined by the World Health Organization (WHO) as the “co-occurrence in the same individual of a psychoactive substance use disorder (SUD) and another psychiatric disorder”. The approach and the literature of

this comorbidity use to be focused on acute psychiatric patients, not taking into consideration patients who are in subchronic or chronic psychiatric units. This fact could impair the achievement of a complete and multidisciplinary management among these patients.

**Objectives.**– To describe the presence of SUD and its characteristics in a chronic mental disorder sample of patients.

**Methods.**– A total of  $n=201$  patients who were hospitalized in a medium-long term stay psychiatric Unit were registered between June 2014–September 2017. Database information was completed with electronic medical records. Descriptive analysis was performed with SPSS Statistics.

**Results.**– From 201 chronic patients sample, 89 (44.3%) were associated to SUD clinical history. From total patients with SUD clinical history, 60 (67.4%) maintained active substances consumption during hospitalization at Chronic Psychiatric Unit. From the patients who were associated to SUD, 82 (92.1%) presented polysubstance SUD: 70 were associated to nicotine, 42 to cannabis, 38 to alcohol, 16 to cocaine, 9 to amphetamines, 3 to benzodiazepines and 4 to other psychoactive substances.

**Discussion.**– According to our results, patients who are hospitalized in medium-long term psychiatric units present important comorbidity with SUD. Therefore, it should be borne in mind to include these patients in dual pathology approach. Further studies should not dismiss chronic patients in order to not underestimate this population in dual pathology research.

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

EV0203

### **Dandy-walker malformation-like condition revealed by a refractory schizophrenia: A case report and literature review**

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**Introduction.**– Dandy-Walker Malformation is a rare congenital malformation involving cystic dilatation of the fourth ventricle, enlarged posterior fossa, complete or partial agenesis of the cerebellar vermis, elevated tentorium cerebelli, and hydrocephalus. Previous research highlighted a possible role for the cerebellum in schizophrenia as well as the contribution of underlying brain malformations to treatment resistance.

**Objectives/methods.**– Here, we present a case of a Dandy-Walker Malformation-like condition revealed by a refractory schizophrenia in a 24-year-old male patient. We also conduct a literature review of all previously published case reports or case series of EVoccurring posterior fossa abnormalities and schizophrenia or psychosis using a Pub Med search query to better understand the potential link between these two disorders.

**Results.**– A 9-month hospital stay was needed to address the treatment-resistant psychotic symptoms, and the patient continued to experience moderate symptoms despite the prescription of various antipsychotic and antidepressant medications. After an irregular initial medical follow-up, the patient is currently treated with 350 mg daily clozapine and 20 mg daily prazepam and still exhibits moderate anxiety without delirious thoughts, however allowing him to re-enroll in University. Regarding the literature, twenty-four cases published between 1996 and 2017 were identified, reviewed and compared to the present case report.

**Conclusions.**– This case report and literature review further illuminates the pathophysiology of psychotic disorders including the potential role of the cerebellum, reinforces the importance of a multidisciplinary approach for the neurological and psychiatric management of patients with schizophrenia, and highlights optimal pharmacological management strategies for treatment-resistant schizophrenia.

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

EV0204

### **Health and gender differences in relation to stress response**

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**Background.**– According to a proposal for a new definition of health (Huber et al., 2011), health is not as the WHO definition still stipulates absence of disease and a state of complete mental, physical and social wellbeing, but the capacity to adapt under different circumstances, including the burden of disease.

**Goal.**– Life and the burden of disease is considered in relation to gender. The question is whether women are more vulnerable to ill/health for a series of gender/bound reasons.

**Methods.**– The scientific literature was searched and questioned on various relevant issues: What is the role of gender in gene-environment interactions? Are there gender related neurobiological differences in the development of stress regulation? What is the role of childrearing and of social/economic circumstances?

**Results.**– Gender is an essential intermediate factor between genetic predisposition that influences brain and psychological development leading to behaviours and coping mechanisms that are different across sexes. Stress regulation is different in men as compared to women. The much shorter but far more intense reaction of the hypothalamus-pituitary-adrenergic system in women has impact on immune-reactions but especially on vulnerability for psychopathology. This tendency appears to have been strengthened by the different ways of childrearing.

**Conclusions.**– There are both neurobiological but also environmental (child rearing) differences in the physiology of stress response between women and men. Under the same circumstances men will react with a higher vulnerability to infections, cardio-vascular and metabolic disorders. Women are more prone to react with depression and anxiety and develop autoimmune diseases.

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

EV0205

### **Analysis of psychiatric comorbidities in type I Diabetes mellitus and step-wise diagnosis approach proposal**

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**Background.**– Type I diabetes mellitus (DM) is frequently associated with psychiatric -especially depressive or anxiety- disorders.

**Objective.**– To analyze, based on the data from literature, the prevalence of psychiatric EVmorbidities in patients diagnosed with type

I DM and to propose an algorithm for these patients' evaluation focused on early detection and treatment of psychiatric disorders. *Methods.*– Main electronic database were searched (MEDLINE, Pub Med, Cochrane, EMBASE, Google Scholar) for trials regarding the prevalence of psychiatric diagnoses in adult patients with type I diabetes mellitus.

*Results.*– A number of 11 observational studies published between 2000 and 2017 have been selected, which included 1320 patients aged over 18, diagnosed with type I DM. Relevant data was found for the prevalence of several psychiatric disorders- generalized anxiety disorder (21-22.7%), dysthymia (6-18.2%), panic disorder (2.5-8.2%), social phobia (5.5-7%), and major depression (4.6-16%), while for eating disorders and neurocognitive disorders studies' results were not conclusive. An algorithm for the evaluation of adults diagnosed with type I DM should be implemented in order to detect as early as possible these psychiatric disorders and to treat them adequately. The inclusion of validated psychometric scales like Hamilton Depression Rating Scale, Hamilton Anxiety Scale, Brief Psychiatric Rating Scale, Global Assessment of Functioning and a structured interview like MINI 6.0 are considered necessary for this purpose.

*Conclusions.*– There is a high prevalence of psychiatric disorders in adult patients with type I DM and an early detection of these conditions could improve the prognosis and quality of life in this population.

*Conflict of interest:*

The author was speaker for Servier, Eli Lilly and Bristol-Myers, and participated in clinical trials funded by Janssen Cilag, Astra Zeneca, Otsuka Pharmaceuticals, Sanofi-Aventis, Sunovion Pharmaceuticals.

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

EV0206

### **Schizophrenia with obsessive-compulsive features: two comparative case reports: Obsessive-compulsive symptoms onset-before versus following psychosis**

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*Introduction.*– The association of Obsessive-compulsive symptoms (OCS) in patients with schizophrenia has become more and more frequent as literature suggests it. Symptoms may occur before, simultaneously or after the onset of psychosis. Two case reports will be presented, each of them having different onset times of the OCS.

*Objectives/aims.*– Two case reports of patients from our psychiatric ward will be presented here. Our aim is to show the frequent and relevant co morbid burden that Obsessive-compulsive symptoms are in schizophrenia and the challenge to find an effective treatment.

*Methods.*– Based on literature search, two cases are presented. We performed a systematic search through Pub Med to find more data on schizophrenia with Obsessive-compulsive symptoms. Yale-Brown Obsessive-compulsive Scale and Positive and Negative Symptoms Scale were applied to both patients.

*Results.*– The two patients are both under treatment with Sertraline (150mgs/day versus 50 mgs/day) added to the anti-psychotic medication with a stable evolution and partially good control of the symptoms. Y-BOCS scores decreased from scores initially indicat-

ing severe OCS for both patients to mild (Y-BOCS 15) and moderate (Y-BOCS 20) following the supplementation of the treatment with sertraline.

*Conclusions.*– Although antidepressants normally augment the tableau of psychosis, when this is accompanied by Obsessive-compulsive features, antidepressant medication, sertraline in our case, ameliorated both psychosis and OCS with Y-BOCS and PANSS scores decreasing and showing improvement.

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

EV0207

### **Comorbidity in hospitalized patients with schizophrenia**

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*Introduction.*– There is an insufficient awareness of comorbidity in schizophrenia on the part of patients, caregivers, health care providers, and researchers. Comorbidity has often been under-recognized and underdiagnosed in psychiatric patients, especially among those with schizophrenia.

*Objective.*– The aim of this study is to analyze comorbidity in hospitalized patients with schizophrenia.

*Methods.*– Medical charts of 96 inpatients with schizophrenia (42 male and 54 female, aged 19-65) were retrospectively analysed in terms of comorbidity.

*Results.*– Comorbid substance abuse was found in 17 patients, 7 patients had personality disorders, while 34 had anxiety disorders.

*Conclusions.*– Comorbid substance abuse leads to poorer medication compliance, higher rates of rehospitalization, poorer adjustment and treatment response in schizophrenia patients. Increased likelihood of violent behaviour and greater use of emergency services are also associated with substance abuse in schizophrenia. Comorbidity has negative impact on treatment outcome in schizophrenia patients which affects the prospects of discharge in this patients and their quality of life

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

EV0208

### **Is bariatric surgery a valid treatment for our psychiatric obese patients?**

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*Introduction.*– Obesity is a major health issue in psychiatric patients with a prevalence up to 20% in depression and 55% in schizophrenia. Bariatric surgery is the more effective treatment for obesity but psychiatric patients have less access to it.

*Objectives.*– In this presentation, we will sum up the current literature and show results from a study focusing on the effects of a sleeve gastrectomy among psychiatric patients on psychotropes prescription and the efficacy of the surgery.

*Methods.*– A retrospective cross-study was conducted in our unit, we included patients who underwent a Sleeve gastrectomy and had a preoperative psychiatric disorder (mood disorder, schizophrenia).

The analysis focused on weight and psychiatric changes with data collection in two stages: before surgery and two years after surgery. *Results.*– Over the 74 patients included, the effectiveness of the sleeve gastrectomy at two years found a success rate of 72.9% and an average loss of 67% of excess weight; those results are comparable to what can be expected in general population. Severity of psychiatric illness was not associated with reduced efficacy of surgery; in deed, among the 11 patients suffering from bipolar disorder or schizophrenia, only one failed. Finally, effectiveness of surgery significantly led to the reduction or discontinuation of treatment while patients with failed surgery had slightly modified treatment, linked to insufficient psychiatric care.

*Conclusion.*– Our study found no specific effect of the psychiatric disorder or the psychoactive drug on the result of the surgery. Further studies appeared necessary to better understand psychiatric factor at risk for surgery.

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

EV0209

### **Psychoorganic syndrome: Between dementia, depression and delirium (case study)**

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*Introduction.*– Patients between 60 and 70 years often present a poorly delineated diagnostic category with multiple somatic comorbidities, and can easily slip between the cracks of narrowly defined domains of specialty care.

*Case summary.*– A 65 year old patient presented to the ER department with clouded consciousness, agitation, myoclonus and high fever. Initial assessment by an infectologist ruled out a central nervous system infection, while neurological assessment revealed no acute cerebrovascular injury (CT scan showed no pathological lesions). Further workup revealed low sodium levels, detailed patient history uncovered severely restrictive food and water intake prior to admission indicating a diagnosis of hypovolemic hyponatremia. Furthermore, the patient had been found three weeks prior with his shirt around his neck, a suspected suicide attempt. He had been undergoing private psychiatric treatment for three months because of low mood and nihilistic delusions (treatment: olanzapine, sertraline, mirtazapine) and was previously treated in 2012 (depressive episode, achieved full remission). After being stabilized symptoms of low mood and mild confusion persisted, the patient was transferred to the psychiatric ward. An MRI scan showed a large number of ischaemic lesions in the striatum and white matter. Psychological testing revealed mild cognitive deficits and lowered affective control. The drug regimen was changed (risperidone, sertraline, memantine, lorazepam) which was followed by withdrawal of affective symptoms and confusion.

*Conclusion.*– Attention to underlying somatic causes and adequate communication and cooperation with somatic medicine is essential, but special care should also be dedicated to elderly patients who exhibit symptoms in several psychopathological domains.

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

EV0210

### **A case with Asperger's disorder and comorbid schizophrenia responded to clozapine**

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*Introduction.*– It is suggested that frequency of schizophrenia and other psychotic disorders is high in cases with Asperger's disorder (AD) and in their families. On the other hand, information regarding management of schizophrenia in cases with AD is limited. In this presentation, a 21-year-old case with AD and comorbid schizophrenia, is reported. Her psychotic symptoms did not respond to sodium valproate, risperidone, melatonin, quetiapine, olanzapine, lamotrigine, aripiprazole, clomipramine, respectively.

*Case.*– A 21-year-old female, with history of AD and has been using haloperidole 15 mg/day, biperidene 4 mg/day, oxcarbazepine 300 mg/day, chlorpromazine 600 mg/day for 4 months, had symptoms of irritability, compulsions of checking, increased amount of speech and agitation. These symptoms had begun 2 weeks ago. She had been diagnosed with AD 11 years ago, hospitalized for 7 times since then and advised to take sodium valproate, risperidone, melatonin, quetiapine, olanzapine, lamotrigine, aripiprazole, clomipramine. Her lab work up was unremarkable, including urine toxicology. In her psychiatric examination, puerile attitude, preservation, compulsions of checking, auditory hallucinations were noted. The patient met DSM 5 criteria for schizophrenia and AD, was followed with treatment including haloperidole 20 mg/day, biperidene 10 mg/day and chlorpromazine 400 mg/day. Despite of 7 sessions of ECT, the symptoms of the patient continued. The treatment was changed to clozapine 25 mg/day and the dose was gradually increased to 125 mg/day. Within 10 days, her symptoms were totally improved and she was discharged from the hospital with the treatment of clozapine 125 mg/day.

*Conclusion.*– This case is important for demonstrating that clozapine can be effective in resistant cases of schizophrenia as seen in AD.

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

### **Consultation liaison psychiatry and psychosomatics**

EV0211

### **Patterns of referrals to consultation-liaison psychiatry in a tertiary care hospital in Oman: Cross-sectional study**

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*Background.*– Growing and accumulative evidence in the field supports that Consultation-liaison (C-L) psychiatry as a cost-effective

service in shortening the length of stay in the hospital with early detection and treatment of mental illnesses.

**Objectives.**– This study is the first research implemented in the Sultanate of Oman to review all patterns of referrals to the consultation liaison team from various in-patient departments at Sultan Qaboos university hospital, Muscat, Oman.

**Methods.**– All patients referred from the medical and surgical wards from May 2015 to December 2015 were evaluated for inclusion in the study. A data collection sheet was designed to record the patients' demographics, reason of admission, presence of medical or surgical EVMorbidity and reason for referral to C-L psychiatry and whether a psychiatric diagnosis presents prior to the referral. The recorded data were analysed using descriptive statistical methods.

**Results.**– A total of 104 patients were referred to C-L psychiatry over the indicated period of the study. A majority of the referrals were from acute medicine unit (32.7%), neurology unit (15.4%) and surgery department (9.6%). The most common reasons for referral were depressed mood (28.8%) and abnormal behaviour (24%). Major depressive disorder (30.8%) was the most commonly diagnosed psychiatric disorder followed by substance use disorder (8.7%).

**Conclusion.**– C-L psychiatry is an important utility for general hospitals in order to ensure a high- standard quality of care provided to patients. Additionally, C-L psychiatrists should play a significant role on sensitizing other health professionals toward detecting early signs of mental disorders.

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

EV0212

### **Building psychiatry outpatient consultation-liaison focusing on access, targeting the quality and gain continuing education as result. The step by step to implement the service**

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Psychiatry outpatient clinics very often have long lists waiting for the first consultation to finally come into the system. The role of a psychiatry outpatient clinic inside the chain of care can be debated to achieve the goal to provide quality care and access. This study describes step by step the strategies and plans to implement an outpatient clinic in a university hospital. The plan began in 2014 when the time in the waiting list to have a psychiatry consultation was about 2 years. The university hospital was moving to very specialized services (psychosis, mood disorders, etc.) and general psychiatry would be no longer practiced inside the hospital borders, but in the community settings. A task force of psychiatrists from university hospital worked analyzing all the requests and the potential patients in the waiting list. After analysis patients were referred to specialized services, general psychiatry or family physicians as needed. In 2016, when the list achieved the zero time the ordinary referral system was shut down and the psychiatry' consultation-liaison, PCL, started activities. The PCL service was developed to answer calls from any specialty inside university hospital outpatient clinics immediately. A psychiatrist from the team analyses the selected patient with the physician, the resident and the student from the specialty that called. The team, with the psychiatrist, decides together which service will be the best to

care for the treatment of each patient, depending on the level of complexity and specialization required.

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

EV0213

### **Delusional parasitosis: Interest of an hospital-centered “skin and brain network”**

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**Introduction.**– The impact on quality of life of patients with delusional infestation is major, but its complex management has not received any medical guideline. With the objective to cope with this clinical problem in a general hospital, we have proposed new strategies to improve the holistic care of this patients.

**Method.**– In a case study approach, we have recruited patients suffering from delusional infestation in the dermatology and parasitology departments of the Nice university hospital from April 2016 to July 2017.

**Results.**– Our clinical observations led us to consider delusional parasitosis as a trouble expressed by a hypochondriac presentation, with a sensitive personality, systematic interpretations, mixed hyperthymia and pathomimic attitude. The biographical history reveals the presence of psychological trauma in childhood, the personality traits are organized around a complex of shoring and dependence, with impulsiveness, aggressiveness, tendency to conformism and addiction. Consultations are difficult situations which highlight all the patient's defence mechanisms. Given this observation, we have repeatedly aimed patient's hospitalization. This experience seems to be an ideal support to fight against the processes of idealization and cleavage. Its objectives would be to carry out the aetiological investigation, to provide skin care and to involve psychiatric care.

**Conclusion.**– Although descriptive, our observations suggest going from multidisciplinary to transdisciplinarity, in which collaboration and close coordination between the various protagonists needs more order. The creation of a “Skin and Brain network” involving referents in parasitology, dermatology and psychiatry was born at Nice University Hospital to reach therapeutic goals and improve healthcare.

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

EV0214

### **Altered brain metabolism associated with functional motor disorder**

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**Objectives.**– The HYCORE study aims at evaluating alterations of brain metabolism during first episode in patients with functional movement disorders, and their association with persistent physical disability at 3 months and 6 months follow-up.

**Methods.**– We assessed alteration of brain metabolism at rest using 18FDG-Positron emission tomography during two scan sessions: at symptoms onset and 3 months later, and motor impairment was evaluated using Expanded Disability Status Scale (EDSS score). First scans were compared with those of 13 controls without neurological impairment or any motor disability.

**Results.**– At that time, 22 patients performed initial scan session and 14 patients were evaluated with second scan at 3 months. Preliminary results show a hypoactivation of right frontopolar and right orbitofrontal cortex at symptoms onset in patients compared with controls. Moreover, patients had greater activation of right primary motor cortex and right caudate compared with controls. Patients with complete recovery within 3 months follow-up had an increased activation of ventral anterior cingulate and right frontopolar cortex, increased left anterior cingulate cortex and increased right thalamus between initial and second PET-scan. Analysis of brain imaging at 3 months show that patients with persistent motor disability have greater posterior cingulate cortex activation compared with patients with complete recovery.

**Conclusion.**– Preliminary results of HYCORE study show baseline altered activation of primary motor area, basal ganglia and orbitofrontal cortex in patients with motor conversion disorder. Our findings suggest that brain markers are associated with complete recovery and the existence of “state markers” associated with motor disability.

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

EV0215

### Psychiatric symptoms as debut form of multiple sclerosis

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**Introduction.**– Although psychiatric symptoms are well described to happen along the course of Multiple Sclerosis, their presence at the initial stages of the illness is less common and somewhat anecdotal. This implies delays in diagnosis and treatment and therefore poorer prognosis and quality of life.

**Objectives.**– We aim to reflect on the interrelation between psychiatric symptoms and somatic processes, to avoid misdiagnosis.

Table 2. Sleep duration in adolescents with different SDQ points subgroups (hours:minutes).

SDQ scales	Self rated SDQ (points subgroups)			p
	Average (unlikely to be clinically significant) n=314	Slightly raised (may reflect clinically significant problems) n=114	High (substantial risk of clinically significant problems) n=53	
Total difficulties score	9:01	7:49	8:10	0,014
Conduct problems score	8:58	8:12	8:42	0,026
Emotional symptoms score	8:48	9:20	8:08	0,437
Hyperactivity score	8:53	8:22	7:53	0,058
Peer problem score	8:58	8:28	8:13	0,461

Figure 1

**Methods.**– We present the case of 56-year old woman, with unknown psychiatric or somatic history, brought by her family after a period of important physical and social decay. Coincident with the death of her parents 8 years ago, she became more and more isolated, abandoning her job, relationships and self-care, and occasionally speaking to herself. She denies any symptoms but sadness and apathy since the death of her father. An exhaustive study comprising functional neuroimage, laboratory tests and psychological tests was carried.

**Results.**– MRI: multiple hyperintense images in juxtacortical, cortical and periventricular white matter, along with loss of parenchyma, compatible with MS (Fig. 1). Electroencephalography: within normality. BCSE, MCMI-III: low insight, high distrust, emotional lability.

**Conclusions.**– Psychiatric symptoms can be the first sign of a neurological process, often leading to misdiagnosis and treatment. A correct anamnesis and clinical suspicion is necessary in order to run adequate procedures and achieve better diagnosis and treatment.

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

EV0216

### Temporal trends of drug requests in the Addiction Liaison Psychiatric Unit in Hospital Del Mar

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**Introduction.**– Drug Use disorders are frequently associated to other medical problems and Addiction Liaison Psychiatric Units are requested to manage them. There are drug and drug users' facts associated to the temporal evolution of the main drug requests.

**Objectives.**– To analyze temporal trends in the 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 during 7 years in Hospital del Mar (Barcelona, Spain). Demographics and clinical data (substance use, dual diagnosis, medical diagnosis) were obtained and analysed by semesters.

**Results.**– The Addiction Liaison Psychiatry Unit referred 2011 medical drug related request during 7 years. There were significantly differences in main drug requests by semester but there was no a clearly drug evolution tendency along these years. In relation to the drug there were no significantly differences as to gender, civil status and foreign origin but there were differences about medical service origin request. It was observed an increased proportion of heroin related requests in 2015 and 2016 (19-21,4%).

**Conclusions.**– There are many facts involved in the reason of the drug prevalence in the Addiction Liaison Psychiatry Unit. There is not a drug evolution tendency in samples referred to the addiction unit. Is needed more data to know why there is some differences in the main drug request depending on the medical service.

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

EV0217

### Calcium metabolism and psychosis: A case report and brief literature review

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To report a case of DiGeorge Syndrome, as hypoparathyroidism and alterations of the calcium metabolism with calcifications of the basal ganglia, and briefly review the current literature about these pathologies.

We reported the case of a man of 54 years, hospitalized for behavioural changes with 1 month of evolution, persecutory delusions and auditory-verbal hallucinations. Personal history of Noonan Syndrome, epilepsy and hypoparathyroidism (diagnosed with DiGeorge syndrome in the internment, because of doubts raised with the clinical picture). Analytically, with diminished iPTH, calcium and Vit.D; Ac. Anti-thyroglobulin positive. EEG with increased theta activity. TC-EC with bilateral calcification of the lenticular nuclei. It was observed improvement of the patient, under antipsychotic therapy and calcium supplementation.

DiGeorge syndrome is a genetic disorder caused by the deletion of a portion of chromosome 22, q11.20 location, and is characterized by abnormalities of the face, hypoparathyroidism, heart defects, mental retardation, epilepsy and cognitive and behavioural changes. Hypoparathyroidism is a disease caused by decreased parathyroid hormone. The most frequent cause is the surgical trauma, with others less common. Can cause calcifications of the basal ganglia, with psychotic symptoms. The diagnosis is based on the clinical history, physical examination and laboratory and imaging studies, particularly serum levels of PTH and calcium. Treatment consists in maintaining calcium levels within normal limits, by administering regular doses of calcium and vitamin D. This case demonstrates the close link between calcification of the basal ganglia and psychosis. *Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0218

### Frequency of NMS features in anti-NMDA receptor encephalitis presenting with psychiatric symptoms

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*Introduction.*– Initial signs of anti-NMDA receptor encephalitis (anti-NMDArE) often include hallucinations, delusions and behavioural symptoms that suggest a primary psychiatric disorder. In most cases the patient is evaluated first by a psychiatrist, and antipsychotic medications are administered. Unfortunately, other clinical features of anti-NMDArE overlap with neuroleptic malignant syndrome (NMS), further obscuring the diagnosis and complicating management. It is not known how many patients with anti-NMDArE are at risk for NMS misdiagnosis, but recognizing these disorders promptly is essential because their treatments are distinct and both can cause severe long-term disability when treatment is delayed.

*Objectives.*– To estimate the frequency of NMS-like features in anti-NMDArE patients at risk for inappropriate treatment with antipsychotic medications.

*Methods.*– Computerized searches of EMBASE and Pub Med databases were conducted in January 2017 to identify anti-NMDArE cases presenting with behavioural symptoms. Four clusters of clinical signs commonly used to diagnose NMS were scored: hyperthermia, autonomic dysfunction (urinary incontinence, diaphoresis, and elevated blood pressure, heart rate or respiratory rate), mental status changes (disorientation, confusion, or diminished arousal), and rigidity/catatonia (including mutism). *Results.*– The search yielded 37 men and 163 women with mean(S.D.) ages 38.2(16.4) and 30.7(10.8) years, respectively. Clinical features associated with NMS were common, and their relative frequencies varied by sex, as follows (M vs. F): hyperthermia (18.9% vs. 25.8%), autonomic dysfunction (21.6% vs. 32.5%), mental status changes (59.5% vs. 55.8%), and rigidity/catatonia (29.7% vs. 44.8%). *Conclusions.*– NMS-like clinical features are common in anti-NMDArE, and are more likely to be observed in women.

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

EV0219

### Primary central nervous system lymphoma in immunocompromised patient with debuting psychiatric disorder: A case report

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*Background.*– Medical illnesses affecting the central nervous system may initially manifest with psychiatric symptoms. Although rare, intracranial occupying lesions such as primary lymphoma can mimic a debuting psychiatric disorder, especially when associated with other risk factors for secondary psychiatric symptoms, such as immunocompromised patients. Despite this knowledge, neuroimaging studies are not currently recommended as a screening tool in psychiatric patients, with the exception of those with atypical characteristics, which would indeed warrant a specific diagnostic process in order to ensure proper clinical judgement.

*Case presentation.*– A 27-year old Hispanic male with untreated AIDS and no prior psychiatric history was admitted in the Emergency Department for personality changes over the last weeks, including child-like behaviour, apathy, mutism, biological rhythm disturbances, enhanced sensorial perception and mild intermittent headache. Initial computed tomography scan revealed intracranial occupying lesion suggesting primary central nervous system lymphoma as the most likely diagnosis. Psychiatric symptoms paralleled the evolution of the primary illness during hospitalization, which worsened progressively until the patient's decease one month after admission.

*Conclusion.*– There are currently no features to differentiate primary from secondary psychiatric disorders with assurance. However, some clinical and epidemiological characteristics can effectively point toward a medical disease as the main cause for the psychiatric symptoms. Therefore, temporal causal relation, an elderly onset and other atypical presentations should be followed by a more thorough diagnosis process including detailed history, complete physical and neurological examination, laboratory evaluation and brain imaging, so as to improve patients' prognosis and chances of appropriate therapeutic approach.

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

EV0220

### Somatogenic depression on cardiovascular diseases patients

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In research, based on the systematic approach of evaluating results of complex clinical-psychopathological, psychodiagnostical investigation myocardial infarction and cerebral stroke patients the clinical structure features, regularities in the formation, development and course of somatogenic depression and associated disorders on these patients was determined. At patients with cardiac infarction in acute period the pain syndrome is the main one, leads to severe psycho-emotional disorders. Against the background of cognitive function preservation phobic, anxiety and depressive symptoms prevail, their intensity depends on the severity of pain. Subsequently, the primary psycho-emotional constituent element disappeared and anxiety-depressive disorders developed along with hypo- and anozognostical type of personal condition perception. At cerebral stroke patients disorders of level of consciousness were primary with cognitive and asthenic disturbances with subsequent formation of psycho-emotional disorders, anxiety and depressive disorders with hypochondrical elements on the basis of persistent cognitive impairments.

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

EV0221

### Wernicke-Korsakov or why alcohol can turve clinical judgement

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*Objective.*– To describe how a relatively common syndrome, which is mostly caused by alcohol, can sometimes be confused and hide other really rare causes. To make a reflection on how epidemiology can make doctors be thrown off the track.

*Methods.*– Using a description of a 53 year-old woman with imbalance, nystagmus and a familial anemia. I used the clinical examination, laboratory and history of this patient and reviewed related bibliography.

*Results.*– After reviewing the whole clinical process i found that: MR-EC showed Wernicke-Korsakoff typical signs. The patient had no solid alcohol history. Her mother describes a strange behaviour since early adolescence. This Wernicke-Korsakov its out of the track and clinical staff its not used to consider out-off the box hypotheses. *Conclusion.*– Can a syndrome like Wernicke-Korsakoff be attributed to a “functional” cause? How “rare” can be a cause on our daily practice? Finding the “real” cause of this patient made us think about the importance of Liaison Psychiatry and the vital need to search for early clinical history.

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

EV0222

### Evaluation of mindfulness-based stress reduction (MBSR) for management of palpitations in Egyptian sample

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Aims of this study were (1) to evaluate the efficacy of MBSR for the treatment of benign palpitations, (2) follow up improvement in heart palpitations with 24 h Holter recordings.

*Methodology.*– Thirty one participations reporting heart palpitations of at least three months duration were recruited in outpatient Cardiology clinics. Compared with thirty patients used as a control.

*Exclusion criteria.*– Included prior pathological cause of palpitation. Refuse to attend MBSR program.

*Methods.*– Participants were scheduled for an ECG and physician examination. Participants were randomly selected and 24 h Holter recordings were collected at two time points: 1) baseline (before MBSR classes), 2) 8 weeks after baseline.

*Results.*– The 24 h Holter recordings were analysed in both the time domain and frequency domain There were no significant differences between the MBSR and Control groups on any of the HRV measures at baseline or 10 weeks. We found an association between HRV balance (as measured by the Ln LF/HF ratio) and improvement in palpitations in the MBSR group ( $r = .8$ ,  $p < 0.001$ ). MBSR participants reported a significant reduction in heart palpitations at the end of the MBSR training, on average a difference score of 2.4 (SD = 1.2) on an 8 point palpitation frequency scale, while the control group did not report any change with an average difference score of 0.2 (SD = .97). This difference was significant with  $F = 13.5$ ,  $p < 0.002$ .

*Conclusion.*– MBSR training may be an effective treatment for Patients with benign palpitations

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

EV0223

### On psychiatry and psychosomatics

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*Objectives.*– Psychopathology needs new integrative therapy-models considering application of psycho-somatic (Th.v.UEXKÜLL) and somato-psyhic (Y.IKEMI) approaches caused by high complex interaction of psychic-physiological-pharmacological-social factors [1-3], appointed also by Emperor AKIHITO during opening-ceremony of ICPM-Congr. in Kobe: “total symptoms of mind-body, seeking ways of holistic care”.

*Methods.*– Psychic/body-training by occidental/oriental practices (patients/probands). Evaluation of psychic-“polar-attitude-list”/physiological-parameters: heart-rate, blood-pressure, etc.

*Results (recent/earlier).*– Observations demonstrate strong positive influence on psycho-somatic parameters after music[1], respiratory[2], yoga-physical[3] therapies. Items of psycho-physiological (relaxed), emotional (tranquil/happy), cognitive (few/ordered-

thoughts), voluntary (active/spontaneous), social (open/assertive), consciousness (clear/sleepy) categories are significantly positive changed 25-50%. The 3 therapies have specific psychic effects, e.g. items “relaxed/tranquil” after respiratory- (+45/50%) and music- (+20/5%), also item “open” after music-therapy (+25%) are positive, but negative after respiratory-therapy (-20%). Items are stronger changed before then after surgical-intervention. Psychic effects are correlated with positive physiological ones, e.g. heart/respiratory-frequency decreased 25-30%, voluntary-apnoea prolonged 55%. Mountain altitude (>2000-3000 m), hypothermia (<20 to 0°C) influenced positively psychic-items, heart rate/blood-pressure decrease ( $p < 0.05-0.01$ ,  $n = 125$ ).

**Conclusions.**– Integrative psycho-somatic therapy incl. occidental/oriental (yoga, tai-chi, Zen, etc.) approaches in context of integral anthropology could be applied for psychic disorders. Different methods are with preference, e.g. for depression is suitable respiratory/physical-training (activation), for mania: music-therapy (with inhibitory-effect). Systematically research about influence of single/combined psychosomatic therapies on psycho-physiological disturbances is necessary, i.e. how could be influenced, e.g. epilepsy, schizophrenia, e.g. by respiratory-therapy/hypothermia/etc. (hypo-/hypercapnia: inhibitory/excitatory effects on CNS-structures).

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EV0224

### Chronic renal failure in patient with severe mental disorder: A case report

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We present the case of a 55-year-old male who entered Nephrology due to acute renal failure due to psychopathological decompensation, in which the clinic was predominantly delirious of prejudice. He presented delusions with episodes of aggressiveness next to important social problems, with neglect in personal self-care and abandonment of treatment and medical monitoring. Urgent intervention is required as well as dialysis given the situation. As Analytical results presented urea 410, creatinine 8.3, potassium 7.68. The renal ultrasound scanning showed chronic nephropathy. Once the organic pathology is stabilized, it is transferred to the Psychiatry Unit.

The adequate approach of the psychiatric pathologies that accompany the renal insufficiency demands to make a differential diagnosis and to take into account the complex psychosocial and biological interactions that originate them. The approach of the patient receiving dialysis and pluripatology should include multidisciplinary teams that employ psychotherapeutic strategies and consider individual and family elements. We emphasize the importance of the medical monitoring and care of patients diagnosed of

severe mental disorder with concomitant organic pathology, since it could lead to severe situation that conditions the patient's life. In this kind of patients close monitoring should be done as well as establishing psychoeducation programs for patients and families. *Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0225

### Alexithymia and non-psychotic mental disorders in patients with hypothyroidism

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In the formation of non-psychotic psychiatric disorders in patients with thyroid pathologies neurohumoral mechanisms are important, and one reason is psychosomatic relationship. The modern concept of relationships includes alexithymia model, since this psychological property is considered as caused by the imbalance between the functions of the limbic system and the cerebral cortex, and as a result of violations of the interaction between the child and mother. In addition, the situation of chronic physical illness is regarded as one that provokes a crisis of development (and in fact, identity crisis) and therefore is a traumatic situation, that is a risk factor for the development of mental disorder. Toronto Alexithymia scale proposed by Taylor G. was used. 50 patients with hypofunction of the thyroid gland were investigated. 84% of patients had a rate alexithymia more than 74 points, 12% were classified as areas of uncertainty and only 4% of patients according to the method proved non-alexithymic. It was found also that patients with an uncertain alexithymia level had difficulties in describing their inner feelings, did not give much attention to the absence of well-being in the emotional sphere, believed that painful symptoms of mental health problems are caused by only thyroid pathologies, even during sighting surveys ignored the presence of emotional stress and conflict experiences that showed a reduced capacity for understanding and expressing their own feelings, low emotional resonance. Thus, alexithymia radical in the personal structure of such patients should be taken into consideration during psychotherapeutic and psycho-corrective interventions.

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

EV0226

### Cerebellar cognitive affective syndrome

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*Background/objectives.*– Cerebellar cognitive affective syndrome (CCAS) is a condition that arises from cerebellar lesions. CCAS can easily be overlooked by medical teams; therefore a bibliographic review will facilitate the understanding of symptoms in order to effectively diagnose and provide a holistic early treatment approach.

*Methods.*– A case report of a 72 year old woman with bilateral cerebellar lesions with high pre-morbid function presented with classic symptoms of CCAS. Multidisciplinary workup included medical, psychiatric, neuropsychological assessment (R-BANS (Form

1), Digit Span, Verbal fluency tests, the Hayling Test, the Delis-Kaplan Executive Function System) as well as other investigations (neuroimaging and blood tests) were conducted on the patient to confirm CCAS and exclude other differential diagnoses.

**Results.**– The results from the medical assessments conducted showed symptoms of cerebellar dysfunction. A psychiatry and neuropsychological review revealed aggression, irritability, disinhibition, deterioration in cognitive function and personality changes. A multidisciplinary team was formed to rehabilitate the patient however patient was non-compliant with therapy. The patient was prescribed Seroquel 50 XR and she responded well to the medication.

**Conclusion.**– This case review illustrates the challenges associated with engaging a CCAS patient in rehabilitation activities due to cognitive and mood disorders. The use of psychotropic medications can be an effective method in improving cognition and mood disorders in CCAS patients. Early psychiatry and psychological intervention can significantly improve the overall outcome of a patient diagnosed with CCAS.

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EV0227

### **Neurocognitive profile, mental problems and mental disorders in patients with early stages of HIV infection**

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HIV-associated neurocognitive disorders (HAND) may include neurological disorders of various severities such as AIDS dementia complex (ADC) also known as HIV dementia and HIV-associated dementia (HAD), HIV encephalopathy, and Mild Neurocognitive Disorder (MND). As it seems HIV-associated neurocognitive disorders are associated with a metabolic encephalopathy induced by HIV infection and fueled by immune activation of macrophages and microglia. Despite of different cognitive alterations have been described in HIV patients at different stages of HIV infection, so far little is known about the neurocognitive state of patients at very early stages of HIV infection. In addition, little is known about which mental health factors are related to the presence of cognitive alterations in patients with HIV infection. Here, we explored the neurocognitive profile of a group of cases of HIV patients at very early stages of HIV infection assessing the cognitive profile and the presence of mental symptoms in different stages of the course of HIV infection. As control groups, we studied a healthy control group and a group of patients with mild cognitive impairment due to neurodegenerative causes. Our results suggested that cognitive processes are sensitive to very early neuropathological changes in HIV infection and those alterations are usually related to mental symptoms. Noteworthy, our results also showed that neurocognitive profile of HIV patients differs from those cognitive alterations in patients with mild cognitive disorders associated to primary neurodegeneration. Our results highlighted the importance of neurocognitive exploration at very early stages of HIV infection to improve diagnoses and interventions.

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

EV0228

### **Depression, anxiety, alexythymia and psychiatric comorbidity in chronic headache patients**

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**Aim.**– The aim of this study is to evaluate the depression, anxiety and alexythymia levels of chronic headache patients and to determine the psychiatric comorbidity.

**Method.**– In this study, 42 tension type headache patients (TTH) and 43 chronic migraine headache (CMH) patients according to the diagnostic criteria established by the Headache Classification Committee of the International Headache Society, were recruited from patients seeking treatment at Kackar State Hospital neurology out-patient unit. Inclusion criteria were, presence of TTH or Migraine headache at least 3 months, being 18-65 years of age, and at least having primary school education. Sociodemographic data form, Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Toronto Alexythymia Inventory (TAI) and face to face psychiatric interview were done by a clinician to make psychiatric diagnosis due to Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5)

**Results.**– Overall, 77.6% ( $n=66$ ) were female, 69.4% ( $n=59$ ) were married, 40% ( $n=34$ ) had psychiatric treatment history. Complaining about pain in the other parts of body was significantly high in TTH group ( $p=0,032$ ). Stress factor onset of headache is more common in TTH group but not significant. Depression is the most common psychiatric comorbidity 55,8% ( $n=29$ ). There is no significant difference between BAI, BDI and TAI scores

**Conclusion.**– Psychiatric comorbidity is common in the chronic headache patients. To definitive speak, studies are needed on a large scale by comparison with healthy controls.

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

EV0229

### **Mood disturbances in women with polycystic ovary syndrome**

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**Introduction.**– Polycystic Ovary Syndrome (PCOS) is one of the most common endocrine disorders in women during their reproductive age. It is characterized by a wide spectrum of symptoms related to the disturbances of reproductive, endocrine, and metabolic functions. These physical disorders can impair sexual functioning and cause emotional distress, including symptoms of anxiety and depression.

**Objective.**– To assess the relationship between PCOS and anxiety and depression.

**Methods.**– We conducted a cross-sectional, descriptive and analytic study in the outpatient of Endocrinology department of Hedi Chaker University Hospital, SFAX, TUNISIA, among 30 women with PCOS, and 30 controls. We used the Hospital Anxiety and Depression Scale (HADS) to detect depressive and anxious symptoms.

**Results.**– The mean age of patients was 32.3 years. The mean global score of HADS and subscales HAD-A (Anxiety) and HAD-D (Depression) were respectively 18.2, 10.4 and 7.8. More than half of patients (53.3%) and 26.7% of controls had a certain anxiety state, with a significant difference ( $p=0.035$ ). Thirty percent of patients had a certain depression state, compared with 6.7% in the control group, the difference was also significant ( $p=0.042$ ). A significant correlation was found between depression sub-scale and spaniomenorrhoea ( $p=0.017$ ).

**Conclusion.**– Our study showed that psychological function is impaired in women with PCOS. Thus, apart from the medical treatment, clinicians should pay attention to the psychosocial dimension of this affection within a multi-disciplinary approach, in order to improve life satisfaction and coping of affected women.

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

EV0230

### Quality of life in women with polycystic ovary syndrome

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**Introduction.**– Polycystic Ovary Syndrome (PCOS) is a multifactorial pathology characterized by several physical disorders which can lead to a significant deterioration in female quality of life (QoL).

**Objective.**– To assess QoL in women with PCOS, as well as associated factors.

**Methods.**– It was a cross-sectional, descriptive and analytic study, conducted in the outpatient of Endocrinology department of Hedi Chaker University Hospital, SFAX, TUNISIA, among 30 women with PCOS, and 30 controls. QoL was assessed through the Short Form-36 Health Survey (SF-36). It is a standard diagnostic tool containing 36 questions grouped into 8 domains (D1: Physical Functioning; D2: Role limitations due to physical problems; D3: Bodily Pain; D4: General Health; D5: Vitality; D6: Social Functioning; D7: Role limitations due to emotional problems and D8: Mental Health).

**Results.**– Several clinical parameters (Hirsutism, spaniomenorrhoea, and obesity) were significantly more frequent in women with PCOS ( $p<0.001$ ;  $p<0.001$  and  $p=0.005$  respectively). According to SF-36, QoL of women with PCOS was significantly impaired compared with controls (46.66% vs 0%;  $p<0.001$ ). Most QoL domains for PCOS women were lower than those for controls. There were statistically significant differences in four domains: D3, D4, D5 and D8 ( $p<0.001$  for each of these domains).

**Conclusion.**– PCOS is a heterogeneous disorder that not only affects women's body image, but also undermines their QoL, as it has been highlighted in our study. This could contribute to an exacerbation of illness effects, and then, darken the prognosis. Thus, this issue needs to be taken seriously in the clinical practice, in the doctor-patient relationship.

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

## Cultural psychiatry

EV0231

### Attitudes of Tunisian psychiatric nurses towards suicide

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**Introduction.**– According to the Tunisian social observatory, suicide rates have risen since 2011 and have reached record levels in the year 2016. Psychiatric nurses are an integral part of the health-care team but little is known about their attitudes to suicide. The aim was to assess nurses' attitudes towards suicide whilst evaluating the influence of sociodemographic characteristics and religious beliefs on their views.

**Methods.**– A sample of fifty nurses working in the psychiatric hospital RAZI, Tunisia, was recruited. Participants completed the Arabic religiosity scale and the Suicide Behavior Attitudes Questionnaire (SBAQ).

**Results.**– The mean age of the sample was  $29,9 \pm 7,7$  years. Sex ratio was 1. Mean duration of service in a psychiatric ward was  $8,5 \pm 6,7$  years. Many professionals (56%) regarded themselves as "prepared to handling with patients under the risk of suicide", and 52% of the psychiatric nurses felt "capable of perceiving when a patient is under the risk of suicide". Few professionals (9%) agreed with the right a person has to commit suicide. It is defended the notion that 'life is God's gift, therefore only He can take it back' (76%). 12% of the total sample expressed the belief that suicide is not associated with a psychiatric disease. Religiosity impacted negatively on the feelings and professional capacity towards suicide.

**Conclusion.**– Nurses could benefit from continuing professional education to build their knowledge about suicide and reinforce positive attitudes, thus minimizing the stigma surrounding the matter.

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

EV0232

### "Nuptial psychosis" in two siblings: A case report

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**Introduction.**– Marriage, and especially the nuptial period, has been recognized as a stressor that can decompensate certain psychotic disorders. However, "Nuptial psychosis" is an almost unknown entity whose literature is poor. Thus, studies treating its clinical characteristics and its evolution remain scarce.

**Objectives.**– The aim of our study was to compare the clinical differences and the possible evolution of a nuptial psychosis in two brothers.

**Methods.**– This is a study conducted from the case of two brothers diagnosed with a "Nuptial psychosis" and hospitalized in the department of psychiatry C of the Razi hospital in Tunis, Tunisia.

**Results.**– Mr. F.A, 43 years old, hospitalized in the psychiatric department of the Razi hospital, in April 2005, one month after an unconsumed marriage and Mr. A.A, his 34-year-old brother, hospitalized in the same department in July 2009, a week after his marriage. The two brothers shared a symptomatology made up of quirks of behaviours, delusions and hallucinations. Mr. A.A, however, had depressive elements which did not occur in his brother

at the time of the onset of the disorder. The evolution was marked by a *restitutio ad integrum* for Mr. F.A, whereas the symptoms of Mr. A.A evolved towards the installation of a schizophrenia.

**Conclusion.**– Despite the existence of several shared stressors, the evolution of an acute psychotic episode was different between two brothers, which allows us to question the role of certain social and genetic factors in the installation of schizophrenia.

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

EV0233

### **What a fright! (Koro syndrome. A case report)**

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**Introduction.**– Koro syndrome is characterized by intense anxiety that the penis (vulva or nipples in females) is shrinking or retracting and will recede into the body. This condition is extremely rare in western countries, but has been epidemic in Southeastern Asia. The condition is more common in males and is classified within Obsessive-compulsive and Related Disorders by DSM V. In this report, we describe a patient presenting with concerns about genital retraction diagnosed as acute and transient psychosis necessitating hospitalization and the usage of anti-psychotics.

**Objectives.**– Describe a case report and try to understand which diagnosis would be more accurate and why.

**Methods.**– A description of a patient presenting the symptoms described in a literature review found through Medline and manuals of mental disorders.

**Results.**– A 26-year-old Spanish man arrived at the Emergency Room with a panic attack and the worry that his penis was smaller than usual, in the context of an acute dermatological reaction. Following his clinical evolution, we will explain the difficulties with making an accurate diagnosis, and the decision to classify his symptoms as Koro Syndrome.

**Conclusions.**– Awareness of this diagnosis is needed to provide optimal care to patients that may need an intense follow up and antipsychotic drugs in order to prevent chronicity of the condition.

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

EV0234

### **The Investigation of Problems of Migrant Students and Their Relationship to Psychopathology**

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**Introduction.**– Due to the phenomenon of immigration in Greece, many issues arise both regarding intercultural education and higher education of migrants. One of these, which is not highlighted, is the problems of higher education students who finished a Greek school and gained access to Greek universities.

**Objectives.**– The purpose of this research was to investigate the problems of the first-generation migrant students and to correlate these problems with the psychopathology.

**Methods.**– The sample consisted of students and immigrants from 18 to > 25 years old, students from Greek academic institutions. The research tools used were: a) the Psychopathology Scale (Symptom Checklist 90-R - SCL-90); and b) the State-Trait Anxiety Inventory (STAI) Spielberger c) (LOT-R); (d) The Other Shame Scale (OAS); (e) Experience of Shame Scale (ESS); and a socio- demographic and social representation questionnaire.

**Results.**– Single-factorial and multifactorial analysis was used from which it emerged that: a) female immigrant women have higher levels on the scales: inferior (OAS), empty (OAS)), Total Internal Shyness (ESS), Characteristic Shame (ESS), Behavioral Shame (ESS), Bodily Shame (bodily shame) (ESS, Trait Anxiety (STAI), Somatization (SCL-90), Interpersonal Sensitivity (SCL-90) and Depression (SCL-90).

**Discussion.**– The results of our study reveal high levels of psychopathology among migrant and migrant students, and this is explained by the way their migrant parents live and the different culture they are obliged to cope with and adapt to, but also marginalized by society, a situation that leads to their exposure to a variety of risks to their mental health.

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

EV0235

### **Psychometric Properties of the Multicultural Personality Questionnaire–short Form (MPQ-SF) in Persian speaking university students**

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**Introduction.**– Personality and culture are very important and effective concepts in behavioural sciences. Each culture can form the personality and behaviour of people in its society. So, the paper aimed to study psychometric properties of the Multicultural Personality Questionnaire–Short Form (MPQ-SF) in Persian speaking university students.

**Method.**– In this study, Multicultural Personality Questionnaire–Short Form (MPQ- SF) was used that developed by Van Der Zee and et al (2013) at the University of Groningen in the Netherlands. The Multicultural Personality Questionnaire is a personality assessment questionnaire to explain behaviours when people are interacting with people from different cultures. 381 university students were chosen and responded to MPQ-SF. The MPQ-SF assesses Cultural empathy, Flexibility, Social Initiative, Emotional stability and Open-mindedness. For analyzing the data Cronbach Alpha, Spearman-Brown Coefficient and Pearson correlation coefficient were used. Also Buss & Perry aggression Questionnaire was used to diverger validity.

**Results.**– The findings showed that Kaiser–Meyer–Olkin measure of sampling adequacy was .84, and Bartlett’s Test of Sphericity was 5.42 that were significant at .000. Also, reliability analysis showed that MPQ-SF had good internal consistency. Cronbach’s Alpha for all items was .81, and Spearman-Brown Coefficient was .58. Also correlation of MPQ-SF with aggression Questionnaire was -.388 that was significant at .000.

**Conclusions.**– The findings showed that the MPQ-SF is a reliable and valid assessment tool for measuring Multicultural Personality in Iranian samples.

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

EV0236

### **Intercultural aspects of depression: Feelings and thoughts of low self-esteem, guilt, persecution and prejudice**

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*Introduction.*– Guilt and low self-esteem are frequently described in depression in Western societies, and are part of the criteria for major depressive episode within the Diagnostic and Statistical Manual of Mental Disorders (DSM). However, in Tunisian depressed patients, ideas of prejudice and persecution are frequently observed. Might these - very diverse - feelings and thoughts be influenced by culture?

*Objectives.*– To determine the frequency of feelings and thoughts of guilt, low self-esteem, persecution and prejudice among an Arab Muslim sample of depressed patients.

*Methods.*– Guilt, low self-esteem, prejudice, and persecution were evaluated in 95 patients with depression. Unipolar Depression (UD) or Bipolar Disorder (BD) were diagnosed using the DSM IV–criteria. Socio-demographic and clinical data were recorded.

*Results.*– Fifty patients were diagnosed with UD (52,6%) and 45 with BD (47,4%). Patients experienced feelings of guilt (4,2%, n = 4), low self-esteem (23,2%, n = 22), ideas of persecution and prejudice (8,4%, n = 8). These feelings and thoughts were not associated with age, diagnosis, sex, instruction level, marital status, a history of hospitalization or suicide attempts.

*Conclusions.*– Our results may reflect the cultural and religious impact on the clinical expression of depressive episodes. Whereas beliefs of divine punishment and individualism may explain the prevalence of guilt in Western cultures, more important interdependence within family and society, history of colonization, and thus a more external locus of control may explain the feelings of persecution and prejudice in Arab-Muslim societies.

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

EV0237

### **Mental illness in theological perspective**

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*Introduction.*– Religion and psychiatry, despite the sinuous relationship they have had since antiquity, centered on "human well-being" as the main purpose of their work. The concept of "mental illness - madness", varies by age, culture, awareness and acceptance. The objective of this paper is to highlight how mental disorder is perceived by representatives of theology.

*Methods and materials.*– The sample included 31 male participants, with education and occupations in Christian Orthodox Theology, aged between 19 and 76 years. An online questionnaire was applied, consisting of 17 questions that assess the concept of men-

tal disorder. Responses were collected in a Microsoft Excel sheet along with socio-demographic variables.

*Results.*– Overall, 54.84% of subjects define mental disorder as a disease, while 45.16% perceive it as an absence of faith or a human weakness in the face of suffering. Regarding the therapeutical approach to psychiatric illness, 29% of the subjects considered for medical treatment, the rest opting for other forms of therapy. 65% of the subjects believe that religious practices and religion can favorably resolve a psychiatric disorder in the absence of medical intervention.

*Discussions and conclusions.*– The diversity in understanding and approach to "mental illness" by representatives of Christian Orthodox theological environment originates- most likely- from reporting to normality; for without this "normality" one can not determine and define the illness. If in psychiatry, mental illness is a deviation from normality in the theological vision mental illness is not related to an environmental model, but the ideal model and responsive to standard fulfillment.

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

EV0238

### **Psychometric questionnaire of cultural factors comorbidity of obsessions and major depressive disorders in Iranian samples**

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*Background and purpose.*– Cultural signs may be found among people that speak a local dialect or live in a specific region or historical period. These cultural signs could influence psychopathology. The aim of this study was to design and validate a questionnaire that could evaluate the cultural factors causing concurrent obsessions and major depressive disorders in Iran.

*Methods.*– To design the questionnaire, 10 psychologists and psychiatrists who were members of academic boards were questioned by an open questionnaire. Then, the answers to the questions were classified and based on exploratory factor analysis the questionnaire containing 11 factors and 79 questions were confirmed. Internal homogeneity was analysed by Cronbach's alpha.

*Results.*– The findings of Cronbach's alpha for all factors showed that the highest reliability was 0.90 and the lowest was 0.42. In exploratory factor analysis using Varimax rotation 11 factors were extracted that predict 47.3% of the scale variance. 25 factors were extracted of which 14 had less than three items, therefore they were omitted because of not being able to acquire reliability as sub factors. Accordingly, a questionnaire containing 11 factors and 79 questions was constructed.

*Conclusion.*– The findings showed that the instrument could identify the cultural factors that cause concurrent obsession and major depressive disorders in Iran.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0239

### **Multidisciplinary and cultural intervention with complex trauma survivors**

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We aimed to:

- supporting improved personalized care planning particularly for persons with Complex trauma short term or long term needs from refugees and migrants;

- the implementation of the “Common Core Principles to Support Self-Care”;

- improved career and professional opportunities within an innovative and dynamic working environment through weekly multidisciplinary training;

- empowering patients to take the lead in managing their long term conditions outside acute services and in their own homes where appropriate;

- improving health and well-being outcomes for patients by offering person centre EVordinated care.

*Methodology.*– Qualitative research is characterized by its aims, which relate to understanding some aspect of social life, and its methods which (in general) generate words, rather than numbers, as data for analysis.

*Results.*– We prevent development of PTSD after this awareness in our following patients who's subjected to S.v close collaboration between Health and mental health professionals and Social Care Services in most of cases. Increased Community partnership to refer the cases who's in need to social support or caring outside the clinic. We noticed also what's called: Trans disciplinary working - This is a natural development from our multidisciplinary work. Barriers between different disciplines break down and roles within the team are redesigned to make the optimum use of team skills and knowledge.

*Assessments.*– We're noticed also fostering a positive, supportive team culture creates an environment where staff can deliver high-quality holistic care to their patients.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0240

### **Armed conflict and post-conflict; challenge for transcultural psychiatry in Colombia**

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The armed conflict in Colombia emerged due to a combination of economic, political and social factors in the country 60 years ago. According to a study by Colombia's National Centre for Historical Memory, identified different characteristics that marked armed conflict: was complex, discontinued, with huge regional differences, dreadful and deep political roots. Through the Final Agreement to End the Armed Conflict and Build a Stable and Lasting Peace, signed at November of 2016, between FARC-EP guerrilla and government, tries to transform by a political and legal forms, the structural causes of the armed conflict. The methodology used in this investigation is a narrative research of cultural issues of psy-

chiatry and the framework of Transcultural Psychiatry in armed conflict settings. According to a historical and sociopolitical context, recognizing the impact of the armed conflict on population mental health, the role of Transcultural Psychiatry lay on a repertoire of methodologies, backgrounds and perspectives. This field will be useful to understand the impact, but also the significance, of traumatic experiences and protection process linked to war, and find new approaches to community and individual interventions, based on a comprehensive view of social and cultural boundaries. *Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0241

### **Executive function characterization and theory of mind in leaders of the religious manifestations of catholics, pentecostals and christians in Santa Marta, Colombia**

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The objective of the research is to identify the existing characteristics in processes of social cognition related to Theory of Mind and Executive Functions in the religious leaders that integrate the Catholic, Pentecostal and Christian GNG doctrines in the city of Santa Marta, Colombia, to be compared with a group of non-participants.

The study was transversal type and comparative of quantitative cut. In this one the instruments of the Reading the Mind in the Eyes, the Faux Pas Recognition Test, the Empathy Quotient to evaluate social cognition and Theory of Mind as well as NEUROPSI and the Stroop Test were used to evaluate the executive functioning.

An analysis of the ANOVA variance was employed to compare the yields of the groups. The main results show that the associated processes in social cognition such as levels of attention and concentration in Catholics vary between  $3,83 \pm 0,87$ , in Pentecostals  $3.77 \pm 0.72$  and in Christians GNG  $4,00 \pm 0.91$  ( $P < 0.05$ ) while visual detection in Catholics  $12.47 \pm 1.52$ , Pentecostals  $11.93 \pm 1.59$  and  $12.17 \pm 1.36$  ( $P < 0.05$ ). It was evidenced that there are differences in cognitive processes and executive functions in doctrinal groups. In addition, there is a need to continue to deepen, in the area of research in understanding the phenomenon

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0242

### **Variations in memory failure across 10 cultures**

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People with and without psychological problems commonly report memory problems. The present study reported results from 10 Arab countries (Algeria, Egypt, Jordan, Kuwait, Lebanon, Palestine, Qatar, Saudi Arabia, Syria and Yemen). In total, 2174 participants aged 21 to 62 years completed an internet based everyday memory questionnaire. A multi-group confirmatory factor analysis was conducted to examine the organizational structure of everyday

memory across the 10 Arab cultures and to examine whether everyday memory failure is underpinned by the same latent factor (s) across all Arab cultures. The results revealed five pure latent factors common to everyday memory failure across all the Arabian cultures studied. The Syrian participants were the best and the Egyptians were the worst at everyday memory functions, particularly in the age range between 40–50 years. The results are discussed in light of literature on everyday memory and Arab cultural variations.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0243

### **Cultural background and barriers to mental health care for Crimean Tatar adults with depressive and anxiety disorders**

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Crimean tatars take near 12,1% of Crimean Republic population. Over one-third of Crimean Tatar adults may not receive treatment for serious mental illnesses. The main idea of this research is to discover the assessment of medication adherence in two ethnic groups in Crimea Republic in Comparing: Russian and Crimean Tatar.

*Aim.*– A reliable and valid measure is essential for the assessment of medication adherence. Until now, no patient-reported medication adherence measure has been validated in Crimea Republic. The aim of this study was to validate a modified 4-item Morisky–Green–Levine Medication Adherence Scale in Crimean Tatar patients with Depressive and Generous Anxiety Disorders in Simferopol.

*Methods.*– A cross-sectional survey was conducted in a comparative sample of Ethnic Russian and Crimean Tatar outpatients Generalized Anxiety Disorders in Simferopol. Respondents completed Russian version of the modified 4-item Morisky–Green–Levine Medication Adherence Scale. The scale scores ranged from 0 to 4, with higher scores indicating better medication adherence. Reliability was assessed using Cronbach's alpha. Content validity was assessed by expert review. Construct validity was examined using factor analysis and hypothesis testing.

*Results.*– A total of 74 (36 Crimean Tatar and 39 Ethnic Russian) respondents have completed the modified Morisky–Green–Levine Medication Adherence Scale. 30.5% had a score of 0–1, 2, 3 and 4, respectively. The internal consistency of the scale was moderate (Cronbach's alpha = 0.59). Principal component analysis showed that the four items loaded onto one factor (eigenvalue = 1.75). Respondents with higher scores were Russian ( $P < 0.001$ ) and had better adherence to prescriptions ( $P < 0.001$ ).

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0244

### **The influence of religious coping on different stages of cancer patients when searching for meaning of life**

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Religion is one of ancient human ideological civilization form, especially in seeking the meaning of life, Human creates the religion. Eastern and western religion and Confucian humanism, by the Vatican, Buddha, Sky, Tao and God, make your life get into group order or meaning of life beyond death. This study aims at using qualitative interviews, to interview cancer patients in different stages. Study the characteristics, function and limitations of religion when search for meaning of life, and differences in different stages of cancer patients. Furthermore, prepare searching for meaning measuring tool and religious coping measuring tool of different stages of the cancer patients.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0245

### **Cultural aspects of vaginismus therapy: A case series of Tunisian patients**

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*Introduction.*– Vaginismus can be a cause of non-consumption of marriage and of infertility. It impacts on the quality of the marital relationship. Cognitive behaviour therapy (CBT) is recommended.

*Objectives and methodology.*– The aim of our study is to draw attention to aspects of traditional Arab-Muslim culture which should be taken into consideration during the treatment process. We present a series of three patients in whom cultural issues played an important role during CBT.

*Results.*– Patient (1) consulted with a desire to have a child. Her whole family is aware of her difficulties and the fact that she is in psychotherapy, and sometimes her mother in law even accompanies the couple to therapy. This puts additional pressure on the couple, who is already worried about its status and reputation within the larger family-structure. Patient (2) consulted after 7 years of marriage. She had been very reluctant to consult in psychiatry, and had a defloration in gynecology. She felt guilty because, as a Muslim woman, she has to satisfy her husband. Patient (3) had a "TASFIIH": this is a traditional ritual supposed to make the girl indeflorable. It is removed before marriage. As a child, the patient had a strict religious education; the main goal was to protect her virginity.

*Conclusion.*– Cultural aspects and religious thoughts must be taken into consideration in the management of vaginismus; CBT should be adapted to the context of the person and the history of the couple.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0246

### **Cultural aspects of mindfulness based cognitive therapy: A case series of Tunisian patients**

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*Introduction.*– Mindfulness Based Cognitive Therapy (MBCT) is widely recommended for several mental disorders. Despite the Eastern origin of meditation there are many explanatory models and techniques which are based on Western cultural concepts.

**Objectives and methodology.**– The aim of our study was to draw attention to traditional aspects of Arab-Muslim culture and how these can be used to adapt the treatment and influence the outcome of MBCT. We present a series of four patients who received MBCT in our department and in whom cultural and religious issues played an important role during treatment.

**Results.**– The four patients suffered from Major Depressive Disorder (MDD). Patient (1) declined the proposal since he made a confusion between Buddhism and meditation arguing that it opposes Islam. Patient (2) was more committed to therapy after several sessions using the religion as a value, whereas normally the spiritual side is not discussed very often during the sessions. Patient (3) did not tolerate much physical pain during the sessions, with a preference for short meditations and visits to a traditional healer. Patient (4) wanted to discuss the content of thoughts which is not usually done in MBCT principle. He reported that his family does not understand his space of silence.

**Conclusion.**– Tunisian society is very oriented towards interdependence. The expectation of a magical effect from an active and directive therapist is highly anticipated since the beginning of the therapy, despite the establishment of an initial contract noting that MBCT is an experimentation based on the present moment.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0247

### **A cultural analysis of medical risk and its inspiration for solution to medical dispute**

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Research showed that whether in the east or west there are numerous medical disputes, but the severity was significantly different. Western Medicine, as one of the earliest scientific technology that login China, brought the violent collision of east and west cultures, which may give the reason on why the medical dispute was widely swept over the east land for years. In this study, the medical dispute as the starting point to discuss the remarkable different cultural values between the east and west. Originated from the source of risk recognition, this discussion compared Chinese and Western divergence in the concept of medical risk and analysed the two sides of the medical treatment in order to reveal the deep understanding of the medical essence, offering a view of medical dispute from a global perspective. We need to establish a web-community specially for doctors and patients to talk problems, debate contradiction and explain why. The following new patients and doctors will learn experiences on how to get along, thus they may know each other before meeting. This idea was inspired from IBCT, which is the integration of behavioural couples therapy, if we can give up wishes to change the others, the ideal behaviour seems to occur naturally, so as to establish a more intimate and satisfactory relationship. Similar to exposure therapy: both sides were allowed to desensitize to subsequent conflicts, so once it happens, it's a negotiable issue with more acquired strategies and less third party intervention.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## **Depression**

EV0248

### **Psychological problem in cancer patients in rural India (West Bengal) – Experience of an NGO**

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**Introduction.**– As in any developing countries state of West Bengal in India has a huge psychological burden of cancer patients in any stage coming from rural area where awareness regarding the usefulness of cancer care in rather poor. Objective of this study is to identify the main psychology difficulties in achieving the above goal in a rural village setting in India.

**Method.**– Newly diagnosed or survivors cancer patients in need of psychology support in various villages in of rural India were selected for this study. Their symptoms and managements in that rural surroundings were evaluated by an NGO (guidance of oncologist or psychologist) working in that area. An attempt was made to identify the main obstacles in getting proper psychological support as well as cancer care in a rural setting.

**Results.**– Apart from pain, fatigue psycho-social problem also main symptoms affecting these patients. In most patients pain and other symptoms were managed by different therapy but fear or mental trauma were grossly inadequate due to lack of properly trained counsellor or psychiatric manpower in the rural India. However regular homecare visits by a group of social workers were of immense help in these cancer patients. NGO team was well guided by oncologist and psychiatric specialist.

**Conclusion.**– There is a wide gap of trained manpower in this filled in rural areas of India. Dedicated groups from rural area itself need encouragement and proper training, so that difficult symptoms can be managed locally along with necessary social and psychological support to these patients.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0249

### **The level of diabetes related distress among a sample of diabetics in Riyadh, Saudi Arabia**

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**Introduction.**– Diabetes Related Distress (DRD) is a negative emotional reaction to stresses associated with diabetes. Many studies investigated depression in Saudi diabetics, but little is known about DRD.

**Objectives.**– To estimate the level of DRD among Saudi patients and its determinants.

**Methods.**– A cross sectional study of consented 157 diabetics was conducted. Diabetes Distress Scale (DDS) evaluates distress over the past month was used. It measures distress at four subscales namely; Emotional Burden (EB), Physician-related Distress (PD), Regimen-related Distress (RD) and Interpersonal Distress (ID). It classifies patients into No DRD and clinically significant DRD. Reliability of DDS was excellent as indicated by Cronbach's alpha ( $\alpha=0.91$ ). Adherence to treatment (AT) was estimated as reported

by patients and glycemic control was assessed using the latest HbA1c results.

**Results.**– The average participants age was  $44.5 \pm 16.0$  years and 65% were female. Clinically significant DRD was detected in 37% of participants, EB and RD in 40.8%, PD in 46.5%, and ID in 32.5%. Total DRD and all its subscales were insignificantly associated with gender, economic level, marital status, education, type or duration of diabetes ( $P > 0.05$ ). DRD, EB and PD level deteriorated significantly with numbers of diabetes complications and improved by advancement of age. DRD was negatively and significantly correlated to AT ( $r = -0.38$ ,  $p < 0.01$ ). Furthermore, increasing DRD was associated with increased HbA1c, therefore demonstrating poor glycemic control ( $r = 0.23$ ,  $p < 0.01$ ).

**Conclusions.**– DRD is commonly reported among Saudi diabetics and is directly affecting AT, therefore, it is negatively affecting their glycemic control as measured in HbA1c.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0250

### **Effect of laughter therapy by Kataria method on depression of elderly residing at nursing home**

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**Introduction.**– World population is getting old and depression is the most common mental disorder in the elderly. It is necessary to seek useful, harmless and low-cost methods to promote mental health of older adults. Laughter therapy is an alternative therapy for depression.

**Objective.**– This study aimed to determine the effect of Kataria method laughter therapy on depression of elderly residing at Nursing Home in Rasht city (Iran).

**Methods.**– In a randomized controlled trial, elderly 60 years and older with mild and moderate depression were selected by random sampling method from elderly residing at nursing home. The participants were assigned into experimental ( $N = 47$ ) and control ( $N = 47$ ) groups by random allocation. Data were collected using Geriatric Depression Scale and demographic questionnaire. The participants of experimental group attended a laughter therapy program consisting of two 30-minute sessions per week lasting for 5 weeks. Then the data were analysed using the Mann-Whitney, Wilcoxon and logistic regression tests and SPSS ver.16 software.

**Results.**– Mean score of depression in control and experiment groups showed no significant difference but Mann-Whitney test indicated significant difference in mean and score changes of depression in both groups after intervention ( $P < 0.0001$ ). Based on logistic regression model, two variables of age ( $P < 0.02$ ) and number of children ( $P < 0.037$ ) were predictors of depression; as with every five years increase in age after 60; the level of depression decreased and it increased with increase in number of children.

**Conclusion.**– Laughter therapy is an affordable and easily accessible way that has positive effects on depression.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0251

### **The silent minority: Men who need acute inpatient care for depression in the 21st century inner-city**

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**Introduction.**– As most mental healthcare in the UK is now provided in the community, it is increasingly uncommon for admissions for depression. Inpatient care is usually indicated for severe or treatment-resistant depression. We assessed male patients on an inpatient unit regarding factors underlying their admission.

**Methods.**– We reviewed 200 most recent admissions to our acute inner-city unit, admitting working-age men. We identified those discharged with a primary ICD-10 diagnosis of depression and collected data on demographics, comorbidities, illness duration, previous treatments and reason for admission.

**Results.**– Twelve patients (6%) aged  $43.8 \pm 12.2$  years had a diagnosis of depression on discharge. Most ( $n = 11$ ) lived independently, were single ( $n = 9$ ) and unemployed ( $n = 7$ ). 50% had no family support. Ten had been prescribed antidepressants before but were unknown to local services ( $n = 8$ ) and had not received any intervention prior to admission. Mean illness duration of 4.7 years but they had few previous admissions (0-5, median 1). Most had a comorbid medical ( $n = 8$ ) and/or substance misuse disorder ( $n = 8$ ). 10 were admitted voluntarily, and were feeling suicidal on admission. Five had attempted suicide prior to admission. Most were treated with first-line antidepressants (11/12), 6 were switched and 4 maintained, with 3 receiving additional psychotropics.

**Discussion.**– This small group of patients admitted due to risk of harm to self, were admitted for risks rather than to treatment-resistance, and despite long duration of illness, had rarely been known to services. Our data suggests that this population only receive specialist help at crisis point requiring admission. Further work is required to understand why this is.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0252

### **Depression in patients with breast cancer**

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**Introduction.**– Breast cancer is the most common female cancer and one of the leading causes of death in women. A large number of studies are suggesting an association between depression and cancer. The nature of this connection, despite numerous studies, has not been sufficiently known yet.

**Objective.**– Comparison of the clinical course of depressive disorder in the breast cancer patient group with depression of patients with cancer-free depression.

**Method.**– The study included 153 patients. The experimental group was composed of 103 patients with breast cancer and a control group including 50 healthy persons. During the research we used the following standardized and structured questionnaires. The obtained data were analysed using standard statistical method.

**Results.**– Initial inquiries showed that patients were in shock of the diagnosis, but after a while the reactions subside. Testing of depression with Hamilton's and Montgomery-Asberg scale, in patients who are on cancer treatment compared to control group showed a statistically significant difference at the baseline and after six months, and by age. A multivariate model of evaluation of the

importance of risk factors for the occurrence of depression, in women who have had children, who were under stress and who had family psychiatric disorder were at greater risk for developing depression at baseline, independent predictors of occurrence of depression during treatment.

**Conclusion.**– Depression is significantly more frequently recorded in patients with breast cancer.

**Keywords:** Breast cancer; Depression; Risk factors; Assessment tools,

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0253

### Transient febrile reaction after electroconvulsive therapy in an adult female patient with major depressive disorder

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**Introduction.**– Electroconvulsive therapy (ECT) is a safe and effective treatment for major depressive disorder (MDD). Common side effects of ECT include headache, muscle pain, nausea, and mild short term memory impairment. ECT-associated febrile reaction has been rarely described.

**Objectives.**– We describe a case of transient febrile reaction after ECT in an adult female patient with MDD and resistant suicidal thoughts.

**Case.**– Ms. Y. is a 34-year-old Filipino lady with newly-diagnosed MDD and resistant suicidal thoughts treated with ECT. She has no significant history of medical or psychiatric disorders, substance abuse or dependence. However, she has strong family history of depression. She was hospitalized for her first depressive episode with low mood, delusions of reference and guilt, resistant suicidal thoughts and multiple suicidal attempts. After a poor response to medication trials, ECT was initiated. Her mood improved with ECT but her first and second ECT treatment sessions were complicated by transient fever and tachycardia, which resolved without treatment. Thorough physical examination and investigations were unremarkable except for raised C reactive protein (CRP) and erythrocyte sedimentation rate (ESR) but no infective cause was found. Subsequent ECT sessions were uneventful.

**Conclusions.**– We report an unusual case of transient febrile reaction after ECT in an adult female patient with newly-diagnosed MDD and resistant suicidal thoughts, which may have been caused by ECT.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0254

### The place of electroconvulsive therapy for melancholic patients with dementia

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**Introduction.**– Electroconvulsive therapy (ECT) is a biological treatment procedure utilized worldwide as one of the most effective biological treatment modalities for various severe,

treatment-refractory or treatment-resistant psychiatric disorders, in particular, major depressive disorder.

**Objective and method.**– The work aims to study the therapeutic efficiency of electroconvulsive therapy (ECT) through three cases of patients suffering from melancholic depression associated to dementia treated by this therapy.

**Results.**– OUR respectively 72, 66 and 63-year-old patients were followed for bipolar disorder or for a recurring major depressive disorder associated to dementia. They presented a severe relapse of their mood disorder resistant to the medical treatment, which indicates electroconvulsive therapy. The number of session varied from 9 to 16 sessions for every patient. Remission of the depressive symptoms was obtained also stabilization or amelioration of the MMSE score.

**Conclusion.**– The frequency of the drug resistant forms of mood disorder especially the depressive one gives a dominating place for the electroconvulsive therapy which represents no contraindication for the ages subjects or having cognitive disorders which she can stabilize even to improve.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0255

### Use of ketamine in treatment-resistant depression

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**Introduction.**– Several lines of research are trying to unveil new ways of dealing with treatment-resistant depression. Ketamine is a dissociative anaesthetic also known for its indications in chronic-pain treatment and it may have potential use in depression management.

**Objectives.**– We aim to better understand the indications and possible effects of intravenous ketamine in the management of depression.

**Methods.**– We present a 63-year old patient, admitted for treatment with a series of 6 intravenous administrations of ketamine. Although some improvement was observed in the first days, it disappeared less than a week after finishing the treatment. Headache after injections was mentioned as a side effect.

**Results.**– We found that the mechanism by which ketamine alleviates depressive symptoms is still not fully understood, although it may involve several pathways (fig.1). Side effects ranged from mild to severe (fig.2). Other issues are yet to be established.

Table 1 :

Variables	Male	Female	Total	
Hypertension	17	13	30	
Central obesity	14	36	50	
BMI	Within norms	25	15	40
Overweight	8	8	16	
Generalized obesity	12	32	44	
Activity as per GPAQ	Insufficiently active	6	14	20
Active	39	41	80	
Tobacco use	20	1	21	
Alcohol use	18	0	18	
First degree relative with diabetes	2	6	8	
Known hypertension/diabetes/coronary artery disease	5	8	13	

Fig 1.

**Conclusions.**– Ketamine's potential long-term effects are hard to predict. Other questions such as dosage, rate, frequency of administration and treatment duration are yet to be defined. This means that, while ketamine sheds a new light in depression management, its use should still be reserved to few, well-chosen patients.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0256

### **Catatonia. A case report**

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**Introduction.**– Electroconvulsive therapy (ECT) is recommended to achieve short-term improvement of severe depression after an adequate trial of standard treatment options have been proven ineffective and/or when the condition is considered to be potentially life-threatening.

**Objectives.**– To evaluate the efficacy of ECT in a patient, diagnosed with previous depressive episodes, with catatonic symptoms.

**Methods.**– We review recent literature related to a clinical case admitted to our Psychiatric Ward and evaluate the efficacy of ECT in catatonia. A 64-year-old woman presented with hypomaniac symptoms in our Emergency Service after she was discharged due to a depressive episode and treated with ECT.

**Results.**– After being evaluated by the Psychiatric Emergency Service and diagnosed with hypomaniac symptoms; the physician prescribed two antipsychotics. Swiftly, the patient blocked and stopped moving in a catatonic state.

**Conclusion.**– We should take into account ECT as an effective treatment of catatonic symptoms. This diagnosis is not frequent and in previous literature is related with schizophrenia more than with affective disorders. However it is more prevalent in the second one.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0257

### **Study on personality traits that are correlated with anxiety in women who gave birth in Timis county**

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**Introduction.**– Perinatal anxiety has begun to gain recognition particularly in the last decades. Furthermore, it appears that anxiety is more expressed in the antenatal period compared to the postnatal period. Personality might have a mediating role in the expression of perinatal clinical anxiety.

**Objectives.**– The principal objective was to psychometrically quantify anxiety throughout the perinatal period and to identify the personality traits that are significantly associated with the presence of anxiety.

**Method.**– In the initial sample of 202 pregnant women that were evaluated in the antenatal period, 142 of them also agreed to participate in the postnatal evaluation. State and trait anxiety were evaluated with STAI-Y where a total score larger than 40 on the first 20 items (form Y1) was required to classify the anxiety as clinically significant. Personality traits were assessed with the NEO-FFI inventory. Perinatal depression was assessed by the Edinburgh Postnatal Depression Scale using a cut-off > 13.

**Results.**– A total of 68 of the pregnant women (33.7%) presented with clinically significant anxiety while in the postnatal period anxiety was clinically significant for only 22 of the mothers (15.5%). Antenatal state anxiety showed direct correlation with neuroticism and inverse correlation with extraversion while postnatal state anxiety showed direct correlation with neuroticism.

**Conclusions.**– Neuroticism showed as being a stable and representative aspect of personality during the perinatal period in women who developed anxiety; that might also play a mediating role in the occurrence of anxiety and depression during the entire perinatal period of vulnerable women.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0258

### **Family status and depressive disorder**

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**Introduction.**– Family is the social structure in which all elements are interconnected, interdependent and bidirectionally influenced. Family functioning is related to the physical and psychological well-being of family members and its dysfunctionality affects the family as a whole. Depressive disorder is influenced by an unhealthy family environment. The intra-familial status could be an important predictor of the clinical course of depressive disorder.

**Objectives.**– We wanted to see how the evolution of the depressive illness and the number of relapses are influenced by family functioning.

**Methods.**– A sample of 34 adults diagnosed with major depressive disorder, who were hospitalized in the Psychiatry Clinic of Timisoara, were analysed by socio-demographic parameters (age, gender, family status, education level, professional status) and by the number of relapses and the evolution of the disease. The data were statistically analyzed.

**Results.**– There is a positive correlation between a good family functioning and a lower number of relapses, also between a good family functioning with a shorter evolution of the disease. In both genders, being married is associated with a later onset of the depression, but regarding the evolution of the disease and the number of relapses, getting married was more protective for men than to women.

**Conclusion.**– This results may confirm the importance of family functioning, regarding the onset and in the evolution of depressive disorder, for each gender.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0259

### **Post-stroke depression: About a case**

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**Introduction and goals.**– The aim of this case is to perform a review of post-stroke depression.

**Clinical case.**– A 63-year-old patient suffering from depressive symptomatology consisting of irritability, tendency to cry, anhedonia, apathy, and significant cognitive failures after experiencing an Ictus stroke in April 2016. Due to these symptoms, a treatment with vortioxetina 10 mg is initiated. After one month of treatment, the patient presents an overall improvement of the mood and secondary cognitive deterioration.

**Discussion.**– Post-stroke depression is a direct physiological consequence of a cerebral vascular disease, being the most prevalent affective disorder. It has not been shown that the localization of the stroke is a more frequent predictor, however, it is directly related to the size of the affected area. It generates loss of autonomy, greater cognitive deterioration, and mortality (3–4 times higher). Regarding treatment, SSRIs are the first-line antidepressants because they are the safest. They present the least side effects, with a rapid onset of action and anxiolytic effect. However, at present, vortioxetine is considered another treatment option due to its few adverse effects. This drug does not alter blood pressure or have effects on QT and it improves cognitive deterioration.

**Conclusion.**– Although there is no clear scientific evidence on the etiopathogenesis of PSD based on the location of the ICTUS, IPD is a real pathological entity that plays a key role in patient healing. Therefore, it is important to address it without delay, to improve the patient's quality of life.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0260

### **Clinical expression of unipolar and bipolar depression in a Tunisian patient sample**

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**Introduction.**– The clinical features of depression differ in unipolar and bipolar depression. Linking depressive symptoms to each disease is important for treatment planning.

**Objectives.**– The aim of our study was to identify differences in the clinical expression of unipolar and bipolar depression

**Methods.**– Ninety-five patients with a diagnosis of clinical depression were interviewed using the Structured Clinical Interview for DSM IV for mood disorders. Patients then received a diagnosis of Major Depressive Disorder (MDD) or Bipolar Disorder (BD).

**Results.**– MDD patients experienced more loss of appetite (81,3%), weight loss (83,3%), insomnia (92,7%), agitation (10,0%), fatigue (54,3%), decreased ability to think (70%), memory problems (5,6%) whereas BD patients had an increased appetite (35,0%), weight gain (25,9%), hypersomnia (10%), psychomotor retardation (54,3%), loss of energy (71,4%), more feelings of guilt (20%) and low self-esteem (90,9%), indecision (45,5%), recurrent suicidal thoughts, plans and attempts (75,6%). Regression analysis showed that BD was characterized by more significant feelings of excessive guilt and low self-esteem (57,8% vs 32%,  $p=0,022$ ), more suicidal thoughts (32,5% vs 13,3%,  $p=0,031$ ) and more suicidal attempts (20% vs 0%,  $p=0,002$ ).

**Conclusions.**– OUR study supports the findings of previous publications aiming at identifying psychopathological characteristics that might serve as indicators of bipolarity in patients with a history of depression.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0261

### **Additional exercise treatment in major depression improves body composition and reduces cardiovascular risk factors – A randomized and controlled pilot study**

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**Objective.**– Major depressive disorder is associated with an increased risk of developing cardiometabolic disorders and frailty. Early changes associated with these disorders are alterations in body composition, i.e. the amount of intra-abdominal (IAT) and pericardial adipose tissue (PAT), and decreased muscle mass. Several studies found increased intra-abdominal and pericardial adipose tissue in MDD, and decreased muscle mass. We therefore studied the influence of additional exercise treatment on body composition measures in MDD.

**Methods.**– Forty-two patients with MDD were included in this study, and body-composition data were complete in 30 patients. Of these, 20 patients received structured, supervised and tailored sport therapy (EXERCISE) additional to guideline based treatment, and 10 received treatment-as-usual (TAU). Pre-post measurements were performed 6 weeks after starting the intervention or TAU, and IAT, PAT and muscle mass were determined using magnetic-resonance tomography.

**Results.**– Repeated measurements ANOVA revealed that volumes of PAT decreased significantly in the EXERCISE group compared to TAU ( $P<0.05$ ), and muscle mass increased significantly in the EXERCISE group ( $P<0.05$ ). IAT also decreased slightly in the EXERCISE group, although this did not reach statistical significance.

**Conclusion.**– This study demonstrates that additional exercise treatment improves body composition measures in MDD, thereby reducing the risk for the development of cardiometabolic disorders and muscular frailty. Exercise treatment may be recommended as integral part of guideline based MDD treatment, particularly as prevention strategy to improve physical health and reduce the risk for cardiometabolic disorders.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0262

### **Effect of Papaver Rhoas hydro-alcoholic extract on depression in mice**

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**Introduction.**– Depression (a kind of mood disorder) is a threatening disease. Side effects of synthetic antidepressant drugs, leads to attempt for discovery of natural drugs.

**Objective.**– In this study, the authors evaluated the effects of Papaver rhoas hydro-alcoholic extract against reserpine induced depression in mice.

**Methods.**– A total of 42 male BALB/c mice were divided into 6 groups of 7 mice, separately. Positive and negative control groups received fluoxetine (20 mg/kg, i.p.) and reserpine (5 mg/kg, i.p.) and vehicle mice received normal saline (1 mg/kg, i.p.), respectively and treatment groups received Papaver rhoeas hydro-alcoholic extract at concentrations of 50, 100, 200 mg/kg, 18 h after administration of reserpine. Mice were then studied with behavioural tests (forced swimming and rotarod). Finally, mice's blood antioxidant capacity was measured.

**Results.**– Significant difference ( $P < 0.001$ ) in the duration of immobility time between reserpine treated and vehicle groups was obtained. Papaver rhoeas hydro-alcoholic extract at define concentrations, reduced the duration of immobility time and significantly improved blood antioxidant capacity.

**Conclusion.**– According to the results, Papaver rhoeas can be a good candidate for use as a natural drug with antidepressant effects.

**Keywords:** Papaver rhoeas hydro-alcoholic extract; Depression; Forced swimming test

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0263

### **Cerebral folate deficiency in treatment resistant depression: A literature review**

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**Introduction.**– Approximately 15% of patients with depressive disorders do not respond to any of the current treatments available and are categorized as treatment-resistant. A recent study by Pan et. al. examined patients with treatment resistant depression for metabolic disorders. A greater proportion of the participants had metabolic disorders, cerebral folate deficiency being the most frequent. Treatment of folate deficiency resulted in a decrease of depressive symptoms. The study was limited by a small number of participants.

**Objectives.**– The aim of this study was to make a review of clinical studies in cerebral folate deficiency and depression.

**Methods.**– We searched in MEDLINE using the MeSH vocabulary (folic acid, folic acid deficiency, depressive disorder, treatment-resistant) and the phrase: cerebral folate deficiency. Non-clinical studies were excluded.

**Results.**– We found 771 articles of which 753 were excluded. Earlier studies going back to the 1960's did identify an association between folate deficiency and depression. These studies only concerned peripheral folate deficiency. One recent case-control study included spinal fluid in the tests of folate compounds in patients treatment-resistant depression. They found an association between treatment-resistant depression and cerebral folate deficiency. Treatment with folic acid while continuing the prior antidepressive treatment resulted in a decrease of depressive symptoms.

**Conclusion.**– Previous studies indicated folic acid as a potential adjuvant therapy to improve inadequate response to antidepressants. However only two articles studied cerebral folate deficiency in treatment-resistant depression and thus the requirement for spinal fluid analysis in diagnosing treatment-resistant depression is still to be determined.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0264

### **Comprehensive analysis of suicidal behavior in depressive disorders in cancer patients**

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Recently, the relevance of the problem of depression in cancer practice has increased significantly, where their prevalence ranges from 40 to 60% according to various authors.

**The aim of the study.**– The study of the phenomenology of suicidal behaviour in depressive disorders in cancer patients.

**Material and methods.**– for the purpose of studying our goal, we carried out a comprehensive examination of 154 patients of both sexes with an oncological pathology I and II stage in which depression was diagnosed. The main group consisted of 103 patients with signs of suicidal behaviour, control - 51 patients (men) without signs of suicidal behaviour. Malignant neoplasm is a psycho-traumatic factor for the patient, and leads to the development of depressive disorders, and suicidal behaviour. In the clinical picture of depressive disorders in patients with oncological pathology dominated mood depression, the affect of yearning and anxiety, the coverage of the experiences of acute grief in connection with the diagnosis of cancer, with the narrowing of cognitive functions and the domination of the content of mental trauma in consciousness. In the formation of suicidal behaviour of cancer patients with depressive disorders, high rates, according to clinical scales of anxiety and depression, high level of suicidal risk in combination with low level of death consciousness, and suicidologic anamnesis are a leading role.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0265

### **Depressive disorders in internally displaced persons**

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**Introduction.**– According to the Guiding Principles on Internal Displacement, internally displaced persons are persons who have been forced or obliged to leave their homes, in particular as a result of extreme situations, and who have not crossed an state border.

**Aim.**– to study clinical features of disorders in Internally Displaced Persons.

**Methods.**– We have a complex psychopathological and psychodiagnostic research 115 IDPs in volunteer center, located at the central train station in Kharkiv.

**Results.**– There were clinical and psychopathological signs of depressive disorders in Internally Displaced Persons analysed. Anxiety, asthenia, asthenic-apathetic and melancholy variants of depressive disorders in there were clinical and psychopathological signs of depressive disorders in in Internally Displaced Persons analysed. In this study there were the markers of suicide risk for Internally Displaced Persons determined: high suicide risk, low death self-consciousness, high anhedonia level, clinical manifestations of anxiety and depression by The Hospital Anxiety and Depression scale, severe anxiety and depression by The Hamilton Anxiety Rating Scale, major depressive episode by the Montgomery-Asberg Depression Rating Scale. There were approaches to differentiated prevention of suicidal behaviour in

depressive disorders in Internally Displaced Persons validated, that include pharmacotherapy, psychotherapy and psychoeducation.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0266

### **Depression in the Elderly: socio demographic and clinical profile**

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*Introduction.*– Depression is a major problem of public health because of its high prevalence, its consequences in particular suicide and its impact on the quality of life and autonomy. It is a frequent disease that can affect elderly and need an adapted therapeutic coverage.

*Objectif.*– Raise the socio demographic and clinical profile of the elderly with major depressive episode.

*Methods.*– This is a descriptive study, including all the patients with a major depressive episode according to the DSMIV, and hospitalized in the psychiatric department in the Hedi Chaker hospital, Sfax, Tunisia during a period of 16 years (from 2000 to 2015).

*Results.*– Total number of patients was 30. The mean age was 69 years and 8 months. Sex ratio (M/F) was 0.66. they were married in 80% of cases and illiterate in 46.6% of cases. Somatic comorbidity was present in 53.3% of patients. The motifs of hospitalisation were: sadness (43.3%), psychomotor instability (30%), suicidal ideas (3.3%), somatic pains(13.4%), insomnia (6.7%) and delusional ideas(3.3%). Personality disorder was associated in 16,7% of cases.

*Conclusions.*– Depression is a major public health problem in the elderly and is more common among married women of average socioeconomic status with a history of chronic somatic diseases. But it still misdiagnosed. There are many reasons for this, whether it is the lack of early identification, the under estimation of depressive affects by family and the patient himself. Depression should be systematically discussed especially if there is a disturbance of food or sleep.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0267

### **Psychiatric manifestations of primary Sjögren's syndrome. A case report**

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*Introduction.*– Sjögren's syndrome is an autoimmune disease, characterized by typical dryness of the mouth and eyes associated to involvement of other exocrine glands as well as a wide variety of organs and systems. Central nervous system involvement in primary disease is a rare but significant complication. It can manifest with focal or diffuse neurological deficits including psychiatric disorders. Our observation is an illustration of the psychiatric manifestations.

*Case presentation.*– We report the case of Mrs R, 56 years old, with a medical history of primary Sjögren's syndrome, who presented in 2017 to a psychiatry department for irritability and insomnia. She described having sad mood, fatigue, shortened attention span, poor concentration, and memory deficits. She reported difficulty making decisions and performing daily activities. She did not have suicidal

ideas, but she had a lowered self-reported quality of life. Control MRI of the brain and spinal cord showed the presence of T2 hyperintense foci in the cerebral white matter (high signal intensity on T2-Flair in the subcortical and periventricular areas) and subcortical cerebral atrophy. She did not respond to a 40 mg daily dose of fluoxetine during 4 months. Therefore, she had received escitalopram (10 mg/day) for 3 months, but only insomnia was resolved.

*Conclusion.*– This case highlights the difficulty of managing psychiatric disorders due to primary Sjögren's syndrome.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0268

### **Correlations between suicidal ideation and suicide attempts in patients with recurrent depressive disorder**

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*Introduction.*– Depression is a major debilitating mental disorder that affects millions of people around the globe across all sexes, ethnicities, and age barriers. One of the most important risks of a patient with recurrent depressive disorder are suicidal thoughts.

*Objectives.*– To estimate the presence of suicidal ideation and suicide attempts in patients with recurrent depressive disorder, and to find the relationship between the two.

*Methods.*– Fifty-three outpatients diagnosed with recurrent depressive disorder, currently with a severe depressive episode without psychotic symptoms -according to ICD-10 criteria-, were included in this study, which was carried out in Timisoara, Romania, between 2015–2017. To assess the severity of the depressive episode and suicidal ideation, we used the MINI Interview and the Hamilton Rating Scale for Depression (HAM-D).

*Results.*– We found that the incidence of suicide attempt was 32.64% in patients with suicidal ideation. Attempters scored higher in suicidal ideation, impulsivity and agitation whilst with non-attempters, general somatic and hypochondriasis symptoms were more often present. Young male patients with severe depression, who are unmarried and also show psychomotor agitation are more likely to attempt suicide.

*Conclusions.*– Early detection of suicidal ideation is essential in possibly preventing suicide attempts.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0269

### **Depression in Patients with multiple sclerosis**

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**Introduction.**– Multiple sclerosis (MS) is a chronic demyelinating disease of the central nervous system that can affect physical, cognitive, social and psychological functioning of patients.

**Objective.**– We aimed to estimate the prevalence and examine associated factors of depression in persons with MS.

**Methods.**– We conducted a cross-sectional study involving 32 patients diagnosed with MS and confirmed with the criteria of Mac Donalds 2010 and followed at the Neurology Department of University Hospital of Monastir. We used the Expanded Disability Status Scale (EDSS) to assess the clinical severity and the functional deficits in multiple sclerosis. Depression was assessed by the Beck Depression Inventory Short Form, which consists of 13 items, a score > 5 indicates depression.

**Results.**– The average age of patients was  $36 \pm 7$  years; 81.3% were female. The mean age of onset of disease was 30 years. The average Disease duration was 6 years. EDSS score ranged between 0 and 6. Depression was found in 43.7% of cases; 3.1% of subjects were classified as severe on depression scale. Depression was correlated with EDSS score ( $p=0.03$ ) and progression index ( $p=0.04$ ).

**Conclusion.**– In our study, depression was frequent and was strongly correlated with the degree of disability of MS. Screening, clinical diagnosis and treatment of depressive symptoms should be integrated into the management of patients with MS.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0270

### Use of vortioxetine in a sample of patients

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**Introduction.**– Vortioxetine is a 5-HT<sub>3</sub>, 5-HT<sub>1D</sub>, and 5-HT<sub>7</sub> antagonist, a 5-HT<sub>1A</sub> agonist, and a 5-HT<sub>1B</sub> partial agonist. It is used in major depressive disorder. Overall, 69.5% of patients referred to our Unit by Primary Care have depression, anxiety or both of them. It makes antidepressants essentials every day.

**Objectives.**– To analyse the effect of the vortioxetine in patients attended in Mental Health Unit.

**Methods.**– In relation to a case series of 12 patients we collected the following variables: (1) demographic variables, (2) diagnosis impression, (3) improvement with the drug, (4) monotherapy or not, (5) side effects, and (6) maintenance treatment.

**Results.**– Of the total of patients, 58.3% were females. Average age was 58.92 (standard deviation 17.784). All of them were followed for depressive disorder. All but one were treated with vortioxetine as monotherapy. 5 patients had side effects: 1 of them had urticaria and the rest digestive symptoms. Of these patients, one could continue with treatment by lowering the dose, but the other four ones had to stop the treatment. 10 patients' cognitive performance were significantly improved, as well as, apathy, anxiety and anhedonia. The other 2 patients didn't improve with treatment. Lower doses of benzodiazepines were possible thank to the improvement of anxiety.

**Conclusions.**– Vortioxetine had shown to be a good antidepressant in control of anxiety, depression and cognitive symptoms due to depressive disorder. The main side effects patients report are digestive symptoms. Sometimes we can use lower doses to improve these side effects.

**Conflict of interest:**

Registration fee for this congress paid by Lundbeck.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0271

### DEEP I – Depression Early Prediction Inventory – Measurement of prodromal states of affective disorders

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**Objective.**– Depressive Disorders are a challenge to public health systems. Its highly costs and mortality demand effort to reduce prevalence and incidence rates. Building up early recognition tools, an estimation of the disease risk and immediate interventions are in need for this purpose. The aim of the project is to develop evidence-based valid CHR-D criteria and a reliable instrument for their assessment.

**Methods.**– Based on a semi-structured-clinical interview, quantitative and qualitative data was analysed with respect to clinical data and demographic data as well as information about the duration and symptoms of the prodromal phase of a depressive episode. 85 subjects with a depressive episode were interviewed. Six patients were excluded. In sum N = 79 interviews were viable for data analysis.

**Results.**– Altogether 93.7% of the participants reported changes in wellbeing in terms of a prodromal phase. Participants described significantly varying duration of the prodromal phase with an average of 10 months (SD = 17.08, range = 0.5 - 75, Mdn = 3.00). No statistically significant gender differences or differences regarding the phase of the illness were found. Using qualitative methods to analyze early prodromal changes in wellbeing, sleep disturbances (41.8%), somatic complaints (41.8%) and worries/anxieties (26.6%) were frequent. Thereby gender- and age-specific differences were found.

**Conclusion.**– These results indicate the need for accompanying awareness campaigns to support early help-seeking. Physicians will need an early prediction screener to efficiently use this window of opportunity to identify and refer people at possible CHR-D and plan adequate preventive measures together with a mental health professional.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0272

### The association between social jetlag and bipolar features among may depend on age among patients with affective disorder

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**Introduction.**– Bipolarity, i.e. features of subthreshold bipolar disorder, is considered a marker of treatment resistance in the course of depression. Social jetlag is defined as a misalignment between biological and social time, i.e. the actual sleep-wake pattern. It has been previously associated with greater degree of obesity, tobacco smoking and poor mood.

**Objective.**– To assess the link between social jetlag (SJL) and bipolar features in the context of chronotype, depressive symptoms and sleep quality among patients with mood disorder.

**Methods.**– The group comprised 60 ambulatory patients with depressive episode, either first or in the course of recurrent depressive disorder or bipolar disorder. The patients completed questionnaires: Hypomania Checklist (HCL-32, bipolar features), Chronotype Questionnaire, Pittsburgh Sleep Quality Inventory (PSQI), Beck Depression Inventory (BDI) and sociodemographic questionnaire, including items concerning sleep-wake pattern. A multiple linear regression model was constructed for prediction of the HCL-32 score.

**Results.**– The determination coefficient for the model was  $R^2 = 0.26$ . HCL-32 score was predicted by SJL ( $\beta = -1.10$ ,  $p < 0.01$ ) and age ( $\beta = -0.22$ ,  $p < 0.01$ ), but not by sex, body mass index, pack years of smoking, morningness-eveningness, BDI score and PSQI score ( $p > 0.05$ ). An interaction between age and SJL was diagnosed ( $\beta = 0.20$ ,  $p < 0.01$ ; Figure).

**Conclusions.**– The relationship between SJL and bipolar features may depend on patient's age. Thus, high SJL might be a marker of treatment-resistant depression in patients over 50, but not younger ones.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0273

### **Investigate the relationship between optimism, depression and life satisfaction in students**

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**Introduction and purpose.**– The main purpose of this study was to explore the relationship between the optimism and depression with life satisfaction in students.

**Methods.**– The main method in this study was descriptive-analytic. The subject was 180 students in Islamic Azad University, Azad Shahr branch, who were chosen randomly. They answered to the researcher-made questionnaire, Beck Depression Inventory (BDI), Optimism Questionnaire and Life Satisfaction Scale. Data were analysed through SPSS software with descriptive-deductive base, ANOVA and Pearson's correlation.

**Results.**– Data analysis indicated the high negative correlation between the optimism and depression of university students. With the increase of the student's optimism, their depression decreased ( $P < 0.01$ ). Depression was significantly associated with the life satisfaction. With the increase of the student's life satisfaction, their depression decreased ( $P < 0.01$ ).

**Conclusion.**– The study indicates the close relationship between the optimism, life satisfaction and depression of university students. Reinforcement and assimilation of optimism in students can lead them toward increased mental health.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0274

### **The role of Circadian preferences and biological rhythm disturbances in depressive patients: A descriptive study**

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It is known that chronotypes and sleep quality affect symptom severity of depression but no study has addressed specifically the relationship between circadian preferences and somatic symptoms, and current medical comorbidities in depressive patients.

This study aims to examine the potential association between chronotypes and somatic symptomatology. The hypotheses of this study are: (1) Eveningness patients have more severe somatic symptoms and medical comorbidities in depression. (2) Eveningness indicates a predisposing trait in depression besides biological rhythm disturbances. (3) Biological rhythm and chronotypes can influence symptom clusters of depression.

A total of 101 drug naive patients from the ages of 17–65 ( $M = 40.18$ ,  $SD = 11.54$ ; 75% female) were recruited from Bezmialem University, Istanbul. The Morningness-Eveningness Questionnaire (MEQ) was applied and patients were categorized into three subtypes: morning, intermediate, and evening types. Biological rhythm disturbances and sleep features were measured by the Biological Rhythms Interview of Assessment in Neuropsychiatry (BRIAN) and Pittsburgh Sleep Quality Index (PSQI). Depression levels were evaluated through the use of the Hamilton Rating Scale for Depression (HRSD).

An ANCOVA yielded a significant effect of chronotype on depression such that evening types had higher depression scores than morning and intermediate types controlling for age and BRIAN-Sleep Cluster ( $p < .001$ ). The effect remained significant when depression scores were calculated for only somatic symptoms or with ( $p < .001$ ) or without sleep-related items. Finally, this effect explained more of the variance in depression in patients with a comorbid disorder ( $n = 47$ ; 19% variance;  $p < .05$ ).

The results indicate that apart from biological rhythms, chronotypes may serve as a vulnerability factor for depression. This vulnerability maybe further associated with somatic symptomatology and comorbid disorders.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0275

### **The role of anhedonia in suicide risk**

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Anhedonia that is the inability to experience pleasure, with blunted affects and emotions. Anhedonia coexist both the inability to desire contact with rewarding stimuli and to enjoy pleasure in stimulating or usually rewarding activities. It may affect one, or more, or all aspects of life: food, sex, somato-sensory experiences, etc. The risk of suicide is strongly related to anhedonia. In the case of suicidal behaviour, clinicians may ask “why now?” as a time to explore the vicissitudes that have led to the suicidal gestures or behaviours. It is important to discuss the suicidal ideation with the patient without fearing that this may increase the risk, on the contrary help to explore hopelessness, anhedonia, insomnia,

severe anxiety, decreased concentration and psychomotor agitation. Anhedonia is particularly dangerous for suicide risk when it associated with unbearable psychological pain and the components of the perturbation of the mind. Such components are the heightened inimicality (acting against the individual's best interest); the exacerbation of perturbation (refers to how disturbed the individual is); the increased constriction of intellectual focus; tunneling or narrowing of the mind's content (dichotomous thinking); and the idea of cessation: the insight that it is possible to stop consciousness and put an end to suffering. This presentation will go over main issue of the phenomenology of the suicidal mind, paying attention to the role of anhedonia in the precipitation of suicide as well as a conditions affecting survivors, that is those who lost a dear one by suicide.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0276

### **Mental disease and self-esteem**

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*Introduction.*– Self-esteem is a dynamic and multidimensional process that is built and rebuilt throughout the life cycle, can be affected when people face vital challenges, such as illness

*Objective.*– With this premise we intend to study the quality of this factor in our population

*Results.*– The most striking fact obtained is the persistence of a mostly low self-esteem in the mental health center group; compared to a predominantly high self-esteem in the control group.

*Conclusions.*– These data are consistent with other studies that point to the fact that a high level of self-esteem would relate to a population with better mental health, while low levels would be associated with a population with mental disorders.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0277

### **Group approach to depression: A study in the Province of Huelva**

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*Introduction.*– Given the increase in depressive symptoms, such as mental disorder and in comorbidity in organic diseases, we propose a group therapeutic approach, whose effectiveness is supported by multiple studies and as a way of reducing the pressure of care in mental health units.

*Objectives.*– Promote an active attitude of patients, as responsible agents in their pathology and treatment process.

– Identification and adaptive expression of emotions.

– Strengthening self-esteem.

– Provide adaptive coping strategies in the face of psychological distress.

*Results.*– In our experience we confirm what has been affirmed in different studies about a therapeutic efficacy at least equal to individual psychotherapy, with the consequent optimization of the increasingly limited resources of public health.

*Conclusions.*– We can verify as a distinctive feature of group psychotherapy versus the individual, as the changes experienced by the patients, they are socializing, enhancing this change in the rest

of the participants, in a mutual support that potentiates more active roles that away from the initial passivity.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0278

### **From anxious to catatonic: A brief case description**

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*Introduction.*– Individuals with mood disorders are at increased risk for one or more comorbid disorders. Catatonia is characterized by psychiatric and motor symptoms, as described in the Bush-Francis rating scale, and is associated to psychiatric, neurological, medical and drug-induced disorders.

*Objectives.*– To describe the management of a patient with severe catatonia in an inpatient unit.

*Methods.*– Review of medical history from clinical records and qualitative study of scientific literature.

*Results.*– A 33-year old male with recurrent depressive disorder is admitted to the inpatient unit after some time with poor therapeutic adherence, presenting with paranoid delusions, hallucinations and severe catatonia. Psychopharmacological treatment included sertraline 200 mg/day, quetiapine 300 mg/day, clonazepam 2 mg/day. Six effective sessions of electroconvulsive therapy were required, with full remission of symptoms. Paliperidone was finally prescribed to better adherence and control of psychotic symptoms. Schizoaffective disorder was finally diagnosed.

*Conclusion.*– Schizoaffective disorder has characteristics of schizophrenia and affective disorders. Patients with schizoaffective disorder might present as schizophrenia with prominent affective symptoms, others as a mood disorder with accused schizophrenic symptoms, and others a mixed clinical syndrome. The FDA has approved Paliperidone as the specific medication to treat schizoaffective disorder. Additionally, the availability of long acting injectable formulations could be helpful for patients who don't have good treatment adherence to oral medications.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0279

### **“Male depression?”– First results of the study to gender-specific expressions of depressive symptoms and factors of influence**

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*Introduction.*– Although depression is one of the most prevalent disorders, our understanding of potentially gender-specific expressions of depressive symptoms is still limited. The concept of male depression (MD) constitutes that women express more so called typical depressive symptoms while men also offer so called atypical depressive symptoms like aggressiveness, irritability, alcohol misuse. Current findings of studies on this topic are heterogeneous. Moreover the effect of factors like psychiatric comorbidities, gender-related norms and characteristics or personality-related aspects to the expression of depressive symptoms is still unclear.

*Objective.*– Investigation of the following issues:

– Do any gender-specific differences exist in the atypical expression of symptoms between male and female patients with a unipolar depressive disorder? Focus: Is the concept MD evident?

– Do the described factors effect the expression of atypical depressive symptoms?

**Methods.**– Male and female patients with a diagnosis of depressive episode or recurrent depressive disorder (ICD-10), who are treated in in-patient or day clinical settings of different psychiatric institutions in Germany will be studied. There are no limitations to further diagnosis, age or other factors. To analyze the objective different self-rating questionnaires will be used.

**Results.**– The results of the study might possibly clarify whether there exist any gender-specific differences in the expression of depressive symptoms and by which factors they might be caused. First results of the study will be presented.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0280

### The Features of emotional processing in patients with affective disorders

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**Introduction.**– Today a model of cold and hot cognition which opens up new opportunities for investigating the mechanisms of violations in depressive disorders actively develops. The description of these two systems promotes an understanding of interaction between the cognitive and affective spheres. However, at the present time there is no neuropsychological battery, which helps to conduct a comprehensive study of the cognitive-affective sphere in patients with affective disorders.

**Objective.**– Elaboration and adaptation of a complex of neuropsychological tests comprised of emotionally loaded material.

**Aim.**– Description of neurocognitive symptoms and their division into cold and hot violations with the designation of their brain and psychological mechanisms.

**Methods.**– A total of 33 patients diagnosed with depression according to ICD-10 (F31.3, F31.4, F31.5, F32.1, F33.1, F33.2, F34.0, F34.1), 14 males and 19 females, aged 33 ± 16, disease duration 13 ± 12 years, and 33 healthy controls, 17 males and 16 females, aged 36,5 ± 15,5. Standardized neuropsychological tests and tests base on emotiogenic stimuli were administered.

**Results.**– There is a neurocognitive deficit in patients with affective disorders manifested in changes of a psychomotor speed and the work of number cognitive functions. These patients demonstrate a decreased attention to negative stimuli combined with a decreased attention to positive stimuli.

**Conclusion.**– Patients with depressive disorders are more prone to distortion of cognitive activity in emotiogenic conditions. The abnormal processes of hot cognition in these patients conceptualize such a core symptom of depression as anhedonia, which is a probable endophenotype of depression.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0281

### Early clinical predictors of long-term morbidity in major depressive disorder

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**Aim.**– To identify early clinical factors predictive of later morbidity in major depressive disorder (MDD).

**Introduction.**– MDD generally is more severe following juvenile vs. adult onset, and early anxiety disorders may increase risk for later mood disorders. Less clear is whether these or other features may predict long-term morbidity in MDD in adult years.

**Methods.**– We carried out systematic analyses of detailed clinical information on 116 adults with DSM-IV MDD at risk for 17 years (from the first major depressive episode to the last assessment at the study center), to identify early clinical factors associated with long-term morbidity through follow-up and clinical treatment at Lucio Bini Mood Disorder Center, Rome. Bivariate comparisons were followed by multivariable linear regression modeling of associations of selected factors with %-time-ill.

**Results.**– Estimated time in major depressive illness averaged 25.3 ± 24.1% of months ill during 17.0 ± 14.6 years at risk. First psychiatric antecedent occurred at age 25.8 ± 19.3 years, or at an average of 11 years before a first-lifetime MDE, which occurred at age 36.8 ± 15.1 years. With multivariable regression modeling, three factors were independently and significantly associated with long-term depressive morbidity, ranking statistically as: [a] initial major depressive episode with agitated-mixed, or psychotic features, [b] anxiety syndromes prior to a first major depressive episode, and [c] anxiety symptoms in childhood.

**Conclusion.**– Early anxiety symptoms and syndromes and agitated-mixed or psychotic initial depressive episodes predicted more long-term depressive morbidity.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0282

### Management of treatment resistance in major depressive disorder

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**Introduction.**– Major Depressive Disorder is a highly prevalent psychiatric illness, with a frequently chronic course, which represents an important source of morbidity, mortality and diminished quality of life.

**Objectives.**– The description of a clinical case, part of a large number of depressed patients that fail to respond to one or more evidence based antidepressant treatment, given in adequate duration and dose.

**Methods.**– A 45-year-old male, diagnosed with recurrent major Depressive Disorder and impulsive personality disorder (according to ICD-10 and DSM-V), known to abuse alcohol, had 8 depressive episodes, all of them severe, with suicidal thoughts. At least 2 episodes associated psychotic features, the onset of the first episode

was at the age of 35 after a negative life event, and none of the episodes had a response to the first antidepressant received.

**Results.**– Considering the clinical picture, a number of risk factors for treatment resistance were identified. The last depressive episode was treated with a combination of 2 antidepressants, an atypical antipsychotic and 2 anticonvulsants, in high doses. There was no evidence of a comorbid medical condition. The clinical picture improved, with complete remission after two months, time in which he was hospitalized.

**Conclusions.**– In the future, clinical research should improve the understanding of treatment resistance in affective disorders and their management.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0283

### **Reduced Ability to Experience Positive Emotional States in the Patients Diagnosed With Recurrent Depressive Disorders—Initial Findings**

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**Introduction.**– Affective space may be described using its valence, by distinguishing positive and negative emotions. Recurrent depressive disorders (RDD) represent an affective disorder having an impact on a human being's ability to regulate emotions. During recurrent depressive disorders, we observe difficulties in adequate identification of both own emotional states and the emotional states of other people.

**Objectives.**– The objective of this study is to determine whether the number of depression episodes in recurrent depressive disorders is linked with the level of intensity of negative and positive emotions, understood as current emotional states and permanent affective features.

**Methods.**– The study group comprised 107 individuals, including 67 patients diagnosed with recurrent depressive disorders and 40 healthy people qualified to the control group. The Polish adaptation of the PANAS scale (Positive and Negative Affect Schedule) by D. Watson and L.A. Clark was used to assess emotions as a state and feature. The number of depression episodes was determined based on the Hamilton Depression Rating Scale (HDRS) by M. Hamilton.

**Results.**– Statistical analyses revealed significant inversely proportional relationships between the number of depression episodes and the intensification of positive emotions as current mental states ( $p=0.0141$ ). Absence of statistically significant data regarding the link between the number of depression episodes and the intensity of negative emotions as current emotional states, and between the number of depression episodes and the intensity of negative emotions as permanent affective features.

**Conclusions.**– A greater number of depression episodes are associated with a reduced ability to experience positive emotional states.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## **E-mental health**

EV0284

### **A validated model of an online psychotherapy platform. 1 year of experience and more than 600 successful sessions**

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**Introduction.**– A focus on alternative models of delivering mental health services was observed during the last years. As technology becomes more accessible and user friendly for both mental health specialists and their patients, the adoption of online tools that could provide evaluations and treatment increases.

**Objective.**– For patients with mental health problems, access to specialists that could provide evaluation and psychotherapy is usually difficult, stigmatising and time and cost inefficient. Our objective was to evaluate the results after one year experience with an online platform providing psychotherapy sessions in Romania.

**Methods.**– Platform analytics tools could provide accurate data about traffic, patients demographics, the number of sessions, their type, the problem addressed, sessions' outcome, patient satisfaction.

**Results.**– The platform was used by more than 100 psychotherapists and more than 6000 patients have created an account. More than 600 sessions were recorded during the first year of existence. The adoption rate of the platform is growing as the number of accounts and sessions is higher by each month.

**Conclusion.**– Online platforms could be a good alternative to provide mental health services to underserved populations or to increase access to psychotherapy at a lower cost and in a less stigmatising environment. Precautions should be considered regarding data protection and legal aspects of the services provided.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0285

### **Post-partum depression and acute effects of ocitocin: Study protocol**

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**Introduction.**– The puerperium is a period of a woman's life that needs special attention because it involves innumerable physical, psychic, hormonal changes and social interaction with the baby. It is also known that postpartum depression (PPD), whose etiology is multifactorial, which involves, among other aspects, the recognition of facial expressions of emotion (REFE). Some studies have pointed to an improvement in the performance of tasks involving the REFE when subjects received acute oxytocin administration (OCT), since the latter has an important role in social relations, favoring trust and modulating cognition and social perception.

**Objectives.**– (a) To evaluate and compare the REE of infants and adults in healthy mothers with PPD and according to the response rate and response bias; (b) Evaluate the acute effects of OCT in the

MRE process in mothers in the puerperal phase with PPD compared to controls.

*Materials and methods.*—Fifteen mothers with a diagnosis of PPD and 15 control mothers were evaluated through a cross-over, double-blind clinical trial using OCT (24 IU) and placebo. Other secondary variables such as personality, postnatal negative thinking and anxiety are also measured by self-report questionnaires. Data analysis was/will be performed using the statistical program Statistical Package for the Social Sciences (SPSS),  $p < 0.05$  was adopted as a level of significance.

*Results/discussion.*—The study is in the execution phase, it is expected to find a better performance in cognitive tasks after administration of oxytocin

*Disclosure of interest.*—The authors have not supplied their declaration of competing interest.

EV0286

### **Dilemmas: Couch in crisis versus cyberspace is the post human frontier**

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*Abstract.*—The improvement of information technology (IT) has been reshaping how people seek information about their health. Could the 'digital revolution' present an opportunity for improving the availability, efficacy, quality and cost-effectiveness of care? What is the role for end users, policy makers and practitioners.

*Methods.*—A literature search of relevant studies published between 2012 and 2017 was conducted, using MEDLINE and Google Scholar databases, canvassing English-language publications. Patients often turn to the internet for data on their symptoms or their prescribed drugs, with a significant tendency toward self-diagnosis. However, the validity of the data is disputable and can lead to medical risks. Modern devices constantly produce a stream of data liable to severe exploitation, with the availability and security of this data remaining an unsolved hazard - from individuals performing identity theft, to stigmatization by potential employers or abuse by multinational corporations. New pathways to treatment are offered, from self management to mobile health apps to online therapeutic modalities, more robust evidence for the actual effectiveness of these technologies is sorely lacking. Recent development in the area of neural networks and artificial intelligence opens up several intriguing questions. Several research teams are working the answer in the form of virtual counselors (SimSensei's Ellie; Oshi-el; Avatar Therapy), and we may well be facing the extinction of human experts.

*Conclusions.*—From Freud's couch to cyberspace, the setting has irrevocably changed. New solutions are needed to ensure privacy and safety, especially through the creation of professional and ethical guidelines and review of legal policies.

*Disclosure of interest.*—The authors have not supplied their declaration of competing interest.

EV0287

### **E-mental health: What uses for what needs?**

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*Introduction.*—E-mental health leads to major socio-anthropological changes.

*Objectives & methods.*—In order to access the representations, expectations and actual uses of its public, we carried out a qualitative study based on ten focus groups with general practitioners, psychiatrists, psychologists, social workers, occupational therapists, nurses, caregivers, users, user representatives and general public ( $n = 70$ ).

*Results.*—The interviewees express different lines of tension that new technologies engender in the field of mental health. What was previously strictly under the jurisdiction of physicians tends to be fragmented and distributed over different actors and locations. New technologies reposition care in the field of domestic rather than therapeutic activities. The conception of care as an autonomous activity in the subject's life is thus questioned: "Is jogging tracking a mental health tool?". The ideal of social autonomy through technology is part of the new logic of health democracy and empowerment, linked to a strong contemporary aspiration to performance. Participants emphasize the risk of a social injunction to autonomy for the digitally engaged patient, while empowerment may become a set of obligations.

*Conclusions.*—Given the ways in which digital data is generated, stored and used, e-health practices started as personal and private become inextricably intertwined into shared networks and economies. The participants interviewed highlight how e-mental health can actively participate to constitute identity, social life, social relations and social institutions.

*Disclosure of interest.*—The authors have not supplied their declaration of competing interest.

EV0288

### **Anonymous online counselling with psychiatrist**

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*Introduction.*—There are more people suffering from mental health (MH) problems than those asking for professional help. Some of the common reasons why they don't ask for professional help are embarrassment, shame, fear of privacy problems and service costs. In order to provide the possibility to ask about MH related problems anonymously cost-free, an online contact-form is placed on the website administered by a psychiatrist. E-mental-health services provide a chance for first contact and earlier entry to the treatment for those who have never been treated before.

*Objectives.*—To examine who is interested in anonymous online counselling and who can benefit; would it be used for the first contact or second opinion; what is the daytime distribution of questions in order to set the adequate services.

**Methods.**– All questions asked via contact-form were reviewed including gender, age, kind of MH problems, time when the first question was asked, previous MH treatment.

**Results.**– Women were asked 79% questions mostly related to depression, anxiety, relationship problems, helping others with MH problem. Men asked about depressive and anxiety problems, addictions, psychotic and OCD related problems. Women younger than 30 asked 46% questions men 39%. This was the first contact with MH professional for 54% women and 40% men. Questions were asked 24 hours, peaks occurred several times.

**Conclusions.**– Younger people, especially female who never had contact with the MH provider and in the early phase of disorder have interest in anonymous online counselling and may benefit from it.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0289

### **Active implementation of a computerized cpg for major depression in primary care: 18-month follow-up**

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A computerized version of a Clinical Practice Guideline for Major Depression (e-CPG-MD) was integrated into the Electronic Clinical Records of Primary Care (PC) in Catalonia (Spain). This new IT tool offers the opportunity to improve clinical outcomes in the management of MD. e-CPG-MD allows access to accurate help during the visit, improving MD diagnosis, treatment and follow-up and taking into account suicide risk.

**Objectives.**– To evaluate the effectiveness of an active implementation process of an e-CPG-MD in PC at 6 months and 18 month of follow-up.

**Methods.**– A cluster randomized clinical trial was conducted in 10 Primary Care Centers (PCC) in Barcelona. In five of ten PCC a multifaceted implementation process of the e-CPG-MD was applied from month 1 to month 6. The active process included: interactive training program, regular feedback audit, educational outreach visits and periodic reminders.

**Results.**– At 6 months, we observe a significant increase in use of the e-CPG-MD (4.1% + 3.1% vs. 52.7% + 7.3%,  $p < 0.001$ ) in the active PCCs. In addition, the diagnosis of MD increased significantly (rate quotient = 1.56,  $p < 0.001$ ) as well as the recognition of moderate and severe MD (13.6% vs 41.1%,  $p = 0.002$ ). At 18 months, the use of e-CPG-MD remained significantly higher in the active PCCs (23,7+ 8,9 vs 6,5+ 8,6;  $p = 0,025$ ). In addition, the adequacy of treatment improved significantly: 74% of patients with moderate to severe MD received adequate treatment in active PCCs, while only 52% of them received adequate treatment in the control PPCs ( $p = 0,003$ ).

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0290

### **Comparative effectiveness of multicomponent behavioral ehealth interventions for weight-loss in overweight and obese adults: A critical review and meta-analysis**

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**Introduction.**– Currently, multicomponent behavioural interventions for weight-loss are the recommended golden standard of intervention in obesity. However, less is known for the efficacy of technologically (eHealth) mediated counterparts.

**Objectives.**– Therefore, the aim of the meta-analysis was to compare the relative efficacy of multicomponent behavioural eHealth interventions for weight-loss against standard in person active treatment and control (i.e. no treatment, wait-list, placebo, usual care) at post-treatment and follow-up.

**Methods.**– Forty two randomized controlled trials that (a) compared an eHealth intervention for weight-loss to a control or an active treatment and (b) that focused on overweight and/or obese adults were selected.

**Results.**– Findings indicated that eHealth interventions were more effective than control groups ( $g = 0.37$ , 95% CI: 0.27 to 0.47), but not more effective than active treatment in reducing weight ( $g = -0.31$ ; 95% CI: -0.43 to -0.19). Potential moderator variables were examined.

**Conclusions.**– Currently, eHealth interventions for weight loss might not be at an optimal level of user interaction to match in person treatment in efficacy. Overall, the quality of reporting and the design of eHealth interventions studies must be improved. Other limitations and possible implications will be discussed.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0291

### **Acceptance of eMental service in Bangladesh – Findings from a qualitative research**

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**Background.**– Mobile network coverage has reached to almost every community all over the world and it opened a new window to ensure mental health service using the mobile phones and other online service such Facebook or email. However, the level of acceptance of emental health service is yet to be explored in many low and middle income countries such as Bangladesh.

**Objectives.**– This study aimed to explore the acceptance of mental health service through mobile phone and other electronic sources among the people of different strata.

**Methodology.**– Individual semi structured qualitative interviews were conducted with 32 person of different back grounds that were selected from stratified random sampling from multiple sites of Dhaka Division and Jessore District. The study was conducted from June 2017 to August 2017 and each Face to Face interview took average 40 minutes.

**Results.**– Most of them (approximately 93%) said a mental health service over phone or online would be the greatest help for them. A professors of psychiatry remarked emental health service could

be the best option for the low resource settings like Bangladesh. A house wife shared that his husband was always reluctant to take her to psychiatrist due to social stigma. However, she thought if there was any help through mobile or online she could have the access of the treatment.

**Conclusion.**– The study revealed a high demand for emental health service in the society and it has the potential to make a remarkable contribution in reducing mental health treatment gap.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0292

### **Heath Information-seeking behavior on digital information exchange platforms: A meta-analysis**

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**Introduction.**– This meta-analysis looks at 20 years worth of studies where discussion boards were proved useful in mental health promotion.

**Methods.**– We conducted literature search using combination of keywords [help-seeking AND/OR forum(s) AND/OR discussion AND/OR help]. The search was conducted in September of 2017, using five databases– Pub Med, Google Scholar, Web of Science, Scopus, and CrossRef. Our search criteria included any studies published since 1980. Initial search yielded 206 hits. After removing duplicates, we were left with 202 results. Relevant abstracts were screened, helping us to identify 71 relevant studies.

**Results.**– We clustered resulting studies into several themes with an average of 5 studies representing each category. The greatest number of studies ( $n = 14$ ) were in the “disease specific support” category, while “sexual health” category had the smallest number of studies ( $n = 2$ ). “Self-destructive” behaviours described use of forums in helping people manage suicidal thoughts. “Medication use and drug abuse” concerns safety profile of various drugs. “Health decision making” shows how people choose their health proxy. “Parenting and family life” forums target new parents. “Eating disorders” sites cater toward teenagers with bulimia and anorexia. “Disease-specific” support are forums where people discuss symptoms of specific ailments. “Healthcare workers talking” is about nurses and physicians cross-exchanging information about how to best promote healthy behaviours. “Emotional support” describes sites where people seek psychological help. “Sexual health” concern teenagers seeking advise on safe sex practices.

**Conclusions.**– These data show that discussion forums have wide-ranging application in health promotion.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0293

### **From the lab into people’s lives: Setting a roadmap for mental healthcare assistive technologies derived from psychophysiology**

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**Introduction.**– Psychophysiological studies have been providing valuable data with potential impact on how mental care is organized and delivered. However, research would widely benefit from an effectively translational approach that could harness gathered knowledge and deliver tools for monitoring and managing mental health, expected to evolve into personalized and preventive systems assisting patient’s daily life. For instance, the definition of the psychophysiological correlates of patients’ anxiety could evolve into custom anxiety management technologies with strong impact on their functioning.

**Objectives.**– To gather critical perspective over the requirements and routes for translational research that can rapidly move from psychophysiology towards mental healthcare assistive technologies.

**Methods.**– A literature review was performed covering sensing technology, psychophysiology, data mining, computer science and human-machine interaction. Relevant studies were critically analysed to identify opportunities and gaps for translational research in psychophysiology.

**Results.**– Scarce studies of mildly translational research in mental healthcare were reported, particularly lacking solutions that reach patients outside consultation rooms. Most works originate from teams that are not multidisciplinary. In the present work, we identified the importance of different fields of expertise to attain the overall goal of patients’ well-being.

**Conclusions.**– To guarantee a truly translational research in mental health assistive technologies, based in psychophysiology, multidisciplinary teams need to be involved from early on, designing experiments and tentative scenarios. Suggestions are provided for future research in order to successfully address identified gaps in methodological and technological settings.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0294

### **Treatment approach “Robin” for adolescents at high risk for developing a psychotic disorder: Therapy modules enhanced by a smartphone application**

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**Background.**– The aim of preventing psychotic disorders has led researchers to focus on early identification of individuals at high risk for psychosis and to treat the attenuated psychotic symptoms (APS) in the pre-psychotic period. Although APS are common in adolescence and associated with a marked reduction in functioning, the evidence base required to guide effective interventions for adolescents with APS is limited. The clinicians from the specialized outpatient care for early intervention in psychosis in Zurich have developed the treatment approach “Robin” (standardized manual and smartphone App) for adolescents with APS. The manual is

targeting APS, improvement of quality of life and daily functioning. The therapy modules are based on evidence based treatment strategies in adolescents with first episodes of psychosis. It follows the guidelines on early intervention in clinical psychosis high risk states of the European Association for Psychiatry. The intervention also includes a smartphone application for supporting the patients between sessions. This application targets real-time symptom assessment, medication adherence, and provides coping strategies for dealing with symptoms of psychosis and daily life hurdles.

*Methods/results.*– The treatment approach “Robin” is being evaluated with a systematic clinical intervention trial. Since August 2017, first participants have been included and their treatment has started.

*Conclusion.*– Even though young patients with APS may profit from specialized treatment approaches, little is known about age-appropriate treatment strategies in this vulnerable age group. This is one of the first controlled trials to test the efficacy of a specific treatment program for adolescent patients with APS.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0295

### Quality of life of municipal public servants in a Southeastern Brazilian city measured with the web-form WHOQOL-BREF

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The measurement of health-related quality of life (HR-QOL) has become useful for guiding policy makers in the implementation of preventive and interventive public health policies. WHOQOL-BREF is one of the most used measurements of HR-QOL because it consists of items concerned with the individuals' perception of their position in life in various contexts. The web-form WHOQOL-BREF has shown validity and reliability in a previous study and it allows access to a large population of individuals, as well saves time and money. This option was used among municipal public servants in a southeastern Brazilian city. 565 subjects participated, 29% were male and 71% female, 56.8% are between 41 and 60 years old. The environmental domain has the lowest scores (Mean=55.49; SD=14.58, especially lack of financial resources (Mean= 2.72, SD=0.85), against physical (Mean= 64.85; SD= 17.12); psychological (Mean=65.04; SD= 15.60) and social domain (Mean= 65.15; SD= 17.66). Freedom, physical safety and security, home environment, financial resources, opportunities for acquiring new information and skills, participation and opportunities for leisure activity, physical environment, transport and health and social care are assumed to be an issue of concern among the participants. Environment-related issues are crucial indicators of progress and sustainability of a country especially economic resources in a developing country such as Brazil. The Web-form WHOQOL-BREF showed to be an economic and fast way of collecting data that are meant to be considered for designing and implementing policies addressing this scenario.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0296

### Reasons for using depression internet forums in Croatia

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The majority of people uses Internet every day to acquire needed information. A wide range of information regarding mental health can be found on the Internet and there are various ways of communication, one of them are Internet forums. Internet forums have become the source of information for any health or psychosocial problem. Participation and communication in the forums are anonymous, which greatly contributes to honest and immediate communication, especially on sensitive topics such as mental illness.

The aim of this study was to examine the motives for using depression Internet forums in Croatia.

The study sample consists of 297 user-generated posts on the largest Croatian depression Internet sub-forum over a period of one year, analysed using qualitative methodology-grounded theory.

The results showed that the majority of depression Internet forums user in Croatia use Internet forums to receive emotional support from others with the same illness. Other important reasons were to exchange information about medications, symptoms and prognosis of the illness.

Users of depression Internet forums in Croatia, mostly use those forums to receive emotional support from others with the same illness. For some of the users, Internet forums are the first place where they seek help to cope with symptoms of depression. Because of this reason, Internet forums could be used to detect untreated individuals who could then be provided earlier with psychiatric treatment.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

## Eating disorders

EV0297

### Mental capacity to consent treatment in anorexia nervosa patients

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*Introduction.*– Controversies about involuntary treatment in anorexic patients have always existed. Changes in neural networks that these patients have and their neuropsychological difficulties make much more difficult the volitive capacity evaluation. Some studies justify these cognitive difficulties as a consequence of low weight while others affirm that decision-making ability does not improve with weight gain.

**Objectives.**– Studying Spanish judicial process of involuntary admission and evaluation of volition in anorexia nervosa disease through a case.

**Methods.**– Woman 19 years old who was diagnosed of anorexia nervosa since 15 years old. From the age of majority has lost 10 kilograms of weight, refuses to receive treatment and presents high levels of mental rigidity. Her life was in danger. Psychiatrist and Endocrinologist evaluated that she and her family did not understand the risk and we asked for a judicial authorization.

**Results.**– She received forced feeding and treatment at the hospital and currently she is in a good weight, she collaborates on her own treatment and her cognition capacity has improved.

**Conclusions.**– Spain does not have validated protocols to evaluate decision capacity in anorexic patients. Other countries use some scales but they aren't specific to this disease.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0298

### **Developing a cultural sensitive CBT (c-CBT) program for eating disorders in Egypt; the pathway to standardized treatment protocol**

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Recent research suggests an emergence of eating disorders [ED] in non-western settings for unknown reasons. This presentation investigates the presence of ED in Egypt & the Arab world. Our aim is to explore relevant factors amongst women at risk of ED and stakeholders involved with mental health care and policy-making. Studies of cognitive behaviour therapy (CBT) for treatment of eating disorders demonstrate that CBT is effective in the management of eating disorders. Yet most studies was conducted & concluded in the western world. Cultural differences between populations mandate adaptation of cognitive & behavioural techniques in the management of these specific disorders to avoid high dropout rates and ensure higher outcomes from treatment.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0299

### **Association between vegetarianism and pathological motivations**

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**Introduction.**– Similar to other forms of transformational bodily practices (Tkhostov, 2002, Rasskazova 2012), vegetarianism could be considered as a cultural form of a consciously chosen model of food behaviour (Ruby, 2012), as well as a possible disorder of psychosomatic regulation and symptomatic behaviour (Michalak, 2012). The phenomenon of vegetarianism still remains underexplored from the perspective of clinical psychology.

**Objectives.**– The study aims to address aspects of eating disorders within the domain of vegetarianism and its different types.

**Methods.**– A total of 51 ovo-lacto vegetarians and vegans in Russia participated in an interview and completed EAT-26 (Garner, 1982).

**Results.**– The results of interview and EAT-26 screening test (average result of 6) indicate a low likelihood of eating disorders for

vegetarians. EAT indicators appear to be significantly ( $p < 0.05$ ) higher among vegans and health-motivated vegetarians but still below the suggested threshold of 20. The study presents two case studies ( $EAT > 34$ ) where vegetarianism takes the form of a “substitute” behaviour, based on the psychological mechanisms inherent in anorexia nervosa, including ambivalent attitude towards oneself, negative body image, difficulties in social adaptation. However, emotional states and value orientations of these respondents differ fundamentally from the normative picture typical for the rest of the sample.

**Conclusions.**– The study does not provide evidence of association of vegetarianism and eating disorders. However, vegetarian food preferences (the strictest in particular) can serve as a form of behavioural manifestation of pathological motivations, which are not apparent, as they tend to receive a positive connotation in vegetarian subculture and do not look maladaptive.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0300

### **The alteration of the sensory consciousness of the self as a trigger mechanism determining binge in eating disorders: A comparison between two single case studies**

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A difficulty to perceive and interpret accurately cognitive stimuli that originate from the body, with a difficulty to perceive and describe emotions correctly has been identified for a long time in patients with Eating Disorders.

The objective of this paper is to enhance the research into possible psychic factors at the base of a deficit in the sensory consciousness of the Self, for which the inner image of the body and the person does not have a strong mental representation, with the consequence that the relationship between the psychological and the somatic part of it appears exposed to a break-down.

In this paper binge eating is conceptualized as an attempt to overcome a proprioceptive difficulty through sensation seeking. The craving and the repetition of the pathological behaviour is interpreted as a failing attempt to reconstruct the body scheme in a fragmented Self, or at risk of fragmentation through a memory of the sensations experienced using an inanimate object, in relationship with which an increase of symbolic capability, achievable only through a human relationship, is impossible. To corroborate this hypothesis I propose two single- case studies of binge eating disorder, that describe the application of an integrated method in which the use of standardized instruments as MMPI, SCL-90-r, EDI 2-3, TAS-20, test-retested in a frame time of ten and seven years, is flanked with the interpretation of dreams, based on the theoretical platform of Massimo Fagioli's “Human Birth Theory”, in order to render greater diagnostic certainty and more incisive therapeutic treatment.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0301

### Features active correction of patients with nervous anorexia and nervous bulimia

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**Introduction.**– We studied the relation to physical activity and other active methods of weight loss patients with eating disorders (ED). Assessed the degree of weight loss, depending on the use of exercise, food restriction, use of diuretics and laxatives.

**Objective.**– To identify features of physical activity of patients with ED at the initial, an anorectic and cachectic stages of the disease.

**Methods.**– We examined 55 patients with ED who underwent inpatient treatment in a psychiatric hospital. The study methods were: clinical assessment, anthropometry, questionnaires, psychometrics, statistics.

**Results.**– Patient's age was 15-35 years. 29 people (52%) suffered from anorexia nervosa, 26 patients (48% f) nervous bulimia. In the premorbid is engaged in sports 88% of the patients, 32 per cent of them in sections, 56% trained on their own. Never played sports 12% of patients. At the initial stage of restricted portions, refused to eat and used physical activity 84% of the surveyed; used laxatives and diuretics 23%. In a state of cachexia with a body mass index less than 15 has received 28%; less 20 - 44%; normal range - 28% of cases.

**Conclusions.**– Inadequate physical activity is the leading method of figure correction and body weight in the initial period and at the stage of active correction in the majority of patients with ED, along with the pathological feeding behaviour.

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EV0302

### Binge eating disorder, High Body Mass Index and depression: Study of a non-clinical population in Sfax (Tunisia)

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**Introduction.**– Binge Eating Disorder (BED), an actual eating disorder diagnosis in the DSM-5, is characterized by recurrent episodes of binge eating without regular compensatory behaviours such in Bulimia Nervosa. The BED would be 2 to 3 times more common than bulimia nervosa and it would affect 10% of obese people. Several studies have highlighted the seriousness of this food-borne disorder considered a public health problem. In addition, associated psychological disorders, including depression, have a high probability of occurrence.

**Objectives.**– To evaluate the prevalence of BED in a non-clinical population and to appreciate the relationship of this disorder with increased body mass index (BMI) and depression.

**Methods.**– A cross-sectional study including 280 randomly recruited subjects. BED was diagnosed using the Binge Eating Scale (BES). Depression was assessed by the Beck Depression Inventory.

**Results.**– The prevalence of BED was 12.1%. It was qualified as moderate in all cases. Obese subjects had a higher prevalence of BED

than subjects without obesity (23% versus 8.7%;  $p=0.033$ ); The average score of BES was also higher ( $p=0.005$ ). BED was correlated with depression ( $p=0.000$ ). Depressed subjects had a higher average score of BES ( $10.83 \pm 7$  versus  $7 \pm 1.46$ ;  $p=0.000$ ).

**Conclusion.**– Our study shows that BED is quite common in our population. It has also just supported the association of BED with obesity and depression. This emphasizes the need for screening and treatment of BED to prevent the occurrence of somatic and psychological comorbidities.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0303

### The role of working memory for cognitive control in anorexia nervosa versus substance use disorder

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**Introduction.**– Prefrontal cortex executive functions, such as working memory (WM) interact with limbic processes to foster impulse control. The rising trend of research into cognitive control of impulsivity, using various related terms reflects the importance of research into impulse control, as failure to employ cognitions optimally may eventually result in mental disorder.

**Objectives.**– Against this background, a novel approach is taken, using an impulse control spectrum model—where anorexia nervosa (AN) and substance use disorder (SUD) are at opposite extremes—to examine the role of WM for cognitive control.

**Methods.**– A summary of WM processes in the healthy brain and then a systematic review of the neuropsychological, neural and genetic findings of AN and SUD.

**Results.**–  $n=15$  studies of AN with a total of  $n=582$  AN and  $n=365$  HC participants; and  $n=93$  studies of SUD with  $n=9106$  SUD and  $n=3028$  HC participants. WM load/capacity are considered to support the neural process of excessive epistemic foraging (cognitive sampling of the environment to test predictions about the world) in AN that reduces distraction from salient stimuli. There is a link between deficit WM and reduced cognitive control in people with SUD who are prone to 'jumping to conclusions' and reduced epistemic foraging.

**Conclusions.**– WM training is considered as a novel research tool and an adjunct to enhance treatment that improves cognitive control of impulsivity.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0304

### Two cases of pica leading to cerebral thrombosis

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**Introduction.**– Pica is defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM5) as a persistent eating of non-nutritive and non-food substances. It is considered inappropriate to the individual's developmental level and cultural practices.

**Aim.**– We report two cases of Pica causing severe anemia and cerebral thrombosis in 2 non-pregnant women.

Case 1: A 42-year-old woman was admitted for acute headache and an amputation of the right visual field. Neurological examination found a right homonymous hemianopsia. Cerebral MRI showed a superior longitudinal sinus thrombosis. Blood analysis revealed an iron-deficiency anemia (5 g/dl). Medical history taking revealed coal consumption during the past 3 years, which started 2 years after her last pregnancy. The patient received iron supplementation and anticoagulant treatment. The behaviour was controlled within one month of discharge.

Case 2: A 34-year-old woman with no medical history admitted for intracranial hypertension syndrome associated with left hemiparesis complicated with status epilepticus. Angio-MRI showed superior sagittal sinus thrombosis. The etiological investigations revealed a severe iron-deficiency anemia, her hemoglobin level was 6,3 g/dl. The patient admitted that she has been eating soil for 10 years. She received treatment with Valproate, iron supplementation and vitamin K antagonist. The treatment was discontinued 3 months later. Her anemia was corrected and the behaviour ceased completely within 4 months of discharge.

**Conclusion.**– Pica is an unusual and intriguing condition that may lead to serious consequences via severe anemia. Through these cases, we emphasize the importance of its early detection to prevent potentially deadly complications.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0305

### REVAM: Virtual reality and anorexia nervosa

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**Introduction.**– Anorexia Nervosa is a severe psychiatric illness with a high risk of relapse and a high mortality rate. High body dissatisfaction is a risk factor for relapse. Prevention and therapeutic interventions could be improved by focusing on body dissatisfaction. Virtual reality offers many advantages for the management of this multifactorial pathology. REVAM study uses a new virtual reality approach to work on body dissatisfaction.

**Objectives.**– The main objective will be to evaluate the acceptability and tolerance of the use of virtual reality on body image disorders in patients with anorexia nervosa.

**Methods.**– REVAM is a study carried out at the C.H.R.U Brest, with the European Virtual Reality Center, on 20 patients with anorexia nervosa. The protocol will combine several tools of virtual reality (Head mounted display, Kinect, Rubber Hand Illusion) and a third person point of view (back view) to encourage immersion in the virtual environment and identification with the avatar.

**Results.**– The main hypothesis is the acceptance and tolerance of this entire technological device for patients with anorexia nervosa.

**Conclusions.**– The acceptability and tolerance of this research will allow to consider a new study evaluating the effectiveness of this technique on the body dissatisfaction with a preventive aim on relapses. We hope, eventually, to allow a better reappropriation of the new limits of the body when the patient has reached a very low BMI and to accustom the patient to the image of her body in phase of weight gain.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0306

### Eating behaviors in a portuguese community sample: Differences regarding age and educational level

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**Introduction.**– Eating disorders (ED) are potentially serious psychiatric disorders whose incidence has increased. They constitute a significant public health problem because of the disability they cause, as well as the considerable associated mortality rates. Female adolescents and young adults are the most affected individuals.

**Objectives.**– To analyze the differences in eating behaviours between age groups and between different educational levels in a Portuguese community sample of young individuals.

**Methods.**– A total of 307 students attending middle school, high school or university (mean age 16.42 ± 2.42; 60.9% females) voluntarily participated in the study by filling a validated self-report questionnaire, the Eating Disorder Examination Questionnaire.

**Results.**– There were statistically significant differences in shape concern subscale between participants aged 15 years or less and participants aged over 15 years ( $p = .034$ ), in which those older than 15 years scored higher than the youngest. Comparing middle school, high school and university students, there were significant differences in the total score ( $p < .001$ ) and in every subscale (restriction,  $p = .017$ ; food concern,  $p < .001$ ; shape concern,  $p < .001$ ; weight concern,  $p < .001$ ). University students scored higher than middle and high school students in all dimensions, except in the restriction subscale in which there were no differences between high school and university students.

**Conclusions.**– Maladaptive eating attitudes and behaviours seem to increase in late adolescence. These results showing that university years constitute a vulnerable stage for the development of ED symptoms, are in line with previous studies.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0307

### Binge eating disorder in adolescent – An indian perspective

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**Introduction.**– Eating disorders are common psychiatric disorders, which typically has onset in adolescence, and are associated with high morbidity/mortality; Binge Eating Disorder (BED) being one of them. Despite of its consequences, limited data exists about BED amongst adolescent population in India.

**Objectives.**– To study prevalence of binge eating in urban Indian adolescent population. To compare adolescents with binge eating

disorder and non binge eating disorder on socio-demographic variables and eating patterns.

**Methods.**– A cross-sectional study included 2000 participants from 8th–12th grade English medium school in Mumbai, India. The data was collected through self report questionnaire which included demographic details, Binge Eating Scale, Eating Pattern Questionnaire. Statistical analysis was performed and  $p < 0.05$  was considered statistically significant.

**Results.**– The prevalence of binge eating was 86.9%. The mean age was 15.05 years. There was statistical significant difference found in following correlates female ( $P=0.0001$ ), 11 years of education ( $P=0.0001$ ), nuclear family ( $P=0.0001$ ), upper middle class ( $P=0.0001$ ), overweight ( $P=0.0001$ ), irregular menses ( $P=0.0001$ ). The eating pattern showed binge eating patterns amongst adolescents; eating out ( $P=0.008$ ), daily ( $P=0.0001$ ), brunch ( $P=0.001$ ) and the participants wanted to change their existing food habits ( $P=0.0001$ ).

**Conclusion.**– The study revealed a high prevalence rate of binge eating disorder amongst adolescents in India. This is an indication for taking necessary actions to create cognizance among the general population about the detrimental effects of Binge eating disorder. The study also shows that binge eating is associated with overweight (BMI 26–30) which can in future lead to serious physical and psychological consequences.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0308

### **Interpersonal reactivity in eating disorders: A systematic review and meta-analysis of literature studies**

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**Introduction.**– Impaired social functioning has been implicated in the onset and maintenance of Eating Disorders (EDs). Abnormal psychosocial processes may promote abnormal stress responses leading to cumulative changes in regulatory stress systems.

**Objectives.**– The aim of this systematic review was to summarize the studies that investigated reactivity to interpersonal stress through experimental tasks in patients with EDs.

**Methods.**– Main electronic databases were searched for articles published up to December 2016, using specific keywords. The PRISMA guidelines were followed. Included studies investigated emotional, behavioural, physiological and/or neural responses to acute social task exposure employing experimental paradigms in ED individuals. 36 studies, of the 1920 screened, were included in the review and 14 of them in the meta-analysis.

**Results.**– The included studies provided evidence of self-reported emotion dysregulation and heightened attentional bias towards negative social stimuli in ED patients. Although some evidences of a lower heart rate increase after stress exposure seems to emerge in subjects with anorexia nervosa (AN), biological data are scarce. fMRI studies further support differences in brain processing of social stimuli in EDs. No studies investigated the effect of social stress on eating behaviour in AN and bulimia nervosa.

**Conclusions.**– ED patients differ from healthy controls in the response to social stress more than to other form of stress. They show dysregulation of emotional and behavioural responses and, possibly, of the autonomic system response. Our findings support

the hypothesis that ED people engage in a mood regulation effort when experience negative social interactions.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0309

### **Families of patients with anorexia nervosa: What should be their place in inpatient treatment? – The Geneva model**

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**Introduction.**– Family implication in anorexia nervosa treatment remains indispensable, with family therapy proving to be more effective compared to individual psychotherapy. Nonetheless, the modalities of family intervention are far from uniform, especially within the hospital setting. UPHA is a combined psychiatric and medical unit whose mission is the multidisciplinary care of patients suffering from anorexia nervosa with a BMI < 12. Faced on a daily basis with the need to successfully incorporate the families of anorexic adolescents into the treatment process, we were bound to reflect on how to maximize this intervention’s efficacy.

**Objectives.**– After a brief literature review, we attempt by means of 2 clinical vignettes to describe our model’s framework and particular traits and b) to compare it with other models of family intervention.

**Methods.**– Unlike common practice (family therapy by a therapist not directly involved in daily inpatient care), we propose weekly meetings between the family and the our unit’s direct caregivers (nurse and medical resident), in presence of the head of the department (trained in systemic psychotherapy) and the attending psychiatrist (trained in psychoanalytical psychotherapy), the latter two being in charge of the therapeutic frame.

**Results.**– Our model diminishes family resistance, attenuates splitting defensive processes and gives families a central role in the inpatient treatment.

**Conclusions.**– The Geneva model is a viable alternative to be considered for further testing, especially for inpatient anorexia with a low BMI.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0310

### **Facilitating communication and reducing shame in eating disorders by using animation**

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**Introduction.**– Eating Disorders are often associated to shame and stigma. Shame is usually a barrier for people to communicate about themselves. We want to explore whether short films made by animators with patients and their psychiatrist can help people with Eating Disorders to overcome their difficulties by revealing in creative ways the symptoms they are ashamed about.

**Objectives.**– To collaboratively produce films about Eating Disorders symptoms with experts in animation, patients and their psychiatrist, in order to use them in clinical practice as a facilitator for

patients to share their symptoms. To ease shame about symptoms by showing the films in group therapy, and therefore facilitating and encouraging patients to share their feelings regarding their concerns associated with their condition.

**Methods and results.**– Through collaborative reflection of a team made of patients, their psychiatrist and experts in animation and storytelling, two symptoms were chosen and explored, resulting in 2 films focusing on over-eating and over-exercising. All the production process was done in close collaboration and within an interdisciplinary framework. The films will be shown in group therapy.

**Conclusion.**– The project will be evaluated with qualitative methods and the results will be ready to be presented in EPA 2018.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0311

### **Severe and enduring anorexia nervosa (SE-AN): Case report and literature review**

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Anorexia nervosa carries one of the highest mortality rates for any psychiatric disorder with 10-15% of fatal outcomes. It is certain that several treatments have been developed and shown to be effective; however, it is precisely in those who develop a more chronic and severe form of the illness (what we will call from now Severe and Enduring Anorexia Nervosa, SE-AN) where little progress has been achieved.

In this poster we aim to present the case of Almudena, a 32 years old woman who has been fighting her SE-AN for nearly 20 years. In this period, she has had over 50 hospital admissions, multiple complications and severe social dysfunction. This time she is admitted in our hospital for the first time, after changing her hospitalization area. Her weight is 31 and her IMC near 11. We will review the literature of SE-AN and discuss the available strategies to fight this disorder.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0312

### **Relationship between body composition and EDI-2 subscales in a cohort of women with eating disorders**

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**Introduction.**– Patients with restrictive anorexia nervosa display a lower percent of fat-mass (FM) and a higher percent of fat-free mass (FFM) than patients with bingeing-purging subtype. Furthermore, a growing body of evidence suggests an important role of FFM on eating behaviour in the general population.

**Objectives.**– The aim of this study was to assess the links between FFM and FM ratio (FFM/FM), on the one side, and Eating Disorder Inventory, version 2 (EDI-2) subscales, on the other side.

**Methods.**– Data were retrospectively collected from patient records. All the female patients addressed to our tertiary reference centre for eating disorders and who completed body composition assessment with DEXA and EDI-2 questionnaire were included ( $n = 73$ ).

**Results.**– The mean BMI of the cohort was  $17.4 \pm 3.2 \text{ kg/m}^2$ . FFM/FM was significantly related to EDI2 bulimia ( $\tau = 176, P = 0.048$ ) and EDI2 body dissatisfaction ( $\tau = 169, P = 0.044$ ) using Kendall rank correlation. Using ROC curve, we demonstrated that FFM/FM can be used to diagnose bulimia symptoms (defined by a score on EDI-2 bulimia  $\geq 2$ ) (AUC = 0.65,  $P = 0.029$ ) with a cut-off of 4.00. Patients with FFM/FM  $> 4.00$  had lower BMI and lower FM, but no significant difference in terms of FFM.

**Conclusions.**– There is a strong relationship between body composition and bulimia symptoms. Our data suggest that patients with eating disorders but without bulimia symptoms are able to lose fat mass while maintaining fat-free mass. Furthermore, this phenotype is associated with a greater body satisfaction.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0313

### **Predictors of treatment outcome in adolescent outpatients with anorexia nervosa**

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**Introduction.**– The knowledge on baseline predictors that influence treatment outcome in adolescents with eating disorders is quite limited. This study aimed to determine predictors of treatment outcome in adolescent outpatients with anorexia nervosa (AN).

**Methods.**– The sample included 81 adolescent patients ( $M_{\text{age}} = 16.9$ ,  $SD_{\text{age}} = 1.8$ ) with AN according to DSM-IV. Patients were randomly assigned to either 25 weeks of CBT or 25 weeks of DBT. Before (T0) and after treatment (T1) the Structured Inventory for Anorexic and Bulimic Syndromes (SIAB-EX), the Eating Disorder Inventory-2 (EDI-2) and the Symptom-Checklist-90-R of Derogatis (SCL-90-R) were applied. For each participant body height (m) and body weight (kg) were measured to calculate the body mass index (BMI) and the BMI percentile. The following baseline variables were examined as possible predictors: age, BMI, duration of illness, subtype of AN, various axis I diagnoses, eating disorder-specific and general psychopathology as well as treatment group (CBT/DBT). Linear regression analyses were conducted to identify the predictors of the BMI and the EDI global score at the end of treatment.

**Results.**– A higher BMI ( $p = .048$ ), a lower age ( $p = .018$ ), and a lower eating disorder-specific psychopathology ( $p = .004$ ) were associated with a better outcome at the end of outpatient treatment. The other studied predictors showed no prognostic impact on the treatment outcome.

**Conclusions.**– Further research is necessary to investigate whether patients with severe AN might benefit from specific treatment approaches.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0314

### When physical activity in anorexia nervosa is no more a part of the problem but a part of the solution

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Our main goal (objectiv) is to present a practical, working approach to solving the problem of eating disorders by combining psychiatric and psychotherapeutic treatment with kineziology (exercise) at the same time and the same place.

We want to reduce obsessive hyperactivity, stabilize hormonal status, minimize the role of stress hormones, strengthen nervous system, improve clinical picture and make the body functional again.

At the same time the socialization process is taking place because they train in a nice surrounding together with other people and going through individual and group psychotherapeutical process as well.

The workout must stimulate muscle growth (increase body mass.), so we stop the cardio and replace it with weight training.

The most important thing is to eliminate quantity and go for quality. A short, suitable exercise program does the trick.

We call this Psycho-Kinesio therapy.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0315

### Anorexia nervosa in child and adolescents

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Anorexia nervosa (AN) is characterized by self-induced starvation coupled with fear of gaining weight or of becoming fat and disturbance in the way in which one's body weight or shape is perceived. The findings associated with AN in children and adolescents are similar to those in adults. However, children and adolescents frequently do not endorse fear of gaining weight or body image dissatisfaction. Its treatment is complex and challenging, and sometimes hospitalization is needed.

Our Unit is a multidisciplinary team, formed in 1989, that provides both outpatient and inpatient treatment.

Our aim is to present and discuss AN treatment program in children and adolescents, Revision and statistical analysis of all hospitalized AN' patients' clinical files under 18, from 1 January 2007 to 31 December 2016 were made. Treatment outcome was assessed by BMI variation.

It is important to recognize AN in children and adolescents and being alert for its potential complications. The interruption of puberty, growth retardation, interference with peak bone mass acquisition and brain development can be potentially irreversible. Early detection and intervention are mandatory.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0316

### Anorexia nervosa and bone metabolism

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*Introduction.* – Anorexia Nervosa (AN) is a mental health disorder primarily affecting female adolescents and young women. It is mainly characterized by restriction of energy intake, intense fear of gaining weight and a distorted body image. The food restriction and compensatory behaviours can cause electrolytic, endocrine and metabolic disturbances, like decreased bone mineral density (BMD) which is one of the most common.

*Objective.* – The objective of this poster is to perform a literature review of complications of AN its treatment and present a clinical case.

*Methods.* – Studies were searched from Pub Med database with the following keywords: Eating disorders, Anorexia nervosa, Osteoporosis, Bone mineral density. A comprehensive manual search, including search from the reference list of included articles, was also performed.

*Results.* – Increased bone resorption, changes in bone microarchitecture, and decreased peak bone mass condition the decrease in bone mineral density (BMD), which is common in AN. About 50% of patients have BMD loss, with a 7 times higher risk of fracture than normal controls. The hypothesis that low calorie intake, with low ingestion of calcium and vitamin D is the major cause for BMD was not valid.

*Conclusion.* – As several facts contribute to loss of BMD in AN, the earlier identification of decreased is crucial. Studies of treatment focused on nutritional rehabilitation and weight gain, in order to stop losing BMD, show great results.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0317

### Anorexia nervosa and bone metabolism: An extreme case

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Anorexia Nervosa (AN) is a mainly characterized by restriction of energy intake, intense fear of gaining weight and a distorted body image. The food restriction and compensatory behaviours can cause electrolytic, endocrine and metabolic disturbance.

*Objective.* – The aim of this communication is to present a clinical case.

*Methods.* – Studies were searched from Pub Med database with the following keywords: Anorexia nervosa; Osteoporosis; Bone mineral density.

*Results.* – P., female, 35 years old, with a restrictive AN since the age of 14. After being admitted as an inpatient in our unit, she was followed only for an year, till she was 15 years old. From 15 to 28 years old, she referred a progressive decrease in her weight. At 35 years of age, she was submitted to an orthopedic surgery because of osteoporotic fractures, with a 10 cm decrease in height. When recovering from surgery at the hospital, she lost 10 kg (BMI 9.91 kg/m<sup>2</sup>). Because of this complication she was readmitted in our unit.

*Conclusion.* – The evaluation of BMD is necessary in order to start an earlier treatment, with better prognosis. Patients with onset of AN

during childhood and adolescence have worst prognosis because they achieved lower BDM peak.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0318

### Patients with eating disorders: Outcome inpatient care

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Eating disorders (ED) are characterized by a persistent disturbance of eating behaviour that results in altered consumption of food and significantly impairs physical health or psychosocial functioning. ED classified in DSM-5 are anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder, pica, rumination disorder, avoidant/restrictive food intake disorder (ARFID), other specified feeding or eating disorder (OSFED) and unspecified feeding or eating disorder (UFED).

ED' treatment is complex and challenging and sometimes hospitalization is needed. Criteria for hospitalization in ED are defined and NICE clinical guidelines are among the most frequently used.

To present and discuss our units results of the inpatient treatment program.

Review of clinical files of all patients hospitalized at our unit from 1 January 2014 to 31 December 2016 followed by statistical analysis of data. Treatment outcome was assessed by body mass index (BMI) variation. BMI was determined at baseline, discharged, 6 months and 12 months after discharged.

Anorexia nervosa was the most frequent diagnosis. A remarkable high medical and/or psychiatric comorbidity was presented. When looking for compensatory behaviours presented by inpatients we notice the major predominance of vomiting, either isolated, or in association with misuse of laxatives.

Inpatient treatment for patients with eating disorders in our unit is considered only for those whose disorder has not improved with appropriate outpatient treatment, associated with high or moderate physical risk, or for whom there is a significant risk of suicide or severe self-harm. So, most inpatients at have disorders of high severity.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0319

### Is outpatient enhanced cognitive behavior therapy (CBT-E) for eating disorders a suitable treatment method for adults with severe anorexia nervosa?

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*Introduction.*– Enhanced cognitive behaviour therapy (CBT-E) is a viable and promising outpatient treatment method for adults

with Anorexia Nervosa (AN), but its suitability for the treatment of patients with severe AN (defined as BMI < 16), commonly treated in intensive settings of care, has not been assessed.

*Methods.*– During 2013/2014, 49 patients with severe AN consecutively admitted to the Department for Eating Disorders at the Haukeland University Hospital in Bergen, Norway, were evaluated for outpatient CBT-E. BMI was recorded at baseline and 12 months. *Results.*– Out of the 17 patients with severe AN who started the treatment, 7 fulfilled at least 40 sessions of outpatient CBT-E over a 12 months period. Among the ten patients not completing the treatment, the main reason for leaving therapy was lack of motivation (n = 5). In the seven patients completing outpatient CBT-E there was a significant and large weight gain after 12 months. The mean BMI in this group was 14.0 (1.1) at baseline and 18.9 (2.1) one year after start of CBT-E. Five of seven patients reached a BMI ≥ 18.5.

*Conclusions.*– This data show that outpatient CBT-E might be a suitable treatment approach for a subpopulation of patients with severe AN. Although more than half of the patients did not complete the treatment, the remaining patients achieved a significant increase in BMI one year after start of therapy.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0320

### Investigation of peripheral vitamin D in subjects with eating disorders

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*Introduction.*– Epidemiological studies have shown a significant association between low vitamin D levels and increased risk of various neuropsychiatric disorders including schizophrenia, depression and bipolar disorder. The role of vitamin D in Eating Disorders (ED) needs to be more deeply investigated.

*Objective.*– Our study aimed to assess peripheral levels of vitamin D in subjects with Anorexia Nervosa (AN) and Bulimia Nervosa (BN) and to investigate its role in ED psychopathology.

*Methods.*– Fifty-six ED women (37 with AN, 19 with BN) and 26 healthy women (HC) volunteered for this study. Serum concentrations of 25(OH)-vitamin D [25(OH)D] were measured. Participants filled in eating-related psychopathological rating scales.

*Results.*– Eighteen percent of the participants (27% AN, 5% BN, 15% HC) had vitamin D deficiency (<20 ng/mL), while vitamin D insufficiency [25(OH)D between 20 and 30 ng/mL] was detected in 43% of subjects (49% AN, 37% BN, 38% HC). AN women had significantly lower 25(OH)D concentrations compared to both BN subjects (p < 0.01) and HC (p < 0.01); there was no significant difference in 25(OH)D concentrations between BN and HC groups. We found no significant association between 25(OH)D concentrations and psychopathological scales scores in the 3 groups.

*Conclusions.*– These results show that underweight AN women have serum vitamin D levels lower than HC, likely because of malnutrition. No significant reduction of 25(OH)D is present in BN subjects. Moreover, 25(OH)D concentrations seems to have no influence on ED psychopathology. However, further studies are needed to better explore the meaning of vitamin D deficiency in AN.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0321

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### **Contributions of body image internalized and externalized shame to eating psychopathology**

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Although shame has been regarded as a key mechanism in the development and maintenance of body image and eating-related difficulties, research on the specific effect of body image-focused shame on eating psychopathology remains less explored. This study tested the hypothesis that the impact of shame on eating psychopathology symptoms is carried by the effect of self-focused negative evaluations regarding body image (internal body shame) and the perception that others negatively evaluate and criticize one's body image (external body shame).

This study's sample included 285 young women aged between 18 and 35 years old. Participants filled demographic data and self-report questionnaires accessing external shame, body image shame, and eating psychopathology. A path model was conducted to test a model which hypothesized that internalized and externalized dimensions of body shame may act as mediators on the association between global shame and eating psychopathology, controlling BMI's effect.

Internal and external experiences of body image-focused shame are positively and highly associated with eating psychopathology. Path analysis corroborated the plausibility of the tested model and demonstrated that the effect of general feelings of shame on eating-related difficulties is fully mediated by internalized and externalized body shame.

These findings confirmed the well-established association between shame and eating difficulties and suggest that it is not the experience of general feelings of shame that directly leads to eating psychopathology severity, but rather it is the specific and painful emotions of internalized and externalized body image-focused shame that have strong direct effects on disordered eating.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0322

### **The Body Compassion Scale: A confirmatory factor analysis with a sample of Portuguese adults**

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The relationship between self-compassion and positive mental health outcomes is well established. Considering the emerging importance of body image, a growing body of research has specifically focused on the importance of self-compassion to prevent and treat body image and eating-related disorders, and chronic diseases. In this context, the Body Compassion Scale (BCS; Altman et al., 2017) has proved its worth in further informing the understanding of how individuals relate to their bodies.

The present study aimed at exploring BCS's factor structure through Confirmatory Factor Analysis (CFA), and examining its psychometric properties in a sample of Portuguese adults.

A mixed-gender sample (N = 595) of participants aged between 18 and 50 was used. Participants completed self-report measures of body compassion, body image shame, body appreciation and eating psychopathology.

CFA's results revealed good local and global adjustments, and indicated the Portuguese BCS to replicate the three-dimensional structure originally identified. BCS presented high internal reliability ( $\alpha_{\text{Defusion}}=.90$ ;  $\alpha_{\text{CommonHumanity}}=.93$ ,  $\alpha_{\text{Acceptance}}=.88$ ,  $\alpha_{\text{BCSGlobalScore}}=.88$ ), and good convergent (with body appreciation) and divergent validities (with body image shame and eating psychopathology).

Findings corroborated the adequacy of BCS's factor structure and supported its validity to access a self-to-body relationship based in competences of defusion, acceptance and common humanity. As expected, body compassion was positively linked to an attitude of acceptance, care and kindness toward the body, and negatively with body image-focused shame and eating psychopathology symptoms. This measure is of potential utility for guiding and measuring interventions to promote health-related behaviour (e.g., positive body image).

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0323

### **The crucial role of shame experiences in the explanation of eating disorder symptomatology**

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The lack of feelings of safeness, acceptance and connectedness in social relationships and fear of receiving compassion from others are both adverse factors associated with higher experience of shame and with several psychopathological symptoms.

The present study intended to test a theoretical model which hypothesised that the effects of social safeness and pleasure and fear of receiving compassion from others on disordered eating attitudes and behaviours are mediated by general feelings of shame and body-image related shame.

The sample of this study comprises 517 women from the Portuguese general population, aged between 18 and 35, who completed an online survey.

The path model accounted for 59% of the variance of disordered eating and showed excellent model fit indices. Results demonstrated the direct effect of social safeness and pleasure and of fear of receiving compassion from others on external shame and body-image related shame, however, their effect on disordered eating was totally carried (i.e., mediated) by the mechanisms of body-image related shame. In fact, women who reported lower feelings of social safeness and connectedness in social relationships and higher tendency to fear receiving compassion from others appear to experience negative emotions, such as external shame and body-image related shame, which appear to explain disordered eating attitudes and behaviours.

These findings highlight the importance of developing intervention programs which target maladaptive defensive processes (e.g., shame and body-image related shame) through self-compassion and acceptance attitudes, especially to deal with body image and eating difficulties.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0324

### **Physical appearance-focused social comparison as a source of disordered eating: The mediator role of shame and self-judgment**

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Social comparisons based on physical appearance have been highlighted as a risk factor for eating psychopathology. Previous studies revealed that women who compare negatively their body image with others tend to feel that they are inadequate and inferior and, therefore, tend to engage in eating-related disordered attitudes and behaviours. However, the mechanisms underlying this link remain unclear.

The current study aimed to examine whether the association of social comparison through physical appearance and eating-related disordered attitudes and behaviours would be explained by the mechanisms of external shame and self-judgment, while controlling for the effects of body mass index. The sample comprised 400 Portuguese women, aged between 18 and 55 years old, who completed validated self-report measures.

Path analyses explained 35% of the variance of disordered eating and demonstrated excellent model fit indices. Results revealed that social comparison through physical appearance presented a significant direct effect on disordered eating attitudes and behaviours, and an indirect effect through the mechanisms of self-judgment and external shame. Specifically, unfavourable social comparison through physical appearance appears to explain higher levels of eating disorder symptomatology, via increased self-judgmental attitudes towards one's failures or inadequacies and feelings that one's personal characteristics are seen by others as unattractive.

These results seem to emphasize the relevance of developing self-compassionate skills in the promotion of a more positive relationship with one's own body image and self, rather than adopting a self-judgmental attitude and maladaptive processes and strategies that block this adaptive and caring attitude.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0325

### **The effect that secure attachment holds on women's physical appearance-related social comparison**

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In Western societies, physical appearance is a self and other's central evaluative dimension, especially in women. Previous theoretical accounts have suggested that the lack of a secure attachment is highly associated to unfavourable social comparisons, especially through physical appearance and body-eating maladaptive attitudes. However, the link between secure attachment and social comparison based on physical appearance is still scarcely studied.

The present study aimed to explore whether the association between secure attachment and social comparison through physical appearance would be explained by the mechanisms of social safeness and self-criticism. Participants were 130 Portuguese women, aged between 18 and 53 years old.

The tested path model explained 36% of the variance of social comparison through physical appearance and presented excellent model fit indices. Results showed that secure attachment holds an indirect effect on social comparison based on physical appearance through the mechanisms of social safeness and self-criticism. These findings seem to suggest that a lack of early secure attachment is linked to decreased feelings of social safeness and pleasure and to the adoption of self-critical attitudes, which appear to explain unfavourable social comparison through physical appearance.

These findings suggested that it is not the lack of a secure attachment that directly leads to an unfavourable social comparison through physical appearance but rather is its indirectly effect via a poorer experience of social safeness, acceptance and connectedness and the engagement in self-critical attitudes.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0326

### **Male Body Attitudes Scale: Confirmatory factor analysis and its relationship with body image shame and body compassion**

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In the last decades, mental health research has significantly invested in the study of body image. This effort has mostly consisted in the study of women's desire to become thinner, and its relationship with psychopathological concerns and poor mental health indicators. Nonetheless, recent data has pointed the importance of analyzing men's body image concerns, namely aspirations to improve muscularity and to lower body fat. The creation of the Male Body Attitudes Scale (MBAS; Tylka et al., 2005) has allowed the examination of male concerns about muscularity, body fat and height, contributing to a greater interest in studying men's body image.

The present study aimed at exploring MBAS's structure (via Confirmatory Factor Analysis, CFA) and psychometric properties, in a sample of Portuguese adult men.

A sample of 241 men, aged between 18 and 60, participated in the study by completing demographic data and self-report questionnaires (body-focused shame, male body attitudes, body compassion).

The suitability of the originally found three-factor solution was confirmed, representing male attitudes toward their own body muscularity, fat and height. Adequate internal consistency values were found for MBAS's global score and subscales (Cronbach's alpha values ranging from .78 to .92). MBAS revealed good psychometric properties, and showed to be positively associated with body-focused shame, and negatively with body compassion.

This self-report measure seems to represent an important indicator of men's attitudes toward their own body image characteristics, and thus contribute for future research on male body image and eating-related difficulties.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0327

### Is it possible to become addicted to food? A theoretical model of food addiction spectrum

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**Introduction.**– The hypothesis that food can be addictive has long been rejected and is still much debated because it is essential for survival; in this prospective we should be all dependent from food. The concept of food addiction enhances our confusion to understand excessive overweight and obesity. It is also hard to explain why some people eat well beyond their biological requirements.

**Objectives.**– The aim of the study was to identify and to better understand the behavioural and neurobiological similarities between overeating and drug addiction, as well as to deepen the knowledge of the central metabolic, neurochemical and environmental factors that drive the food over-intake.

**Methods.**– A systematic review of the available literature was conducted by searching the electronic databases MEDLINE, Embase, PsycINFO and Cochrane, combining the search strategy of free text terms and exploded MESH headings.

**Results.**– PET and fMRI studies showed changes in dopaminergic D2 receptors expression and in metabolic cortical areas activity overlapping between obese subjects and drug abusers. The opioid system may orientate the appetite towards specific macronutrient classes, or mediate various aspects of appetitive behaviour. Chronic over-activation of HPA axis acts on neuromodulators such as leptin and ghrelin, while causing modification of the rewarding properties of feeding and increasing the so-called hedonic or emotional eating.

**Conclusions.**– We propose the existence of an “overeating spectrum”, including different degrees of attachment to food, generally considered as a tolerable habit or personal attitude, but almost always resulting in body weight gain and risk for metabolic diseases.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0328

### Family based therapy in a Singapore eating disorders program

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This descriptive study aims to look at family based therapy (FBT) for Anorexia Nervosa (AN) in a Singapore eating disorders program. Review of medical records of patients diagnosed with AN in our treatment program between 2012 and 2015 was carried out. Demographic and clinical characteristics of patients who took up FBT were compared with those who took up treatment as usual (TAU). Clinical outcomes were also measured.

Total of 77 patients with AN were referred for FBT. Majority was female (96.1%) and of Chinese ethnicity (75.3%). 69 of the patients did not report conflict between the parents. Almost a third of them required hospitalization on presentation. The mean age at presentation was 14.26 years and mean body mass index (BMI) was 15.3 kg/m<sup>2</sup> at presentation. Mean percentage estimated body weight (%EBW) was 77.12% at presentation. Mean duration of illness was 1.3 years. Almost half of the patients who were referred took up FBT. There were only 2 male patients in this group and

almost three quarters were of Chinese ethnicity. Majority did not report conflict between the parents. The mean age at presentation of this group was 14.33 years and mean body mass index (BMI) was 14.8 kg/m<sup>2</sup> at presentation. Mean %EBW of this group of patients was 75.36% at presentation. Mean duration of illness was 1.36 years. Outcome measures such as weight restoration and return of menstruation were collected. Rating scales measuring eating disorder psychopathology, anxiety and depression and clinical impairment were also collected.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0329

### Hormonal contraception may enhance cognitive functions in eating disorders

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**Introduction.**– Growing evidences suggest a role of sexual hormones, in maintaining cognitive function. Eating disorders (EDs) are known to be associated with cognitive impairment. Given the low levels of sexual hormone found within those patients it might be possible that hormonal contraception would enhance their cognitive functions. The aim of this study was to assess the performance in four cognitive functions known to be impaired in EDs (anorexia and bulimia nervosa) according to hormonal contraception intake.

**Methods.**– This is a retrospective study on a cohort of 230 women with EDs according to the DSM-V criteria. Cognition was assessed using: D2 (attention), IGT (decision making), Brixton (set-shifting) and Rey figure test (central coherence). Data were analysed in univariate model, variables associated with the outcome ( $p < 0.10$ ) were included in the logistic regression models to estimate the adjusted odds ratios (OR) and 95% confidence intervals (CI) for hormonal contraception effect on neuropsychological test.

**Results.**– Patients were aged between 15 and 45 and 39.1% were taking hormonal contraception (oral, transdermal or intrauterine). After multiple adjustments, hormonal contraception intake was significantly associated with greater scores to D2 and IGT compared with no hormonal contraception intake. Conversely, Brixton and Rey Figure test scores were not significantly associated with hormonal contraception intake.

**Conclusions.**– This study shows that hormonal contraception has benefic effects on cognitive function in women with EDs. This positive effect might be taken into account in the risk-benefit balance when introducing hormonal contraception.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0330

### Psychometric evaluation of the dysmorphofobia patients with anorexia nervosa and bulimia nervosa

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**Introduction.**– Anorexia nervosa (AN) and bulimia nervosa (BN) occur predominantly females, take one of the first places in the risk of fatal outcome among mental disorders, have a tendency to chronicity, disability with social disadaptation and high suicidal risk. The psychopathological basis of these diseases is dysmorphophobia, characterized by intrusive, overvalued or delusional ideas of physical disability. The significant role of dysmorphophobia determines the urgency of the detailed study using psychometric techniques.

**Objective.**– To assess the degree of satisfaction/dissatisfaction with one's body and its separate parts in patients with AN and BN.

**Methods.**– A total of 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. The psychometric method using the validated Questionnaire image of one's own body (QIOB) and the Scale of satisfaction with one's body (SSOB), Scogarevsky's technique.

**Results.**– According to QIOB 43.4% in the category expressed dissatisfaction with their appearance, 23.3% in moderate category and 33.3% in light category, which is also not normative. According to SSOB, 43% of the patients is not satisfied with characteristics that belong to head, 53.3% is not satisfied with characteristics that belong to torso, 56.6% is not satisfied with characteristics that belong to the lower part of body. The number of dissatisfied with all of these body parts equals 40% ( $n = 12$ ), which indicates the presence of polydysmorphofobia.

**Conclusions.**– High rates of dissatisfaction with one's appearance, which are consistent with the severe somatic state of patients, require further detailed study.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0331

### Adult attachment styles and motivational systems: An exploration of their association with eating disorder psychopathology

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**Introduction.**– An imbalance between reward and punishment systems has been involved in Eating Disorder (ED) psychopathology. According to attachment theory, early family interactions affect emotion regulation abilities in adult interpersonal relationships. Insecure attachment has been shown to predict attentional bias to social rejection in ED people and an association between anxious attachment style and sensitivity to punishment has been found in individuals with AN.

**Objectives.**– The aim of our study was to investigate the possible role of motivated behaviours as mediator of the relationship between insecure attachment and ED symptomatology.

**Methods.**– Seventy-eight participants affected by EDs and 45 healthy controls were enrolled into the study. They were asked to fill in the Attachment Style Questionnaire to investigate adult attachment style, the Eating Disorders Inventory-2 (EDI-2) to evaluate eating symptomatology and the Behavioral Inhibition System-Behavioral Activation System Scale (BIS-BAS) to assess sensitivity to punishment and to reward.

**Results.**– ED patients scored higher than HC in EDI-2 subscores, in insecure attachment style and in sensitivity to punishment (BIS score). Anxious attachment style was positively associated with sensitivity to punishment and EDI-2 subscores in ED people. The sensitivity to punishment was found to totally mediate the relationship between anxious attachment style and ED symptoms.

**Conclusions.**– These findings provide support for the relationship between attachment styles and behavioural motivation patterns in EDs and suggest, for the first time, increased behavioural inhibition as a pathway that may explain the relationship between anxious attachment and ED psychopathology. Therefore, attachment experiences and interpersonal difficulties may represent important psychotherapeutic focus.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0332

### Anorexia nervosa and personality disorder: Literature review

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**Introduction.**– Anorexia nervosa is an eating disorder of multifactorial etiology and potentially severe prognosis. The study of the personality of the anorexic is an interesting aspect for the understanding of the etiology of this disease.

**Objectives.**– The aim of this work is to describe the links between anorexia nervosa and personality disorders through a review of the literature.

**Methods.**– We reviewed the articles published in the French and English language in the MEDLINE database between 1980 and 2017 by introducing the following Keywords "anorexia nervosa", "personality".

**Results.**– The prevalence of personality disorders is higher in anorexics versus controls. The personalities belonging to cluster C of the DSM4 are the most frequent in restrictive anorexics, especially Obsessive-compulsive personality and avoidant personality disorder. In the binge-eating/purging type, the results are more heterogeneous with personality disorders belonging equally to the B and C clusters of DS 4. Personality disorders belonging to cluster B (mainly borderline type) are more frequent in the binge-eating/purging type. The presence of a p personality is highly predictive of comorbidity of anorexia nervosa with another disorder of axis1 of DSM4 and more frequently associated with suicide attempts and drug abuse. On the other hand, the association of personality disorder-anorexia nervosa is related to a poor prognosis of anorexia nervosa.

**Conclusion.**– The determination of personality disorders related to anorexia nervosa is interesting on several scales: prognosis, therapeutic, as a risk factor for psychiatric comorbidity and for understanding the multifactorial etiology of anorexia nervosa.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0333

### Pathways to clinical care in eating disorders: An Italian multi-center study

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**Introduction.**– The paths that leads patient with Eating Disorders (EDs) to specialists may frequently vary in Italian clinical care.

**Objectives.**– The present study aims to highlight the ways involved in the access of EDs patients to specialized care. Furthermore, it investigates differences regarding these pathways between the northern and the southern part of Italy.

**Methods.**– A total of 246 consecutive patients with a DSM-5 diagnosis of EDs were recruited in 8 specialized public centers. Participants into the study were asked to fill in the WHO "Encounter Form", a standardized schedule that allows to collect data regarding basic socio-demographic, clinical and pathways data.

**Results.**– The median time from the symptomatology onset to specialized care was 114 weeks. The most recurring paths of access were general practitioners (25%), psychiatrists (18%) and clinical nutritionists (17%). All patients followed a specific psychotherapy program, while psychotropic drugs were administered to only 11% of them. As shown by the 'pathways diagram', a complex care network distinguishes ED subjects. Moreover, in comparison to previous data on psychiatric patients in Italy, lower rates of direct access to specialized care resulted for patients with EDs. Our findings suggest that general practitioners follow different pathways to refer ED patients. Lastly, significant differences have been shown among centers in northern and southern Italy.

**Conclusions.**– ED people follow a various range of pathways to reach clinical care in Italy: this may suggest new considerations about the progress and the outcomes of EDs. General practitioners and clinical nutritionists should receive suitable educational programs on EDs.  
**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## Emergency psychiatry

EV0334

### Puerperal irritability as a sign of something more – A cerebral venous thrombosis case

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**Introduction.**– Cerebral venous thrombosis (CVT) is an unusual condition that can present itself with a wide range of symptoms. We describe a case of a young woman who has been sent to psychiatric emergency room (ER) for suspected puerperal depression.

**Objectives.**– Highlight the importance of accessing other organic diseases that may mimic psychiatric symptoms through the analysis of a clinical case and a literature review.

**Methods.**– Case report and literature review in scientific databases– Pub Med, Cochrane Library.

**Results.**– We report a case of a suspected puerperal depression in a young woman with a background of depression. The main complaint for the psychiatry ER referral was irritability, lack of energy, sadness and loss of appetite after the delivery, two weeks before. Later she admitted episodic holocraneal headaches with good response to paracetamol. It was possible to ascertain that she had no problem bounding with her baby despite her family was worried about that. In her obstetric report was the information of an accidental perforation of the dura-mater. A CT exam revealed CVT, a relatively rare condition with multiple etiologic factors. The survival rate is 80% and there are several treatment options. The risk of recurrence is low.

**Conclusions.**– CVT in the puerperium is a life threatening complication that needs an early diagnosis and treatment. It has been suggested that lumbar puncture is itself a risk factor. Since CVT can be mistaken for a psychiatric illness it is very important to be aware of this condition.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0335

### Comparison of the opioid and non-opioid single substance exposures reporting naloxone therapy using the national poison data system

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**Background.**– Naloxone use has increased as overdose deaths have grown. This study compares the patterns of opioid (OE) and non-opioid exposures (NOE) where naloxone was reported as therapy to the U.S. poison centers (PCs).

**Methods.**– The National Poison Data System (NPDS) was queried for all single substance exposures (SSE) reporting naloxone therapy from 2000 - 2016. We descriptively assessed the demographic and clinical characteristics. Trends in naloxone reports were analysed using Poisson regression.

**Results.**– There were 131,555 SSE naloxone reports, with the calls increasing from 4,038 in 2000 to 12,852 in 2016 despite a drop in PC calls. Both NOE and OE calls demonstrated a rise of 142% and 404%, respectively. The proportion of "Not Recommended but Performed" naloxone reports increased significantly for NOE (57.1% to 78.1%) and OE (55.3% to 80.7%) calls. OE calls had a higher percentage of intentional abuse (11.1% vs 39.2%,  $p < 0.001$ ) and major clinical outcomes (16.1% vs 21.3%,  $p < 0.001$ ). NOE were more common in females (52.9% vs 41.3%,  $p < 0.001$ ) and the proportion of teenagers was greater in this group (12.6% vs 7.6%,  $p < 0.001$ ). The most frequent substances associated with NOE and OE were clonidine and heroin, respectively. The rate (per 100,000 Exposures) of NOE (136.9 to 320.5,  $p < 0.001$ ) and OE (56.3 to 274.8,  $p < 0.001$ ) exposures reporting naloxone therapy increased significantly. West Virginia demonstrated the highest prevalence of naloxone reports for both groups.

**Conclusions.**– There was an increasing trend of naloxone therapy reports without recommendations. OE demonstrated more severe effects, intentional reasons for exposures and older age groups.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0336

### Malignant catatonia due to antipsychotics

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**Background.**– Catatonia is a behavioural syndrome marked by an inability to move normally, which can occur in the context of many underlying psychiatric and general medical disorders. The term catatonia is used to specify a subtype of the underlying disorder, similar to the term “psychotic features”. In the case below, it highlights the importance of identifying symptoms of catatonia for diagnosis and management to avoid further complications.

**Case presentation.**– This is a case of malignant catatonia in a 57-year-old patient who presented with altered mental status over one week. He had a background history of Substance Use disorder and had last taken drugs 2 years ago. During the admission, he was agitated on the 1<sup>st</sup> day. Olanzapine 2.5 mg was served and he calmed down. The following day, he developed fever, GCS dropped to 8 and his vital signs became unstable with fluctuating systolic blood pressure of 180 and above. He displayed mutism, negativism, immobility, rigidity and autonomic abnormalities. IV Lorazepam (1 mg QDS) was introduced and after 2 days he became afebrile and started to respond to verbal commands. His catatonic symptoms gradually improved and resolved on the 4th day.

**Conclusion.**– Early detection of symptoms, diagnosis and intervention with Lorazepam reduced the probability of fatal complications. This case report showed that early physical examination, diagnosis and intervention reduced the occurrence of serious and irreversible outcomes.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0337

### Alice in Wonderland Syndrome: A case report

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**Introduction.**– Alice in Wonderland Syndrome (AIWS) is a rare condition which comprises metamorphopsia, bizarre distortions of their body image, and bizarre perceptual distortions of form, size, movement or color. Currently, a specific cause of AIWS is unknown. The differential diagnosis encompasses infection, cerebral hypoxia, drug toxicity, and psychiatric disease.

**Objectives & aims.**– Case report of a patient experiencing distorted size perception of objects, derealisation and distorted sense of time.

**Methods.**– An English-language literature search was conducted using Pub Med, EMBASE searching for studies reporting symptoms in patients with AIWS.

**Results.**– Mr. H, a 45 years taxi driver, known with a minor depressive disorder and diabetes mellitus type 2. Two weeks after the initiation of therapy with SGLT-2i dapagliflozin 10 mg., 1dd1, while driving a car, he experienced illusory changes in the size, distance, or position of stationary objects in the visual field, which recurred

several times that day. On neuropsychological assessment no other abnormalities were found. Neurologic examination excluded CVA or TIA as possible causes of the visual hallucinations. Remarkably, the records from an insulin pump revealed transient hypoglycemia presenting at time of onset of the hallucinations. After immediate adjustment of glucose levels, the symptoms resolved and after a short clinical admission, the patient was discharged from the hospital.

**Conclusion.**– Our data imply that hypoglycemia is a rare, but important cause of AIWS. All patients with alterations in mental status require immediate bedside capillary glucose testing and rapid correction of blood sugar to prevent persistent neurologic sequelae.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0338

### Self-reported levels of agitation

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**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 their declaration of competing interest.

EV0339

### Smoking, drinking and drug consumption attitudes at a Romanian music festival

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**Introduction.**– The increasing consumption of different euphoric substances among youth opens new preventive strategies.

**Objectives**– The study of drug consumption and health attitude among the youth makes it possible to know the risk factors that show correlation with health, especially mental health.

**Methods**.– During a Romanian music festival we examined smoking, alcohol consumption and drug usage habits of young participants using a questionnaire method. The collected data were compared with data obtained during other surveys.

**Results**.– The changes of both legal and illegal drug use habits led us to conclude that the same happens in our country as in the western Union countries. The frequency of drug trials grows among the youth, the habits of drug use change, cannabis derivatives and ethnobotanical drugs dominate while the proportion of opiate users is decreasing. The statistics are alarming among music festival participants: 83% of them are smokers, 64% have been drunk more than 10 times and the majority has tried any drug, about 10% of them being frequent users.

**Conclusions**.– Our study emphasises the importance of drug-prevention strategies and concludes the importance of making more effort in order to involve the younger generation in health education programmes.

**Disclosure of interest**.– The authors have not supplied their declaration of competing interest.

EV0340

## Hypochondriasis in adulthood

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Hypochondriasis, which is now known as illness anxiety disorder, and the other somatic symptom disorders (e.g., factitious disorder, conversion disorder) are among the most difficult and most complex psychiatric disorders to treat in the general medical setting. On the basis of many new developments in this field, the DMS 5 has revised diagnostic criteria to facilitate clinical care and research. While illness anxiety disorder is included in the category of “somatic symptom and related disorders” it continues to have much overlap with obsessive-compulsive disorder and related illness.

**Objective**.– To identify the phobia and anxiety from the disease. Patients and methods many adulthood patients with different diseases were evaluated

**Results**.– The clinical data and investigations were dealing with suffering from hypochondriasis

**Conclusions**.– Hypochondriasis is very common psychological disorder in adulthood.

**Disclosure of interest**.– The authors have not supplied their declaration of competing interest.

EV0341

## Doctors' attitudes toward becoming mentally ill in Saudi Arabia: Disclosure and treatment preferences

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**Background**.– Psychiatric illness turns out to be a global concern among doctors. Comparing to a general population doctors are at high risk of developing mental illness. The purpose of our study is to evaluate doctors' attitudes to disclosure and treatment preferences

if they were to develop mental illness, and identify the impact of some factors that might influence the construction of their attitude

**Method**.– A quantitative observational cross-sectional study was carried out at College of Medicine –King Saud University. This study included All physicians of various Specialties who work in Saudi Arabia. A self-administered online questionnaire sent via SMS to 90,000 physicians and 823 responds till now. As the survey is still ongoing.

**Results**.– Nearly 572 (71.5%) of respondents agreed that the incidence of psychiatric illness among doctors is higher than the general population. The majority of those who reported that they have experienced a mental illness were residents (64.3%). Respondents would initially disclose their mental illness to a psychiatrist (45.5%). The most influencing factors on disclosure preference are career implications. In respect to the treatment preferences nearly half of respondents (52.8%) would choose an informal professional advice in case of an out-patient treatment. Those who chose an informal advice they haven't experienced a mental illness. In case of developing mental illness requiring in-patient treatment, the majority would select an out of area mental health facility 457(57.1%), their choice is affected by the issues of confidentiality.

**Conclusions**.– Physicians' showed positive attitudes besides the awareness of the high incidence of mental illness among themselves (Figures 1, 2, 3).

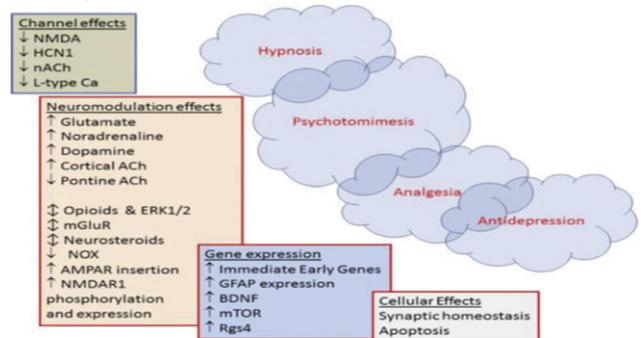


Fig. 1

Figure 1. Doctors' Preference for Disclosure about Mental Illness and The Factors Which Influenced Their Choices

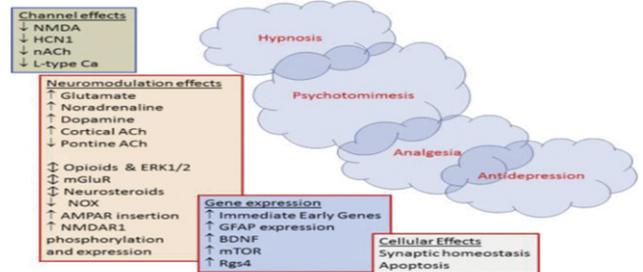


Fig. 1

Figure 2. Doctors' preferences for Inpatient Care for Mental Illness and The Main Reason for Their Choice.

Figures 1. Doctors' Preference for Disclosure about Mental Illness and The Factors Which Influenced Their Choices

Table 3. Doctors' Preference for Disclosure about Mental Illness and The Factors Which Influenced Their Choices.

Preference for Disclosure	Factors influencing disclosure					$\chi^2$	P-value
	Overall	Stigma	Career Implication	Professional Standing	Other		
Faith healer	17(2.1%)	5(29.4%)	5(29.4%)	4(23.5%)	3(17.6%)	35.248	<0.01
GP / Family Physician	40(5.0%)	11(27.5%)	14(35.0%)	10(25.0%)	5(12.5%)		
Family and Friends	239(29.9%)	60(25.1%)	88(36.8%)	76(31.8%)	15(6.3%)		
Psychiatrist	364(45.5%)	68(18.7%)	143(39.3%)	109(29.9%)	44(12.1%)		
Colleagues	82(10.3%)	17(20.7%)	30(36.6%)	27(32.9%)	8(9.8%)		
None	48(6.0%)	17(35.4%)	11(22.9%)	15(31.3%)	5(10.4%)		
Other	10(1.3%)	1(10.0%)	1(10.0%)	3(30.0%)	5(50.0%)		
Total	800(100%)	179(22.4%)	292(36.5%)	244(30.5%)	85(10.5%)		

Figure 3. Doctors' preference for outpatient care for mental illness. *Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0342

### Duration of untreated illness and its impact on social and personal functioning amongst schizophrenia spectrum patients in a rural region of Latvia

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*Introduction.* – It is a worldwide tendency to shorten the duration of untreated illness for better clinical and social outcomes.

*Objectives.* – Evaluate the duration of untreated illness and its impact on social and personal functions.

*Methods.* – Sociodemographic and clinical data, including Duration of untreated illness (DUI), were collected from all consecutive first time hospitalized schizophrenia spectrum patients in a psychiatric hospital from 01.01.2016.- 01.09.2017. The study was approved by the Riga Stradins University Ethics committee. Statistical analysis was performed using SPSS 20.0 for IMB.

*Results.* – From 86 first episode patients, 66 (36 men and 30 women) met the inclusion criteria. Patient age was Me 34.0 y. (IQR 28.0-46.0), the DUI was Me 24 month (IQR 4.0-36.0). Time spent in hospital was Me 21.0 days (IQR 13.0-28.0). 68.7% were unemployed 49.3% lived with their family members, 40.3% lived with their partner/spouse. 55.2% had not seen any specialist in relation with this problem before. Help seeking behaviour in psychiatric ER: 10.4% of patients came by themselves, 32.8% were accompanied by family members, 32.8% brought by ambulance, 22.4% brought by ambulance and police. A longer DUI was observed in connection with unemployment status ( $p=0.049$ ), for living with their relatives or by themselves ( $p=0.035$ ) and not having relationships ( $p=0.018$ ). The patients who had established their own families spent less time in hospital than those who lived with relatives ( $p=0.039$ ).

*Conclusions.* – There is strong evidence that patients in this rural region already have impaired social and personal functions before starting treatment of their schizophrenia spectrum disorders.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

## Epidemiology and social psychiatry

EV0343

### Stigma-discrimination related to mental disorders among Colombian students

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*Background.* – Stigma-discrimination related to mental disorders (SDRMD) is highly frequent around the world, regardless of age and academic school level. However, there is very little information about SDRMD in Colombian students.

*Objective.* – To estimate the prevalence of SDRMD among middle- and high-school students in Santa Marta, Colombia.

*Method.* – A cross-sectional study was conducted. A sample of middle- and high-school students from one State school. The SDRMD was measured with the Reported and Intended Behaviour Scale (RIBS). The RIBS has two components, each one compounds of four items. The first component quantifies frequencies of experiences and the second one, explores attitudes towards mental disorders SDRMD. Scores for SDRMD range to four to twenty. The cut-point was twelve, thirteen or more suggested high SDRMD. Logistic regression was computed to establish association and control confounding variables.

*Results.* – A total of 350 students with ages between 10 and 17 years ( $M=13.3$ ,  $SD=1.8$ ), 188 (53.7%) students were girls and 162 (46.3%) were boys; and 236 (67.4%) were middle-school students. Scores for SDRMD were between four and twenty, mean=10.8 ( $SD=4.0$ ), a group of 99 students (28.3%) referred high SDRMD. The RIBS showed high internal consistency (Cronbach alpha 0.88). High SDRMD was associated with older age ( $OR=1.66$ , 95%CI 1.08-2.54) and male sex ( $OR=1.65$ , 95%CI 1.02-2.65), after adjusting for grade (Hosmer-Lemeshow chi squared=8.5,  $df=7$ ,  $p=0.28$ ).

*Conclusions.* – Nearly three of ten students present high SDRMD, this more prevalent among males and older students. It is needed to investigate SDRMD in other Latino-American populations.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0344

### Ethnic density associations for mental health: Systematic Review and meta-analysis of international studies

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*Background.* – Despite increased ethnic diversity in more economically developed countries it is unclear whether residential concentration of ethnic minority people (ethnic density) is detrimental or protective for mental health. This is the first systematic review and meta-analysis covering the international literature, assessing ethnic density associations with mental health outcomes.

**Methods.**– We systematically searched Medline, PsychInfo, Sociological Abstracts, Web of Science from inception to March 31<sup>st</sup>, 2016. We obtained additional data from study authors. We conducted random effects meta-analysis taking into account clustering of estimates within datasets. Meta-regression assessed heterogeneity in studies due to ethnicity, country, generation and area-level deprivation. Our main exposure was ethnic density, defined as the residential concentration of own racial/ethnic minority group. Outcomes included depression, anxiety and the common mental disorders (CMD), suicide, suicidality, psychotic experiences and psychosis.

**Results.**– We included 41 studies in the review, with meta-analysis of 12 studies. In the meta-analyses, we found a large reduction in relative odds of psychotic experiences (OR:0.82(95% CI:0.76-0.89) and suicidal ideation (OR:0.88(95% CI:0.79-0.98) for each 10 percentage-point increase in own ethnic density. For CMD, depression and anxiety, associations were indicative of protective effects of own ethnic density however results were not statistically significant. Findings from narrative review were consistent with those of the meta-analysis.

**Conclusions.**– The findings support consistent protective ethnic density associations across countries and racial/ethnic minority populations as well as mental health outcomes. This may suggest the importance of the social environment in patterning detrimental mental health outcomes in marginalized and excluded population groups.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0345

### **Social issues cause admissions at psychiatric emergency service**

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Social workers in mental health should work closely with individuals suffering from complex and hard to manage conditions, who are in deep emotional distress and/or who may be a danger to themselves or others.

**Objective.**– Determine the prevalence of admissions due to social problems at psychiatric emergency room.

**Method.**– Data on 176 consecutive admissions visited in a psychiatric emergency room of a general teaching hospital during a period of one year were analysed to determine the type of diagnosis and to examine the relationship between mental health problem and social problem at emergency service.

**Results.**– The different type of diagnosis were separated in 6 groups: psychosis, depression and anxiety, suicidal behaviour, dual diagnosis, personality disorders, social diagnosis. Even when social issues were present in 95% (167) of the cases, the admissions due to social issues exclusively were 13% (22). There is a positive and very strong association between social issues and dual diagnosis and social issues (homeless) and psychosis

**Conclusions.**– A social worker at emergency room should be considered as a liaison between psychiatrist, mental health nurses and patients.

The mental health Social worker should be trained in mental health issues specially illegal drug abuse and psychosis

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0346

### **Epidemiological profile of newly admitted psychotic patients in psychiatry**

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**Introduction.**– Psychiatric hospitalization, when indicated, provides a safe environment for patients with acute mental disturbance.

**Objective.**– This study aims to describe the epidemiological profile of patients with schizophrenia and other psychotic disorders (DSM 5) and to set up a comparison between their characteristics and the rest of the patients.

**Methods.**– A retrospective descriptive and comparative study including all newly admitted patients ( $n=240$ ). We examined demographic and clinical characteristics and we established a comparison based on the psychiatric diagnosis.

**Results.**– The average age of patients with psychotic disorder was 34 years. The majority of patients with psychotic disorder were male (61, 6%), single (72, 1%) and unemployed (59,1%). The mean duration of untreated illness was more important in patients with psychotic disorder. The mean duration between the onset of the illness and the hospitalization was more important in patients with psychotic disorder. Hospitalization modality was in 93, 6% of the cases an involuntary confinement in patients with psychotic disorder. Physical restraint was used in 21, 1% of patients with psychotic disorder and only in 8, 1% of the rest of the patients. Antipsychotics were more prescribed in the group of patients with psychotic disorder. The duration of parenteral treatment was longer in patients with psychotic disorder and the mean duration of hospitalization was more important in the same group. Almost 85% of the psychotic patients attended the first follow up visit.

**Conclusion.**– Analyzing clinical and socio-demographic characteristics of newly admitted patients enables the improvement of medical care and thus prognosis optimization.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0347

### **Kendo form of martial arts as an adjunct to mindfulness, stress reduction training**

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**Introduction.**– A number of recent studies have shown the general effectiveness of martial arts on stress response and reduction and mindfulness training [1,2,3]. None of these reports have investigated kendo, a prominent form of martial arts in Japan, and increasingly Europe and the U.S., whose primary emphasis is on concentration and mindfulness. Kendo practitioners concentrate on Zen-breathing, aesthetic footwork, and making precision strikes with a safe bamboo, leather, and styrofoam practice sword on three prescribed points on the target, symbolizing the head, wrist, and ribs, rather than making wild kicks, punches, or throws, as in karate, tae kwon do, etc.

**Conclusion.**– This suggests psychiatric epidemiology and social psychiatry research on that unique form of martial arts may offer new psychological insights for group-or-individual based mindfulness training, or as an adjunct to mindfulness training, and related therapeutic modalities, like Chinese tai chi [4].

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

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EV0348

### A Review of dromomania or travel fugue: A revisit of the celebrated case of Jean-Albert Dadas

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The primary aim of the poster is to study in detail the case of Monsieur Jean-Albert Dadas from Bordeaux. Monsieur Dadas for the first time to have a diagnosis of Dromomania or Travel Fugue. This explorative poster shall look into the background, context, formulation and presentation of Monsieur Dadas in the late 20th century, when he famously travelled on foot through various countries in Europe before being admitted to a hospital in France without any recollection of his travels, and was eventually diagnosed of Dromomania for the first time.

The Poster further explores a literature search to seek out any similar diagnoses or presentation known or published in the scientific world. The paper will conclude with a commentary on the relevance and validity of the diagnosis in the present day world.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0349

### Impact of fathers' prenatal mental health on children's aggressive behavior

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**Introduction.**– Previous studies have found an association between paternal prenatal psychological distress and children's social, emotional and behavioural development.

**Objectives.**– This study explored the association between fathers' prenatal mental health and children's aggressive behaviour (hitting others) with regard to:

– age dependence of the association;

– moderating effect of children's temperament on the association.

**Methods.**– This study is based on data from the Norwegian Mother and Child Cohort Study, Norwegian Institute of Public Health. Fathers' mental health in pregnancy was assessed by SCL-5. Children's temperament was measured by four summary scales (Emotionality, Activity, Shyness and Sociability) representing 12

of the original 20 items of the EAS Temperament Survey. The association between fathers' SCL-5 in pregnancy and children's hitting at age 18 months, 3 and 5 years was investigated in linear mixed effects models. To assess the moderating effect of children's temperament on the association between fathers' SCL-5 and children's hitting, the model was adjusted for children's temperament.

**Results.**– Hitting decreased from 18 months to 5 years independently of fathers' SCL-5 while it increased from 18 months to 3 years depending on fathers' SCL-5 (interaction time x SCL-5, B=0.046, 95% CI=(0.01,0.08)). Adjustment for children's temperament did not affect the association between fathers' SCL-5 and change in hitting (adj. interaction time x SCL-5, range B=0.042-0.048 for the four temperament sub-scales).

**Conclusion.**– Fathers' prenatal mental health is associated with change in children's hitting from 18 months to 3 years of age independently of children's temperament.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0350

### Diagnosis and gender prevalence in an adult psychiatric ward in UK: A meta-analysis

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**Introduction.**– The current trend in United Kingdom is an increased prevalence of female patients admitted into non-forensic adult psychiatric wards with a diagnosis of Borderline Personality Disorder. **Objectives.**– To assess diagnoses and gender prevalence at admission in a general adult psychiatric ward in Essex, United Kingdom.

**Methods.**– The electronic records of a total of 244 discharges were examined for prevalence of diagnosis and gender in the period of 2016–2017. Meta-analysis measured the heterogeneity in proportions of the groups analysed. Gender proportions were investigated by the N-1 Chi-square test.

**Results.**– A total of 67.21% of female and 32.78% of male admissions were recorded with statistically significant heterogeneity at meta-analysis ( $I^2 = 98.33\%$ ;  $p < 0.001$ ) (N-1 Chi-sq difference = 34.43%;  $p < 0.001$ ). Additionally, the most prevalent diagnoses (Figure 1) were: personality disorder (38.24%), paranoid schizophrenia (12.44%), schizoaffective disorder (6.9%), bipolar affective disorder (3.6%), and other diagnoses (38.61%). Moreover, in this case, a statistically significant heterogeneity ( $I^2 = 97.69\%$ ;  $p < 0.001$ ) was found within diagnoses.

**Conclusions.**– Our study shows a prevalence of admissions of female patients with personality disorder, mostly borderline personality.

Figure 2. Doctors' preferences for Inpatient Care for Mental Illness and The Main Reason for Their Choice.

Table 4. Doctors' preference for Inpatient Care for Mental Illness and The Main Reason for Their Choice.

Factors influencing in-patient choice							
In-patient treatment choice	Overall	Quality of care	Convenience	Confidentiality	Stigma	Other	$\chi^2$ P-value
Local* MH facility	343(42.9%)	184(53.6%)	79(23.0%)	69(20.1%)	3(0.9%)	8(2.3%)	
Out of area *MH facility	487(57.1%)	132(28.9%)	26(5.7%)	248(53.6%)	47(10.3%)	7(1.5%)	159.75 <0.01
Total	800(100%)	316(39.5%)	105(13.1%)	314(39.3%)	50(6.3%)	15(1.9)	

Figure 1. Meta-analysis of diagnoses at discharge in a general adult psychiatric ward.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0351

### Ethnic minority position and migrants status as risk factors for psychotic experiences in the general population: A meta-analysis

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Psychotic experiences (PEs) are common among the general population and may exist on a continuum with psychotic disorders. Unfavorable socio-environmental conditions may increase the risk to develop PEs. Despite a consequent emerging literature, the respective role of ethnic minority position (EMP) and migrant status (MS) in the development of PEs remain unclear. In the current study, we aimed to investigate the role of EMP and MS in the development of PEs.

We conducted an electronic systematic review and a meta-analysis assessing the role of EMP and MS for PEs in the general population. Sub-group analyses were performed investigating the influence of ethnic groups, host countries, age, types of PEs and scales assessing PEs on the occurrence of reporting PEs.

A total of twenty-two studies met our inclusion criteria for meta-analysis. EMP was a relevant risk factor for reporting PEs (OR= 1.44,  $p < 0.0001$ ) in high incomes country, whereas migrant status was not associated with increased risk (OR= 1.08,  $p = 0.603$ ). Results differed across ethnic groups and within countries. The greatest risk was observed in people from Maghreb and Middle East in Europe (OR= 3.30;  $p < 0.0001$ ), Hispanic (OR= 1.98;  $p < 0.0001$ ) and Black population in the US (OR= 1.85;  $p < 0.0001$ ).

EMP is a relevant factor associated with increased risk of reporting PEs, the risk being higher in more deprived and discriminated ethnic groups. However, MS is not associated with an increased risk for PEs, raising question about the precise role of socio-environmental factors along the psychosis continuum.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0352

### Coordination programme with primary care

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*Introduction.*– Primary care's the first point of attention of population. That's why coordination is an important aim both improving the referrals and adapting to their needs. We have developed a coordination programme based on a direct telephone number to consult anything, visits to the primary care centres and a system of preferent referrals.

*Objectives.*– To analyse the phone calls from primary care and the preferent referrals attended.

*Methods.*– This is an epidemiological, analytic, prospective study of patients referred to our department included in the coordination programme. The following variables were collected: (1) reason, (2) demographic data, (3) attendance to appointment, (4) diagnosis impression and (5) destination of referral. The SPSS 19.0 was used to analyze the data.

*Results.*– We have used the data obtained during four months in which we have visited 15 of the 19 primary care centres of our area. We have received twenty phone calls and 11 preferent referrals. The phone calls were from 12 different centres (7 from the same city where our unit is. 45% were due to unbalanced patients). In 45% of the calls, the solution was given in the same call. In the preferent referrals, the waiting list on average was 4.27 days (standard deviation 3.228). 36.4% of patients had a depressive disorder with suicide ideation. 90.9% of patients were followed-up after this. *Conclusions.*– To continue to develop the programme is necessary. Until now, it's being considered very well among primary care professionals and it's avoiding referrals to the emergency room and hospitalizations.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0353

### Description of a sample of patients referred to a mental health unit from primary care

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*Introduction.*– We consider important to know the characteristics of the referrals we have. In this way, we can plan our attention according to our environment. The main origin of these referrals is primary care.

*Objective.*– To analyse the demand from primary care to know how this population is.

*Methods.*– This is an epidemiological, analytic, prospective study of patients referred to our department. The following variables were collected: 1) referral protocol, 2) reason, 3) demographic data, 4) attendance to appointment, 5) diagnosis impression and 6) destination of referral. The SPSS 19.0 was used to analyze the data.

*Results.*– The total of patients were 1503, attended between 1st July 2015 and 31st July 2017. We summarize in the next table the main characteristics (Table 1):

Table 1.

Average age	48.53 (standard deviation 18.09)	Gender	Females 60.1%
Nationality	Spanish 95.4%	Origin	Rural 60.7%
Psychiatry history	46.8%	Didn't finish their follow-up	82.1%
Show-up for their visit	75.4%	Adequacy of the demand	55.7%

The most often main diagnoses were adaptative disorder (29.2%), depressive disorder (18.4%) and anxiety disorder (12%). The variables related to patients who didn't come to the visit were: being referred from a little centre (chi square 9.556,  $p < 0.05$ ) and the type of referral (chi square 18.664,  $p < 0.001$ ). The nationality tends to be related but it isn't.

*Conclusions.*– To know the characteristics of patients referred is important to us for adapting our Unit to this reality and improve the attention and the assistance.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0354

### Analysis of patients referred to our unit after having been discharged

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**Introduction.**– Nowadays, the enormous number of patients referred to our Unit is a great problema. We can't give them a good service if we don't apply a criteria to decide who can be followed-up by Primary Care and who needs a specialised attention.

**Objectives.**– To analyse the characteristics related to patients referred to our Unit from Primary Care after having been discharged.

**Methods.**– This is an epidemiological, analytic, prospective study of patients referred to our department. The following variables were collected: (1) referral protocol, (2) reason, (3) demographic data, (4) attendance to appointment, (5) diagnosis impression and (6) destination of referral. The SPSS 19.0 was used to analyze the data.

**Results.**– The total of analyzed patients were 1503, referred between 1st July 2015 and 31st July 2017. Of these ones, 75.4% attended to our Unit. 38.3% were discharged on their first appointment. 12.1% were discharged on their second or third appointment. This means 571 patients. 7.4% of the first group (the ones who had been discharged on their first visit) were referred again from Primary Care versus 4.4% of the second group. 38.2% of these patients were referred again for worsening of the same disease. 54.5% of the total ones referred continued to be followed-up in our Unit.

**Conclusions.**– The amount of patients who were discharged on their first visit and the next 2-3 ones, and after being referred again make necessary coordination with Primary Care. It's important homogenizing the criteria for referral and discharge to avoid longer waiting lists.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0355

### Analysis of the sample of patients with severe mental disease of our unit: Demographic and clinical characteristics

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**Introduction.**– Patients with mental health disease continue to be the aim of specialist attention in Psychiatry. To be able to help them properly is going to depend on knowing the characteristics of this population in our area.

**Objectives.**– To analyse the clinical and demographic variables of the sample composed by the patients with severe mental health disease in our area.

**Methods.**– This is an epidemiological, analytic, retrospective study of patients followed in our department who are included in severe mental disease programme. The following variables were collected: (1) demographic data, (2) use of substances (in the past and nowadays), (3) attendance to appointment and compliance, (4) diagnosis impression, (5) regular psychiatrist and other professionals related to the patient, (6) residential devices, (7) pharmacological treat-

ments, (8) number of admissions. The SPSS 19.0 was used to analyze the data.

**Results.**– We summarize the main variables in this table 1:

**Conclusions.**– It is necessary to design a programme for patients with severe mental health to improve their treatment (multi-professional attention included) and compliance. It's very significant the high percentage of patients without data about SUD collected.

Table 1

n	437	Gender	61.6% males
Age	50.41 (standard deviation 14.732)	Origin	41.2% urban
Diagnosis	schizophrenia 44.2%; bipolar disorder 24.7%; schizoaffec-tive 12.6%; delusional disorder 8.5%; not otherwise specified psychotic disorder 5.9%; schizotypal 4.1%	History of substances use disorder (SUD)	unknown 39.6%; yes 37.8%
Actual SUD	unknown 41.6%; no 24%	Attendance	82.6%
Compliance	92%	Number of admissions	1.71 (standard deviation 2.723)

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0356

### Pathways to psychiatry care, disability profile of patients, perceived stigma of psychiatric outpatients and caregivers: A tertiary care hospital based study

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**Introduction.**– There is sparse literature on pathways to care, disability profile and perceived stigma among psychiatric outpatients and caregivers from developing countries.

**Objectives.**– To assess specific pathways to care, disability profile of patients and stigma experienced by patients and caregivers and explore demographic and correlation factors.

**Methodology.**– This was an observational cross-sectional survey conducted at Psychiatry Outpatient Department at a tertiary care hospital in India. Clinically stable adult patients on regular medications for at least 6 months and willing to participate were included in the study and were assessed using the data collection form and valid and reliable scales such as Sheehan Disability Scale and

Perceived Social Stigma scale. Institutional Ethics clearance was obtained. Data of 50 patients and 50 caregivers was analysed using appropriate tests with SPSS.

**Results.**– Patients were predominantly females (57.4%) from rural areas (80.3%) with mean age of 35.85 years and caregiver profiles were predominantly females (61.7%) with wives (23.3%) being the most common caregiver. Psychiatric profiles of patients were psychoses (36.67%), anxiety disorders (36.67%), mood disorders (23.33%), and substance use disorders (2.33%). Majority were referred by medical professionals (24.6%). 18.2% of patients had contacted faith healers in the past 1 year. Alarming levels of disability (scores >5) were seen in 60.7% of patients. Mean number of days lost at work were 2.75 in the preceding week before consultation. There were statistically significant associations ( $p < 0.05$ ) between total scores of Disability and Perceived stigma in patients and caregivers. **Conclusion.**– Our study has relevant clinical and social implications. **Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0357

### On psychiatry and society

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**Introduction.**– New conception about an integral anthropology (IA: 200 years after Immanuel KANT) describing human (individual-A) in interaction with nature-society (natural&social-A), building special-A. This is fundamental for general-A: philosophical-normative, pedagogical-educative, medical-curative/prophylactic. Future socio-psychiatry in context of IA has to be discussed. Psychosomatics has a central position in human-society interaction.

**Method.**– Medical and psychological observations

**Results.**– Complex interaction of natural (micro-ecol. apartments), social-factors are demonstrated by conflicts residents/tenants with lessor (houses-Munich). Defect-doors&radiators, windows (air currents)-etc. induce respiratory-diseases, defect-illumination supports accidents (neuro-orthopaedic: commotio cerebri, etc.). Conflicts conc. high-rents, repair of ap. cause dangerous psychoneurological diseases: anxiety, neurosis, insomnia, depression, etc., esp. in patients&seniors with arrhythmia, hypertonia, apoplexia cerebri, dementia, etc. A project could analyse the situation by medical-praxes in Munich, e.g. Drs.med. Baldauf/Duhr/Hanser/Herdeis/Güthlein/Menzel-Oestreicher/Reif/Seibert/Seyfarth/Traub. Reports in German journals reflect catastrophic situation of tenant-lessor conflicts: Daily journal “tz”-München: Reports&interviews with law-experts/Mieterverein, every Tuesday/2016–17 by juridical experts, such as Anja Franz, Ulrike Goldstein, S. Immerfall, P. Irrgeher, Dorothea Modler, Sigrid Reinthaler, A. Steiger, M. Vill, etc. **Conclusion.**– Future social-psychiatry could apply an integrative psychosomatic-therapy acc. to oriental somatopsychic-theory (Yujiro IKEMI)&self-regulation-practises: Yoga/Qigong/Zen-meditation/etc. with occidental-psychosomatics (Th.von UEXKÜLL) combined with pharmaEVtherapy counteracting disorders caused by conflict situations. Observations indicate psychopathological behaviour of some lessors leading to psychoneurotic disturbances in residents, i.e. future needs attests by institutes for psychology&forensic– psychiatry about leading

managers for resident houses. This could support UNO-Agenda21 for better health, education, ecology on global level. (1, 2, 3, 4) Ref.:

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EV0358

### Disclose or conceal a diagnosis of severe mental illness? Results from Tunisian studies

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**Introduction.**– In Tunisia, as in other countries around the globe, the stigma attached to mental illness (MI) prevents many people from disclosing their diagnosis.

**Objective.**– To explore the frequency of concealment and the opinions about concealment of diagnosis in two Tunisian patient samples

**Methods.**– We present the results of two cross-sectional studies: one conducted in 104 patients with severe MI (Schizophrenia and bipolar disorder) with the help of a self-established questionnaire exploring opinions about mental illness stigma, the other one conducted in 82 bipolar patients who were evaluated by the Discrimination and Stigma Scale (DISC-12). Socio-demographic and clinical data was recorded.

**Results.**– In the sample of patients with severe MI, 60% thought MI should be hidden from any future employer, and MI needs to be concealed to protect the family reputation. On the other hand, 70% would try to explain their MI to their future spouse before getting engaged. Patients stated that a large majority of siblings and parents was aware of the MI, but only about 80% of spouses, 80% of close friends, 66% of colleagues at work and 45% of employers. In the bipolar patient sample, 58,5% of patients reported concealing their diagnosis of MI.

**Conclusion.**– A majority of Tunisian patients with severe MI apprehend disclosing their diagnosis of MI. Public interventions targeting the stigma of MI as well as psychoeducational measures for patients and their families are necessary to alleviate the fear of disclosure.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0359

### Stigma in Indian patients with depressive disorder: A pilot study

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**Introduction.**– Depression has been expected to be second leading cause of disability by 2020. However, one of the barriers to effective care is stigma associated with having a mental disorder. Stigma is defined as a characteristic which individuals possess (or are believed to possess) that conveys an identity, which is devalued in a particular social context. There has been under-representation of depressive disorders.

**Objectives.**– To study the stigma experienced by the patients with depressive disorders

**Methods.**– Thirty patients diagnosed to have depressive disorder as per ICD-10, attending the psychiatry OPD of a tertiary care hospital were recruited by convenient sampling. To measure the stigma, the Discrimination and Stigma Scale -12 (DISC-12) was applied. It contains 4-sub scales i.e. unfair treatment, stopping self, overcoming stigma and positive treatment. The severity of depression was determined by applying Hamilton Depression Rating Scale (HAMD). **Results.**– The total number of sample collected was 30. The mean age of the patients was 33.87 years, mean duration of illness was 14.8 months. The mean HAMD score was found to be 13.87. Mild depression was present in 10%, Moderate depression in 63.3% and severe depression was present in 26.7% of the patients. The mean total score for unfair treatment is found to be 2.7, stopping self is 2.6, overcoming stigma is 2.7 and positive treatment is found to be 2.1.

**Conclusion.**– Stigma in patients with Depressive Disorders was found to be lower in Indian setting.

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**Conflict of interest:**

This study has been funded by intramural research grant, AIIMS, New Delhi, India

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0360

### **Perception about the law of victims and guarantees in Colombian displaced persons**

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**Introduction.**– For Shultz et al. (2014) the process of displacement of Colombia differs from others in the world, where the return to the origin community is almost non-existent in the population. The displaced are vulnerable facing literacy, extreme poverty and stigmatization.

**Objective.**– To characterize a sample of systematized displaced persons in the Registro Único de Víctimas (RUV).

**Method.**– Were participated  $n = 1139$  displaced persons distributed in 5 Colombian cities; the design was cross-sectional and a socio-demographic instrument was completed which included questions on compensation, assistance and restitution, guarantee of non-repetition and rehabilitation. The data were analysed through descriptive statistics.

**Results.**– The participants stated to a greater extent that they had received compensation (a third of them so indicated). By far the satisfaction measure (one-fifth part) is followed, and to a lesser degree, they recognize assistance and restitution. Attention, guarantee of non-repetition and rehabilitation appear in very few cases.

**Discussion.**– It should be noted that despite of the fact that efforts have been made in Colombia to address the victims and the Victims and Land Restitution Act (2011) has been launched, which seeks to restore the physical and psychosocial conditions of the victims. Populations affected by violence, however, these do not affect the decrease, much less the disappearance of the trauma.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0361

### **Noticed aggression in the media in the field of healthcare and especially psychiatry in Slovenia**

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Aggression is hostile, injurious, or destructive behaviour or outlook often caused by frustration. According to hospital reports aggression of patients and their relatives in healthcare and psychiatric settings is growing in time. Aggression in the medical environment can take on different forms and threatens the well-being and safety of staff members as well as patients. Nowadays, many people can express their experience, thoughts and feelings in media that strongly influence public opinion. Therefore, media can be misused which can lead to additional stigmatisation in psychiatry. We are going to present a content review of noticed aggression in healthcare and psychiatry in written media in Slovenia. We will follow most widely read newspapers and magazines published in Slovenia during a one-year period and we will label the content as neutral, positive or hostile. We will focus on potential misuse or negative impact of the media on healthcare professionals and on the public image of healthcare and psychiatry in Slovenia.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0362

### **Emotional neglect in childhood predicts perceived negative attitude of others in adulthood**

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**Purpose.**– The attachment theory suggest that childhood adverse and trauma (CAT) experiences can have an effect on the way how individuals perceive other people and their attitude towards them. We hypothesised that CAT experiences associate with perceived negative attitude of others (AoO) in general population.

**Material and methods.**– Altogether, 692 participants drawn from the general population completed a mailed questionnaire, including the Trauma and Distress Scale (TADS), a visual analog scale with questions: "What kind of attitude other people take towards you?" and self-repot scales on close relationships (confidants), health, functioning, use of alcohol, drug abuse, depressive, psychotic and manic symptoms.

**Results.**– Males, single and divorced, unemployed and the individuals with low education, few confidants, drug abuse, poor health and functioning reported negative AoO more often than others. Negative AoO associated significantly also with psychiatric symptoms, sum of CAT experiences and separately with emotional and physical abuse and emotional and physical neglect. In multivariate analysis, female gender, age and number of confidants predicted with positive, while poor health, depressive and psychotic symptoms and sum of CAT experiences negative AoO. From the CAT domains, only emotional neglect predicted specifically negative AoO.

**Conclusions.**– Childhood adverse and trauma experiences as a whole seem to have a negative effect on the way how adult individuals perceive other people's attitude towards themselves. From the individual CAT domains, emotional neglect predicts specifically perceived negative AoO.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0363

### School-based anti-stigma intervention: Results from an Italian pilot study

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**Introduction.**– Adolescence is a critical time for attitude change. Early implementation of anti-stigma programmes for increasing knowledge of mental disorders may encourage young people's timely help-seeking, promote social inclusion and positively impact on adult behaviours in relation to stigma. Only a few anti-stigma programmes have been implemented in youth population in Italy, the country with the longest experience of social inclusion of patients with severe mental illnesses.

**Objectives.**– (1) To implement an education and contact-based anti-stigma intervention in secondary high schools in Naples; (2) to evaluate the effectiveness of the intervention in terms of improvement of mental health knowledge; reduction of stigmatizing behaviours and attribution styles.

**Methods.**– The education and contact-based anti-stigma intervention consists of two 60-minute sessions. The study has been carried out in 3 high schools in the catchment area of Naples. All participants have been requested to complete: the Mental Health Knowledge questionnaire; the Reported and Intended Behavior Scale; the Attribution Questionnaire-9 items version. All questionnaires have been compiled at baseline (T0) and at the end of the intervention (T1).

**Results.**– A total of 107 students were recruited, mainly male, aged 16.8 ( $\pm 1.9$ ) years. At T1 a significant improvement in the level of knowledge regarding mental disorders was found ( $p < .002$ ). In particular, 65% of students reported that patients with mental disorders can recover (vs. 40% at T0,  $p < .05$ ). Moreover, avoidance attribution style was significantly reduced ( $p < .001$ ). No significant changes in reported behaviours were detected.

**Conclusion.**– Anti-stigma programmes targeted to young people can be effective for challenging stigma.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0364

### Features pathology newly diagnosed by a psychiatrist at the reception of the regional advisory diagnostic center of subarctic territory

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**Introduction.**– According to the WHO, by 2020, mental disorders will enter the first five diseases leading to disability.

**Objectives.**– The analysis of 2041 patients with the pathology of the psychic sphere was carried out for the first time by the consultant of the regional diagnostic center of the subarctic territory, diagnosed by the psychiatrist.

**Methods analytical, statistical.**– Results among the patients with newly diagnosed diseases of the psychic sphere, the main groups were identified: F00-F09  $37.0 \pm 1.1\%$ ; F10-F19  $2.4 \pm 0.3\%$ ;

F20-F29  $0.8 \pm 0.2\%$ ; F30-F39  $2.0 \pm 0.3\%$ ; F40-F49  $52.8 \pm 1.1\%$ ; F50-F59  $1.8 \pm 0.3\%$ ; F60-F69  $0.9 \pm 0.2\%$ ; F70-F79  $0.6 \pm 0.2\%$ ; F90-F99  $1.7 \pm 0.3\%$ . The level of primary incidence of mental disorders per 100 000 population in some cities and regions of the region is much higher than the average, due to all mental disorders, and above all, psychotic and nonpsychotic, as well as psychosis and mental retardation.

**Conclusions.**– The main reason for the low level of primary mental pathology in a number of municipalities is the incompleteness of psychiatric doctors. Therefore, mental disorders are not detected and the necessary assistance to patients is not timely.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0365

### Psychiatric Evmorbidity in individuals with Parkinson's disease: Nationwide cohort study

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**Introduction.**– Parkinsonian diseases are still today incurable degenerative diseases of the brain, and a reality for millions. With no curing treatment, extra effort should be made to treat symptoms and comorbidities. These individuals are estimated to be at an increased risk for psychiatric disease, but little mapping of psychiatric comorbidity exists.

**Objective.**– To determine prevalence and time of psychiatric comorbidity in patients suffering from Parkinson or Atypical Parkinson syndrome, before and after time of diagnosis.

**Methods.**– This is a cohort study using the Danish National Patient Registry and the Danish Psychiatric Central Register. This patient group is compared to a control group of people matched on age and sex, in the number of 10 controls to 1 case. The study begins early 2018. Inclusion criteria: Parkinson, Atypical Parkinson Syndrome and MSA patients younger than 65 years are all included, but evaluated separately. The cut-off age is to minimize Evmorbidities associated with increased age. Patients must have their diagnosis for 5 years, to minimize the risk of misdiagnosis. The psychiatric diseases included fall in the ICD-categories F1, F2, F3, F4 and F6; relating to substance abuse, schizophrenia, mood affective disorders, anxiety related disorders and disorders of personality and behaviour, respectively.

**Results.**– The results are under conduction.

**Conclusions (perspective).**– We expect to find higher rates of psychiatric diseases in Parkinsonian patients compared to the general population.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0366

### Epidemiological profile of psychiatry in the hospital III emergencias Grau-Essalud 2012–2016

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**Introduction.**– Epidemiological studies in Lima-Peru have given higher priority to psychotic disorders over the last twenty years. With the need to update the information, the care was digitally analysed in the adult psychiatry unit of Hospital III Emergencias Grau EsSalud, between the years 2012 to 2016. It is a retrospective study with a total population of outpatients treated in psychiatry of 52700 cases during the last 5 years (2012 to 2016).

**Objective.**– Which is the epidemiological profile of the psychiatric pathologies treated at Hospital III Emergencias Grau - Esalud?

**Method.**– We examined the statistic data generated for the Putty system of attention. Then we collect these information to being process in Excel 2006 and SSPS.

**Results.**– According to the results we have that the greatest amount of attentions have been made in patients of female sex (52%), and ranging from 16 years to 43 years (59%). According to the average percentage of the attention of the total of 52,700 cases we observed a notable variation that contrasts with the results of the studies carried out at the national level. (Figure 1)

**Conclusions.**– The paradigm of chronic psychiatric diseases in Lima has changed and we notice more acute psychiatric diseases such as acute depression and panic.

Figure 3. Doctors' preference for outpatient care for mental illness.

Table 5. Doctors' preference for outpatient care for mental illness.

Out-patient treatment preference						
Previous experience of mental illness	Overall	Informal *prof. advice	Formal prof. advice	Self-medication	No treatment	$\chi^2$ P-value
No	702(87.8%)	381(54.3%)	223(31.8%)	74(10.5%)	24(3.4%)	17.9 <0.01
Yes	98(12.3%)	41(41.8%)	27(27.6%)	23(23.5%)	7(7.1%)	
Total	800(100%)	422(52.8%)	250(31.3%)	97(12.1%)	31(3.95%)	

Figure 1.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0367

### Trends in treated prevalence of psychotic disorders in Portuguese mental health inpatient units

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**Introduction.**– Despite the growing availability of community and rehabilitation mental health services in Portugal, inpatient units still have a key role in the treatment of patients with psychosis. This services also represent the largest proportion of the mental health anual budget, posing big management challenges for health services during economic crisis.

**Objectives.**– To characterise the treatment of people with psychosis in Portuguese public mental health inpatient units.

**Methods.**– Inpatient units indicators were assessed through data available in the Health System Central Administration (ACSS)

information system, using the Diagnosis-Related Groups (DRG) codification.

**Results.**– There is an increase in the number of patients with psychosis admitted in inpatient units, between 2010 an 2013 (from 10161 to 10789), and a decrease between 2013 and 2014 (from 10789 to 10640). This trend is also similar for total admission days, increasing between 2010 an 2013 (from 210982 to 220088) and decreasing between 2013 and 2014 (from 220088 to 212899). The average length of stay remained around 20 days, for the same time interval.

**Conclusion.**– The number of patients with psychosis rose between 2010 and 2013, but there was a shift in this pattern after. The same pattern can be seen in the number of admission days but not for the average length of stay, suggesting a decrease in the accessibility after 2014. Given that 2014 was the year with the biggest impact of the economic crisis in the population, the relation between health budgeting and services availability, during economic crisis, should be further investigated.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## Ethics and psychiatry

EV0368

### Factors influencing ethical care for the elderly

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Care decision and consent search in the elderly patients are framed in terms legal and debated according to philosophical and ethical principles. However, many factors of the emotional, psychological, environmental or societal registry could be present and lead to unethical elderly care. Some cognitive or psychiatric disorders can promote an alteration of the judgment which makes be problematic to find consent to care. See only the disorder of elderly, losing sight of their humanity, their identity, their emotional life, theirs behaviours, it considers that dignity may depreciate according to the person situation. Deciding a treatment in elderly according to the ethical principles of beneficence, non-maleficence, respect and justice is essential as well as the search of consent to the care that is a moral duty. It may be difficult to make an ethical and fair decision, sometimes because of the age criterion. Social representations of old age would need to be rethought in our country. This would allow each citizen to reflect on the place and the care that we want for the elderly in Western societies.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0369

**Functional resonance analysis method: Analyzing suicide to prevent further suicide. Life-saving efforts in the care of suicidal patients at psychiatric clinic Affektiva in Gothenburg**

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*Introduction.*– Suicide is the most serious event in the specialist psychiatric care, and efforts are being made to prevent it: rigorous screening, collaboration between in- and outpatient units and routines for follow-up of patients with suicidal thoughts. Suicide or suicide effort needs a work to retrospectively gather information about what in the care chain didn't work well enough, often with a root cause analysis. Our department started a project using the Functional Resonance Analysis Method (FRAM) to understand the functions of the care system, their connections and mutual interactions to analyze events such as suicide and to observe the system's ability to provide high quality care in patient safety (Figure 1).

*Objectives.*– We conducted a case-control study with a selection based on population from 2016 who committed suicide,  $n=8$  ( $N=20$ ), of which half alive controls. The analysis team reviewed all available patient documentation starting from 500 days before suicide, performing comparisons with root cause analysis.

*Results.*– This project shows that FRAM is applicable for analysis of suicide. FRAM is an important complement to traditional root cause analysis, as it raises more detailed findings. After exploration of the system's functions, 6 of them were identified as critical. Increased focus on these is likely to increase the safety of the psychiatric patients.

*Conclusion.*– FRAM is suitable for the evaluation of complex care processes, such as implementation of value-based or person-centered care. It illustrates more findings than traditional analysis and provides a valuable tool in patient safety.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0370

**Evidencing satanic ritual abuse (SRA) in the UK: Past, present and future**

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*Introduction.*– The 'Memory Wars' erupted when several cases of Satanic Ritual Abuse (SRA) made headline news. This paper outlines past sources of evidence, recent cases and possible steps forward to educate victims, professionals and society.

*Objectives.*– The presentation provides a historical perspective on evidencing SRA, a lens on current efforts and proposals for raising public and institutional awareness.

*Aims.*– The presentation outlines sparse yet rich accounts of Satanic Ritual Abuse, recent exposures and avenues for tackling the issues.

*Methods.*– Books and news items were reviewed by two advocates who between them have 30 years of experience in evidencing SRA.

*Results.*– Three early UK publications (1991) were 'Blasphemous Rumours' (Andrew Boyd), 'Children for the Devil, Ritual abuse and satanic crime' (Tim Tate) and 'Chasing Satan' (Dianne Core). In 1994 Valerie Sinason and Jean La Fontaine brought out publica-

tions - on opposing sides of the Memory Wars. Recently Epstein, Schwartz & Schwartz (2011) published 'Ritual Abuse & Mind Control'. 'Annabelle Forest' (2014) published 'The Devil at the door step: My escape from a Satanist Sex Cult' which referred to the abuse regime imposed by convicted Satanist High Priest Colin Batley. Long prison sentences for disgraced Lost Prophet singer Ian Watkins for attempted baby rape and of Albert and Carol Hickmann (again) for SRA including Blood Sucking received some media exposure.

*Conclusion.*– Public exposure of SRA is crucial for fighting this cancer of society that secretly grows in our midst. Law, police and health professionals need to become more compassionate and astute in dealing with SRA and associated dissociative disorders.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0371

**Towards the involvement of caregivers in suicide prevention strategies: Ethics issues and perspectives**

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*Introduction.*– Suicidal behaviour and deliberate self-harm are common among adults. Research indicates that maintaining contact either via letter or postcard with at-risk adults following discharge from care services can reduce reattempt risk. But, when the link between patient and care providers or healthcare services stops, the potential protective effect is lost.

*Objectives and methods.*– This paper is a reflection about the opportunities and risk of involving caregivers in suicide prevention strategies. This is based on data obtained for the C-SIAM current study (Caregivers Suicide Intervention Assisted by Messages).

*Results.*– The caregiver can be defined as a person who gives help and protection to someone. In the suicide prevention setting, he occupies a central place in the patients' social network. Meeting them, make possible to assess its involvement, its availability, its reliability, its aptitude brought in the situation. The aim is to find a balance between the hospitalization, sometimes excessive and stigmatizing and the ambulatory care. Caregivers are potential allies in suicidal prevention of their loved ones without replacing healthcare professionals. The alliance with the latter finally allows him to play a role of support and alert in case of necessity. This appropriate answer can become an intensive "tailor-made" partnership between professionals, patients and the environment.

*Conclusion.*– To conclude, it is essential to recognize the knowledge of the caregiver: the knowledge of the layman which makes them "Experts of experience" that can be integrated into research protocols as observers but also as committed actors.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0372

### Communication with the patient and their family. Ethical dilemmas

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*Subject.*– Communication with the patient and their family. Ethical dilemmas

*Objective.*– Promoting values such as dignity, commitment, improvement of qualification, integrity and cooperation. Every day in the practice of psychiatric, ethical problems are frequent. The basic duty of every doctor in the service of individual and public health is the protection of life, physical and mental health of human suffering and its relief. Communication with the patient is the focal point where information taken for the concerns of the moment, psychiatric history and previous treatments. Creating a empathic healthy relationships is a difficult process that requires care, good communicating skills, humanitarian and professional qualities, so that the patient feels comfortable. It often happens that communication is very difficult for many reasons. Factors that negatively affect the understanding of information are: age, language, nature of the disease, socio-economic level of affinity with the patient, the prognosis of the disease, the time available during the conversation, etc. During the communication different difficulties arise that I want to discuss in this paper.

*Methodology.*– Research and comparison with contemporary literature.

*Conclusion.*– The most important issue of which we have to cope with are, confidentiality, stigma that accompanies these patients and their family members, mental health problems that may be present to family members, the problems of serious social difficulties we face outpatient treatment of these patients. Identified social and cultural specificity are the reason that lead to problematic consequences ethical dilemma that posed for solution.

*Keywords:* Communication; Empathy; Promoting values

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0373

### Ethical Principles in Relation to Older People

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International studies of aging processes are recognized by the UN and the WHO as global agenda issues, which is associated with demographic, political, socio-economic, cultural, medical and criminological problems, caused by the increasing number of late age persons all over the world.

These are issues of age discrimination trend (ageism), socio-economic stratification, cruel and dismissive attitude towards elderly people, their legal and social protection insufficiency, "epidemy of dementia".

The phenomenon of ageism, considering "age" as a synonym of "dementia", can lead to the violation of right of older people, appear in general and forensic psychiatric practice, influence the reliability of diagnosis and expert assessment.

Clinical and expert analysis of 235 late age patients (revealed: "non-dement" mental disorders - 45.5%, psychosis - 7.7%, dementia -

46.8%) who underwent forensic psychiatric examination in Serb-sky Federal Medical Research Center for Psychiatry and Narcology in criminal and civil cases, helped us to formulate ethical principles in relation to older people:

Understanding aging as a favorable regulatory process during which the evolutionary development of man continues.

Observance of presumptions of mental health, sanity, capacity to contract and legal capacity to act.

Inadmissibility of ageism and discrimination in all spheres and areas.

Inadmissibility of cruel treatment, violence and neglect.

Recognition of dementia as a disease and not as a normative manifestation of aging.

Preserving dignity and respect of a person until the last stage of dementia and his right to reside in his home.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

## Forensic psychiatry

EV0374

### A case study of maternal filicide–fatal maltreatment

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Several classification systems have been proposed and established for maternal filicide, and its underlying motives: altruistic filicide, spousal revenge, unwanted child, acutely psychotic filicide and fatal maltreatment.

Current research presents a case of maternal filicide in Georgia: Subject was a 24-year-old woman, with elementary school education; In the family of origin subject reported parental discord, maltreatment, and substance abuse. This was her second marriage, she was living with a spouse, reported financial hardships, conflicts and abusive relationship with the spouse, limited social support, and housing problems (temporary housing). The subject was a primary caregiver to her three children; the firstborn was from a previous marriage. She had no prior criminal offenses, has never visited a mental health specialist or received any help; was diagnosed with a personality disorder after conviction.

While alone with her firstborn child, subject reported loss of temper, sudden explosion of anger toward the child's non-compliant behaviour; her primary intention was to discipline the child; as a form of punishment the child was physically abused, which was a recurrent event, and was struck with an object, he received a blunt force trauma to the head which resulted in death. Afterwards, she tried to revive the child and called her spouse for help.

Classification systems provide valuable information for identification of risk factors, but as maternal filicide is a multifaceted phenomenon comprising of various aspects from different domains it calls for an integrated approach from mental health, healthcare and social systems for developing and implementing preventive strategies.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0375

### Evaluation of mobbing effects on person and personality traits. Study case

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**Introduction.**– Einarsen (1999) defines mobbing as the systematic persecution of a colleague, subordinate or superior, which if continued, may cause serious social, psychological and psychosomatic difficulties to the victim. The term “mobbing” has today erroneously come to be a huge general receptacle for all the conflicts and interpersonal problems breaking out in the work environment.

**Objectives.**– This study case investigate the relationships between the experience of mobbing as a persecution and harrassment phenomena at the workplace as assessed by means of the DECAS personality inventory.

**Methods.**– There are approached problems like: events at work, frequency of exposure to mobbing behaviours, victim scored of the DECAS personality inventory underlining the semnification of the mobbing on the individual destiny.

**Results.**– There is a correlation between personality traits and severity of symptoms, which get worse in our patient with an higher on emotional instability component and poor adaptability to stressful situations, indicating that personality traits should not be neglected as being a factor in understanding the mobbing phenomenon.

**Conclusions.**– To obtain remission of symptoms should include removal from the workplace, psychiatric pharmacological intervention and psychological support.

**Keywords:** Mobbing; Harrassment; Personality traits

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0376

### Personality disorders and their relationship to violent crimes

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The study aimed to analyze the relationships between personality disorders (PD), substance use disorder (SUD) and criminal behaviour. 116 convicted offenders underwent two interviews to be evaluated for Axis I and Axis II disorders using the MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW - MINI 5.0 (1994, 1998, 2000, Sheehan DV & Lecrubier Y. - Brazilian Version 5.0.0) and the STRUCTURED CLINICAL INTERVIEW FOR DSM-IV AXIS II DISORDERS - SCID-II (First, Gibbon, Spitzer, Williams, & Benjamin, 1999–Brazilian version). A random selection was made among all offenders who were serving sentences in closed conditons in 3 prisons with the largest population located in the State of Minas Gerais, Brazil. PD occur in 56.9%, and Antisocial PD was the most frequent subtype, occurring in nearly 47.41% of the sample, followed by Borderline PD (14.66%) and Paranoid PD (12.93%). The schizotypal PD (0.86%) and histrionic PD (0.86%) were uncommon findings. Substance use disorder (SUD) occur in over 50% of the population tested, especially SUD related to the use of marijuana,

cocaine, crack and alcohol. SUD was significantly associated with PD. It was especially significant for those with Antisocial PD, what leads to the conclusion that Antisocial PD increases the risk for SUD. Performed statistical correlation tests found that the Antisocial Personality Disorder individuals make on average 1.95 more violent crimes against those who do not have this disorder. People with PD and with a history of SUD, although generally considered criminally responsible for their actions, need urgent medical and psychological care in Brazilian prisons.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0377

### Extended symptoms. Malingering in psychiatry

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**Introduction.**– Malingering is the intentional production of disproportionate or false physical or psychological symptoms motivated by conscious and external incentives. The estimated prevalence of malingering in General Medicine and Psychiatry is 8%. It is not considered a mental disorder.

**Objective.**– To present a case of malingering and discuss its ethical and legal controversies.

**Methods.**– A 35-years-old male who provides psychiatric reports from another Spanish region, diagnosed with Paranoid Schizophrenia and mild mental retardation. After months of follow-up, during when Clozapine is maintained, we observed no psychotic symptoms and noticed an unusual insight. He is admitted relating auditory hallucinations. After two days of admission he confesses malingering in order to obtain a greater degree of disability. It reports history of two drug induced psychotic episodes, remaining asymptomatic. His family confirms this information, and tell it is already described in previous psychiatric reports.

**Results.**– Clozapine is interrupted, remaining asymptomatic. The Structured Inventory of Malingered Symptomatology (SIMS) suggests the absence of a minimization of psychotic symptoms (dissimulation). The Kaufman Brief Intelligence Test (KBIT-2) reveals IQ 70. He is diagnosed with mild mental retardation and malingering. Factitious disorder and Schizophrenia are dismissed.

**Discussion.**– Malingering a psychiatric disease is an especially complex task that requires an exhaustive anamnesis. Clinical reports, development and information provided by relatives are essential. Nevertheless, it implies medical, ethical and legal controversies that should be elucidated.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0378

### Forensic psychiatric expertise of patients with severe mental illnesses

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**Introduction.**– Epidemiological studies confirm the indisputable link between criminological dangerousness and severe mental

disorders, which increase clearly the prevalence of violent and criminal behaviour.

**Aim.**– To dress socio-demographic, clinical and mediEVlegal profile of offenders, with severe mental illnesses (SMI), in forensic psychiatric examination.

**Methods.**– A retrospective study involving 119 patients examined during the period, from 2002 to 2017, on the occasion of a penal expertise of 643 subjects. The subjects selected ( $n = 119$ , 18.5%) met the definition of S. Hodgins for SMIs: schizophrenia (51 cases), bipolar disorder type I (36 cases), delusional disorder (10 cases), schizoaffective disorder (14 cases) and depressive disorder (7 cases).

**Results.**– The mean age of patients at the offense moment, was 35.13 years, with a sex ratio of 11. Among them, 58% were single, 31% had a primary school level, 23.5% had no profession, 17% lived in a high crime area and 27% had already committed forensic acts. Clinically, 93.3% had at least one psychiatric evaluation prior to the commitment of the crime. The treatment adherence was considerably low in 84% of cases. The crimes committed were homicide or homicide's attempt in 24.4%, violence in 21% and theft in 30.2%. The offense was related to a delirious psychopathology in 53.8%. The victim was father or mother in 15%.

**Conclusion.**– Crime caused by patients with mental disorders is not only dependent on the severity of the illness but on several interrelated factors. Interventions for reducing forensic behaviour should focus on those social and clinical characteristics.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0379

### Neuroscience, neuroderecho and neurocrimen: “A time to kill and another to heal”

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We propose to elucidate under this context if this type of behaviour presents a neurobiological basis, or if we find neuropathological arguments that lead us to interpret some of these processes in terms of signs and symptoms, and therefore, be possible to approach from mental health.

For this analysis, we implement knowledge from the cognitive neuroscience, specifically neuropsychology and forensic neuropsychiatry, Neurocrimen and Neuroderecho.

It was necessary for this analysis to correctly define the terminology implemented from a semiologic and nosographic point of view, understanding the neurobiological and clinical differences of impulsivity, violence, criminality and corruption.

There is clearly a neurobiological substrate that predisposes to the appearance of this type of behaviour, and each of them responds to structural, constitutive phenomena and to the influence of the environment.

Violent, criminal and corrupt behaviours present a neurobiological support in statistical terms that allow us to infer distortive processes that result in alterations in the adaptation to social coexistence. Many of these neurobiological aspects can be characterized in neuropathological terms, and therefore, turn some of

these behaviours into symptoms and signs. These findings imply the need to review legal static conclusions, although they are still insufficient to transform medical legal paradigms, but they force us to the constant analysis and ratification and case by case of them.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0380

### The cycle of violence – The risk of girls who are victims of maltreatment to become a perpetrator in adulthood

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**Introduction.**– Researches on female offenders have indicated a high degree of psychiatric morbidity amongst women. Since the rates of female criminality are rising it would appear important to conduct the study of the relationship between criminal behaviour and psychiatric diagnoses in female offenders.

**Objectives.**– The main purpose of this investigation is to find out origins of crimes in women and to reveal the influence of child and adolescent maltreatment on personality disorders in adult women.

**Methods.**– Clinical psychopathological, psychological, statistical.  
**Results.**– A cohort of 12 females with diagnosis of personality disorders was examined. All of them had committed crimes of violence. In the majority of the sample women had a previous history of psychiatric admissions (child psychiatric hospitals, adolescent units). The retrospective review revealed that the majority of women in their childhood were exposed to emotional, physical and sexual abuse in their families. Our results point that maltreatment may distort personality formation and social adjustment and contribute to behaviour problems, negative relation to socialization and criminal behaviour in adulthood.

**Conclusion.**– The study revealed that psychiatric disorders in childhood and adolescence are predictive of adult criminality in females. This findings may be used as prognostic indicators of development of aggression in female forensic patients. The study is supported by the Russian Fund of Fundamental Investigations 6-06-00314

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EV0381

### Mental health of women who are victims of domestic violence

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**Introduction.**– Domestic violence against women has increasingly been recognized nationally and internationally as a serious problem. Violence against women is a troubling phenomenon in

Russia. Meanwhile domestic abuse against women often results in longterm mental health problems.

**Objectives.**– The main aim of the study was to find out the psychological and psychiatric consequences of violence against women and to determine the origins of crimes committed by abused females.

**Materials and methods.**– A cohort of 10 females was examined by forensic psychiatrists. All women had committed crimes of violence (murders, attempted murders). Details of background, psychiatric and offending history were extracted. Each item was assessed with the help of descriptive statistics.

**Results.**– A research has been carried out on the basis of psychiatric and forensic psychiatric assessment of two groups of women who had a long history of violence by their husbands or partners. Clinical assessment has revealed depression, anxiety, low self-esteem, post-traumatic stress disorder, drug abuse. All women underwent forensic psychiatric assessment as they had committed serious crimes of violence. The research has revealed two types of homicides. Women of the first subgroup displayed pathological altruistic motivation of their children. Women of the second subgroup had committed homicides of their husbands and partners whose violence towards women escalated in severity.

**Conclusion.**– The research shows the necessity of domestic violence prevention by legal provisions and multidisciplinary research with participation of psychiatrists, psychologists, sociologists, human rights advocates and feminist societies.

The study is supported by the Russian Fund of Fundamental Investigations 16-06-00314.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0382

### How to diagnose and tackle the radicalized mind: The role of psychiatrists in preventing modern day terrorism

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**Introduction.**– The Occidental world has become at risk of terrorist attacks.

**Objectives.**– To create a task force of psychiatrists to develop diagnostic instruments in order to predict the risk of radicalization and terrorist acts in general and among psychiatric population.

**Methods.**– A Delphi group of forensic psychiatrists, expert in diagnosing radicalization, indexed the radicalization risks into emotions and biased thought. Both were included into the log-rank test for hazard staged with Prochaska and DiClemente's pre-contemplation, contemplation, preparation, action, maintenance, and relapse in terrorist attack. In the simulation lab, possible terrorist attack scenarios (SIMILABTER<sup>®</sup>) are discussed while the Delphi experts, each time, stage one hundred patients according to ongoing questions, in the current research: "How many people out of 100 would be in the x Prochaska-and-DiClemente stage if the emotions were y1 and the biased thoughts were y2?". Emotions in radicalized minds are covert or expressed anger, need for recognition, forensic history for violence, isolation, and feeling betrayed. Biased Thoughts: jargon speech and absolutisms ('people', 'society', etc.) or stereotyped pseudo-philosophical jargon.

**Results.**– In the current simulation, emotions and biased thought were analysed by log-rank test for hazard staged with Prochaska and DiClemente and resulted in  $z = 0.29, P = n.s.$  (Figure 1).

**Conclusions.**– The risk of terrorist attacks in people vulnerable to radicalization either reporting specific emotions or prejudiced thoughts does not change.

Figure 1. Meta-Analysis of diagnoses at discharge in a general adult psychiatric ward.

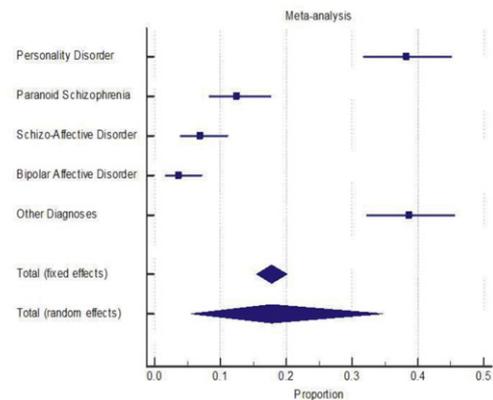


Fig 1. Hazard rate scale for terrorist attack as predicted by radicalised emotions and biased thoughts.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0383

### Post-traumatic stress disorder in a homicide offender with schizophrenia

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**Introduction.**– Yet rarely reported in literature, the occurrence of a post-traumatic stress disorder (PTSD) is frequent among patients with schizophrenia after committing a homicide.

**Objectives.**– To highlight the fact that patients with schizophrenia may present a PTSD after committing a homicide.

**Methods.**– A case report and a review of the literature.

**Results.**– We report the case of a 29-years-old male patient suffering from schizophrenia who developed a PTSD after a patricide. The use of the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) lead to a moderate severity score. PTSD's outcome was satisfactory after two months of 20 milligrams paroxetine daily intake. Patients suffering from schizophrenia with higher risk for developing a PTSD after a homicide are those who have not been exposed to significant traumas during their childhood, those who killed a family member and those with higher rates of guilt. All of these three risk factors have been identified in our patient.

**Conclusions.**– Misdiagnosing a PTSD in homicide offenders with schizophrenia exposes them to a persistent psychological stress. This stress worsens the outcome of schizophrenia. Violent behaviour such a suicide or violent offenses may thus occur.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0384

### **Specific features of alcoholics' criminal offences**

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Research on the frequency of alcoholism among the criminal offenders' population indicated high level of relation between alcoholism and criminal behaviour. The role of alcoholism in genesis of criminal offences is especially obvious in the most violent criminal offences; it is present in up to 70% of murders, and over 90% of sexual offences. The research indicated a higher frequency of occurrence of alcoholism among murderers than in other forms of violent crime. Furthermore, alcoholism affects road traffic accidents, which has been demonstrated by numerous studies conducted in this area. Alcoholism is also frequent among criminal offenders against property, as well as in robberies. The purpose of our research was to investigate the role of alcoholism related to the criminal offences. Objectives of this research were (1) to determine specific features of alcoholics' criminal offences in comparison with criminal offenders from other diagnostic categories on the basis of their demographic, psycho-social, medical and forensic characteristics, and (2) to analyze the relation between alcoholism and violent criminal offences. In conclusion, the results of the research made possible a significantly more differentiating insight into certain aspects of alcoholics, perpetrators of criminal acts and the perpetrators with other diagnostic categories. The contribution is evident in the analysis of the influence of alcoholism, i.e. alcohol-addiction on the manner of perpetrating a criminal act and the contribution of alcoholism on the predictability of violence. Aggressive behaviour in criminal acts was connected significantly with alcohol intoxication of alcoholics at the time of the committed criminal act.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0385

### **Trauma experiences among sexual offenders: The role of emotion dysregulation**

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*Introduction.* – Although, mentalization has been individuated as an important predictor of violent behaviours (Velotti, Garofalo, Dimaggio, Fonagy, 2017), research on sexual offenders population remains limited.

*Objectives.* – We sought to explore the associations among a childhood trauma history, emotion dysregulation and reflective functioning, comparing a sexual offenders sample with community participants

*Aims.* – To highlight the role of the trauma history in the individuals' reflective competences, considering the role of emotion dysregulation.

*Methods.* – A sample of sexual offenders and a community sample, were administered the CTQ (Childhood Trauma Questionnaire, Bernstein & Fink, 1998), the DERS (Difficulties in Emotion Regulation Scale, Gratz & Roemer, 2004), and the RFQ (the Reflective Functioning Questionnaire, Fonagy et al., 2016).

*Results.* – As expected, both levels of childhood trauma and emotion dysregulation were significantly higher in the clinical sample while levels of reflective functioning were significantly higher in the community sample.

*Conclusions.* – Coherently with others results, our study confirmed that sexual offenders showed high levels of trauma and emotion dysregulation. The peculiar patterns of associations between trauma, emotion dysregulation and reflective functioning could be informative to tailor treatment programs for these populations.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0386

### **Incarceration and bullying**

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Bullying is garnering increased attention from the public and the academic community lately. In jail it is a particularly disturbing problem since inmates, by definition, are locked and cannot avoid whatever prison life offers, and when they are subjected to bullying its ramifications are far reaching, damaging, and may even be traumatic.

Examining the incidence of bullying in prisons, 60% reported bullying others, and 80% reported having been bullied. Most prisoners reported being afraid of bullying, which was found to have more significant negative health effects than the bullying itself. A considerable amount of research has been conducted regarding the characteristics of bullies. In general, bullies tend to display increased levels of impulsivity which results in them acting on the spur of the moment while not correctly assessing the consequences of their actions.

Interestingly, many bullies are diagnosed with conduct disorders in their childhood, such as oppositional defiant disorder (ODD) and attention deficit hyperactivity disorder (ADHD), and appear to suffer from depression. Often, bullies will have antisocial tendencies. Narcissism and self-centeredness are common characteristics of those that engage in bullying behaviours.

Addressing bullying in jail: Inmates stated that confronting the bully was the most highly recommended strategy, also victims should be given help/advice, and the incident should be reported to the officers and they should try to calm the situation down. Staff education in jail is certainly of great importance to counter bullying.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0387

### **Management of gender dysphoria in forensic psychiatry settings in USA**

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Transgender is an umbrella term used to describe people with gender identities and/or expressions not traditionally associated with the sex that they were assigned at birth. Based on extensive experience in working with transgender patients placed in cor-

rectional facilities, we offer a retrospective analysis of challenges facing execution of psychiatric practice in jail and prison systems. Transgender individuals are at risk for mental health issues, such as gender dysphoria, depression, and anxiety, if gender expression is suppressed. These issues can be exacerbated when transgender individuals are in correctional environments. Jails, prisons, and juvenile confinement facilities have a responsibility to ensure the physical and mental health and well-being of inmates in their custody, correctional health staff should manage transgender inmates in a manner that respects their biomedical and psychological needs. We will discuss the special issues that arise in the management and treatment of Gender Dysphoria in the Transgendered inmate population in correctional settings.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0388

### **Are cognitive scores on the SIMS of a UK population different to the US sample?**

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*Introduction.*– The SIMS is a screening instrument that assesses malingered psychopathology and neuropsychological symptoms. It has demonstrable sensitivity, specificity with very good utility in identifying malingering across multiple studies.

*Objectives.*– Our hypothesis was that as previous trials did not show symptom variance, within diagnoses, between test centres, that the domains of psychosis, low intelligence, neurological impairment, and affective disorder would be unaffected. Some of the amnesic disorder questions use US rather than UK language. There is criticism that it is not normed for a UK population and that some cognitive domain questions might be culture specific, affecting the final SIMS scores.

*Method.*– Data from 21 patients in secondary care, was collected. Data for scores on the amnesic impairment subscale, and total SIMS score was collected.

*Results.*– Overall, 21% were inpatients (57% female); average age 43. 15 tested SIMS-positive (9 female). Participants were subcategorized into their ICD 10 diagnosis: Psychosis (N=6), Affective disorders (N=9) and Personality Disorder/Substance Misuse (N=6). The Psychosis cohort were all SIMS-positive. The affective cohort had the highest scores for NI and AF categories. Personality Disorder/Substance misuse had the fewest SIMS positives, but the highest NI score (7.5) of the group. Cognitive scores were not affected.

*Conclusions.*– The SIMS accurately elicited psychopathology and malingering. Our findings suggest that UK participants scores were not affected by the cultural basis of cognitive questions, however there may be some merit in framing questions for a non-US audience, explaining that it relates to a US population; or consider replacing it with an alternative more relevant cultural question.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0389

### **The assessment and treatment of persons with mental disorder in criminal justice system – Review of legislation and practice in Georgia**

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*Introduction.*– Statistics shows that in most countries prevalence of mental health problems are much higher among prisoners than the general population. Country approach to regulating mental health needs of persons with mental disorder who come into contact with justice system depends on variety of cultural or legal traditions, as well as on different concepts and structures of mental health care delivery.

*Objective.*– The aim of the survey was to study and assess the established practice of implementation of the legal procedure relating to individuals who commit crime and have mental health problems in Georgia.

*Methods.*– Qualitative analysis including desk review, in-depth interview and focus group discussion was conducted. Proceeding from the research objectives the current legislation with regard of people with the mental disorder has been analysed; the interviews on the shortcomings and problems of the implementation of the law in practice have been conducted with key informants.

*Results.*– The study acknowledges that recent changes in Georgian legislation imports much of the civil law standards and processes relating to admission, detention and compulsory treatment of criminal detainees with mental health problems. However, due to the ambiguous, ambivalent and incomplete nature of the aforementioned changes, the penal and administrative courts, as well as the clinicians are facing serious difficulties and confusions in their work.

*Conclusions.*– It is discussed that there is a strong need for closer cooperation between mental health and justice systems to treat mentally disordered persons both in the system and after they are released into the community.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0390

### **Schizoaffective disorder ushering Fahr's syndrome**

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*Introduction.*– Fahr's syndrome is a rare neurological condition, characterized by the deposit of intracerebral, bilateral and symmetrical non-arteriosclerotic calcifications, located in the central grey nuclei. Its clinical presentation is heterogeneous with a wide range of neurological and psychiatric symptoms. This condition can be either secondary or idiopathic.

*Objectives & methods.*– We report through this observation, a rare case of Fahr's syndrome revealed by schizoaffective disorder.

*Case report.*– Mr. M.B. was a 40-year-old man. He was hospitalized in our Forensic Psychiatric department following a dismissal for criminal responsibility for an act of sexual assault against his female neighbor. The patient had a history of three psychiatric hospitalizations since the age of 26. He was diagnosed as suffer-

ing from schizophrenia, and was put on long-acting injectable antipsychotic therapy. There was no history of chronic physical illness or drug dependence. The first psychiatric examination found an unsettled and irritable patient with familiar contact. He was neglecting his personal hygiene. He presented logorrhea, elevated mood and disorganized behaviour and speech. He reported delusions of persecution, prejudice, greatness and sexual delusions. He was diagnosed with schizoaffective disorder according to the DSM-5. We started him on haloperidol and valproate. He remained delusional and agitated, so we increased the doses of haloperidol then added olanzapine, but there was no amelioration. The CT scan prior to the initiation of clozapine showed calcifications in the lenticular nuclei suggesting Fahr's syndrome.

**Conclusion.**– This case emphasizes the importance of the role of neuro-imaging and the search for disrupted phosphocalcic metabolism in patients with treatment-resistant psychosis.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0391

### **Filicide in depressive psychosis: Case report of an emotionally unstable woman slaughtering her two children**

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**Introduction.**– Filicide is the murder of a child by the parent. It is associated with various psychiatric and non psychiatric conditions. **Objective.**– To present a case report of filicide and highlight the importance of accurately and timely diagnosing and managing a psychiatric disorder in order to avoid the harm towards self and the others.

**Methods.**– A thirty year old woman previously treated for the depressive psychosis was brought by the police for psychiatric assessment. She had slaughtered her two sons of 4 and 7 years of age three days ago without any guilt or remorse. She had low mood, irritability, crying spells, hopelessness and loss of sleep, appetite and sexual desires for the past six months along with the delusions of poverty and infidelity for the past two months. She was a chain smoker. Multiple deliberate self harm and suicidal attempts were reported in the past 2 months. Psychometrics revealed BDI score of 32, BPRS score of 39 and PCL-R score of 28.

**Results.**– She was diagnosed as a case of depressive psychosis with emotionally unstable personality traits leading to impaired judgment and poor comprehension of the consequences of her actions. She was put on Escitalopram 20 mg and resperidone 2 mg. Her symptoms improved in two weeks. Her husband forgave her for this act understanding the nature of her illness.

**Conclusion.**– This case report highlights the importance of accurately and timely diagnosing and managing a mental health disorder in order to avoid the harm towards self and the others.

**Keywords:** Filicide; Depressive psychosis; Forensic psychiatry

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## **Genetics and molecular neurobiology**

EV0392

### **Methylation status of the reelin gene (RELN) promoter in the blood and cognitive performance of schizophrenic patients**

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Reelin plays an important role in regulation of neuronal migration during brain development and in maintenance of synaptic function in adulthood. A decreased RELN expression, which is observed in postmortem brains of schizophrenic patients, thought to be caused by RELN promoter hypermethylation and may lead to cognitive deficits seen in this disorder. The study aim was to investigate whether there is a relationship between RELN promoter methylation in the blood of schizophrenic patients and their cognitive performance. Schizophrenic patients ( $n=34$ , mean age 27.3 (SD 7.2) years, 56% women) and healthy controls ( $n=34$ , 27.8 (7.2) years, 47% women) donated blood for DNA extraction and completed a battery of neuropsychological tests assessing processing speed, verbal memory and executive functions. Methylation of 170 CpG sites within and in the vicinity of a CpG island flanking the RELN transcriptional start site was investigated using long-read single-molecule real-time bisulfite sequencing (SMRT-BS). To reduce the dimensionality of methylation data, a principal component analysis was used. The RELN promoter was predominantly unmethylated in both patients and controls. There were no significant differences in methylation between the two groups. In a multivariate linear regression analysis adjusted for age, sex, smoking and education, a cognitive composite score of patients was not associated with RELN methylation levels. Our results agree with previous studies that have not found any changes in RELN methylation in postmortem brains of elderly schizophrenic patients, regardless of the degree of their cognitive deficit. This study was supported by the Russian Science Foundation grant No. 16-15-00056.

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EV0393

### **Beneficial effect of lipoic acid on brain tissue when exposed to cadmium through the activity of DNase**

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**Introduction.**– Cadmium as a pollutant in the working environment poses a serious health and environmental problem because it is toxic, has a very long half-life in the soil and accumulates in living systems through active food chain. The main role of DNase is reflected in the regulation of the synthesis and degradation of endogenous and exogenous DNA as well as in modified DNA repair. **Objectives.**– To examine the protective role of the supplement,  $\alpha$ -lipoic acid, S-donor ligand, in the acute toxicity of a sublethal dose of cadmium.

**Methods.**– The preparation was done for testing biomaterial for making a homogenate of brain tissue albino Wistar rats, and the activity of acidic and alkaline DNase was measured spectrophotometrically.

**Results.**– The given results show that cadmium is a probable cause of the occurrence of cadmium oxidative DNA damage. It is manifested by an increased activity of acidic and alkaline DNase in homogenates of the brain tissue ( $0,57 \pm 0,12$  to  $1,28 \pm 0,39$ ). Antioxidant  $\alpha$ -lipoic acid as a potent chelator binds cadmium building a complex with it. In this way the detoxification of reactive oxygen species in rats is performed which are exposed to cadmium poisoning.

**Conclusions.**– Blocking the metal ions (Cd), due to the possibility of the complexation of metals with the added supplement ( $\alpha$ -LA), decreases its effective concentration in the investigated physiological system which is manifested by the reduced generation of free radicals.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0394

### One more tissue is required to understand the cytogenetics of intellectual disability in patients with multiple congenital abnormalities

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**Introduction.**– The genetic diagnosis of multiple congenital anomalies/mental retardation syndrome (MCA/MR) is usually performed on lymphocytes. However, patients were described having a normal karyotype in lymphocytes but a tissue-limited mosaicism in fibroblasts.

**Objectives.**– MCA/MR diagnostics improvement.

**Aims.**– To specify the genetics of MCA/MR in patients with r(13) and r(22), whose phenotypes could not be fully explained by the ring chromosomes.

**Methods.**– aCGH with 60 K Agilent microarrays, qPCR, FISH.

**Results.**– The first patient is a 17-year-old male with neuropsychic and speech development delay, anxiety disorder, macrocephaly, microorchidism, and multiple internal anomalies. The cytogenetic analysis revealed 46,XY,r(13)(p13q34). aCGH found del13q34 and dup3q12. Del13q34 includes genes expressed in brain and testicles. Dup3q12 is associated with cancer. FISH found 50% of fibroblasts with monosomy 13. The second patient is a 4-year-old girl with severe psychomotor and speech development delay, autistic signs, aggression, sleep alteration, seizures, attention deficit-hyperactivity disorder, microcephaly, Dandy-Walker variant, and dysmorphic features. The r(22) was first detected by cytogenetic analysis in her lymphocytes. aCGH determined del22q13.32q13.33 and del3q13.31, associated with Phelan-McDermid and 3q13.31 deletion syndromes, respectively. The del3q13.31 was inherited from healthy mother. FISH-analysis found 8% of lymphocytes and 24% of fibroblasts with monosomy 22.

**Conclusions.**– Obtained results emphasize the necessity of investigation of another tissue in a patient with MCA/MR, in whom abnormalities in lymphocytes cannot fully explain the phenotype. Besides, the ring chromosomes instability was observed; therefore,

in ring chromosome carriers it is necessary to perform FISH-analysis to determine cryptic mosaicism. This study was supported by Russian Science Foundation, grant no. 16-15-10231.

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EV0395

### Neuropsychological approach to the diagnostics of white matter brain pathology on a clinical model of patients with CADASIL disease

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**Introduction.**– Cerebral autosomal dominant arteriopathy with subcortical infarctions and leukoencephalopathy (CADASIL) is an inherited central nervous system disease, which is caused by NOTCH3 gene mutations. Also diffuse white matter changes and leukoaraiosis can be observed. Major neuroimaging characteristics of CADASIL with white matter hyperintensities are presented at pic.1. The mean age of the disease onset is approximately 30–40 years. Frontal lobe dysfunction, slowness of the processing speed, attention and motor control disturbances, impairment in the executive and visuospatial functions, memory loss have been described in CADASIL. Also gustatory or auditory hallucinations and “clouding of consciousness” may be presented.

**Objectives.**– White matter is an anatomical base of inter-analyzer interaction (IAI); it provides the connection between different cortex zones of analyzers systems. Clinical psychology does not have any developed methodology of experiments and tools for IAI research. It is important to investigate this interaction and disorders in neurological and psychiatric diseases involving disorders of the integrative brain activity, in particular IAI.

**Methods.**– Uznadze’s method of fixed set can be applied to identify and analysis of IAI disorder in patients with the white matter pathology, as irradiation of set from one modality to another is impossible without inter-analyzer connections.

**Results/conclusions.**– Experimental research design included eight patients with CADASIL disease and ten healthy subjects. In both groups statistically valuable differences are obtained ( $U = .0001$ ;  $P \leq 0003$ ). Such methodology can be used as an objective tool to assess the grade of safety IAI for diagnostic of white matter brain pathology.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0396

### The importance of cytochrome 2D6 genotype in the revolving door condition of a psychiatric unit

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**Introduction.**– There are very little epidemiological data about the prevalence of cytochrome (CYP) P450 polymorphisms in psychiatric setting; pharmacogenetics may provide a very useful tool to identify patients at risk for adverse reactions (ADRs) and therapeutic failures (TFs).

**Objectives.**– To evaluate the prevalence rate of CYP2D6 polymorphisms in the Revolving Door (RD) condition patients admitted to psychiatric unit of Foggia in last two years.

**Methods.**– We introduced the analysis of 16 clinical relevant polymorphisms CYP2D6 genotype in the clinical practice of our psychiatric unit of RD condition to study treatment-resistance patients, by means of the Infiniti™ Analyzer.

**Results.**– We enrolled 29 drug-resistant patients (mean age 43,5 years; 17/29 F= 58,62%; 12/29 M= 41,38%). The average duration of psychiatric disease was 19,38 years. 62,07% (18/29 patients) live alone (unmarried, divorcee or widower). The majority of enrolled patients are affected by bipolar disorder (19/29 patients= 65,52%). Eighteen patients presented mutated CYP2D6 genotypes. The most frequent mutations are \*4 and \*4A (22,22%: 4/18 patients in both cases). CYP2D6 polymorphisms were: B.M. (\*5/\*2A\*2); DP. C. (\*2A/\*4A); D.M. (\*2A/\*4A); DF. S. (\*2A/\*4); LB.T. (\*4/\*17); M. MG. (\*2/\*9); N.P. (\*2A/\*4); P.C. (\*2A/\*4); S. VAP. (\*2A/\*41); S.R. (\*2A/\*4A); S.G. (\*2A/\*4A); Z.F. (\*2A/\*XN); DA. G. (\*5/\*XN); Z.M. (\*2/\*6); C.M. (\*2A/\*4K); V.A. (\*2A/\*41); P.B. (\*2A/\*6A); B.M. (\*41/\*41).

**Conclusions.**– These preliminary results show that approximately 2/3 of the sample of RD patients have CYP2D6 polymorphisms. Since there haven't been previous studies yet to really identify the prevalence rate of CYP2D6 polymorphisms in the RD condition patients, much research remains to be carried out to substantiate this statement.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0397

### **Genomic variants associated with schizophrenia in non-caucasian populations: Qualitative meta-analysis and preliminary results in a caucasian cohort**

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**Introduction.**– Schizophrenia is a complex mental disorder that affects approximately 1% of the general population. Its etiology is not yet known, however, according to studies, patients' genetic background is strongly associated with the appearance of schizophrenia.

**Objectives.**– The aim of our study was the identification of genomic variants that are associated with schizophrenia's development in non-Caucasian populations, using a qualitative meta-analysis approach in an effort to replicate these findings in Caucasian patient cohorts of various ethnicities. We subsequently verified these findings in a well characterized Caucasian cohort of schizophrenia patients.

**Methods.**– We first conducted a literature review and a qualitative meta-analysis, which indicated genes and variants that have been previously studied in non-Caucasian populations and proven to be associated with schizophrenia's development. Subsequently we genotyped some of the variants identified using the previous approach in a Caucasian schizophrenia patient cohort, comprised of Greek, Italian, Slovenian and Croatian populations.

**Results.**– Eighteen genomic variants were identified from our qualitative meta-analysis that their allele frequencies varied significant between Caucasians and non-Caucasian patients. Studying the top four of these variants, our preliminary genotyping results indicated one of them to be associated with schizophrenia's development in the Caucasian cohort.

**Conclusions.**– Our preliminary results indicated an association of genetic background with schizophrenia development. Our future plan is to expand our analysis into all genomic variants emerged from the qualitative meta-analysis in order to verify their association with schizophrenia's development in Caucasian populations.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0398

### **Epigenetics; a mystery or a promising science?!**

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Epigenetics involve studying the biological processes which control switching genes of an organism on and off. There are well orchestrated chemical reactions that stimulate and inhibit regions of the genome at crucial times and in specific loci. Simply, epigenetics is the study of such reactions and the factors which affect them. It is concerned with studying the factors that affect gene expression (phenotype change) and not gene sequence (genotype change); i.e. the factors that control expression or silencing of genes and not genetic mutations. It is linked nearly to all aspects of our lives, it is everywhere, it makes us special and different, can be inherited, and is reversible.

Epigenetic changes do occur naturally and regularly but on the other hand can be triggered by factors as aging, environmental factors, lifestyle, and diseases. Epigenetics not only can explain how different cells of skin, liver, and brain differentiate and mature but also can highlight the underlying mechanisms responsible for the development of many diseases like cancer, autoimmunity, immunodeficiency, intellectual disability disorders (like fragile X, Prader Willi, Angelman syndrome, and Rett syndromes), and neuropsychiatric disorders (as schizophrenia, autism, mood disorders, and neurodegenerative disorders).

The great advances in the field of epigenetics whether in its background knowledge or research technologies over the past decade helped a lot in highlighting the interaction between epigenetic alterations, gene regulation, and development of many diseases. Eventually, such advances will lead to the development of new molecular diagnostic modalities and targeted therapeutic interventions of many complex diseases.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## Guidelines/guidance

EV0399

### Patterns of psychotropic drug prescription for in-patients in Azerbaijan

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**Introduction.**– For the last decades rational drug use became an issue of concern. It is especially important problem for such countries as Azerbaijan with underdeveloped system of drug regulation, inadequate drug supply and increasing promotion by pharmaceutical companies.

**Objectives.**– The study is aimed to describe use of psychotropic drugs in psychiatric hospitals. Specific issues such as rational drug use, monotherapy vs. polypharmacy and administering novel psychotropic drugs were investigated.

**Methods.**– This is a cross-sectional, observational study included a random sample of 626 in-patients, treated at the Psychiatric Hospital of MOH.

**Results.**– The study revealed mostly prescribed antipsychotic were chlorpromazine–272 (43.5%), haloperidol–182(29.1%). Increased odds in use of high dose of antipsychotics were associated with male sex OR= 2.35; 95%CI [1.55; 3.55], diagnosis of schizophrenia OR= 4.11; 95% CI [2.02; 8.36], length of hospitalization more than 1 year OR= 2.31; 95% CI [1.61; 3.32], use of FGA OR= 1.91; 95% CI [1.21; 3.02]. Odds of polypharmacy were higher in regard to male sex OR= 3.29; 95% CI [2.33; 4.65]; repeated hospitalizations OR= 1.84; 95% CI [1.31; 2.59] and length of in-patient treatment more than 1 year OR= 1.92; 95% CI [1.39; 2.65] and lower in schizophrenic patients OR= 0.64; 95% CI [0.41; 1.0]. Use of SGA correlated with young age OR= 1.62; 95% CI [0.81; 3.24] and with diagnosis of schizophrenia OR= 0.37; 95% CI [0.22; 0.62].

**Conclusion.**– Inappropriate dose regimen, polypharmacy and lack of SGA prescription seem to be main challenges of pharmacotherapy in psychiatric hospitals. Implementation of clinical guidelines on rational drug use should improve the current practice.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0400

### The role of organizational culture on social capital from the view of teachers

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**Introduction.**– The educational organizations especially schools and universities are very important organizations that has affected all other organizations because their manpower is influenced directly from human beings. Therefore, attention to culture and its effects to social capital in educational organs is an important and fundamental matter in this organization. So this research aimed to study the role of organizational culture on social capital from the view of teachers. Method: The statistical populations were all of teachers in 2014 academic year that with regards to Morgan's sampling table 306 teachers were randomly selected and responded to a self-

constructed questionnaire with 20 questions. Pearson correlation formula was used for analysis of the data.

**Results.**– The findings showed that all the subscales of organizational culture (network culture, collapsed culture, shared culture and the material-oriented culture) had positive and significant correlation with social capital from the view of teachers, that showed the importance of organizational culture on social capital from the view of teachers.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0401

### Audit of physical investigations of patients admitted to burbage ward (an acute inpatient adult psychiatric ward)

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**Introduction.**– It is well-documented that mental health patients often suffer from poor physical health due to a combination of lifestyle factors and the side-effects of antipsychotic medication.

**Objective.**– To ensure that patients admitted to an acute inpatient adult psychiatric ward have had the appropriate blood tests, ECG, and a full physical examination within the designated timeframe as per Trust guidelines.

**Methods.**– The 20 most recently admitted patients prior to 10th March 2017 were selected. This included 13 mental health patients and 7 detox patients, i.e. planned admissions for alcohol and benzodiazepine detoxification.

**Results.**– Of 13 mental health patients, 61% had all appropriate blood tests. 54% had an ECG. 86% had a full physical examination. Average time from admission to blood tests was 18 hours; from admission to ECG was 12 hours; from admission to full physical examination was 62 hours. Of 7 detox patients, 0% had all appropriate blood tests done. 0% had an ECG. 100% had a full physical examination. Average time from admission to blood tests was 2 hours; from admission to full physical examination was 5 hours.

**Conclusions.**– Excluding patients who had refused any physical health investigation until their discharge or time of data collection, all mental health patients had all physical health investigations done within 72 hours of admission. All detox patients had a full physical examination during admission, however, none had bloods tests requested as per Trust guidelines, none had an ECG, and there was no documentation for the rationale for outstanding investigations.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0402

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### Compilation of the neonatal palliative care clinical guideline in neonatal intensive care unit

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**Background.**– Clinical guidelines are important instruments for increasing the quality of clinical practice in the treatment team. Compilation of clinical guidelines is important due to special condition of the neonates and the nurses facing critical conditions in

the neonatal intensive care unit (NICU). This study aimed at compilation of the neonatal palliative care clinical guidelines in NICU. **Materials and methods.**– This study was conducted with multistage comparative strategies with localization in Isfahan in 2013. In the first step, the components of the neonatal palliative care clinical guidelines were determined by searching in different databases. In the second stage, the level of expert group's consensus with each component of neonatal palliative care in the nominal group and focus group was investigated, and the clinical guideline was written based on that. In the third stage, the quality and applicability were determined with the positive viewpoints of medical experts, nurses, and members of the science board of five cities in Iran.

**Results.**– In the second stage, its rank and applicability were determined and after analyzing the responses, with agreement of the focus group, the clinical guideline was written. In the third stage, the means of indication scores obtained were 75%, 69%, 72%, 72%, and 68% by Appraisal of Guidelines for Research and Evaluation (AGREE) instrument.

**Conclusions.**– The compilation of the guideline can play an effective role in provision of neonatal care in nursing.

**M:** Clinical guideline, end-of-life care, neonatal intensive care unit, neonatal palliative care

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0403

### **A meta-review of prevention, remediation, and compensation/adaptation approaches to address HIV-associated neurocognitive disorders: implications for an aging population**

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**Introduction.**– Nearly 50% of adults with HIV experience observable cognitive impairments that interfere with everyday functioning and quality of life. By 2020 approximately 70% of the HIV population will be 50 and older; with age-related cognitive problems accompanying HIV-related cognitive impairments, exacerbations of neurological and cognitive issues in this population are expected.

**Objectives.**– This meta-review provides updated information on the biological and psychosocial mechanisms in which aging and HIV interact to impact neurological and cognitive functioning. Topics include neuroinflammation, microbial translocation, cognitive stimulation, neuroplasticity, and cognitive reserve. From this meta-review, approaches for prevention, remediation, and compensation/adaptation for such neurological and cognitive sequelae are provided.

**Methods.**– Using an exhaustive and on-going search of studies on this topic, IRB-approved studies are identified and synthesized for their efficacy in protecting or remediating cognitive reserve and cognitive functioning as well as for compensating/adapting for loss in cognitive functioning.

**Results.**– Numerous approaches are identified to prevent or remediate cognitive loss in adults with HIV such as: (1) lifestyle engagement (e.g., employment, cognitive prescriptions, social stimulation); (2) brain fitness programs (e.g., speed of processing training); (3) neuroprotective and psychostimulant agents; (4) HIV treatments themselves (i.e., combination anti-retroviral therapy); and (5) treatments of comorbid conditions such as depres-

sion/anxiety that can alleviate additional neurological insults. Compensation/adaptation approaches include spaced-retrieval techniques, mnemonics, and low-tech and high-tech solutions. Ineffective approaches are also identified such as: (1) anti-inflammatory medications and (2) acetylcholinesterase inhibitors.

**Conclusions.**– These approaches are important to consider for clinical and research purposes. Novel approaches are provided.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## **Intellectual disability**

EV0404

### **Attention deficit hyperactivity disorder in adults with intellectual disabilities: A case series of pharmacological response**

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**Introduction.**– Despite higher prevalence of ADHD in adults with intellectual disabilities (ID), ADHD is often under diagnosed and undertreated. There are few studies that assess response to medication in this population.

**Objectives.**– A case series of 29 adults diagnosed with ID and ADHD was conducted with an aim to analyse clinical characteristics and pharmacological response to ADHD medications.

**Methods.**– Patient records were screened for the primary outcome measures of symptomatic and functional response to ADHD treatment. Reasons for treatment cessation were also queried. Clinical characteristics of ID severity, EVmorbid mental health disorders and psychotropic medication use was assessed.

**Results.**– Overall, 83% of patients had moderate to severe ID. 76% of patients were diagnosed with autism. Anxiety and mood disorders were present in 21% and 17% of patients respectively. 79% of patients were on anti-psychotics and 48% on anxiolytics. Less than 50% of patients were on ADHD medications. Atomoxetine was the most commonly used ADHD medication (79%). 29% showed a complete response whilst 57% had a partial response. 14% did not respond to ADHD medications. Side effects (36%) and no response (36%) were common reasons for medication withdrawal.

**Conclusion.**– There is high usage of antipsychotic medications without a diagnosis of a psychotic disorder. However, there is low usage of ADHD medications despite the diagnosis of ADHD. Clinicians appear to use anti-psychotic medications instead of ADHD medications for ADHD symptoms. There was a varied response to ADHD medication. Further work is needed to guide decisions on best practise in this field.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0405

### **German mental health care in people with intellectual and developmental disabilities (IDD) in comparison to other European countries**

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**Introduction.**– In Germany, Mental Health Care in people with IDD is mostly determined by experts' opinions. Particularities of the psychiatric assessment and treatment of people with IDD and a comorbid psychiatric disorder are taught neither at medical schools nor in the scope of the medical training of psychiatrists.

**Objectives.**– The present study examined the influence of socio-political aspects of Health Care on quality and organisation of Mental Health Care in people with IDD.

**Methods.**– Various aspects of Health Care systems in Germany and three other European countries were explored and juxtaposed subsequently with a special developed questionnaire.

**Results.**– The health care systems of four different European countries differ in socio-economical, educational and system-financed aspects.

**Conclusions.**– Differing organisational levels of national health care systems and socio-economical aspects within these countries contribute to the organisation of the Mental Health Care System in people with IDD. Suggestions for a better harmonisation of European Mental Health Care in people with IDD are offered.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0406

### **Parent mediated intervention program for the children with neurodevelopmental disorders in South Asia: A systematic review**

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**Introduction.**– Evidences of parental programs are available mostly from developed countries but resources to address the needs of parents of children with Neurodevelopmental Disorders (NDDs) in south Asian countries are limited.

**Objective.**– The purpose of this systematic review was to identify the published literatures to explore if the parent mediated programs can improve social, behavioural and functional skills of children with NDD's in south Asian countries.

**Methods.**– Literatures were searched by the databases PUB MED, MEDLINE, PsycINFO, Google Scholar and Web of Science prior to February, 2017. Two independent researchers reviewed the articles for inclusion, and assessment of methodological quality.

**Results.**– Nineteen studies met the inclusion criteria includes 6 randomized control trials and 13 pre-post studies. Six (32%) studies conducted on parents of children with ASD followed by 6(31%) on intellectual disability, 3(16%) on ADHD and 4(21%) on the children with cerebral palsy. This review reported significant improvement among parents in terms of parent-child interaction, improving knowledge about the conditions and in children there were positive outcome in social communications skills, cognitive development and also activity in daily living. However, these findings are debatable due to small sample size, limited resource settings, and heterogeneous study settings.

**Conclusion.**– This study is the first one to document the parent mediated programs of the children with NDDs in South Asia. But, critically evaluating these literatures suggest that current evidence is very scant to draw a comprehensive conclusion about the outcomes and recommend further research in large scale to design appropriate programs in South Asia.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0407

### **A descriptive clinical profile of adults using neurodevelopmental services in Singapore: A pilot study**

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**Introduction.**– The Adult Neurodevelopmental Services Multi-disciplinary Team (ANDS MDT) Clinic at the Institute of Mental Health (IMH) in Singapore is a service for adults between 19 and 64 years old with intellectual disability (ID) and/or autism spectrum disorder (ASD). Little is known about the sociodemographic and clinical profile of this patient population.

**Objectives.**– This study aims to determine the sociodemographic and clinical features of outpatients who presented for care at the ANDS MDT Clinic as a new case.

**Methods.**– Initial assessments conducted at the ANDS MDT clinic from January 1<sup>st</sup> to March 31<sup>st</sup> 2015 were retrospectively reviewed. Descriptive data were collected and analysed.

**Results.**– A total of 53 patients were included. There were more males (72%) than females (28%) and the mean age was 27 years. The majority stayed at home (94%) with an immediate family member as their primary caregiver (91%). Nearly one-quarter needed some form of assistance in their basic activities of daily living. ID comprised of 47%, ASD 30%, and ID with ASD 13%. Common comorbidities were psychiatric disorders (40%) and epilepsy (13%). The most prevalent presenting complaint was aggressive behaviour towards others (34%). Psychiatric medications were either newly started or adjusted in 40% of patients and 64% were referred to allied health services.

**Conclusions.**– The profile of patients attending IMH's ANDS MDT Clinic revealed a high proportion of males with ID and/or ASD with EVoccurring psychiatric disorders with multiple behavioural, functional and social issues. The findings of this study support the need for a multi-disciplinary approach in managing this unique group of adults with special needs.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0408

### **Developing mental health pathways for people with intellectual disability and mental disorders: Experience from a specialist intellectual disability service in North London, UK**

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**Introduction.**– Psychiatric illness is significantly high in people with Intellectual disability (ID). Increased prevalence is particularly seen in ASD, ADHD, dementia and challenging behaviour. Treatment of mental disorders often requires multidisciplinary approach, as they are due to multitude of factors. This often can lead to under diagnosis, under treatment, over medication and inequitable service.

**Objectives.**– To create mental health pathways, so people with ID presenting to mental health services are assessed and treated as per national guidelines and best practice.

**Methods.**– Various meetings were carried out involving members of the multidisciplinary team. There were no treatment pathways identified. Quality improvement methodology was applied to identify what changes needed to create pathways. New mental health pathways were created with the involvement of multidisciplinary team. NICE guidelines on mental disorders and other local and national guidelines were used to design these pathways.

**Results.**– Five pathways were created. This included ‘Mental illness’, ‘Challenging behaviour’, ‘ADHD’, ‘Autism’ and ‘Dementia’ pathways. Patients presenting to ID services with mental health problems fit in to one or more of these pathways. Each pathway clearly set out what assessments and interventions are needed within each pathway.

**Conclusions.**– Mental health pathways made sure that every patient receives the right assessment and intervention. This helped to reduce risks to patients and improved staffs’ understanding of what is expected when a patient is referred. It also helped to understand where each patient is in their journey when they get referred to specialist ID services. This also helped to use existing resources more effectively.

**Conflict of interest:**

Main author has been given honoraria to attend and speak in conferences.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0409

### **Obsessive-compulsive and Psychotic symptoms in adolescent woman with 22q11.2 deletion syndrome and intellectual disability: A case report**

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**Introduction.**– The 22q11.2 deletion syndrome (22q11DS) occurs at around 1:4000 live births. The phenotype is variable and involves multiple organ systems, with high rates of psychiatric disorders and intellectual disability associated (Philip & Bassett, 2011). COMT, PRODH, GNBIL, PIK4CA, ARVCF are some genes in the 22q.11.2 deleted regions involved in influencing psychiatric phenotypes. In particular, the Val-108/158-Met COMT polymorphism could be possible risk factor for psychosis (Squarcione et al., 2013).

**Objectives.**– We assessed psychiatric condition in a 22q11DS case, referred in 2011 for psychiatric and psychological treatment to Youth Mental Health Service, treated until 2017, showing a good outcome.

**Methods.**– M. showed visual hallucinations, obsessive-compulsive disorder (OCD) with trichotillomania, stalking, challenging behaviours and mild intellectual disability (WAIS-R=67; Vineland Scale = Communication: 256/266; Daily Living Skills: 138/402; Socialization: 202/268; Motor Skills: 111/144). Haloperidol 1 mg was replaced with Aripiprazole 15 mg and Sertraline 100 mg), was replaced with Venlafaxine 150 mg. She started twice a month psychological consultations and protected category jobs.

**Results.**– At 2017 SCID-I, M. shows no more psychotic symptoms, OCD with trichotillomania is less severe, but still persists. At 2017 Vineland Scale = Communication: 248/266; Daily Living Skills: 312/402; Socialization: 226/268; Motor Skills: 136/144

**Conclusions.**– Aripiprazole showed efficacy on psychotic symptoms, and Venlafaxine improved her OCD, but trichotillomania persists. Psychological support has been important for M. to learn accepting her disability and coping with, while her parents still struggle with it.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0410

### **Naltrexone and the Reduction of Self-injurious Behaviour in Patients With Intellectual Disability and Autism: A Case Series**

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**Introduction.**– Self-injurious behaviour (SIB) is challenging disorder to treat in patients with intellectual disability (ID) and autism. One of the mechanisms mediating SIB is that of the release of endogenous opiates<sup>1</sup>, leading to its possible treatment through the use of naltrexone, an opioid antagonist<sup>2</sup>.

**Aim.**– To describe two adult patients whose SIB improved with naltrexone.

**Method.**– A retrospective review of case files of patients who were treated with naltrexone was done in a specialist inpatient unit that admits adults with ID and/or autism with severe behavioural problems.

**Results.**– Mr A. (28-years-old) and Mr S. (22-years-old) have a history of severe ID with autism. Despite treatment with behavioural interventions and titration of psychotropics, namely anti-psychotics, anti-depressants and mood stabilisers, both patients continued to demonstrate significant SIB in the form of the hitting and banging of their heads. Following the initiation of naltrexone 50 mg OM, marked improvements in the frequency and intensity of their SIB were observed within weeks. No side effects e.g. liver enzyme derangements were noted. The improvements were sustained for months, particularly in the case of Mr A. The reduction in their SIB may be confounded by the concurrent titration of antipsychotics, though the magnitude of said dose increase was marginal.

**Conclusion.**– Naltrexone may be effective in reducing SIB in patients with ID and autism.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## **Mental health care**

EV0411

### **The role of resilience and spiritual intelligence in life satisfaction of university students**

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This study aimed to determine predictive role of resilience and spiritual intelligence in life satisfaction which was descriptive and correlation method. 293 students (158 males, 135 females) were

selected by random sampling stratified among students of different majors from Islamic Azad University South Tehran Branch and they completed the Connor-Davidson Resilience Scale (CD-RISC), Satisfaction with Life Scale and Spiritual Intelligence Self-Report Inventory. Data were analysed using Pearson's correlation, multiple regression analysis. The results indicated significant positive relationship between spiritual intelligence, resilience and life satisfaction. As other result, spiritual intelligence and resiliency 24% explained variance in life satisfaction in students. Also the correlation coefficients between variables were not significantly different in male and female students.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0412

### Physical health clinic in an acute mental health ward

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*Introduction.*– The Physical Health Clinic was set up within acute adult inpatient wards to meet the physical health needs of the patients.

*Aims.*– The aims were:

- to promote patient autonomy and independence;
- to make the junior doctor's workload more manageable;
- to encourage a triaging system in the nursing staff.

*Methods.*– The need for a physical health clinic was identified by the consultant and junior on the wards. An hour of the junior doctor's time was put aside each week to run 10 minute appointments for the patients' physical health needs. Posters were put up on the ward to advertise the concept to the patients, who were asked to sign up themselves. Feedback from patients, ward staff and the junior doctor was taken to determine whether the initiative was successful.

*Results.*– The number of calls to the junior doctor reduced from 7 to 5 per week. Uptake to the clinic was poor but the appointments were appropriate. The junior doctor thought the initiative was a good idea but required better patient uptake and use from ward staff to be more successful. Ward staff agreed with this but asked whether appointments could be offered twice a week in case a physical health needs arose during the week.

*Conclusions.*– The initiative appears to have reduced the number of calls to the junior doctor for patients' physical health needs. However, to improve there needs to be a better awareness amongst patients and ward staff. There is greater onus on ward staff to make decisions about patient's physical health, which may require further training.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0413

### Patient satisfaction questionnaire adaptation process – Experience from Latvia

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*Introduction.*– According to recent initiatives in quality evaluation in mental health care there appeared a great need of validated tool to assess the mental health care from the patient's point of view. A lot of researches suggest patient opinion as a best evaluation instru-

ment that is why we decided to use patient questionnaires. We have chosen Psychiatric inpatient patient questionnaire - on site (PIPEQ-OS) with a permission of Norwegian colleagues.

*Objectives.*– To determine patients' satisfaction with a quality of health care services in psychiatric inpatients subacute ward by mean of adaptation and validation of PIPEQ-OS in Latvia.

*Methods.*– Questionnaire was translated from English to Latvian and Russian languages and back-wards. Translations were tested in 20 cognitive interviews. The questionnaire was completed on a day before discharge. Item missing was assessed, and factor analysis was conducted. The scales were tested for internal consistency reliability using Cronbach's alfa, item-total correlation.

*Results.*– Pilot study was conducted for 8 months. 204 questionnaires were analysed. Questionnaire translation proved to be maintaining the principal of conceptual equivalent. Cognitive interviews showed the questions and topics were relevant to the patient group. 19 of 21 questions showed low missing data (<20%). Factor analysis identified 3 factors that met the criteria of Cronbach's alfa 0.7.

*Conclusions.*– The factor analysis revealed satisfactory reliability and usefulness in clinical practice. Further study in acute department is needed to be conducted. Further addition of the social and demographic data need to be done with the aim to make correlation analysis in the spectrum of diagnoses.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0414

### Quality of life of Tunisian women during pregnancy

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*Introduction.*– Many changes can occur during pregnancy. These changes may be important and affect each physical and mental health of women.

*Objective.*– The objectif of our study is to evaluate the quality of life of pregnant women.

*Methods.*– We conducted a cross-sectional study among a population of pregnant women. We collected 100 participants. A questionnaire was used to precise the demographic data. The quality of life was evaluated by the Short-Form Health Survey SF 12 which contains two scores: Mental Component Summary scale score: MCS and Physical Component Summary scale score: PCS. *Results.*– The mean age of the pregnant women was 29,4 ± 5,6 years versus 35,4 ± 6,5 years for the husbands. 67% of the participants were of rural origin and 33% of urban origin. 50% had secondary school education and 22% had high school education. 62% of the sample were housewives. 73% of participants were of medium socioeconomic status and 25% were of high status. The duration of marriage was 18 ± 4,6 months. It was a love marriage in 67% of the cases. Marital agreement was reported in 65%. Overall, 61% of women had the mean score of physical health (PCS) at 50 ± 10 and 65% had the mean score of mental health at 50 ± 10.

*Conclusions.*– Many factors can affect the quality of life of pregnant women which is important during pregnancy. Many other researches can be useful to evaluate the quality of life of women during pregnancy.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0415

### Medical-seeking behavior as mediator in relation to posttraumatic growth in oral cancer survivors: A longitudinal study

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**Introduction.**– The diagnosis and treatment of oral cancer can be a traumatic experience with long-lasting psychological effects. Research examining the relationship between distress and post-traumatic growth has been inconsistent. Additional research is required to provide enhanced understanding of this complex relationship.

**Objective.**– This present longitudinal study was to examine the mediating effects of medical-seeking behaviour underlying the relationship between distress and posttraumatic growth (PTG).

**Methods.**– The Chinese version of the Impact of Event Scale – Revised (IES-R), Depression scale, Posttraumatic Growth Inventory (PTGI), medical-seeking behaviour (ie., shared decision making/decisional regret/decisional conflict/decisional trust) were completed by 54 oral cancer survivors participating in a surgical reconstruction program at baseline and at 6 and 12 months' follow-up. Hypotheses were tested through the use of hierarchical multiple regression.

**Results.**– The results showed that decisional regret and decisional trust mediate completely the relationship between distress and PTG. Moreover, depression could effectively predict patients' shared decision making and decisional regret behaviours. Finally, testing for the moderating effects provides helpful information regarding the role of medical-seeking behaviour in buffering the relationship between distress and PTG.

**Conclusions.**– Previous studies characterize the relationship between distress and PTG with the potential for positive and negative outcomes. The preliminary findings suggest that interventions should address the perceived effectiveness of medical-seeking behaviour from practitioners. Results indicated that clinicians have to consider the presence of decisional regret and decisional trust among patients with oral cancer to address their psychological well-being.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0416

### Exploring the effectiveness of a befriending scheme for individuals with schizophrenia (VOLUME)

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**Introduction.**– People with schizophrenia are often socially isolated, which in turn is linked with poor physical and mental health outcomes. Befriending schemes, where volunteers provide one-to-one support to people who would otherwise be socially isolated, cost relatively little and have the potential to improve outcomes for this patient group. Yet, there is hardly any trial-based evidence for their effectiveness.

**Objectives.**– The VOLUME trial was an exploratory randomised controlled trial (RCT) designed to test the effectiveness and cost-effectiveness of a befriending scheme developed for the UK context. **Methods.**– Patients with a diagnosis of schizophrenia ( $n=127$ ) were randomised to the intervention – which involved regular contact with a volunteer for up to one year – or an active control.

**Results.**– For the first time, the quantitative results of VOLUME trial will be presented in full. Outcomes include time spent engaging in activities, social contacts, quality of life, symptoms and care costs. We also report on retention in the scheme as a proxy for acceptability.

**Conclusions.**– It is possible that befriending is an untapped resource that can have a positive impact for many patients worldwide. This may be especially true for schemes that are flexible to accommodate the preferences and life styles of many patients and volunteers.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0417

### Patient and volunteer experiences of a befriending scheme for individuals with schizophrenia (VOLUME)

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**Introduction.**– Befriending schemes, where volunteers provide one-to-one support to individuals who would otherwise be socially isolated have the potential to be effective for patients with schizophrenia. VOLUME is a programme of research whose main aim was to develop a best-practice befriending scheme to be evaluated in an exploratory randomised control trial.

**Objectives.**– This presentation will focus on the qualitative output of the trial and explore the experiences of befriending and of receiving a befriender.

**Methods.**– Soon after completing the scheme, both patients and volunteers were invited to take part in individual in-depth interviews, to gain a better understanding of acceptability and response to the intervention. For this reason, we also endeavoured to interview those that dropped-out or met less regularly than planned.

**Results.**– A high proportion of eligible patients ( $n=30$ ) and volunteers ( $n=33$ ) agreed to take part in the interviews. Many reported positive experiences and personal growth following the scheme. Others experienced challenges and failed to establish an enduring relationship.

**Conclusions.**– Befriending can have a very positive impact for patients with schizophrenia as well as for volunteers. Understanding the factors which influence a successful befriending relationship can help to target the patients that are likely to benefit the most and maximise their implementation.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0418

### Evaluation of master of science in integrated clinical and community mental health program in Ethiopia

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**Introduction.**– The shortage of trained man power in the field of mental health remained an important barrier to the treatment of persons affected by mental illnesses in low and middle income countries. A new graduate program for non-physician clinicians was established at Jimma University to address the scarcity mental health human resource in Ethiopia. Therefore, this study aimed to assess the competency, satisfaction and involvement level of graduates of the program.

**Methods.**– A cross-sectional study was conducted among all the 28 of 32 graduates from the program. Data was collected using a semi-structured self-administered questionnaire that was developed for the study. Likert types of responses were used to assess competency and satisfaction level of graduates. Strengths and weaknesses of the program, courses to be added or removed from the program, and suggestions of graduate on the general program were assessed qualitatively using open ended questions. Both quantitative and qualitative data were collected.

**Results.**– Until June 2015, 32 trainees have graduated from Jimma University. The majority (75%,  $n = 21$ ) of the graduates were directly engaged in clinical care of patients. Also, two-third of the graduates (67.9%,  $n = 19$ ) were involved in mental health research. All of the graduates were confident to conduct psychiatric assessment of adults and to identify and manage common mental disorders (100%,  $n = 28$ ). Similarly, 100% ( $n = 28$ ) of graduates reported they were confident in identifying and managing severe mental illnesses.

**Conclusion.**– Brain drain does not appear to be a challenge among non-physician mental health specialists.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0419

### The diet and aggression study: Reducing aggression among chronic psychiatric inpatients through nutritional supplementation

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**Background.**– Aggressive incidents are highly prevalent among chronic psychiatric inpatients. Previous studies have already demonstrated the potential of supplementation to reduce aggression in maladjusted children and forensic populations.

**Objectives.**– The aim of the current study is to test the hypothesis that multivitamin-, mineral-, and  $n$ -3FA supplementation reduces the incidence and severity of aggressive incidents among chronic psychiatric inpatients.

**Methods.**– The Diet and Aggression study is a pragmatic, multi-center, randomized, double-blind, placebo controlled, intervention trial. Eligible for the study are psychiatric inpatients aged 18 years

or older, who are residing in open and closed long-stay psychiatric wards. During 6 months one group receives 3 supplements daily: 2 Orthica Multi Energie (containing vitamins and minerals) and 1 Orthica Fish EPA Mini (containing  $n$ -3FA: eicosapentaenic acid [EPA] and docosahexaenic acid [DHA]). The control group receives 3 placebo capsules.

**Outcome parameters.**– The main parameter is the number of aggressive incidents as registered with the Staff Observation Aggression Scale-revised (SOAS-R). At three points during follow-up questionnaires will be administered: the Aangepaste Versie van de Aggressievragenlijst (AVL-AV), a 12 item self-report questionnaire about feelings of aggression; the World Health Organization Quality of Life Questionnaire (WHOQOL-BREF), a 26-item observer rated quality of life instrument; and a 25-item observer rated instrument that includes the Montgomery Asberg Depression Rating Scale (MADRS). Also, blood samples will be taken to determine nutritional status. Lastly, at four time points, nursing staff will fill out the Social Dysfunction Aggression Scale (SDAS), measuring observed levels of aggression and social dysfunction.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0420

### Cognitive emotion regulation strategies to mothers raising children with burn injuries in various stages of treatment

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**Introduction.**– Processing of mother's own traumatic experience, the availability of adaptive strategies for the regulation of their emotional state is one of the most successful factor of organisation of the child's treatment

**Objective.**– To conduct a comparative analysis of cognitive emotion regulation strategies used by mothers at different stages of child's burn injury treatment.

**Methods.**– The first group included 28 mothers who were hospitalized due to the recent (from 5 to 14 days) burn injury of a child. The second group consisted of 12 mothers who are on planned hospitalization with the child due to the effects of burn injury (12-18 months ago). Mothers were asked to conduct CERQ (N. Garnefski), Beck Depression Inventory (A. Beck), The Trait Anxiety Scale (Spielberger) questionnaires.

**Results.**– In both groups of mothers one of the most popular was the strategy of "Self-blame". is "Planning" and "Positive refocusing" and "Putting into perspective", and in the first group - "Rumination" and "Catastrophizing". In the first group, only the strategy "Rumination" is positively correlated with a reduction of severity of depression and "Catastrophizing" and "Self-blame" - negatively. In the second group "Self-blame" strategy positively associated with the severity of depression and the "Positive refocusing" - negatively. The strategy of "Planning" in the first group is negatively associated with the severity of situational anxiety, and the second - positive.

**Conclusion.**– Emotion regulation strategies do not remain the same and have a multi-directional correlation with symptoms of depression and anxiety at various stages of treatment

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0421

### **Professionals' attitudes towards medication in mental health care service**

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**Introduction.**– Division of Mental Health at Sørlandet Hospital serves 300 000 inhabitants in South Norway. A diversity of diagnoses are handled, and patients ranging from infants to elderly are targets for the service. The service includes inpatient and outpatient treatment, daycare, and ambulatory supervision. The therapists hold different professions, which can affect treatment provided by the service

**Objectives.**– In Norway there has been focus on medication-free options in mental health care recent years. Political expectations of drug-free treatment options for all patients in mental health care are communicated. Therefore, an initiative to explore therapists' perceptions towards medical treatment was taken.

**Methods.**– A one week cross-sectional study was conducted. All therapists at the division were eligible to respond to Horne's general Beliefs about Medicines Questionnaire (BMQ), which assesses understanding of drug overuse and harm. A higher score represents a more negative perception that drugs are harmful or overused.

**Results.**– Of 405 therapists, 310 responded to the survey. On a scale 4–20 they reported mean 11.97 (SD 2.39) on drug overuse, and 9.63 (SD 2.13) on drug harm. The professions doctor and psychiatrist reported a significant lower score ( $p=0,015$  and  $p=0,001$ , respectively) on the subject drug overuse today, and on perception towards drugs doing harm (both  $p<0,001$ ). Older therapists (>54 years) reported significant higher ( $p=0,009$ ) perception that drugs are more harmful.

**Conclusions.**– The therapists' attitudes towards drug treatment in mental health care vary between the different professionals. If drug-free treatment option accessible for all patients shall be realized, the service needs experienced professionals who appreciate this working mode.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0422

### **Assertiveness and coping strategies in first year medical students in Sarajevo**

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**Introduction.**– Enrolling into university represents a significant life change and an overall challenge for adaptive potentials of older adolescents. Failing to complete first is an additional major stress,

for students who by the rule have previous history of outstanding achievements in education. This stress may reduce their self-esteem and further compromise academic performance. [1,2] **Aim:** To assess possible relationship and differences between assertiveness and coping strategies in first year medical students. **Subjects:** The study subjects were 225 first-year medical students of Sarajevo Medical Faculty: 133 enrolled for the first time and 92 re-enrolled after failing first year.

**Methods.**– The study used coping strategies scale (Folkman & Lazarus), [3,4] Rathus Assertiveness Schedule, and a socio-demographic questionnaire developed for this study [5].

**Results.**– Our results indicate significant difference between assertiveness measured by Rathus scale and coping strategies assessed by Folkman & Lazarus scale between two groups of students. Significant differences were found between male and female students and students who have moved from the place of origin to Sarajevo and those who did not change residence. We found significant positive correlation between assertiveness measured by the Rathus Assertiveness Schedule and the sub-scales of Folkman & Lazarus scale on confrontation and solution planning on the level of  $p<0,01$ . Assertiveness was found to significantly correlate with acceptance of responsibility and avoidance/escape on the level of  $p<0,05$ .

**Conclusions.**– Our results may provide further evidence for the idea of providing non-stigmatizing counseling and psychoeducation and assertiveness training for first year medical students within the Faculty.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0423

### **Face-body emotions' recognition and clinical communication – A study in psychiatric nurses**

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**Introduction.**– Effective communication is a fundamental element of nursing care which requires the ability to recognize emotions, be empathic and to gather and share relevant information. Studies addressing communication skills in the relationship between nurses and their patients in psychiatric contexts are scarce.

**Objectives.**– To examine the ability to recognize emotions in psychiatric nurses and explore the relationship of this ability with the use of specific communication strategies.

**Method.**– This observational study followed a cross sectional design. Fifty-two nurses working in a psychiatric hospital accepted to participate. The Emotions Revealed Photo Set, the Bochum Emotional Stimulus Set, the Face-Body Compound and a socio demographic questionnaire were included in the survey. Nurses were also questioned about their communication strategies. Results were analysed using SPSS version 20.0.

**Results.**– Nurses working in psychiatric settings were able to recognize six basic emotions using static facial and body stimulus. Happiness and surprise facial expression were accurately identified; anger, and fear presented high scores of correct answers in body stimuli. Happiness, fear and surprise identification was associated with the use of specific communication strategies.

**Conclusions.**– The ability to identify basic emotions (face and body stimulus) was associated with the nurse's capacity to dialog and be empathic when dealing with psychiatric patients. Understanding patient's emotions from non-verbal emotions recognition may

have an essential function in health professional communication training.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0424

### **Clinica Dos Decanoatos – A community psychiatry project**

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*Objectives.* – Characterize psychiatric population treated with long-acting injectable antipsychotics within a Community Psychiatry project in Centro Hospitalar de Trás-os-Montes e Alto Douro. Evaluate eventual differences in hospital readmission rates as a result of integration in this community psychiatric care.

*Methods.* – Descriptive study, with retrospective analysis of clinical files of patients integrated into a Community Psychiatry project.

*Results/conclusions.* – The direct area of influence of Trás-os-Montes and Alto Douro Hospital Center, in Portugal, covers about 330,000 inhabitants. This Psychiatric Service consists of 5 psychiatrists, psychiatric trainees, 14 nurses, 2 psychologists and 1 social work assistant. In order to enhance treatment adherence among patients with psychosis and initially thinking mainly in those with precarious family or economic conditions, a team of three mental health nurses started making home visits to provide follow-up injectable medication, as well as psychoeducational interventions about antipsychotic medication. Other patients were referred to primary care setting for injectable medication administration. Recently a psychiatrist and psychiatric trainees joined this team, the aim is to provide urgent consultations in case of decompensation, referred by primary care or mental health nurses. Authors reviewed 134 clinical cases to characterize the population (sex, age, diagnosis and prescribed long-acting injectable antipsychotic) and systematize the number of hospital admissions (emergency and hospitalizations) before and after the follow-up by the community team. By the time of this submission all the team is still processing the collected data. The results are important to assess needs and optimize available resources.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0425

### **Complicated grief or do we complicate it? – Clinical cases in ER**

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*Objectives.* – Description of grief reactions clinical cases referenced to a Psychiatric Emergency Room (ER) in Trás-os-Montes and Alto Douro Hospital Center (CHTMAD) for one day.

*Methods.* – Description of grief reaction cases evaluated by the authors during one day at a Psychiatric ER. Review of the literature on the approach to grief reactions in the ER.

*Results.* – The direct area of influence of CHTMAD covers about 330,000 inhabitants. The psychiatric care activity in the ER is performed daily between 8am–8 pm. The interest arose by the fact that in seven cases oriented to Psychiatry, five were grief reactions. Among these, two were related to the death of a family member in the previous day, and another in the previous week. One of these

patients was advised by dissociative symptomatology. As for the two remaining cases, these were complicated grief reactions, one of which was a birthday reaction. Four of these cases were referred by other health professionals. There is no evidence that uncomplicated grief requires professional intervention, but if it is sought, empathic support and validation of normal reactions are important. In complicated grief, a psychotherapeutic intervention addressed to the problem and if necessary psychopharmacs may be relevant, however more in the context of a follow-up rather than in the contact in an ER. It is important to distinguish between normal versus pathological, for a correct orientation and treatment.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0426

### **Giftedness is it a predictor or risk factor for mental health**

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Starting with Lewis Terman in the 1920s, many theorists have traditionally looked to high general intelligence, IQ, measured by standardized psychometric instruments as the principal indicator of giftedness.

Rather than being a source of vulnerability, empirical research has shown that giftedness is a protective factor for mental health.

This research was organized in the professional condition, with a sample of gifted and non-gifted adolescents. The Youth Self Report was used to measure mental health problems and Standard Progressive Matrices test SPM+ to assess the IQ.

Results show that intelligence correlates positive and significantly with externalization problems, attention problems and rule-breaking behaviour, although the association is weak. Comparison between both groups showed no significant differences on emotional and behavioural problems.

Linear regression analysis with intelligence, gender, age, place of living and success in school as predictors, and mental health problems as the dependent variable. The model was significant and explained 10% of variance, the significant predictor was Intelligence, gender, age and school success.

Linear regression showed the same results just with higher level of variance as a predictor was intelligence, gender, age, place of living and success in school, where significant predictor was intelligence, age and school success.

According to our results and some other studies, high intelligence is not a predictor of mental health problems, specifically emotional and behavioural problems. It serves more as a predictor of mental health because of high ability and high level of self-resilience.

*Keywords.* Intelligence; Emotional problems; Behavioural problems

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0427

### **Lifestyle habits in a severe mental disorder sample**

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**Aims.**– To analyze lifestyle habits in a sample of patients with Severe Mental Disorder (SMD) in community monitoring. Guess if patients taking more antipsychotic drugs are using tabaco or other drugs to get auto-medicated.

**Methods.**– A total sample of 30 patients was taken (43% (13) were women and 57% (17) men). The inclusion criteria were belonging to the USMC Motril and meeting criteria for a Severe Mental Disorder diagnosis. Data were analysed using SPSS statistical analysis.

**Results.**– Tabaco and number of antipsychotic drugs: Smokers were more than a 76% of the sample. The average of smoked cigarettes a day was 30. 100% of women smoked compared to 58.8% of men, being statistically significant this association. The average age of consumers was lower than nonusers. As for the possible relationship between smoking and the number of antipsychotic drugs, it was not statistically significant. Other Drugs: 23% consumed other toxics, specially alcohol and cannabis. 100% were tabaco consumers at the same time snuff. Physical Activity and other variables: For other variables, the results were not significant, but there was a high degree of physical inactivity among individuals in the sample, of which only 16.7% performed exercise.

**Conclusions.**– In young populations, such as patients with TMG it highlights a sedentary lifestyle mainly, moreover, smoking prevalence is high, especially among women and often comorbid consumption of other toxic, especially alcohol. We did not find an association between number of antipsychotic drugs and smoking, further investigations should be made taking into account the dose.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0428

### **Describing caffeine consumption among severe mental disorders in Motril, Spain**

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**Background.**– Caffeine is a mild stimulant with well characterized cardiovascular actions and effects on neurotransmitter turnover in peripheral and central nervous system. Schneider and Siris suggested that schizophrenia was associated with increased rates of caffeine consumption (1).

**Objectives.**– We aim to evaluate caffeine consumption among serious mental disorder patients treated in day hospital regime carried out by trained personnel and ICD-10 diagnosis of the same and the main sociodemographic characteristics of patients.

**Methods.**– We described the profile of the study population (n=22). Measures were used trend central and dispersion (mean ± standard, quantitative variables and median deviation distribution of absolute and relative frequencies for categorical variables). The results of quantitative variables were expressed as a percentage

**Results.**– The mean age was 35 years old. (15 M, 7 F). The most prevalent diagnosis was paranoid schizophrenia (54%) followed by severe personality disorder (22%). 77% smoked regular cigarettes. The average daily caffeine consumption was 224gr.

**Conclusion.**– Our clinical experience suggests that average schizophrenia inpatients may have more access to caffeine and tobacco products. The limited published information suggests that the extreme use of very high levels of caffeine, or caffeinism, may be particularly associated with schizophrenia. Our survey indi-

cate that no schizophrenia patients show caffeinism, defined as >700 mg/day.

**Reference**

1. Schneier, F. R., & Siris, S. G. (1987). A review of psychoactive substance use and abuse in schizophrenia: Patterns of drug choice. The Journal of nervous and mental disease, 175(11), 641-652

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0429

### **Prevalence and correlates of work stress among nurses working in psychiatric inpatient facilities, in Colombo district, Sri Lanka**

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**Introduction.**– Work stress among nurses in psychiatric care is considered an important occupational health problem due to the nature of the services provided. However, studies on work stress in this study group is scarce in Sri Lanka. An understanding of such factors could greatly help in designing policies related to mental health and occupational health.

**Methodology.**– This descriptive cross-sectional study was conducted among nurses working in the three in-ward psychiatric facilities in capital Colombo. The entire population (N=345) was given a pre-tested self-administered questionnaire composed of two parts; validated Job Content Questionnaire and questionnaire on correlates. Prevalence of Work Stress was measured using two indices as described by Karasek in the dynamic job strain model, namely; 'High Job Strain'(HJS) and 'Iso-strain'(IS).

**Results.**– Prevalence of HJS and IS was 37.2% and 21.4% respectively. Factors significantly associated with HJS were; being single (OR=1.84, 95%CI=1.15-2.95), working more than 48 hours weekly (OR=1.71,95%CI=1.05-2.78), violence by patients (OR=3.45,95%CI=1.81-6.57), verbal abuse by patients (OR=3.11, 95%CI=1.80-5.39), mental health concerns (OR=2.68,95%CI=1.595-4.40), stigma (OR=2.21,95%CI=1.24-3.94), lack of assistance at work (OR=4.56,95%CI=1.68-12.27), difficulty in obtaining leave (OR=2.98, 95%CI=1.48-6.00), inadequate welfare facilities (OR=1.62,95%CI=1.01-2.59) and poor work recognition (OR=2.89,95%CI=1.68-4.96).

**Discussion.**– The prevalence of HJS was significant among nurses. It was comparatively higher than the prevalence values obtained among other occupations. More than ten factors were identified as increasing the risk of High Job Strain where Iso-strain was associated with five factors. Some factors that are associated with HJS were not associated with IS indicating that positive social support could counter the negative impacts of work stress.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0430

### **Developing principles of parents' mental care in NICU**

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**Introduction.**– Hospitalization of infants in NICU will result in appropriate interaction with infants and as a result, it gives rise to anxiety and depression and finally the family can't play its role well. Therefore, it is necessary for the caring team to be familiar with principles of parents' mental care in NICU. Thus, a study with the purpose of codifying principles of parents' mental care in NICU was carried out.

**Method.**– This study is a triangulation study which was carried out in two steps. At first step, principles of mental care for parents in NICU were compiled and translated. In second step, the principles were edited using Delphi technique and experts' opinion (physicians, faculty members, health policymakers) and eventually final principles of parents' mental care in NICU were codified.

**Results.**– Based on our results, 4 general principles of holistic care, relationship with parents in NICU, special care for establishing relation with families in NICU and principles of infants and family care were obtained.

**Conclusion.**– Since caring team is not familiar with principles of parents' mental care in NICU, therefore the results of the present study can be considered as an important step in promoting knowledge of caring team in dealing with parents.

**Keywords:** NICU; Mental care for parents; Caring team

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0431

### Pathways to psychiatric care in psychiatric hospital of Sarajevo

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**Background.**– Patients suffering from psychiatric disorders use different pathways to seek psychiatric care. Many get non-professional care before attending specialized services.

**Aims.**– This paper's objective was to study help-seeking behaviour of patients referred to Psychiatric hospital of Sarajevo (PHS).

**Methods.**– Study included all patients referred to the named facility in two month period. Eligible patients were adults, in their first episode of psychiatric illness, or those who were in remission before current episode, and without psychiatric care during previous one year.

**Results.**– The sample consisted of 34 patients; 17 male and 17 female. Most of patients, 23 (67.6%) did have history of psychiatric care, for 11 (32.4%) this was first episode of mental illness. Overall, 11 (32.4%) patients finished their pathway to care on first step; professional care was provided on second step to 23 (67.6%), on third to 6 (17.6%) on fourth step to 4 (11.8%) patients. Majority interpreted symptoms to be a signs of somatic illnesses, therefore were more likely to consult some other specialists, 15 (44.1%), or GP's, 2 (5.9%); 6 (17.6%) patients first consulted traditional healers. In 25 (73.5%) cases, patients were with poor insight, and were advised to seek help, 9 (26.5%) were with insight, and admitted by themselves.

**Conclusion.**– Most of patients were with poor insight, were more likely to seek the help of various sources prior attending PHS. Their pathways to psychiatric care mostly consist of two steps.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0432

### Assessment of family burden associated with severe mental illness in Azerbaijan

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**Introduction.**– The impact of mental disorders on families which one member is suffering from mental illnesses is incredibly large.

**Objective.**– The aim was to answer the following questions: How heavy is the burden of mental illness on family members? What are the caregivers consequences? How mental disease effects on the relationship in the family? If there is a correlation between caregivers' consequences and clinical characteristics.

**Methods.**– This was cross-sectional study which involved 50 family members whose closest relative suffer from Severe Mental Illness and get outpatient treatment at National Mental Health Centre in Baku, Azerbaijan. Involvement Evaluation Questionnaire (IEQ-EU) were used as assessment tool.

**Results.**– The majority of family members considered a patient's illness as a heavy or very heavy burden ( $\chi^2 = 18.4$ ;  $df = 4$ ;  $p = 0.001$ ) Although many family members reported that they had completely got used to patients' mental health problems. But most of them never felt able to cope with these problems ( $\chi^2 = 13.6$ ;  $df = 4$ ;  $p < 0.009$ ). Important that the burden perceived by family members, their tolerance to patients' mental health problems, and their ability to cope with the problems did not correlate with clinical characteristics of mental illness. The most desirable services expressed by the patients and relatives were help in finding employment and sheltered work.

**Conclusions.**– This study highlights a heavy burden in families providing care for people with SMI. Development of family interventions will promote relatives not only to acquire necessary information about SMI, but also to strengthen their coping capacities with the burden and improving well-being of the family as whole.

**Conflict of interest:**

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**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0433

### Mindfulness and subjective well-being: A correlational study in primary care health professionals

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**Introduction.**– Hospital staff usually report high levels of distress and burnout symptoms related to job strain. Mindfulness, defined as non-judgmental-present-moment awareness, seems to be a moderator in the causal association between life stressors and well-being.

**Objectives.**– This study aimed to verify correlations among self-reported mindfulness and subjective well-being in Tunisia hospital staff.

**Methods.**– We carried out a cross-sectional study about a representative sample of hospital staff. We used validated self-reporting instruments: the Mindful Attention Awareness Scale (MAAS) and the Subjective Well-being Scale (SWS). Data were analysed using SPSS-20.

**Results.**– Participants ( $n = 550$ ) were nurses (31.6%), doctors (48.3%) and technicians (10.6%). The sex ratio was 1.59. Most of participants (85%) had worked in the same position for more than one year. Nearly 55% of participants had a well-being index reduced. Mean scores for Mindfulness was  $6, 27 \pm 1, 27$ . MANOVA regression analysis showed none differences across professional categories and length of time in the same job position in relation to mindfulness and well-being index reduced. Correlation analysis indicated strong negative correlations between mindfulness and well-being index reduced ( $P = 0,000$ ,  $R \text{ squared} = 0,031$ ).

**Conclusion.**– There were clear correlations between mindfulness and subjective well-being across different categories of hospital staff. Modified mindfulness training may be a time-efficient tool to help support clinician health and well-being, which may have implications for patient care.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0434

### **Emergency department presentation and readmission after index psychiatric admission: A data linkage study**

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**Objective.**– To use linked administrative datasets to assess factors associated with Emergency Department (ED) presentation and psychiatric readmission in three distinctive time intervals after the first ever psychiatric admission.

**Method.**– Four linked datasets containing data from 07/2005–06/2012 in NSW defined the cohort and/or exposure. Logistic regression was used to examine factors associated with psychiatric admission and ED presentation for three intervals: 0–1 month, 2–5 months, and 6–24 months after the index admission.

**Results.**– The sample included 35,056 individuals (51% males) with a median age of 42 years at index admission. Of the 16,281 (45%) individuals with at least one ED presentation after the index admission, 3734 (23%) presented within 0–1 month, 6439 (40%) within 2–5 months and 10,436 (64%) within 6–24 months after index admission. Of the 14,523 (45%) individuals with at least one psychiatric readmission, 8110 (56%) were admitted within 0–1 month, 6539 (45%) within 2–5 months and 7740 (53%) within 6–24 months after index admission. Principle diagnoses at index admission, sociodemographic factors, comorbidity and non-psychiatric inpatient service utilisation significantly impacted ED presentations and psychiatric readmissions. Drug and alcohol comorbidity increased psychiatric readmissions in the last two intervals.

**Conclusions.**– Social determinants of service utilisation, drug and alcohol intervention and addressing the unmet needs of individuals with intellectual disability and mental illness are key areas for investment to improve trajectories after index admission and should be emphasised in recovery-oriented approaches in mental health care. Further research should investigate innovative approaches to support people with complex comorbidities in and beyond inpatient settings.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0435

### **Effect of multidisciplinary management in community dwelling patient with depression: Preliminary study**

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**Objective.**– This study aimed to investigate the effect of multidisciplinary management in community-dwelling patients with depression

**Methods.**– We obtained data from Korean subjects with major depressive disorder ( $n = 78$ ) at baseline, taking case management from community mental health center. we decided to manage 3 multidisciplinary factors: physical activity, healthy diet, and social activity. We provided 4 visits and 12 telephone contact in 12 weeks. Subjects were randomly assigned to intervention group ( $n = 38$ ) and control group ( $n = 40$ ). We investigated depressive symptoms through Short Form Geriatric Depression Scale-Korean version (SGDS-K) at baseline and every month for 3 months to all subjects. We tested interaction between group and time in SGDS-K score to evaluate the effect of program. And post hoc test examined between group differences of SGDS-K at each time points.

**Results.**– In quadratic linear mixed effects model analysis, interaction between group and time was statistically significant (Total SGDS-K score: Coefficient = 0.31,  $P < 0.001$ ; SGDS-K dysphoria subscale: 0.22,  $P < 0.001$ ; SGDS-K hopelessness subscale: 0.07;  $P = 0.089$ ; SGDS-K cognitive impairment subscale: 0.08;  $P = 0.004$ ). And significant between group difference was shown in post hoc test at time points of third month (SGDS-K score of control group: SGDS-K score of intervention group =  $10.88 \pm 3.524$ :  $7.50 \pm 4.512$ ,  $P = 0.0186$ ).

**Conclusions.**– These results may suggest that community-based multidisciplinary management program has efficacy in reducing depressive symptoms.

**Keywords:** Multidisciplinary management; Depression; Community

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0436

### **Role of NGO's and hospitals in provision of sustainable mental health services in cases of domestic violence in Pakistan**

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**Objective.**– This preliminary paper looks at mental health as an emerging development issue which causes significant personal distress, and is closely associated with social determinants, notably poverty and gender disadvantage, and with poor physical health.

**Method.**– Semi-structured interviews were conducted with the representatives from hospitals and NGO's to assess the functions and policies related to these facilities.

**Results.**– It is argued that the individual's demographics like age, gender, geographical location and income status may dictate certain restrictive socio-cultural norms limiting the scope and use of available mental health service. NGO's have helplines which provide counselling support to women, youth and children. It specifically addresses violence against women, child sexual abuse, sexual and reproductive health, and other psychological and emotional concerns. In crisis cases, e.g. acid burn or child abuse victims, there is also referral for medical or legal support along with shelter. This strength based counseling, awareness of rights and intervention services assist youth and families to realize their life goals despite past experiences of abuse or violence. In most tertiary care hospitals, health care personnel in emergency department and general practitioners usually are the first point of contact for the cases of domestic violence. These doctors and nurses are trained to screen for domestic violence in suspected cases, and refer them to the mediEVlegal department for further support and management. However it is widely acknowledged that a vast number of such cases go undetected due to inadequate screening protocols used by the hospital staff and doctors.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0437

### Physical health monitoring in psychiatric patients: An audit to assess compliance with best practices

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**Introduction.**– Life expectancy of people with mental illness, such as schizophrenia, is 15 to 20 years less than the general population. Many of these early deaths are caused by preventable illness such as heart attack. The need to improve physical health care for people with mental illness was highlighted by the first National Audit of Schizophrenia (NAS, 2014). 'Lester Cardiometabolic Health Resource' is based on screening the well-known determinants of cardiovascular disease. The adaptation, commonly known as the Lester tool, provides a framework of factors that indicate increased risk of poor cardiovascular health and thresholds at which interventions should be offered.

**Objectives.**– The objective was to standardise physical health monitoring (PHM) in a busy inpatient psychiatric unit.

**Materials & methods.**– All adults between 18–65 years admitted to male inpatient ward between July and August 2017. Patient who refused to have PHM were excluded.

**Results.**– Results show that appropriate PHM is only being done in approx. 16% of psychiatric inpatients. Around 53% patients received partial PHM and about 31% of patients received no form of PHM.

**Conclusions.**– Results show that there is significant room of improvement in relation to PHM of patients being admitted. After discussion in MDT meeting, recommendation was made that a dedicated PHM clinic based on Lester tool guidelines would run on every week by trainee advance nurse practitioners (figure 1)

Average age	48.53 (standard deviation 18.09)	Gender	Females 60.1%
Nationality	Spanish 95.4%	Origin	Rural 60.7%
Psychiatry history	46.8%	Didn't finish their follow-up	82.1%
Show-up for their visit	75.4%	Adequacy of the demand	55.7%

Figure 1.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0438

### Real-life clinical decision-making: Examining the role of multiple clinical and non-clinical factors on decisions to admit patients to acute psychiatric units

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**Introduction.**– Whilst there is an extensive literature describing the effectiveness of discrete interventions for circumscribed psychiatric conditions, there is limited research into real-life clinical decision-making about allocation of elements of service provision. Decisions to acutely admit patients to residential psychiatric facilities have serious implications not only for patients, but also for the use of limited resources.

**Objectives.**– The primary objective of this study was to identify factors that influence clinicians in deciding to admit patients to acute psychiatric inpatient units.

**Methods.**– Narrative data regarding admission decisions were gathered over the course of 5 semi-structured focus groups involving a total of 33 practitioners working in acute assessment teams at the interface with 3 inpatient facilities. Key themes were identified by applying inductive thematic analysis to transcribed narratives.

**Results.**– The thematic typology of influencers of decisions to admit comprised (i) 'Formal' risk assessment factors (e.g. intent to harm self, diagnosis, protective factors), (ii) Patient-clinician dynamics (e.g. assumptions about patient's motives), (iii) Clinician-clinician dynamics (e.g. perceptions of inter-disciplinary differences in risk thresholds and tolerance), (iv) Threat/fear factors (e.g. anticipated criticism for decision-making, consequences of worst case scenario'), (v) Personal/environmental context (e.g. fatigue, lone-working), and (vi) Resource availability (e.g. pressure on inpatient/community services).

**Conclusions.**– Although, unsurprisingly, clinical risk assessment factors played a role in decisions to arrange acute admissions, it was striking that parallel non-clinical factors were reported to be so influential in these decisions. The results of this study will inform the shaping of a model of service provision/culture that attenuates adverse influences on practitioner decision-making.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0439

### Long-term unemployed people with depression – Is screening for eligibility for disability pension worthwhile?

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**Introduction.**– Research on the clinical assessment of work ability of the long-term unemployed is scarce.

**Objectives.**– The present study of long-term unemployed people screened clinically for work disabilities seeks to assess the significance of depression, in particular with respect to being granted disability pension.

**Methods.**– The data consists of medical histories of long-term unemployed people referred to a screening project. Those now diagnosed as clinically depressed were classified into previously diagnosed and not previously so diagnosed. Binary logistic regression models were used to explore the effect of previous depression diagnosis on being granted a disability pension.

**Results.**– From the total of 395 long-term unemployed, 203 (51%) were diagnosed as clinically depressed, and 134 (70%) were granted disability pensions. The pension was significantly more likely (odds ratio 2.64,  $P=0.001$ ) to be granted to those without earlier depression diagnosis than to those whose depression had already been diagnosed in health care. The difference remained significant after adjusting for the set of background factors. Of all those with depression diagnosed and disability pension granted through the project, one fifth, and of men nearly one third, had not attended health care for three years prior to the project.

**Conclusions.**– A significant proportion of the long-term unemployed deemed to have impaired capacity for work are depressed and eligible for a disability pension. This, however, tends to go unnoticed in health care, partly due to these people's marginalization from health services. Clinical screening of the long-term unemployed in terms of work disability seems to be worthwhile.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0440

### **Factors Associated with non-attendant appointment out-patients at the psychiatric clinic, Chiang Mai University Hospital**

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**Introduction.**– In psychiatric patients, non-attendant appointment may result in increased frustration of health care providers, decreased levels of providers' empathy. But factors associated with non-attendance were rarely explored.

**Objective.**– To examine the prevalence and risk factors associated with non-attendant appointment in psychiatric out-patients.

**Materials & methods.**– A cross-sectional, observational study in 402 psychiatric outpatients routinely followed-up was conducted. Demographic data was corrected in the 1<sup>st</sup> visit. The associated factors questionnaire developed from the framework of factors influencing adherence and the revised Helping Alliance Questionnaire (HAQ-II) were obtained in the next visit. The non-attendants were identified by not appearing at appointment date or making new appointment less than 1 day and then obtained information next visit. We contacted the non-attendants after the appointment twice within 5 and 10 workdays to revisit. Failed making new appointment or missing twice calls were identified as the loss-follow-ups and excluded from the factor associated analysis.

**Results.**– Sixty-four patients (17.78%) had missed appointment and thirty-four (9.44%) were loss follow-up. Mann-Whitney correlation analyses were used to assess the associated factors. A binary logistic regression analysis, including previous significantly associated factors, found that recognizing the appointment was protective factor

( $B = -0.50$ ,  $P < 0.01$ ) while not perceiving therapeutic relationship enhancement was risk factors ( $B = 0.68$ ,  $P = 0.04$ ).

**Conclusion.**– About one-quarter of psychiatric patients were not attended the appointment on time. Recognizing the appointment and not perceiving therapeutic relationship enhancement were the most common associated factors.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0441

### **Use and misuse of benzodiazepines and z-drugs in the French psychiatric population, an in-patients cohort**

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**Introduction.**– While benzodiazepines and related z-drugs (zolpidem and zopiclone) are widely used among patients with psychiatric disorders, multiple studies show an association between these drugs and adverse events in this population: aggression, suicide, sedation, ataxia, cognitive impairment, anxiety, depression, lack of effectiveness associated with long duration treatment.

**Objectives.**– The main goal of our study was to investigate the use and the misuse of benzodiazepines among psychiatric in-patients.

**Methods.**– A cohort study was conducted in the hospital Charles Perrens (Bordeaux), including all adults initiating a hospital stay in February or June 2016. They were followed until the end of the hospitalization, or for six months if they are still hospitalized or if they had an ambulatory follow-up in the same hospital permitting data collection. Misuse was defined as a treatment period above 28 days for the hypnotic benzodiazepines and z-drugs, or 84 days for anxiolytic benzodiazepines, according to practice guidelines.

**Results.**– A total of 200 patients were included, with a mean age of 43 years, and almost as many women (47%) as men (53%). A large majority of them had a benzodiazepine treatment ( $n = 175$ , 88%). While more than a half of hypnotic users (52%) were in a misuse situation, only a small number of anxiolytic users (9%) were in a misuse situation.

**Conclusion.**– The number of users and proportion of patients misusing hypnotic benzodiazepines seem concerning. Further analyses are necessary to assess the impact of this misuse and associated factors, in order to better define misuse in this population

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0442

### **Screening of adult ADHD in acute inpatient wards: a Quality improvement project**

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**Introduction.**– Attention deficit hyperactivity disorder (ADHD) is a common disorder that is often underdiagnosed in adults (Asherson et al., 2012). This holds especially true in acute settings where

the main presentation, from substance induced psychosis to suicidality, may mask underlying perpetuating factors. Indeed, an audit previously conducted at our Trust suggested that the presence of ADHD might be underestimated when exclusively based on clinical suspicion (about 3% of the acute clinical population).

**Objectives.**– We investigated whether screening measures may improve the detection of adult ADHD in acute inpatient wards.

**Methods.**– We initially screened 28 inpatients by using the long version of the Barkley self-rated scale (BARS-IV). Subsequently, we EVadministered two short versions of the ADHD Self-Report Scale (ASRS), based on either DSM4 or 5, to a separate group of 21 inpatients. As the latter partially differ in the set of symptoms they measure, we also conducted a quantitative and qualitative comparison of the two.

**Results.**– The short ASRSs provided results which were comparable to those of the long BARS-IV, with 23% patients detected as possibly having ADHD, while being less time consuming. The total scores of the two ASRSs showed a modest statistically significant positive correlation ( $r=0.706$ ,  $P=000$ ), suggesting that they may capture partially distinct features of ADHD. Overall, the ASRS-DSM5 was preferred by both patients and clinicians, mainly as the scale was easier to understand and use.

**Conclusion.**– The short ASRSs are simple and effective tools to identify patients that might have ADHD, and thus need additional assessment and treatment, in acute clinical settings.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0443

### Kingston primary care mental health team, first quarter referrals (Jan–Mar 2017) Audit

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In the first quarter of 2017, Kingston PCMHT handled 288 cases in total. Of this total, 70 of these were consultations with a professional where advice was provided by PCMHT clinicians regarding specific cases. Of the 218 formal referrals made to the service, 208 (95%) were accepted and were given appointments.

The majority of referrals came from GP practices as expected from the PCMHT. It is worth noting that only 25% of the GP referrals used the standardised iCope referral form, which is requested by PCMHT. The most common purpose of a referral was to request a full assessment or a medication review. Despite the lack of a clear referral purpose, PCMHT still accepted the majority of referrals. Nonetheless, it would be preferable for service users to receive the correct care if referral questions were specifically stated. This point is further raised by recording of risk and urgency on referrals. 191 referrals did not state urgency, and 70 did not report on risk. A total of 65 referrals did not report on both urgency and risk—which may be an important point to address. However, in practice, the PCMHT are not an emergency or high risk service and as such would not distinguish between routine and urgent referrals.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0444

### Psychological empowerment and information exchange among the implementers of a psychosocial intervention program for victims of the armed conflict in Colombia

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**Introduction.**– Information exchange among practitioners implementing intervention programs is crucial for program effectiveness. Empirical evidence suggests that a good working climate and a high degree of psychological empowerment in task development are factors that predict the information exchange among healthcare professionals.

**Objectives.**– To identify the incidence of psychological empowerment and organizational climate on the information exchange between psychologists, social workers and community advocates who provides psychosocial assistance to victims of the war in the Department of Cordoba (Colombia).

**Methods.**– A total of 18 psychologists, 22 social workers, 10 community advocates and a nurse who implement the Psychosocial and Integral Health Care Program (PAPSIVI) were interviewed. Participants are mostly women (94.1%) and on average have been working for 12.12 months in the program ( $SD = 12.41$ ). Non-parametric tests and hierarchical regression analysis were performed to meet the research objectives.

**Results.**– Psychological empowerment predicts the level of activity in the information requests network [ $\beta = 296$ ;  $P < 001$  CI: (95%): 604–3.401]. Organizational climate does not explain the variance of the level of centrality of professionals in the information exchange network [ $\beta = -.097$  (*n.s.*); CI: (95%): -1.002–.443].

**Conclusions.**– Professionals with high levels of empowerment in the workplace are the most active exchanging information. This finding suggests that by generating the conditions to facilitate that the implementers feel empowered is possible to increase the level of activity in information exchange networks that may have a positive impact on the quality of the assistance provided by the practitioners and finally on program outcomes.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0445

### Travelling through recovery

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**Introduction.**– Addiction is a complex condition with many consequences and requires long-term, individualised and integrated care including a range of pharmacotherapy and various psychological interventions with ongoing monitoring and treatment review.

**Objectives.**– To evaluate treatment of 593 outpatient opiate addicts with medication assisted recovery and practiced during 2016.

**Methods.**– The results are based on data collected from Pompidou questionnaire, urine analysis and measured by the expert consensus document which includes areas of individual response, damage reduction and involvement in the society.

**Results.**– Data show high retention rate, 52,4% abstinent, 10% unchanged/occasionally have taken the main substance, 26,4%

abstinent from the main but have taken other substances. More than half of the addicts (52%) work continuously or occasionally. Material status is most commonly average, while only 5,7% are endangered existentially. The majority of the addicts live with their parents (40%) or with their partner (38%), very few live alone (15%). 44% of the addicts have a child and only (0,34%) have been deprived of custody. 43% of the addicts are emotionally connected. The incidence of HCV (18%) and HIV (0,5%) is without noticeable significant annual statistical discrepancies.

*Conclusion.*– These results suggest that recovery oriented approaches build on and improve treatment interventions also provide benefits not only for individuals but families and the community as well. Having access to good quality mental health care may facilitate recovery. We can use these experiences to suggest clinical and systems-based approaches to improve addiction recovery outcomes.

*Keywords:* Addiction; Treatment; Recovery

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0446

### **Specialized PTSD team within a tertiary psychiatric care unit in Sweden**

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*Introduction.*– The modern world of globalization offers paradoxes such as increased economic activity and forced migration due to wars and natural disasters. Quality of health care services varies in the world and within wealthier countries. The goal of each health system is reasonable cost of care and preserved quality of health care in order to preserve secondary and tertiary prevention. Guidelines for PTSD treatment in the Region Västra-Götaland state that the primary health care has the main role. However, a number of patients receive specialized psychiatric care due to lack of response and a low functional level. Our interest is to observe the factors that lead to psychiatric care as well as needs in order to optimize health care services.

*Objectives.*– To show the development of PTSD team model within subspecialization in psychiatric services in the Region Västra-Götaland.

*Methods.*– This study explores the development of specialized teams for the care of patients with PTSD using descriptive statistics of the observed group of patients with PTSD in the period from 2014 to 2017. The data will be displayed numerically and graphically. Furthermore, to demonstrate the present situation of the system and the development of the PTSD team, which is the only specialized team within the specialist psychiatry in the region for the time being.

*Results and conclusion.*– Results will be presented at the congress along with a discussion of the possibilities of further development of the treatment model.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0447

### **Autism assessment and diagnosis: Evaluation of a multi-disciplinary service for adults in London, UK**

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*Introduction.*– The UK National Autism Strategy (2010) recommended establishing multi-disciplinary teams for assessment and diagnosis of autism in adults.

*Objectives.*– To describe the pattern and characteristics of referrals to a newly-established adult autism assessment and diagnosis service and to audit activity against national best-practice guidelines. To explore results with a view to informing future service development.

*Methods.*– Data were collected retrospectively using the electronic health record of all people referred to the autism service between 2014 and 2017. A subset of the most recent referrals were audited against National Institute for Health and Care Excellence (NICE) guidelines to determine current practice and identify areas for improvement. We conducted logistic regression to explore predictors of autism diagnosis amongst those referred, and calculated specificity and sensitivity of an autism screening tool, the AQ-10.

*Results.*– A total of 289 adults (67% male; average age 33 years) were referred to the service in the first 3 years of operation. The proportion of self-referrals and those from primary care increased over time. Seventy-four individuals underwent comprehensive assessment between May 2015 and April 2016; audit results indicated the majority of quality standards were met. Just under a quarter of those assessed were diagnosed with autism; female gender was the only significant predictor of diagnosis (adjusted odds ratio 7.78,  $P=0.028$ ). The positive predictive value of the AQ-10 screening questionnaire was 31%. Half of those assessed were referred to alternative services.

*Conclusions.*– High-quality multi-disciplinary autism assessment services are important in improving access to diagnosis and appropriate intervention.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0448

### **FACT teams at the regional level: The impact of personalised treatment**

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Community mental health teams at the primary level of care were established in Slovenia in 2013 only in four regions with worst mental health indicators, for example high suicide rates. They use Flexible Assertive Outreach methods and include two nurses and half time psychiatrist, occupational therapist and psychologist. These teams were educated in a programme with strong involvement of service users and their carers. First results of their work are to be presented regarding patients' demographic data, diagnosis, needs assessment, service provision and outcomes, as well as regarding financing in comparison with hospital assertive outreach. *Results.*– In all four regions 903 patients were treated and supported, predominantly with schizophrenia and related disorders from 2013-2016. The assessment was made in one of the regions with 134 patients involved. The majority of patients are socially excluded and poor. Patients and staff reported about various needs, among them most prominent need for companionship, regular activity and employment, selfcare and relieving distress. Suicide

danger was present in 12% of patients. One third of patients needed treatment because of severe signs of mental illness. Management of their needs was assessed successful in 33% of patients, in 13% there was no change in their condition, 15% was lost from follow, up and 5 patients died in this period. The public funding of the program is about one third of the funding for hospital outreach that involved about 300 patients altogether. The educational program and examples of CMHTs in Slovenia will be presented.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0449

### **Neuroenhancement: Performance or problem?**

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*Introduction.*– The term neuroenhancement has been coined to denote interventions by which healthy people improve their cognitive, emotional and motivational functions. According to the type of intervention used, it can be divided into pharmacological and non-pharmacological modalities.

*Objectives.*– Review the wide range of methods that can be used by healthy people to augment cognitive abilities.

*Methods.*– Research on Pub Med using the terms “neuroenhancement”, “pharmacological cognitive enhancement” and “non-pharmacological cognition enhancers”. There were only considered systematic reviews from the last 5 years.

*Results.*– The substances commonly used as cognitive enhancers (CE) can be categorized into two groups: (1) drugs being approved for the treatment of certain disorders and being misused as CE: (1.1) drugs to treat attention-deficit/hyperactivity disorder such as methylphenidate or amphetamines (1.2) to treat sleep disorders such as modafinil and (1.3) to treat Alzheimer’s disease such as acetylcholinesterase inhibitors; (2) illicit drugs such as cocaine, “speed”, ecstasy, methamphetamine or others.

Regarding to technologies as CE, there are two modalities: (1) computer and video game based cognitive training; (2) non-invasive brain stimulation techniques: (2.1) repetitive transcranial magnetic stimulation, (2.2) transcranial direct current stimulation. More traditional forms of enhancing cognition are through physical exercise, nutrition, sleep and social engagement.

*Conclusions.*– If neuroenhancement is considered, the decision to do so should be based on the known effects of the chosen method. The advantages should be considered, likewise the potential harm for the individual and those around them must also be avoided, to ensure that all members of society flourish.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0450

### **Experience of a Social worker clinic based within a crisis resolution home treatment team in North East London**

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*Background.*– Social workers are imperative to effective Crisis Resolution Home Treatment Teams but are an increasingly limited resource.

*Objectives.*– To assess the effectiveness of the social worker clinic provided by the Home Treatment Team. To assess patients’ satisfaction with attending a clinic location whilst under the care of the Home Treatment Team.

*Results.*– A social worker clinic ran weekly at a location near patients’ homes. Appointments focussed on social problems brought by the patients. We assessed the initial experience of 17 consecutive patients who attended the clinic. All attendees reported that the clinic was easily accessible and that staff listened to patient concerns. Most people who presented (76%) required help with benefits claims. 65% reported the problem was fully resolved. If staff were unable to resolve the problem, the majority (73%) reported that they were provided with other information that was of help. 100% of patients felt that help provided in the social worker clinic had a beneficial effect on their mental health. 94% rated the experience of attending the clinic as very helpful. Patients are willing to attend a clinic base to see a social worker despite the fact that most Team interventions are provided in patients’ homes. The clinic is effective at resolving patients’ social care problems and has a beneficial effect on patients’ subjective reporting of their mental health. A social worker clinic allows scarce social worker manpower to be deployed in an effective manner within in a Crisis Resolution Home Treatment Team.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0451

### **Mental health care: Violence within psychiatric inpatient units at an urban hospital in British Columbia, Canada**

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*Introduction.*– Violence committed by acute psychiatric inpatients represents an important and challenging problem in clinical practice. Increased risk of violence is often associated with patient characteristics, physical layout of in-patient units, and increased turnover of patients.

*Objectives.*– The aim of this study was to describe the types and frequency of violence incidents occurring within an urban acute hospital located in British Columbia, Canada.

*Methods.*– The British Columbia Patient Safety & Learning System (BC PSL) is a web-based safety event reporting system used by healthcare providers. We collected descriptive data from the BC PSL to examine violence incidents spanning 2015 to 2017 among four acute inpatient mental health units.

*Results.*– Between May 2015 and April 2017 a total of 242 violent incidents were recorded. The median number of violence incidents reported per month was 11. Physical and verbal aggression accounted for nearly 30% of all recorded incidents. Time of day influenced unsafe behaviour frequency, with 36% of incidents occurring between 4pm and 8pm. Factors contributing to reported violent events include: unit acuity, unit routines (e.g., medication administration or mealtimes), and off ward privileges.

*Conclusions.*– Our results highlight that time and unit specific characteristics are critical to understanding risk for violence and violence prevention. Further research is required to understand factors contributing to increased violence and to promote a culture of safety for patients and staff. Our findings can be used to improve policy and practice in the management and prevention of violence in psychiatry.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0452

### **Managing mood disorders with psychotic symptoms in Portugal: The role of public mental health inpatient services**

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*Background.*– The burden of mood disorders with psychotic symptoms has been seriously underestimated in the past, due to the fact that traditional approaches only considered mortality figures. In Portugal, the National Mental Health Plan specially stresses the development of services and programs for the recovery and deinstitutionalization of the seriously mentally ill persons. Thus, it's necessary to characterize the care provided to the patients on a national basis, starting by the evaluation of the use of inpatient units.

*Objective.*– To assess trends in the use of inpatient services by patients with a diagnosis of mood disorder (ICD 10–F30-39) with psychotic symptoms through a 5-year span.

*Methods.*– A time-series analysis of the patterns of use in public mental health services was conducted on representative national data, assembled by the Directorate General of Health - Information Analysis Unit. A five-year time frame was used, ranging from 2007 to 2011 (unit: total number of inpatient episodes).

*Results.*– There was an increase in the number of inpatient episodes (5036 to 5483), in a in the days of hospitalization (94431 to 99267), even if with a smaller average length of stay (18,8 to 18,1). The trend was similar regarding schizophrenia, also showing an increase in the number of inpatient episodes and days of hospitalization.

*Discussion.*– data shows a general increase of inpatient episodes. Although improvement in access to MH services cannot be ruled out, we should expect a decreasing number of inpatient episodes if development of community approaches throughout the country was effective.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

## **Mental health policies**

EV0453

### **Where is the psychiatrist? Factors affecting provision and distribution**

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Mental health care is based on people relationships. Despite the continuous progress of pharmacotherapy, neuroimage and genetics, most of the technology developed and currently in clinical practice is based on the human contact. Psychologists, nurses, occupational therapists, social workers, psychiatrists among other professionals are, and probably will always be needed to have a face to face contact in order to guarantee the best information possible. The content gathered by the professional will be the substrate to base an accurate diagnosis and the clinical decision. Health

professionals supply is an issue all over the world. It has been a big challenge to predict the numerus clausus of students and professionals that will give quality mental health care to populations. Brazil is a country with a huge distance between states and huge differences among the mental health provided by each state. Some states in Brazil have numbers of psychiatrist compared to high-income countries (0.12/1000 population) and others to low-income countries (0.004/1000 population). At this study, data from the number of psychiatrists and residency positions by the region was confronted with suicide rates, extreme poverty rates and indigenous population by region. The results call attention to the importance of the mental health professionals, the role of the training programs and the role of the state to diminish inequities supporting and encouraging migration.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0454

### **Diogenes syndrome: How social services, authorities and medical networks could improve their actions to help and take care, according to ethics?**

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*Introduction.*– After two studies were published on Diogenes syndrome in Paris: a retrospective study and a prospective study designed to improve our knowledge on these syndromes, we have made a multidisciplinary working group, to improve our actions.

*Objectives.*– Our working group will improve and coordinate actions for Diogenes syndrome subjects living in their home in Paris. These situations require time and a coordinated investigation by a mediEVsocial team, as subjects with Diogenes syndrome do not always have an associated disease, but always refuse any intervention. These Diogenes subjects are notified to the community authorities due to risks (fire) or nuisances (stench, parasites, hoarding). Last year, in Paris, the authorities made 176 prefectural orders to clear and clean the Diogenes' home within 15 days.

*Methods.*– Three meetings in one year for the whole territory of Paris strengthen contact between staff of different mediEVsocial, medical and administrative services. Our guidelines were based on clinical cases.

*Results and conclusions.*– The medical team should first make a diagnosis before any decision to clean and empty their home is taken. The diagnosis can be an associated to a disease: like FDT or Schizophrenia. . . Or if no associated disease is found, hoarding can be categorize as a OCD (according to DSM5) due to emotional trauma during the early childhood. We have in preparation a multi-professional directory. We seek project funding for a new mobile coordination team.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0455

**On global approaches to psychiatry**M.C. Michailov<sup>1</sup>, E. Neu<sup>1</sup>, T. Senn<sup>1</sup>, C. Lütge<sup>2</sup>, M. Schratz<sup>3</sup>, G. Weber<sup>4</sup><sup>1</sup> Inst. Umweltmedizin c/o ICSD e.V., PharmaEVPhysiology, Munich, Germany; <sup>2</sup> Techn. Univ. München, Inst. Ethics Dir., Munich, Germany; <sup>3</sup> Univ. Innsbruck, School Education Dean, Innsbruck, Austria; <sup>4</sup> Univ. Lxbg. and Vienna, Fac. Psychology Dean, Vienna, Austria

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**Introduction.**– Enormous global problems are essentially related to mental health incl. education-ecology-economy-medicine-etc. New scientific&organizational models in psychiatry are necessary.

**Conception.**– Discussion about EPA/WPA&national societies under consideration of meritocratic and triumvirate principles as well as interdisciplinarity and international co-operation.

– Enlargement of leading boards/Exec. Committee, etc. by:

– 3 honorary (permanent moral support/continuity) & 3 presidents (fixed-term),

– Interdisciplinary board: Scientists from philosophy/psychology/medicine incl. c. representatives of intern. soc.: philosophy-FISP-IVR-ISB/psychol.-psychosom.-IUPsyS-ICPM/physiol.-IUPS/pharmac.-IUPHAR/med.-FIGO-SIU-ISIM-etc. Enlargement of,

– congress topics by approaches to philosophy (epistemology-ethics-aesthetics), theology (Brahmanism-Yoga/Buddhism incl. Zen-Shintoism/Christianism-Mosaism/Confucianism-Taosism/Mohammedanism-Sufism and;

– congress summaries to 300-500 words, similar to other soc.;

– organization of common interdisc. Congr., see 1c.;

– creation of an International Academy for Psychiatry with national branches by network also of institutes to Intern. Universities (proposal by British Nobel-Laureate B. Russell/G. Menschnig): intern. UNO-employees, e.g. intern. professors, possibility for whole-life work, etc.

**Conclusion.**– Realization of proposals [1-5] by EPA/WPA&other societies could be example for other sciences, i.e. as model for scientific-renewal supporting UNO-Agenda21 for better health on global level (1)

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

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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

EV0456

**The transcultural communication workshop (“MEDI+: Center for the improvement of competence of Poznan University of Medical Science”)**E. Mojs<sup>1</sup>, K. Karolina<sup>1</sup>, G. Katarzyna<sup>2</sup><sup>1</sup> Poznan University of Medical Sciences, Clinical Psychology, Poznan, Poland; <sup>2</sup> Poznan University of Medical Sciences, Social Sciences, Poznan, Poland

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Today's time is characterized by dynamic changes taking place within the cultures that exist side by side and at the same time permeate and benefiting from each other. The idea of the transcultural society (Welsch, 1998) seems to be a suitable theoretical construct describing the perspective of individual and group identity formed by many cultures simultaneously. The consequence of this is the pressure of functioning according to the new norms and rules. In the case of medical professions, where contact with the patient is commonplace, it seems important to deepen the topic among professionals. The answer to this need is The Transcultural Communication Workshop, organized as a part of the project named “MEDI+: Center for the Improvement of Competence of Poznan University of Medical Science” (EVfunded by the European Union under the European Social Fund and implemented under the Operational Program Knowledge Education Development 2014-2020). The classes aim to raise students' awareness of the topic of cultural hybridization and increase their communication skills. The workshops run by members of the UMP Department of Clinical Psychology include a variety of tasks and exercises related to identity, nonverbal and verbal communication, communication barriers, acculturation strategies, group processes, and lecture content. Realizations of goals set before the project started verified the results of the author's questionnaire and the Social Competence Questionnaire. There has been an increase in social competence, a deeper understanding of the issues of cultural diversity and a sense of compassion.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0457

**The current state of the mental health care reform in the Czech Republic**

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**Background.**– Mental health care in the Czech Republic as well as in other countries in the region of Central and Eastern Europe remains to be hospital based and ineffective. The Czech Republic has initiated mental health care reform in 2011. The aim of this analyses is to review the current stage of mental health care reform in the Czech Republic and identify its strengths, weaknesses, opportunities and threads.

**Methods.**– The Strategy of the reform, documentation related to reform's implementation projects, minutes from the meeting of reform executive board, and reform working groups, have been analysed. SWOT analysis was conducted, results are interpreted narratively.

**Results.**– A clear and widely accepted vision for the mental health care reform, good system for mental health care monitoring, and availability of finances for the reform's implementation projects have been identified as strengths; non-existence of a reform plan which would contain SMART goals, non-existence of a consensus on

reform evaluation, and vaguely defined implementation projects were identified as weaknesses; enthusiasm of many stakeholders, increasing public attention to mental health, and high-quality international collaboration were identified as opportunities; and political instability, non-existence of a plan for financial sustainability, and lack of relevant professionals such as psychiatric nurses were identified as potential threads to the reform.

**Conclusions.**– The current reform initiative is the strongest in the post-communist history of the country, however, it is not clear whether it will lead to the true rather than cosmetic changes. Update on the current situation will be provided during the presentation.

**Conflict of interest:**

I am a member of the Executive Committee of Mental Health Care Reform in the Czech Republic, and I am also leading two implementation projects within the reform.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0458

### **An appraisal of the mental health reform in Portugal: The current status of day hospitals**

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**Background.**– In Portugal, the National Mental Health Plan has been launched 10 years ago aiming to improve access to care, develop mental health services in the community and integrate it with other relevant stakeholders. The development of day hospitals throughout the country has been established as a major objective, due to its relevance in modern mental health care, as well as to its scarcity in the National Health Service units.

**Objectives.**– To compare the outline of Day Hospitals in Portugal 10 years after the implementation of the National Mental Health Plan in the following areas: number of units across the country, human resources and use of services.

**Methods.**– A comprehensive assessment was directed by the National Mental Health Plan Evaluation Committee, under the auspices of the Ministry of Health, by means of a evaluation of national longitudinal data.

**Results.**– Between 2005 and 2016, at the national level there was an increase in both the number of patients followed up and number of sessions. The increase in the number of patients was 180% and in the number of sessions it was 106%. In certain regions of the country, the increase reached the 370% (Algarve, in southern Portugal).

**Conclusions.**– Despite some heterogeneity across different geographic areas (with a clear urban/rural asymmetry), the implementation of the National Mental Health Plan led to a huge increase in both the number and the use of day hospitals in Portugal, thus improving the mental health care delivery.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0459

### **Mental Health departments in general hospitals: Is there a need to raise the issue of autonomy?**

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**Background.**– During the 1990's, Portuguese mental health centres (MHC's) have been integrated into general hospitals (and renamed as mental health departments, MHD's), thus losing a significant amount of its former autonomy. Given the need to evaluate the implementation of the National Mental Health Plan, it is important to assess the current level of autonomy the MHD's throughout the country.

**Objectives.**– To characterize the model of management of mental health departments (MHD's) embedded into general hospitals, ii. to characterize the repercussions of the administrative integration of the former Mental Health Centres (MHC) into general hospitals, and iii. to characterize the difficulties associated with routine activity and the development of new mental health teams/programs in the community.

**Methods.**– The National Mental Health Plan Evaluation Committee, under the auspices of the Ministry of Health, conducted a comprehensive cross-sectional survey, to be filled in by the directors of mental health departments across the country.

**Results.**– Among the respondents, the most positive points were: liaison with other medical areas and stigma reduction; the most negative were: scarce autonomy (financing, budgeting, management of human resources), lack of skilled professionals, heavy workloads and insufficient funds to develop services in the community.

**Conclusions.**– Although the integration of the former MHC in general hospital brought several improvements to mental health care in Portugal, the scarce autonomy of the MHD's is strongly associated with the persistent shortage of structured programs (compulsorily based in dedicated teams), which requires a greater technical and resource differentiation.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## **Migration and mental health of immigrants**

EV0460

### **Clinical and demographic variables in a homeless population with mental illness in Madrid**

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**Introduction.**– There are a lot of studies that describes relation between homeless and mental illness. We describe our experience about the treatment of a homeless population and the prevalence of mental illness attended by our team. Homelessness is associated with increased prevalence of mental health disorders, substance use disorders and mental health/substance use disorder comorbidity.

**Aim.**– The aim of this study was to determinate some variables associated to homeless and mental illness in our population.

**Methods.**– A retrospective, cross sectional, descriptive study of patients assessed by ECASAM (Mental health street team) in Madrid.

**Results.**– We attend 91 new patients in 2016. 71% of this patient was transferred since Social Care and 26% since another clinical service. 63% of this patient was in homeless situation. We attend 176 patients since 2004, when this program began. So we assessed 252 patients during 2016, of this patient 77% are men, and 23% are woman. 45% are Spanish and 55% foreign people. About diag-

nosis 57% schizophrenia, 10% paranoia, 11% personality disorder, 3% bipolar disorder, 2% schizoaffective disorder and 5% PTSD and adjustment disorder.

*Conclusions.*– We describe an elevated prevalence of psychotic disorder in our population, however other studies describe most prevalence of affective disorder and use of alcohol in homeless population. We think that's necessary new studies to describe clinical, social and demographic variables in this population in Europe and another countries.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0461

### **Understanding the relation between migration, society and psychosis: Qualitative evidence from narratives of first- and second-generation migrants who experienced psychosis in Europe**

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*Introduction.*– Recent epidemiological studies have consistently documented a higher incidence of psychotic disorders among migrant and ethnic minority groups in various countries. However the reasons for this remain unclear. Meta-analytic evidence points at significant variations in the risk magnitude across ethnic groups and countries, further highlighting the importance of the environmental context in which migrants live. Qualitative approaches such as illness narratives, are particularly well suited to explore such social and contextual factors.

*Objectives.*– This study aims a) to explore in-depth the illness experience and the socio-environmental context of first- and second-generation migrants who experienced a first episode of psychosis, and b) to demonstrate how qualitative findings help us understand population-level findings.

*Methods.*– In-depth interviews were conducted with first- and second-generation migrants who first experienced psychosis in diverse European contexts and recruited through purposive sampling. Semi-structured interviews were derived from the McGill Illness Narrative Interview, designed for cross-cultural exploration of illness experience.

*Results.*– Thematic analyses of the 22 participants settled in London UK indicate that they overwhelmingly perceive their illness as arising primarily from adverse socio-environmental experiences. Major themes included unemployment, negative interactions with authorities, housing difficulties and other forms of social exclusion.

*Conclusion.*– Research and clinical innovations are needed to address the relation between migration and the onset of psychosis at the social level, both from preventive and therapeutic perspectives. Qualitative and mixed methods can significantly contextualize and shed light on the socio-environmental factors underlying the increased incidence of psychotic disorders among migrant and minority ethnic groups.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0462

### **Trauma, migration and mental health in a sample of asylum-seeking women in Italy**

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*Introduction.*– Many refugees are exposed to traumatic events prior to and during their migration process. Women are more vulnerable, and may have less access to health care for multiple reasons.

*Objectives.*– We sought to assess trauma exposure—as defined by BTQ- and psychiatric diagnoses among asylum seeking women.

*Methods.*– A total of 44 women were evaluated in our multidisciplinary outpatient unit for asylum seekers between March and November 2017. They came from 11 different countries, primarily Nigeria, Somalia and China.

*Results.*– Overall, 79.5% of women were exposed to traumatic events prior to their migration or during the migration process. The most frequent events were: rape, torture, witnessing the death of a family member, witnessing torture, rape or death of others, being exposed to life-threatening events, food and water deprivation. 27% fulfilled the criteria for PTSD, 21% for adjustment disorder, 2.3% for generalized anxiety disorder, 2.3% for major depression, 2.3% for somatoform disorder and 4.5% for borderline personality disorder. 16% were pregnant (7% as a consequence of being raped during their migration). Patients with a history of trauma reported more difficulties in coping with the stress of post-migration factors during informal clinical evaluation.

*Conclusions.*– Exposure to trauma and resulting psychiatric symptoms, such as PTSD, are a significant issue among asylum seekers. Women are at increased risk due to gender violence, cultural, and physical factors (i.e. pregnancy). Systematic evaluation of trauma and mental health issues is crucial in order to provide women with early and adequate treatment and promote coping and adaptation to post-migratory conditions.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0463

### **Disposable cameras as a novel research tool in migrant mental healthcare**

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*Introduction.*– In an increasingly globalised society, healthcare must adapt to the diversity of its populations, particularly the specific needs of migrant populations. A method that overcomes barriers such as language and educational attainment is needed to offer a clearer insight into migrant mental health.

*Objectives.*– To assess the feasibility of disposable cameras as a data collection tool in migrant mental health.

*Methods.*– The potential sample included: adult men living in the Porte de la Chapelle Refugee camp in Paris. Recruitment was completed on a single day using signs in French, English, Arabic, Farsi and Pashto. Fifteen disposable cameras were distributed along with 2 blank postcards for participants to write an accompanying message. The cameras were kept for up to 7 days.

**Results.**– Of the 15 cameras, 8 were returned. Participants with better spoken English were more likely to return the camera. Two of those not returned were lost, 2 participants were moved camps during the 7 days and 3 were untraceable. Participants found the cameras easy to use and the 181 developed photographs offered a unique insight into the lives of those involved. The postcards provided anecdotal evidence that the photographers appreciated the process, one reading ‘thank you for giving me hope’.

**Conclusions.**– Disposable cameras offer a cost-effective route to better understand the perspectives of those limited by language and cultural barriers. A shorter window would reduce the risk of camera loss or departure of participants. Porte de la Chapelle is an adult men’s camp—there is a need to trial the method in mixed populations.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0464

### “Inoculated in Pain” – Examining resilience in refugee children in an attempt to elicit possible underlying psychological and ecological drivers of migration

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**Introduction.**– Despite the prolonged and extreme environmental adversities and psychological trauma experienced by unaccompanied young refugees during their odyssey through the geographically and politically treacherous landscape, they have sometimes shown extraordinary psychological resilience, ability to function and recover from such ordeals. However, other than the anecdotal tales of their survival, there haven’t been much systematic scientific efforts to explore this intriguing subject.

**Objectives.**– The objectives of this research paper is to explore to gain important insights into the links and underlying dynamics between resilience and migration.

**Methods.**– A total of 15 unaccompanied young persons and their carers were interviewed using a semi-structured schedule to elicit their perceptions and beliefs of the mental health care they received. The interview transcripts were analysed using Thematic Analysis to elicit several themes and sub-themes of findings, which were developed into possible theories answer the research questions.

**Results.**– Some psychological traits and environmental factors may be important in development of resilience to trauma and adversity. Faith in God, optimism, exposure to adversity, and ability to grow up prematurely were found to be linked with their increased resilience.

**Conclusion.**– The findings of this research may help establish initial theories and stimulate interest in the research community to further explore this important area of resilience and its links with psychological wellbeing and migration.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0465

### Xenophobia and coping strategies among Lebanese population

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**Objective.**– To provide a better understanding of the current prevalence of xenophobic attitudes and behaviours amongst Lebanese and individuals currently residing in Lebanon, while also looking at the potential effects of demographic characteristics on the prevalence of xenophobia.

**Methods.**– Subjects were asked to complete a questionnaire that included three parts on: (1) sociodemographic characteristics (age, gender, marital status, educational level and monthly income); (2) 30-items about xenophobia; and (3) 16 items on coping strategies.

**Results.**– A significantly higher mean total xenophobia score was demonstrated by females (103.56) compared to males (101.32) ( $P=0.018$ ). The total xenophobia score was associated with the educational level and reached statistical significance ( $P=0.031$ ). Problem-focused engagement ( $r=0.157$ ;  $P=0.001$ ), emotion focused engagement ( $r=0.212$ ;  $P<0.0001$ ) and age ( $r=0.07$ ;  $P=0.029$ ) were significantly and positively associated with the total xenophobia score. Emotion focused engagement (Beta=0.587), problem focused engagement (Beta=0.25) and female gender (Beta=2.04) were associated with a significant increase in the total xenophobia score.

**Conclusion.**– Xenophobia and acceptance toward immigrants have crucial consequences for the functioning and welfare of a society. Our study supports the prevalence of xenophobia amongst Lebanese, but requires a broader assessment of that trend.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0466

### Psychotic disorders in the immigrant population: A case report

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Numerous studies show that the rates of psychotic disorders in the immigrant population are higher than in the general origin population. We present the case of a 28-year-old male patient, Maghreb origin, with no prior psychopathological antecedents, who develops psychotics symptoms. We analyze the case to show the difficulties involved in understanding symptoms due to cultural differences, diagnosis and therapeutic management. On the exploration he was scarcely collaborator, presenting marked irritability, fear, social withdrawal, globalized insomnia, denial of intake because of poisoning ideation. Suspicious and with psychotic anguish, false acknowledgments and experiences of control, without disease awareness.

We emphasize the importance of identifying the symptomatology in the context of the patient, it is important knowing cultural and social base on which the disorder appears. At the same time, social and language differences should be taken into account, which may hinder to describe symptoms. The symptoms have to be understood in terms of these variables, so it allows to evaluate the diagnosis,

treatment and prognosis. In this case we opted for the administration of prolonged release injectable paliperidone palmitate due to the difficulty to medical monitoring because of the social and familiar problems that the patient presented, being forced to make multiple visits from time to time to his native city. The goal was to be able to switch to the option of manageable treatment every 3 months, thus facilitating adherence and improving the prognosis, due to an insufficient health support network in the city of origin. *Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0467

### **Impact of migration-related trauma on self-harm and suicide in migrants confined to prison: A prospective cohort study**

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*Introduction.* – Although numerous studies have shown that self-destructive behaviour and psychological trauma are more common in immigrated prisoners than in native ones, exposure to traumatic events during the migration process has never been examined as a possible risk factor for suicide.

*Objectives.* – This paper investigates the impact of migration-related trauma on self-harm and suicide in newly detained migrants. A secondary aim is to examine whether certain types of trauma are associated with self-harm rather than suicide.

*Methods.* – A total of 54 migrants recently confined in Modena correctional facility were assessed using a standardized interview (JSAT) and two self-administered questionnaires (LiMEs and BIS) and followed-up for a minimum of one month.

*Results.* – Statistically significant positive associations were found between: pre-migration exposure to wars/conflicts or familial trauma and self-harm ( $P=0.03$ ) and post-migration exposure to wars/conflicts or familial trauma and suicide ( $P=0.03$ ). Additionally, positive associations with other types of trauma were found; however, the number of self-destructive acts occurred during the follow-up period was too small for them to be statistically significant. Pre-migration traumas were found to be associated with higher risk of suicide and self-harm.

*Conclusions.* – These findings suggest that migrants are more vulnerable, and that this vulnerability might result in self-destructive behaviour within the prison system. A history of severe migration-related trauma might be used as a clinic indicator of increased risk of self-destructive behaviour; hence, it should be included in the proper suicide risk assessment in prison. A future multicenter national study might expand upon this analysis.

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EV0468

### **Refugees: Psycho-prophylaxis of social consequences**

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*Introduction.* – Changes in the social and political environment, which disturb the way in which a society is organized and lead to the break-down of common social values, thus posing a threat for the life of the individual and his/her loved ones, also cause one to move away from one's domicile.

*Goals.* – the main problems, which emerge at locations, where refugees are temporarily settled; the main psychologically traumatizing factors; the clinical picture, observed in refugees at locations, where they live temporarily.

*Methods.* – Psychopathological, psychological, and statistical.

*Results.* – The main problems, encountered at locations, where refugees live temporarily:

- accessibility medical care;
- possibility of providing psychological support to families, as well as to single individuals;
- providing for social needs;
- employment of individuals;
- offering leisure options for children.

The main psychologically traumatizing factors:

- anamnestic history of stress disorders;
- absence of information about the fate of one's relatives;
- loss of housing and property;
- absence of reliable information about the situation and the current events in the area of military conflict;
- victims of physical impact (in the area of military conflict);
- loss of employment;
- loss of habitual social contacts;
- age;
- somatic disorders;
- absence of accessible medical care.

The main "mental" symptoms in refugees:

- hopelessness;
- despair;
- loss of control over living activities;
- boredom;
- worriedness;
- reflections.

Variants of the clinical picture:

- anxious;
- hypochondriac;
- adynamic.

*Conclusions.* –

- the urgent care and psychological support should be provided directly at the locations, where the refugees are staying;
- identifying individuals with the most severe stress reactions;
- acute stress disorders should be alleviated in the short period of time.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0469

### Post-migration stress induces psychiatric symptoms in unaccompanied Eritrean refugees

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**Introduction.**– Eritreans belong to one of the largest group of refugees in Switzerland coming from countries outside of Europe. Despite of life threatening circumstances and negative experiences during their flight Eritreans often show good factors of resilience. Being confronted with even more postmigration challenges in the communities of their reception, they are often unable to activate their recourses.

**Methods.**– Currently, there are data of 65 Eritrean ambulant patients available, all between the age of 14 and 21 years (YSR, DISYPS, UCLA). The data were collected during the transcultural interviews. The refugees concerned are unaccompanied youths or young adults.

**Results.**– So far clinical evaluation of the situation of Eritrean refugees is missing. Only very few patients show criteria of PTBS, though we find high levels of post-migration stress disorder correlating with the gravity of PTBS and other symptoms.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## Neuroimaging

EV0470

### Neuropsychiatric disorders in Behcet's syndrome: A case report

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**Introduction.**– Behçet's disease (BD) is a rare systemic vasculitis of unknown etiology with a predominance of mucocutaneous and ocular lesions. The prevalence of neurological impairment ranges from 5.3% to over 50% during this disease, which may be associated with psychiatric disorders as Neuro-psycho-Behçet (NPB).

**Objectives.**– Describe the clinical and radiological aspect of an NPB.

**Methods.**– report of one case.

**Case report.**– A 52-year-old man, smoking 10 P/A, was admitted in our departement in January 2015 for gait disorders progressively evolving for a year with a change of character and memory disorder for 6 months following. At the neurological examination there was a subcortical type of dementia syndrome, a small step, a quadripyramidal syndrome and paresis of the right VI with left central facial palsy. The interview revealed ideas of persecution against her brothers, emotional blunting and motor instability with a tendency to wander. The diagnosis of NPB was made in the presence of cerebral MRI diencephalo-mesencephalitis and sequelae of anterior uveitis with right optic atrophy on ophthalmologic examination. The patient was put on high doses of corticosteroid and Endoxan with a slight improvement in gait and psychiatric disorders.

**Conclusion.**– The importance of recognition of psychiatric manifestations by neurologist is crucial, as they may reveal dysimmunitary conditions other than BD such as lupus where rapid initiation of immunosuppressive therapy may improve these disorders.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0471

### Age-related morphometric variances of left dorsolateral prefrontal cortex (DLPFC) and its subregions: MRI-based multiscale measurements of cortical complexity

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**Background.**– Brain stimulation, as repetitive transcranial magnetic stimulation (rTMS), targeted on left dorsolateral prefrontal cortex (DLPFC) has a controversial therapeutic efficacy for late-life depression. The age-related elevations of heterogeneity within DLPFC might be one of the potential causes of failure of brain stimulation trials.

**Objective.**– To examine the age-related effects on cortical complexity of left DLPFC (medial frontal gyrus) and its subregions (BA9 and BA46) in healthy individuals across adulthood.

**Methods.**– A total of 214 cognitively normal adults were selected from the Open Access Series of Imaging Studies (OASIS). The measurements of cortical complexity of left DLPFC includes cortical thickness (mm), area (mm<sup>2</sup>), volume (mm<sup>3</sup>), density and gyrification. Linear regression was used to examine the age-related effects on the cortical complexity of left DLPFC.

**Results.**– Age was negatively correlated with the volume ( $r = -0.325$ ,  $P < 0.001$ ), surface area ( $r = -0.286$ ,  $P < 0.001$ ) and density (BA9:  $r = -0.491$ ,  $P < 0.001$ ; BA46:  $r = -0.488$ ,  $P < 0.001$ ) of DLPFC ( $r = -0.286$ ,  $P < 0.001$ ), but positively correlated with thickness ( $r = 0.221$ ,  $P = 0.001$ ). Furthermore, the gyrification of DLPFC was marked correlated with the thickness ( $r = -0.673$ ,  $P < 0.001$ ).

**Conclusion.**– The findings indicate that age has differential effects on the cortical complexity of DLPFC. The folding pattern of targeted gyrus with the presence of decreased gyrification and increased thickness might be an alert for the failure of rTMS in senior adults and also highlight the emerging need of an integrative motif in transcranial stimulation.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0472

### Statistical study of the thickness of retinal nerve fiber layer and macular thickness in the healthy population

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Optical coherence tomography OCT as a non-invasive and relatively inexpensive method for imaging the retinal nerve fiber layer (RNFL), is generally used in the diagnosis of ocular pathology, but in the last decade it has been increasingly used in early detection biomarker group of neurodegenerative diseases, including Alzheimer Disorder.

This study evaluate the normative values regarding retinal parameters for the general population in Romania for a correct interpretation of the pathological differences.

**Material and methods.**– We studied the retinal parameters in the healthy general population of Romania in order to identify normative values in this population and to identify possible differences compared to other studies, known as the fact that there are still no general normative values valid for these parameters. In order to obtain information on potential differences between groups, we compared the thickness of RNFL between sexes and age groups on each quadrant. We also analysed the potential correlations between RNFL thickness and aging.

**Results.**– The study looked at the thickness of the macular thickness to 1387 eyes and the RNFL thickness at 1372 eyes from healthy individuals aged 18 to 94 years. There are differences of RNFL normal values in different populations. The thickness of RNFL in Caucasians is lower than in Asians.

**Conclusions.**– Concerning the age-related RNFL thickness analysis, there is a slight but statistically significant negative correlation between aging and the RNFL thickness at all four quadrants.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0473

### **Effects of harmful alcohol use on brain morphometry among people living with HIV in Western Cape Province, South Africa – A baseline description**

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**Introduction.**– HIV is brain degenerative and long-term infection can alter brain morphology. In South Africa, alcohol remains the dominant substance of abuse and long-term use has equally been linked to poor neuroimaging outcomes. The individual liability of alcohol and HIV on brain structure has been well demonstrated, however there is relatively little evidence of the potentially aggravating effects of this dual burden on brain structural outcomes. Studies have indicated that various brain regions are affected by both HIV infection and chronic alcohol abuse, with a predilection for white matter damage. Alcoholism, therefore, contributes significantly to the scope of structural brain deficits present in people living with HIV. **Objective.**– The present study is ongoing and sought to identify the effects of harmful alcohol use on brain morphometry in the context of HIV infection. Method All participants were living with HIV and on antiretroviral therapy. Participants ( $n = 53$ ) underwent structural magnetic resonance imaging (sMRI) using a 3-Tesla Skyra Magnetom whole-body scanner. Self-reported alcohol use was recorded using the Alcohol Use Identification Test (AUDIT). The sample consisted of 50 women and 3 men.

**Results.**– A total of 26 (49%) participants reported abstaining from alcohol and 27 (51%) reported drinking alcohol. Results revealed a significant difference between groups for left insula, left precuneus, left posterior cingulate cortex and left and right amygdala. Mean volume of the aforementioned regions was significantly smaller in alcohol users compared to abstainers.

**Conclusion.**– Alcohol use in the context of HIV infection significantly contributes to brain structure disruption.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0474

### **Rare neurodegenerative diseases related to dementia symptoms – Characteristic neuroimaging findings**

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**Introduction.**– Rare neurodegenerative diseases include i.a. progressive supranuclear palsy (PSP), multiple system atrophy (MSA), corticobasal degeneration (CBD), Creutzfeldt-Jacob disease (CJD) and Huntington disease (HD). Clinically all of these diseases present variety of neurological alterations and proceed with dementia symptoms.

**Objectives.**– The aim of this study is to present characteristic neuroimaging findings of rare neurodegenerative diseases causing cognitive impairment.

**Results.**– Typical findings of PSP include midbrain atrophy with Mickey Mouse appearance, morning glory sign and hummingbird sign in sagittal view. Neuroimaging findings in MSA differ regarding to subtype–in MSA-C there is predominantly cerebellar atrophy with hot cross bun sign in pons, in MSA-P there are pronounced atrophy and low signal intensity on DWI and SWI within putamen. In course of CBD asymmetric cortical atrophy is found, especially in superior parietal lobule, in peri-Rolandic gyri and in basal ganglia with adjacent T2/FLAIR hyperintensity areas. CJD manifests with rapidly progressive cerebral atrophy and hyperintensities on T2/FLAIR with early restriction of diffusion on DWI within basal ganglia, thalamus (hockey stick/pulvinar sign) and cortex. The most characteristic findings in HD is caudate head and putamen atrophy with increased T2 signal intensity.

**Conclusions.**– Structural magnetic resonance imaging is a useful tool in establishing diagnosis of neurodegenerative diseases ongoing with dementia symptoms and helps in differentiating these conditions. DWI as well as SWI sequences should be incorporated in the routine MR protocol dedicated to neurodegenerative disorders assessment.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## **Neuroscience in psychiatry**

EV0475

### **Neuro-rehabilitation and treatment of neuropsychiatric sequelae post-recovery from NMDA encephalitis**

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**Introduction.**– Neuropsychiatric manifestations post-NMDA Encephalitis is not often discussed in literature. Overlapping psychiatric symptoms are usually cited in the acute presentation

of NMDA Encephalitis, but not in the post-recovery period. The course of illness in NMDA Encephalitis can often be turbulent with a prolonged recovery period, and not much is known about the resultant neuropsychiatric symptoms that may develop thereafter. *Objectives.*– This case report discusses a middle aged male who developed frontal lobe signs, including disinhibition, repetitive behaviours, hyper-sexuality and personality changes, about 3 months post-discharge from a prolonged and turbulent admission due to NMDA encephalitis. It further discusses the treatment, both pharmacological and non-pharmacological, undertaken thereafter. Even as this patient's physical function and strength was improving, the development of neuropsychiatric symptoms were alarming and impeded his recovery and full return to work as an aircraft engineer. A combination of a neuro-rehabilitative approach to manage his behaviour, the use of Methylphenidate and Paroxetine to target his frontal lobe symptoms and close supportive engagement with his family and employer allowed for the graded return to his work role.

*Conclusion.*– There is a lack of research in understanding the neuropsychiatric complications of NMDA encephalitis, symptom patterns, longitudinal prognosis and treatment strategies. There is research suggesting that cognitive recovery could be fully back to baseline or partial, but the timeline and patterns of recovery remain unclear and treatment of psychiatric symptoms has been largely supportive and symptom-driven. More can be done to guide psychiatrists to target their treatment options in post-NMDA encephalitis care.

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EV0476

### Serum prolactin levels in antipsychotics naive patients

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*Introduction.*– The role of prolactin hormone is still underestimated. The list of cells secreting this hormone keeps getting longer over time. Neurobiological studies found that prolactin is present even in extra pituitary cerebral space suggesting that it plays other roles in addition to lactation. In literature, authors found high prolactin serum levels among psychiatric patients and especially among those diagnosed with schizophrenia.

*Methods.*– It is a descriptive and comparative study evaluating 58 patients hospitalized in Razi hospital for diverse psychiatric disorders. The serum prolactin levels were assessed at admission. The positive and negative symptoms severity was assessed, at admission and discharge from hospital, by the "Positive and Negative Syndrome Scale" (PANSS). We compared medians using Kruskal-Wallis test. We also tested correlation between PANSS scores and prolactinemia.

*Results.*– Patients suffered from 8 different psychiatric disorders (schizophreniform disorder, schizophrenia, schizoaffective disorder, bipolar disorder, chronic delusional disorder, depressive disorder, substance-induced disorder, and mental retardation). Psychotic disorder group has the higher prolactin medians (22 for schizophreniform disorder, 34 for schizophrenia and 21.5 for schizoaffective disorder) compared to chronic delusional disorder, substance induced disorder, depressive disorder and mental retardation (respective medians = 12; 14.5; 17; 13.5). Medians differences are significant ( $P=0.0018$ ). The analysis of schizophrenia subgroup found a negative correlation between negative PANSS scores and prolactin serum level ( $\rho = -0.512$ ;  $p\text{-value} = 0.06$ ).

*Conclusion.*– In accordance with previous studies, we found the higher serum prolactin levels among schizophrenic group. In addition, elevated prolactin levels are associated to low negative symptoms. These results suggest a probable neurobiological role in schizophrenia process.

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EV0477

### Hallucinations in a new light: Study in Parkinson's disease and schizophrenia

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*Introduction.*– Hallucinations have been described in various clinical populations. In schizophrenic patients (SCZ), hallucinations are hallmark symptoms. In Parkinson's disease (PD), the descriptions of hallucination modalities are sparse. Hallucinations can be evaluated using The Psycho-Sensory hAllucinations Scale (PSAS) which is a multimodal hetero-evaluation scale that includes four domains (auditory, visual, olfactory/gustatory, and coenesthetic modalities). *Objectives.*– This study aimed to explore the phenomenology of hallucinations in 100 SCZ and 100 PD patients using the PSAS. Is this phenomenology homogenous and/or disease specific? And what about repercussion on patients?

*Methods.*– To identify groups of subjects with similar hallucinations characteristics and independently from pathological groups, factorial analyses (multiple correspondence analysis confirmed by hierarchical clustering) were performed. Comparison between groups on characteristics and repercussion index (frequency, duration, negative aspects, conviction, impact and control of each hallucinations) were compared between clusters of subjects.

*Results.*– Regarding phenomenology of hallucinations, a pronounced clustering structure within patients has been observed. Three groups with a low inter-group-recovery rate (24%) were determined. The majority of G1 group ( $n = 88$ ) are PD patients (82%), majority of G2 group ( $n = 19$ ) are SCZ patients (89%) but G3 group ( $n = 93$ ) is a more mixed pathological group (72% PD vs 28% SCZ). All groups have specific pathway phenomenon but no significantly difference in the control on hallucinations.

*Conclusions.*– We confirmed that there's no strict overlap between pathology and hallucinations phenomenology. This latest have specificities that could help to better understand the complexity of the neurological process involved.

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EV0478

### Brain-derived neurotrophic factor – Major depressive disorder and suicide

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The aims and objectives of this systematic review are to look into the different theories underling Major Depression and suicide while investigate the correlation between BDNF, Major Depression and suicide. Literature was researched through the University of Malta research platform and statistical reports published by the Maltese National Statistics Office, Eurostat and World Health Organisation were consulted.

Low blood BDNF levels have been identified to occur in Major Depression which normalise during remission. Additionally, since BDNF is associated with increased neural plasticity and survival and decreased atrophy, exposure to chronic stress was identified to decrease BDNF levels and reverse such traits in laboratory rats. Single nucleotide polymorphism Val66Met on the BDNF gene has been identified to be responsible for decreased activity-dependent secretion of BDNF and resultantly increased depressive features. Sertraline administration in human subjects and laboratory rats has been also identified to have a neurogenic effect on serotonergic and BDNF neurons; increasing their expression.

Despite that suicide is commonly associated as part of the symptomatology of psychiatric disorders, in light that children of suicide attempters are six times more susceptible to attempt suicide than children of non-suicide attempters; recent research considered suicide as an independent phenomenon with a high percentage of heritability. Additionally, higher cholecystokinin receptors and cholecystokinin B receptors have been reported in individuals who died by suicide.

Large randomised replicated research looking into BDNF, Major Depression and suicide is still absent. Further research is necessary to validate the reported findings

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EV0479

### **Quantitative prediction of outcome in schizophrenic patients with manic-delusional disorders using background EEG and neuroimmunological parameters**

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*Introduction.*– The problem of treatment optimization in schizophrenia is actual because of heavy social-economic burden of the illness and rather high percent of non-responders. One of ways to such optimization is prediction of clinical outcome.

*Objectives.*– The goal of the study was the search for some background (registered before the beginning of treatment) neurobiological parameters informative for quantitative individual prediction of therapeutic outcome in schizophrenic patients using innovative approach.

*Methods.*– A total of 45 female in-patients (mean age  $31.3 \pm 11.4$  years) with attack-like paranoid schizophrenia (F20.0 by ICD-10) and manic-delusional disorders were enrolled in the study. Resting eyes closed EEG spectral power values and four neuroimmunological parameters were measured before the treatment course. Quantitative clinical assessments (by PANSS scale) were obtained after treatment course. Background neurobiological data were matched with PANSS scores (PANSS-positive, PANSS-negative and PANSS-sum) of the same patients after treatment course using correlation and multiple regression analyses.

*Results.*– Mathematical models obtained, contained only 3 to 4 EEG parameters (from background 80) and one (of 4 background) neuroimmunological parameter explained from 72% to 87% of PANSS scores variance in patients after treatment course. Deviation of calculated values from real PANSS scores varied from 3% to 24%.

*Conclusions.*– The approach described and the data obtained may be useful for elaboration of innovative methods for quantitative individual prediction of treatment outcome in schizophrenic patients. The study supported from Russian Basic Research Foundation Grant No.15-01-00496a

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EV0480

### **The golf ball and the brain: A case study**

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*Introduction.*– Traumatic brain injury to the frontal lobe has been known to cause significant personality changes including loss of inhibition, increased aggression, as well as emotional instability. However, whether injury to other parts of the brain leads to similar personality and emotional changes remains yet to be proven.

*Aim.*– To describe an adult patient who sustained injury to his temporal lobe leading to similar changes in personality with increased aggression and impulsivity.

*Results.*– Mr S. (35 years old) was described by his family as a gentle and amicable man whose behaviour started to change 2 years ago, becoming an individual who was increasingly irritable, with moments of impulsivity, aggression and heavy drinking. His family was unable to recall any significant stressor which occurred 2 years ago, besides an occasion when he was hit on the head by a golf ball. A brain MRI with contrast was done, showing significant changes with a focus of T2 W/FLAIR hyperintensity in his left anterior medial temporal white matter and cortex. His adjacent left amygdala appeared bulky, with mass effect on the left temporal horn. In a conversation with our neurology colleagues, it was noted that a lesion in this region could lead to seizures, memory impairment, as well as personality changes. In this particular case, Mr S presented with significant personality changes, and a neuropsychological assessment for his cognition is still pending.

*Conclusion.*– Damage to the brain's temporal lobe can lead to significant personality changes with increased aggression and impulsivity, which may mimic injury to the frontal lobe.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0481

### **Frontal EEG asymmetry in full-term infants and infants born preterm**

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*Introduction.*– Frontal EEG asymmetry (FEA) is spectral electroencephalogram pattern, which usually defined as relative measure of the difference in absolute alpha-power between the right and left frontal regions. FEA is associated with state-dependent emotional reactivity and individual differences in emotional regulation and may be a risk marker for psychopathology.

*Objectives.*– To evaluate the FEA differences between full-term and preterm infants.

*Methods.*– A total of 10 full-term infant (mean chronological age 11 months (SD = 1,09 months)) and 10 preterm infant (corrected

age 11,4 months (SD = 1,95 months)) were included in the study. EEG was registered with HydroCelGeodesic SensorNet (128 electrodes). 30-second EEG segment was selected for analysis in each case. After EEG preprocessing the power spectrum of each channel that ranged in the of infant alpha frequency band 6–9 Hz was calculated, using a fast Fourier transform for all of frontal left channels (12, 19, 20, 23, 24, 26, 27, 28, 33, 34) and frontal right channels (2, 3, 4, 5, 116, 117, 118, 122, 123, 124). Applied FEA formula is as follow  $\ln(P(\text{Right})/P(\text{Left}))$ , where P is absolute power for channels of corresponding sides.

**Results.**– Frontal EEG asymmetry was significantly lower, which reflects greater relative right frontal neural activity (relative right frontal asymmetry) in preterm infants than full-term infants.

**Conclusions.**– FEA is apparently not stable EEG marker. It's known that FEA can change in young children across the first years of life along with behavioural changes. It probably can also depend on degree of brain maturation.

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EV0482

### **Depression after a stroke: Collapse or improvement of the psychic handicap?**

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**Introduction.**– In the immediate aftermath of a stroke, depression is frequent both as a link with the brain injury (spalletta G., 2006), but also as a psychic manifestation of the consequences of the frightening somatic accident. Ms. G. is a 50-year-old woman at the time of her stroke. The motor and cognitive recovery will allow the professional recovery on a fitted post. The psychological state, initially precarious, will evolve favorably in a few months. Several years after a major depressive syndrome will take place in a professional situation, consisting of severe moral harassment.

**Objectives.**– To study what types of psychic rearrangements depression allows the subject in the recovery of the somatic and psychological accident.

**Methods.**– A protocol of intellectual tests (neuropsychological assessment and the Wechsler IV Intelligence Scale), projective (Rorschach and Thematic Apperception Test) and quality of life scales will be passed at a time t and t + 1 year.

**Results.**– The intellectual tests show cognitive sequelae and a fluctuation in the functioning of the psyche at 1 year intervals. The projective tests allow us to understand the emergence of depression in the aftermath (several years after the stroke) as an attempt at somatic recovery.

**Conclusion.**– Depression in cerebral vascular pathologies is common both as a narcissistic collapse but also as a possibility of recovery of psychic functioning.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0483

### **Psychological handicap in Wilson's disease: When genetics get involved**

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**Introduction.**– José is a 12-year-old boy hospitalized for a Wilson disease (WD) discovered during hepatitis. This genetic pathology due to the accumulation of copper in the liver initially can, if left untreated, result in cerebral organic damage leading to significant cognitive and psychiatric sequelae. In this review, the analysis of the genealogical tree reveals the incestuous birth of José. He is in college in a specialized teaching class for learning and relational difficulties since small classes.

**Objectives.**– To try to understand the psycho-intellectual difficulties of José according to the different causalities: cerebral damage related to WD, original trauma freezing thought, developmental pathology to be characterized.

**Methodology.**– A neuropsychological assessment (memory evaluation, executive and attentional functions), a WISC IV, as well as a complex Rey figure and projective tests (Rorschach and TAT).

**Results.**– The WISC IV finds an intellectual functioning in very weak norms whereas the neuropsychological assessment reports a cognitive functioning quite efficient for the age. The projective tests find a good perceptual adaptation but a psychic inhibition of the thought.

**Conclusion.**– The use of all the intellectual and projective tests allows us to grasp the psychic functioning as close as possible to its reality, taking into account the organic repercussions of the disease and the life history of the patient in which the genetic disease is inscribed. It also eliminated cognitive impairment related to WD.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0484

### **Heart rate variability and clozapine in schizophrenic patients**

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**Introduction.**– Heart rate variability (HRV) is a measure allowing the assessment of the activity of autonomic nervous system (ANS) and reflects the ability to adapt in a changing environment. This measure is highly influenced by treatments but this is poorly taken into account in the field of psychiatry. For example, clozapine is known to be responsible for induced tachycardia that could drastically influence the data analysis, leading to the confusion in conclusions drawn of a diminished HRV in schizophrenic patients.

**Objective.**– In order to improve HRV data analysis in this population, we propose to evaluate the impact of clozapine on this measure in schizophrenic patients.

**Methods.**– We conducted a prospective study of schizophrenic patients who were referred to the functional laboratory of the Caen University Hospital for the exploration of the autonomic nervous system. Twenty-four patients were examined between December 2014 and November 2016: 11 patients under clozapine, 12 patients

under neuroleptic therapy and one with beta-blocker that was excluded from the study.

**Results.**– Heart rate was significantly higher in patients with clozapine than in other patients (100.2 vs 77.6 bpm), HRV was significantly lower during rest (34.7 vs 8.3) and in the deep breathing test assessed by RMSSD (49.4 vs 10.5). The Valsalva ratio was also lower in the clozapine population (2.0 vs 1.5). There was no difference between the two populations during the orthostatistic test.

**Conclusion.**– Our results show that clozapine treatment profoundly influences HRV in schizophrenic patients. This must be taken into account in further studies to better understand ANS activity in this population.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0485

### Huntington's disease with initial psychiatric presentation

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**Introduction.**– Huntington's Disease (HD) is an inherited, progressive and neurodegenerative disease caused by the expansion of cytosine-adenine-guanine (CAG) trinucleotide in Interested Transcript (IT) 15 gene on chromosome 4. The pathology is characterized by abnormal movement, cognitive deficits and psychiatric disorders that usually precede motor and cognitive impairment (major depressive disorder and anxiety disorders are the most common presentations).

**Objectives.**– Description of a case of Huntington disease with an overlapping and ambiguous presentation, constituting a diagnostic challenge.

**Methods.**– Case report was prepared with data obtained from clinical files. Literature review was made using Pub Med database. Specific terms were searched: Huntington, Depressive symptoms, Prodromal symptoms, Mood, Gait, and Treatment).

**Results.**– We present a clinical case of a 65-year-old woman admitted to our Psychiatric Acute Unit. In the previous 6 years, the patient was submitted to several clinical assessments by different specialities, that focused only on isolated symptoms (she presented multiple and varied symptoms, from depressive mood and anxiety to cognitive and behaviour changes, besides movement dysfunction), disregarding the syndrome as a whole. In the course of her last admission, the patient was referred to our Neuropsychiatric Team (NT), which made the provisional diagnostic of late-onset Huntington's Disease, confirmed later by genetic testing. Thereafter the neuropsychiatry team maintained the patient under observation and follow-up. Later on, she developed dementia compatible symptoms and, for this reason, transdermal rivastigmine was initiated.

**Conclusions.**– This clinical vignette highlights the importance of a multidisciplinary approach aimed at neuropsychiatric patients and raises awareness for the relevance of careful investigation of motor symptoms in patients with psychiatric presentation.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0486

### A case report: Misdiagnosed psychiatry patient who in fact had focal epileptic seizures

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**Introduction.**– Psychiatric comorbidities, including mood and anxiety disorders, adult attention deficit hyperactivity disorder, psychotic disorders are common in epilepsy. But on the other hand, a lot of patients who have focal epileptic activity are misdiagnosed in psychiatry clinics as various anxiety disorders like panic disorder, psychotic disorder and depression. Most of the time, these patients are either supposed to be treatment resistant or considered to have another psychiatric disorder not otherwise specified.

**Objectives/aims.**– Our case report aimed to draw attention to misdiagnosed patients who have focal epileptic seizures instead.

**Methods/case.**– A 22-year-old female was diagnosed with major depressive disorder and Obsessive-compulsive disorder by a psychiatrist. She used several kinds of antidepressants and had multiple therapy sessions but, there was no response. She had a variable mood during the day with sleeplessness, increase in sexual desire, suicidal thoughts, light sensitivity at nights, bad smelling from time to time throughout the year. Upon a history of bad smelling and light sensitivity, we wanted consultation from department of neurology to rule out epilepsy.

**Results.**– EEG showed the presence of a two sided unformed sharp wave, slow wave activity of 1-2 second duration in the left hemisphere. Upon this finding, the patient was diagnosed as epilepsy.

**Conclusions.**– Epilepsy may be associated with a variety of neuropsychiatric symptoms. Psychiatrists must be aware of these varied presentations while obtaining the medical history in order to investigate and manage these patients effectively.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0487

### Psychotic and depressive symptoms in a patient with left frontoparietal meningioma – Is there a relationship?

#### A case report and literature review

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**Introduction.**– Meningiomas are often accompanied by psychiatric manifestations. Affective disorders are a common presentation and psychotic symptoms have been reported. A therapeutic approach is difficult due to symptom resistance.

**Objectives.**– To report the case of a patient with left frontoparietal meningioma that presents persecutory delusion and depressive symptoms; briefly review the current literature on the psychiatric manifestations of meningiomas.

**Methodology.**– We describe the patient's clinical history, diagnostic investigation, therapeutic approach and clinical evolution. We searched the "Pub Med" database with the terms "Meningioma", "Depressive Disorder", "Depression" and "Psychotic Disorders". Only papers published in English were selected.

**Results.**– A total of 23 articles met the selection criteria. We report the case of a 58 year-old woman admitted to our psychiatry community team for depressive symptoms, in 2015. During the assessment we found that in 2011 she experienced persistent headaches and a CT brain scan revealed a left frontoparietal meningioma. In 2012 she suddenly develops persecutory delusion involving her neighbours, with progressive social retirement. The following months she progressively develops depressive symptoms (low mood, anhedonia, avolition). Although there was a partial response to sertraline 100mg and paliperidone 9mg, a complete remission was never achieved. Neuropsychological assessment is consistent with frontal and parietal dysfunction.

**Conclusions.**– We propose a relationship between the meningioma location, the patient's psychopathology and resistance to treatment. (Figure 1)

Table 1

n	437	Gender	61.6% males
Age	50.41 (standard deviation 14.732)	Origin	41.2% urban
Diagnosis	schizophrenia 44.2%; bipolar disorder 24.7%; schizoaffective 12.6%; delusional disorder 8.5%; not otherwise specified psychotic disorder 5.9%; schizotypal 4.1%	History of substances use disorder (SUD)	unknown 39.6%; yes 37.8%
Actual SUD	unknown 41.6%; no 24%	Attendance	82.6%
Compliance	92%	Number of admissions	1.71 (standard deviation 2.723)

Figure 1

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0488

### Non-motor symptoms in Parkinson disease: Impulse-control disorder. A case report

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**Introduction.**– The neuropsychiatric manifestations of Parkinson's disease (PD) result of great importance because of their frequency and severity. We highlight the Impulse-Control Disorder (ICD) in the form of: pathological gambling, compulsive buying, eating disorder and sexual behaviour disorder. Its prevalence ranges 6–9%, although it is underdiagnosed.

**Objectives.**– To emphasize the importance of ICD diagnose in PD to improve functionality and prognosis, through a clinical case.

**Case presentation.**– A 45-year-old male patient diagnosed with idiopathic PD at age 39, advanced stage (2.5 Hoehn and Yahr). Past psychiatric history: depressive episode and impulsive personality. Treated with Levodopa 200 mg/4 hours and Bupropion 150 mg/day. Rotigotine was added by Neurology because of motor worsening. The patient started with gambling, compulsive shopping, hyperphagia and hypersexuality with important repercussions in his daily life. It was decided to stop Rotigotine, with partial improvement of the symptomatology. Topiramate was added up to a dose of 100 mg/day, and complete resolution was achieved.

**Discussion.**– Given the frequent association between ICD and PD, a common neurobiological substrate has been suggested. Therefore, it may be difficult to discern primary phenomena from those related to the treatment. The predisposing factors to develop ICD in PD are: male sex, evolution years and early onset of the disease, akinesic/rigid forms, high doses of levodopa, use of dopamine agonists, personal or family history of substance abuse or affective disorders and impulsive personality [1].

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

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EV0489

### Integrating neuroscience in psychotherapy: Shifting paradigm or language evolution?

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Recent developments in cognitive neuroscience have changed in many ways our perception of psychotherapy. New findings like unconscious associative network, neural plasticity, mirror neurons, interpersonal neurobiology, and Psychophysiology of dream imagery, provided scientific grounding to our day-to-day practice and shed a new light on how the brain works and how we can improve its functioning.

However, we can ask ourselves if these findings are game changing in the psychotherapist's clinical practice or a "new language" that gives a new credibility and a scientific ground to psychopathology concepts such as the unconscious, traces, empathy, transference, implicit language and dream interpretation.

We will try to illustrate, by comparing these modern and classic entities, that the quest of the modern psychiatry should be to harmonize the understanding of the brain and the mind, in order to be more patient-focused with a more global approach.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0490

### The effects of combined transcranial direct current stimulation and speed of processing training on sleep quality in older HIV-positive and HIV-negative adults

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**Introduction.**– Many older HIV-negative adults and HIV-positive adults experience poor sleep quality; for older HIV-positive adults, such disturbances may be exacerbated. As separate interventions, transcranial direct current stimulation (tDCS) and cognitive training have been shown to improve sleep quality in older adults; however, their combined influence has not been examined.

**Objectives.**– This study examined the combined influence of tDCS and cognitive training, specifically speed of processing (SOP) training, on improving sleep quality in older HIV-positive and HIV-negative adults.

**Methods.**– Older (age 50+) HIV-positive ( $n=33$ ) and HIV-negative ( $n=33$ ) adults were randomized to receive one of two treatments: 1) tDCS with SOP training or 2) sham tDCS with SOP training. In this study, there were four treatment groups derived from the two interventions between HIV-positive and HIV-negative adults. At both baseline and posttest, sleep quality was examined using the Pittsburgh Sleep Quality Index (PSQI). SOP training consisted of 10 hours of computerized training designed to improve perceptual

speed of processing. tDCS with a current of 2 mA was applied to F10 (right inferior frontal cortex).

**Results.**– At baseline, older HIV-positive adults experienced significantly more disruptions in sleep quality compared to older HIV-negative adults. Unfortunately, no change in sleep quality resulted from the interventions.

**Conclusions.**– Support was found that older HIV-positive adults experienced poorer sleep quality compared to their HIV-negative counterparts. Since treatment did not result in improved sleep quality, using tDCS in combination with cognitive training to ameliorate sleep quality is not warranted at this time.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## Obsessive-compulsive disorder

EV0491

### Skin picking disorder: About a case report

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**Introduction.**– Skin Picking Disorder consists of repeated compulsive excoriation of the skin and repeated attempts to decrease or not to do so. Patients report relieving tension and gratification after bruising, although they often feel guilty or ashamed of their behaviour.

**Objectives.**– We aim to emphasize the importance of considering this diagnosis as it causes physical/aesthetic lesions that could endanger physical health and interfere with interpersonal interactions, causing dysfunctional functioning and high psychological distress.

**Methods.**– Single case report.

**Results.**– A 64-year-old woman, retired, with Borderline Personality Disorder and a history of chronic alcoholism presenting “compulsive picking at the skin”. She has several lesions and scars on the face, arms, breasts, abdomen and back (image 1). She performs excoriations mainly when upset or when she has discussion with the mother with whom they have dependency relation, claiming to feel relief when she does. However, sometimes she does not realize that she is doing it. She began bruising around the age of 29, when she was emigrated in the United States and was the victim of domestic violence on her husband’s part.

**Conclusions.**– Often, they do not seek treatment because of shame. This is due to a serious medical complication, and it is important to remember the existence of this disorder and the need for early detection and treatment.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0492

### Symptoms of Anxiety and depression, and female gender are associated with lower quality of life in patients with obsessive-compulsive disorders

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**Background.**– One to three percent of the adult population suffers from obsessive-compulsive disorders (OCD). Symptoms of OCD include time-consuming, distressing and impairing persistent intrusive thoughts (obsessions), repetitive and ritualistic behaviours (compulsions), poor insight, and strong avoidance behaviour. Additionally, quality of life is adversely affected. The aim of the present study was to compare the quality of life of patients with OCD with that of healthy controls; gender, and symptoms of depression and anxiety were also taken into account.

**Method.**– A total of 100 patients diagnosed with OCD (mean age: 32 years; 64% females) and 100 controls (mean age: 31 years; 59% females) took part in the present cross-sectional study. All participants completed questionnaires covering socio-demographic characteristics and dimensions of QoL. Experts rated participants’ symptoms of OCD, anxiety and depression.

**Results.**– Compared to healthy controls, patients with OCD reported a lower QoL, and had higher symptoms of depression and anxiety. This pattern was particularly pronounced among female patients with OCD. QoL was lower in patients with OCD, even when controlling for depression and anxiety. Results from binary logistic regressions showed that female gender, low QoL and higher symptoms of OCD, depression and anxiety predicted status as patient with OCD.

**Conclusions.**– Compared to healthy controls, patients with OCD have poorer quality of life and this is independent of depression or anxiety, and is particularly pronounced among female patients. Thus, treatment of OCD might take into account patients’ comorbidities and gender.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0493

### Hoarding behaviour in obsessive-compulsive disorder – An Indian study

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**Introduction.**– Hoarding as primary symptom has been traditionally related with Obsessive-compulsive disorder (OCD) but in clinical

practice it can be seen as a symptom in other psychiatric conditions as well. Hoarding Disorder follows a chronic and progressively deteriorating course. In adults, prevalence of hoarding is estimated to be 2%–6%. Hoarding symptoms tend to be poor indicator of treatment response. As there was very limited Indian literature available on hoarding in OCD, we took up this study.

**Objectives.**– To study and compare the Prevalence and Phenomenology of Hoarding Behavior in patients of OCD & relatives of patients who don't have any psychiatric disorders.

**Methods.**– A cross-sectional, observational study. 100 patients were randomly divided in two groups. Control Group- no diagnosed psychiatric illness. Study Group diagnosed with OCD. Data was collected through semistructured proforma, Yales Brown Obsessive-compulsive scale (YBOCS), Hoarding rating scale (HRS), Saving inventory–revised (modified format), clutter image rating scale (CIRS).

**Results.**– No statistically significant difference was observed in both the groups in the demographic profile. The prevalence of hoarding in cases was 14%. The phenomenology data revealed most common item hoarded was newspaper, scrap (28.6%) as it was important item (57.1%) showing increased relation with OCD (71.4%), showing irritable reaction on discarding (57.1%) with mild socio-occupational impairment (57.1%).

**Conclusion.**– Hoarding symptom have early onset than OC symptoms with poor predictor to treatment response and socio-occupational functioning. The complaint of hoarding is neglected by the treating doctor. So this study implies that enquiring into hoarding behaviour and treating it can improve the quality of life of these patients.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0494

### **Compulsive self-harm behavior in obsessive compulsion disorder: A case report**

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**Objectives.**– Obsessive-compulsive disorder (OCD) represents a complex entity, comprising several different kinds of rituals. Self-harm in the context of OCD is very rare; however a few cases have been reported. Herein is reported a case of a man with OCD who developed a ritualized self-harm compulsive behaviour.

**Methods.**– Case report description and additional review of the literature using Pub Med database (Keywords: self-harm, obsessive-compulsive, compulsive self-harm, self-injury).

**Results.**– A 41-year-old man, previously diagnosed with OCD, started with self-mutilation compulsions, consisting of repeatedly cutting symmetrical and geometrical forms, as a way of relieve tension and anxiety, firstly on his legs and then also on the arms. He maintained these rituals for about a year, while maintaining frequent visits and medication adjustments. Clomipramine (titrated to 150 mg/day) and lamotrigine (titrated to 300 mg/day) were added to his medication (he was initially medicated with sertraline, pregabalin and diazepam). The self-harm compulsive behaviour led to medical complications, namely severe anemia (hemoglobin of 8.5 g/dL) requiring treatment with iron reposition. Over that period the behaviours became scarcer until they finally stopped. There are a few reports of self-inflicted eye injuries in OCD, trichotillomania and two cases of auto castration but, to the authors' knowledge, there are no descriptions of compulsive ritualized self-harm behaviour in the context of OCD.

**Conclusions.**– We concluded that this was a rare form of compulsive rituals and a challenging case. Further investigation seems necessary in order to establish the actual epidemiology of self-harm compulsive behaviour in OCD.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0495

### **Coimbra obsessive inventory – Short version (COI-SV): Development, factor structure and psychometric properties**

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**Introduction.**– The Coimbra Obsessive Inventory (COI) is a self-report instrument encompassing two scales of frequency and degree of emotional disturbance of obsessive-compulsive symptoms (50 items each). The COI would benefit from being shortened to facilitate assessment.

**Objectives.**– The current study sought out to develop a COI short version (COI-SV) and study its factor structure and psychometric properties.

**Methods.**– The COI-SV was developed based on psychometric criteria. This study was conducted in the original sample (604 participants from the general population). Subsequently, in another sample of 338 subjects a 5-factor model was tested through confirmatory factor analysis. Cronbach alpha and composite reliability (CR) were calculated. Convergent and divergent validity were addressed through correlations with the Padua Inventory (PI) and the Depression, Anxiety and Stress Scales (DASS-21). Test-retest reliability was studied in a subsample of 23 participants.

**Results.**– The emotional disturbance subscale was maintained. A 19-items and 5-factor (“contamination/washing”, “indecisiveness/slowness”, “repeated checking/hoarding”, “immoral content”, and “magic thinking”) version was achieved. The COI-SV showed a good model fit (CFI = 0.937; GFI = 0.901; RMSEA = 0.067; MECVI = 1.374). Regarding internal consistency, Cronbach alpha was .93 and the CR was .97. Correlation results between the COI and the COI-SV was .97. The COI-SV revealed a correlation of .75 with the PI and correlations of .44, .46, and .49 with the DASS-21. Test-retest reliability showed to be .66.

**Conclusion.**– The COI-SV showed to be a valid and reliable measure of obsessive-compulsive symptoms among the general population. These results substantiate the use of this scale in research and clinical practice.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0496

### **Mind the gap in OCD: From good to poor insight**

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**Objectives.**– The author shows how insight became a miller-stone concept in OCD research, how it can explain OCD variability and the limitations one can find in insight research.

**Methods.**– The author evaluated 60 OCD patients and measured insight (apart from other clinical and laboratory variables). A revision about when we can expect from it and how insight changed OCD research is done.

**Results.**– Many authors studied insight in OCD. More studies are needed in order to fully understand why insight is so important for

OCD prognosis and therapeutical success and what makes good-insight patients so different.

**Conclusion.**– Since the beginning of insight research in OCD many things were concluded. Nevertheless, a gap still exists and some more answers are needed.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0497

### **Relationship between social-cognitive and social-perceptual aspects of theory of mind and neurocognitive deficits, insight level and schizotypal traits in obsessive compulsive disorder**

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**Objective.**– The primary goal of the current study was to investigate different aspects of theory of mind (ToM), including social-cognitive (ToM-reasoning) and social-perceptual (ToM-decoding) in OCD. We also aimed to investigate the relationship between ToM, neurocognition and a number of clinical variables including overvalued ideas, schizotypal personality traits, level of insight and disease severity.

**Method.**– Thirty-four patient who have been diagnosed with OCD according to DSM-IV and 30 healthy controls were included. All participants were given a neuropsychological battery including tasks measuring ToM-reasoning, ToM-decoding and other neurocognitive functions. Schizotypal Personality Questionnaire (SPQ), Yale Brown Obsession and Compulsion Scale (YBOC-S) and Overvalued Ideas Scale (OVIS) were also administered.

**Results.**– The patients with OCD showed significant deficits in both aspects of ToM. ToM performances of patients were significantly correlated with neurocognitive functions. When controlled for general cognition factor, patient-control difference for ToM-reasoning ( $F=3,917$ ;  $P=0,05$ ) but not ToM-decoding remained statistically significant. ToM-reasoning impairment of patients was significantly related to schizotypal traits, the severity of OCD symptoms and poor insight. On the other hand, general cognitive factor ( $\beta=0,778$ ;  $t=3,146$ ;  $P=0,04$ ) but not other variables were significant predictors of ToM-reasoning in OCD patients in the multiple linear regression model.

**Conclusion.**– OCD is associated with ToM impairment, which is related to schizotypal traits, disease severity and poor insight, but neurocognitive deficits significantly contribute to this finding. However, ToM-reasoning impairment can be considered as a relatively distinct feature of OCD which is partly separate from general cognitive deficits.

**Keywords:** Theory of Mind; Decoding; Reasoning; Obsessive-compulsive disorder

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0498

### **Obsessive-compulsive disorder with comorbid personality disorders: Current status and understanding**

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The aim of our study was to investigate the comorbidity between obsessive-compulsive disorder (OCD) and personality disorders (PDs), taking into account that patients with EVoccurring PDs have a more severe OCD course. Y-BOCS and SCID-II were administered to a sample of 153 patients (in and outpatients) suffering from a primary diagnosis of OCD, in order to evaluate comorbid PDs. The most common PD cluster showed in our sample was cluster B, occurring in 37 patients. Cluster C was also represented (15 patients), followed by Cluster A (8 patients). OCD with comorbid PDs shows more severe symptoms and a poorer prognosis. In particular, the most frequent comorbid PD in our sample were borderline and histrionic. Furthermore the EVoccurrence of these disorders could imply more difficulties in maintaining a good therapeutic alliance. **Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0499

### **In patients with obsessive-compulsive disorders and major depressive disorders, higher anhedonia scores are related to low self-efficacy**

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**Background.**– Both patients with obsessive-compulsive disorders and major depressive disorders report lower quality of life. By definition, poor quality of life is associated with lower self-efficacy (SE) and anhedonia (ANH), that is, the relative lack of feelings of enjoyment, happiness and satisfaction. In the present study, we investigated the associations between symptoms of OCD and MDD, SE and ANH among patients with OCD and MDD.

**Methods.**– At total of 30 patients with OCD and 30 patients with MDD took part in the study. They completed a series of self-rating questionnaires on symptoms of OCD, MDD, ANH and SE.

**Results.**– Higher scores of OCD and MDD correlated with higher ANH and lower SE. After controlling for SE, associations between higher scores of OCD and MDD and higher ANH persisted.

**Conclusions.**– The pattern of results suggests that anhedonia seems to be a serious mental health issue both in patients with OCD and MDD independently of self-efficacy. Accordingly, treatment might focus on increasing patients' capacity to enjoy and to experience positive emotions.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0500

### **No differences in the concept of field dependency between patients with OCD and healthy controls**

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**Background.**– Witkin introduced the intriguing theory of field dependency as a cognitive style. Briefly, people with a prevalently field-dependent cognitive style rely their cognitive-emotional processes rather on cues from the (social) environment, while people with a prevalently field-independent cognitive style rely their cognitive-emotional processes rather on internal and experience-based cues. Accordingly, as a rule of thumb, people with a field-independent style are more active, assertive, explorative, independent, and action-oriented. In the present study, we investigated, if and to what extent patients with OCD and healthy controls might differ in their field-dependency.

**Method.**– A total of 49 patients with obsessive-compulsive disorder and 49 healthy controls took part in the study. Participants completed questionnaires on socio-demographic and psychiatric dimensions; experts assessed participants' IQ and field-dependency.

**Results.**– Patients with OCD and healthy controls did neither descriptively, nor statistically significantly differ with respect to IQ and field-dependency/independency. OCD scores were associated neither with IQ, nor with scores of field-dependency/independency.

**Conclusions.**– Despite the apparent differences in psychiatric dimensions, patients with OCD did neither differ in IQ, nor in field-dependency/independency. It remains unclear, if and to what extent field-independency of patients with OCD might be considered a resource or an issue to cope with their disorder.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## Old age psychiatry

EV0501

### Antipsychotics and the risk of cerebrovascular accidents in the elderly population with dementia

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**Introduction.**– Antipsychotics (AP) are widely used as therapy for psychotic episodes and behavioural problems among elderly population. The efficacy of AP for the treatment of behavioural problems remain unclear, and multiple side effects are linked to the use of AP. In particular, there is an increased risk of cerebrovascular accidents (CVA) reported in the elderly. Data on differences between new-generation and old-generation antipsychotics with regard to the incidence of CVA remains controversial.

**Objectives & aims.**– We aimed to evaluate CVA caused mortality in relation to the use of antipsychotics in geriatric patients with stroke and matched controls.

**Methods.**– An literature search was conducted using Pub Med, EMBASE searching for studies reporting AP-therapy and the risk of stroke.

**Results.**– Increased cerebrovascular risk was associated with use of AP, especially in the first weeks of treatment. CVA caused mortality was 18% and occurred predominantly within 10 days after initia-

tion of AP-therapy. Classic AP-drugs were more likely to cause CVA, when compared to new-generation AP. Possible pathophysiological mechanisms include a trombo-embolic process, changing function of platelets, cardiovascular and atherosclerotic effects.

**Conclusion.**– Our findings suggest that treatment with classic AP-drugs might be particularly hazardous within the first weeks after initiation of the therapy. After 3 months, the risk stabilizes and there is no ratio to withdraw the treatment. Our data indicate that care should be taken in prescribing AP, and that regular adequate clinical controles are necessary.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0502

### Frontotemporal dementia versus bipolar disorder. A case report

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**Introduction.**– Frontotemporal dementia (FTD) is a presenile disorder accounting for 20% of dementias in people aged 65 years or younger. FTD describes a group of neurodegenerative diseases featuring various combinations of behavioural changes, language abnormalities, social cognitive impairment, and executive function deficits. FTD is divided into two major clinical syndromes: the behavioural variant (bvFTD) and the language variants referred to as primary progressive aphasia. Identifying bvFTD is challenging because symptoms can be subtle in the early stages.

**Methods.**– A 65-years-old man with psychiatric previous history of Bipolar disorder. His son told us he had become increasingly irritable, with episodes of unprovoked shouting of profanities at strangers and family members. These behaviours were uncharacteristic of the patient's personality at baseline. There was no history of head trauma, loss of consciousness, seizures. Although he did not report feeling euphoric, he reported increased irritability, daytime energy, task-oriented behaviour, impulsivity, distractibility, racing thoughts, and pressured speech. A complete physical and neurologic examinations were unremarkable.

**Results.**– Atypical antipsychotics and mood stabilizers can also be used to control the behavioural symptoms of frontotemporal dementia, although data on their efficacy is limited. On the other hand, valproic acid also appears to enhance dopamine release by antipsychotics that increase the activity of 5-HT<sub>1A</sub> receptors at prefrontal level, such as quetiapine. The significant improvements seen in both affective state and behaviour of our patient soon after the start of treatment with aripiprazol and sodium valproate suggest that a controlled treatment trial with these agents in FTD might be promising.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0503

### Quality of life of the elderly subjects consulting the polyclinic CNSS of Sfax

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**Introduction.**– The growing proportion of older people makes to improve their quality of life (QoL) a hot topic and a priority for the political and health authorities. **Objectives.**– To evaluate the QoL of an elderly population and to identify factors related to impaired QoL in the elderly.

**Methods.**– A cross-sectional study including 70 patients aged 65 and over consultant to the Polyclinic CNSS (National Social Security Fund) of Sfax. We evaluated the QoL using the SF-36.

**Results.**– The average age was 73 years. Impaired QoL was found in 63 (90%) patients. The standardization of initial average scores of the SF-36 showed that all dimensions of the SF-36 were altered. The main factors impairing the elderly's QoL were: female gender ( $P=0.037$ ), lower socioeconomic status ( $P=0.015$ ), lack of physical activity ( $P=0.02$ ), presence of comorbidities ( $P=0.009$ ) with a number  $\geq 2$ , especially diabetes ( $P=0.008$ ) and/or diabetes-HTA combination ( $P=0.038$ ). The alteration of the psychic dimension was correlated with isolation ( $P=0.049$ ) and the onset of a stressful event during the last 6 months ( $P=0.008$ ).

**Conclusion.**– Our results confirm that the quality of life of elderly patients is often impaired. They also show the importance of action on modifiable factors related to the impairment of quality of life namely improving the socio-economic level of this population, encouragement of regular physical activity, fight against social isolation and prevention and appropriate management of chronic diseases.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0504

### **Aging brain of bipolar patients; a relation between bipolar disorders and dementia?**

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**Introduction.**– Bipolar disorder (BP) is a life-long, relapsing disorder cause serious disability. Late onset illness is seen in minority of patients. Some elder patients with BP show some persistent behavioural problems and cognitive deterioration other than symptoms of mood episodes. The knowledge about etiologic or progressive relation between BP and dementia is scarce.

**Objectives.**– We described a case series; patients with BP and frontotemporal dementia (FTD) to discuss the relation between two illness.

**Methods.**– The onset of illness, description of clinical features, progression, neurocognitive tests, brain images of patients with BP and FTD are presented and discussed in the light of literature findings.

**Results.**– We presented four patients with BP. Patient A: 64 year old male, diagnosed with BP 1 for 20 years. He has been diagnosed with FTD for last 6 years. Patient B: 59 year old, female with diagnosis of BP 1 for 37 years. She was also diagnosed with mixed type dementia. Patient C: 75 year old male, diagnosed with late onset BP1 for 18 years and FTD for 6 years. Patient D: 70 year old male, late onset BP1 and FTD for 16 and 4 years respectively. We observed that late onset BP are more risky and has degenerative, aging process which prone to developed FTD.

**Conclusion.**– The patients with BP may aging with more degenerative process and FTD diagnosis may resulted from dis neurodegeneration. Some etiologic data about FTD might come out with traces of BP.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0505

### **“Ghosts from the past”: Could dementia symptoms be considered as dissociative symptoms due to previous traumatic experiences? A pilot project**

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The aim of this workshop is to reveal the interrelationship between trauma, dissociation and dementia and to demonstrate a pilot project based on this vision, running in an elderly home.

There is a growing body of research studying the stress-dementia connection. This research proposes that life traumatism could precede the appearance of dementia symptoms.

Early childhood trauma and disrupted attachment plays a crucial role in the development of dissociative psychopathology.

We could consider aging as a threatening condition in which the many developmental changes constitute stressors that make the person more vulnerable for unresolved traumatic experiences to surface.

A lot of behavioural, affective and cognitive symptoms in dementia could be labeled as hyper-aroused dissociation e.g. reliving expressed through dementia as increased physiological reactivity such as wandering, or hypo-aroused dissociation e.g. amnesia expressed through dementia as loss of memory.

The pilot project: “The mosaic of life” is based on a holistic approach blending together the environmental aspects with the interpersonal aspects.

The staff is trained in person-centered care, attachment and trauma theory and neurobiological approaches.

The team is supported through supervision and intervision, which increases their self-efficacy.

The person with dementia receives a tailor made treatment, based on a holistic assessment, consisting of psychobiological strategies, the carer - client dyad, etc.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0506

### **Use of restraint in geronto psychiatry: A descriptive study**

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**Introduction.**– The use of coercion within the psychiatric services is problematic and raises a range of ethical, legal, and clinical questions. “Physical restraint” is an emergency procedure used in psychiatric hospitals to control patients that pose an imminent physical danger.

**Objectives.**– The aim of our work is to analyze the indication, the risks and modalities of restraint for aged hospitalized subjects in psychiatric services.

**Methods.**– A descriptive cross sectional epidemiological study was performed in two psychiatric services in which nurses were individually interviewed using semi structured questionnaire. Five topics were explored: indication and contexts, impact on the patient, caregivers-patient relationship, perspective on the practice and feeling of caregivers.

**Results.**– Twenty-nine nurses were recruited; they all had participated in experiences of restraint. The agitation and aggressiveness were the most frequent indication (75%), and the prevention of the fall for 35%. The emotional experience of nurses was predominantly

negative type of frustration for 25% and lack of feeling for 39%. 21% of the nurses declared that it's essential to explain to the patient the modalities of the act before the restraint. 85% answered that they supervise systematically patients during restraint.

**Conclusion.**– In our investigation we found that most frequent indication of restraint was to protect the patient and the environment but it must be made with caution and moderation to avoid complications.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0507

### **Cognitive impairment, a mask of depression in elderly people**

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**Introduction.**– The diagnosis of depression in old age is usually very complex. Clinically, it appears more frequently at body levels, showing somatization processes or chronic pain as psychosomatic phenomena. Mnesic complaints are quite common, sometimes masking the presence of emotional and affective symptoms. The outward clinical manifestations, alongside the evolution of symptoms and response to antidepressant treatment remain the most widely used criteria for differential diagnosis between depression, dementia and depressive pseudodementia.

**Objectives.**– To present a clinical case study reflecting the diagnostic difficulty of depressive disorder in old age.

**Material and methods.**– Descriptive study of a clinical case and literature review of the topic.

**Results.**– We describe the case study of an 85-year-old man with psychiatric history, diagnosed with major depressive disorder. He is admitted to the Acute Care Setting for functional and emotional worsening over the last few weeks, exhibiting persecutory delusional ideas, complaints about his state of health, weight loss, lack of appetite, mnesic symptoms, odd behaviour and occasional verbal aggressiveness. The tests administered –blood test, electrocardiogram, thorax x-ray and brain scan– are all normal and so the screening tests for cognitive impairment rule out the possibility of brain damage. The patient is treated with venlafaxine (150 mg/day) and paliperidone (9 mg/day), showing good response and clinical improvement, with the previous delusional ideas disappearing and with memory errors gradually getting better.

**Conclusions.**– The differential diagnosis between dementia and depression is very complex. Depression in old age usually triggers cognitive symptoms affecting both attention and memory. Response to antidepressants with remission of symptoms suggests underlying depressive disorder pathology.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0508

### **Depression and dementia – The complex relationship**

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**Introduction.**– Dementia and depression are the most common mental health problems in older age. Late-life depression is frequently associated with cognitive impairment. In turn, depressive symptoms are often associated with or precede a dementia syndrome. The relationship between the two disorders is bi-directional and complex and the accurate differential diagnosis remains extremely challenging.

**Objective.**– To characterize and present the current state of evidence about the relationship between depression and dementia.

**Methods.**– A literature search on Pub Med was performed using the keywords “Depression”, “Cognitive Impairment”, “Dementia” and “Pseudo-dementia”.

**Results.**– Approximately, half of the patients with late-onset depression have cognitive impairment, mostly impairments of executive functions, attention, information processing, psychomotor speed and working memory. There are several ways in which depression and dementia could be related: both being common conditions, they could occur together in the same individual by chance; cognitive impairment and depressive symptoms could both be manifestations of the same brain disease; depression could appear as a reaction to recognition of cognitive loss; depression might unmask a dementia which had until then remained undetected; there is a growing evidence suggesting that depression itself could be an independent risk factor for the future development of dementia, especially with early-onset recurrent or chronic depression. Various mechanisms have been proposed to explicate this association.

**Conclusion.**– The relationship between depression and dementia is far from clear. There are several methodological limitations in the studies that need to be sort out. This area has enormous public health implications considering our growing elder population.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0509

### **The profil of Moroccan elderly psychiatric inpatients**

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**Introduction.**– The aging of populations is a major public health issue, because of its health consequences, but also social and economic. In response to this demographic evolution, geriatrics, medicine of the elderly, developed from the end of the 1950s. In the field of psychiatry, the peculiarities that characterize the disorders of the elderly also led to a reflection on the need to propose a specific offer of care.

**Material and method.**– We conducted a descriptive cross-sectional study of all elderly patients hospitalized in the psychiatric unit of Mohammed VI University Hospital, Marrakech, from 1 February 2016 to 31 August 2016.

**Results.**– The sample studied includes 24 patients hospitalized in the psychiatric ward of Mohammed VI Marrakech Medical Center and whose diagnosis was retained on the criteria of the Diagnostic and Statistical Manual of mental disorders in its fifth version (DSMV). The average age of our sample was 62.84. 84.21% of patients ( $n=16$ ) were male with a sex ratio of 5.3. Behavioral disorders and delusional syndrome are the most common symptoms found at admission. 73.86% of patients were diagnosed with schizophrenia. 84% of the patients were on atypical neuroleptics.

**Conclusion.**– Demographic evolution already confronts psychiatrists of adults to take care of elderly patients, whose clinical characteristics (atypical clinical presentations, frequency

of somatic EVmorbidities and associated cognitive impairments, delayed therapeutic responses, etc.) require that a particular teaching and a specific offer of care can be offered as widely as possible. *Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0510

### Diagnostic and therapeutic challenges in patient with persistent delusional disorder and pneumosinus dilatans

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*Introduction.* – Treatment of persistent delusional disorders in old age is often complicated with non-compliance and somatic drug treatment. These circumstances can sometimes lead to presence of new symptoms such as seizures, compromised consciousness etc. *Objectives.* – To present a case with complicated clinical presentation due to the morphological changes, age and influence of the applied pharmacotherapy.

*Methods.* – Case report of a 76 years old female inpatient. We performed extensive laboratory tests; microbiological, pneumologic and neurologic examinations, neuroimaging methods (CT, MRI), EEG, psychological tests.

*Results.* – Anamnesis - alteration of consciousness and extra pyramidal symptomatology, treated several years with LAI Risperidone. CT - calcification of the basal ganglia. Toxicology screening without overdose. Laboratory analysis: sodium = 116 mEq/dL; CK = 3683 U/L; hematocrit 0,31%; leucocytes =  $9,3 \times 10^6/\text{mm}^3$  and neutrophilia 0,88%. During treatment she had two tonic-clonic seizures with amnesia. EEG: theta activity over right frontal-central area. MRI: intracranial pneumosinus dilatans without compression of the tissue. Psychologist: visual-retentive deficits and difficulties in graphomotoric performance. Neurosurgeon preferred conservative treatment.

*Conclusions.* – Several factors could explain the current clinical state of the patient. First the patient was old age female with history of treatment with SGA. We can assume that mechanism of hyponatremia is similar to other psychotropic medications i.e. secondary to the syndrome of inappropriate antidiuretic hormone (SIADH). The possible mechanism for seizures could be the presence of pneumosinus dilatans in right frontal sinus. Such patients should be diagnosed and treated with multidisciplinary approach.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0511

### Frailty evaluation in aging adults with autism spectrum disorder and intellectual disability (EFAAR study)

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The frailty syndrome is defined as a medical state of increased vulnerability due to aging-associated decline of physiological reserves. In the Rockwood's cumulative model, a frailty index (FI) is calculated from a lot of clinical and biological criteria. In general population, this FI depends only on age. Few data are available about aging with autism spectrum disorder (ASD). Nevertheless a premature frailty is suspected.

The principal aim of our monocentric and prospective study is to determine if FI is age-dependent in a population of adults with ASD and intellectual disability (ASD-ID). Secondary objectives are to determine the frailty prevalence in our ASD-ID population and to characterize its health condition.

Our primary endpoint was the complete or selected FI (respectively 104 clinical and biological criteria or 62 criteria (criteria with frequency between 5% and 80%)). In addition, ASD severity, adaptive and intellectual functioning, somatic and psychiatric comorbidities, and treatments were evaluated. After checking FI gamma distribution by Kolmogorov-Smirnov test, log-linear univariate and multivariate regressions have been performed to determine on which variables FI depends.

To date, 41 patients aged from 20 to 63 years have been included. FI mean was 0.24-0.25. FI depends significantly on age, ASD severity (CARS), and somatic comorbidities (CIRS). Frailty prevalence ranges from 9 to 61% in accordance with the used FI threshold model. We noted high prevalence of depression (20-23%) and gastrointestinal disorders (70-73%).

Finally, ASD-ID frailty depends on a complex synergy between age, disability and somatic comorbidities. The observed FI is in favour of a premature frailty.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0512

### Assessment of hyper- and hypodopaminergic behaviors in Parkinson's disease

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*Introduction.* – Behavioral changes in Parkinson's disease (PD) are complex and their pathophysiology is not yet fully understood. The dopaminergic system seems to play a major role and most of the behavioural disorders in PD can be classified into either hypodopaminergic if related to the disease itself or hyperdopaminergic if related to dopaminergic treatment.

*Objective.* – To assess for hyper- and hypodopaminergic behaviours in PD patients.

*Methods.* – A cross-sectional study was conducted at the Neurology Department, Habib Bourguiba Hospital (Sfax, Tunisia) including outpatients diagnosed with PD. We used the “Ardouin Scale of Behavior in PD” for evaluating behaviour changes in patients.

*Results.* – Thirty-six patients were enrolled. Mean age was 66.22 years and disease duration was 5.72 years. All patients were treated with dopaminergic therapy associated to anticholinergics in 16.7%. All cases reported at least one psychiatric symptom. The most common were anxiety (77.7%), depression (55.6%), irritability (55.6%) and apathy (33.3%). Psychosis and emotional outbursts were identified among 16.7% and 22.2% of patients respectively. The frequency of hyperdopaminergic behaviours was: hyperactivity (50%), excessive daytime sleepiness (22.2%) and compulsive eating (5.6%). No

exhibited aggressive hypersexuality, pathologic shopping or compulsive medication were identified.

**Conclusion.**– Neuropsychiatric symptoms are common in PD patients suggesting that they are an integral part of PD from the beginning of the disease and appears more related to disease progression than to the type of antiparkinsonian medication. The presence of such behavioural disorders indicates the need to address specific therapeutical approaches targeted toward each particular symptom.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0513

### Revisiting Hippocrates – The particular case of the 5th humour illness

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**Objectives.**– Bibliographical review of the scientific literature on the topic Glaucoma and its relation with psychotropic drugs.

**Methodology.**– Bibliographical analysis of the works already published on the subject. Identify keywords, collect primary sources, review secondary sources, make a critical review and summarize available literature.

**Results.**– Based on the keywords, we obtained 22 bibliographic sources that we considered relevant.

**Discussion/conclusions.**– Glaucoma—an optic nerve disease, responsible for a progressive (but silent) vision loss - is the 2nd worldwide cause of blindness and the first cause of reversible blindness. 60 M people worldwide with Glaucoma and an increase in incidence with age. Numbers that worry? A problem of all, no doubt. The challenge gets harder. The bidirectional relationship between Glaucoma and Mental Illness is known. 17% of patients have both Mental Illness and Glaucoma. After all—our problem is greater than others' is. Psychotropic drugs can cause Secondary Glaucoma, described in the literature as a type of angle-closure Glaucoma. How bad is our problem? Although less prevalent, angle-closure Glaucoma accounts for 50% Glaucoma-induced blindness. The conclusion? Our problem is WAY bigger than others' is. Our motion? Answer to simple questions of daily clinical practice: Which patient should make the alert sound? What symptoms should concern us? What to do and what to avoid?

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0514

### The Cotard syndrome: A case report

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We present the case of an 83-year-old man who was hospitalized in psychiatry after a suicide attempt, by defenestration. We have done a review of the literature on the subject of a clinical case, due to its peculiarities. He was diagnosed of Somatic Symptom Disorder (according to DSM5) with hypochondriac overvalued ideas. He required admission to the Mental Health Hospitalization Unit showing psychomotor agitation, verbiage and aggressiveness, with progressive deterioration of his mental state; it was necessary a joint follow-up was performed with a Neurology service, and the diagnosis was "unspecified Dementia".

Hypochondriacal ideas are common in the elderly. In most cases they present a depressive substrate. There are several factors that favor the development of delusional disorders in the elderly, such as physical deterioration, pluripathology, progressive loss of loved ones, previous personality and thoughts about death. All this influences the development of concerns about diseases and somatic well-being, and can trigger a picture with delusions. The treatment of this syndrome is usually complex, however, it can be treated effectively if the appropriate pharmacological combination is found for each case. Antidepressant drugs such as mirtazapine or venlafaxine, or antipsychotics such as risperidone, olanzapine, or aripiprazole are usually used. The choice of each of these drugs (or combination of both if required) should be individualized in each case, since there is no infallible treatment to treat cotard syndrome. **Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0515

### Loneliness, anxiety and widowhood at portuguese adult daycare centers: An exploratory study

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**Background.**– Widowhood, loneliness and anxiety are commonly seen together in old people staying at adult daycare centres. Human beings are social species which require secure and pleasurable surroundings to survive. Satisfying social relationships are essential for mental and physical well beings. Impaired social relationship can lead to loneliness, in specific at the time of widowhood. Since the time of dawn, loneliness is perceived as a global human phenomenon. Left untended, loneliness can have serious consequences for mental and physical health of people. This study aimed to investigate the relations between widowhood, anxiety and loneliness, how could they be detected and also starts to think about solutions to adopt.

**Methods.**– Questionnaires including socio-demographic data, UCLA Loneliness scale, Geriatric Anxiety Inventory (GAI), all of them validated to portuguese population.

**Results.**– A total of 70 individuals answered the questionnaires. 20 of them were excluded from the study by the criteria of poor cognitive state. Widowhood was more correlated with loneliness than married, single and divorced people. Loneliness was correlated with anxiety. Females report more anxiety than males. Related to loneliness, there are no significative differences in both sex.

**Conclusions.**– People who lost a spouse, report more loneliness and anxiety than the other people with other civil states. Adult daycare centers promote activities that didn't focus on intimacy and quality

of relationships. More studies are needed to understand how could we improve the quality of life of those people.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0516

### Psychopharmacology approach of the bipolar disorder in the aged outpatient

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*Introduction.* – The difficulty in the therapeutic management of the bipolar disorder in elderly population, it is due to the high sensitivity in general pharmacological effects and in psychotropic drugs in particular. There are no specific recommendations to this age group. Most of the evidences are extrapolated from studies in middle age.

*Objectives.* – To analyze longitudinally the pharmacological route of a sample of outpatient with diagnosis of Bipolar Disorder (DSM5 Criteria) above age 65.

*Method.* – Descriptive analysis were performed about data collection from clinical histories from 9 outpatients.

*Results.* – Preliminary results from part of the sample are shown (Table 1).

*Conclusions.* – Most of the patients experienced at least three drugs prior to the current treatment. The principal reason for drug change was the presence of intolerable adverse effects. The trend is to be replaced by atypical antipsychotic or antiepileptic. The available literature is still limited to justify these indications based on empirical data.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

Table 1

	Current age	Years of evolution	Somatic backgrounds	Drugs previous to current treatment	Cause of modification	Current treatment	Side effects
N1	79	59	Arrhythmia, high blood pressure, cholecystectomy	Lithium	Renal failure	Gabapentine	Tremor, drowsiness
N2	76	60		Haloperidol, lithium, biperiden,	Extrapyrarimid syndrome	Lithium, trazodone,	Distal tremor, cognitive impairment
N3	72	25	Ischemic heart disease, high blood pressure, VHB. Essential tremor, cognitive impairment	Fluoxetine, lamotrigine, Oxcarbazepine, Haloperidol, olanzapine	Ineffective Neurotonia Extrapyrarimid syndrome Gain Weight	Quetiapine, valproic acid.	Worsening Cognitive impairment, drowsiness
N4	68	38	Diabetes mellitus	Tricyclic antidepressants, valproic acid, lithium	Drowsiness, gastric discomfort, fatigue	Risperidone, zolpidem	Tremor, dependence on zolpidem

EV0517

### Isolation, frailty and dementia – A self-entertaining loop

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**Introduction.**– Social interaction is recognized as a basilar human need, which is deeply compromised in many patients suffering from dementia. Perceived social isolation has in fact been suggested as a premorbid and modifiable risk factor for dementia, although not yet fully understood.

**Objectives.**– We looked for possible mechanisms mediating the effects of social isolation on dementia onset.

**Methods.**– We conducted a selective literature review through the queries of “loneliness”, “isolation”, “cognitive” and “dementia” in Pub Med/Medline online databases, considering relevant references based on their focus on isolation parameters and explanatory models.

**Results.**– Few publications are found on our specific topic. Perceived social isolation appeared as a broad definition for subjective and objective deficits in social interactions, allowing some research so far. It has been related to cognitive decline due to lessened brain stimulation and indirectly through adverse effects frail general health, especially cardiovascular, but research still lacks specific data relating isolation to specific aetiologies of dementia.

**Conclusions.**– Social isolation, frail general health and dementia act as a triad in which each two arms constitute a risk factor for the other. Clear causal mechanisms for dementia precipitated by isolation remain to be proved.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0518

### Maintenance electroconvulsive therapy in elderly, the experience of Magalhães Lemos’s hospital, Porto, Portugal, in 2016

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**Introduction.**– Before a successful acute treatment, maintenance electroconvulsive therapy (ECT) is a usual practice in elderly, because of its efficacy (HP Spaans et al., 2015), in relapse prevention safety (G Petrides et al., 2011) (DT Manly et al., 2000) however there is no general agreement (M Frederikse 2006).

**Objectives.**– Clarify the efficacy of maintenance ECT in relapse prevention.

**Methods.**– Brief review of the literature about maintenance ECT in elderly, using Pub Med and presentation of epidemiological data of ECT Unit in Magalhães Lemos’s Hospital related to this practice, during 2016.

**Results.**– In terms of ECT practice in elderly, in Magalhães Lemos’s Hospital during 2016, 21 individuals were treated with acute ECT. 14 of them started maintenance treatment and 5 of these relapse (35.7%). Of the 7 individuals that didn’t start maintenance therapy, only 1 relapse (14.2%).

**Conclusions.**– Maintenance ECT in elderly is usual but there is formal guidelines supporting it. Studies show good efficacy in relapse

prevention of severe psychopathology however, our unit data fail to show that. However, a larger population was needed to support our idea.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0519

### Frailty and depression in the elderly: Relationship between two prevalent conditions in geriatric patients

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**Introduction.**– Frailty is an age-related state of decreased homeostatic response to stressors resulting in increased vulnerability and decline in physiological reserve across multiple systems. Depression is a clinical entity associated with functional decline and is a predictor of disability and morbidity. There is considerable overlap of these two clinical situations but the precise nature of their relationship is unclear.

**Objectives.**– Review about the relationship between frailty syndrome and depression in the elderly.

**Methods.**– Non-systematic review of literature using Pub Med database using keywords “Frailty” and “Depression”.

**Results.**– Frailty and depression are unarguably interrelated concepts but despite overlapping symptoms most view them as distinct syndromes. There is however some data suggesting there may be common pathophysiological mechanisms, namely a low grade proinflammatory state and dysregulation of hypothalamic pituitary adrenal axis. Comorbidity is well established but causal relationships have recently begun to be addressed. Vascular depression in particular may be a risk factor for the development of frailty probably due to the contribution of cerebrovascular burden and depression symptoms appear to be associated with greater prevalence of frailty with an important impact in longevity. Also, most severely depressed patients are more susceptible to developing frailty due to the impact of depression on lifestyle factors. On the other hand frailty is also presented as a risk factor for depressive symptoms.

**Conclusions.**– Definite data about the complex interrelationship between depression and frailty is lacking. Development of effective evidence-based intervention models is necessary and further understanding of these clinical constructs and their relationship is important for the planning of optimal care in this challenging population.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0520

### Montessori Intervention for dementia in Pakistan open label feasibility study

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**Background.**– People with dementia usually develop behavioural and psychiatric symptoms (BPSD) which can lead to burden for caregivers and premature institutionalization. More than 50% dementia patients live in low and middle income countries where only less than 10% of the relevant research has been done. Lack of formal support indicates need of developing alternative forms of care and support for them. In case of BPSD, a non-pharmacological approach based on the Montessori method, may be helpful to both the person with dementia and the caregiver.

**Objectives.**– To evaluate the feasibility and acceptability of a group-based Montessori intervention for dementia for LMIC. To build capacity and capability in dementia research (researchers training, setting up PPI research group, scoping the recruitment/referral pathway, undertaking the field study)

**Methods.**– This will be a single-arm open-label feasibility and acceptability study of 12 dyads (person with dementia and their caregiver) with 12-week of Montessori intervention, delivered by trained researchers. Data will be collected using qualitative measures (semi-structured interviews, weekly diaries) and quantitative measures using a battery of baseline and follow up assessment measures.

**Conclusion.**– Carefully assessing process measures in feasibility trials is essential to successfully undertake larger-scale interventions of complex therapies in LMIC settings.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0521

### Preventing hospital admission in acutely unwell older adults

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**Introduction.**– Interim Assessment and Treatment (IAT) provides funding to purchase care for urgent and specific treatment needs for Older Adults in Cornwall where the likely alternative might be an admission to hospital. Used appropriately it is much less restrictive and increases the possibility of maintaining patients in familiar surroundings. It is important for the effectiveness of IAT that specific steps are taken to ensure the most appropriate treatment and/or placement.

**Objectives.**– This audit assessed whether we are meeting the required standards of assessment and communication throughout the process. We also reviewed the outcomes from each placement (e.g. hospital admission, return home, continued placement at IAT address) as well as length of placement as proxies for the success of the process.

**Methods.**– We reviewed all patients where IAT funding had been used in the past 12 months and used a standardized data extraction form covering five key domains; assessment, placement details and outcome, information sharing, legal process and follow-up.

**Results.**– In total 12 patients received IAT funding. They received physical (100%) plus mental (91.6%) plus cognitive (66.7%) assessments for their decline prior to funding. All involved MDT discussion. Only 1 (8.3%) patient ultimately required admission to a mental health hospital. The median length of placement was 19.5 days which compared favourably to the national median inpatient stay of 78 days.

**Conclusions.**– Our IAT placements are well planned, executed and effective and in the majority of cases result in a suitable placement being found or maintained and hospital admission avoided.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0522

### The Psychotic Depression Assessment Scale (PDAS) in older adults: Clinical use and value

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**Background.**– The Psychotic Depression Assessment Scale is the first dedicated scale to measure severity of a depressive disorder with psychotic features (psychotic depression). A recent study showed promising result on the use of a semi-structured interview. The PDAS was clinically valid, scalable and responsive. Our study aimed at establishing validity of the semi-structured interview of the PDAS using independent ratings on reference instruments.

**Methods.**– A total of 62 participants of 60 years and older were recruited in 2 old age psychiatry wards in Flanders, Belgium. Severity of depression was measured by trained nurses using the PDAS. Reference instruments were the Clinical Global Impression Scale for severity (CGI-S), the Montgomery-Asberg Depression Rating Scale (MADRS), the CORE and the Inventory of Depression Severity - Self Report.

**Results.**– (Not supplied)

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0523

### Subjective well-being in older women with breast cancer in remission

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**Objectives.**– To analyze significant differences among two groups of older women with and without breast cancer, regarding subjective well-being (SWB); to assess the association of SWB with breast cancer; and to examine the association of the affective with the cognitive dimension of SWB in both groups.

**Methods.**– We recruited 387 older women (M = 85.27; SD = 6.59; range 75–100). Measures included demographics, the Satisfaction with Life Scale and the Positive and Negative Affect Schedule.

**Results.**– Women with breast cancer in remission presented a significantly higher SWB score. Cognitive and affective dimensions of SWB were correlated to breast cancer, and were strongly associated in both groups.

**Conclusions.**– Clinical and program development may benefit from addressing SWB of older cancer survivors.

**Keywords:** Older women; Breast cancer in remission; Subjective well-being; Aging well.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0524

### Psychological challenges of older clients in person-centered therapy

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**Objectives.**– Dramatic increases in life expectancy within the older population have revealed challenges specific to older adults, yet these are rarely addressed in the person centered literature. In this paper, we offer the perspective of adults experiencing old age, by using a case study of a 74-year-old older adult as well as research that supports the various challenges in old age.

**Methods.**– We explore several psycho-emotional challenges experienced by older adults—cognitive capacity, time perspective, autonomy, loss and reminiscing, and the aging body, in order to facilitate understanding of their specific needs.

**Results.**– The results show that for older adults, an empathic approach is key to creating relational depth within a therapeutic relationship so that the older client can deepen his or her personhood and his or her sense of agency.

**Conclusions.**– We assert that a genuine and authentic encounter between an older client and her or his therapist is the key to facilitating growth and development for the older client.

**Keywords:** Older client perspectives; Empathic approach; Person-centered therapy; Psycho-emotional challenges; Therapeutic relationship

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## Oncology and psychiatry

EV0525

### Psychiatric symptoms in brain tumor, case report

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**Case report.**– We presented patient with the diagnosed brain tumor where psychiatrist had been the first specialist to be consulted. Neurological examination was generally unremarkable with no focal signs or features of raised intracranial pressure.

CT scan demonstrated Proccessus expansivum region sellaris et suprasellaris nonfunctionalis cum compression chiasmaopticum in a 67 y male patient.

His family said that the first behaving changes such as heightened suspicion and elevated jealousy of wife is in the last year, and that symptoms grow up after retirement.

Psychiatric symptoms in patients with brain tumors are not specific enough and can have the same clinical presentation as the genuine psychiatric disorder.

It is important to use the neuroimaging in patients with abrupt beginning of psychiatric symptoms, in those with a change in mental status, or when headaches suddenly appear or in cases of treatment resistant psychiatric disorders regardless the lack of neurological symptoms.

**Keywords:** Mental disorders; Signs and symptoms; Brain neoplazma diagnosis

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0526

### Tobacco consumption pattern and psychological impact among auto rickshaw drivers in Chennai city, Tamil Nadu, India

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**Background.**– Tobacco use is a major preventable cause of premature death and diseases, India is the second largest consumer of tobacco in the world. The prevalence of tobacco use among adults (15 years and above) is 35% and the prevalence of overall tobacco use is 48% among males. This study is contemplated with an aim to assess the prevalence of tobacco consumption and the associated factors involved in its consumption, as this group of the population is under constant pressure and account for the workforce of the country.

**Materials and methods.**– A cross sectional descriptive study was conducted among 400 Auto Rickshaw Drivers in Chennai City. Data was collected using a Survey Proforma which comprised of a Questionnaire which can assess the frequency of consumption, age of initiation, the amount of consumption, mental stress, economic factors, any past history of disease and most importantly the awareness towards oral cancer. The data recorded was transferred and analysed using SPSS version 20. Chi-square test was used to test the significance between groups.

**Results.**– Prevalence among auto rickshaw drivers for consumption of tobacco products was very high (87%). Auto rickshaw drivers were mostly used tobacco in the form of Gutkha (72%) and bidi (40%) in comparison to other products. Awareness level among auto rickshaw driver was high (70%) but still uses tobacco products because of its addiction (66%). In the opinion of auto rickshaw drivers increase in tax may reduce it consumption and the majority of drivers (70%) think that tobacco must be banned.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0527

### The announcement of diagnosis of malignant oculo-orbital tumor in children: Impact and repercussions on parents

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**Objectives of the study.**– The purpose of our work is to describe the experience of the parents of a child with oculo-orbital cancer and to evaluate the degree of satisfaction of these children both for the therapeutic management of their child and for the clarity of the information transmitted.

**Patients and method.**– We conducted a prospective study of interest to parents of children with cancer oro-orbital and who had been treated in the ophthalmology department of the Mohammed VI University Hospital of Marrakech over a period of one year. Data collection was done through semi-structured interviews with parents, to whom we also provided self-questionnaires to assess their lived experience at the time of diagnosis, treatment and after treatment.

**Results.**– Twelve families participated in the study. The average age of treated children was 11 months. 73% of children had retinoblastoma, and 27% had rhabdomyosarcoma. The sick child was the only child of all the families participating in the study. At the time of the announcement of the diagnosis, the father was absent in 75% of

the cases. 10% of the families considered that the doctor could not find the right words to announce the diagnosis. At the announcement of the treatment (enucleation/exenteration): all the parents did not accept immediately the proposal of the treatment. 80% of parents needed an average of 3 days to adapt to this situation. After treatment (average time of 1 month): The majority of parents (92%) expressed overall a significant satisfaction

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0528

### Emotional distress, alexithymia and coping strategies in newly diagnosed patients with cancer

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*Introduction.*– Receiving a diagnosis of cancer may cause psychological responses such anxiety, depression and alexithymia. Patients adopt various coping strategies to deal with this situation.

*Objectives.*– To determine the prevalence of anxiety, depression and alexithymia in newly diagnosed patients with cancer and explore coping strategies used by these patients.

*Methods.*– It was a cross-sectional study involving 40 newly diagnosed patients with cancer and followed in the oncology department of Habib Bourguiba University Hospital in Sfax. The Hospital Anxiety and Depression Scale (HADS) was used to assess emotional distress. Alexithymia was assessed using the Toronto Alexithymia Scale (TAS-20). Coping was evaluated by the Ways of Coping Checklist-Revised (WCC-R); this scale measures three coping factors: problem-focused coping, emotion-focused coping, and social support seeking.

*Results.*– The average age of the patients was 54.65 years. The sex ratio (M/W) was 1.5. The colorectal cancer was the most frequent (50%) type of cancer. The average duration of disease was 4 months. 10% of patients had metastases. All patients were treated with surgery and 55% underwent radiotherapy. A high level of anxiety was found in 40% of patients, while depression was found in 30% of cases. Four patients (10%) had alexithymia. The most adopted coping strategy was problem-focused with an average score of  $31.44 \pm 3.97$ . High alexithymic patients scored higher on the emotion-focused coping and significantly lower on problem-focused coping than non alexithymic patients.

*Conclusion.*– After a cancer diagnosis, depression, anxiety and other emotional problems may occur. Psychological support can reduce emotional distress and reinforce strategies of adjustment to illness.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0529

### On psychooncological therapy

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*Introduction.*– Psychooncological therapy is very important for health-behaviour-modification&psycho-

neuroimmunomodulation related to occidental&oriental philosophy-psychology-medicine incl. Chinese, India, Japanese, etc.

*Methods.*– Psychic/body-training by occidental/oriental practices (patients/probands). Evaluation of psychic-“polar-attitude-list”/physiological-parameters: heart-rate, blood-pressure, etc. (see ref.).

*Results.*– Observations demonstrate strong positive influence of psycho-somatic parameters after music[1], respiratory[2], yoga-physical[3] therapies. Items of psycho-physiological (relaxed), emotional (tranquil/happy), cognitive (few/ordered thoughts), voluntary (active/spontaneous), social (open/assertive), consciousness (clear/sleepy) categories are significantly positive changed 25-50%. The 3 therapies have specific psychic effects, e.g. items “relaxed/tranquil” after respiratory- (+45/50%) & music- (+20/5%), also item “open” after music-therapy (+25%) are positive, but negative after respiratory-therapy (-20%). Radiooncological patients/gynecol.-urol. reported after training [1-3] to be more relaxed-47%/tranquil-62%/clear-40%, large mental-quietness-62% ( $p < 0.05-0.01$ ,  $n = 206$ ).

*Conclusion.*– Psychopathology needs new integrative therapy-models considering application of psycho-somatic (Th.v.UEXKÜLL and somato-psycho (Y.IKEMI) approaches caused by high complex interaction of psychic-physiological-pharmacological-social factors, appointed also by Emperor AKIHITO during opening ceremony of ICPM-Congr. in Kobe: “total symptoms of mind-body, seeking ways of holistic care”. Model for integrative psychooncology & pharmaEVtherapy could essentially help oncological patients after radiochemotherapy incl. intraoperative radiotherapy/IORT, supporting UNO-Agenda21 for better health, ecology, economy, etc. *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

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EV0530

### The use of mirtazapine in cancer patients: A review

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*Introduction.*– Cancer patients often have concurrent physical and psychological symptoms. These problems may become barriers towards the healing process. Antidepressants seem to be beneficial for the purpose of palliative care in this type of patients. One of the useful medications is mirtazapine, which is known as noradrenergic and specific serotonergic antidepressant (NaSSA). This

paper examines the use of mirtazapine in physical and psychological symptoms of cancer patients.

**Methods.**– Literature search was done on Pub Med (from inception to January 2017) by matching the key terms: 'noradrenergic and specific serotonergic antidepressants' or 'NaSSA' mirtazapine' AND 'cancer' or 'oncol\*' or 'malignancy' or 'carcinoma'. Eligible papers were screened at the title and abstract level. Various types of study included in this review, according to certain criteria. Additional papers were also identified by screening of reference lists.

**Results.**– A total of twelve papers were reviewed and summarized. Positive findings obtained for the use of mirtazapine in cancer patients associated with various symptoms, including depression, anxiety, cachexia, nausea, hot flashes, and pruritus. Some rare side effects are reported, including constipation, myalgia sedation, dry mouth, stimulation of appetite and weight gain.

**Conclusion.**– Mirtazapine has the potential to be beneficial for cancer patients suffering from these physical and psychological symptoms. However, more research studies with sufficient power are warranted to validate the findings.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0531

### **Differentiated approach to the study nozogeny in patients breast cancer**

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**Background.**– The problem of mental disorders in patients with breast cancer is relevant due to the high prevalence of pathological changes in the mental health patients, insufficient development of clinical typology of psychosomatic correlations and evaluation of the contribution of constitutional features

**Material and method.**– Study of nozogeny disorders in patients with breast cancer, manifesting at different stages of the disease, with the release of certain clinical types, taking into account premorbid characteristics of patients.

**Results.**– Anxious - depressive nozogeny reaction was recorded in 17 patients of the first sample with high direct correlation (coefficient Fechner  $F=0.76$ ,  $P<0.01$ ) with respect to accentuation of personality in the alarm type, and the weak direct link to the personal characteristics of the affective (bipolar) range ( $F=0.22$ ,  $P<0.01$ ). Anxious - nozogeny dissociative response was detected in 9 patients with hysterical  $n=5$  (55.5%) and expansive schizotypal (vershrobene)  $n=4$  (44.4%) lung cancer with a significantly significant ( $F=0.65$ ,  $P<0.01$ ) a direct correlation with constitutional hyperthymia, anxiety - hypomanic nozogeny response was observed in 4 patients c schizotypal RL ( $n=4$ ) paired with symptoms of persistent hyperthymia ( $F=0.39$ ,  $P=0.012$ ). Manifestation of a particular patient nozogeny reaction is closely correlated to its premorbid personal characteristics.

**Conclusion.**– Patho-characterological development of personality are formed on the remote catamnestic stage breast cancer and show the clinical heterogeneity of differentiation into 4 types: 1) hypochondriacal dysthymia, 2) "paranoia struggle", 3) "aberrant hypochondria" and 4) "new life".

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0532

### **Body image perception, marital adjustment and sexual satisfaction in breast cancer**

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**Introduction.**– Breast cancer causes alterations in body image, threatens perception of femininity and sexuality, and may lead to problems arising from inadequacy perception in sexual and marital relationship. Breast cancer patients' partners generally form the ultimate source of social support. However, they are frequently ignored. Studies report that partners simultaneously suffer from psychosocial problems experienced by the women, and they have a negative and avoidant attitude about having close relationship with the patient and thus their sexual lives are negatively affected. Sexual problems experienced by the couples frequently arise from women's avoidant attitude with the feelings of incompetency and partners' concerns on causing unintended harm/distress on the patient. This mutual suffering and anxiety negatively affects the couple's sexual life and can lead to marital adjustment issues.

**Objective.**– The aim of the study is to review breast cancer patients' and their partners' sexual satisfaction and marital adjustment that are effected by body image perception.

**Method.**– This study was carried out as a review of literature.

**Results.**– With the support of psychoeducational interventions, it is possible that couple can cope effectively with breast cancer process, or even grow with this process. Programs focused on improving skills related to sexual and marital adjustment are effective on the improvement of women's body image perception, couples' sexual functioning and marital adjustment.

**Conclusion.**– Health care professionals should be alert on and discuss these issues with the couple during routine assessments by adopting a sensitive approach. Psychoeducational programs targeting sexual and marital adjustment should be developed and conducted.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## **Others**

EV0533

### **Antidepressant-induced sexual dysfunction among fluoxetine, paroxetine, venlafaxine and mirtazapine in a naturalistic study**

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**Introduction.**– Antidepressants agents had been associated with a variable degree of sexual dysfunction. Failure to address this side effects to the patient may lead to non-adherence to the treatment and relapse of depression.

**Objective.**– Measuring the prevalence of sexual dysfunction in psychiatric outpatients treated with fluoxetine, paroxetine, venlafaxine or mirtazapine.

**Methods.**– This is a cross-sectional study conducted in SQU hospital Oman. All patients above 18 years of age, on above mentioned

medications for various indications were invited. Sexual side effects part of Toronto Side Effect Scale was used to assess the presence of sexual dysfunction. Male patients were asked to rate the frequency and severity of erectile dysfunction, premature ejaculation and delayed ejaculation. Both genders were asked to rate the frequency and severity of anorgasmia, decreased libido and increased libido.

**Results.**– A total of 73 patients were included. The mean age for the participants was 40 years. The number of patients on paroxetine, fluoxetine and mirtazapine was equal (21 patients for each). Meanwhile, 10 patients were on venlafaxine. The average duration of the antidepressant use was 3 years. The overall prevalence of sexual dysfunction was 34%. Paroxetine was the most common antidepressant associated with sexual dysfunction (43%). In contrast, mirtazapine was the lowest among antidepressants to cause sexual dysfunction (9.5%). Decreased libido was the most frequent reported sexual side effect.

**Conclusion.**– Sexual dysfunction is common among patients treated with antidepressants particularly selective serotonin reuptake inhibitors (SSRIs). Addressing this side effects early in treatment can improve compliance to treatment and prevent relapse.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0534

### **Asperger syndrome: Comorbidity with gender dysphoria. Case report**

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**Introduction.**– The number of publications describing gender identity problems in patients with Asperger's syndrome appears to be greater more frequent. Current studies highlight a striking association between autism spectrum disorders and gender dysphoria. Several researchers acknowledge that between 7.8% and 12% of transgender people suffer from an autism spectrum disorder. Although lines of work in this field are increasing, it is a controversial subject and pending clarification.

**Objectives.**– Reviewing literature to understand why this relationship could be produced.

**Methods.**– A 19-year-old patient with a history of Asperger syndrome asks for to be evaluated in the gender dysphoria unit. During tracking he presents ambivalent thoughts and feelings. He chooses different gender options at each meeting and he dresses ambiguous clothes. He presents many doubts during the interviews. He has a fantastic thought, idealistic with femininity.

**Results.**– Finally, he was not accepted to continue with the gender reassignment.

**Conclusions.**– Several theories have been described on the joint manifestation of both processes. On the one hand, the more biological theories that explain autism emphasize hormonal alterations. Other visions emphasize the importance of deficits in social interactions and social cognition and in other cases it seems that the factor that facilitates comorbidity could be the overlap of an Obsessive-compulsive disorder. Finally, given the different arguments of the problem, the decision to authorize the resignation of gender is a complicated decision to address and identify the most opportune moment remains controversial.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0535

### **Evacuation of psychiatric hospital in disaster**

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**Introduction.**– Razi psychiatric hospital is the first and greatest rehabilitation hospital in Iran, with 1200 active beds. It was located south of Tehran near the Ray Faults, and in area, more than 100 hectares expanded. Emergencies teams are required to develop effective plans for the safe evacuation of hospitals in the events. There is most literature is devoted to evacuation of general hospital, but little data exist to evacuation of psychiatric hospital.

**Objectives.**– At this study, we are going to describe how we can do evacuation as a daily task in a psychiatric hospital.

**Methods.**– At this mixed method study, we invited key person and whom had experiences in evacuation to participate in focus group discussion. We selected four wards randomly. Two wards titled with “chronic ward” who patients are admitted to the end of their lives, and two wards selected from “education wards” who patient discharged after treatment. Patients were encourage to exit from the wards daily for teatime and fresh air or walking from emergency exit routs.

**Results.**– Most clients did not understand concept of emergencies. Because of psychotic nature of clients, evacuation in emergencies was complicated. Some client who had not insight should have been accompanied with a nursing staff or oriented patient. The full evacuation time range was 9 to 16 minutes.

**Conclusion.**– Our study, showed key opportunities to improve evacuation. The specific opportunities to use from experienced staff and inventive methods can serve to guide future evacuation of psychiatric center.

**Keywords:** Psychiatric hospital; Evacuation; Disaster

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0536

### **Effects of sertraline on seizure duration during ECT**

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**Introduction.**– Selective serotonin reuptake inhibitors are known to lower the seizure threshold; however, some studies have claimed that antidepressant sertraline is particularly effective in preventing seizures. The particular efficacy of sertraline to prevent seizures induced by ECT is explained by its high effectiveness to reduce brain presynaptic Na and Ca channels permeability.

**Objectives.**– We aimed at exploring whether sertraline shortens the seizure duration in electroconvulsive therapy by raising seizure threshold.

**Methods.**– We retrospectively reviewed the files of patients who underwent ECT treatment in our clinic. We have analysed their seizure durations, antidepressant medications, sociodemographic factors and medical conditions.

**Results.**– While we were retrospectively reviewing the files of patients who underwent ECT treatment, we noticed that six patients who had short ECT seizure durations were taking sertraline medication. We have analysed the files of these patients in detail. All patients undergoing ECT received a general anaesthetic

regimen including propofol and esmoron. Four of them was female, and two of them was male. The ages of patients was between 23 and 71. Five of them was diagnosed with major depression and one of them had schizophrenia. Patient's sertraline doses was between 50 and 200 mg/day. In two patients it was noticed that the duration of seizures during ECT suddenly shortened after sertraline treatment was started. In one patient, sertraline dose increased and seizure duration shortened. Other three patients who were previously known to be taking sertraline medication have had brief seizures during ECT since the beginning of the ECT treatment.

**Conclusion.**– Sertraline shortens the seizure duration during ECT in some patients.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0537

### **Celebrating the first decade of the EFPT research working group**

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**Introduction.**– The Research Working Group (RWG) was established in 2008 at the European Federation of Psychiatric Trainees (EFPT) Forum in Gothenburg. As a platform for trainee-led collaborative studies, it offers the possibility to work in a multicultural environment and investigate matters that concern trainees across the continent.

**Objectives.**– To evaluate the scope of the research produced by the EFPT RWG in its first decade of activity.

**Methods.**– A review was conducted to identify all the outputs, identifying completed and ongoing projects of the EFPT RWG. All former chairs were contacted and enquired about the research activities undertaken in their term, covering the last 10 years period. All publications related to projects conducted under the EFPT RWG auspices were searched in the ResearchGate profile of previous working group members and in the Pub Med database.

**Results.**– In the past 10 years of existence, the EFPT RWG has developed several projects, made dozens of presentations (both oral and poster) in several national and international psychiatric congresses and has published dozens of research articles, comments, reports and letters to the Editor. Currently there are eight ongoing projects. Remarkably, all these projects have been conducted without any funding support.

**Conclusions.**– There has been a significant number of collaborative research projects conducted in the last 10 years. The EFPT RWG is functioning as a successful platform, which facilitates international trainee-led collaborative studies, promotes an effective method to transfer knowledge, and forms the basis of a trainee-led international research network.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0538

### **Self esteem of pregnant women: Results of a Tunisian study**

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**Introduction.**– Many changes can occur during pregnancy and may affect the body and the mood of women. . . Self esteem can be affected also and can have consequences on women and her different relationships.

**Objectives.**– The objective of our study is to evaluate the self esteem of pregnant women and factors which can interfere with it.

**Methods.**– We have conducted a cross-sectional study among 100 pregnant women. A questionnaire was performed to determine different demographic data. To evaluate self esteem, we used Rosenberg questionnaire of self esteem which is composed of 10 items.

**Results.**– The mean age of our 100 participants was 29,4 ± 5,6 years. 67% of the participants were of rural origin and 33% of urban origin. 62% of the sample were housewives. 25% of participant women had primary school education and 50% had secondary school education. 73% of our sample were of medium socioeconomic status. The mean pregnancy term was 25 gestational weeks ± 9 weeks. 42% of the pregnant women were in their third trimester. 60% of the participants noted that they were satisfied and enjoyed their pregnancy. The mean score of Rosenberg questionnaire was 29,4 + - 2,8 and 94% of the participants had a medium self esteem.

**Conclusions.**– Self esteem can be affected as many other fields during pregnancy. More researchs are necessary to evaluate the self esteem of women during her pregnancy and to study the factors which can affect it.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0539

### **Using physical activity in acute psychiatric inpatients**

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**Introduction.**– The benefits of physical activity for psychiatric patients are well known. However, there is a paucity of data regarding the use of exercise programs in inpatients. Specifically, all studies on this issue involved patients hospitalized in residential facilities for minimum 6 weeks. To the best of our knowledge there is no evidence on the potential benefit of physical activity in acute psychiatric inpatients

**Objectives.**– To evaluate the effect of physical activity on acute psychiatric inpatients admitted consecutively in a psychiatric ward

**Methods.**– Physical activity consisted in a one 1-h weekly session of supervised aerobic floor exercises. Patient's participation during hospitalization was recorded. Mean hospitalization length, number of violent behaviours, necessity of seclusion, global clinical impression were recorded for both participants and patients who did not join the exercise program during one year. These data were compared with historical data (5 years before the beginning of the study) obtained from the psychiatric ward's clinical records

**Results.**– Preliminary results showed better outcomes for patients who participate in the program compared to patients admitted in the same period who did not participate

**Conclusions.**– The use of physical exercise seems useful and feasible in the context of the psychiatric ward.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0540

### Free-T3 as a weaker biological marker for ADHD in adults compared to children

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**Introduction.**– Thyroid function has been less frequently studied in adults with ADHD than in children. Some authors noticed similarities between ADHD symptoms in children 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). We found in a previous study that free-T3 was higher in a subgroup of children with ADHD more likely to have comorbid ODD, while free-T4 and TSH were within normal range.

**Objectives.**– If free-T3 were a biological marker of ADHD then our findings in children would hold in a sample of adults with ADHD.

**Methods.**– Retrospective analyses of systematic biological assays performed before prescribing any psycho-stimulant treatment to an adult formally diagnosed with ADHD in our department since 2001.

**Results.**– No hypothyroidism or hyperthyroidism case in our sample of 83 adults (including 44 women). Biological laboratories either used IECL/Centaur or EIA/Beckman techniques. Age and free-T3 correlated ( $\rho = -.42, P < 0.001$ ). Three adults (3.62%) had free-T3 levels beyond the reference interval provided on result sheets. Free-T3 dosage was beyond the percentile 90 of the reference interval in 8 cases out of 26 with IECL/Centaur (30.77%;  $p < .003$  by binomial law) and beyond the percentile 95 in 6 cases out of 57 with EIA/Beckman (10.53%;  $p < .065$ ).

**Conclusions.**– Those proportions are smaller than those obtained in a sample of children; one reason may be the strong negative correlation between free-T3 and age. Analyses should be replicated in a multicentre prospective and controlled study.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0541

### Serotonin syndrome? An unlikely case

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**Introduction.**– Serotonin Syndrome is an uncommon clinical iatrogenic condition related to the potentiation of the serotonergic action induced by drugs. It usually presents with neuropsychiatric, neurovegetative and neuromuscular clinical manifestations. The severity of the cases is highly variable, and remission may occur with simple pharmacological suspension or may lead to death.

**Objectives.**– The authors review the literature on Serotonin Syndrome, addressing a clinical case.

**Methods.**– Case report and relevant literature review.

**Results.**– A 65-year-old woman starts taking trazodone 150 mg and quetiapine 150 mg a day per insomnia at which point she began to have tremors. One month later, it was started sertraline 100 mg due to depressive symptoms and quetiapine was suspended. After a month, the tremors remained, presenting cogwheel rigidity, reason why initiates biperiden. Two days later, she went to the emergency department with exuberant tremor, hyperreflexia, agitation, confused and disoriented, and with disorganized speech. Substance abuse, infectious or metabolic disease and brain injury that might be causing the described symptoms were excluded. Following serotonin agents and biperiden withdrawal, there was full symptoms remission.

**Conclusions.**– Serotonin Syndrome is believed to be underdiagnosed and potentially fatal, and its timely identification requires a high level of suspicion. Thus, clinicians should be able to recognize this syndrome in their daily medical practice, as often polymedicated and elderly patients with increased susceptibility to drug interactions are likely to develop such condition as described.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0542

### Late-onset multiple sclerosis presenting with depression and behavioral changes: Case report

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**Introduction.**– Depression, cognitive and behavioural changes are frequently encountered in patients with multiple sclerosis (MS), but less likely to be the first manifestation of the condition. Thus, diagnosis can be delayed.

**Case report.**– We report a case of a 52 year-old woman admitted to neurology department for gait impairment that had progressed over a 5-month period. She has a medical history of high blood pressure, dyslipidemia, morbid obesity and hyperuricemia. Detailed history taking revealed that the patient experienced personality changes, depressed mood, loss of interest and pleasure 2 years beforehand. Afterwards, the family noticed an unusual aggressive behaviour that they tended to explain as a result of spousal abuse. She was initially diagnosed with major depressive disorder. She received Paroxetine 20 mg daily and anxiolytic treatment for 4 weeks without a response. Later she developed gait impairment, balance trouble, walking difficulty, as well as frequent falling. Neurological examination found frontal syndrome, static cerebellar syndrome and cognitive impairment. Cerebro-medullar MRI showed multiple demyelinating and active lesions compatible with

MS. IgG oligoclonal bands were detected at isoelectric focusing examination of cerebro-spinal fluid. McDonald diagnostic criteria 2010 for primary progressive MS were utilized. Interferon beta was prescribed along with Fluoxetine and hydroxyzine.

**Conclusion.**– This case report illustrates the diagnostic challenges associated with psychiatric symptoms of MS. Studying clinical features of patients exhibiting primary cognitive and psychiatric disorders, generally first referred to psychiatrists, allows to prevent diagnosis delay and improves the overall outcome of these patients.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0543

### **Efficacy and tolerability of extended-release guanfacine in attention deficit hyperactivity disorder (ADHD): Review and case report**

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**Introduction.**– Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental condition that debuts during childhood but frequently results in an unfavorable clinical condition in adults. Nowadays several pharmacological treatments are available to treat this disorder. Extended-release guanfacine has proved to improve attention and behavioural symptoms in ADHD.

**Objectives.**– To update our knowledge about ADHD pharmacological treatment and to present our clinical experience with extended-release guanfacine in the treatment of an ADHD patient with previous poor response and tolerability to other medications.

**Methods.**– We perform a systematic literature review about ADHD pharmacological treatment especially concerning extended-release guanfacine. We selected one patient diagnosed of ADHD and depressive episode from our outpatient Mental Health Service.

**Results.**– Our clinical illustration is a 20 years old male with diagnosis of ADHD since adolescence and depressive episode during the last 8 months. He received during almost 5 years different medications in order to treat the symptoms resulting from ADHD (attention deficit, impulsivity and disruptive behaviour) as methylphenidate, atomoxetine, lisdexamphetamine, risperidone and paliperidone with unfavorable response and adverse effects (irritability, insomnia and weightloss). Recent depressive symptoms were treated with citalopram, also with poor response. A treatment change to extended-release guanfacine 3 mg was introduced, with significant improvement of ADHD symptoms, and no relevant side effects associated; depressive clinic also improved.

**Conclusions.**– Our clinical experience confirms the literature evidences that extended-release guanfacine could be a valuable therapeutic option in ADHD patients with previous poor response to other treatments as stimulants medications, on behalf also of its positive side-effect profile.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0544

### **“Tacrolimus made me paranoid” – About a clinical case of tacrolimus-induced psychotic episode**

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**Introduction.**– Tacrolimus have been associated with various neurotoxic adverse reactions, but there are few case reports of tacrolimus-induced psychotic episodes.

**Objectives.**– We report a clinical case of psychosis probably induced by tacrolimus in a renal transplant recipient.

**Methods.**– Data was collected from patient and family members interviews, and clinical records consultation, during patient admission in 2016.

**Results.**– Miss SGR, 43, underwent kidney transplant in 2014, and was kept on tacrolimus 5 mg, prednisolone 5 mg and mofetil mycophenolate 1 g (daily dosages), until one month before hospitalization. SGR, with no previous psychiatric history, initiated anxiety symptoms, anorexia, insomnia and paranoid delusions with increasing functional impact, culminating in her admission to an acute psychiatric ward. One month before hospitalization tacrolimus blood levels were measured, found to be too high and, subsequently, dosage was lowered to 3 g/day, with ongoing aggravation of psychotic symptoms. During hospitalization, tacrolimus was kept at 3 mg/daily, its blood levels normalized and 9 mg of paliperidone were initiated. The patient was discharged at day 18, with no psychotic symptoms.

**Conclusions.**– The patient's absence of psychiatric history, the emergence of psychotic symptoms concomitantly with tacrolimus toxic blood levels and the clinical resolution after normalization of these concentration levels, make it very likely that this was a psychotic episode induced by tacrolimus. Other psychiatric manifestations have been described, as mania, fugue-like states or catatonia, in solid organ transplant receivers. It is mandatory to be alert to these rare adverse reactions and to adjust, or discontinue, the drug to get full clinical resolution.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0545

### **Living kidney transplantation: Preoperative assessment in the donor and recipient**

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**Introduction.**– The kidney transplantation isn't only medical process but it also influences the patient's body image, with difficult to accept a new part of itself (Karaminiaet al.). It's complex both for the receiving and the donor, because it's psychological, emotional, relational and social implications, as shown in literature (Gallettaet al.). It's just analysed with multidisciplinary approach with a couple of brothers, inserting other tools in the assessment (Gallettaet al.).

**Objective.**– To demonstrate the importance of the assessment of psychological profile for the evaluation of the being ready to take on the operation.

**Methods.**– It is evaluated another pair of brothers, using the following tests: SCL-90, IRI, graphics test, Raven's Progressive Matrices and Rorschach test.

**Results.**– In the donor there's a search of security in the past, tendency to coarctation and defensive attitude. He has a strong self but difficulties to act in the future, showing anxiety, stress and difficult to manage. The receiving's an immature self, exposing traits of obsessive-compulsive behaviour, negative mood and traits of anxiety. He tends to excessive adherence to reality, blockage in affections, defensive attitude seeking security in the past. Compared to donor, he seems to have the capacity to manage the difficulty.

**Conclusions.**– Living donor kidney transplantation didn't affect the lives of donors and improved many aspects of the lives of recipients (Pascasio et al.). However, psychological and social aspects may be impaired by living donation (Hazet et al.). Therefore, it's important an appropriate multidisciplinary approach, knowing the psychological status of both patients.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0546

### **Developing a guide for medical students to choose psychiatry in Spain**

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**Introduction.**– Choosing a medical specialty is not easy. In Spain, when medical students finish the university degree, they have to take an exam called popularly MIR if they want to start a specialty. If the exam is passed, that person receives a number result of his academic record during university and test result. The Spanish healthcare system offers between 220 and 250 places to start the Specialty of Psychiatry in 121 hospital across Spain.

**Objectives.**– From SERP, we had two goals. By one side, we wanted to develop a guide to help students who doubted between various specialties and psychiatry. By other side, people has general information about psychiatry residency from many hospitals as possible.

**Methods.**– We designed a semi-structured questionnaire with 30 questions specific for the purpose of this work. The questionnaire was spread by social networks and email to reach as many medical doctors undertaking postgraduate training in psychiatry as we could.

**Results.**– A total of 130 people responded to the questionnaire. 15 were not psychiatry trainees. We obtained information from 80 hospitals (66%). 33 hospitals (41%) have specific training in psychotherapy. 69 (86%) apply electroconvulsive therapy regularly. Teaching during training is given together with psychologists and nurses in 36 hospitals (45%), with psychologists in 32 (40%), only psychiatry trainees in 12 (15%). Psychiatry trainees do general emergency guards in 62 hospitals (77%).

**Conclusion.**– This guide may help medical students to discover Psychiatry Training and to choose the best hospital that fits their interests

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0547

### **A chronic schizoaffective patient treated with aripiprazole combined with EMDR therapy, ecopsychiatry and group psychotherapy after flufenazine depot treatment efficiently recovered – A case study**

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**Introduction.**– In clinical practice, “Difficult Patients” require adequate psychopharmacotherapy with a number of other procedures of responsible therapists and members of the therapeutic team.

**Case report.**– Man, 35, an unemployed locksmith. Unmarried, has no children, lives with his mother. He had a difficult childhood, his mother tried suicide when he was eight years old. His father was killed in the war, and the patient survived firing from enemy soldiers in war over his head with chance to be killed in age of 11 years. He tried several suicides during adolescence. From his high school period he treated by a psychiatrist. Diagnosed as a Schizo-depressive Disorder, treated with Fluphenazine Depot with Antidepressants, Benzodiazepines and Lamotrigine. Despite complex pharmacotherapy he was unstable, dysfunctional and had several hospitalizations. During the last inpatients treatment he transferred from Fluphenazine Depot to aripiprazole. After involvement in a psychotherapy group with war veterans when he recalls memories of war trauma we used EMDR therapy focuses on traumatic memory, making internal tension much easier. Also, he was included in “ecopsychiatry” activities every day from 10 to 11 a.m. with other inpatients and outpatients. The patient progressively recovered and stabilized and dismissed for outpatient treatment and involved in coordinated care. Three months after, patient takes regular therapy, has no mental problems that would make him dysfunctional.

**Conclusion.**– With “Difficult Patients” Integrative Approach and Patient Oriented Clinical Practice can give very good results and help the patient to recover progressively, to rehabilitate and to re-socialize to the maximal possible level.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0548

### **The relationship between job satisfaction and personality traits among Irankhodro company expert staff**

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Job satisfaction among employee is a crucial issue in an organization and employer plays a vital role to fulfill the needs. Keeping job satisfaction high can be of tremendous benefit to any organization as happy employees will be more likely to produce work

effectively, loyal to the organization and would help to increase the organization's performance against its competitors.

It has been assumed that personality traits can play an important role in people's dealing with the environmental issues such as work situations. The aim of this essay is to study the relationship between personality traits and job satisfaction. Explaining job satisfaction by using personality traits can enlighten whether job satisfaction depends only on type of organization or on some personality traits. So the study of this relationship is needed in this area. In this regard, present study has investigated the relationship between job satisfaction and personality traits among IranKhodro Company expert staff. To do so, personality characteristics were measured by NEO-PI-R scale and job satisfaction was measured by Job Descriptive Index (JDI scale). Accordingly the mentioned questionnaires were filled by experts of "Iran Khodro" company (111 men & women). The data analysed by Pearson correlation coefficient.

Results show that, Neuroticism/Emotional stability was associated with low job satisfaction ( $r = -0.713, P < 0.01$ ). Also Conscientiousness ( $r = 0.620$ ) and Agreeableness ( $r = 0.476$ ) was significantly correlated with job satisfaction ( $P < 0.01$ ). But the relationship between Extraversion ( $r = -0.025$ ) and Openness to experience ( $r = 0.061$ ) with job satisfaction was not significant.

The results of this study emphasize on the effective role of age ( $r = -0.301$ ) and job background ( $r = -0.330$ ) on job satisfaction. But relationship between sexuality ( $r = 0.183$ ), marriage ( $r = 0.125$ ) with job satisfaction was not significant.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0549

### **A healthy weight group experience in a psychiatric clinic**

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*Introduction.* – The work describes the experience of the Healthy Weight Group (HWG) realized in the period of november, 2016 to july, 2017 in a psychiatric clinic in the city of Rio de Janeiro, Rio de Janeiro, Brazil.

*Objectives.* – The program had as objectives to promote the weight reduction to levels considered healthy in those patients with overweight and with obesity, hospitalized in the clinic due to diverse mental disorders. It's aimed with the HWG the reduction of the weight of the patients, associated with the improvement of the eating habits and to the practice of regular physical exercises, thus promoting, as expected, the improvement of the physical health conditions and the life expectation of the participating patients.

*Methods.* – The patients who presented, in the initial clinical evaluation, body mass index (BMI) indicating overweight or obesity were invited to participate of the HWG. The HWG met weekly during the studied period, the patients being allowed to address over the meeting their difficulties in executing the proposed program. In the end of the meetings, each participating patient had their weight and length of the abdominal circumference measured.

*Results.* – The participation in the HWG was a factor recognized as important to motivation and to the adhesion to the proposed programs, as well as to the achievement of the observed results.

*Conclusions.* – The study realized showed that it's possible the realization, during the psychiatric hospitalization, of programs for the weight loss in population of psychiatric patients.

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*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0550

### **Evaluation of an antismoking program in psychiatric**

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*Introduction.* – The work evaluated the well succeeded experience of the antismoking program, realized between the years of 2008 and 2015 in a psychiatric clinic in the city of Rio de Janeiro, Rio de Janeiro, Brazil.

*Objectives.* – The program had as objectives, evaluate the treatment of tobacco dependence in patients with disorders for the use of substances and other psychiatric disorders, and the experience of transforming the clinic therapeutic space in a free-tobacco environment, considering that the use of tobacco is responsible for a large number of preventable deaths and other damages to health.

*Methods.* – The program reached the proposed objectives, promoting the tobacco abstinence in a large number of patients, through the use of pharmacological treatment, mutual help groups, cognitive behavioural psychotherapy, occupational therapy, art therapy and moderate physical activity.

*Results.* – In a period of 12 months, after the completion of the program, 48% of the assessed patients kept in tobacco abstinence

*Conclusions.* – The realized study showed that it's possible the elimination of the tobacco in the therapeutic environment by setting clear goals, with the engagement of the whole staff and patients. The progressive reduction of the consumption of tobacco during the period of study, until its complete elimination of the physical space of the institution, was successfully reached. Besides that, the patients benefit from the Antismoking Program, as demonstrated by the fact that about half of the patients kept abstemious in relation to tobacco after 12 months of discharge from hospital.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0551

### **Perceptual processes and language in rural school children**

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*Background.* – According to Cogen (1991), perception is a complex process that is both cognitive and physiological. Perception doesn't always start within the individual but it also can start with an experience. It means as a response to stimuli. It is understood that the sensory-motor processes must be completely integrated [1], interrelated and automatized in order to learn the symbolism and acquisition of reading and writing and posterior perceptual, motor and emotional development.

*Method.* – The Escala Neuropsicológica Infantil (ENI), Matute, E; Roselli, M; Ardila, A; Ostrosky, F [2] was applied to fifty 5-12 year olds students who attend 13 rural schools. Data was analysed by an univariate analysis to determine significant differences among the selected variables according with classification criteria such as age range and levels of schooling. Three age ranges and 4 levels of schooling were considered.

*Results.* – Results show that level of schooling generates significant differences in the majority of the analysed variables. In other words,

the higher the level of the students' schooling, the better their performance in the analysed variables.

**Conclusion.**– Age doesn't provide significant differences in students' performance [3].

**Keywords:** Perception; Language; Rural children; Education

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

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EV0552

### **Analysis of applied behavior treatment for children with autism spectrum disorder**

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According to Boesch, M. C et al. (2015), people with Autism Spectrum Disorder (ASD) are at a greater risk of developing harmful behaviours, such as self-aggression and other challenging behaviours than individuals with normal development do not exhibit. The method of approach that is supported by scientific evidence for interventional procedures is applied behaviour analysis, reported by Carr, M. E. et al (2014).

**Aim.**– In order to provide evidence-based intervention for autism from this approach in practice.

**Method.**– In reference to a longitudinal approach, an intervention program was designed and implemented to serve 40 children with ASD, who were treated for one (1) year at the Victory BRT Institute in Florida, US. The behaviours targeted for reduction (excess behavioural), are the following: physical aggression, self-aggression and non-compliance. The program began with a baseline (12 consecutive days) with observations at home and others different natural contexts. The last three (3) months of the year consisted of monthly follow-up sessions to monitor the treatment implemented. The *results* were analysed by repeated measures, ANOVA Sig ( $P=0.003$ ) ( $F=8$ ). Analyses show that the critical level associated with the effect of time-content interaction is strong, so the treatment generated a positive effect by reducing the behaviours targeted in time.

**Conclusions.**– These results provide evidence that interventions from applied behaviour analysis are effective.

**Keywords:** Autism Spectrum Disorder; Applied behavioural analysis; Child; Adolescent

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0553

### **This is not my hand**

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**Introduction.**– Alien hand syndrome (AHS) could be described as the perception that one limb “has its own volition” together with recognizable uncontrolled motor activity which pries with the voluntary movements of the unaffected limb.

**Aim and methods.**– Pub Med was used as a research source to do a review about this syndrome.

**Results.**– In 1908, Goldstein first described this syndrome as “a type of apraxia with the feeling of estrangement between the patient and his hand”. In fact, in AHS the affected limb is typically the hand, although leg (alien limb phenomena) involvement has been reported. There is a complex sense of limb foreignness, including misidentifying the limb as the examiner's. Sometimes the limb is personified: patients have named their alien hands. Patients are usually unaware of it, and could display signs of inattention of the affected limb, perceiving that it is not theirs. The movements are sometimes so bizarre that they may be misinterpreted as functional. Common causes include anterior cerebral artery strokes, midline tumors, and neurodegenerative illnesses. Rarer causes include spontaneous pneumocephalus, migraine aura, seizure and Parry–Romberg Syndrome, a presumed autoimmune disorder with progressive facial hemiatrophy.

**Discussion and conclusions.**– The course of AHS and its prognosis has not been systematically reported. The prognosis has varied from a decrease in AHS symptoms within 1 week to persistence of the symptoms after 12 months. Symptoms usually decrease in 68% of patients, whereas symptoms persisted in 32%.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0554

### **Value the madman: Phenomenological psychopathology in the poetry of Raul Gomez Jattin**

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**Introduction.**– Descriptive psychopathology aims to define abnormal experiences described by patients in order to establish their universality. Through phenomenology, it avoids focusing on pure content of ideas since they are not objective in nature and might lead to erroneous conclusions on causation. Raul Gomez Jattin was a well-known Colombian poet thought to have suffered from schizophrenia. As one biographer pointed out, in his work there is no virtual distance between the poetic self and the real self. The purpose of our work is to discuss the relevance of the content of ideas in psychopathology by analysing the psychotic experience over poetic metaphors from one author.

**Objectives.**– We intent to describe his experience on psychosis, his main suffering, his cognitive decline and his situation as an inpatient on his multiple hospitalizations through his work. Also, we would like to discuss the importance of the content of ideas not only for diagnostic purposes, but also as a tool for therapeutic alliance.

**Methods.**– We analysed his oeuvre chronologically by focusing on the content of his metaphors. Then, we compared the information with other material such as interviews and biographical information.

**Results.**– We were able to recognize ambivalence for his loved ones, grandiosity, persecution, perceptual experiences and anxiety among other symptoms. We concluded that his condition was episodic and filled with affective symptoms although deteriorating in nature.

**Conclusions.**– Minding content of ideas leads to a better understanding of the psychotic experience and could be helpful in the development of a better doctor-patient relationship.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0555

### What helps psychiatrists to be more resilient?

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Resilience can be defined as one's capacity to recover from trauma and stress. Psychiatrists experience a set of speciality-specific stressors such as emotionally demanding therapeutic relationships, personal threats from violent patients, patient suicide and other rare but serious events, and perceived stigma of the profession. Being able to successfully cope with everyday work-related stress is essential for maintaining good mental and physical health.

This study aims at exploring factors involved in the development of work-related resilience among working psychiatrists.

We have interviewed five psychiatrists who work in three different countries (Croatia, Sweden and UK).

Our findings indicate that resource oriented approaches may be helpful in building resilience. We will provide a set of examples and recommendations that might help younger colleagues to build their resilience and the resilience of our profession.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0556

### Psychiatric intervention in Tuvalu: Prior study

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**Introduction.**– Tuvalu, which is one of Polynesia island nation and located in the south Pacific ocean, consisted of three reef islands and six true atolls. The limited medical service was supplied by the Princess Margaret Hospital (PMH), which is the only hospital in Tuvalu.

**Objectives.**– There has never been any psychiatrist providing the medical service in Tuvalu. Based on the cooperation between PMH and Chung Shan Medical University Hospital (CSMUH) of Taiwan, we provided the prior psychiatric intervention in Tuvalu.

**Methods.**– The mobile medical team of CSMUH had annually medical supply and helps in Tuvalu. During the stay of Oct. 18th to 27th in 2016, one psychiatrist from Taiwan joined the out-patient service in PMH. The medical staff of PMH announced this information by the public radio and invited potential patients to the

psychiatric out-patient service. The psychiatric out-patient service provided the diagnostic interview, psychotherapy, further medical treatment and follow up.

**Results.**– There were 31 patients and 63 visits (including the followed up patients) in the psychiatric out-patient service during the six work days. 64.5% were female and the age was mostly during 30 to 44 years old (41.9%). The psychiatric diagnosis were depression and anxiety disorders (45.2%), developmental disorders as mental retardation (38.7%), psychosis (25.8%), organic brain syndrome (25.8%), and others (autism, internet using disorder, attention-deficit hyperactivity disorder, domestic violence and partner relational problem).

**Conclusions.**– As the first psychiatric intervention in Tuvalu, the mental illness there should be noted and needs more attention. The further follow up is also needed.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0557

### Implication on the training program for clinical psychologists in South Korea

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**Objectives.**– The purpose of this study is to recognize and analyze the present state of training system and create a revised manual for clinical psychologists in Korea.

**Background.**– Since Korean Clinical Psychology Association (KCPA) was founded in 1964, clinical psychologists have continuously becoming experts in the field of mental health. While Korea's clinical psychology has attained boundless progress, the need for discussions on the institutional system is also increasing.

**Method.**– We conducted a survey of the clinical psychology training system in Korea. Through this survey of training programs and trainees and licensed psychologists welfare benefits, we sought to identify problems and seek solutions. it was divided into groups of trainee and licensed psychologist, and a total of 80 trainees and 281 licensed psychologists participated in the survey.

**Results.**– The results of a survey conducted by the trainee showed that the poor welfare benefits, including wages, was pointed out first, and that it felt burdened by heavy workload. The results of the licensed psychologists have indicated that a detailed answer to how clinical psychologists improve their activity and enhance the qualification of the experts.

**Conclusions.**– Through the results of the survey, we identified the problems faced by the current training system. Also, it has been suggested that the direction for the next study will be based on the actual revision of the manual. Consequently, we hope that a better training/qualification system will be adopted by revising new manuals for the clinical psychological training system, which is the goal of our research and development system.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0558

### Conflict management in the school context: Revision on the practice

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Conflict is perceived differently in the literature. On a negative light Bilhim (1996) presents conflict as a process in which subject A tries to purposefully hinder subject B's efforts towards the achievement of their goals and the development of interests, using any way of opposition that results in subject B's frustration. On the other hand, Ferreira, Neves and Caetano (2011) understand conflict as necessary and positive, stimulating innovation and creativity in regards to behaviours, attitudes and cognitions.

Torrego (2003) presents conflict mediation as a process in which a third person helps mediate the conflict resolution between two sides. In this way, and highlighting the advantages presented by Uranda in the school context, this poster summarizes strategies, benefits and agents in this specific intervention area.

Based on Piaget's studies, Telma Vinha refers that conflict is present on daily life. When conflict arises in the classroom it gives us clues about what the students need to learn. Because of this it becomes relevant to ponder the strategies that we can use in this context, so that children experience conflict as an opportunity for reflection and self-improvement.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0559

### **Collaborative circularity: A new paradigm**

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The social evolution resulting from globalization, from new health and social needs, coupled with the transformations of family configurations, have determined the emergence of new paradigms, in an attempt to give an integrated response to current problems.

This integrative perspective, operating through complementarity between different areas of intervention, has as its primary purpose the training of families and individuals in the identification and mobilization of strategies for solving their problems and/or minimizing their needs. Examples of current situations that generate conflicts and difficulties in establishing effective communication patterns that imply dysfunctions in the maintenance of a healthy experience are the events associated with divorce, the regulation of parenthood, the maintenance of a positive identity after divorce and the establishing of adequate conditions for children and parents to adjust and adapt to daily living based on the evident fact of the existence of "two families". Other relational/behavioural problems require this complementarity of intervention, characterized by the contextual difficulty of establishing consensual standards regarding the functioning of the family system and/or its subsystems.

We intend to describe conceptual and interventional aspects regarding Family Mediation, Collaborative Law, Psychotherapy and Family Therapy, integrating Psychoeducational Therapy as a transversal strategy in what refers to the intervention areas mentioned.

We emphasize the specificities of each area, which enables the referencing in a paradigm of collaborative circularity. On the other hand, we emphasize transdisciplinarity as a fundamental element in the maximization of the systems' self-organization, implying greater gains in health potential, greater social value and lower economic costs for citizens&society.

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EV0560

### **With five senses**

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*Objectives.*– The phase of prodromal initial manifestations or phase of high risk of developing psychosis, is characterized by a deviation from emotional, cognitive, behavioural or social functioning, and by the presence of non-specific prodromes. Delays in treatment may lead to an alteration in vital circumstances, such as school and work failure, self-harm, changes in interpersonal relationships, intrafamily conflicts. . .

*Methods.*– Analyze the case of a 32-year-old female patient with a history of abusive alcohol intake, occasional self-injurious behaviours through self-piercing cuts in the arm, hypersensitive and overly sincere temperament traits. It has the diagnosis of borderline personality disorder. The radical change in their attitude is striking: inhibition, bradypsychia, dysarthric speech, bradyphyma, increased latency of response, totally dull affection. . .

*Results.*– The first diagnostic hypothesis after assessing this patient is that of an adaptive disorder in a patient with few intellectual resources. As a second diagnostic hypothesis, we propose that we are facing a first psychotic episode with a predominance of negative symptomatology in a patient with a history of borderline personality disorder. First-order Schneider's symptoms are explored and although no hallucinatory experiences are present in the present.

*Conclusions.*– It is of vital importance that we make adequate diagnoses and in our evaluation "put the five senses". It is not the first time that a mental retardation is diagnosed when we are facing an incipient psychosis. Therefore, the intervention in this phase is aimed at detecting the disorder with the highest precocity possible and to establish the treatment most appropriate to each situation.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0561

### **Artistic creativity of psychotic patients in words and in music**

V. Meden Klavora

Vlasta Meden Klavora, Prekomorskih brigad 10, Tolmin, Slovenia

Human need to express oneself is as old as the history of man. The earliest examples of human creativity are the paintings, carvings, sculptures found in the cave paintings and creations of ice age Europe. The oldest evidence is the Chauvet-Pont-d'Arc Cave in France which contains some of the best preserved figurative cave paintings in the world.

In respect to artistic creativity of the people with psychotic disorders, it was found out, that it is as old as the institutions in which they were locked up. One of the first proof of their artistic creativity are graphic leaves painted by the English artist William Hogarth in 1735 which he published with other paintings in the series of pictures entitled The Rake's Progress. In these pictures, the painter with mental disorder is also depicted.

The lecture describes the history of the first exhibitions and collections of artistic creations of psychotic patients, of which the

most important is the collection of Hans Prinzhorn in Heidelberg, Germany. It will also mention the influence of Adolf Wölfli, one of the most notable creators, who influenced the Jean Dubuffet's concept of art brut at the middle of the 20th century. The exhibitions and the collections inspired the expressionist and surrealist movements at the beginning of the 20th century.

At the end of the lecture I will introduce the artistic creativity of Hinko Smrekar. His drawings reflect the history of Slovenian psychiatry before the Second World War.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0562

### Improving communication skills in medical students

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*Background.*– Although teaching communication skills is a developing area in medical schools, there is still no 'gold standard' for evaluating such skills. This research aims to assess the reliability, validity and significance of verbal and non-verbal communication attitudes.

*Method.*– In order to improve therapeutic alliance between doctor and patient, ten 4<sup>th</sup> and 5<sup>th</sup> year medical students were enrolled in a medical psychology training program and participated in two simulation sessions at the start and the end of their training, using the same scenario. Two trained investigators watched the recording of the clinical situations and each of them independently measured a series of parameters for verbal signals (duration of speech, number of interruptions, acceptance of the doctor's preconizations) and non-verbal signals (number of times tone of voice raised, nervousness, proxemics, posture).

*Results.*– The variables relating to speech duration, number of times the voice was raised, acceptance of the doctor's preconizations) examination, nervousness of the patient and the doctor's proxemics showed a significant improvement between the two sessions, while maintaining good inter-rater reliability.

*Conclusion.*– A significant improvement can be seen in the students' communication skills between the first and the second sessions. The criteria used to assess these skills are mainly valid and reliable. It would be interesting to use these parameters to evaluate the development of medical students' communication skills in the future.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0563

### Clozapine-induced myocarditis: Case report and literature review

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*Introduction.*– Myocarditis is a rare but potentially life-threatening cardiac complication of the use of Clozapine, a second generation neuroleptic with established efficacy in resistant schizophrenia

*Methods.*– We present the case of a 26-year-old man who developed clinical signs of clozapine-induced myocarditis, two weeks following the initiation of clozapine treatment for psychosis.

*Objectives.*– We question whether a more defined monitoring pathway for myocarditis should exist, due to ambiguity around clinical investigation and high level of risk to these patients.

*Results.*– A 26-year-old man diagnosed with schizophrenia. He was previously treated with risperidone and haloperidol with no response. As NICE guidelines dictate, we started a treatment with clozapine. The treatment was initiated at 25 mg per day, and titrated up to 25 mg every 3 days. On the second week after the start of the clozapine titration, our patient had chest pain and palpitations. He was afebrile. Electrocardiography showed sinus tachycardia. Blood tests showed elevated troponin 736 ng/L (nle <19 ng/L) and mildly raised eosinophils. The clozapine has been stopped. The patient was transferred to the cardiology department with high suspicion of medication myocarditis. Cardiac ultrasound showed an ejection fraction at 55 percent without segmental kinetics abnormalities. On the basis of these results the patient was treated with captopril, atenolol and acetylsalicylate. The heart rate returned into normal level after 2 days of treatment, also did the troponin level after 15 days.

*Conclusion.*– This case highlights the importance of rapid cardiac assessment when patients receiving clozapine presents any cardiac symptoms.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0564

### Physical disabled students, aggression and verbal interaction

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Due to the increase of population, especially in mega cities of Iran and lack of educational facilities for all of children to study, in some schools the students with physical disabilities and mental disorders are studying with normal students. Apart from problems in academic achievement these students encounter in school compared with normal students, they are at the risk of depression and isolation. The linguistic interaction of these students with normal students is limited. There was designed a study to investigate the linguistic competence of physically-disabled students in the class and school yard. With the coordination with the school authorities, some students carried specific MP3s to record their conversations with physically-disabled students. Their behaviours in the school yard were monitored and recorded. It seems that the main culprit of their situation is known to be parents. In physical conflicts followed by expression of wrong words, they are the first side to shout and request for help from the authorities, as they knew that the authorities give rights to them. Reduction of school behaviour score which is a significant parameter in continuing education is awaiting the normal students involving in physical conflict with physically disabled students. The expectations of the teachers in the schools must be lowered of these students. The increase of linguistic interaction through collective songs can be a good solution for these students to evacuate their hostile feelings. Educating parents to consider the natural differences can help the remedy to be complemented.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0565

### Migration, women and education: Iran case study

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Migration of villagers to cities can be damaging the women's status in social affairs and promotion of family. One of the most controversial problem of rural dwellers' migration to big cities is the occupation of women in low level jobs. The villagers mostly have little skills and women are deprived of knowledge and skills to cope with the new situation so that they can not find good jobs to meet the family needs. The low level jobs and income by men in black market after having migrated to the cities force women to adopt to work in dirty jobs or work as maid at homes to increase the financial capacities of the family and provide educational facilities for children. This can bring about many dangers for the family. First, children are deprived of family interaction most part of the day and most of them become trapped with illegal gangs of drug distribution. Second, women can be exploited with the burglary and shoplifting groups who use low educated and poor women. The destiny of most of these women is prison and being away from the family which in turn worsens the situation. Vocational skills provided by NGOs have helped women to sustain their life but they are not enough. The factors involving with the situation of these women are the main focus of this paper.

**Keywords:** Migration; Women; Education

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EV0566

### Psychology in the city

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Psychology and urban planning have been interacting for a long time. As we look closely at cities, we find that the two sciences of psychology and urban planning have grown alongside. It is therefore not in vain that the emerging science of environmental psychology can be considered as the fruit of the psychological tree in the garden of city. Thus, along with studying impacts of early psychologists on urban planning, this study seeks a meaningful relationship between psychology and urban planning. For example, we found that concepts as justice in utopia and its management, the sense of belonging, and the importance of the leader in Plato's view, have become the famous term of justice-centered city in urban planning. A similar pattern can be seen in the opinions of Jean-Jacques Rousseau and John Locke. In this regard some exact terms such as naturalism and the city as a phenomenon in Rousseau's philosophy are also found in urban science with almost same meaning. Rooted in John Locke's approach, it becomes clear that the branch of behavioural thinking, which is one of the most important factors in today's urban planning, is derived from psychological and philosophical, educationalism, behaviourism and associative psychology. Therefore, the identification of approaches of these early thinkers and exploring their ideas in today's urban planning can help to recognize the interactions between psychological aspects and urban planning and thus understanding the issues that affect human's life and vice versa.

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EV0567

### Psychogenic nonepileptic seizures

#### – Case report

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**Introduction.** – Psychogenic Nonepileptic Seizures (PNES) are sudden clinical manifestation and transitory on the motor sphere, sensory, cognitive and autonomic, being other times called “pseudo crisis” or “hysterical seizures”. The differential diagnose with epilepsy is a challenge for clinical, neurologists and psychiatrists.

**Objectives.** – Diagnosis and clinical management of non epileptic crises.

**Methods.** – Information of the clinical case of a patient with psychogenic non epileptic psychogenic.

**Results.** – S., 14 years old, started treatment due to “fainting” crises preceded of involuntary head, core and other members movements, and generalized tremors, trance crisis and possessions which she believed to be possessed by the devil. In general, being unleashed by stressful situations, to the point of having 20 crises a day. Referred to somatic complaints (headache, abdominal pain, nausea). Interictal electroencephalogram with focal alterations, cranium tomography with no alteration. No alterations on the physical and neurologic exams. Medicated with risperidone 1,5 mg/day, fluoxetine 20 mg/day, clonazepam 1 mg/day and weekly psychotherapy. It evolved with improvements on the crisis frequency (4 crisis/month) after 2 months of treatment.

**Conclusion.** – Non epileptic crisis (NEC) comprise in many physiological or psychological conditions that simulate epileptic seizures, this one being associated as NEC in the same person. Severe traumatic events, physical and sexual abuses during the childhood or teenage period, which generates suffering to the person, could also generate a development of convertible and dissociative reactions in patients with epilepsy. Videoelectroencefalographic monitoring is the most accurate diagnostic resource, once its clinical and semiological criteria are not specific. The therapeutic approach includes psychotherapy and psychotropic.

**Disclosure of interest.** – The authors have not supplied their declaration of competing interest.

EV0568

### Psychotropic drugs during pregnancy

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**Introduction.** – Psychiatric conditions are potentially life threatening illnesses that can be successfully treated by psychotropic drugs, even during pregnancy. Initially, the clinical recommendation has been to discontinue the psychiatric medication, especially during the first trimester. The choice of whether to prescribe a drug during pregnancy is difficult and must be take into account the risks and benefits to the mother and the unborn infant.

**Objectives.** – The authors conducted a non-systematic review about the effects of psychotropic drugs in pregnancy.

**Methods.** – The authors have conducted an online search in Pub Med and Medscape with the terms “psychotropic drugs and pregnancy”, from 2011 until 2017. From the outcome, the articles considered to be relevant were collected, analysed and summarized.

**Results.** – In the past decades, the latest prospective studies have showed that most classes of psychotropic drugs seem to be relatively safe during pregnancy, also, untreated psychiatric disorders

during this period are associated with risks for both mother and child, including tragic outcomes like suicide and infanticide; also, psychotropic drugs should not be precipitously stopped, and a comprehensive evaluation and individualized treatment plan is needed for these patients.

**Conclusions.**– The lack of evidence in several areas means that definite conclusions cannot be made about the risks and benefits of all psychotropic drug use in pregnancy, and future work should focus on the proper management, including prophylactic dosing strategies and management before and after delivery.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0569

### **Dealing with attention deficit hyperactivity disorder in an EFL classroom: teachers' strategies and students' engagement**

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This case study analyzes the impact that the strategies used in an EFL second-grade class at Instituto de Problemas de Aprendizaje (IPA) have on the level of engagement of four 8-10-year-old children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). The investigation was carried out in Colombia and the participants were a female teacher and her 15 students: four with ADHD, one girl and three boys, and 11 with other pathologies. The sampling of this investigation was specifically the four children with ADHD and the teacher. We applied a questionnaire and an interview to the teacher that contained close and open ended, short answer questions regarding beliefs and strategies that deal with ADHD. Additionally, we observed five English classes to identify the teacher's strategies and the level of students' engagement. By using a mixed method and documentary research, we found two significant aspects. First, students' level of engagement was high in three classes and medium in two. Second, the teacher implemented the strategies that we discovered in the literature, and had a positive impact on the four ADHD students, by helping them get focused and active during the five EFL classes. Nevertheless, more time for the observational sessions and further research are needed as there might be other possible influences on the four children's engagement.

**Keywords:** Attention Deficit Hyperactivity Disorder (ADHD); Special Educational Needs (SEN); Students with Learning Disabilities (SLD); strategies

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0570

### **Psychiatry in context of global health policy**

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**Objectives.**– Psychiatry is of fundamental importance for total human health (spiritual-mental-emotional.-social-somatic): Globalization needs renewal of psychiatry by new philosophical fundamentals related to scientific theory, metaphysics, ethics, aesthetics. Social responsibility of psychiatry needs renewal of scientific organization beginning with EPA/WPA as example.

**Methods.**– Theoretical fundamentals

**Results.**– Conception–proposals concerning:

– *enlargement of Executive Committee of EPA/WPA* by a. election of permanent 3-honorary (triumvirate principle: moral support, continuity), 3-presidents (fixed term), 3-general-secretaries; b. interdisciplinary commission to EPA/WPA incl. scientists from philosophy, psychology, physiology, pharmacology, internal-medicine, etc.; c. scientific-political commission–incl. representatives of international societies: Philosophy/FISP, medicine/CIOMS, psychology/IUPsyS, physiology/IUPS, etc.; d. Election of permanent (seniors: continuity)& fixed-term (flexibility) members to the Executive-Committee: (sub-)continental representatives from important countries (Afro-West-Asia; America; Australia, Asia-China, India, Japan; Europe: France, Germany, Russia, Spain, Italy, etc.);

– implication of *interdisciplinary topics to congress-programmes: occidental&oriental* medical-philosophy, psychology, psychiatry, etc. esp. Buddhist/Tibetan-Zen, Chinese/Tai-chi, yoga, others;

– replacement of congress/conference abstract-books by *proceedings/proper scientific journals*, similar to other societies (IUPsyS/Int. J. Psychol., SIU/Urology);

– creation of an International Academy of Psychiatry to EPA/WPA with clinics/institutes related to international university (proposed by Brit. Nobel Laureate Bertrand RUSSELL and Gustav MENSCHING) via network of national scientific-units: Common interdisciplinary research/educational programmes, personnel (similar to UNO-employees), possibility for whole life work, etc.

**Conclusions.**– Realization of proposals (1.-4) could increase scientific-political authority of EPA/WPA, continental&national societies for psychiatry, leading to model for future psychiatric education/research&application in the praxis, supporting UNO-Agenda21 for better health, education, ecology, economy in all countries.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0571

### **Determination of the options of communication students on stigmatization against mental illness**

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**Aim.**– This study is carried out on the students who study at the communication faculty of a private university in Turkey. In this study, it was aimed to determine the opinions of the students about the stigma made to the individuals with mental illnesses and to learn the views and suggestions for the prevention of stigmatization

**Methods.**– As a qualitative study, this research was conducted with 12 students who read in the communication faculty of a foundation university in İstanbul in the 2016-2017 academic year and agreed to participate in the study. The data were collected by face-to-face interview method.

**Results.**– In individual in-depth interviews, 83.3% of the students in order to prevent stigmatization for mental illnesses argue that health programs should be done by health workers. In addition, 75% argue that society should be informed correctly and 50% of the students stated that adding courses to universities would play a major role in preventing stigmatism against mental illness.

**Conclusion.**– In the study, it was concluded that communication faculty students found the behaviour of stigma against mental illness wrong and according to participants' answers, the employees of the newly emerging media sector will approach the psychiatric patients more devoted, empathic, tolerant and respectful when they are reporting news or in the media. The fact that those who participate in the research will take the role of media in the future makes this research important.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0572

### **Sertraline induced microscopic colitis:**

#### **A case report**

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**Introduction.**– Microscopic colitis (MS) is a rare inflammatory disorder of the colon, which presents with diarrhea, abdominal pain, weight loss, and has a significant impact on the quality of life. Case reports suggest that the use of SSRI's is associated with MS. However, no direct link between SSRI's and MS has been shown. Interestingly, current study provides a case of an onset of colitis de novo right after the initiation of sertraline therapy and its complete remission after sertraline cessation.

**Objectives & aims.**– Case report of a patient with an established MS after initiation of treatment with sertraline, followed by a review of the literature on the association between SSRI's and MS.

**Methods.**– An English-language literature search was conducted using Pub Med, EMBASE searching for case reports and observational studies reporting MS among patients using SSRI's.

**Results.**– A 44-year-old female patient with medical history of Obsessive-compulsive disorder was treated with sertraline 50 mg. 1dd1. Two months after initiation of sertraline she developed diarrhea, abdominal discomfort and weight loss over the past 2 months. The patient was referred to the gastroenterology clinic one month later. A total colonoscopy was performed and revealed no abnormalities. Random biopsies were taken from the ascending and descendent colon, revealing the diagnosis of MC. Sertraline was discontinued, budesonide was prescribed, and two months later diarrhea was resolved.

**Conclusion.**– Although rare, MC must be excluded in cases of chronic diarrhea. Upon MC diagnosis, suspected medication should be discontinued even before starting steroid therapy.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0573

### **Untangled: Breaking the cycle**

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Natural and man-made disasters are sadly becoming common phenomena, and unfortunately, they are becoming almost the norms these days.

Due to their personal and intimate nature, man-made disasters like abuse, rape, and torture seem to affect the psyche of their survivors more negatively than natural disasters, as the latter seem to indiscriminate.

The invisible wounds and mental scars of such experiences can go unnoticed, leading to long-term dysfunction and at times trans-generational transmission of the impact of trauma.

The suffering might extend beyond psychiatric symptoms to include somatic, academic, vocational, and relational struggles.

As psychiatrists, we can either regress, react in fear, anger, or despair, and be part of the problem, or we can choose resilience and become active part of the solution. But what can psychiatrists really and realistically do in response to such incidents?

Violence puts us face to face with the dark and evil side of humanity, but choosing to take part in the healing process confirms our unshaken belief that love always trumps hate. Humans are not only capable of destruction and bloodshed, but are also capable of creating a healing environment and safe spaces for survivors to thrive.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0574

### **The dissemination of the French school of psychiatry and its impact in the world**

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The French School of Psychiatry has characteristics which are proper to it, and it conveys many notions related to health care, in addition to the accompaniment and the comprehension of mentally ill people and mental illness. These notions are specific to the French culture.

Thus, famous French psychiatrists have described many syndromes and discovered the first neuroleptic, chlorpromazine. Among these psychiatrists: Pinel, Esquirol, Janet, Ey, Delay and Deniker. Furthermore, the first World Psychiatry Congress was held in Paris in 1950. It was a major congress for many specialists from all the world have participated and strongly influenced the future of psychiatry in the world.

We will be describing the French School of Psychiatry's impact in the world (South America) and mainly in the French-speaking world (Romania, Africa, Lebanon and Quebec). We will also be discussing the tools, associations and publications which participate in the dissemination of this school of thought's knowledge.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0575

### Use of mechanical restraints in inpatient mental health units

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**Introduction.**– In June 2016, the Committee on Bioethics of Spain approved the ethical criteria for and made some recommendations on the use of mechanical and pharmacological restraints by social and health care services.

**Objectives.**– The aim of this study was to analyze the type of mechanical restraints (MR) used in the Inpatient Mental Health Unit of the Virgen Macarena Hospital in 2015.

**Methods.**– We built a database of the MRs used in 2015 including the following variables: age, gender, reason for use, diagnosis and mean duration of MR. A descriptive observational study was conducted.

**Results.**– There were 854 admissions to the Inpatient Mental Health Unit in 2015. MR was used 84 times in 62 inpatients (7.25%). The mean duration of MR was 456.8 minutes (S.D.345.5). The mean age of patients subjected to MR was 38.84 (SD 11.40), of whom 64.5% were male. The main reason for MR was psychomotor agitation (51.6%) and the most frequent diagnosis was schizophrenia (32.8%), followed by mental retardation (16.3%).

**By diagnosis.**– MR was applied to 69.5% of inpatients with mental retardation, 19.5% and 16.6% of patients with schizophrenia. No statistically significant differences were observed in duration of MR between: Age and gender, although it was higher in male. (8.02 hours in male and 6.82 hours in female)

**Conclusions.**– Mechanical restriction was employed in 7.25% of inpatients in our unit. The profile of patients subjected to MR was a man of 38.84 years of age, presenting an episode of psychomotor agitation. The patients at a higher risk for MR were those with a diagnosis of mental retardation.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0576

### Empathy levels in Romanian medical students

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**Introduction.**– Being able to comprehend and connect with the emotional state of another person is essential for establishing a successful interaction between patients and health care providers.

**Objectives.**– The aim of this study was to assess empathic response in a sample of Romanian medical students: general medicine (GM), dental medicine (DM) and general nursing (GN) students.

**Methods.**– The study was carried out between 2015 and 2016 on 91 sixth-year GM students, 94 4<sup>th</sup> year DM students and 87 4<sup>th</sup> year GN students, all medical undergraduates of the University of Medicine and Pharmacy, Timisoara. To assess the level of empathy, we used the Empathy Quotient (EQ), a 60-item self-report inventory.

**Results.**– GM and DM students had lower total EQ scores than the general population, whilst GN students scored higher than the gen-

eral population. Also, GM students had lower EQ scores than DM students.

**Conclusions.**– Given the results, courses to enhance empathy in medical students could be helpful for medical students to become more sensitive in their interactions with patients, but also with other health-care team members, family and entourage.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0577

### Eleven years of clozapine experience in autism spectrum disorder: Efficacy and tolerance

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**Introduction.**– Autism spectrum disorders (ASD) are neurodevelopmental disorders that comprise core symptoms (repetitive, stereotyped behaviour and social communication disabilities). Moreover, many patients with ASD have disruptive behaviours like aggressiveness, temper tantrums or self-injury that interfere with their quality of life. These behaviours represent a common target for pharmacology. Beherec et al, in 2011, showed the efficacy of clozapine on disruptive behaviours for 6 patients with autism who were aged 16 years-old at least.

**Objectives.**– The aim of this study is to assess both the efficacy and tolerance of clozapine on the patients included by Beherec on a long-term: after 6 years and back the results on more patients.

**Methods.**– We conducted a retrospective study of the changes in aggressive behaviours for all patients with ASD treated with clozapine from 2011 to 2017. Disruptive behaviours and side effects were monitored during the 1 to 6 months before and after the initiation of the clozapine and on long term.

**Results.**– All the patients of Beherec's study were still on clozapine after an average of 11 years, with the same efficacy and no serious side effect. Thirteen patients were included in the replication study. Clozapine resulted in a significant 65.2% decrease in the number of the days with aggression. All the patients improved their quality of life. Once again, no serious effect side was notified.

**Conclusion.**– Our study confirms that clozapine is an efficacy and well tolerated treatment for ASD patients with disruptive behaviours and on the long term.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0578

### Family upbringing influence on the self-regulation development: A longitudinal research

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According the Three-Level Model, self-regulation includes the following levels: the mental states self-regulation level, the operational level and the motivational level. The interconnection

between those levels and especially the process of self-regulation development are of the high scientific interest.

The aim of the current research is defining the role of the family upbringing in the self-regulation development in the age from 7-8 to 10-11 years.

The research sample consists of 28 students of public school having neither mental nor severe somatic disorders. The research methods includes Luria's battery of neuropsychological tests for the first self-regulation level (adapted by Semenovich, 2008), the analysis of the school progress for the second level and tests of learning motivation for the third one. The Analysis of the Familial Interaction is used for the studying the family upbringing style.

The research shows that a necessary condition for reaching the high level of self-regulation is the adequate family upbringing with a balanced system of rights and responsibilities is, while hyper- and hypo-protection prevent from maturing of conscious self-regulation.

The three-year follow-up shows that dramatic positive changes in self-regulation development can be seen in those families where the child-parent relations have shifted from the over-protection and instability to the adequate style. Still in case of severe problems of the first self-regulation level (lack of concentration, emotional instability), a special intervention program is needed.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0579

### **Musical hallucinations: A case report and review of the literature regarding its phenomenology**

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*Introduction.*– Musical hallucinations (MH) refers to a condition characterized by the presence of intrusive auditory musical percepts without an external auditory source. Also labeled as Oliver Sacks syndrome, auditory Charles Bonnet syndrome or musical hallucinosis (in the latter the reality test is intact), hallucinations with musical quality are currently considered to be a phenomenon whose rarity may derive from its nature but also from under-reporting; its purported heterogeneous causal mechanisms might explain the clinical nuances regarding presentation, evolution, treatment and prognosis. Often associated with diverse medical conditions, the most consistent evidence refers to the association of hearing loss, female gender and old age, accompanied of at least some degree of insight

*Objectives.*– We present a case of a 79-year-old woman experiencing MH and explore its unique characteristics and response to psychoeducation and somatic treatments.

*Methods.*– We describe a case of an elderly woman, without psychiatry history or central nervous system abnormalities/disorder, suffering from progressive hypoacusis, who has been experiencing MH for one year, focusing on the phenomenology of the experience. *Results.*– The distinctive phenomenological characteristics of the condition and particular response to increased external auditory stimuli and antipsychotic treatment are discussed in light of current knowledge.

*Conclusions.*– MH appear to be a more heterogeneous and complex phenomenon than previously thought, regarding its clinical characteristics and aetiology. A meticulous description of the phenomenological elements in its distinctive presentations may bring light to more effective and syntonic approaches, channeling positive repercussions in terms of evolution and prognosis of MH.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0580

### **Dyke Davidoff Masson syndrome, impact of neuropsychiatric manifestations in a patient with systemic lupus erythematosus**

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*Introduction.*– Dyke Davidoff Masson syndrome (DDMS) is a rare entity due to abnormalities in brain development, either congenital or acquired, causes include: infections, tumors, trauma. It's been associated with psychiatric manifestations like psychosis and schizophrenia.

*Objective.*– To report the association of DDMS in a patient with lupus and its neuropsychiatric clinical implications.

*Methods/case.*– We present the case of a twenty year old female patient with history of systemic lupus erythematosus (SLE) since she was four, developing deep vein thrombosis and confirmed diagnosis of antiphospholipid syndrome (APS) at age nineteen; with treatment resistant epilepsy (temporal lobe epilepsy) since was fifteen. Developed an episode of severe depression one year ago, including two suicide attempts ingesting anticonvulsants. Presents to outpatient clinic of our department with behavioural symptomatology: impulsiveness, emotional dysregulation, insomnia and abulia, no established depressive or psychotic disorder. MRI revealed left cerebral hemisphere atrophy with compensatory skull thickening. Cognitive deficiencies during evaluation revealed total IQ of 65 indicating severe intellectual disability. The patient began treatment with antidepressant, continued with anticonvulsants, with partial treatment response.

*Results.*– Our patient fulfilled clinicoradiological criteria for DDMS: cerebral hemiatrophy, ipsilateral sinuses hyperpneumatization, dilated ventricles/cisternal space, mental retardation and epilepsy. It's been associated with vascular insults due to inflammatory diseases and this presentation alongside SLE supports a neuroinflammatory component for syndrome development.

*Conclusion.*– The association of DDMS/SLE could be explained by early age of onset and complications, microvascular damage being the possible mechanism. Early identification of DDMS could provide appropriate treatment for epilepsy, mental retardation and psychiatric comorbidities, improving quality of life.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0581

### **Healing in the incest wound**

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*Introduction.*– Statutory rape is child abuse by an adult for the purpose of sexual pleasure. Abuse affects physical and mental integrity, all the more so because it is incest. The incest word of its Latin origin “incestus”, is synonymous with impurity, defilement. It would be

a sexual relationship between persons related by a degree of kinship leading to the prohibition of marriage, usually a man (father, stepfather or close family).

*Objectives.*– Our aim is to analyze and identify through the presentation of a clinical case the psychological repercussions of an incest on an underage.

*Methods.*– Study of a clinical case concerning a 26-year-old patient who was the victim of incest from her uncle.

*Results.*– Case presentation: it is a 26-year-old patient who has been followed in psychiatry for several years and who has been addressed to us following a suicide attempt in the context of a severe depressive disorder. The psychiatric interviews revealed that the patient was the victim of an incest perpetrated by her uncle to type of sexual touching. Therapeutic management had associated antidepressants, anxiolytics, neuroleptics and psychotherapy. The evolution under treatment was marked by the persistence of the depressive disorder with numerous attempts of suicide, requiring hospitalizations in intensive care unit. The patient was treated several times in gynecology for self-harm. The patient has not consulted since her mother's death.

*Conclusion.*– Incest is a trauma that can have dramatic consequences. specialized and urgent care is essential. In this context, the identification of evocative early signs is essential.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0582

### Joint follow-up of treatment process of FMS patients

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Fibromyalgia is a disorder characterized by widespread musculoskeletal pain accompanied by fatigue, sleep, memory and mood issues.

*Methods.*– In the year 2015, the diagnosis and treatment of 183 patients diagnosed with FMS in Psychiatry and PTR outpatient clinics of Erenkoy PTR Hospital were observed jointly.

Diagnosis was made by a PTR Specialist according to ACR 2010 diagnostic criteria. The severity of pain of the patients was measured by the Wide Spread Pain and Symptom Severity.

In psychiatry outpatient clinic, diagnoses were made according to DSM V diagnostic criteria. The severity of the disease was measured by HAM-D and HAM-A.

Patients diagnosed by both outpatient clinics were treated and monitored jointly by PTR and Psychiatry departments.

During the treatment, patients were made to do exercise movements and administered pregabalin 75-150 mg/day by a PTR specialist and duloxetine 30-60 mg/day by a psychiatrist.

The severity of the pain was measured by the PTR specialist using WSP and SS scales once a week for 12 weeks. On the same day, the patients were also assessed by the psychiatrist. CGI, HAM-D and HAM-A were used to determine clinical course and severity of disease of the patients.

Demographic data of the patients, subscales of both PTR and psychiatric diagnoses were determined

*Summary of results.*– At the end of the study, FMS complaints and findings significantly abated. A direct correlation was established between clinical findings of FMS and the severity of depression findings. The statistical significance of the correlation was investigated using subgrouping of the disease diagnosis.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0583

### Eye-tracking technique as an instrument in the diagnosis of autism spectrum disorder

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Considering the prevalence of ASD, the unknown etiology and symptomatic evidences occurring in the first years of life, more precise techniques refining the characteristics of ASD and presenting a differentiated diagnosis as well as establishing an appropriate prognosis according to conditions presented by the patient are needed. The ocular tracking technique allows a better understanding of social cognitive functioning, due to the deficits in social interactions and social communication in ASD. This research was a bibliographical review, whose objective was to analyze scientific publications on the use of the technique of ocular tracking as an instrument in the diagnosis of Autism Spectrum Disorder (ASD). Selecting scientific publications, written in Portuguese and English, between 2006 and 2016, published in PUB MED, SciELO, LILACS and CAPES databases, including bibliographic reviews and experimental researches with positive or negative results, in order to collect data on the efficacy of the technique in neuropsychological evaluation in cases of ASD. A total of 23 articles were identified, of which 17 were published in PUB MED database and 6 in LILACS. There was an increase in production between 2012 and 2016. Regarding the type of research, 21 are experimental, whose main objectives were investigating joint attention, social attention and face processing, and two bibliographic reviews. The eye tracking technique in the experimental research as a differential in the diagnosis of ASD was efficient to present positive results in confirming diverse patterns used by the ASD group compared to groups of typical development or other genetic syndromes.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0584

### Evaluation and comparison of public attitudes towards people with mental disorders in Poland and Egypt

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*Background.*– In recent years, proceeding deinstitutionalization of mentally ill, despite obvious benefits, led to the occurrence of new challenges, linked to the rapid increase in social distance and stigmatization of those afflicted. Our objective was to assess society's attitude towards mentally ill, and compare it between respondents from different cultures.

*Materials and methods.*– Study was conducted between January 2016 and September 2017 on a group of 1392 respondents originating from Poland ( $n = 1016$ ) and Egypt ( $n = 376$ ), utilizing authors' own questionnaire constructed during three-step pilot study on a group of 100 respondents.

*Outcomes.*– There was no significant difference in public attitude towards mentally ill between Poland and Egypt. Significant, although weak, association was found between age of respondent

and overall attitude towards mentally ill ( $r = 0,11$ ;  $P < 0,05$ ). 23% of respondents obtained their knowledge from media coverage.

**Conclusions.**– Despite cultural differences, public opinion on mentally ill did not differ between Poland and Egypt. Overall attitude seem to be neutral, with a majority of society being indifferent to the problems of mentally ill.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## Pain and treatment options

EV0585

### Reviewing treatment in a somatoform disorder. A case of iatrogenic pain

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**Introduction.**– Somatoform disorders are characterized by physical complaints that occur in the absence of a medical explanation, usually when no alteration can be objectified, and underlying psychological factors are suspected.

**Objective.**– To present a case of iatrogenic pain labelled as somatoform disorder. To identify muscle pain as a side effect of statins. To enhance the importance of an appropriate psychiatric evaluation and follow-up.

**Methods.**– A 34-years-old-male, diagnosed with Klinefelter's Syndrome, hypercholesterolemia and migraine, treated with Atorvastatine and Testosterone Cypionate. No toxic habits. General practitioner suggests psychiatric evaluation due to persistent widespread weakness and pain, which led the patient off work for nine months. No specific cause was detected and he was diagnosed with somatoform disorder.

**Results.**– During follow-up, neurological examination showed decreased sensitivity in fingers, back of feet and distal lateral face of both legs. Weakness for the extension of fingers, extension and eversion of both feet. He is diagnosed with peripheral neuropathy caused by statins, after clinical improvement following statins withdrawal.

**Conclusion.**– Somatoform disorders imply a major challenge for physicians, as there is a high risk of labelling as somatoform an undiagnosed disease. These patients are frequently polimedicated, so an iatrogenic cause should be carefully discarded. Clinicians should pay special attention to patients receiving this type of diagnosis to avoid falling into the error of not diagnosing underlying non-psychiatric medical conditions, which could eventually increase the suffering of the patient.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0586

### Relationship between mental disorders symptoms with pain coping strategies in patients with dental pains referring to dental clinics

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**Introduction.**– The study aimed to assess the relationship between mental disorders symptoms with pain coping strategies in dentistry clinics. Method: 120 people with dental pain that attended in dentistry clinics were randomly selected and responded to Rosenstein & Keefe's Pain Coping Strategies Questionnaire (PCSQ) and Derogatis's Symptom Checklist (SCL-90-R). The data were analysed with Pearson correlation coefficient.

**Results.**– Findings showed positive and significant relationship between Disastrous thought with all mental disorders symptoms; and Reinterpretation pain sensation with depression and anxiety. Also there is negative significant relationship between ignoring pain with Obsessive-compulsive, interpersonal sensitivity and Somatization; and Hope-praying with interpersonal sensitivity, depression, anxiety, paranoid ideation and psychoticism.

**Discussion.**– With regard to findings, it is recommended that in addition to drug treatment, for changing the attitudes and thinking in patients with dental pain, psychiatrists and psychologists apply psychological treatments specially cognitive-behaviour therapy to reduce abnormal thinking level about pain and as a results reduce and health problems that is related with dental pain.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0587

### Relationship between schizophrenia spectrum and pain perception disturbance

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Pyelonephritis is a kidney infection caused by bacteria, which starts in the bladder and spreads through the urinary tract to one or both kidneys. Clinic is characterized by abdominal pain, low back or costar pain, dysuria (pain or stinging when urinating), pollakiuria or tenesmus.

We present the case of a 39-years-old woman diagnosed with Schizoaffective Disorder, admitted at the Psychiatry-Unit for psychopathological decompensation. After 19 days of hospitalization, and stabilized psychopathologically, the patient begins with fever, treated with paracetamol, although it persisted up to 39.5 °C, requiring urgent blood analysis, where acute phase reactants were observed; positive blood culture for E. coli and systematic urine with 500 leukocytes are shown. On examination, the patient is tachycardic, tachypnoic at rest, depressive abdomen, not painful. The patient doesn't report pain at all. She is diagnosed of acute pyelonephritis with risk of sepsis. The following days, better gen-

eral condition, while maintaining persistent tachycardia and basal oxygen desaturation. The patient didn't present any complaint of dyspnea or chest pain. A thoracic CT is performed, where a probable pulmonary thromboembolism was observed.

Pain is a complex phenomenon that covers affective and cognitive dimensions. It has been described a decrease in pain sensitivity in patients with Schizophrenia, which has been associated with a defective analysis of information associated with the activation of various brain areas and with a dopaminergic dysfunction at the reward systems. Our case is an important reminder that people with schizophrenia do not always present typical clinical features of concomitant organic pathology.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0588

### Use of psychotropic drugs in odontoiatric disorders

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Purpose of the study was pain evaluation in patients affected by Temporomandibular Disorders (TMD) with dysfunctional algic symptoms, in order to identify an effective therapy for non responders to conventional treatment, so that an alternative pharmacological approach with psychotropic drugs might be indicated. This prospective observational study included 45 patients recruited in October 2016. To all patient, after obtaining informed consent, diagnosis was established with the aid of a 16 item structured clinical interview, the Oral Health Impact Profile and each patient furnished relevant data, regarding the quality of life, using the Flanagan clinic scale (QOLS). The patients sample was composed by 87% of females and 43% of males with a mean age of 40 year old. The diagnosis was one case of temporomandibular joint (TMJ) disease, four cases of muscular disease and four cases of combined TMJ disease and muscular disease. Two patients underwent physical therapy, three combination therapy and four pharmacological therapy (NSAIDs, corticosteroids and/or psychotropic drugs). Higher scores (according to Flanagan scale) corresponded to a better quality of life; we found these scores in young women with joint and muscular disease treated also with psychotropic drugs for short time. Temporomandibular disorders in patients with dysfunctional algic symptoms can be treated with physical and pharmacological conventional therapies but also alternative pharmacological approaches such as antidepressants and/or anxiolytics. The origin of these diseases have a psychological correlate which would explain the efficacy of psychotropic drugs, even in the absence of an underlying or coexisting psychiatric disorder.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0589

### A case of chronic pelvic pain syndrome: the presentation, exploration of underlying psychodynamic issues, and management of pain in a multidisciplinary consultation liaison setting

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*Introduction.*– Chronic pelvic pain syndrome is a poorly defined condition with a complex history, unclear etiology and suboptimal response to therapy. In chronic pelvic pain syndrome, the sufferer typically undergoes extensive investigation for the underlying cause of the pain, with no organic cause identified. Sufferers of chronic pain syndromes often meet criteria for somatic symptom disorder according to the DSM-V.

*Case presentation.*– A 51-year old man with a 4 month history of penile and perineal pain was referred to our Consultation Liaison Psychiatry service for disabling pain that had been extensively worked up without any underlying organic causes found. The patient was a premorbidly high-functioning and driven individual with a very successful career. Upon further exploration, it was discovered that his wife had been diagnosed with breast cancer a week prior to him developing penile pain. The patient also had a very high level of anxiety about his pain, which responded far better to benzodiazepines than to opioid analgesia. A multidisciplinary team of specialists comprising urologists, anaesthetists subspecializing in chronic pain management, internists, psychiatrists, a physiotherapist and a psychologist managed this patient.

This poster will further describe the patient's presentation, explore his psychodynamic conflicts as a result of his wife's breast cancer diagnosis, and describe in detail how the multidisciplinary team of specialists addressed his pain using a combination of approaches including pharmacotherapy, psychotherapy, physiotherapy and social support.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0590

### Depression, physical activity and perception of menstrual pain

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*Background.*– Pain during menstruation cycle is a significant problem and searching for the predictors of pain intensity remains an important challenge for modern medicine. Within factors that modify pain perception, depression and physical activity is highlighted.

*Aim.*– The aim of the study was to investigate the relations between menstrual pain (its severity, pain thresholds), depression and physical activity.

*Methods.*– Study included 80 women.

*Measuring methods.*– Thermometer of Emotions, PainMatcher (the pain thresholds), Brief Pain Inventory (the severity of pain and its impact on functioning), The International Physical Activity Questionnaires were used.

**Results.**– Depression turned out to be a significant predictor of pain severity and its impact on functioning. Also, depression decreases pain thresholds. Increasing the level of physical activity correlates with the decrease of depression level and pain severity during menstruation, and also increases pain thresholds and pain tolerance during the menstruation. Intensive physical activity turned out to be a moderator of relationship between depression and pain: the relation between depression and pain was non-significant among participants who undertake the intensive physical activity.

**Conclusions.**– Implementing intensive physical activity in women with severe menstrual symptoms can improve both mood and coping with pain.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## Personality and personality disorders

EV0591

### Tattooing meanings: From self-harm to self-identity – A clinical case

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**Introduction.**– A wider range of motivations may have contributed to the crescent popularity of tattooing in Western countries. Diverse social and psychological explanations to tattooing are found in literature, with some studies pointing out the pain experience and the hypothetical alternative to self-harm acts.

**Objectives.**– To reflect on the meaning of the tattoos in a specific clinical case, using a psychodynamic perspective.

**Methods.**– Clinical case report.

**Results.**– A 19-year-old male student (single-child, living alone with his mother) was attended, at an outpatient clinic, with intrusive and persistent thoughts of death and about hurting his mother, along with depressive symptoms (feelings of emptiness and self-disgust, apathy and dysregulated sleep cycle), a fragmented sense of self, primitive defense mechanisms, and severe difficulties in interpersonal relationships. He had five tattoos, four of them done in a two-month period, when he had progressively more violent thoughts towards himself and engaged in binge drinking. He said he liked tattoos but he also admitted an anguish relief through the pain. The therapeutic work with this patient encompassed the discussion of different meanings for his tattoos.

**Conclusions.**– Tattooing may reflect different social or psychological motivations and usually is not pathological. Nevertheless, it is important to be watchful to some warning signs (in this case, the impulsive and repetitive tattooing in a short time period concomitant with depressive symptoms) and to explore its meanings and associations.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0592

### Convergent validity of DSM-5 diagnosis of personality disorders as assessed by SCID-5-PD, DAPP-BQ and PID-5 in a sample of mood disorders

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**Introduction.**– The diagnosis of personality disorders is often little reliable, especially if only categorical and made through different methods (self-reports vs structured interviews vs performance-based instruments), so that DSM-5 has proposed a new hierarchical and multidimensional model. The relationship between personality disorders and mood disorders is complex and still unclear, and many methodological issues are open: e.g., few extensive studies, inconsistent data, lack of established etiological theories, drug-resistance of patients with comorbid personality disorders and mood disorders, and the evidence that this comorbidity predicts a worse course and outcome of treatments, even in sub-threshold forms.

**Objectives.**– This paper reports preliminary data on convergent and discriminant validity of the three models for diagnosis of personality disorders proposed by DSM 5 (categorical, typological and dimensional) in a sample of mood disorders, using a multimethod approach.

**Methods.**– A total of 30 patients with diagnosis of mood disorders as assessed by the SCID-5 were screened with patient's questionnaire of SCID-5-PD and then diagnosed using the SCID-5-PD, the Dimensional Assessment of Personality Pathology - Basic Questionnaire and the Personality Inventory for DSM-5.

**Results.**– Some associations confirm the relationship between DSM-5 categorical diagnosis and the new dimensional models, but data show also original results: e.g. avoidant personality reveals identity problems, conduct problems, emotional dysregulation and perfectionism, as well as schizotypal personality presents anhedonic affects and depression, but also persistence and perfectionism.

**Conclusions.**– New models proposed by DSM-5 appear valid, and dimensional and sub-threshold diagnoses seem more clinical useful to detect some personality pathologic features and strength unknown until now.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0593

### Self-ambivalence is related to affective ambivalence towards health

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**Introduction.**– Attitudinal ambivalence towards health is related to some forms of risky behaviours (Hohman et al., 2014). Self-ambivalence, as a structural feature of the self-concept (DeMarree & Morrison, 2012), can be related to attitudinal ambivalence towards health.

**Objectives.**– The purpose of the study was to examine the relations between self-ambivalence and affective ambivalence towards health.

**Method.**– Adolescents completed color test (Kisel'nikov, 2017), measuring the strength of association between affective words and objects (self and health related objects). They were next divided in two groups: adolescents with low ( $n = 39$ ,  $M_{age} = 14.1$ ,  $SD = 1.43$ , 20 males) and high self-ambivalence ( $N = 41$ ,  $M_{age} = 14.54$ ,  $SD = 92$ , 16 males).

**Results.**– Mann–Whitney *U*-test with FDR revealed differences between two groups of adolescents (see Table 1.). Adolescents with higher self-ambivalence had bigger affective ambivalence towards all objects, except nutrition and hygiene, compared to adolescents with lower self-ambivalence.

Table 1. Differences between two groups of adolescents (Mann-Whitney *U*-test).

Figure 1.

Epidemiological profile of psychiatry in the Hospital III Emergencias Grau- Essalud 2012-2016	
Mood disorders	35.63%
Anxiety disorders	23.36%
addictive disorders	14.86%
psychotic disorders	14.91%
Others	9%

**Conclusions.**– Adolescents with higher self-ambivalence have bigger affective ambivalence towards health related objects, compared to adolescents with lower self-ambivalence. High self-ambivalence among adolescents is a potential factor of high affective ambivalence towards health and, consequently, risky behaviours.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0594

### Borderline personality disorder: The wounds that never cicatrize

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**Introduction.**– Borderline personality disorder (BPD) is the most prevalent personality disorder within most clinical settings. Approximately 15% of all inpatients (51% of inpatients with a personality disorder) and 8% of all outpatients (27% of outpatients with a personality disorder) will have a BPD. This personality disorder is at high risk of acting out with 40 to 85% attempted suicide, 50 to 80% self-harm and 10% suicide.

**Objective.**– We proposed through a clinical case and the literature review, to study the diagnostic criteria of a borderline personality disorder and to point out their mental suffering and the therapeutic management

**Method.**– Study of a clinical case concerning a 25-year-old patient who was hospitalized several times for complication of her borderline personality disorder

**Results.**– Case report: Madam X. is 25 years old. She presents borderline personality disorder complicated by recurring major depressive episodes, multiple attempts at suicide and self-

mutilation at the breasts. The therapeutic management associated antidepressants, neuroleptics, mood stabilizers and psychotherapy. The evolution was marked by a gradual stabilization despite numerous social complications and heavy gynecological sequelae.

**Conclusion.**– Sometimes the suffering of the borderline person turns out to be stronger than the therapeutic strategy. Our role is to try to relieve this suffering and to prevent the complications

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0595

### Deviations in the development of self-awareness of children from families with average-low social status

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**Introduction.**– Methodological bases of the study were constructed within the framework of clinical psychology of Vygotsky Scientific school, a development model of the internal relations of the “Self -Other” in self-awareness of the child. The development of self-awareness and deviations are researched using (1) the aspect of genesis; (2) the psychological aspect of age; (3) the aspects of psychological adaptation and activity.

**Objectives and methods.**– The study focuses on a group of low-resource families with an average higher social status ( $n = 35$ ) living in Moscow, the children (5.5–7 years old) go to a state social assistance center.

**Methods.**– Objective description of the cultural, historical and social context of the child's development; semi-structured interview; long-term observations; CAT, S. and L. Bellak; projective drawings.

**Results.**– The typology of risk-based strategies of upbringing is formulated: authoritarian, rigid strategy as a way of adaptation to socioeconomic conditions; the type of struggle and resistance; the type of social instability; the type of social “mimicry”.

The study demonstrates stabilization of the reversibility between the “Self-Other” positions, the ability of transition to the emerging position of the rational Self with the subsequent assessing oneself, usually negatively.

The aspect of psychological adaptation is demonstrated by ability to follow the rules, recognition of an adult authority with anxiety reactions, difficulties of the child's self-expression, selectivity of friendly preferences, along with a high readiness to shift anger to equals.

**Conclusion.**– Emotional-personal maturity and self-consciousness development indicate better adaptation capabilities (than in other groups) accompanied by specific risk development zones.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0596

### Deviations in the development of self-awareness of children from families with medium-higher social status

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**Introduction.**– Methodological bases of the study were constructed within the framework of clinical psychology of Vygotsky Scientific school, a development model of the internal relations of the “Self-Other” in self-awareness of the child. The development of self-awareness and deviations are researched using (1) the aspect of genesis; (2) the psychological aspect of age; (3) the aspects of psychological adaptation and activity.

**Objectives and methods.**– The study focuses on a group of high-resource families with average higher social status ( $n=31$ ) living in Moscow, the children (5.5–7 years old) go to a prestigious development center.

**Methods.**– Objective description of the cultural, historical and social context of the child’s development; semi-structured interview; long-term observations; CAT, S. and L. Bellak; thematic projective drawings.

**Results.**– The typology of risk-based strategies of upbringing is formulated: an authoritarian, rigid nanny as an alternative strategy of upbringing; an abrupt change in of the parents’ attitude manifestations towards the child; the type of social educational experimentation; the indulgent, supersatisfying type.

The general underdevelopment of self-awareness, a reduction in the level of differentiation and elaboration of its contents, a tendency to the absence of emotional reversibility between positions of “Self-Other” were demonstrated by examined children.

The aspect of psychological adaptation is expressed by the child’s individuality, demonstrativeness, incapacity for persistent efforts, decrease of the adult authority, and non-differentiation of relations with other children.

**Conclusion.**– Risky variants of emotional and personal development together with general underdevelopment of self-awareness determine the readiness of this group for disadaptive reactions in wider social reality.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0597

### **Cloninger’s temperament and character inventories: Additional validation studies and applications in psychopathology and neuroepidemiology**

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The concept of personality is broad and polysemic. Over the ages, various theories of personality could complicate its definition. Among these theories, psychobiological approach integrates psychological and biological variables as predictors of inter-individual differences. C.R. Cloninger developed a model combining four dimensions of temperament, innate dimensions of personality strongly influenced by Genetics: Novelty Seeking, Harm Avoidance, Reward Dependence, Persistence; and three character dimensions, acquired dimensions during life and under the influence of learning and the environment: Self-directedness, Cooperativeness, Self-transcendence. It is evaluated with Temperament and Character Inventories (TCI), but whose strengths and weaknesses were not considered qualitatively in the literature. Originally developed in the field of psychopathology, this model sees these applications emerge in the field of Neurology and Neuroepidemiology. This communication aims to introduce you to this personality model by different works. These works will deal with both the evaluation of the psychometric characteristics of new tools developed from this model, as well as the use of these personality inventories in various

clinical populations. All our work demonstrating the strengths and weaknesses of French TCI and Cloninger’s model should enable the development of future studies in Francophone countries.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0598

### **Reliability and validity of Turkish form of the personality inventory for DSM-5 adult version**

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**Introduction.**– The DSM-5 Section III proposes a hybrid dimensional-categorical model of conceptualizing personality that includes assessment of impairments in personality functioning and maladaptive personality traits. PID-5– Adult is a 220 item self-rated personality trait assessment scale for adults age 18 and older. It assesses 25 personality trait facets. Specific triplets of facets (groups of three) can be combined to yield indices of the five broader trait domains of Negative Affect, Detachment, Antagonism, Disinhibition, and Psychoticism. Each item on the measure is rated on a 4-point scale. The response categories for the items are 0 = very false or often false; 1 = sometimes or somewhat false; 2 = sometimes or somewhat true; 3 = very true or often true.

**Objectives.**– The aim of this study is to demonstrate the reliability and validity of the Turkish Form of the Personality Inventory for DSM-5 Adult Version.

**Methods.**– This research was carried out with 281 patients who fulfilled the criteria of any psychiatric disorder according to DSM-5 criteria in inpatient and outpatient psychiatric clinics and 923 healthy control groups without any mental or physical disease.

**Results.**– The correlations between DSM-5 personality disorders and PID-5 25 personality trait facets are significant. Results indicated good internal consistency reliabilities and good temporal stability reliabilities for the majority of the PID-5 traits.

**Conclusions.**– These findings show that The Personality Inventory for DSM-5 is reliable and valid for Turkish.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0599

### **Are Persons With Emotionally Unstable Personality Disorder Overmedicated?**

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**Aim and hypothesis.**– The purpose of the study was to review and compare prescribing guidelines for persons with Emotionally Unstable Personality Disorder (EUPD). Our hypothesis was that those patients are overmedicated.

**Background.**– EUPD is often considered as treatment resistant challenge. While effectiveness of psychological therapies in treatment of EUPD is widely acknowledged, there is less supportive evidence for pharmacotherapy use.

**Methods.**– MEDLINE and PsycINFO databases were searched for all English-language articles published 2000-2016 containing the keywords: “Emotionally unstable personality disorder”; “Borderline personality disorder”; “Pharmacotherapy”; “Drug treatment” and “Treatment guidelines”.

**Results.**– Current NICE guidelines (2009) recommend pharmacotherapy should not be used for borderline personality disorder but for comorbid conditions only. Despite this Paton et al (2015) showed 68% of borderline patients without comorbid disorder in UK were using antidepressants, 59% antipsychotics, 59% sedatives and 23% mood stabilisers. Paolini et al (2016) confirmed polypharmacy in 83.5% of cases. In line with the American Psychiatric Association practice guideline, the Dutch and German guidelines recommend antipsychotics for cognitive-perceptual symptoms (Ingenhoven 2015). However, they question the efficacy of antidepressants on impulsivity and affective dysregulation, finding mood stabilisers more helpful.

**Conclusions.**– All guidelines recommend evidence-based psychotherapies as the first-choice in the treatment of EUPD. However, they significantly diverge in with respect to pharmacotherapy use (Ingenhoven 2015). NICE and Australian guidelines abstain from psychotropics and although it may prevent to counterproductive polypharmacy, it can also refrain from temporary pharmacological support when needed. More RCTs are needed but meanwhile using pharmacotherapeutic algorithms for specific symptom domains might be the way forward.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0600

### **Schizotypal personality disorder: A case report of a mistaken diagnosis and a review of the literature**

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**Introduction.**– Schizotypal personality disorder is described as a low incidence personality disorder characterized by odd, bizarre or eccentric behaviour, cognitive problems, social malfunctioning, thought disorders, obsessive ruminations and perceptual impairment.

**Objectives.**– Our aim is to conduct a systematic review in this issue and to present a clinical case of a mistaken diagnosis.

**Methods.**– Review of scientific databases - Pub Med, medscape, scientific literature - and relevant scientific literature concerning the issue addressed and other publications with the research terms “schizotypal personality disorder”; “schizotypy”; “cluster A personality disorders”; “eccentricity”. Articles in english and portuguese. The clinical case was described with data retrieved from the clinical file. In what concerns the clinical approach to the patient, taking into account the erratic behaviour and sleep disorder and disorganized thought, a low dose antipsychotic was initiated. Concurrently and due to history of low grade, non impairing cognitive disability, a full diagnostic evaluation was made for differential diagnosis (CT, serum and urine analysis and neuropsychological assessment).

**Results.**– In light of the results of the neuropsychologic suggestive of an initial stage of frontotemporal dementia, further diagnostic tests

were made and a corresponding research of scientific database. In total, we found 30 articles of which 9 were considered relevant and also 2 books.

**Conclusions.**– Frontotemporal dementia is a rare entity which has a rather difficult differential diagnosis. Sometimes its presentation overlaps with that observed in other diagnosis, such as this case. EV morbidity worsens the prognosis and often delays a specific therapeutic approach.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0601

### **The role of executive functions and especially of working memory in the antisocial personality disorder: A pilot study**

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**Introduction.**– Relationship between neuropsychology and personality disorders is highly articulated. In the last few years there has been a flurry of scientific productions characterized by the aim of clarifying the possible neuropsychological and anatomical-functional correlations of personality disorders, so as to build an integrated therapeutic pathway that takes into account all spectrum of difficulties to which it must face the subject. The assessment of the cognitive and neuropsychological functioning of the individual is useful in highlighting the cognitive features characteristic of a certain type of psychological functioning and their relationship to dysfunctional personality traits, such as, the deficit of executive functions in the antisocial personality disorder. Empirical evidence shows that in subjects with APD emerging neuropsychological deficits of executive functions attributable primarily to the functioning of prefrontal areas, both at dorsolateral and at the ventromedial level. These types of patients have planning and monitoring deficits and inhibition of pre-programmed behavioural patterns.

**Objectives.**– Aim of this pilot study is to highlight the cognitive profile of subjects with a diagnosis of antisocial personality disorder, in order to make the rehabilitative path more individualized.

**Methods.**– WAIS-IV scale was administered to 4 subjects between 18 and 20 years, inserted into a battery formed by: MMPI-2, Rorschach, drawing test and TAT. Nosographic diagnosis was based on the ICD-10.

**Results.**– Four subjects showed a borderline intellectual functioning with particular impairment in the working memory, in line with what has been reported in the literature about sample subjects with APD.

**Conclusions.**– Results drive us in the direction of expanding the sample and studying more in-depth neuropsychological functioning of these patients, in order to personalize the rehabilitative plan.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0602

### **Attachment styles: Adoptions and borderline personality disorder**

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The work was based on a observational and phenomenological study of a group of 10 subjects, (seven females and three males) with a history of loss and adoption.

The analysis of Rorschach revealed that all subjects have index that detects the early traumatic experiences.

Three subjects, with a more long history of institutionalisation, reported an AFFECTIVITY INDEX oriented to closing, a TVI restricted, an index of significant impulsiveness, deficient mechanisms of self-control and structural rigidity, it could be associated with closing mechanisms, difficulty in relationship, use of mechanism of dissociation and other primitive defense mechanisms; characteristics that seem to converge with a disorganized style of attachment, structured in childhood.

Five subjects have an Affectivity Index oriented to the opening while a TVI introverted, basic elements of ambivalence, a lower impulsivity, but mechanisms of self-control too structured, rigidity and few structural lesions, highlighting an ambivalent trend to personal contact and also high drive's levels with trends in acting in. These characteristics seem, instead, to converge in a insecure style of attachment.

Two other subjects not covered in these two specific categories showing a net ambivalence between the indices affective and the type of interior life (TVI), high impulsiveness, deficient control mechanisms and structural lesions.

Only two subjects, that relate use of substances of abuse, have also a significant elevation of the TCI AND DCI. These characteristics seem oriented to a disorganized style of attachment, in a dissociative personality disorder.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0603

### **Assessment of borderline personality disorder using the Mmpi – 2: The contribution of psy – 5 scales**

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*Introduction.*– Borderline personality disorder (BPD) is characterized by a deep instability in emotions, relationships, self-image, identity and behaviour. It determines a great impairment of social, working and personal skills. People with BPD show inappropriate intense anger, paranoid ideas and impulsivity. This can make the treatment very difficult, so, identifying a BPD personality profile is important to address the clinical practice and the therapeutic work. To this aim, the Minnesota Multiphasic Personality Inventory – Second Edition (MMPI-2), a wide-ranging test created to identify the principal structural attitudes of personality and emotional disorders, it is often a very useful tool. Lately, Harkness et Al. (1995) have elaborated specific scales for personality traits: the PSY-5. As suggested by Wygant et Al. (2006), these scales can be considered as valuable tools able to provide precious information on personality disorders.

*Objectives.*– The aim of this pilot study is to evaluate the contribution provided by PSY-5 scales in the diagnosis of BPD.

*Method.*– We have administered MMPI-2 to three subjects with DBP, with particular attention to the values obtained on PSY-5 scales.

*Results.*– According with the literature, all three subjects exhibited significant elevations (T > 65) both in the PSYC scale and in the NEGE scale, highlighting emotional regulation difficulties and transient deficits in the reality exam.

*Conclusions.*– BPD's complexity requires a careful assessment that should be realized using reliable tools. MMPI-2 demonstrated to

offer an important contribution to the understanding of personality disorders, especially BPD. References not supplied

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0604

### **Early maladaptive schemas among heroin addict patients treated by methadone in the North of Morocco**

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*Introduction.*– The maladaptive schemas can be defined as structure or pattern of cognitive content. They represent all the process guiding our behaviours in serving the filtering and the processing of the information. A dysfunction on these schemas have a tight relationship with addictive conducts.

*Aims.*– the measure of early maladaptive schemas among heroin addict patients and comparison between overactivation of these schemas before and after treatment by the methadone.

*Patients and methods.*– The present study is carried out in a medical-psychological center in Tangiers (North of Morocco) among 101 patients (85 men and 16 women), with a mean age of 35 years old. The questionnaire SQ II of Young is administered to those patients, already diagnosed as dependent to opioid using DSM-IV, to study the dysfunctional schemas. The administration of questionnaire is realized twice; before and after treatment by the methadone.

*Results.*– The obtained results showed a significant difference between the activation of the Schemas before and after treatment ( $p < 0.001$ ) with a remarkable overactivation of “afraid of losing control” schema ( $M = 166.86$  (65.3%)) in addition to the “high requirement” schema which is significant for men ( $t = 1.97$ ,  $P = 0.048$ ) against the “vulnerability” and “emotional deficiency” among women ( $t = 4.56$ ,  $P \leq 0.001$ ).

*Conclusion.*– The substance abuse and personality disorders are often coexisting confirming a part of the hypothesis advanced by Ball and Young which postulate that the individuals displaying the criteria of substance abuse have overactivated of the maladaptive schemas of self-control or the personal rights.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0605

### **Zoophilia in an adult with borderline personality disorder: A case report**

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*Introduction.*– Zoophilia is a rare paraphilic disorder with intense sexual urges involving animals. Borderline Personality Disorder (BPD) is a common disabling mental disorder associated with difficulties in controlling emotions and impulses, a history of unstable relationships and self injury.

**Objective.**– To describe a clinical case of EVmorbid BPD and zoophilia in order to establish the relationship between these two. **Methods:** Search of the Pub Med database and Sciencedirect was conducted using the keywords: “Zoophilia”; “Borderline”; “Paraphilia”. We also reviewed the patient’s clinical records.

**Results.**– Mr SR is a single 26-year-old male who conducted several types of jobs and came to the psychiatry outpatient department after attempting suicide by immolation. He had no history of chronic physical disease. He was sexually abused when he was 12 years old. He tried different kinds of drugs and became alcoholic. He has no family support. He’s been suffering for the past 5 years from chronic sad mood, emptiness, loss of interest and unstable relationships including professional and personal ones. He also showed several kinds of impulsive risky behaviours. He started to have sexual intercourse with sheeps two years ago whilst harboring feelings of guilt. He was unable to explain the reasons why he had pleasurable sexual intercourses with animals but he mentioned having permanent and recurrent failure with women. He was diagnosed with BPD.

**Conclusion.**– Reported cases of zoophilia in BPD are limited worldwide. Further research is required to explore this association in order to offer a better psychological care.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0606

### **Failure of the oedipal process and hysterical conversion as a modality of decompensation: The trauma of the loss of the object**

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The processes of psychic development and the modalities of constructing the personality of the human subject are entirely dependent on social and psycho-social environment. When in the psychoaffective organization of the group, intersubjective relations fit exclusively in a link of dependence or domination, the personality of the subject may be built with psychic characteristics. The case of the hysterical personality makes possible to better evaluate this clinical reality and on the other hand makes possible to understand the trauma clinic in its capacity to provoke a psychic fragmentation which leaves hatched other psychopathological organizations.

Mrs. K., jealous of her father’s conjugal relationship and accused to be at the origin of her mother’s violent death, had been plunged since her mother’s death and her imprisonment, into particularly hysterical symptoms, thus expressing father and mother at the same time. This clinical situation obliges to question and observe the hysteria and trauma clinics when the second is perceived like the origin of the psychopathological decompensation of the subject.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0607

### **Partnership and personality disorders**

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Personality traits can play an essential role in predicting marital satisfaction. People with personality disorders have substantial problems with starting and continuing a relationship with a partner.

The association between the dysfunctional marriage and personality problems of the partners may have the basis in the insufficient understanding of the behaviour of one or both partners. People with personality disorder experience numerous misunderstandings, misinterpretations, communicate poorly, and they are more alert to verbal and physical aggression in the interpersonal relations. They do not recognize that the basis of experienced struggles has a source in their intrapersonal processes and their relationship with the world.

Persons with certain personality disorders tend to seek and create a pathologically stable partnership. To understand the dynamics of such relationships, examining personality traits first should be essential. Understanding the maladaptive personality patterns in the context of the relationship should be beneficial for both partners.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0608

### **Psychological profiles of male offenders: A research project in Italian prisons**

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**Introduction.**– Intimate Partner Violence (IPV) is a pervasive phenomenon that impacts on mental health and negatively affects social and economic aspects. The contribute proposes a research of the Lazio Order of Psychologists, in collaboration with the Italian Department of Prison Administration, aiming at identifying personality characteristics of batterers for the development of treatment strategies. Previous studies identified three types of perpetrators, thus distributed (Dutton, 2007): 30% Impulsive, 40% Instrumental and 30% Overcontrolled. While the first two are characterized by specific disorders, Borderline Personality Disorder and Antisocial Personality Disorder respectively, the third does not suit with a specific one.

**Objective.**– The aim was the assessment and the management of risk for violent recidivism of 57 man, imprisoned for crimes related to IPV.

**Method.**– The assessment of inmate envisaged clinical interviews dispensed in one or more sessions, the Rorschach Test and the PCL-R for the evaluation of psychopathy (Hare, 1993).

**Results.**– The percentage of the three types of offenders is coherent with literature, as well as personality characteristics. Moreover, a significant data emerged about overcontrolled population: violence committed is related to conflicting relationship dynamics and not abusive relationships.

**Conclusion.**– The identification of the personality characteristics of offenders and the differentiation between abusive and conflicting relationships are useful aspects to define the psychological treatability and to manage the violence. Particularly, the overcontrolled population could be more treatable because less affected from severe personality disorders. Therefore, future research should explore this population, not enough studied, in order to define adequate treatment strategies. Theoretical and clinical implications will be discussed.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0609

### **The dark triad of personality and money addiction: Across different ethnic and sex groups**

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**Introduction.**– An extreme desire for materialistic values might turn out to be an obsessive disorder often leading to a compulsive consumer behaviour, revealing dark and hidden side of the personality that may cause awful psychological and social consequences. Money addiction was defined in terms of terminal value preferences indicating an extreme desire for being very rich, spending a lot of money, and being able to buy anything he/she wants to.

**Objectives.**– The primary objective of this study was to find out whether and what dimensions of the Dark Triad of personality (narcissism, psychopathy, and Machiavellianism) were significant predictors of money addiction across different ethnic and sex groups.

**Methods.**– The survey was conducted on the convenience and purposive sample consisted of 1100 full aged participants, half of which were Croats and another half was the members of the Serbian ethnic minority. Multiple regression analysis were performed in order to determine how well scores on money addiction could be predicted by narcissism, psychopathy, and Machiavellianism.

**Results.**– Moderate positive correlations were found among money addiction, narcissism, psychopathy, and Machiavellianism across different ethnic and sex groups. All dimensions of the Dark Triad of personality were significant predictors of money addiction across different ethnic and sex groups.

**Conclusions.**– There was an evidence that the Dark Triad of personality is underlying money addiction regardless of belonging to different ethnic and sex groups. The money addiction in its psychological underpinning may indicate the existence of a severe personality disorder that might require a psychiatric treatment.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0610

### **Religiosity and over-implication in organic personality disorder**

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**Motivation.**– Frontal lobe syndrome is a complex medical state manifested in a series of disturbances that occur at the level of the olfactory, visual, auditory, locomotor systems, especially at the level of the psyche, disorders that materialize in their clinical evolution in serious and irremediable psychiatric disorders such as schizophrenia.

**Objective.**– The present paper proposes the presentation of the similar diagnostic criteria encountered both in the paranoid schizophrenia symptomatology and in the disorder of organicity, respectively the differentiation criteria of the two pathologies.

**Hypothesis.**– The approach of the case is based on the assumption that the frontal lobe pathology in its clinical evolution, may constitute a prodromal trigger in the evolution of major psychiatric disorders with the deterioration of psychic functions similar to schizophrenia.

**Results.**– Having in background a possible paranoid personality structure, the patient developed from a cranio-cerebral trauma a frontal lobe pathology materialized in a psychiatric clinical condition, framed with I<sup>th</sup>-axis diagnostic elements.

**Conclusions.**– Following the analysis of the patient's life events and psychiatric evolution, we can observe the relevance and evolution over time of the features characteristic of the frontal lobe syndrome, a development that has become paranoid schizophrenia, with numerous suicide attempts.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0611

### **Borderline personality disorder – Sometimes 'sickness' and 'illness' exist where no' disease' can be found: Conceptual reflections from a Brazilian field research**

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**Introduction.**– The essential feature of Borderline Personality Disorder (BPD) is a diffuse pattern of instability, marked impulsivity of interpersonal relationships, self-image, and affect that arises early in adult life, present in various contexts. In clinical populations, borderline personality disorder is the most common personality disorder, with a prevalence of about 10% of all psychiatric outpatients.

**Objective.**– To describe the researcher's experience as a participating observer in outpatient treatment of patients with borderline personality disorder in south-eastern Brazil.

**Method.**– The design used was participant observation, on psychiatric managements of BPD outpatient in a university public hospital in south-eastern Brazil, using a longitudinal technique of observations from March 2015 to February 2017, totalling 700 observation hours.

**Results.**– In clinical psychiatry, pharmacological guidelines make the medical practice, which focus on symptoms of a disease and are anchored on a biomedical materiality. However, in Borderline condition, ‘illness’ is a feeling, an experience of unhealthy which is entirely personal, interior to the person of the patient, in a psychosocial presentation of his ‘sickness’. Condition that makes pharmacological management difficult.

**Conclusion.**– In the possibility of thinking professional–patient relationship in borderline condition such as Michael Balint, the father of the Medical Psychology, have presented us: “Every illness is also the vehicle for a plea for love and attention. One of the commonest conflicts of man is caused by the discrepancy between his need for affection and the amount and quality of the affection which his environment is able and willing to grant him.”

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0612

### **Outpatient clinical management for patients with borderline personality disorder: A qualitative report on professional experiences of Brazilian residents in psychiatry**

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**Introduction.**– Prevalence of borderline personality disorder (BPD) is estimated at 1–2% in general population, whereas in samples of the psychiatric clinical population the prevalence is approximately 15–25% of the visits. Studies on adherence to clinical treatment relate that impulsivity, manipulations, affective dissociation, suicide attempts accompanied by chronic self-harm, interfere in the adherence to treatments of the cases followed.

**Objective.**– Understanding emotional experiences and management meanings developed and reported by residents of psychiatry for patients with BPD.

**Method.**– We used the clinical-qualitative method, through semi-directed interviews with open-ended questions in depth, in an intentional sample, closed by saturation criterion with 17 psychiatry residents, interviewed in the period from December 2015 to February 2017, at the General Hospital of State University of Campinas, São Paulo State. Data processing technique consisted of the Qualitative Content Analysis.

**Results.**– Three categories of discussion were elected for this presentation - negative countertransference; emotional void; impotence in medical management. Feelings of emptiness are shared in the doctor–patient relationship, and intense human experiences in borderline condition cause a feeling of impotence in psychiatric management, associated with pharmacological and psychotherapeutic limitations. In the therapeutic relationship the countertransference was considered negative regarding to the borderline patient

**Conclusion.**– Difficulties involved in the therapeutic process should not be an impediment, but rather that it can be used as a support to offer a more profound and beneficial treatment to the patient. Studies of the long-term therapeutic process of patients with borderline personality disorder are necessary to better understand and treat their dynamics.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## **Philosophy and psychiatry**

EV0613

### **Binswanger, Jung and the transcendental understanding of melancholic syndrome**

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**Introduction.**– Compared to the previous philosophical matrices of his psychiatry, with *Melancholie und Manie* (1960) Binswanger made a turning point: after the influence of Husserl’s descriptive phenomenology in *Logische Untersuchungen* in the 1920s, and the “Heideggerian” *Daseinanalyse* dominating the next thirty years, the 1960 volume marks Binswanger’s reconnection to posterior, transcendental-egological Husserlian phenomenology (from *Ideen* to *Cartesianische Meditationen*).

**Objectives.**– The purpose of this essay is to show that, the relationship between psychiatry and philosophy being an undeniable epistemological advantage for both—which Binswanger clearly proves with his theoretical and practical activity—the philosophical assumptions he borrows don’t seem apt to the authentic understanding of melancholy though, whereas Jung’s archipsychology has its philosophical and psychiatric papers in order to draw it.

**Methods.**– The inquiry about the foundations of philosophy and psychiatry complicity will be a hermeneutic-speculative type, that is, consisting of an “other way round” theoretical reading of texts by the authors at issue (Freud, Jung, Binswanger, Husserl, Jaspers, Heidegger) following the methodological principles of transcendental phenomenology.

**Results.**– The authentic main topic of melancholy isn’t the loss of someone or something, nor the lack of unity of intentional operations of consciousness (*protentio*, *retentio*, *praesentatio*)—outstanding forms of the structural givingness of *Dasein*—but the impossibility to freely give to himself and to others.

**Conclusion.**– “Misled” by Husserlian-Heideggerian assumptions, Binswanger failed to grasp the genuine transcendental place of melancholic syndrome. A new psychiatric-philosophical understanding of melancholy can plausibly come from a reinterpretation of Jung’s archipsychology inspired by the method of transcendental phenomenology.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0614

### **Psychopathology in Shakespeare’s “Macbeth”**

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It has often been said that Shakespeare’s supreme achievement is in the depth and range of the characters he creates.

First of all, Lady Macbeth in Act I, scene VII, lines 54–58 tells her husband that she would dare to kill her own child and describes the violent way of her act. By these words, she tries to show her determination and to persuade Macbeth to kill the king. But, the thought of infanticide is not something strange to a postnatal woman. In postnatal psychosis the thought of harming the baby is a main characteristic

After the murder of Duncan, Macbeth is devastated by feelings of guilt. He has sleep problems and this condition worsens and becomes hallucinatory when he sees the ghost of Banquo. Lady

Macbeth is disappointed by the “madness” of her husband and she tries to apologize to their guests. In Act III, scene IV, lines 62–64 she implies that Macbeth has also auditory hallucinations because of his fear. This hallucinatory experience of Macbeth can be part of a psychotic episode. In addition, he murders his former comrades, because he is afraid of them. This fear becomes excessive and reaches the border of persecutory delusion.

In Act V, scene I Lady Macbeth rubs her hands in a compulsive manner, while she is sleepwalking. The guilt of murdering Macduff's family and King Duncan causes the obsession that she has stains of blood in her hands. Therefore, she tries to get rid of blood, by washing her hands excessively.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0615

### **Asymmetrical impact of genetic explanations for prosocial versus antisocial behavior**

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*Introduction.*– As psychiatric and behavioural genomics have progressed in recent decades, genetic explanations for behaviour have become increasingly common. Some research has suggested that genetic explanations can lead people to be held less responsible for their behaviour, which could have important moral and philosophical implications. However, little is known about what factors might influence laypeople's receptivity to such explanations.

*Objectives.*– The present research examined whether the moral valence of a behaviour would influence people's willingness to attribute it to genetic causes. Our hypothesis was that people would be more willing to make genetic attributions for prosocial (i.e., morally good) behaviour than for antisocial (i.e., morally bad) behaviour.

*Methods.*– In four vignette experiments, participants were randomly assigned to read about either prosocial or antisocial behaviour and to rate the extent to which they believed the behaviour was attributable to genetic causes.

*Results.*– Across a range of stimuli, participants who read about prosocial behaviour rated genetics as having played more of a role in causing the behaviour than did those who read about antisocial behaviour. Mediation analyses suggested that this might have occurred because participants were motivated to avoid attributing antisocial behaviour to genetic causes for fear that doing so might suggest that perpetrators could avoid personal responsibility for their actions.

*Conclusions.*– Moral considerations, rather than only objective facts, appear to influence people's willingness to believe genetic explanations for behaviour.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0616

### **Impact of reductionism and anti-reductionism on clinical practice today: France as case study**

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*Background.*– Contemporary psychiatry is a recurrent place of disputes. One hypothesis to analyze them is to consider their conceptual nature as Jerome C. Wakefield have proposed recently. Indeed, in medicine, a “bad philosophy” has immediate practical implications.

*Aims.*– The objective of this paper is to analyze the paradigmatic case of French psychiatry against the globalization of psychiatry.

*Method.*– Studying the formation and development of the argument against “reductionism” from an epistemological history. This argument aims at resisting two processes: the implantation of American psychiatry (DSM) and the rebiologization of psychiatry (In France, the separation between neurology and psychiatry dates from 1968).

*Implications.*– What is at stake in these disputes would be the preservation of the French clinical tradition. The accusations of “reductionism” are therefore central to understanding the essential tension between rival conceptions of human nature.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0617

### **Shadenfreude and envy moral emotions, as well as embodiment processes trough gesture narratives in schizophrenia and autistic spectrum disorder**

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*Introduction.*– Schizophrenia (SZ) and autism spectrum disorders (ASD) share some phenomenological, neurocognitive and genetic characteristics. Both groups of disorders are characterized by severe alterations in emotional and social functioning. The nature of such impairment and the underline processes are relevant to psychiatry.

*Objective.*– To propose a novel observational category based on embodied processes through narrative gesture such as: movement, gesture, facial expression, vocal intonation in addition to the social cognition tasks along with brain anatomy study.

*Methods.*– Ten SZ patients and 10 ASD completed tasks on face emotional recognition, moral and empathy judgment as well as moral emotions. Embodiment processes such as face expression, gestures, prosody, voice tone and body movements were assessed while patients narrated a fragment (2 minutes) of the animated cartoon Waltz with Bashir film.

*Results.*– Personal approaches towards intersubjectivity from both groups showed relevant differences between cognitive outcome and embodied processes.

*Discussion.*– Variables used evidence the multidimensional nature of the emotional and cognitive experiences as well as differential profiles in both populations.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0618

### **On future philosophical psychiatry**

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*Objectives.*– Philosophy is regina scientiarum considering all sciences (Immanuel KANT) reflected by epistemology–ethics–aesthetics. Central position of psychiatry in medicine, psychology, sociology needs creation of philosophical psychiatry – independently from general medical–philosophy, including not only ethics, but also scientific–theoretical, metaphysical, aesthetically fundamentals. This could be supported by foundation of an International Academy for Psychiatry (IAP) (similar to Eur. Acad. Neurol. (EAN-2015–Berlin, 1<sup>st</sup>Congress).

*Conception–discussion.*– A. Epistemology. An integrative psychiatry needs enlarged fundamentals in normal&pathological neurophysiology/–morphology/–genetics, psycho–neurology (e.g. psycho–neuro–immunomodulation) related to psychopathology. An integrative psycho–neuro–therapy incl. Chinese–Indian&other traditional–medicine in education&treatment has to be discussed. Reconsideration of psychological–psychiatric notions acc. to axiology–logic–semantic is recommendable. B. Moral philosophy. Independently from various modern ethical–theories (deontology, utilitarianism, etc.) has to be considered Kant’s human obligations to himself–patients (a), other humans–medical personnel (b), sub–human, e.g. reduction of animal–experiments (c) suprahuman beings: moral&scientific frames about applications of theological–practices of great–religions for therapy (Brahmanism–Buddhism/Christianism–Mosaism/Confucianism–Taoism/Mohammedanism). C. Aesthetics. In relation to A–B interdisciplinary consideration is necessary to destine volume of paradigm–changes in psychiatry (& neurology) by non–& surgical–therapies, leading to pathophysiological & psychopathological effects (primum non nocere).

*Conclusion.*– Establishment of regular common congress–sessions of EPA/WPA with philosophical (FISP–ISB–EACME,etc.)/psychological (IUPsyS,etc.)/neurological (WFN)/physiological (IUPS,etc.)/medical societies (ISIM–ICC–FIGO–SIU–etc.) could open new scientific&political dimension in medicine, leading to humanization, higher efficacy & internationalization of science–medicine–ecology in context of UNO–Agenda21 for better health–education–etc. on global level.

*Dedication for long–time moral/scientific support of Profs.*– K. Lorenz\*/Austria, N. Karabashev, D. Orachovats, M. Rashev, N. Schipkovensky, M. Slivensky/Bulgaria, R. Aron, J. Dausset\*, J.–M. Lehn\*/France, K. Fukui\*, Y. Ikemi, H. Suematsu/Japan, M. Eigen\*, H. Michel\*, M. Mikorey, Th.v.Uexküll, C.F.v. Weizsäcker/Germany, J. Deisenhofer\*, H. Weiner\*/USA (\*Nobel–Laureate).

Ref. (see Neu et–al. incl. ref. EPA–2018).

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EV0619

### **Moral rationality as a mechanism of standardization of trust in a patient (with mental illness) – Doctor communication**

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*Introduction.*– One of the essential concepts in a medic–patient relationship as viewed from a communication framework is trust. Although the number of studies which are based over a medic and patient’s trust have risen, the mechanism and nuances in making a patient trust his doctor are made even before the patient has its first contact with his doctor. This could mean that trust, as a unilat-

eral dimension, is the choice of the patient, by opting for a specific doctor or by choosing one over another, the patient has already a starting point of trust due to his power to choose to whom he will partially forfeit a part of his individual autonomy. This is not only directed to the healthcare professional, but also his health institution of choice.

*Objectives.*– An analysis from a moral rationality perspective of the mechanism that engages the patient to give up a part of his individual autonomy, as such trusting him in relation with his medic.

*Methods.*– An interdisciplinary approach (communication philosophy and ethics of communication) on how an efficient communicative action can be build based on trust. And at a practical level, testing and evaluating this structure by psychiatrists.

*Results.*– A practical communication guide for a doctor–patient (with mental illnesses) adapted to a well defined socio–cultural context.

*Conclusions.*– Stabilizing the doctor–patient relationship could take place through means such as utilize moral rationality. From here the actions which performed can be placed in the category of acts which can generate trust, confidence and reliance of the derived normative character.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0620

### **Schizophrenia, mimetic theory, and the archetypal scapegoat; evolutionary functionality and conceptual validity mediated through the eye of the beholder**

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*Introduction.*– It has been argued that schizophrenia is not a valid scientific concept.

*Objectives.*– To consider the conceptual validity of schizophrenia, using Mimetic Theory and the related Archetypal Scapegoat Hypothesis.

*Methods.*– Mimetic Theory is a theory of human nature and origins, advanced by the French intellectual René Girard. It claims that humans mimic each other’s behaviours and desires, thus facilitating social cohesion and cultural evolution, but causing rivalry and reciprocal violence. Such violence, it is argued, was curtailed by the emergence of unanimous scapegoating of single victims. The Archetypal Scapegoat Hypothesis proposes that schizophrenia was an evolutionary adaptation which provided scapegoat victims, about whom an entire community was likely to unanimously agree, thus enhancing the unifying and pacifying efficacy of scapegoating.

*Results.*– If the evolutionary function of schizophrenia was to induce communal unanimity, then the efficacy would have been primarily mediated by perceptual and cognitive biases evolving in the general population, rather than by specific traits in affected individuals.

*Conclusion.*–

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0621

### **Transference and synaptic traces: What compatibility?**

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Although the concept of schizophrenia may, or may not, be clinically useful, it is valid nonetheless, as it describes a real biopsychosocial phenomenon. Our apparent cross cultural tendency to classify this heterogeneous constellation of symptoms as a single category may be due to the evolution of common schemata for identifying the scapegoat victims most likely to induce communal unanimity. The defining property of schizophrenia may be found, not in the 1% of the population who express the phenotype, but in the 99% who do not.

The possibility of psychoanalytical action implies a clear reference to the Fundamentals of metapsychology which include the theory of the message and that of translation in the transference analysis. There is no reason why the circuits of the brain cannot be affected by a “psychosomatic” effect which come from the transformation of ancient representations by transference analysis.

Indeed, if we consider transference analysis as a working through which repeat and change rememoration: this process could modify (or affect) brain plasticity.

In this conference, we want to ask the question: could we think a theory of transference which include neuroscience and psychoanalysis? We propose to study this question with philosophical concepts like “the thing itself” (Kant) or the “negative” (Hegel, Spinoza).

Keywords: brain plasticity, transference, theory, rememoration, psychoanalysis.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0622

### **Murray Rothbard and Thomas Szasz on compulsory commitment: Beyond the “dangerousness criteria”**

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Compulsory commitment refers to the court-ordered treatment when an individual is considered to have a severe mental disorder and poses an imminent risk to self or others by a qualified agent.

Respect for autonomy is the central principle endorsed by libertarians. Few philosophers have thought as rigorously about the problem of individual action as Murray Rothbard. Rothbard emphasizes the mistake of taking the “dangerousness criterion” for granted, stressing that the patient, most of the time, has not committed any criminal activity, and is only being judged by algorithmic probability. In fact, empirical data has shown that people with mental disorders are statistically less dangerous and much more law-abiding than the normal population. For Szasz, mental disorders have a mythological status and involuntary psychiatry incarceration remains one of the most perverse political devices used by a so-called therapeutic State.

In this presentation we recover a Libertarian look at the question of compulsory commitment. In the first part of our paper, we introduce the dialogue between these two philosophers, by integrating their ideas into the broader context. We explore the similarities and differences between them. Both agree that psychiatry nosology is seen as a weapon in the war of institutional psychiatry against the individual. We argue that Szasz’s and Rothbard’s conception of institutional psychiatry has often been dismissed because of the way they deal with the construct of individual autonomy as a process independent of the state, and their misperception about the scientific status of psychiatry nosology.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0623

### **On the issue of death and suicidal ideation: A perspective from the classical Farsi literature**

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The classical, post-Islamic Persian literature (covering a period between 900 and 1500 AD) is considered one of the great literatures of humanity. The issue of death is a common theme, and attempts to resolve the its mystery and find the elixir of life have been made for centuries. In general there are four different perspectives: (1) a view of glorification of death, represented mainly by Sufi mystics as Sanai, Attar and mainly Rumi admiring and seeking death to get “liberated” from the “jail” of this material world. They perceive death as the end of human suffering and reaching the desired world of reunion with the beloved. (2) The perspective of condemnation of death, mainly represented by Khayyam, who is questioning the meaning of life and views death as the “end” of man and suggests relishing life, indicating there will be “nothing” after death. (3) A realistic viewpoint on death seeing life and death as the two faces of the same coin. Sa’di and Firdausi are the main advocates of this assessment and in order to “avoid” death and become “immortal”; they suggest utilising the time on Earth as an opportunity to appreciate the life and use it creatively and make oneself a “good name”. (4) A rather diverse perspective (represented mainly by panegyric court poets); depending on the author’s state of mind; glorifying life, or occasionally expressing hopelessness.

This presentation considers how suicidal thoughts and death are presented in the works of Rudaki, influential Sufi poets, Khayyam, and others.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0624

### **How can we understand suffering?**

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Suffering is an intimate, personal experience that is unique to humans. But far from being a suffocating experience, suffering is an invitation to take a closer look at the self and develop what is already embedded within: the essence of life. By adopting this logic, suffering questions not only what it means to be human but our perception of evil, the foreign, solidarity. In short, suffering examines all the great questions or ideas that define “humanness” or a certain interpretation of the human subject. This contribution is not limited to a phenomenological description of suffering, but rather seeks to look further, beyond comfort.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0625

### **Why do not use the expression “mental disease”?**

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*Introduction.* – “Mental disease” is a broadly used expression, both in the common conversations as well as in the scientific communication. Mental diseases are accepted as the referents that justify

psychiatry as a medical discipline. Szasz antipsychiatry argument critiques this concept as invalid or inexistent [1].

*Objective.*– To defend the argument that “mental disease” is an intrinsically illogical (invalid) construct.

*Methods.*– A formal logical analysis of the proposition “mental diseases are not brain diseases” will be done. The following premises will be accepted: (1) “disease” is a construct only exactly applicable by the medical science, being any other use just metaphorical, (2) any disease is a process happening in a biological organism and can be explained according to natural laws, (3) human mind is an exclusive property of the human brains, and (4) the human mind is not fully explained by the physiology of a brain, but also any other agents are needed: physical, linguistic and cultural environment.

*Results.*– A semantic tree will confirm the invalidity of the proposition because leading to contradiction.

*Conclusion.*– The classical Szasz’s argument is valid. So, mental diseases are equal to brain diseases. The use of the construct “mental diseases” should be avoided to prevent against sterile ideological debates and the risk of neglecting of brain diseases with prominent mental or behavioural diagnostic attributes. The heuristic framework of Clinical Neuroscience contributes to unify brain’s medicine. Reference

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EV0626

### Post-traumatic stress disorder in residents of Fort McMurray six months after a wildfire: Prevalence rates and correlates

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*Objectives.*– To assess likely prevalence of PTSD in residents of Fort McMurray six months after a wildfire and to determine the predictors of likely PTSD in the respondents.

*Methods.*– A quantitative cross-sectional survey was used to collect data through self-administered paper-based questionnaires to determine likely PTSD. The PTSD Checklist for DSM 5 Part 3 was used to assess the presence or absence of likely PTSD in respondents randomly selected from a variety of natural settings in Fort McMurray. Data were analysed with SPSS version 20 using univariate analysis with the Chi-Square Test and Binary Logistic Regression analysis.

*Results.*– One month prevalence rate among adult residents for likely PTSD six months after the disaster was 12.8% (14.9% for females and 8.7% for males). While controlling for other factors in the logistic regression model, corresponding odds ratios included 9.51 and 4.88 for those who received no or only limited support respectively from friends/family, 8.00 for those who had history of an anxiety disorder before the wildfire and 4.01 for those who received counseling after the wildfire. Respondents who presented with likely PTSD were significantly more likely to self-report increased drug abuse, but not increased alcohol use, after the fire.

*Conclusion.*– Our study has established that while support from family/friends following wildfires may be protective against likely

PTSD, a prior diagnosis of an anxiety disorder significantly increased risk for developing PTSD. Further studies are needed to explore whether receiving counselling after a wild fire alters the likelihood of individuals presenting with PTSD.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

## Posttraumatic stress disorder

EV0627

### Veteran work place violence – A case report

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Published literature over the past decades has revealed that veterans’ posttraumatic stress disorder (PTSD) following exposures to death of fellow servicemen affects veterans’ capability to return to the civilian workplace. Recent literature estimates the impact of deployment for veterans who have been to Iraq and Afghanistan exhibiting symptoms of PTSD at 14%. DSM-5 has directly linked PTSD to violence indicating that individuals with PTSD may be quick tempered and may engage in aggressive, verbal and/or physical behaviour with little or no provocation.

Considering these factors, we present a case of a veteran who served in Afghanistan. He witnessed many of his friends in service being killed. This has left a deep impact on his ability to cope with challenges of daily living. He displayed acts of aggression manifested by destruction of property, threatening of violence and physically assaulting coworkers. This was exacerbated by feelings of shame and anger, alienation and dissociative states. Additionally, the patient indulged himself in cannabis use and energy drink binging which has further aggravated his symptoms. This case aims to generate attention to the potential threat of violence for veterans suffering from PTSD and providing recommendations to address that problem.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0628

### Specific assessment of acute and chronic post-traumatic symptoms and disorders in children

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*Introduction.*– After the terrorist attack on the ‘Promenade des Anglais’ in Nice, France, a pediatric psychological team was mobilized (psychiatrists, psychologists and other mental health workers) to take care of children and their families. Immediately, a lack of specific tools for this population appears, particularly for very young children.

*Objectives.*– Standard evaluation tools for emergency situations were developed by the center of pediatric psychotraumatism assessment in Nice.

*Results.*– Firstly, we have developed a standardized briefcase according to the age of children. This briefcase includes games, especially Playmobil<sup>®</sup>, felt-pen and colored pencil, as well as spe-

cific drugs for children. Secondly, we adapted initial certification to the age of children and specific post-traumatic stress reactions. Thirdly, we implemented a standardized evaluation in order to assess post-traumatic disorders and consequences in children (PTSD, comorbidities such as anxiety, depression and hyperactivity, social functioning, attachment and family functioning, cognitive assessment and parental evaluation of psychological difficulties).

**Conclusion.**– Standard assessment of exposed children is a necessity after a terrorist attack or mass traumatism. Indeed, more than 1.000 children and adolescents consulted in the center of psychotraumatism assessment since July 14<sup>th</sup>, 2016. Among these patients, a lot of children present PTSD with dissociative responses and depressive comorbidity. Cognitive assessment shows difficulties for attention and memory. All these symptoms severely impact children's education and social abilities, in particular attachment. Moreover, parental evaluation shows that parents are also characterized by severe and chronic PTSD symptoms.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0629

### **Risk factors and mental health consequences of sexual violence against women**

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**Introduction.**– Sexual violence against women is a controversial issue across the world. Sexual violence includes rape, attempted rape, or other forms of sexual assault. Mental health consequences of it should be well known by clinicians.

**Objectives.**– This study aimed to present risk factors and immediate and long term mental health consequences of sexual violence against women.

**Method.**– Literature review was conducted by using studies between 2000 and 2017.

**Results.**– Risk factors for sexual violence is having been living with an intimate partner, poverty, being young age, having a story of other sexual traumas. Acute consequences of sexual trauma consist of negative feelings such as shock, denial, fear, confusion, withdrawal, guilt or nervousness. Long term consequences of sexual trauma include PTSD, anxiety disorders, alcohol or illicit substance dependence, suicidal ideation, and suicide attempt (1)

**Conclusions.**– Risk factors is especially important to prevent sexual trauma. Acute and long term consequences of sexual violence should be well known in order to identify and serve the best treatment survivors.

Reference

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EV0630

### **Theoretical models for the development and treatment of post traumatic stress disorder**

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**Introduction.**– PTSD diagnosis was considered as a direct consequence of a traumatic events. Diagnostic criteria for PTSD in DSM-5

include' a history of exposure to a traumatic event that meets specific situations and symptoms from each of four symptom clusters: intrusion, avoidance, negative alterations in cognitions and mood, and alterations in arousal and reactivity.

**Objectives.**– This study aimed to present four theoretical models for the development and treatment of Post Traumatic Stress Disorder.

**Method.**– Literature review was conducted to discuss the models.

**Results.**– The four models that are Learning theory model (various), Emotional processing theory (Foa), Cognitive theory (Ehlers & Clark), and Schema Theory (Horowitz; Janoff Bulman; McCann & Pearlman) have been discussed.

**Conclusions.**– Each theoretical models suggests different treatment strategies to PTSD.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0631

### **When posttraumatic stress disorder is hidden by memory impairment: A case report on posttraumatic pseudodementia**

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**Introduction.**– Traffic accidents are an important source of stress, damaging not only the physical integrity of the victims but also their psychic integrity. Therefore, they can represent the starting point of many psychiatric disorders.

**Objectives.**– Report an unusual clinical manifestation of the post-traumatic stress disorder.

**Methods.**– A case report on a patient who was treated in our department.

**Results.**– Mr XY, 50-year-old was referred to our department by the neurology department for a delusional syndrome. Mr XY has a history of diabetes type 2 with degenerative complications. Eighteen months earlier, he was involved in a car accident causing the immediate death of his elder son while the patient had only some bruises. One month after the accident, the patient began to present a social and professional indifference, sadness, insomnia, reduced appetite and dissociation periods during which he was talking to his deceased son. Gradually, he began to present memory impairment and lack of words with a space-time disorientation. Giving the fast worsening of the clinical signs and the refusal of the treatment and the insulin injections, the patient consulted in neurology; a cerebral CT scan showed a cortical and sub-cortical atrophy and the neuro-psychological tests a severe depressive syndrome. The patient was then hospitalized in our department and put under antidepressants and anxiolytics with a gradual improvement.

**Conclusion.**– Posttraumatic stress disorder is an under diagnosed psychiatric illness which sometimes dresses unusual aspects. That's why an early psychiatric care of the victims has to begin immediately after the traumatic event.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0632

### **What about EMDR in preschool children with post-traumatic stress disorder?**

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**Introduction.**– Children of any age who have experienced trauma are at high risk of developing post-traumatic stress disorder (PTSD) or another mental trouble. Eye Movement Desensitization and Reprocessing (EMDR) therapy has been proven efficacious in restoring affective regulation in post-traumatic stress disorder (PTSD) patients specially adults. But studies still limited for EMDR in preschool age children.

**Objective.**– Examine the efficiency of the EMDR to PTSD in preschool children.

**Methodology.**– Five children (3 boys and 2 girls) with PTSD diagnosis were recruited at the Child Psychiatry Department in Mongi Slim Hospital, la Marsa, Tunisia. The EMDR was indicated. The technique used tapping as bilateral stimulation when a child relative narrated the traumatic event story's.

**Results.**– The children were aged between 3 and 5 years. Three boys were direct victims: a boy was kidnapped for 2 months with verbal and psychological aggression during all the period. Another was attacked by a dog. Another was a victim of a sexual abuse. For the 2 girls, they witnessed a physical and verbal aggression of their fathers. EMDR sessions ranged from 1 to 3 in four cases. Only the case of the kidnapped boy required 5 sessions. All the patients no longer met the diagnostic criteria for PTSD both at the end of the therapy and 3 months later.

**Conclusion.**– EMDR seems to be a rapid and efficacy therapy for the treatment of post traumatic symptoms in preschool children. However, other studies are needed to assess this finding.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0633

### **Post traumatic stress disorder in children and adolescents: Clinical profile**

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**Objectives.**– Describe clinical profile of patients aged less than 18 years with post traumatic stress disorder (PTSD).

**Methods.**– Retrospective and descriptive study conducted at the Child and Adolescent Psychiatry Department of Mongi Slim Hospital (Tunisia) from January 2013 until July 2016. We included all cases of patients followed for PTSD (DSM 5). Data was collected from their records.

**Results.**– A total of 30 cases were identified. The average age was 8,48 years. The sex ratio was 1,14. Poor family functioning was reported in the quarter of cases. Most of them had a low socio-economic status (83%). The majority of patients (63, 4%) witnessed a traumatic event occurring to others, while 33,3% experienced it directly. Physical aggression was the highly reported, followed by psychological and sexual abuse (respectively 60%, 45% and 37,7%). 14% had a road accident. A repetitive event was found in 34,5% of cases. The traumatic event occurred mostly at home (40%) and was mainly acted by a neighbor (28%). Hyper arousal and intrusion symptoms were predominant. The majority of patients (66%) have developed psychiatric comorbidities (depression, school phobia, stuttering, separation anxiety and elimination disorders). Of these, one child became blind after the trauma and one attempted suicide.

**Conclusion.**– Practitioners need to be able to recognize and treat post-traumatic stress reactions in children in order to decrease debilitating consequences.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0634

### **Narrative of trauma: Differences between specific vs. chronic traumatic events**

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**Introduction.**– Chronicity of exposure to traumatic events has been associated with a worse adjustment after trauma. Nevertheless, in spite of the proliferation of narrative approaches to study traumatic memories, very few studies have explored narratives characteristics in victims of single vs. chronic traumatic events.

**Objective.**– To analyse features of trauma memories in specific vs. chronic traumatic events. Method: The current study analysed and compared characteristics of both positive and traumatic/negative narratives from three age-matched women groups: (a) exposed to a single interpersonal violence episode (single-trauma group), (b) exposed to repeated intimate partner violence (chronic-trauma group), and (c) non-traumatized women (controls). Narrative variables were assessed using the Language Inquiry and Word Count (LIWC).

**Results.**– Differences in narratives variables across groups and narrative valence were explored, as well as the relationship between these narrative variables and psychological symptoms. Discussion: Altogether, this study provides further evidence about the influence that the type of traumatic event could have on the way in which interpersonal violence victims narrate and process their experiences. Clinical implications and future research directions will be discussed.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0635

### **PTSD unmasked**

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My presentation is an informative session around PTSD education from a lived experience point of view. As a former NSW Police Detective Sergeant who formed PTSD and depression due to work related trauma, my presentation is applicable to all emergency services, military, mental health professionals and the wider community. I discuss the stages of PTSD and depression and how a sufferer wears a mask, why they wear a mask and why a sufferer compartmentalises trauma. Due to external circumstances, a PTSD sufferer can be forced to mask their condition due to fear of career loss, stigma attached, or fear of retribution.

I will also talk about breaking down the barriers for early intervention to be realised. Resilience training, education along with peer support programs are functional methods to assist in achieving early intervention. What I will discuss in more detail, in the case of emergency services and military, are changes that will promote early intervention. I outline the feelings associated with suicide from a lived experience point of view as well as the facts around why suicide seems to be the answer by a sufferer. I will be introducing a suicide prevention resilience model which I developed.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0636

### Clinical-psychopathological characteristics of clinical variants and types of the course of PTSD in servicemen of the armed forces, participants in military operations in Eastern Ukraine

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**Introduction.**— A clinical picture of mental health pathology in persons, who participated in military conflicts, is presented with a wide range of structurally and expressively different disorders, from psychologically understandable reactions and premorbid conditions to clinically defined forms of pathology, among them posttraumatic stress disorders (PTSD) are the matter of a significant clinical interest.

**Objection.**— The aim of the study was to investigate clinical-psychopathological variants and types of the PTSD course in servicemen of the Armed Forces.

**Methods.**— In the study 112 servicemen of the Armed Forces of Ukraine, who were direct participants of the antiterrorist operation (ATO) in eastern Ukraine in 2014–2015, were examined. The complex of the study included clinical-psychopathological methods, as well as the Mississippi Scale for Combat-Relative PTSD (M-PTSD), the Impact of Event Scale-Revised (IOES-R), and the questionnaire SCL-90-R (Derogatis Scale).

**Results.**— PTSD clinical variants were defined: anxious (33.9%), dysphoric (24.1%), asthenic (14.3%), dissociative (10.7%), mixed (10.7%), hypochondriac (3.6%), and somatoform (2.7%). An analysis of types of the PTSD course demonstrated that a stable type of the course was more frequent in hypochondriac, mixed, anxious, dissociative, and dysphoric variants—in 75.0%, 66.6%, 60.5%, 50.0%, and 48.1%, respectively ( $p < 0.05$ ); a progredient type—in 25.0%, 18.4%, 33.3%, 33.3%, and 16.7%, respectively ( $p < 0.01$ ). In patients with asthenic clinical variant a regredient type of the course prevailed (37.5%;  $p < 0.05$ ).

**Conclusions.**— On the base of the data obtained, the system of criteria for PTSD diagnosis has been clarified, that is a basis for optimization of therapeutic and preventive approaches.

**Disclosure of interest.**— The authors have not supplied their declaration of competing interest.

EV0637

### When sleep is not enough: Examining EMDR mechanisms of action

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According to World Health Organization (2013), EMDR is one of the most effective therapies in the cure of PTSD. Nevertheless, a large part of its mechanisms of action remain unknown. Our research comes within the framework of the discovery of these physiological mechanisms. EMDR activates normally sleep-dependent memory processing (Stickgold, 2002). However, certain states of sleep, especially the REM sleep, can cause a high exposure to traumatic contents, stored in the hippocampus (Spencer, 2015). The hippocampus is involved in memory consolidation during REM sleep. In cases of too high traumatic network exposure, sleep is interrupted by the awakening. We hypothesize that, in the

awake period, EMDR therapy creates problem-solving and memory consolidation conditions, allowing an adaptive processing of the traumatic memory. We believe that this operation is similar to dream elaborations, without depending on the state of sleep. We will test this hypothesis by creating three experimental conditions: “sleep”, “EMDR” and “control”. Participants are confronted with traumatic images followed by recognition tasks. We will measure physiological responses during the 3 steps. The aim is to discover which condition allows the most adaptive information processing (recall of the essential information and oblivion of the insignificant details and a concurrent weakening of the response than during the exposure task), and to examine the effects of the traumatic images and EMDR on sleep.

**Learning objectives:**

- identify EMDR mechanisms of action;
- compare EMDR mechanisms with sleep mechanisms;
- experiment technology of physiological measure in EMDR therapy.

**Disclosure of interest.**— The authors have not supplied their declaration of competing interest.

EV0638

### Psychotherapy of posttraumatic stress disorder patients in Ukraine

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Comprehensive psychosocial rehabilitation of 375 posttraumatic stress disorder (PTSD) combatants was exercised. Premorbid personality characteristics of patients with posttraumatic stress disorder are heterogeneous. It should be noted that all of the testees had problems in microcommunity such as, conflicts in the parents or children's family, divorce, conflicts with friends, colleagues in the aetiology of PTSD there are three groups of factors were shown:

I. Hereditary-organic. Constitutional and typological features of the central nervous system and features of the accentuated personality.

II. Psychogenic.

These are acute factors of external action.

III. Psychoorganic-comorbide. Organic complication, majority trauma origin.

The rehabilitation program was implemented in three stages.

1. The initial stage (setting therapeutic contact compliance)—2–3 days.

2. Main (rehabilitation) stage—14–18 days. Carrying out individual psychotherapy, group psychotherapy CBT-oriented, relaxation techniques with the assimilation of elements of autogenous training

(constantly), physiotherapy, exercise therapy, aromatherapy, reflexology, pharmacological (if needed).

3. Supporting (completing) stage—2–3 days. Carrying out individual psychotherapy, relaxation techniques.

**Results.**— It has been hypothesized that the basis for PTSD symptoms is chronic hyperstimulation of the Autonomic Nervous System which leads to a classic fight or flight response and subsequently many of the previously mentioned symptoms experienced by a combatant suffering from the condition. It is the responsibility of the practitioner to aid the combatant in managing PTSD in a manner

that helps them adapt to current living situations. The high efficacy were observed on 80% patients, middle range-15%, no response-5%.  
*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0639

### **Culpability and identification process in the clinic of trauma: Identity in the future of attacks**

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The 2015 and 2016 terrorist attacks on French soil provoked social upheavals whose mistrust between communities was only the symptom. These upheavals, far from being mere mass movements, could be analysed at the clinical level as the manifestation or symptom of a fear induced by a feeling of guilt due to the sense of belonging to the community of those designated as responsible or guilty of the terrorist drama. While it is possible to consider clinical care of patients imbued with feeling guilty in a context of inter-subjective crisis, this clinical care is more complex when the crisis involves group entities, imposing on the subject to face daily inquisitive gaze of the "other". This perception then feeds on fantasies and various affects on which the evolution of the clinical symptomatology of the patient will depend. This clinical care is all the more complex when the clinic is caught in the clinic of the child and/or the adolescent.

How, then, can we consider the individual clinic when, faced with the peculiarity of adolescence, the patient is confronted with the gaze of the other, himself suspicious and supposed to be stigmatizing?

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0640

### **Factors associated with PTSD in a group of Syrian refugee who applied to immigrant/refugee mental health special branch outpatient clinic**

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*Introduction.*– The primer goal should be preventing of PTSD so it is so important to determine factors which associated with PTSD. The differences between those who develop and do not develop PTSD after exposure to trauma are important to determine that factors.

*Method.*–The Traumatic Events Scale was applied to syrian patients who applied to refugee mental health outpatient clinic. Clinical interviews were performed with those people who were defined as having traumatic experiences and the data forms which were prepared by the researchers were filled in. Then, test battery was given and this battery included the self-report scales.

*Results.*– In our study 35 people who had had traumatic experiences were included and 11 of them were diagnosed with PTSD. When the patients who has and has not been diagnosed with PTSD compared, a significant relationship was found among quality of life (p:0,011), well-being (p:<0,001), perceived stress (p:0,027), depression scores (p:0,005). Also, it was found that people who

were diagnosed with PTSD are talking with their relatives in Syria and having conversations on phone less often according to people who were not diagnosed with PTSD (p<0,001). The other important finding was that the development of PTSD is more related with experiencing traumatic events rather than the types of events.

*Discussion.*– As convenient with the past literature, the important thing for the developmental process of PTSD is being exposed to traumatic experiences rather than the type of the experience.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0641

### **Exploring posttraumatic stress disorder in vulnerable areas**

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*Intoduction.*– Violence in urban areas of south america has turned a relevant issue in mental health nowadays. Ptsd has been determined as a frequent pathology, mainly because individuals living in large cities are facing and witnessing distressing situations.

*Objective.*– To explore the PTSD prevalence and depression in vulnerable environments of guayaquil - ecuador.

*Methodology.*– Two ambulatory care centers, that belong to the ministry of health were chosen for this study, both of them located at the febres cordero paris. (low income and risky area of guayaquil). Premedical students were trained to collect the information using the davidson scale (DTS), PCL 5 and Beck Depression Inventory (BDI).

*Results.*– This is a transversal descriptive study, the total sample: 107: 75(70%) women, 32(29.9%)men. Davidson scale:positive: 34.6%, 11% men, 26% women. Pcl 5: 14%, 3% men, 12% women. BDI: Moderate 12%, extreme 5.6%.

*Conclusions.*– Overall, 34.6% shows and important evidence of PTSD in Febres Cordero parish. Depression is remarked with a moderate score 12% and a extreme score of 5.6%. These results must be a warning to the ecuadorian mental health system since most of the ambulatory care system do not count with a mental health area. Further studies must be done to determine the prevalence of ptsd, not only in guayaquil city but also in other south american cities in order to work on mental health programs.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

## **Prevention of mental disorders**

EV0642

### **Psychiatrist role in periodical medical examination of chemical industry workers**

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Follow to the importance of mental health of population, especially among working people, the evaluation of occupational factors were analysed.

Post-traumatic Stress Disorder 4.2.1., (indicated as F43.1 at DSM-V) and Other mental or behavioural disorders not mentioned in the preceding item where a direct link is established scientifically,

or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the mental and behavioural disorder(s) contracted by the worker are included into List of Occupational Diseases (ILO, 2010). In Russia we are working on the recognition of Mental Disorder(s) as an occupational one.

In Russia from 1998 till current period we continue mental health examination of workers at the chemical industry ( $n = 998$ ), who are working under exposure of noise and organic solutions (ethylene, benzoyl, phenol) on the level, not much higher than allowable to identify premorbid factors of job conditions and personality characteristics of workers who are more likely to get any mental health disturbances.

Among workers, neurotic and organic mental Sdr were diagnosed, group of people with Sdrs, which don't present in DSM-V were selected. 1. This sdrs are typical for higher experienced professionals. 2. There are general patterns in formation of psychiatry disturbances as sequence of stages: preclinical, functional and organic spts. 3. Clinical features depended of characteristic of the occupational environment were founded.

This founds could be used by psychiatrists during periodical health examination among professionals are mentioned in the list of Injunction of MH of RF N-302H.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0643

### The main psychological factors in tendency to addiction

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*Aim.* – Addiction is a multi-dimensional concept and the basis of addiction may be related to combination of environmental, social, physiological and psychological aspects. But psychological factors are more vital and challenging factors because the factors affect the thinking of individuals in first experimenting of drugs and continuing causes of addiction. So, the research investigated the main psychological factors in tendency to addiction.

*Methods.* – A total of 70 addicted people were randomly selected and abuse drug assessment inventory (ADAI) was administered on them. ADAI assesses 10 psychological factors for addictive behaviour. Chi Square formula was used to analyze the data.

*Results.* – Results showed that three psychological factors such as fear, anxiety, and sorrow are main psychological factors in tendency to addiction and also continuing causes of addiction.

*Conclusion.* – In regard to result that showed psychological factors provide main accounts for addictive tendencies, we should put more emphasize on psychological prevention and treatment methods so that, both tendency to addiction and continuing causes of addiction decrease and control.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0644

### Prevention of mental health in medical students: A personal perspective

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*Objectives.* – To analyse the reasons why young people especially medical students are at high risk of mental health disorders.

*Method.* – According to Young Minds, a leading UK charity, 1 in 3 children in the classroom have a mental health problem. A 'population-based youth focused model' must integrate all members of the multidisciplinary team. In this abstract, I wish to give my personal perspective on experiencing an unexpected emotional upheaval when starting university.

*Results.* – From my personal experience, the transition between school years to adulthood is challenging due to expectations placed upon young people. Young people moving out of home for the first time can be vulnerable and can be placed in difficult situations. These include: bullying, having an identity crisis, relationship and financial problems or be at risk of experimenting with drugs and alcohol. The millennial generation uses social media as form of expression which can have a negative impact on mental health. The GMC in the UK has formulated a guide on mental health in medical students. The mental health disorders are common, but if not diagnosed and treated well the condition may worsen given the intensity of a medical course.

*Conclusion.* – Education of mental health in schools, university and in the workplace must be promoted to ensure that the stigma is removed. Talking openly about mental health can be slippery slope, therefore, the media or celebrities with whom young person can relate better can be used as an educational tool.

*Reference:* [https://www.gmc-uk.org/information\\_for\\_you/23499.asp](https://www.gmc-uk.org/information_for_you/23499.asp)

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0645

### Vitamin D levels in inpatients

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The aim of our survey was to determine the levels of Vitamin D in serum of our patients. The study of this vitamin in mental health is a recent area of investigation and the number of papers is nowadays increasing, most of them were published in the last 10 years. They reveal that hypovitaminosis D could be associated with various mental illnesses, particularly in depression and schizophrenia. In addition, the evidence of the anti-inflammatory and neuroprotective effect is enhancing and it is suggested that could have psychotropic function. This is especially relevant, first of all, because hypovitaminosis D is often underdiagnosed and untreated in mental health despite is more prevalent in our patients and secondly due to the elevated risk of suffer metabolic syndrome and premature mortality between patients with mental illness, mainly schizophrenia.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

## Promotion of mental health

EV0646

### Health literacy in school

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Health literacy is a core element of patient centered healthcare. Poor health literacy is a silent epidemic across the globe as it affects every aspect of health. Schools bear an important role in increasing health literacy. It was aimed to look into the Health literacy, global scenario of health literacy, measurement tools of health literacy, role of school, interventions, limitations of school health literacy. Improving health literacy in adolescence is supposed to improve the later life as adolescents are used to carry their modified behaviour lifelong. Various school-based interventions covering physical and mental health have been studied and found to be effective. International bodies recommend incorporation of health-related tasks into school lessons and consider that teaching the young people will be a good investment for future. Multisectoral collaboration and locally proved effective strategies are the practical challenges

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0647

### The effectiveness of physical activity on psychological well-being of girl students of high school

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*Introduction and objective.* – The purpose of the present study was to examine the effectiveness of physical activity on psychological well-being of girl students of high school.

*Method.* – Fourth girl high school students were selected and randomly assigned to experimental and control group. Experimental group did physical activity for two month and forty minutes each day. All participants were asked to answer the Reff's Psychological Well-Being Scale.

*Results.* – The data were analysed by the Analysis of Covariance (ANCOVA). Results showed that psychological well-being of experimental group had a significant increase contrast to control group.

*Conclusion.* – Regular physical activity can lead to promotion of psychological well-being of girl students of high school.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0648

### The varieties of asthenic conditions, developed as a result of adaptation disorders amongst the foreign students

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*Introduction.* – The leading place amongst the neuro-psychiatric diseases in foreign students in Russia is occupied by the borderline disorders, including, first of all, asthenic conditions of various genesis. These conditions are one of the main reasons for the students to skip the classes.

*Objectives.* – Studying the clinical features of asthenic conditions in foreign students for the selection of adequate therapy for this pathology.

*Methods.* – Using clinical and experimental-psychological methods, we examined 277 foreign students, that requested the medical help for their “asthenic conditions”. The patients first contacted the general practitioners of the University Clinic. Age of the patients: 18–28 years. All of the examined students encountered disadaptive conditions related to the acclimatization, language barrier, and being away from home.

*Results.* – We divided all the cases to 5 groups. Group 1 ( $n=164$ ) – psychogenic asthenia with peculiarities dependent on the nature of psychogeny trauma, as well as premorbid and egzogenic injures in the past; Group 2 ( $n=33$ ) – adaptation asthenia (resembled a complex depression with predominance of senesto-hypochondriacal disorders); Group 3 ( $n=31$ ) – posttraumatic asthenia, Group 4 ( $n=28$ ) – somatogenic asthenia, Group 5 ( $n=21$ ) – endogenous asthenia (schizophrenia, cyclothymia, bipolar affective disorder). Each of the patient received different treatments, according to the typology above.

*Conclusions.* – Precise differential diagnostics is the basis for the adequate therapy and prevention of the asthenic disorders amongst the foreign students. The publication was prepared with the support of the RUDN University Program 5-100

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0649

### Dimensions of compliance among indian psychiatric patients

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*Introduction.* – Compliance with treatment or treatment adherence refers to the extent to which the patient takes medication as prescribed. Patients are recommended medication over months, years or a lifetime. In a country where awareness of mental illness and treatment implications is low, dropout rates are high. Noncompliance translates into relapse or recurrence increasing treatment costs and hospitalisations. Noncompliance has a human cost in terms of morbidity and mortality. Enhancing medication compliance is an important treatment goal.

*Aims and objectives.* – This study attempts the recognition of factors causing noncompliance.

*Methods.* – Sociodemographic characteristics, pattern of psychiatric help seeking, medication profile, views about illness medication and reasons for breach in treatment were studied in noncompliant outpatients over three months at a tertiary care psychiatric facility in North India.

*Results.* – Noncompliance was common among paranoid schizophrenia, early recovering mood disorder and substance use disorder patients from lower socioeconomic group. Financial constraints and concerns about long term effects of medication, sedation, weight gain and wellness hindered compliance.

*Conclusion.* – Factors affecting compliance can be thus categorized: patient characteristics (attitudes toward illness and medication, socioeconomic considerations), medication characteristics (side

effects, individual sensitivity, simple versus complicated medication regime); disease characteristics (chronicity, guilt in depression, suspiciousness in schizophrenia, substance abuse and anxiety); and clinician expertise (empathy and successful integration of pharmacology and psychotherapy). Strategies to improve treatment adherence include recognition of factors promoting noncompliance; psychoeducation about the illness and maintenance treatment, medication and side effects; simplification of medication regimes; medication compliance assistance and emphasizing the doctor-patient relationship.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0650

### **Effectiveness of cognitive-behavioral training on self-esteem and aggression in students**

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The purpose of this study was to determine the effect of cognitive-behavioural strategies training on self-esteem and aggression in six grade female primary school. Forty participants were randomly selected and divided into two experimental and control groups. Then nine weekly sessions of cognitive-behavioural training was administered on the experimental group. The measurement instruments comprise two questionnaires: Cooper Smith's self-esteem and (AGQ) questionnaire. The result of analysis of covariance showed that cognitive-behavioural training was significantly increased the rate of self-esteem (social, family and academic self-esteem), and significantly decreased aggression (hostility, anger and violence).

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0651

### **Distress caused by refraining from playing sports and urbanization**

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The purpose of this paper is to describe the distress caused by refraining from playing sports and urbanization, a field study conducted on a sample range of individuals who live in urban areas, some of them refrain from playing sports and the others often play sports in Tlemcen city, which saw the terrible urban expansion, where the study included the impact of urbanization, refraining from playing sports on youth's mental health, selecting the psychological problems most commonly caused by refraining from playing sports, and the impact of practicing sports in alleviating stress.

The method used in this research is purely descriptive following the collected data from a sample of 160 youth aged between 25 and 35 years old. The tool that was used is Distress Test. We proceeded with some statistical techniques as percentages, variance analysis, and Independent samples t-test. The findings of this research are:

- the psychological distress caused by refraining from playing sports is main factor of: intensity of stress, incompetence, emotional, and psychosomatic problems;

- there was statistical significant difference among young people who practice sports in green spaces and others who refrain from playing sports in terms of distress, in favor of young people who practice sports;

- urbanization has several major negative impacts on mental health.

*Keywords:* Distress; Practice sports; Urbanization; Psychological problems

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0652

### **I need to talk to a psychiatrist**

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*Objective.* – Differentiate pathologies that correspond to the field of Neurology of those related to Psychiatry and thus optimize referrals from Primary Care to Mental Health.

*Methods.* – To study the case of an 80-year-old woman, widow, mother of 6 children. She lives alone. It has home assistance support three days a week. Started attention in Mental Health in 1996. Initial impression of possible hypomania but there is no other source of information, nor knowledge of basic personality. There was a registered antecedent of punctual possible behavioural disorder years ago, discarding at that moment cognitive impairment. She leaves the monitoring in Mental Health but after a few years she is referred again due to a similar cause. The antidepressant is removed.

*Results.* – In successive revisions at Psychiatry no clinical improvement is evidenced, rather orienting the evolution towards demential disease, possibly a fronto-temporal dementia: the patient presents an extravagant appearance with poor personal care and vague speech, with expansive affection and disorganized behaviours. In the end she is referred to Neurology.

*Conclusions.* – The crowded consults can cause dysfunctions in mental health referrals, such as those detected in the Basque Country by an autonomous study. On the other hand, sometimes, the patient himself claims to see a specialist. In our opinion, the solution would be to grant the Family Doctor more training in Mental Health as well as to give him more time to carry out a complete clinical interview.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0653

### **Practice quality and effectiveness of a compassion training intervention: The Importance of embodying the compassionate self**

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Research has showed that compassion mind training (CMT) is effective on the promotion of well-being, however the impact of quality of the practice had never been explored. A recent study of the

effect of a low intensity compassionate mind training intervention on well-being, also investigated participants' qualitative and subjective experiences of the practices.

The current paper explores how participants who completed a two-week CMT program ( $n = 77$ ) experienced the compassion practices, and the impact of the quality of these experiences on the effectiveness of the intervention and the development of the compassionate self. Results reveal that more than how often participants practiced the exercises, it is their perception of helpfulness of the compassion practices and their ability to embody of the compassionate self in everyday life and in moments of difficulty that are associated with increases in compassion for the self, for others and from others, reassured self, positive affect and compassionate goals, and decreases in self-criticism, fears of compassion and stress.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0654

### **On mental health in context of philosophy, psychology and psychiatry**

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*Introduction.* – Mental health is essential for holistic&multidimensional consideration of human for all anthropological sciences incl. psychology, psychiatry, pedagogy

A. On PHILOSOPHY-ANTHROPOLOGY. New model about an integral anthropology related to fundamental scientific question of Kant "what is the human?" is considered by scientific-theory&ethics conc. mental health in context of to ti enai/Aristoteles, Agaton/Platon, reason/Kant (Vernunft, Verstand, Urteilskraft).

B. On PSYCHOLOGY-PSYCHIATRY. Modern occidental philosophy, psychology, psychiatry consider mental health on level of normal and sub-consciousness (analytic psychology, e.g. Freud, etc.), oriental one includes super-consciousness - samadhi, nirvana, satori, etc. (Sri Aurobindo, Dalai Lama\*, Sri Yogendra, others) in context of future synthetic philosophy and psychology. Prominent scientists reported on similar phenomena acc. to Carrel\*, Neuhäusler, Pauli\*, Rhinne, Richet\*, Vassilev/\*Nobel Laureate in concordance with electrophysiological experiments with Yogis, Buddhist-monks acc.to Anand, Chinna, Kasamatsu, Hirai, Ornstein. Mental disorders related to neurotic reactions can be antagonized by psychosomatic practises.

C. On PSYCHOSOMATICS in ANGIO-CARDIOLOGY and GENITOURUROLOGY. Occidental and oriental psychosomatic therapy incl. mental training (Yoga, Zen-Buddhisnm) helps cardiac & radiooncological patients–arrhythmia, hypertension, incontinence, radiocystitis, etc. (see Neu et al., Weber et al. EPA 2018).

*Conclusion.* – Theoretical&practical models for an integral anthropology (A-C) could support total health education (hygiene, prophylaxis) as well as psychosomatic therapy in context of UNO-Agenda21 for better health, ecology, etc. in all countries.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0655

### **The mental health expo as an example of work early career psychiatrists' Council of Russian Society of Psychiatrists**

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Between May 18 and June 5, 2017, the Early Career Psychiatrists' Council of Russian Society of psychiatrists organized a series of events in Volgograd, Russia—that we called "The Mental Health Expo"—in order to promote public awareness of mental illness and to reduce stigma that still surrounds psychiatric illness in Russia. Over 1,000 people attended the different events at the Expo, making it the largest ever event in Volgograd dedicated to mental health. In addition to the interest the Expo generated among the public, it also attracted a lot of media attention.

The events at the Expo were divided into three categories:

- research and clinical practice;
- general education and public awareness;
- clinical help and rehabilitation.

Overall, the Mental Health Expo was a huge success. It revealed great interest from the general public in issues related to psychiatric illness, including in where to seek credible information and where to turn for professional consultation and help. The format—which spanned a broad range of events aimed at both mental health specialists and lay audiences—proved to be highly effective, providing a platform for successful interaction among mental health professionals, the general public, and the mass media. We hope this event can become an annual, or at least bi-annual, event in Volgograd.

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EV0656

### **Mental health, academic life experiences and personal competences in first-year medical students**

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*Introduction.* – First-year medical students are very vulnerable to stressors, as a result of some experiences related to the beginning of their medical course and the demand of academic life, which may be affects their mental health.

*Objectives.* – The study aims to knowing what academic life experiences and personal competences may contribute to the mental health of first year medical students.

*Methods.* – The sample ( $n = 90$ ) is composed by first-year medical students, aged between 17 and 25 years ( $M = 18,91$ ;  $SD = 1,29$ ), being 23 male and 67 female. Participants completed a demographic questionnaire, the Academic Life Experiences Questionnaire, the Mental Health Inventory and the Self-Perception Profile for College Students.

*Results.* – To determine which personal competences and academic life experiences might predict mental health, a linear regression analysis was conducted, reaching to a model that includes the Psychological Well-Being, the Intellectual Ability and Physi-

cal Well-Being. This model explains 78% of the variance in Mental Health dimension.

**Conclusions.**– This study shows that the mental health depends of the psychological well-being, which includes wellness, emotional balance, affective stability, happiness and optimism. Also important is the intellectual ability which refers to the self-perception of the general intellectual ability. Equally, the physical well-being, considering factors like: sleep, food habits, substance abuse, contributes to their mental health. This is important to mental health promotion of medical undergraduates, where it is fundamental the creation of institutional strategies, that allow the most of individual psychological well-being, so that the students may in the best health conditions to cope with the challenges placed by the learning demands.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0657

### **Attitude of health professionals towards mental illness in a tertiary care hospital in Islamabad, Pakistan**

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**Introduction.**– People with mental illness come into contact with a wide range of health care professionals. The attitude of these professionals is an important determinant of quality of care provided to people with mental illnesses.

**Objective.**– This case series was conducted at a tertiary care hospital to assess the attitude of health professionals towards mental illness. **Method.**– Through convenience sampling, 10 health professionals working at a tertiary care hospital were invited to participate in the study. After due informed consent, the age, gender and years of professional experience of the participants were recorded; and the Mental Illness: Clinician's Attitude (MICA-4) scale was administered. Descriptive statistics were analysed using SPSS 20.0.

**Results.**– A total of 10 health professionals (2 males and 8 females) were made part of the sample, and the mean age of the participants was 26.8 years. All professionals belonged to medical and allied specialties with up to 5 years of experience. The mean score reported on MICA-4 scale was 48.2, indicating significantly stigmatizing attitude towards mental illness held by the health professionals in the sample.

**Conclusions.**– Although limited by the sample size, the findings of this case series point towards a need to plan future projects to evaluate attitudes of health professionals at a larger scale, and to develop effective remedial interventions for stigma towards mental illness.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0658

### **Effectiveness of art-based interventions in reducing stress among mental health professionals working in a shared war reality**

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**Introduction.**– Research on mental health professionals (MHPs) exposed to a shared war reality show that they are subject to

increased levels of PTSD, emotional pressure, family conflict and vicarious symptoms.

**Objectives.**– The aim of this study was to examine the effectiveness of an art-based intervention in reducing stress among Israeli MHPs who shared war-related stress with their clients during Operation "Protective Edge" (2014). The intervention included drawing pictures that were later shared in small groups related to three topics: (1) emotions and thoughts related to the war situation; (2) resources that may help them cope with the war-related stressors; and, (3) integration of the stressful image and the resource picture. **Methods.**– To examine the intervention effect, the Subjective Units of Distress (SUDs) values of 47 MHPs were measured using a pre-post design.

**Results.**– Results indicate that MPHs' initial stress levels significantly decreased on completion of the intervention.

**Conclusions.**– The study results show the efficacy of an easily implemented art-based tool for stress reduction among MHPs operating in shared war conditions. Implications for future research and for interventions designed for MHPs operating in additional shared disasters will be discussed.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## **Psychoneuroimmunology**

EV0659

### **The challenge of rare disease diagnosis in a case of a psychiatric patient**

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It is a continuous challenge to diagnose the patients admitted to psychiatry department suffering of other medical conditions that have psychiatric manifestations.

We describe the case of a 45 year old women with previous psychiatric history, with multiple admissions in psychiatry department, presented at the emergency department for the second suicide attempt by drug intake (Abilify). The patient presented symptoms of the major depressive disorder with psychotic elements, but during the hospitalization was unresponsive to the proper antidepressants and antipsychotic treatment and had a third suicide attempt, while developing neurological symptoms (seizures, diaphoresis) and rheumatological (polyarthritits, Raynauld syndrome), so we suspected that the psychiatric disease was secondary to a brain damage. CT scan was inconclusive, but IRM showed multiple demyelination lesions in white matter, witch lead us to investigate the source of prime disease. After excluding HIV, syphilis, hepatitis, Borrelia and autoimmune encephalitis, the lupus specific antibodies were positive. So the final diagnose was neuropsychiatric systemic lupus erythematosus (NPLSE).

Neuropsychiatric manifestation of systemic lupus erythematosus can be an important complication and has a major impact on the quality of life and on the treatment success rate. It is highly recommended to consider the possibility of autoimmune encephalitis and other organic cerebral damage, in case of treatment-resistant psychiatric symptoms.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0660

### **Gender differences in suicide in Serbia within the period 2006–2015**

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*Background.*– Aim of this study was to examine the gender differences in all cases of suicide committed in Serbia within the period 2006–2015, including suicide rates, socio-demographic factors and methods of suicide.

*Methods.*– Data were obtained from the Statistical Office of the Republic of Serbia. Statistical analysis was done by using the crude number of committed suicide. Their classification related to the suicide method was carried out on the basis of ICD-X Code (WHO 1992).

*Results.*– Within the period 2006–2015, the total number of suicides in Serbia was 12 570, of which 73.16% were males and 26.84 females (male to female suicide ratio is 2.72). Annual suicide rate (per 100.000) showed constantly decreased from 19.4 in 2006 to 15.0 in 2015. The suicide was the most often committed by the married males and females with completed high school and by pensioners. The suicide number has been increasing with the age of the suicide committers and it was the highest in subjects of both genders aged over 65 years (39.96%). The most common suicide method in males (63.66%) and in females (58.65%) was hanging and strangling, and the second one in males was by firearm (18.80%) and in females by poisoning (18.14%).

*Conclusions.*– Suicide prevention in Serbia should be primarily oriented toward the elderly population because they were less ready to ask for doctor's help when having some problems with mental health.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0661

### **Immunopsychiatry: A new step toward personalized medicine in major psychiatric disorders**

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The contribution of both chronic peripheral inflammation and oxidative stress to major psychiatric disorders (schizophrenia, depression, bipolar disorders) has received considerable attention in the last decade.

In clinical practice, chronic inflammation is primarily measured by an elevated blood level of C-reactive protein (CRP). Recent meta-analyses revealed an increased rate of abnormal CRP levels in one third of subjects with major psychiatric disorders compared to healthy controls. Abnormal CRP levels have been recently associated with strong cognitive impairment in schizophrenia. These results open the path for new preventive treatments for cognitive impairment associated with psychiatric disorders.

The following sources for these inflammation/oxidative stress disorders have been identified: history of childhood trauma, abdominal obesity/perivisceral fat, lack of physical activity, tobacco consumption, sleep disorders, history of infections including *Toxoplasma gondii* and reactivation of the human endogenous retrovirus type W (HERV-W). Each of these sources may be tar-

geted to yield a personalized treatment for patient suffering for psychiatric disorders.

Omega-3 fatty acids, non-steroidal anti-inflammatory agents, minocycline, N-acetyl-cystein, vitamin D, specific antibodies have already shown effectiveness in major psychiatric disorders, in monotherapy or in association with conventional treatments. In the field of microbiota research, probiotics administration is currently evaluated and preliminary results have shown effectiveness in major depressive disorders. The new challenge is to develop daily practice biomarkers in psychiatry to identify which subjects may benefit from these immunopsychiatric-targeted treatments in a precision medicine approach.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0662

### **Lupus psychosis and posttraumatic stress disorder**

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*Introduction.*– Systemic Lupus Erythematosus is an autoimmune connective tissue disease with a still unknown etiology that adopts different clinical and immunological expressions. The annual incidence and prevalence depend on genetic, geographic and environmental factors, may appear from childhood but predominates fertile age and female sex. The prevalence of neurological manifestations in systemic lupus erythematosus is high, and its presence is a sign of poor prognosis contributing to increase mortality.

*Methodology.*– A 31-year-old woman from Syria. Refugee of war in Turkey for 4 years. She arrived in Valladolid a month ago with her husband and two children. Six days ago he started with global insomnia and progressively more irritable, aggressive, with inappropriate behaviours, soliloquies and auditory hallucinations. It also has plaques infiltrated in malar regions and nasal bridge, hemolytic anemia and lymphopenia.

*Results.*– Biopsy compatible with discoid lupus erythematosus. ANA+ Anti SSA+ antiroosomal+.

*Conclusions.*– It is important to maintain a high suspicion of SLE in patients with atypical acute psychosis. Regular CSF examination should be done early to rule out infectious processes. The management of acute psychosis in SLE there is no standardized treatment, this includes the combination of antipsychotics, as the symptomatic treatment, associated with the use of corticosteroids for the systemic control of the disease, always taking into account that these can induce the pictures psychological in relation to the dose with which they are administered.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

*Further reading*

Psychosis in patients with Systemic Lupus Erythematosus. Indian J Psychol Med. 34 (1): 90-3

EV0663

### Multidisciplinary approach towards diagnosing the anti-NMDA receptor encephalitis: Case report of a young girl with altered behavior and abnormal movements

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**Introduction.**– Autoimmune encephalitis is a rare central nervous system disorder in which the patient presents with the neuropsychiatric symptoms. Immunological investigations and multidisciplinary approach have made it possible for the health care physicians to screen and treat this rare disorder in time.

**Objective.**– To present a case of anti NMDA receptor encephalitis and highlight the benefit of multidisciplinary approach in diagnosing and managing a rare disorder in a third world country

**Methods.**– A fourteen year old girl was brought with complains of irritability, altered behaviour, abnormal movements, self biting and decreased sleep for the past 10 days. Her condition deteriorated during the admission and she became mute, immobile and drowsy. Her all base line investigations CT scan and MRI brain were normal. CPK was high and the CSF showed pleocytosis. There was diffuse slowing in the EEG. Autoimmune encephalitis profile showed presence of antibodies against the NMDA receptors.

**Results.**– Improvement in the symptoms was noted after treatment with the pulse therapy steroids and five sessions of plasmapheresis. She became mobile after two weeks and started attending the school after one month. She was put on cyclophosphamide for six months with plan to screen for the tumors regularly.

**Conclusion.**– This case report highlights the importance of multidisciplinary approach involving the neurologist, psychiatrist and immunologist in accurately diagnosing and managing a rare neurological disorder presenting mainly with the psychiatric symptoms.

**Keywords:** Anti-N-Methyl-D-Aspartate Receptor Encephalitis; Psychiatry; Neurology; Immunology

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## Psychopathology

EV0664

### Endogenous psychosis with religious delusions in adolescence

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**Introduction.**– The study of religious delusions in structure of psychosis (F20, F25) is determined by its high frequency (24%–28%), difficulties in early diagnostics, and low state of knowledge about dynamics and outcome of these disorders in adolescence. The most important issue is the differentiation among pathological varieties of religious-mystical disorders and non-pathological forms of religiosity. **Objective.**– To identify clinical and psychopathological features and prognostic significance of delusions with religious content in endogenous psychotic states in adolescence.

**Methods.**– A total of 53 male patients, aged 16 to 25 years were observed; there were applied clinical, psychopathological, psychometrical (The Dawkins scale) and statistical methods.

**Results.**– There were identified general psychopathological features of psychotic states with religious delusions, due to the specificity of adolescence age; as well there were distinguished common types of religious delusions, developing by acute primary (delusion of sin and delusion of demonic possession) and acute sensual (messianic and antagonistic delusions) mechanisms. There was revealed the role of the previous religiosity, including an overvalued religious ideas. Later on patients with acute primary mechanism of religious delusion's formation were demonstrating intensification of their religiosity. That was not typical for patients with sensual mechanism of delusion formation. The investigated cohort showed longer duration of the pre-manifest time range and the period of "untreated psychosis" than cohort of juvenile patients with other delusional fables. It also required longer hospitalization for these patients.

**Conclusions.**– The prognosis of psychosis with religious delusions developing in adolescence is quite unfavorable, that is appearingly associated with the structure of psychosis.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0665

### Envy – The dissection of a mortal sin

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**Introduction.**– Humans have a drive to evaluate themselves by examining their abilities and outcomes in comparison to others. Envy is the pain caused by the good fortune of others, and a manifestation of primary destructiveness, to some extent constitutionally based, and worsened by adversity. It is comprised of the wish to abolish inferiority by either having another person's possession or success and/or the wish that the other person did not possess the desired characteristic or object. On the other hand, gloating or schadenfreude denotes one's joy about the shame or misfortune of another. Envy does not elicit a unique affective state or facial expression. It is a complex mix of unpleasant psychological states - inferiority, injustice, and resentment - which tend to be intentionally concealed from others. In DSM5 envy is underrepresented only appearing as a characteristic of Antisocial and Narcissic Personality Disorders, despite its great impact in others' lives.

**Objectives.**– Non-systematic literature review on envy and it's correlate with neurobiological findings.

**Methods.**– Pub Med database was searched between 2010 and 2017 and articles with the words "envy", "emotion", "fMRI" and "emotion" were included.

**Results.**– The ventral striatum plays a major role in the reward system. An increased ventral striatum activation was verified with BOLD-contrast imaging whenever envy was detected. Regional homogeneity in the inferior/middle frontal gyrus and dorsomedial prefrontal cortex positively predicted dispositional envy.

**Conclusion.**– These results suggest an association between neural representations of envy and theories of emotional processing. This may give way to biomarkers for the evaluation of outcomes in Psychiatry, supporting novel clinical interventions.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0666

### Tinnitus and psychotic symptoms: An approach to differential diagnosis

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Tinnitus is defined as a simple auditory perception in the absence of an external stimulus. It is a heterogeneous symptom in terms of its clinical presentation and aetiology, which makes a multi-disciplinary approach mandatory. Its interest in psychiatry lies in the high comorbidity with psychopathology and in the variety of disorders with which it has been associated. Among these, their relationship with psychotic disorders is specially complex. Tinnitus can precede auditory hallucinations with different insight degrees, or may be itself be considered as an hallucinatory phenomenon. Most of the times, this occurs following auditory pathology and hearing loss. However, in some rare situations we find an important overlap with psychotic symptoms in early stages of psychosis. Detecting these symptoms early is critical to diagnose high-risk states of psychosis and improving the prognosis of these patients. *Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0667

### Evaluation of mental distress

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*Introduction.* – The severity of mental distress is a common reason for admission—both voluntary and involuntary—and the acute prescription of psychopharmacological treatment. Further, in emergency room settings patients are triaged according to levels of expressed mental distress. The assessment of mental distress is a standard part of the psychiatric evaluation and is the result of mental state examination, albeit of often pre-reflective nature, much alike the evaluation of somatic pain, where the level of pain is assessed using behaviour, facial expression, and verbal output. The observational components underlying the objective evaluation of mental distress remain unclear.

*Objectives.* – 1. Describe components of the evaluation of expressed mental distress. 2. Elucidate whether the objective signs of mental distress are trans-diagnostic. 3. Evaluate if a short rating scale of mental distress can be constructed using the identified components.

*Methods.* – Computer-based survey amongst all staff with either in-patient or out-patient contact in a large, multidisciplinary psychiatric department in a university hospital using a phenomenological approach with open-ended questions.

*Results.* – Results are pending and will be presented at the 26th European Congress of Psychiatry.

*Conclusions.* – NA

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0668

### Anosognosia and insight – Relatives or related?

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*Objectives.* – Bibliographical review of the scientific literature on the topic Anosognosia and Insight.

*Methodology.* – Bibliographical analysis of the works already published on the subject. Identify keywords (Insight, Critical Judgment, Psychopathology, Awareness and Anosognosia), collect primary sources, review secondary sources, make a critical review and summarize available literature.

*Results.* – Based on the keywords, we obtained 37 bibliographic sources that we considered relevant.

*Discussion/conclusions.* – Neurological disease affects 13.05% of acute and 68.9% of chronic psychiatric patients Quoting Vilayanur Subramanian, director of the Center for Brain and Cognition at the University of California, “The boundary between Neurology and Psychiatry is becoming increasingly blurred.” In this “new reality” as he describes it, it is crucial to merge some concepts and detach others. In this context a question is born: Anosognosia and Insight – Selfsame concept or two different terms? The point in History where Neurology and Psychiatry came apart seems to be the clue to the presence of terms that overlap. Despite distinct historical developments, the concepts braid – both depend on essential functions, are difficult to assess, have similar reactions and have a major impact on prognosis—our main concern.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0669

### Vestibular stimulation – Rebalancing awareness?

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*Objectives.* – Bibliographical review of the scientific literature about the effect of Vestibular Stimulation on Insight.

*Methodology.* – Bibliographical analysis of the works already published on the subject. Identify keywords, collect sources, make a critical review and summarize available literature.

*Results.* – Based on the keywords, we obtained 15 bibliographic sources that we considered relevant.

*Discussion/conclusions.* – Anosognosia defines itself as the lack of ability to recognize symptoms due to acquired cerebral lesion. Reports in the literature suggest that Anosognosia, Neglect and Inattention improve transiently (between 30 minutes to 2 hours)

with vestibular stimulation, namely with caloric reflex. It is theorized that the lack of Insight in psychiatric diseases is the analogous symptom to the neurological lesions that causes Anosognosia. Thus, the question arises: Will vestibular stimulation cause a transient increase in insight for psychiatric illness, namely in mania and schizophrenia. The impact of being able to change people's understanding of their illness? Insight influences the course and prognosis of each psychiatric illness, being a critical element in its evolution. Although scarce, the results available in the literature are auspicious. Among the extensive network of cortical and subcortical structures that receive signals from the vestibular pathway, the anterior cingulate cortex (ACC) stands out. The ACC may be a bridge between the vestibular sensorimotor areas and areas of the prefrontal cortex (PFC). It is documented the association between the ACC and some areas of the PFC and the mental processes involved in Anosognosia and Insight, namely the capacity for self-reflection and introspection, the interpretation and assignment of correct salience to stimuli related to personal history.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0670

### **“My senses seemed sharpened. . .”**

#### **– Aberrant salience in schizophrenia**

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*Introduction.*– Aberrant salience (AS), is a foundational aspect of the pathogenic model of schizophrenia. Stimulus-independent release of dopamine disrupts contextually driven salience attribution leading to inappropriate attribution of salience to external objects and internal representations. Hallucinations may arise from misinterpretation of the latter and top-down cognitive explanation prompts the formation of explanatory delusions. In schizophrenia, dysfunction has been identified in the salience neurological framework supporting the phenomenological model.

*Objectives.*– Provide an insight on the neurological framework of AS and its relation with the phenomenological model.

*Methods.*– A search was conducted on the Pub Med<sup>®</sup> using the Keywords “Aberrant salience”, and “Schizophrenia”. 15 references were selected according to relevance.

*Results.*– In schizophrenia, AS is related to reduced ventral medial prefrontal cortex activation during self-referential judgments and to a deficit in differential ventral striatal activation. Impaired anterior insular salience network (SN) activity is associated with aberrant dependence of Default Mode Network/Central Executive Network interactions on SN functioning. A defective salience network fails to signal task-relevant stimuli, resulting in disruption of the integrative processes required for stimuli efficient evaluation and adequate response selection. Reduced salience network connectivity denotes disturbance on the system effecting changes between contextually relevant functional brain states. AS may contribute to hyper-reflexivity, disturbed “grip” of the world and disturbances of intuitive social understanding.

*Conclusions.*– The integration of the phenomenological and neurocognitive findings represents an in-depth understanding of schizophrenia. Potential therapeutic interventions, such as cognitive remediation directed towards executive function, may be

enhanced for the clinical and functional improvement of patients with schizophrenia.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0671

### **Cognitive insight in first episode psychosis**

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*Introduction.*– Lack of Insight is considered a hallmark of psychosis with an important impact on therapeutic compliance, functional outcome and prognosis. Cognitive Insight (CI), an individual's capacity to question his own beliefs upon assessment and reinterpretation, is divided into the self-reflection and the self-certainty dimensions. Low self-reflectiveness and high self-certainty define poor CI.

*Objectives.*– Understand the concept of CI, its neural substrate and its relevance in First Episode Psychosis (FEP).

*Methods.*– A search was conducted on the Pub Med<sup>®</sup> using the Keywords “Cognitive Insight”, “Insight” and “First Episode Psychosis” with an outcome of 9 articles; review of the selected references retrieved another 2; 11 references were selected according to relevance.

*Results.*– In FEP, the level of CI is linked with memory and verbal learning. Poor CI is associated with cortical volumetric reduction. Neural correlates of CI involve a network of frontal, temporal and parietal brain regions. Self-certainty, but not self-reflectiveness, positively modulate thickness covariance in a frontal network in FEP. In FEP, CI has been shown to be a better baseline predictor of overall psychopathology on a 12-month period. Self-reflectiveness is a more relevant and independent cognitive construct than self-certainty for predicting prospective symptom severity in FEP. Self-reflection and self-certainty correlate with distinct underlying cognitive processes, which may constitute therapeutic targets.

*Conclusions.*– Apart from its prognostic significance, CI is a potential target for the development of early intervention programs in FEP, including psychotherapeutic approaches, so as to improve treatment compliance and prognosis.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0672

### **Delusional metamorphosis; description, aetiology, and treatment: A case of a boanthropy in a melancholic patient treated by avicenna**

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A case of a psychotically depressed man with delusional metamorphosis treated by Avicenna is reported in Abdurrrhman Jami's (1397-1478, Herat) “Seven Thrones”. A “melancholic” man is described demanding to be killed as he was convinced he was a

“cow” (boanthropy); he was mooing, crying “Hurry, cut my throat, take me to the butchery; kill me momentarily as I am losing weight”. He wouldn’t take food or remedies from any one. No healers could cure him and they felt helpless; hence turned to Avicenna who advised to tell the patient that the butcher was on his way to slaughter him. Avicenna went to the patient’s house shouting, “Where is the cow”. The patient came out, laid down, saying “I am the cow”. Avicenna bound his limbs and sharpened his knife in front of him. As a butcher would measure an animal, Avicenna inspected him and stroked his sides and back. Afterwards, he persuasively said, this “cow” is undernourished; it would be a waste to kill him now. It should be fed, never be let hungry, and when it gains weight I will kill him”. They untied the patient’s limbs and brought food in front of him. Everything they gave to him of food and medicine, he took and ate without resistance. As he was accepting food, putting on weight, the delusion of being a cow faded away, and ultimately he made improvement.

This presentation will concentrate on rare forms of delusions, delusions of transformation/metamorphosis as zooanthropy; their history, psychopathology, aetiology and treatment.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0673

### “Internal” rhythm study in Ukrainian woman with Gerstmann syndrome

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*Introduction.* – During “internal” rhythm investigation among psychiatric patients and healthy controls we’ve revealed adult women with Gerstmann syndrome (GS). GS characterized by absence or loss of four specific neurological functions.

*Objectives.* – We present the patient with GS focusing on the clinical presentation, neurological, and psychopathological findings.

*Methods.* – Psychiatric-psychopathological examination, metronome using, retrospective review of the clinical file, and literature search.

*Results.* – An Ukrainian 33-year-old right-handed female presented since age 6 an acalculia, finger agnosia, inability to distinguish between right and left, writing disturbances. She has a family history of mental illness. Once she was successfully treated about anxiety and obsessions. She is not drug or alcohol used and abused. Blood work, including endocrine tests, brain-MRI were normal. Calculation impairments included severe inability to perform all simple mathematical operations, including forward and backward counting. Finger agnosia, and right/left confusion are also persistent, and mild dysgraphia. Also, the constructional apraxia, an inability to copy simple drawings were identified. In a series of “internal” rhythm studies were found its change on par with the change in subject’s mood. So, at the beginning of the study “internal” rhythm estimated as 144 Hz, and patient described it as a “I dance chaotically at a disco”, and psychopathologically she was hypomanic. A month later, her rhythm was estimated like 36 Hz, and she described it like “placatory”. That time, she observed depressive clinical signs. Summarizing the above, “internal” rhythm studding using the metronome is the simple and inexpensive method that helps to clinical psychologists to expand the psychopathological diagnostic.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

## Psychopharmacology and pharmacoeconomics

EV0674

### History of ketamine and its new role in treatment resistant depression

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Ketamine was first synthesized by an American Scientist in 1962, in 1963 patented in Belgium to be used in Veterinary anesthesia. This presentation will cover it’s changing roles in drug culture and used in Vietnam war and now recently growing interest in the use of both oral and I/V ketamine in treatment resistant depression. The advantages are fast action, wide therapeutic range and relatively lesser side effects. Will review recent study trials and will discuss it’s role ion future treatment of depression.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0675

### Open methylphenidate trial among brain injured population in Oman with acute vs. chronic executive dysfunction

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*Background.* – Traumatic brain injury (TBI), often stemming from road traffic accidents, is leading cause of morbidity and mortality in many emerging economies such as Oman. Therefore, the issues of functional, disabilities and rehabilitation become prominent.

*Aims.* – This study tests whether treatment with methylphenidate, using quantitative measures in a consecutive series of patients with TBI, improves indices of executive functioning in an Arab population. If so, this would substantiate findings in available literature from largely Euro-American TBI populations. The second aim is to compare the performance of measures that solicit executive functioning and mood. A related aim is to explore whether methylphenidate has differential effect on acute and chronic phases of TBI.

*Method.* – 24 brain-injured (acute and chronic) functioning with ‘mild cognitive impairment’ received neuropsychological assessments that included measures tapping executive functioning. All results were compared with a group of 25 healthy control persons selected for age, gender and education in order to solicit variation in executive functioning. The brain injured participants exhibiting executive dysfunction were instituted with pharmacological intervention (methylphenidate) using ABA experimental design.

*Results.* – The TBI group appeared to perform poorly compared to the control in indices of executive functioning. Institution of

methylphenidate heightened the performance of executive functioning but not affective functioning. Acute and chronic phases of TBI had a direct bearing on performance of cognitive functioning. *Conclusion.*– This study, to our knowledge, is the first of its kind from an Arab-speaking population. It largely substantiates previous anecdotal and impressionist observations that methylphenidate has the potential to attenuate cognitive impairment in a TBI population.

*Keywords:* Brain injured; Executive functioning; Methylphenidate; Oman

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0676

### **Cannabidiol in the treatment of psychosis – A review**

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*Introduction.*– The pathological link between Cannabis sativa use and psychosis is generally accepted. Several studies investigated differences in effects of cannabis type – Cannabis containing more Cannabidiol (CBD) consistently causes less psychotic like experiences. The potential antipsychotic properties of CBD have garnered increasing attention, namely by its interaction with the Endocannabinoid System (ECS).

*Objectives.*– We aim to describe the ECS, its association with psychosis and the potential new therapeutic targets – CBC and related compounds.

*Methods.*– We performed a search in Pub Med, using the Mesh terms “Cannabinoid”, “Treatment” and “Psychosis”. We selected the studies written in English, published after 2011 and with free text available.

*Results.*– The ECS consists of cannabinoid receptors (CB1R and CB2R), endogenous cannabinoids (anandamide and arachidonoyl-glycerol) and several enzymes (FAAH and MGL). The Vanilloid type 1 channel is also activated by endogenous cannabinoids. The system is involved in regulation of emotion, reward, and cognition. Biological models that explain the potential antipsychotic effects of CBD vary from interference with ECS functioning (by modulating enzymes and receptors activity), to immunological properties. Preclinical animal studies and Clinical studies (CBD dose between 600–1200 mg) suggest that CBD may have significant antipsychotic properties with superior tolerability to currently antipsychotic drugs.

*Discussion.*– The ECS is involved in neuropsychiatric disorders and CBD may arise as a candidate to modulate this system, given its high tolerability and superior cost-effectiveness. Illuminating pharmacological pathways through which CBD reduces psychotic symptoms could also lead to the design of new synthetic agents that act through the endocannabinoid system.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0677

### **Risperidone-induced thrombocytopenia: A case report**

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*Introduction.*– Thrombocytopenia is a rare side effect of antipsychotic drugs that can lead to life-threatening hemorrhagic complications. Risperidone, an atypical antipsychotic, is known to have a low risk of hematotoxicity. However, some authors have reported cases of thrombocytopenia as a rare complication of this treatment. *Aim.*– Reporting the case of risperidone-induced thrombocytopenia in a 29-year-old schizophrenic patient by discussing the circumstances of the occurrence and analyzing the factors involved.

*Case report.*– Mr S., aged 29, presents a Fallot tetralogy diagnosed at birth and a schizophrenia that has evolved for 9 years. Treatment with risperidone was initiated with a progressive increase in dosage to 8 mg/d in the absence of clinical improvement. During his hospitalization in the cardiology department for an atrial flutter related to his cardiovascular disease, thrombocytopenia was discovered with a platelet level equal to 54,000/μL controlled at 23,000/μL. The red and white blood cell counts were normal. The patient underwent a clinical and para-clinical investigation of this thrombocytopenia after eliminating any hemorrhagic complication. Having eliminated any other cause of thrombocytopenia, the drug origin was suspected. When risperidone was discontinued, the platelet count normalized after six weeks at a rate of 150,000/μL.

*Conclusion.*– This case raises the issue of rare abnormalities of thrombocytes under treatment with Risperidone. So, psychiatrists should be aware of this effect and blood-profile monitoring should be conducted periodically.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0678

### **Priapism secondary to chlorpromazine: About two cases**

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*Introduction.*– Side effects of antipsychotics such as orthostatic hypotension, sedation, extra pyramidal and weight gain are frequently reported whereas chlorpromazine induced Priapism is a less known complication.

*Case report.*– The first case concerns Mr S. M, a 29-year-old young man who was admitted for a manic episode. Treatment was begun with chlorpromazine 100 mg. He presented a priapism at the end of 24 hours. The immediate decision was to stop the antipsychotic agents and to address the patient in the Urologic Surgery department. The patient was treated with aspiration and irrigation of the corpora cavernosa with intracavernous injection of sympathomimetic drugs followed by a surgical distal cavernoglanular shunt. The evolution was marked by the total disappearance of the priapism at the end of 6 days without side-effects. The second case is the one of Mr M. B, 26 years old, admitted for behaviour disorders in type of agitation. He was given 150 mg of chlorpromazine. A week later, he reported having a painful erection. We decided to discontinue the use of chlorpromazine and to orient the patient in the Urologic Surgery department. He was treated with aspiration and irrigation of the corpora cavernosa. This resulted in a partial detumescence. The later evolution was marked by the disappearance of the priapism, but the patient kept a premature ejaculation.

*Conclusion.*– The priapism is an urologic emergency. This iatrogenic effect of the chlorpromazine is rare but has to be known by the clinicians to prevent the erectile side-effects.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0679

### **Hypereosinophilia induced by clozapine: About 3 cases**

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*Introduction.*– Clozapine remains the treatment of choice for resistant schizophrenia. It is associated with several adverse effects including hypereosinophilia with an incidence varying from 4 to 62%.

*Objective.*– We report three cases of patients with hypereosinophilia under Clozapine, specifying the different therapeutic strategies for this adverse event.

*Observations.*– Case 1: Mr A, 31 years old, followed-up for resistant schizophrenia. We decided to resume the prescription of Clozapine gradually. Evolution was marked by clinical improvement at 250 mg/day, PNEo remained stable between 200 and 300 Elements/mm<sup>3</sup>. Case 2: Mr B, 32 years old, was hospitalized for resistant schizophrenia. Hypereosinophilia at 4800 cells/mm<sup>3</sup> was noted at 400 mg/day of Clozapine. In spite of this undesirable effect, we have preferred the resumption of this treatment at a very progressive dose. The PNEo numbers remained stable between 100 and 350 elements/mm<sup>3</sup>. Case 3: Mr C, 37 years old, followed-up for resistant schizophrenia and was treated with 500 mg/day of clozapine. We noted an hypereosinophilia with 3800 elements/mm<sup>3</sup> associated with hepatic cytolysis that could suggest associated visceral involvement. Given the severity of this cytolysis, our decision was to stop clozapine.

*Conclusion.*– Clozapine appears to cause an inflammatory reaction which is manifested by an increase in eosinophilic polynuclear cells. When this hypereosinophilia is isolated without visceral localization which could endanger the patient's prognosis, the resumption of treatment may be considered with a cautious and slow increase in dosage and rigorous clinical and biological monitoring.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0680

### **Antipsychotics induces hyperprolactinemia: Incidence and interest of switch to aripiprazole**

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*Introduction.*– Generally underestimated despite its frequency, hyperprolactinemia related to antipsychotics remains the most common cause of elevated prolactin levels in people with psychiatric illnesses. The objectives of our study were to estimate the prevalence of hyperprolactinemia in patients treated with a single antipsychotic and describe its evolution after switch to aripiprazole.

*Methodology.*– This is a prospective, descriptive and interventional study of 202 patients followed at the psychiatry consultation of EPS Mahdia, treated with a single antipsychotic and meeting the criteria for exclusion and inclusion in the study. Laboratory tests including a plasma prolactin and thyroid function tests were requested for all patients and confirmed by a second dosage in case of anomaly objectified in the first one. A switch to a prolactin sparing antipsychotic (aripiprazole) has been proposed for patients with greater than 50 ng/ml prolactin.

*Results.*– The average age of the patients was 39,9 years with a sex ratio (M/F) of 1,43. The prevalence of hyperprolactinemia was 47%.

The switch to aripiprazole allowed the disappearance of clinical manifestations with an average figure of prolactin 20,14 ng/ml. The application of the Student test for paired sample allowed to find a statistically significant difference ( $p < 10^{-3}$ ).

*Conclusion.*– Hyperprolactinemia, a frequent but widely underestimated endocrine disorder, may be due to various causes including treatment with many drugs. The consequences of hyperprolactinemia are often not apparent. The onus of proof is on health professionals to monitor actively and ideally avoid hyperprolactinemia and its complications.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0681

### **Recovery-oriented psychopharmacotherapy: Changing psychiatrists' attitudes and practice in an Italian public mental health service**

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*Introduction.*– It's well known that medication have Greater efficacy when the therapeutic relationship is based on trust, informed consent and shared decision making and that they alone don't develop skills and strenghts, don't replace the responsibility in the management of own life, don't replace the emotional support and the community resources needed to live independently, work, study or socialize. Furthermore, research shows that a high percentage, between 30% and 60%, don't respond or responds partially to treatment.

*Objectives.*– The presentation describes how we are changing attitudes and traditional belief of psychiatrists in the MHD of Ferrara (Italy).

*Results and conclusions.*– Results and conclusions will be reported about the following points: In the view of recovery how much drugs are helpful and how much harmful? How long medication should be taken and at what dosage? What are the limits of the drugs? What is the balance of risks and benefits? How pharmacotherapy can be integrated with other effective practice, such as IMR? What is the meaning of polipharmacotherapy (i.e. added medication to control medical illnesses? What happens if you stop taking medication? Can you trust psychiatrists manipulated by drug companies and bad-informed? How much pharmacotherapy should be integrate to psychosocial treatment, with particular reference to Illness Management and Recovery?

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0682

### **The effects of atomoxetine on the spontaneous behaviour in rats – Experimental data**

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We aimed to investigate the effects of atomoxetine on the spontaneous behaviour in rats. Material and method: The experiments were performed on white Wistar rats (200–250 g), distributed in 3 groups of 6 animals each, which were administered orally (using

an eso-gastric device) in a single daily dose for one month, as follows: Group I (Control): 0.3 ml/100 g weight saline solution; Group II (ATM-1): atomoxetine 1 mg/kbw; Group III (ATM-3): atomoxetine 3 mg/kbw. The animals' locomotor activity and exploratory behaviour were evaluated using the LE-8811 ActimeterPanLAB apparatus, by counting the number of horizontal, vertical and stereotypic movements during eight minutes 'interval determinations'. The data were presented as mean  $\pm$  standard deviation and the statistical analysis was performed using SPSS 17.0 software for Windows—the ANOVA method, and the Newman-Keuls post-hoc test. P-values less than 0.05 were considered statistically significant compared to control group. The experimental protocol was implemented according to the recommendations of our University Committee for Research and Ethical Issues following the ethical standards of the European Community.

**Results.**— The administration of 3 mg/kbw, but not of 1 mg/kbw atomoxetine resulted in a reduction in rats 'horizontal, vertical and stereotype movements. The observed declining of exploratory and self-grooming animal activity induced by 3 mg/kbw atomoxetine could be correlated to a reduction in the animals 'anxious behaviour in the Actimeter test.

**Conclusions.**— The use of atomoxetine (3 mg/kbw) over one month period decreased the rats 'global locomotor activity and the self-grooming behaviour.

**Disclosure of interest.**— The authors have not supplied their declaration of competing interest.

EV0683

### **Acneiform eruption by aripiprazole. good response to isotretinoin without any psychiatric relapse**

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Drug-induced acneiform eruptions (DAE) are inflammatory follicular reactions that resemble acne vulgaris both in morphology and distribution, which manifest clinically as papules and pustules. The DAE lesions are commonly found in the face, trunk and extremities. Drugs that have been implicated in DAE include antibiotics, hydroxychloroquine, hormonal agents and psychotropic drugs as lithium, chlorpromazine, haloperidol, and others.

We present a 34-years-old unmarried male, followed up in an outpatient Mental Care Clinic for 8 years. Diagnosed with Paranoid Schizophrenia. He previously tried different psychotropic drugs, such as Quetiapine, Clozapine and Risperidone, with partial response to all of them.

Subsequently, the patient was started on Aripiprazole 20 mg/d, showing good response. Shortly after initiating the treatment a papulopustular eruption without comedones appeared on the patient's back.

Aripiprazole-induced acneiform eruption was diagnosed after performing the dermatological assessment. Patient showed good response to low doses of oral isotretinoin maintaining the Psychopathological stabilization.

The mechanism underlying Aripiprazole-induced acneiform eruption is yet unknown. In the literature there is only one case report of acneiform eruption with Aripiprazole, in which was required to discontinue the treatment with Aripiprazole to improve his skin lesions.

In our case, we decided maintaining the treatment with Aripiprazole in association with oral isotretinoin. The combination was well tolerated: the acneiform lesions disappeared and the patient stayed psychopathologically stable. In those well-controlled patients with

Aripiprazole who present acneiform eruption, we should consider associating treatment with oral isotretinoin always keeping a close follow-up of the patient.

**Disclosure of interest.**— The authors have not supplied their declaration of competing interest.

EV0684

### **Patient information about side effects of antipsychotic drugs on a psychiatric intensive care unit (PICU): A clinical audit**

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**Background.**— Patients are referred to a Psychiatric Intensive Care Unit (PICU) when they cannot safely be managed on an open ward due to high level of disturbance. Antipsychotics are commonly prescribed in patients on these wards. Noncompliance with medication has been identified as an important risk factor in relapse of a psychotic illness. The medications are commonly D2 and 5HT<sub>2A</sub> antagonists and it is established that these medications have a variety of side effects, some of which can affect a patient's quality of life. NICE guidelines recommend patient involvement in the selection of antipsychotic medication. A patient centred approach can improve the therapeutic relationship and has also shown to improve compliance with medications.

**Objectives.**— The aim of this audit is to determine how many patients have received information about their prescribed medication on Johnson PICU, at the Ladywell Unit in Lewisham Hospital.

**Methods.**— To determine the number of patients who received information about their medication the electronic notes of all patients admitted from 1<sup>st</sup> January 2017 to 30<sup>th</sup> June 2017 will be accessed and reviewed. Recommendations for improving clinical practice (including re-audit) will be dependent on the results.

**Results/conclusions.**— Results are to be presented at the European Congress of Psychiatry Conference in March 2018.

**Disclosure of interest.**— The authors have not supplied their declaration of competing interest.

EV0685

### **Can women taken lithium breastfeed?**

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**Introduction.**— Women with bipolar disorder are at high risk for relapse during the immediate postpartum period and have historically been instructed to avoid breastfeeding while taking lithium.

**Objectives.**— To provide information on the pharmacokinetics of lithium during delivery and lactation by quantifying the rate of lithium placental passage, and calculating the infant serum/maternal serum lithium concentration ratio during lactation (IS/MS).

**Method.**– The Perinatal Psychiatry and Gender Research Program Barcelona–Clínic recruited prospectively 8 women affected by bipolar disorder and treated with lithium monotherapy during late pregnancy, who elected exclusive breastfeeding taken lithium. Study variables: sociodemographic, psychopharmacologic treatment, neonatal and child outcomes. Lithium plasma concentrations in intrapartum maternal blood (MB), umbilical cord (UC) and mother–infant pairs during lactation. Lithium plasma concentrations were determined by means of an AVL 9180 electrolyte analyzer based on the ion-selective electrode (ISE) measurement principle. Detection limit was 0.10 mEq/L.

**Results.**– Lithium equilibrate across the placenta [mean (SD) UC/MB ratio 1.03 (0.03)]. The IS/MS ratio decreased by the time from 1.04 (delivery day + 2.67 day) to 0.18 (delivery day + 91.67 day). From the week seven after the childbirth the infant serum lithium concentration ranged 0.20–0.10 mEq/L. No signs of toxicity were observed in nursing infants.

**Conclusions.**– Lithium may be taken during breastfeeding. In order to monitor mother–infant dyads who were exposed to lithium during lactation, we recommend the following time–point serial blood sampling: at delivery, at 48 hours after delivery, at 7–10th days postpartum and every 6–8 week while child nursing.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0686

### **Phenazepam influence on CYP3A4/5 enzyme activity in patients with alcohol withdrawal syndrome: Phenotyping and genotyping**

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**Introduction.**– Bromdihydrochlorphenylbenzodiazepine (Phenazepam) is the Russian original benzodiazepine widely prescribed in post-Soviet countries. There is lack of data about cytochrome P450 which metabolize bromdihydrochlorphenylbenzodiazepine - it might be CYP3A family enzymes.

**Aim.**– To investigate changes of CYP3A4/5 enzymes' activity during pharmacotherapy of alcohol withdrawal syndrome with bromdihydrochlorphenylbenzodiazepine; to evaluate the influence of CYP3A5\*3 on CYP3A4/5 activity changing.

**Materials and methods.**– A total of 102 male patients with non-complicated AWS (F 10.3 by ICD-10) were involved into the study. Each participant was prescribed bromdihydrochlorphenylbenzodiazepine (Phenazepam) for 6 days. 5 ml of venous blood was collected from each participant for genotyping CYP3A5\*3 (rs776746) and 10 ml of urine for measuring CYP3A4/5 activity. 38 participants were added Pagluferal (contains phenobarbitalum, natrium coffeine-benzoate, bromisoval, papaverine) and/or Carbamazepine (“Combined pharmacotherapy” subgroup). CYP3A4/5 activity was measured by 6-b-hydroxycortisol/cortisol ratio by

fluid chromatography. Higher mean of this ratio is the sense of higher CYP3A4/5 activity.

**Results.**– According to 6-b-hydroxycortisol/cortisol ratio, CYP3A4/5 activity significantly decreased only in patients prescribed bromdihydrochlorphenylbenzodiazepine as monotherapy ( $n=64$ ;  $3.82 \pm 3.41 > 2.79 \pm 3.06$ ;  $P=0.03$ ). There was no substantial change in overall group ( $n=102$ ;  $3.35 \pm 3.25 > 3.09 \pm 3.56$ ;  $P=0.568$ ) and in “Combined pharmacotherapy” subgroup ( $n=38$ ;  $2.58 \pm 2.84 > 3.57 \pm 4.25$ ;  $P=0.265$ ). CYP3A5\*3 polymorphism (GA genotype, “rapid metabolizers”,  $n=18$ ) had no effect on 6-b-hydroxycortisol/cortisol ratio between 1st and 6th days ( $4.88 \pm 4.29 > 2.7 \pm 2.38$ ;  $P=0.102$ ).

**Conclusion.**– CYP3A4/5 activity was significantly decreased under bromdihydrochlorphenylbenzodiazepine monotherapy which could indicate the primary role of CYP3A4/5 in metabolism of this drug. CYP3A5\*3 polymorphism did not influence on CYP3A activity changing rate.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0687

### **Adult attention deficit hyperactivity disorder: The evmorbidity of personality disorders that suggest the need for more holistic interventions**

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Previous literature shows the strength of the assortment that ADHD of the Combined Subtype EVsegregate with Cluster B Personality Disorders (PD) and ADHD of the Inattentive Subtype EVsegregate with Cluster C PD. There is very little work being done on other strategies to address the impairment related to chronic PD factors which do not disappear with drugs. However, it may facilitate some of the other interventions beginning with the motherhood of all interventions: sleep, nutrition and exercise. In this paper, evidence-based interventions are discussed related to the former but exercise, as yet in pilot form, are presented. **Method:** Ten Olympians, with childhood ADHD, were interviewed. Components of their exercise were reviewed to determine if there was a commonality to the protective factor that exercise embraced. The assessments were an open dialogue with probing questions. However, the same questions were given to each participant.

**Results.**– The factors that were consistently represented in all ten individuals that were relevant were a) mentorship/coaching b) structure of the training regimen c) early exposure before the age of 11 and d) embracing a discipline around nutrition and sleep.

**Conclusions.**– There were many other factors presented but this early discussion begins to point to resiliency strategies we should be employing within children early in their lives. All of the participants said they were on medications after they were diagnosed but did not need medications subsequent to their entry into competitive sports. This data needs to be replicated and widened to seek out factors of importance.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0688

### Antidepressant associated with increased benzodiazepine discharge prescriptions – Serbian study from six university psychiatric hospitals

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**Introduction.**– Previous investigations have shown extensive use of benzodiazepines in the region of Southeastern Europe, however this is still an insufficiently explored domain.

**Objectives.**– We assessed the prevalence of benzodiazepine prescription at discharge from all university psychiatric hospitals in Serbia, to analyze factors associated with prescriptions (yes/no) and the dose.

**Methods.**– Multicenter cross-sectional study reviewed summary medical documentation of all adult patients discharged in the census period (2015), including: sex, age, place of origin, education, primary psychiatric diagnosis and other diagnoses, therapy prescribed at discharge for continuation as outpatient. Logistic regression analysis was performed separately for two dependent variables (benzodiazepine intake and the dose in users).

**Results.**– In 572 adult subjects (age  $45.2 \pm 14.0$ ; male 49.1%; index hospitalization  $28.4 \pm 11.4$  days; all diagnostic groups from ICD 10 were included) we found benzodiazepine prescribed at discharge in 83.9% cases, mean dose  $3.9 \pm 2.9$  mg lorazepam equivalents. The only socio-demographic factor associated with higher benzodiazepine prescription was lower education (OR 0.906, CI95% 0.825 – 0.994). The highest odds of benzodiazepine discharge prescription was associated with EV medication with antidepressant (OR 2.432, CI95% 1.278–4.628) and psychiatric comorbidity (OR 1.790, CI95% 1.027–3.120). Antidepressant was the strongest predictor of higher (above 2.5 mg lorazepam equivalents) daily benzodiazepine doses (OR 1.933, CI95% 1.059–3.528).

**Conclusion.**– Benefits of combined treatment with antidepressants and benzodiazepines are no longer significant after the first four weeks. Its use beyond this period exposes patients to a greater risk of withdrawal symptoms upon discontinuation. We emphasize an urgent need for guidelines in order to prevent long term benzodiazepine (mis)use.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0689

### Valproic acid – Induced neutropenia

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**Introduction.**– Valproic acid, a conventional antiepileptic drug, is also used in the treatment of bipolar disorder, to provide rapid stabilization of the patient. Although thrombocytopenia is a potential threat, occurrence of suppression of the other cell lines in the bone marrow is also found rarely.

**Objective.**– To report a case of neutropenia caused by valproic acid (VPA) which promptly resolved after discontinuation.

**Case summary.**– Mr S.A., 44 years old, has been undergoing psychiatry since the age of 24 years for schizoaffective bipolar disorder under: Haloperidol 40 mg/day + chlorpromazine 200 mg/day + valproic acid 1500 mg/day + biperidene 4 mg/day. The last NFS:white cells 5500 and PNN 2800 Following a manic relapse, doses of valproic acid were increased to 2000 mg/day, the blood number of control performed on day 14 showed a drop in the rate from GB to 3600 and from PNN to 1470. A pharmacovigilance opinion was solicited and which decided on the imputability of valproic acid in front of this leuconetropenia. The patient was then resuspended with 1500 mg of valproic acid and the control made after 7 days showed a white cells rise to 5100 and PNN to 2200.

**Conclusion.**– This report of neutropenia caused by VPA emphasizes the importance of monitoring blood cell counts during therapy with this agent

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0690

### Risperidone – Induced thrombocytopenia: A case report and review of literature

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**Introduction.**– Risperidone is an atypical antipsychotic drug indicated for schizophrenia. Thrombocytopenia is an uncommon but potentially dangerous side effect of antipsychotic medication. Clozapine-induced blood dyscrasia is well known, but risperidone, which has a different chemical structure and pharmacological profile, is considered to have a low risk of hematotoxicity.

**Methods.**– We describe a case of thrombocytopenia occurring during treatment with risperidone, which promptly resolved after discontinuation.

**Case report.**– Mr. H.B., age 40, is a Tunisian man admitted to an inpatient psychiatric unit for management of acute psychotic symptoms. Baseline blood count was normal and a platelet count  $170 \times 103/\mu\text{L}$ . Seven days after starting risperidone, repeat blood count shows a drop in the platelet count to  $140 \times 103/\mu\text{L}$ . Risperidone was considered the cause of thrombocytopenia and was discontinued. We started treatment with olanzapine, 10 mg/d. In next 10 days, the WBC count increases to  $6,000/\mu\text{L}$ . The ANC at  $3,100/\mu\text{L}$  and platelets at  $150 \times 103/\mu\text{L}$  remain stable throughout hospitalization. The increasing count of platelet count after stopping risperidone is highly suggestive that this agent caused thrombocytopenia.

**Conclusion.**– At any rate, the administration of atypical antipsychotics may require greater attention to cell blood count. Clinicians worldwide should also be aware of this hazardous side effect. Moreover, future research needs to address the incidence and risk factors for this rare but potentially fatal side effect.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0691

### Subjective assessment of single doses of anxiolytics: Correlation with personal characteristics and structure of psychopathology in anxiety disorders

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**Introduction.**– The subjective evaluation (SE) of drug effect depends not only on drug pharmacodynamics, but also on patient personality traits and disorder parameters. Also, single-dose subjective evaluation may predict therapeutic response.

**Objectives.**– To evaluate SE of the anxiolytics phenazepam and fabomotizole single-doses and its relationship with objective efficacy and personality traits parameters in patients with different anxiety disorders.

**Methods.**– A total of 117 patients (mean 35,6 ± 10,3 years) with generalized anxiety disorder (GAD, F41.1, n = 36), panic disorders with agoraphobia (PD, F40.01, n = 45) and nosophobia (NP, F45.2, n = 36) participated this open-label study. All patients were treated for 14 days. Among them 37 took phenazepam 2 mg daily and 80 - fabomotizole 30 mg daily. Minnesota Multiphasic Personality Inventory, Psychiatric Symptoms Severity Evaluation Questionnaire and SE of the single dose tolerability, wish to continue treatment (WCT), activating and sedating effects.

**Results.**– In fabomotizole group SE was generally higher in PD patients, while in phenazepam group in GAD patients. Phenazepam scored more on SE of sedation. Personality traits correlated with tolerability and WCT in GAD and PD patients and with activation/sedation in GAD patients from fabomotizole group and in GAD patients from phenazepam group. SE of activation and sedation scores correlated with symptoms in GAD and PD patients from fabomotizole group and in all patients from phenazepam group.

**Conclusion.**– The study revealed that SE may be drug-, disorder- and personality trait-specific. Thus, these results indicate potential to use single-dose evaluation in the prediction of the long-term effectiveness of anxiolytics.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0692

### Clinical parameters of metabolic syndrome in schizophrenia and bipolar disorder: A cross sectional study

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**Introduction.**– Schizophrenia and bipolar disorder are serious mental illness and need long-term antipsychotics for management. Olanzapine is most commonly used atypical antipsychotics with high risk for metabolic syndrome. Monitoring of metabolic parameters are advised but many times unavailability of biochemical parameters of metabolic syndrome clinical parameters are only can be measured, so that prevalence of impaired clinical parameters of metabolic syndrome is not known in serious mental illness. Aim: To study the clinical parameters among the schizophrenics and bipolar disorders patients taking Olanzapine.

**Methods.**– Cross-sectional assessments were done on 118 subjects (>18 years). Subjects taking Olanzapine at least for 6 months for schizophrenia and bipolar disorder was recruited from the outpatient department of a tertiary care hospitals. Data was collected on socio-demographic characteristics, Clinical parameters of metabolic syndrome as per NCEP ATP III criteria were evaluated  
**Results.**– Study sample schizophrenics was 67.80% and mean duration of illness in schizophrenics vs. Bipolar disorder was 10.18 ± 6.29 vs. 9.47 ± 6.93 years respectively. Mean dose of Olanzapine in schizophrenics vs. Bipolar disorder 13.75 ± 5.36 vs. 12.63 ± 4.75 mg per day. 50.84% subjects had central obesity, 44.06% had impaired SBP, and 40.67% impaired DBP. No statically significant difference of clinical parameters of metabolic syndrome between schizophrenia and bipolar disorder.

**Conclusion.**– Impairment in clinical parameters of metabolic syndrome was significantly higher in schizophrenia and bipolar disorder patients taking Olanzapine and there was no significant difference among schizophrenics and bipolar disorder patients.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0693

### Long-acting injectable aripiprazole: Sample of 26 outpatients treated with this antipsychotic in two community mental health services in Barcelona

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**Introduction.**– Long-acting injectable (LAI) formulations of antipsychotics are treatment alternatives to oral agents [1]. They offer a reliable option for reducing rehospitalisation or treatment failure [2]. LAI aripiprazole is an alternative to the oral drug approved for the treatment of schizophrenia in 2013 [3].

**Objectives.**– The aim of this study is to describe the clinical and sociodemographic characteristics of a sample of outpatients treated with LAI aripiprazole.

**Methods.**– Retrospective study of patients treated with LAI aripiprazole in two Community Mental Health Services in May 2017. The following variables were studied: sociodemographic characteristics, diagnosis, years since diagnosis, LAI aripiprazole dose and concomitant oral treatment.

**Results.**– A total of 26 patients were studied. The clinical and sociodemographic characteristics are shown in Table 1. Figure 1 shows the different diagnostic groups. 61.5% were on antipsychotic monotherapy with aripiprazole.

Figure 1. Hazard rate scale for terrorist attack as predicted by radicalized emotions and biased thoughts.

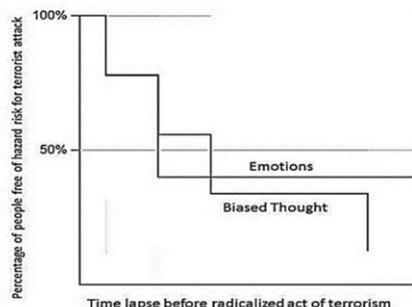


Figure 1.

PHM done

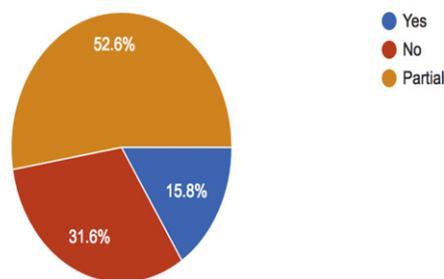


Figure 1. Classification according to diagnosis

*Discussion.*– The clinical profile is characterized by young men with a recent diagnosis. In 62% of cases medication was prescribed for off-label purposes, mainly schizoaffective and bipolar I disorder. This could imply that indications for using LAI aripiprazole might be expanded to other diagnoses. Due to the small sample no statistical inferences can be made.

Table 1. Clinical and Sociodemographic characteristics

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

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EV0694

### Evolving towards second-generation antipsychotics: Descriptive data from the hospital Universitario De Mostoles

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*Introduction.*– The use of depot antipsychotics is increasingly established in clinical practice. Several advantages of this route of administration have been described, being the main one the control of therapeutic adherence. Among the depot antipsychotics in our sample, there are first generation drugs (zuclopenthixol, fluphenazine decanoate and risperidone) and second generation (paliperidone palmitate (monthly and trimester) and aripiprazole). *Objectives and methods.*– The objective of the present study is to describe the use between first and second generation depot antipsychotics in our environment to evaluate if an evolution towards the second generation drugs is being performed. We have developed a database with those patients being followed up in a nursing protocol from our outpatient psychiatric center where

the patients go to the depot administration. We analysed the data obtained using SPSS.

*Results.*– The data show that in our area the use of second generation antipsychotics (74.8%) has been established, with Paliperidone palmitate being the most used (48.4%). On the other hand, the use of first generation antipsychotics is being reduced (25.1%). It's important to mention that 80% of our sample are patients with the diagnosis of Schizophrenia.

*Conclusions.*– The data show that the treatments of patients in our area are being modified in order to find drugs, which despite having similar efficacy among them, have a better metabolic profile and lower extrapyramidal side effects.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0695

### Metabolic effects of long acting injectable antipsychotics

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*Introduction.*– Since the synthesis of long acting injectable antipsychotics issues related with adherence to treatment have been partially solved and hospital readmissions related with psychotic symptoms have decreased. These advantages are related with the increasing use of this pharmacological formulation. With the creation of second generation long acting injectable antipsychotics extrapyramidal side effects are less frequent; less is known about its metabolic side effects. The aim of this study is to analyze the metabolic effects of long acting injectable antipsychotics and compare its effects between first generation antipsychotics and second generation ones.

*Material and methods.*– Data from 139 patients that are in our long acting injectable antipsychotics program were collected and analysed with SPSS.

*Results.*– Most of our patients are treated with second generation long acting injectable antipsychotics (74.8%). Only the 25.1% of our patients are treated with first generation ones. The 61,86% of our patients had overweight prior to the start of antipsychotic injectable treatment. After years of treatment the percentage of patients with overweight increased to 69,77%.

*Conclusions.*– The etiology of obesity related with psychotic disorders includes adverse effects of antipsychotics, premorbid genetic vulnerabilities, psychosocial and socioeconomic risk factors and unhealthy lifestyle. This multifactorial approach makes difficult to define which are the factors that may contribute in its majority in metabolic side effects.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0696

### Antipsychotic prescription in black and white patients with first psychotic episode – A study of hospitalized patients in Lisbon

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*Introduction.*– Prescription of antipsychotics may differ by ethnicity. Studies show that black patients are more likely to receive typical antipsychotics, long acting prescriptions, higher doses and greater number of antipsychotics than white patients. Genetic fac-

tors influencing pharmacokinetics and pharmacodynamics may contribute to a significant variability in effectiveness of antipsychotic pharmacotherapy among ethnicity.

**Objectives.**– Characterize and compare the pattern of antipsychotic prescription at discharge between black and white patients admitted with first psychotic episode.

**Methods.**– Retrospective cohort study in a hospitalized population with first psychotic episode between January/2014 and June/2016. We characterized our sample regarding ethnicity and the main outcomes of the study were antipsychotic dose, polypharmacy and type of antipsychotic.

**Results.**– A total of 125 subjects were included, of which 76.8% were white and 23.2% were black. The mean age was 27 years and most individuals were male. The mean DUP was higher in white than in black patients. Antipsychotic polypharmacy was seen in 17.2% and 9.4% among black and white population, respectively. As for the type, typical antipsychotics were prescribed in 8 patients, which represents 10.3% in black and 5.2% in white populations. A total of 18 patients were prescribed with long duration antipsychotics, 33.3% of which were black and 12.5% were white patients.

**Conclusions.**– This study highlighted ethnic differences in terms of antipsychotic prescription, especially the polypharmacy and the use of typical and long acting antipsychotics, which are significantly more frequent in black patients. There is a great need to improve treatment selection for patients with first psychotic episode.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0697

### **Galactorrhea and hyperprolactinemia associated with trazodone: A case report**

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Trazodone was the first second-generation antidepressant; it is a weak inhibitor of serotonin reuptake but a strong antagonist of serotonin type 2A (5HT<sub>2A</sub>) and type 2C (5HT<sub>2C</sub>) receptors. Galactorrhea associated with antidepressant use has rarely been reported in the literature. To our knowledge, this is the second case report of galactorrhea associated with trazodone use so far. Here, we report the case of a patient treated with duloxetine and quetiapine for 5 months; however, quetiapine was discontinued because of dizziness and drowsiness. Quetiapine was replaced with trazodone; however, we observed that the patient developed galactorrhea within 4 weeks of treatment initiation.

**Keywords:** Trazodone; Galactorrhea; Hyperprolactinemia

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0698

### **Patient satisfaction after switching from a monthly to a quarterly administered long-acting injectables: A case series**

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**Introduction.**– One of the revolutionary events that has changed the way in which many patients have improved therapeutic adherence and treatment satisfaction, was the arrival of monthly administered

long-acting injectables (LAIs). Recently a new LAI has come out that only requires quarterly administrations.

**Aim.**– Studying patient satisfaction after switching from a monthly to a quarterly LAI with the same active principle.

**Methods.**– This is a descriptive study that pretends to assess patient satisfaction with TSQM 1.4 after switching from a monthly to a quarterly LAI, with Paliperidone as the active principle in both treatments. The sample consisted of 13 clinically stable patients diagnosed of psychosis (10 men and 3 women) with a mean age of 57.9 years that came to our psychiatric consultation from December 2016 to August 2017.

**Results.**– Patients were satisfied with the switching from a monthly to a quarterly LAI with a mean TSQM 1.4 of 71.4/79 after the second dose of the quarterly administered LAI.

**Conclusions.**– Switching from a monthly to a quarterly LAI in patients with clinically stable psychosis could be used to improve treatment satisfaction and therapeutic adherence as a result of the first.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0699

### **Prescription of benzodiazepines for adults in a mental health care clinic – Relation to gender and psychiatric diagnosis**

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**Introduction.**– Benzodiazepines are one of the most commonly prescribed classes of medication which are often misused. The analysis of psychotropic drugs prescription has shown high prescription rate of benzodiazepines use in the psychiatric inpatients population, with an increasing trend. Potential association between psychiatric diagnostic categories or gender and benzodiazepine prescribing practice important for good clinical practice.

**Objectives.**– To examine an association between gender and psychiatric diagnosis with prescription of benzodiazepines.

**Methods.**– This study was carried out by retrospective analysis of the patient's medical charts after hospital discharge ( $n = 108$ ). Data analysis included descriptive statistics, testing the difference between groups and correlation analysis.

**Results.**– At the discharge, 66.7% of patients had benzodiazepines prescribed, with an average dose of  $4.8 \pm 3.4$  mg lorazepam dose equivalents. There was no gender difference in prescribing of benzodiazepines. Patients with a diagnosis of affective disorders had an upward dose trend of benzodiazepines.

**Conclusions.**– Benzodiazepines are frequently prescribed at discharge. It is important to carefully consider benzodiazepine prescribing practices particularly in patients with affective disorders and use of guidelines is necessary.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0700

## Trends in long acting injectable (LAI) use in the psychiatric service of the health care district of Bozen, Italy, during 2013–2017

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Trends in long acting injectable (LAI) use in the Psychiatric Service of the Health Care District of Bozen, Italy, during 2013–2017

**Introduction.**– Despite their widespread use and effectiveness, LAIs are regarded with prejudice. The lack of robust data on their use results in variations in the world and over the years.

**Objectives.**– Assess trends in LAI use in 2013–2017 at the Psychiatric Service of Bozen.

**Methods.**– Parametric statistics.

**Results.**– We administered LAIs to 319 patients, with a x age ± SD of 49.5 ± 14.7 years and 58.6% males. Figure 1 shows therapy durations.

Figure 1.

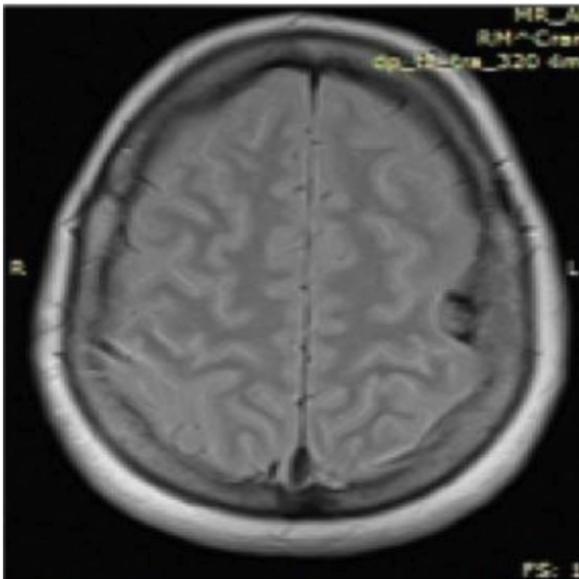


Figure 1.

The most used LAIs were: 2013 haloperidol (31.8%); 2014 haloperidol (26.5%); 2015 paliperidone (25.7%); 2016 paliperidone (24.0%); 2017 paliperidone (22.5%). Increases/decreases in dose were rather frequent, whereas the switch from one LAI to another, due to moderate-to-severe side effects or unsatisfactory improvement, was infrequent (33 cases/5 years). LAI interruption for the same reasons or for no compliance was even more infrequent (3 cases), but in 5 cases it happened for opposite reasons, i.e., stabilization and good compliance. Table 1 shows x ± SD and ranges of doses and TDM.

Table 1.

	Current age	Years of evolution	Somatic backgrounds	Drugs previous to current treatment	Cause of modification	Current treatment	Side effects
N 1	79	59	Arrhythmia, high blood pressure	Lithium	Renal failure	Gabapentine	Tremor, drowsiness
N 2	76	60	cholecystectomy	Haloperidol, lithium biperiden,	Extrapyramidal syndrome	Lithium, trazodone,	Distal tremor, cognitive impairment
N 3	72	25	Ischemic heart disease, high blood pressure, VHB. Essential tremor, cognitive impairment	Fluoxetine, lamotrigine Oxcarbazepine Haloperidol olanzapine	Infective Neutropenia Extrapyramidal syndrome Gain Weight	Quetiapine, valproic acid.	Worsening Cognitive impairment, drowsiness
N 4	68	38	Diabetes mellitus	Tricyclic antidepressants, valproic acid, lithium	Drowsiness, gastric discomfort, fatigue	Risperidone, zolpidem	Tremor, dependence on zolpidem

Figure 2.

Correlations between doses and TDM were: haloperidol  $r = -0.037$ ,  $P = 0.620$ ; paliperidone  $r = 0.290$ ,  $P = 0.000$ ; risperidone  $r = 0.219$ ,  $P = 0.006$ ; fluphenazine  $r = 0.358$ ,  $P = 0.000$ ; aripiprazole:  $r = -0.068$ ,  $P = 0.610$ ; olanzapine:  $r = -0.090$ ,  $P = 0.634$ .

**Conclusions.**– Haloperidol and paliperidone were mostly used. Drugs and doses were stable. A positive correlation between paliperidone, risperidone, and fluphenazine doses and TDM was found (Figure 2)

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0701

## Promethazine and diazepam in agitation in bipolar disorder with cocaine dependence

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**Introduction.**– Agitation is characterized by excessive motor activity associated with a feeling of inner tension which is expressed on a wide spectrum of behaviours [1]. In literature the prevalence of agitation increase in dual diagnosis patients with rates of 20–30% irrespective of 10% of patients without substance dependence [2,3]. The aim of this study is to evaluate the efficacy and tolerability of the association of promethazine and diazepam in a sample of bipolar patients (BD) with cocaine intoxication (CI).

**Method.**– Twenty-five BD inpatients presenting with CI were assessed with: SCID-P, BPRS, HRSD, YMRS, UKU and CGI. We conducted a systematic literature review with the principal scientific databases (Pub Med, Embase, PsychInfo) using the key terms “Agitation”, “Promethazine” and “Diazepam”.

**Results.**– High scores at the BPRS in the items 6 (Mean=5), 4 (Mean=4), 10 (mean=4), 11 (mean=4) and 17 (Mean=5). The principal side effect at the UKU scale are sedation, and somnolence. The treatment response is in 30–60 minutes. There aren't significant cardiovascular alterations evaluated at ECG.

**Discussion and conclusion.**– Our findings suggest that this association is safety without particular side effects (only sedation and somnolence) and severe adverse events, and it's possible useful treatment strategy in BD inpatients with acute CI. Further research is warranted to replicate our clinical and qualitative observations and, in general, quantitative studies in large samples followed up over time are needed. Methodological limitations, clinical implications and suggestions for future research directions are considered.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

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EV0702

### Influence of pharmacokinetic features of long acting injectable aripiprazole in pregnancy

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**Introduction.**– There is still not enough data about safety of aripiprazole in pregnancy and it should be used only if the potential benefit outweighs the potential risk for the fetus. Steady-state of long acting injectable (LAI) aripiprazole is reached after the fourth monthly injection of aripiprazole. Elimination half time of 400 mg aripiprazole after steady state is 46.5 days.

**Objectives.**– To evaluate the clinical outcomes of pregnant patient who was treated with 400 mg of LAI aripiprazole for one year until unplanned pregnancy happened and to emphasize the importance of atypical antipsychotics' pharmacokinetics with the intention to help clinicians facing complex treatment decisions in pregnancy.

**Methods.**– A case report and a review of literature.

**Results.**– Female patient with schizophrenia treated with LAI aripiprazole for over a year found out that she was pregnant one month after her last LAI application. The decision was to discontinue LAI treatment and switch it to clozapine. But, taking into account the pharmacokinetics of LAI aripiprazole, clozapine was initiated after three months, which is the time for elimination and effectiveness of LAI aripiprazole. During that period and after starting with clozapine no relapse of the disease was registered nor there were signs of fetal malformations so far. Also, according to available literature, this was the first reported case of treatment with LAI aripiprazole in pregnancy.

**Conclusions.**– In some cases, use of atypical antipsychotics cannot be avoided during pregnancy. To prevent polypragmasy which can harm fetus, it is necessary to know their pharmacodynamics and pharmacokinetics.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0703

### Pramipexole: Dopaminergic augmentation in the treatment of depression

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**Introduction.**– Pramipexole is a dopamine receptor agonist approved by the FDA for the treatment of idiopathic Parkinson's disease and restless syndrome. It has preference for the D3 receptors. It is also a full agonist with higher preference for D3 receptors as compared to D2 and D4 receptors. The antidepressive effect of pramipexole has been shown in animal models. Clinical, off-label,

use of this drug has shown good response even in major depressive disorder.

**Methodology.**– A review was conducted aiming to clarify the biological mechanisms of action of pramipexole and the clinical implications of an augmentation of dopamine instead of other neurotransmitters. The literature search was conducted in Pub Med data reviewing articles dating between 2013 and 2017.

**Results.**– Augmentation with pramipexole seems to be more effective than placebo. This treatment is beneficial for the sexual dysfunction, instead of other serotonergic agents. Pramipexole may be more effective in the treatment of bipolar depression instead of just unipolar depression.

**Conclusions.**– Following the monoamine hypothesis, patients with dopamine related symptoms of depression, may benefit from the treatment of pramipexole. Dopamine augmentation may increase pleasure, motivation, concentration and psychomotor speed. A group of depressions may benefit from dopaminergic agents instead of the first-line treatment of depression with SSRIs, SNRIs or tricyclics. Subsequent trials are need to know if long-term treatment with pramipexole leads to a long-term antidepressive response. Some trials show conflicting results. Uncertain results have been observed. More research is needed to analyze the naturalistic effect of pramipexole.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0704

### Zolpidem as a diagnostic tool in Catatonia: Case report

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**Introduction.**– Catatonia is a complex clinical syndrome characterized by a broad constellation of psychomotor signs and symptoms, frequently divided in retarded and excited subtypes. Intravenous lorazepam challenge is traditionally described as a standard diagnostic tool.

**Objectives.**– To describe the case of a patient whose catatonic syndrome diagnosis was confirmed by the significant clinical improvement following administration of zolpidem.

**Methods.**– Case report and literature review.

**Results.**– A 65-year-old woman with no psychiatric history and irrelevant medical and surgical history presents to our unit with depressive symptoms accompanied by serious self-neglect, verbigeration, echolalia, catalepsy, stereotypies and episodes of psychomotor agitation. These symptoms totally disappeared every night 15 minutes after taking zolpidem, previously prescribed by her family doctor for insomnia. The patient's cohabitants described this phenomenon as “the miracle of zolpidem”, stating that every night the patient was “as usual, talking and eating normally” for one to two hours. Brain imaging, electroencephalography and blood tests did not reveal important changes. The patient was diagnosed with a depressive episode with catatonic symptoms.

**Discussion/conclusions.**– In this case, the diagnosis of catatonia was confirmed by the dramatic response to zolpidem. Other published cases (describing patients with autism, bipolar disorder, schizophrenia and schizoaffective disorder) confirm the usefulness of this z-drug as a diagnostic test in this condition. Both in our case and in the ones previously published, the clinical response occurred within 15 minutes. The short time of onset of oral zolpidem is its main advantage during diagnosis, avoiding the use of intravenous lorazepam.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0705

### Olanzapine-induced weight gain: A multifactorial side effect. A case report

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**Introduction.**– Olanzapine is an atypical antipsychotic drug which may cause dosage-independent weight gain in 66.6% of patients, with a mean of 1-5 kg over a period of 4 weeks of treatment (U. Eder et al., 2001). Olanzapine-induced weight gain (OIWG) is multifactorial and many factors seems to contribute to OIWG.

**Objective.**– The goal of this study was to explore the pathophysiology and predictors of weight gain during treatment with olanzapine in psychotic patients.

**Methods.**– A reasearch on the latest literature on Pub Med was made, using the keywords: “Olanzapine”, “Weight gain”. Brief description of a case-report.

**Results.**– The main OIWG factors are: genetics, altered fat metabolism and distribution, increased appetite, older female, higher reduction in baseline BPRS and low baseline BMI patients and decreased motor activity due to sedation.

**Conclusions.**– As it may lead to non-compliance with treatment and to medical morbidity (S. Jain et al., 2006), clinicians are encouraged to better advice patients and patients should also be encouraged to monitor and, if necessary, adjust their dietary habits and exercise regularly.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0706

### Role of risperidone switch to paliperidone in reducing neuroleptic-induced extrapyramidal effects

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**Introduction.**– Extrapyramidal side-effects (EPS) are frequently mencioned as a reason for medication discontinuation<sup>1</sup>. Antipsychotics-induced dystonia (AID), an acute form of EPS, often occurs early in the course of treatment and is commonly associated with high-potency antipsychotics, as first generation antipsychotics. Although second-generation antipsychotics (SGA) have a lower D2 receptor and higher serotonin 5-HT<sub>2A</sub> receptor affinity they may also lead to AID, particularly when prescribed at high dosage<sup>2</sup>.

**Objectives.**– The objective of author's work is to present the approaching of neuroleptic-induced dyskinesia.

**Methods.**– Review of the latest literature in Pub Med with the keywords: “Dystonia”, “Seconde geration antipsychotics”. Also a case-report is presented.

**Results.**– The authors present a 42 year-old woman, diagnosed with schkizophrenia, taking risperidone 2 mg twice a day and biperiden 4 mg a day, for an oral dystonia associated with risperidone. A swich of risperidone 2 mg twice a day to paliperidone 12 mg once a day was made. After 3 months the dosage of paliperidone could be reduced to 9 mg once a day, and the biperiden was stopped, without returning of dyscinesia.

**Conclusions.**– Anticholinergic drugs are often prescribed in order to improve those symptoms, such as biperiden or trihexyphenidyl<sup>3</sup>,

however side effects are not irrelevant. For that reason an effort has to be made in order to find the best tolerated medication for the patient. The EPS advantages offered by the atypical antipsychotics must be balanced against other important adverse effects.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0707

### Antipsychotics and weight gain – Is insulin secretion dysregulation via dopamine receptors the culprit?

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**Introduction.**– It is known that antipsychotics cause weight gain. Yet comprehensive explanations are lacking. Some suggests that antipsychotics increase appetite, but this approach is problematic as people likewise gain weight in inpatient units, where all calories are provided. Others suggest that it happens because of hormonal-metabolic changes. There is a growing body of evidence that a sensible way of obesity treatment is minimizing insulin response via low carbohydrate diets, rather than counting calories. If there is a mechanism that would link antipsychotics use, insulin response patterns and weight gain, we could have new insights into treatment approaches.

**Aims.**– To investigate whether existing evidence supports the idea that antipsychotics could disrupt insulin homeostasis.

**Method.**– A literature search in Pub Med, Google Scholar and individual journals was performed.

**Results.**– In one mouse study it was discovered, that dopamine regulates autocrine secretion of insulin response and that dopamine inhibited secretion of insulin. Studies with humans discovered dopamine D<sub>2</sub> receptor expression in human pancreatic cells and that dopamine mediates insulin secretion. Other team found D<sub>4</sub> receptors on human beta cells.

**Conclusion.**– Insulin secretion from pancreatic beta cells is modulated by autocrine regulation through dopamine receptors. These receptors may be blocked by antipsychotics, that are supposedly not selective to brain tissue. Insulin regulation could get disrupted, resulting in increased insulin secretion from beta cells. Insulin causes weight gain via variety of mechanisms. Prolonged hyperinsulinaemia may be behind weight gain. Human studies are needed to confirm this hypothesis.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0708

### The possible relationship between the uses of high-dose sertraline during pregnancy with the persistent chronic gastrointestinal symptoms in childhood: A case report

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There're diverse reports in the literature about the association between developmental disorders of the neonatal period and antidepressant exposure during gestation. The present case is about a 4-year-old child of a woman who is suffering from chronic constipation almost unresponsive to treatment whose mother was given high-dose of sertraline during gestation. The objective's to discuss the possible association. A 37-year-old woman who pre-

sented to our clinic complaining that her son defecates very rarely. She complained of her need to check his defecation and she was obsessed with cleaning. She used sertraline 50 mg/day for depressive symptoms from the first trimester of pregnancy, continued with 200 mg/day till to the delivery and stopped medication after giving a healthy child. After a few weeks her complaints had restarted and received fluvoxamine 100 mg daily. Chronic constipation in childhood is mostly due to functional factors; one of which is intestinal neuropathy, that is unresponsive to treatment as observed in this case. Serotonin plays an active role in motility and secretion of 5-HT<sub>3</sub> and 5-HT<sub>4</sub> receptors in the gastrointestinal system (GIS). This case, exposure to high-dose sertraline during gestation and its cessation following delivery might have caused receptor desensitization and down-regulation in the infant's GIS. As his chronic constipation couldn't obtain any benefit from treatment, our hypothesis seems to be investigated. Therefore, exposure to sertraline during gestation may not end up with neurodevelopmental disorders only for the neonatal period but also further be associated with childhood period. Further studies are essential to clarify the possible relation.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0709

### Functional anomalies of cytochrome P450 2D6 in child and adolescent psychiatry: Case reports

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*Introduction.* – Severe mental health disorders in children and adolescents represent a major public health problem. Despite adequate drug treatment, some patients develop pharmaEVresistant disease and/or present frequent or severe adverse events (AE). The majority of psychotropic treatments, particularly antipsychotics and antidepressants, are metabolized at hepatic level by cytochrome P450, particularly by CYP2D6. Several CYP2D6 genetic polymorphisms are described to be associated with ultrarapid (UM) or poor drug metabolism (PM), and might therefore be related to severe mental health diseases.

*Methods.* – Inpatients with pharmaEVresistance and/or frequent AE have been studied by CYP2D6 genotyping between September, 2014, and April, 2017.

*Results.* – A total of 14 patients (6 females, 8 males) aged 11 to 20 (mean 14.8) years have been genotyped for CYP2D6. Patients were diagnosed with schizophrenia ( $n=6$ ), autism spectrum disorders ( $n=3$ ), mood disorders ( $n=2$ ), intellectual deficiency with challenging behaviour ( $n=2$ ) and other ( $n=3$ ). They had a treatment history with on average 5 psychotropic, 4 antipsychotic and 2.9 CYP2D6-metabolized molecules. Six patients (42.9%) presented functional anomalies of the CYP2D6 gene: 4 patients were UM with gene duplication and 2 patients were PM. Interestingly, there was no correlation between the anomaly of metabolism (UM/PM) and pharmaEVresistance/AE.

*Conclusion.* – Functional anomalies of CYP2D6 concerned a significant number of our pediatric inpatient sample with pharmaEVresistant disease and/or severe AE. Knowledge of individual metabolism and in particular CYP2D6 genotyping should be con-

sidered for clinical workup and therapy adjustment in challenging patients in child and adolescent psychiatry, and might be associated with better treatment outcome, increased compliance and diminished AE.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0710

### Risperidone-induced leg edema after pharmacotherapy of schizophrenia

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Drug-related peripheral leg edema is most commonly associated with steroids, nonsteroidal anti-inflammatory, antihypertensives and immunosuppressive agents. The second-generation antipsychotic risperidone is rarely associated with such edematous complications. This adverse effect of risperidone occurs with a higher incidence in higher doses according to its dose-dependent nature. In this paper, a rare case of small maintenance dose risperidone-induced peripheral leg edema in a schizophrenia patient was reported. Leg edema is a rare but serious side effect of risperidone. Although it has a dose-dependent nature and usually associates with high doses, it may also present with small maintenance doses as in this case. The patients especially who are receiving high doses of risperidone should be warned and monitored for these side effects. Despite the low incidence of edema due to risperidone usage, the likely occurrence of this adverse effect should always be taken into consideration by the psychiatrists, as it may affect patients compliance with the prescription.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0711

### An unusual case of hair loss due to aripiprazole

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Hair loss is one of the side effects that can be seen after medical treatments. Hair loss due to medications is a diffuse state that does not leave scars and usually reversible with stopping the treatment. The Aripiprazole is an atypical antipsychotic drug, which also has antidepressant effects. Aripiprazole has a partial agonistic effect on dopamine D<sub>2</sub> receptors and serotonin 5-HT<sub>1A</sub> receptors which differ from other atypical antipsychotic drugs. It is used in several psychiatric disorders including schizophrenia, bipolar disorders, major depressive disorder and anxiety disorders. This report aims to present a case with hair loss due to aripiprazole use that is reversed back right after stopping the treatment. Since other psychotropic medications may also stimulate hair loss, it is possible to speculate that this side effect is a class effect of medicines. However, further studies are needed to understand exact mechanisms of hair loss due to psychotropic medications.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0712

### Regulatory peptides in the adjustment disorders therapy

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Adjustment disorders one of the most common mental disorders. This fuzzy separation between different manifestations of AD and normal adaptive responses is diagnostically difficult. In connection with this, the diagnosis and treatment of disorders are extremely topical. The clinical manifestations of adjustment disorders in different age groups (153 people), 35–50 years (257 people), 51–65 years (167 people) using the PHQ questionnaire and the questionnaire of stress resistance. The results of the study demonstrated the prevalence of reduced stress-resistance and subjective deterioration in all age groups with an increase to 50.9% in the age group 51–65 years. Pathogenetic therapy of AD is based on neurotransmitter causes and systemic therapeutic approach taking into account the safety of drugs. The use of new classes of regulatory drugs is promising. Regulatory peptides possessing a wide spectrum of biological activity in coordination of neuroendocrine, immunological, cellular and molecular interactions. The aim of the study was to study the features of the anxiolytic and stress-protective effect of the heptapeptide, synthesized analogue of the endogenous regulator of immunity of taftycin selank (Thr-Lys-Pro-Arg-Pro-Gly-Pro) - in the treatment of discharge disorders. 30 patients diagnosed with the intrusion disorder were treated with an analogue of the endogenous peptide taftcin. The use of the regulatory peptide had a corrective effect on the somatic and mental symptoms of the disorder.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0713

### Effect of CYP3A gene polymorphism on serum concentration of quetiapine

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*Background.*– With the development of pharmacogenomics in recent years, more and more attention has been paid to the molecular genetic mechanism of pharmacokinetics among different individuals. Gene polymorphisms of drug metabolizing enzymes affect their retention in vivo. Quetiapine is one of the new antipsychotic drugs. It is a neurotransmitter receptor antagonist in the brain. Quetiapine is orally absorbed and metabolized in the liver. the major metabolic enzyme of Quetiapine is CYP3A.

*Objective.*– The aim of this study was to investigate the effect of CYP3A gene polymorphism on quetiapine plasma concentration.

*Methods.*– The serum concentration of quetiapine was determined by two-dimensional high performance liquid chromatography (HPLC) and the CYP3A polymorphism was measured.

*Results.*– Among 138 patients in the center, gene analysis showed that CYP3A5\*3 mutant homozygote accounted for 43.5%, CYP3A5\*3 mutant heterozygote accounted for 32%, and CYP3A5\*3 wild-type homozygote accounted for 32%. The gene polymorphism of CYP3A5 will greatly influence blood concentration of quetiapine. The serum concentration of quetiapine of CYP3A5\*3 wild homozygous patients is higher than that of CYP3A5\*3 mutant heterozygous

and homozygous patients at the same dosage, was statistically significant. In patients with CYP3A5\*3 mutant homozygotes, the same administration dose increased the probability of adverse effects of quetiapine.

*Conclusion.*– The level of serum concentration should be closely monitored during the use of antipsychotic quetiapine. The mutation of CYP3A5\*3 gene should be detected depend on patients economically eligible.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

## Psychophysiology

EV0714

### The psychophysiological state of highly qualified athletes performing in diving with different levels of anxiety

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*Introduction, aims.*– One of the main problems of sport psychology is evaluation of the influence of emotionogenic factors and personality characteristics of athletes on a performance. The aim of our investigation was to define the psychophysiological status of highly qualified athletes of sports that require complex coordination in relation to the State and Trait Anxiety.

*Methods.*– A total of 14 healthy volunteers–highly qualified athletes (diving) aged 15 to 30 years participated in this study. We used the following tests: State and Trait Anxiety Inventory by C. Spielberger, Y. Hanin, EPI Test by H. Eysenck. The diagnostic complex “Diagnost-1” (Makarenko MV, Lizogub VS) determined the psychophysiological properties of athletes.

*Results.*– We found that the higher was the level of personal anxiety of the respondents, the less stable was the speed of the complex sensorimotor selection reaction, the less was the resistance of the central nervous system to the increasing degree of fatigue. The decrease in the level of situational anxiety among athletes was noted with the growth of sports experience. Only 14.3% of respondents had average personal anxiety, the remaining 85.7% - characterized by high personal anxiety. Perhaps, in this sport it is high personal anxiety that contributes to the achievement of high sports results, is an optimizing factor according to the theory of zones of optimal functioning according to J. Khanin.

*Conclusions.*– The functional state of the central nervous system of athletes was not associated with situational anxiety, which gives grounds for a favorable prognosis of the effectiveness of their competitive activities.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0715

### Psychoemotional stress and the functional state of the neuromuscular system

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**Purpose.** Assessment of the influence of the level of psychoemotional stress and the effectiveness of mental self-regulation on the functional state of the neuromuscular system of highly skilled athletes specializing in complex EVordination sports (on the example of diving).

**Methods.**– Study involved 14 high-class athletes (master of sport, international master of sport, honored master of sports) at the age of 15–30 years. To determine the psychophysiological properties of the nervous system of athletes, the diagnostic complex “Diagnost-1” are used. Electroneuromyography was performed on the neurodiagnostic complex “Nicolet Viking Select”. For a differentiated assessment of the level of stress, the emotional state of the respondents and also for assessing the effectiveness of mental self-regulation, a technique to select colors was used.

**Result.**– Correlation analysis showed the existence of interrelations between the effectiveness of mental self-regulation and adaptability, the intensity of existing stress, emotional stability and vegetative balance with electroneuromyographic characteristics speed of conduction of the nerve impulse along the motor fibers of the ulnar nerve and the threshold of the occurrence of the N-response. Revealed interrelations of the measured parameters can testify to the mutual influence of the functional state of the neuromuscular apparatus and the neuropsychic state of the athletes.

**Conclusion.**– Revealed interrelation of the effectiveness of mental self-regulation and adaptability, intensity of existing stress, emotional stability and vegetative balance with electroneuromyographic characteristics of athletes can have prognostic value and be used to optimize the sports development of promising young people.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0716

### **Influence of psychoemotional stress on the efficiency of the sensory-motor activity of high-qualified athletes**

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**Introduction, aims.**– Assessment of the influence of the level of psychoemotional stress and the effectiveness of mental self-regulation on the effectiveness of the sensorimotor activity of highly skilled athletes specializing in complex EVordination sports (on the example of diving).

**Methods.**– Study involved 14 high-class athletes (master of sport, international master of sport, honored master of sports) at the age of 15–30 years. To determine the psychophysiological properties of the nervous system of athletes, the diagnostic complex “Diagnost-1” are used. For a differentiated assessment of the level of stress, the emotional state of the respondents and also for assessing the effectiveness of mental self-regulation, a technique to select colors was used.

**Result.**– Interrelation between the effectiveness of mental self-regulation and adaptability, the intensity of existing stress, emotional stability and vegetative balance with strength and functional mobility of nervous processes, the accuracy of reaction to a moving object and the ratio of the reactions of lead and lag, the efficiency of sensorimotor activity are identified. The specific psychophysiological markers of adaptability can be considered an indicator of the functional mobility of nervous processes, and the specific psychophysiological markers of stress resistance and emotional stability the effectiveness of sensorimotor activity.

**Conclusion.**– Revealed interrelation of the effectiveness of mental self-regulation and adaptability, intensity of existing stress, emotional stability and vegetative balance with typological properties of the higher parts of the central nervous system of athletes can have prognostic value and be used to optimize the sports development of promising young people.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0717

### **Using stress profile measurement in psychiatry**

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The purpose of stress is to increase internal awareness of danger and transform all the body's resources to react. There are a number of ways that people respond to stressful situations in their lives. High emotional arousal could be the cause of subsequent emotional disorders. The emotionally sensitive person reacts more intensively on environmental or internal cues, become hyper aroused a tends to scan environment for threat cues. This keeps emotional arousal high, causing internal discomfort. After environmental threat ceases, the emotionally sensitive person take longer to return to their baseline arousal level.

High emotional arousal can be objectively measured by various psycho physiological modalities as muscular tension, breathing patterns, changes in skin conduction, increased heart rate, changes in heart rate variability and so on. People stress reaction is an individual response in different psycho physiological modalities. Why make a stress assessment in CBT?

Psychiatrist and psychologist used various questioners and scale with lower validity. But subjective feelings are not always correlated with physiology and the only objective measurement can show real picture ANS functioning.

The result of stress profile analyse can be very important for exposure therapy when patients experiences can be validated by real dates. Physical and psychological symptoms also could be caused and maintained by altered physiological functioning.

Date provide us the guideline for specific biofeedback training for decreasing hyper arousal and over reactivity. After decreasing arousal we continue with psychological, mostly cognitive behavioural therapy.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

### **Psychosurgery and stimulation methods (ECT, TMS, VNS, DBS)**

EV0718

#### **ECT seizure threshold decrease with flumazenil infusion**

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**Introduction.**– Electroconvulsive Therapy has been used to treat depression since the 1930s. Nowadays it is widely used, especially in those patients who show lack of response with pharmacotherapeutic treatment. ECT has proven its efficacy in clinical trials. Clinical practice has allowed to progressively adjust the device parameters to achieve an adequate seizure with the least possible energy, minimizing adverse effects.

**Objectives.**– In most patients, the seizure threshold increases over the sessions, regardless of medication that increases seizure threshold such as benzodiazepines. This has as a consequence, the need to deliver higher energy amount, with the corresponding adverse effects. Flumazenil infusion is proposed as an option trying to lower the seizure threshold before the ECT, even if Benzodiazepines have not been prescribed.

**Methods.**– Case report and bibliography review.

**Results.**– ECT was considered the best treatment alternative for a 63-year-old patient with major depression who lacked response to three different pharmacological compounds (from different pharmacological families, including Lithium). Seizure threshold increased progressively, hampering the achievement of therapeutic seizures with the device maximum energy deliverance. With Flumazenil, the seizure threshold decreased, allowing the completion of ECT sessions.

**Conclusions.**– Flumazenil infusion before ECT may be a good option in order to reduce the energy needed. Adequate clinical trials should be performed.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0719

### **Predictive response factors of repetitive transcranial magnetic stimulation in treatment-resistant depression**

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**Introduction.**– Repetitive transcranial magnetic stimulation (rTMS) is a neurostimulation technique used in many indications, especially in psychiatry in the treatment of mood disorders. Although its efficacy in this treatment has been demonstrated, the study of predictive response factors currently remains a major challenge.

**Method.**– We conducted a retrospective study from the cohort of treatment-resistant depressed patients that received rTMS treatment in Esquirol Hospital in Limoges in order to identify response predictors at three months. Of the 416 patients treated between January 2007 and November 2015, 107 subjects have been included. The clinical characteristics of responders and non-responders at three months after treatment, but also at the end of treatment and after one month were compared. Predictors of clinical improvement objectified by the Hamilton Depression Rating Scale (HDRS) was conducted using a logistic regression model.

**Results.**– In our cohort, the response rates were 52% at the end of treatment, 61% at 1 month and 57% at 3 months. Psychiatric family history and the recurrence of thymic episodes were found to be negative predictors of response to rTMS treatment. Similarly, high subscore of depression core symptoms in HDRS could also predict a poorer response.

**Conclusion.**– Our data from a naturalistic cohort tended to prove that a number of clinical features should be taken into account in determining the profile of the treatment-resistant depressed patients that could respond to rTMS treatment.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0720

### **Clinical, psychological and EEG effects of combined treatment of pharmaevresistant depression included rhythmic transcranial magnetic stimulation**

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**Introduction.**– Transcranial magnetic stimulation (TMS) is considered to be the perspective non-invasive and non-medication method of correction of clinical conditions and of brain functional state in depressive patients.

**Objectives.**– Clinical, psychological and EEG effects of combined treatment of pharmaevresistant depression included TMS were studied for better understanding of brain mechanisms of TMS therapeutic effects.

**Methods.**– High frequency rhythmic TMS (25 Hz, intensity of 60-80% of motor threshold to prevent facial muscles jerks, 40 series by 2 s with 14 s intervals, total 1600 pulses, 15 daily sessions) was applied on the left dorsolateral prefrontal cortex in 30 female patients aged 18 до 56 (mean age 36.3 ± 3.9) with pharmaevresistant depression.  
**Results.**– Even brief course of low intensity high frequency rhythmic TMS significantly facilitated and accelerated effects of antidepressants– up to 80% of previously resistant patients became responders. Positive effects of TMS included reduction of depressive and anxiety symptoms (by HDRS scores), and improvement of general patient's conditions (by SCL-90-R inventory) and of some impaired cognitive functions (by WCST test), and normalization of frequency structure of occipital EEG alpha. Some of these effects were seen after the first TMS session.

**Conclusions.**– TMS appeared to be useful method of overcoming the pharmaevresistance in depressive patients. TMS therapeutic effects seem to be mediated by activation of not only the left dorsolateral prefrontal cortex itself but also of some subcortical brain structures closely linked with it.

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EV0721

### **Atropine versus hyoscine premedication for electroconvulsive therapy in major depression**

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**Introduction.**– Electroconvulsive therapy (ECT) is a highly successful treatment for severe depression. ECT needs general anesthesia. Choosing a suitable anesthetic agents during ECT is effective on the quality and outcome of patient treatment.

**Objectives.**– This study was performed to compare haemodynamic status after Atropine and Hyoscine Premedication for electroconvulsive therapy in major depression patients.

**Methods.**– This study was a single blind Clinical Trial study. 102 patients for ECT, from an academic hospital with major depression were randomly selected and divided into three groups. Group-I received atropine, group-II received Hyoscine and group-III received no premedication. prior to, immediately, 5 minutes, 10 minutes, and 15 minutes after ECT heart rate and blood pressure were measured. Data were analysed using SPSS software, version 20.

**Results.**– The results showed that systolic blood pressure, heart rate and Rate Pressure Product of patient during injection, 5 minutes and 10 minutes after ECT in the group receiving atropine was significantly higher than the other two groups M.

**Conclusions.**– Based on the findings of present study using hyoscine as Premedication make more hemodynamic stability after ECT compared with atropine.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0722

### **The effects of sleep on the intensity of skin reactions induced by transcranial electrical stimulation**

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**Introduction.**– Transcranial electrical stimulation is a promising neuromodulation method that has, for example, been used to treat depression. Controlling potential adverse effects (AEs) is necessary for clinical practice. Unlike many potential aspects potentially modulating AEs, sleep duration can be controlled.

**Objectives.**– To evaluate the effect of sleep duration on skin redness and skin sensations induced by transcranial direct current stimulation (tDCS) and transcranial random noise stimulation (tRNS) in a double-blind setting.

**Methods.**– A sample of healthy male volunteers received two 20-minute sessions of either tDCS ( $n = 41$ ; 2 mA) or sham-tDCS ( $n = 41$ ; 15s ramp-up and -down). Another sample of 60 (32 female, 28 male) volunteers received 2 sessions of tRNS and sham-tRNS in a cross-over design (20 min, 2 mA). In both studies the anode was placed over F3 and the cathode over F4. The participants reported the duration of previous night's sleep and immediate adverse effects (scale 0-100). Analyses were conducted using Zero-Inflated Poisson models, controlling for age, sex and stimulation group.

**Results.**– In the first study (tDCS), longer sleep duration predicted less intense skin sensations ( $P < 0.05$ , 0.10 to 0.14 point drop per an hour slept). In the second study (tRNS), longer sleep predicted more intense skin sensations ( $P < 0.05$ , 0.11 to 0.20 point increase per an hour slept). Skin redness was not affected.

**Conclusions.**– Sleep duration might affect skin resistance and impedance, which in turn affect dermal effects of tDCS and tRNS, respectively. However, as effects appear minimal, recommending patients to get a good night's sleep before treatment sessions may be unnecessary.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## **Psychotherapy**

EV0723

### **Cognitive behavior therapy for psychological disorders: Better thinking to better well-being**

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"It's not the power of positive thinking, 'Beck say'. It's the power of realistic thinking. People find that when they think more realistically, they usually feel better."

Almost everyone has dark thoughts when his or her mood is bad. With depression & anxiety, though, the thoughts can be extremely negative. They can also take over and distort your view of reality. Cognitive therapy can be an effective way to defuse those thoughts. When used for psychological disorders, cognitive therapy provides a mental tool kit that can be used to challenge negative thoughts. Over the long term, cognitive therapy can change the way a depressed person sees the world.

During regular cognitive therapy sessions, a trained therapist teaches the tools of cognitive therapy. Then between sessions, the patient often does homework. That homework helps the person learn how to apply the tools to solve specific life problems.

"They make small changes in their thinking and behaviour every day," Beck says. "Then over time, these small changes lead to lasting improvement in mood and outlook."

Several studies have shown that cognitive therapy works at least as well as antidepressants in helping people with mild to moderate severity psychological disorders. Treatment with medication and/or psychotherapy can shorten depression's course and can help reduce symptoms such as fatigue and poor self-esteem that accompany those disorders.

**Learning objectives.**–

- identify basic cognitive & behavioural theory of depression;
- formulate a depression case based on the CBT Model;
- design a therapeutic program for a case of depression.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0724

### **"There is a little voice inside my head": "Invisible" attachment trauma and suicide in children and healing strategies: A case study**

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This case concerns a 6-year old girl with suicidal ideation. In this particular case, I considered the suicidal thoughts to be a symptom of "invisible" attachment trauma.

Although suicide is recognized as a global public health problem, little is known about suicide in young children.

There is recent research exploring the association between attachment security and suicidality in children.

It is the quality of parenting that influence the attachment security and when this quality does not meet some specific requirements like e.g. psychobiological regulation, mentalization etc., "invisible" attachment trauma develops.

Consequences of this "invisible" attachment trauma such as no affect regulation skills, anxiety etc., can lead to suicidal behaviour

that therefore can be seen as a kind of insecure attachment behaviour.

Some data suggest that the parent-child relationship determines the development of internal working models about self and others. When there is an underlying threat of abandonment due to the unavailability of the caregiver and the child's ambivalence towards the parent, the child becomes trapped between autonomy and enmeshment, leading to suicidal disintegration.

The psychobiological effect of "invisible" trauma has the potential to illuminate the pathway to future suicide.

These findings support the efforts to develop attachment-based interventions such as "Watch, Wait, Wonder", attachment-based play, improving the child's and the parent's self-regulating skills, resource building, developing a sense of self etc., as a novel route towards suicide prevention.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0725

### **Psychotherapeutic interventions for ADHD in people with intellectual disabilities**

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*Introduction.*– ADHD is a neurodevelopmental disorder can be which is typically diagnosed in child- and adolescent psychiatry and which can be often combined with behavioural problems. Also in people with intellectual disabilities (ID) challenging behaviour can also often be found with some comorbidity of ADHD. State of the art in treatment is a combination of pharmacological and psychotherapeutic strategies.

*Objectives.*– The study wants to give a comprehensive overview about the so far existing psychoptherapeutic strategies in ADHD in people with IDD.

*Methods.*– The database "Pub Med" was screened for psychotherapeutic strategies in ADHD by the keywords: "Psychotherapy" and "ADHD" (search history 1) and the combination "search history 1" and "intellectual" and "disability" or "disabilities".

*Results.*– The output of "search history 1" was much higher than the output of psychotherapy in ADHD for people with ID.

*Discussion.*– Although the psychotherapeutic strategies in ADHD seem to be elaborated with manuals, the group of people with ID is still neglected. There are some interesting programs for the treatment of impulsiveness and ID, which represents the beginning of treatment possibilities also for ADHD symptoms in people with ID.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0726

### **Comparative analysis of the preferred coping strategies and defense psychological mechanisms in prostate cancer patients compared with patients in other cancers**

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*Introduction.*– Detection and diagnosis of prostate cancer for many patients is stressful. In order to cope with stress men prefer protective mechanisms. In Russia the prostate cancer takes the 6th place on prevalence and mortality among other forms of cancer at men.

*Objectives.*– The study included 56 men with prostate cancer, control group - 25 people of patients with other types of oncological diseases (intestines cancer, cancer of urinary bladder). The average age of patients was 35,7 + 6,1 years. The average duration of prostate cancer was 4,6 + 4,2 years.

*Methods.*– To find out indicators of such characteristics as levels of situational, personal anxiety, coping-strategy and expressiveness of psychological protective mechanisms techniques "Scale of uneasiness of Spilberger", by "Coping-test of Lazarus" and "Life style Index" were used. Statistical analysis of data was carried out by means of SPSS Statistics 17.0 package.

*Results.*– Correlation indicators between level situational and personal uneasiness with degree expressiveness of protection "suppression" ( $r = -0,9876$ ;  $r = -0,72901$  at  $P > 0,05$ ) show that it has high performance and holds leading position, in relation to other protection. Patients use such strategy as "search of social support" less often ( $M = 44,9$ ), however it correlates with decrease by personal uneasiness ( $r = -0,51254$ , at  $P > 0,05$ ).

*Conclusions.*– In the group of the patients with prostate cancer, high level of personal and situational anxiety was revealed. For its suppression they use preferential such protective mechanisms as "Suppression" and "Denial", unlike control group.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0727

### **Obesity and psychotherapy**

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*Introduction.*– The treatment of obesity is complex since it involves the interaction of biological and psychological factors. About two-thirds of the obese present comorbidities like the depressive and anxiety disorder; and there is often a recurrence of weight loss after weight loss diets.

*Objective.*– We present a systematic review of the literature in Portuguese concerning the treatment of obesity through psychotherapy.

*Methodology.*– This is a bibliographic review of articles published in the period 2007-2017, in which the literature indexed in the databases, scielo, pub med, science direct and google academic was searched using the following descriptors: "obesity" "Cognitive therapy", "cognitive-behavioural therapy", "and" "psychotherapy". Of the 189 articles found, 44 were used. The inclusion criteria were studies published in the last 10 years, those of greater relevance according to the theme chosen, as well as those of greater relevance today - which investigated the cognitive-behavioural psychotherapy used alone or in together with other interventions.

*Results.*– A brief introduction was made on the subject of obesity, related medical, social and psychological aspects, and then the main results of the published studies on the treatment of obesity through CBT were analysed and described.

*Conclusion.*– There is empirical evidence of the efficacy and effectiveness of psychotherapy in the treatment of obese patients, demonstrated both by the loss of anthropometric measures and by adjustments of psychological and emotional factors. In this way, obesity is a pathology that requires, in addition to the neurological

approach, psychiatric treatment through behavioural and cognitive techniques.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0728

### Formulating clinical cases, an alternative

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*Introduction.*– The formulation is a process by which the information gathered during the evaluation phase is organized into a series of hypotheses about which it is possible to understand the patient's complaint as a set of problem (s) whose solution would entail the achievement of a series of objectives, and propose a treatment strategy, predicting the modality, intensity and duration of the same and the problems that we will most likely encounter during its development.

*Methods.*– We will present a 29-year-old patient, who was in contact with Mental Health, for the first time, presenting manic symptoms. He has had obsessive thoughts of compulsions since 15 years and that over a period of time he consumed alcohol with legal repercussions. As we learned more about his biography, we saw the importance of the parents: an overprotective maternal figure and a very rigid father and problematic family dynamics

*Results:*

– Borders too rigid between father and son that impede the exchange and could have generated a disconnected system and emotional disconnection and borders too permeable between mother and son that would hinder differentiation and autonomy and would generate clumping or entanglement.

– An Inadequate hierarchy, with a weak parental subsystem and an intergenerational mother-child coalition.

*Conclusions.*– Areas of development may be affected by the trauma of attachment, according to Ainsworth ambivalent child (type C attachment).

It's very useful to formulate cases in which we find it difficult to progress or in which we see certain difficulties, because you can think of new hypotheses of what happens to the patient.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0729

### Alcohol and family roles

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*Introduction.*– The model of diagnosis and intervention in the Therapy of Couple, has as answer to two questions: what is happening to them and how we can help them.

The therapist has to maintain a position of neutrality and attention to the phenomena of complementarity and symmetry.

Types of conflicts:

- Disorders around the organization of coexistence;
- Differences in communication and conflict resolution;
- Basic disagreements regarding the definition of the relationship.

*Methods.*– A 48-year-old male, who lives with his wife and two children. Problems of dependence on alcohol since 18 years with legal consequences. Since 2011 in different programs of deshabitación, with little fulfillment. He works as a carrier. He says his only role in the family is to take the money home. We decided to introduce a novelty in the Therapy, to his wife, obtaining abstinence of two years.

*Process:* Demand; Personal data of each spouse; Family information of origin (parenting models and relational experiences); Love story; Return and contract.

*Results.*– We highlight the importance of biography, family myths and how the inequality of positions around power in dual relationships favors violence and/or psychopathology, as can be a problem of addiction.

*Conclusions.*– Dyadic interventions are feasible and joint therapies significantly reduce patients' depressive symptoms.

Alcohol is a dysfunctional way of modifying a rigid complementary relationship in which one member is always in the up position and the other in the down position.

The inequality of positions around power in complementary relationships favors violence and/or psychopathology, as it can be a problem of addiction

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0730

### On the (re)search for the conjugal model: Clinical case study

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The EVconstruction of conjugality influences the established interactions in the family as a whole, becoming the relational model in the expression of effectiveness and conflict management.

*Objectives.*– Clinical case report, in which the members of the couple perceive themselves as having marital problems, assuming these are due to conflicts with the family of origin.

*Methods.*– Exploratory-descriptive study, using the case study as an empirical approach of constructivist onto-epistemological matrix, centered on creativity and EEvolution. We used the technique of analysis of context of action, which emerged from the interactional reciprocity of the therapeutic system, sustained in the Appreciative Inquiry.

The case described refers to Couple Therapy, with ten sessions, 2016. The members of the couple were present in all sessions

*Results.*– The family consists of the couple, male T and female B, and their son E. T and B have been married since 2008. About their marital relationship they state that it has been deteriorating because of the focus on the inherent functions as parents, and also because of

the conflicts that have arisen between B and T's parents since E's birth in 2015.

As far as the extended family is concerned, both elements of the couple come from nuclear families, with T being an only child and B having 2 siblings.

*Conclusions.*– We developed strategies which integrated the different theoretical and operational frameworks. The transformative change enabled the couple to take control of their relationship and allowed for the differentiation from the extended family, thus enabling them to decide the itinerary of their further development.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0731

### **Successful psychoanalytic treatment in a young woman with panic disorder and specific phobia**

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*Introduction.*– The psychoanalytic approach is a valuable tool to be integrated in the treatment of mental disorder, and may improve self-awareness and quality of life.

We present the case of a young woman suffering from a range of symptoms, and for which all organic pathologies were excluded.

The separation of her parents took on traumatic overtures with the nth betrayal on the part of her father who remarried and abandoned her.

Tachycardia, precordial catch syndrome and paroxysmal dyspnoea provoked anxiety, concern for her health, difficulties in interpersonal relationships, so much so that she broke up with her future partner who was attracted by her fragility.

*Objectives.*– To prospectively evaluate the case of a young woman with panic disorder and specific phobia (flying) and to observe her clinical evolutions over time.

*Methods.*– The psychoanalytic approach was performed to improve patient's clinical features, also without psycho-pharmacological drugs.

*Results.*– The father complex, established early on as negative due to abandonment and the neglect she lived through, opened an instinctive escape dimension, which triggered symptoms of anxiousness and panic attacks, with a specific phobia. Analytic therapy accompanied by personal information, dreams, images and fantasies aided recognition of her own nature and showed the patient the direction of her change. She reunited with her father, achieved professional autonomy and found her true love.

*Conclusions.*– The patient has overcome her fears, re-finding depth of relationships far from any material source, concentrating on her personal development in the course of individualization, opening to the hope of coming to terms with reconciliation of opposites.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0732

### **Self reflection and personal therapy during cognitive behavioral training**

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Self-reflection in cognitive behavioural therapy is a continuous process, which is essential for the establishment of a therapeutic relationship, the professional growth of the therapist, and the ongoing development of therapeutic skills. Recognizing one's own emotions is a basic skill from which other skills necessary for both therapy and emotional self-control stem. Therapists who are skilled in understanding their inner emotions during their encounters with clients are better at making decisions, distinguishing their needs from their clients' needs, understanding transference and counter transference, and considering an optimal response at any time during a session. Self-reflection may be practiced by the therapists themselves using traditional cognitive behavioural therapy techniques, or it may be learned in the course of supervision. Recordings the therapeutic sessions and dialogue with the supervisor may be important for self-reflection. Very important part of self-reflection is personal therapy of the therapist.

Experiential training and personal therapy have rich traditions in various therapies as strategies to enhance self-awareness and therapist skills. We organized weekends for group CBT for trainees with problem solving of their own problems. Mostly the group works on interpersonal relations with partners or parents or interpersonal relations in job. Other important topic, which attendant chose were improving or of self-confidence and improving of assertivity, schema therapy with stressful live events and work with values. Structured approach to self-practice of CT techniques on their own problem seem very effective not only for solving the problems, but also for better understanding what happened with the clients during therapy.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0733

### **Dynamic restructuring of the narrative identity: The methodology of a group therapy for patients with schizophrenia**

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*Introduction.*– In a cross-faculty interdisciplinary research we have developed the methodology of a group therapy on the realization that storytelling is a tool for grasping complex psychological processes, and that the production of a coherent, detailed life story is connected to numerous skills that are related to the problems patients with schizophrenia have to face.

*Objectives.*– Developing the narrative identity and narrative intelligence of people with schizophrenia through a dynamic restructuring of their life stories.

*Methods.*– Our method is based on the integration of the theories of narrative psychology, psychiatry, and cognitive and affective narratology. We ask the participants to write short life stories, which they have to gradually rewrite during the therapy. In this practice,

we focus on the selection and integration of self-defining memories into the life story. However, during the sessions we also focus on several aspects of the dialogical self-theory, and the formation of the narrative identity in oral storytelling, which entails a performative, situated practice of identity construction. Our goal is not simply to recreate the patients' life stories, but to make the process of reevaluating and rewriting of their memories a habit, to help them keep developing their life stories, which are often regarded as being reduced and rigid for people with schizophrenia.

**Conclusions.**– This method holds a new approach to the experience of the self, which perhaps contributes to the process of recovery. Our work also allows us to gain a deeper understanding of life stories in general and the self-defining and also “lighter” memories in particular.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0734

### **In transition: A combined (in- and out-patient) psychotherapeutic group for the elderly**

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Individual members work in the group from three to twelve months, the interval spanning hospitalisation and return to home environment, but because of group continuity a therapeutic culture develops transcending this specific interval. Group size is variable (from five to fifteen). The main inclusion criteria are: (i) depressive/anxiety symptoms; (ii) no acute psychotic symptoms; (iii) no robust cognitive decline; (iv) a declared motivation for group work. Members meet once weekly for 75 minutes, the method being a modified group-analytic technique (unstructured conversation, supporting mirroring and other interpersonal processes.) with elements of psychoeducation and cognitive techniques (clarification, cognitive restructuring).

The group is conducted by a constant therapist—a psychologist employed at the GU with group-analytic training—and a temporary EVtherapist with experience in group psychotherapy that can ensure a longer participation in the process (i.e. a minimum of three months).

The therapeutic goals of the combined group for the elderly are: (i) alleviation and understanding of symptoms; (ii) understanding of the principles of the disorder and the treatment; (iii) easing the transitions between the hospital and home environment and vice versa; (iv) neutralization of the feelings of loneliness stemming from the disorder and the specific life-stage (losses in old age); (v) instillation of hope and the perspective of a good enough life; (vi) promoting the working through and integration of the experience of decompensation; (vii) the corrective experience of working through the losses in the group (members leaving); (viii) working through of (psychological) losses and promoting insight in the consequences of them.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0735

### **Using the observation of art work to facilitate therapeutic change with patients coping with schizophrenia**

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This poster discusses a therapeutic process carried out with patients coping with schizophrenia, which are highly suspicious of their therapists and having difficulty in forming relationships. Those circumstances led to combine seemingly a new method of creative therapeutic process utilizing the observation of artwork - a visual metaphoric instrument. The use of observing artworks, while relating to contents that arise from the artwork, had led to dissipation of fear and suspicion and gradual familiarity in the relationship, alternating between proximity and distance.

The analysis of the cases points to the potential of using the observation of art-work in certain therapeutic cases, both for the process of forming a relationship and in nurturing a process of change that includes a deep emotional dialogue. The resulting dialogue is indirect and gradual, reduces anxiety, facilitates growth and provides support for the rehabilitation process within the community.

Examples of therapeutic cases, in which this therapeutic process was used, will be presented in the poster

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0736

### **Mindfulness-based cognitive therapy (MBCT) in bipolar disorder: A first tunisian experience**

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**Introduction.**– Mindfulness based cognitive therapy (MBCT) has been mostly evaluated with remitted unipolar depressed patients and little is known about this treatment in bipolar disorder.

The present study shows the feasibility of MBCT in groups solely composed of bipolar patients of various subtypes.

**Methods.**– Bipolar outpatients (type I, II) were included and evaluated for depressive, anxious and hypomanic symptoms, as well as mindfulness skills before and after the 8 sessions of the MBCT protocol, with a follow up of 10 months.

**Results.**– Ten patients were included, of whom eight attended all 8 MBCT sessions. Most participants reported having very much benefited from the program: they were less anxious, more confident and more conscious with the present moment, although mindfulness practice decreased over time.

There was a significant improvement in depressive and anxiety symptoms as well as mindfulness skills between pre- and post-MBCT assessments. Results were maintained over the 10 months follow up period. One patient experienced a manic episode and another a major depressive episode. However, these two patients stopped their medication on their own initiative.

**Conclusions.**– MBCT is well perceived among bipolar patients. Larger and randomized controlled studies are required to further evaluate its efficacy, in particular regarding depressive and (hypo) manic relapse prevention. We need a unified protocol for bipolar patients.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## Quality management

EV0737

### Quality of services and reflections on staff: Two different community mental health centres in Italy compared

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**Introduction.**– The WHO has repeatedly stressed the need of assessing the quality of the community mental health services. Despite of this, most of the times the everyday work leads to difficulties in taking care of the services users, operators (with burnout phenomena) and the service itself, especially in a local and global crisis frame.

**Objectives.**– This study aims to better understand how the shrinking employees' numbers has been having an impact on the quality of care and on the operators in two different environments, belonging to different regional health systems in Italy.

**Methods.**– Data analysis from the pSM<sup>®</sup> software, used by both the services, and the submission of the Maslach Burnout Inventory to the staff of two different Community Mental Health Centres.

**Results.**– The results will be discussed about the correlation between higher level of exhaustion, cynism and inefficacy, and objective parameters like workload, staffing, organization parameters.

**Conclusions.**– Burnout is a true problem within our services. Re-thinking their organization, taking the best from each experience, could have an impact on the staff and, as a result, on the users and the quality itself.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0738

### Dual diagnosis: The systemic view in the integrated coordination work between the addiction department and the mental health department in Trieste

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**Introduction.**– The systemic theory is not only a clinic methodology for family psychotherapy. It can be considered, in a broader sense, as a lens through whom all the relationships' phenomena between people can be read. So, why don't take advantage of this view to exanimate a team work context, particularly the one that takes care of dual diagnoses, a mined and hard to be comprehended land, especially when not part of the same department as in Trieste?  
**Objectives.**– Analysis of the integrate team functioning between the addiction and the mental health department, for user with dual diagnosis.

**Methods.**– A.C.O. test for the evaluation of the emotional climate and of the organization structure of the work group that took care of a user with dual diagnosis in the 4<sup>th</sup> district of Trieste, Italy.

**Results.**– Analysing the work group in terms of cohesion and adaptability, a low level of cohesion was found, resulting in an interdependent cleaved team, with a high level of adaptability, that means a flexible team.

**Conclusions.**– This type of studies can be useful to feedback the professionals about their strong points, in this case the great adaptability, and their weak ones, in order to better them, in this case the scarce cohesion.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0739

### Reduce default rates of patients attending appointments after emergency room visit

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**Background.**– Of patients who were seen in the Emergency Room and given subsequent appointments, there is a high non-attendance rate. This contributes to longer wait times for other patients till their appointments and also wasted time for the clinician. From an institutional point of view, while there are many non-modifiable including patient factors contributing to this, we also consider that institutional factors that could have a part to play. Here, we will describe an audit of the situation, steps taken to reduce this default rate and the results.

**Aim.**– To reduce non-attendance of appointments given to patients from the emergency room.

**Methodology.**– We will examine overall default rates as well as diagnosis-specific default rates for all patients who presented to the Emergency Room. We hypothesize that patients with a diagnosis of Acute Situational/Stress Reaction who were not admitted had a higher default rate compared to the average. These patients would have been referred to a Case Manager, who would follow up with telephonic support. We will examine possible solutions to reduce these default rates.

**Results.**– Results will be presented at the time of conference.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0740

### Audit into the did not attend (DNA) rates for appointments within the nottinghamshire perinatal psychiatry service offered with medics and perinatal psychiatric nurses (PCPNs)

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**Introduction.**– The Nottinghamshire Perinatal service offers psychiatric appointments to women during pregnancy and up to one year after birth. Psychiatric patients who miss appointments have a higher chance of deterioration in their mental state. Therefore, reducing DNA rates should be priority.

**Objectives.**– Measure the DNA rate for new patient assessments. Establish whether the DNA rate differs for medic and PCPN appointments.

Establish whether the DNA rate differs for appointments offered at the patient's home and in clinic.

**Methods.**– New referrals between 01/05/17 and 31/07/17 were recorded. The wait time for an appointment was calculated. The appointments were looked at retrospectively to ascertain whether the patient attended, cancelled or DNA. Microsoft excel was then used to look for patterns within the data.

**Results.**– Over the 3 month period 206 appointments were offered. 40 DNA (19.4%).

154/206 was PCPN appointments. 31 (20.1%) DNA.

52/206 was medic appointments. 9 (17.3%) DNA.

171/206 was clinic appointments. 38 (22.2%) DNA.

32/206 was home visits. 2 (6.25%) DNA.

The average DNA wait time was 21.83 days and the average attended appointment wait time was 21.42 days.

**Conclusions.**– DNA rates were comparable to the 19.1% DNA rate for psychiatric outpatients in England.

DNA rate between medic and PCPN appointments did not differ (19.4% and 20.1% respectively).

The DNA rate in clinic was higher than for appointments offered at home.

The DNA rate did not correlate with the wait time.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0741

### **Coercive measures in inpatient psychiatry: Which data do we need? Insights into a quality management project of a psychiatric department of a German hospital**

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**Introduction.**– Although avoiding coercive measures is highly important for quality assurance in psychiatry, there is a lack of systematic data collection and comparable studies on this issue worldwide.

**Objectives.**– Our objective was to establish a standardised method to assess data for the quality indicators “Use of restraint” and “Involuntary commitment”. The method of seclusion is not practiced in our department.

**Methods.**– We first developed a concept for a standardised, treatment case-related, computer-based and data protection proved data recording method for the quality indicator “Use of restraint”. General (socio-demographic patient data, main diagnosis, LOS) and specific assessment criteria (duration, legal legitimation, causes and type of restraint) were defined in accordance with legal regulations. This concept of data collection was implemented in the hospital information system.

Table 1. Findings I (Analysis of the 1<sup>st</sup> half of 2017)

Table 1. Differences between two groups of adolescents (Mann-Whitney U-test)

Objects	My body	My mental well-being	Health	Risky behaviors	Family	Sport	Medicine	Nutrition	Hygiene
U	457	301	451	450	557	417	561	675	629
p	.001	.001	.001	.001	.02	.001	.022	.231	.101
r	.392	.570	.391	.400	.282	.440	.274	.131	.183

**Results.**– As tables 1 and 2 illustrate, the new method to record and analyse data allows a clinic-related and unit-related evaluation in terms of the criteria frequency, duration, legal legitimation, causes and type of restraint. Results must be discussed in compliance with the legal restrictions on the use of forced medication.

Table 2. Findings II (Analysis of the 1<sup>st</sup> half of 2017)

Table 1. Clinical and sociodemographic characteristics

Variables	Results
Age (average)	36,23 years
Sex	
Men	18 (69.2%)
Women	8 (30.8%)
Years since diagnosis (average)	6,9 years
Monthly dose (average)	376,92 mg
Oral concomitant treatment	
Antipsychotics	10 (38.5%)
With other psychoactive drugs	15 (57.7%)

**Conclusions.**– The new data ascertainment method enables both longitudinal measurement with regard to clinically relevant quality criteria and issue-related research.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## **Rehabilitation and psychoeducation**

EV0742

### **Psychological support strategies in disaster situation in Iranian vulnerable groups**

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**Introduction.**– Disasters affect personal needs in the involved area. Nevertheless after disaster, neglecting to vulnerable groups happen frequently and maybe some critical needs didn't provide in enough rang. One of these main needs is psychological support and rehabilitation after disaster. Concept of mental supporting is affected by common culture of society.

**Objective.**– The main object of this study is identification of psychological support and rehabilitation strategies for vulnerable groups after disaster in Iran.

**Method.**– This qualitative research has been conducted in Iran in 2014. We selected 15 psychological supports and rehabilitation after disaster expert persons by purposive sampling. We have done several non-structural interviews for data gathering and then analysed by content analysis method.

**Results.**– Data analysis obtained six main categories, which included 1. Screening of symptoms of vulnerable groups for mental disorders and assessment of their needs, 2. Establishment of native psychosocial support teams in the affected area, 3. Providing psychosocial interventions to prevent of psychosocial problems, 4. Restoration of lost family members in the disaster, 5. Holding mourning ceremonies in accordance with common customs, 6. Providing tools, resuming daily activities, and rebuilding damaged areas based on current trends.

**Conclusions.**– Despite the importance of mental health and the presence of appropriate numbers of specialists in the field of psychosocial support, there is no proper perspective in this area in Iran. Researchers have suggested, continues education courses for experts, such as social workers and psychologists, to be holding in order to reduce the intangible complications of emergencies and disasters in throughout the country with different cultures.

**Keywords:** Disasters; Psycho-social support; Vulnerable group

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0743

### **Walking therapy in chronic psychotic patients**

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**Introduction.**– Individuals with chronic psychiatric illnesses often suffered from poor general health and higher mortality level. This is the result of several intertwined factors, among which unhealthy lifestyle habits and metabolic side effects of medications play a significant role. Low levels of physical activity are consistently found in patients with chronic psychiatric diseases. Regular physical activity exerts a positive impact on both physical and mental health of patients. Nonetheless, a significant improvement in physical activity is rarely achieved due to lack of motivation or physical constrains.

**Objectives.**– To evaluate the impact of walking therapy on the physical and mental health of chronic psychotic patients

**Methods.**– we conducted an open label trial in which walking therapy was compared to a waitlist group. Each subjects participated in three one-hour weekly sessions of walking group for at least 16 weeks. Each individual was evaluated at baseline, at 8-week and 16-week follow-up. Physical parameters (resistance, flexibility, strength), metabolic indexes (BMI, waist circumference, blood

parameters) as well as mental health outcomes (negative symptoms, quality of life, happiness) were measured.

**Results.**– Preliminary data showed promising changes in physical resistance and metabolic parameters. An improvement in mental health was also observed.

**Conclusions.**– physical activity should be recommended and promoted in patients with chronic mental illnesses

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0744

### **Rehabilitational psychosocial opportunities and instruments of modern psychiatry and psychosomatic medicine**

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The situation in modern medicine seems paradoxical. The biopsychosocial approach to diagnostics and treatment is generally accepted in medical science, and psychosocial doctor-patient relations are systematically being cogitated in psychotherapy. Still, even psychosomatic medicine and psychiatry that have close ties to psychotherapy continue to apply object-oriented approach to a patient. A doctor considers a patient as a psychophysical object, thus a patient remains a passive object of manipulations. The described situation is typical for modern medicine known for its specialization and technologization.

In this context, an important aim arises: to research systematically psychological doctor-patient relations and to examine diagnostic and medical resources of these relations. Such kind of research provides us with new psychosocial resources that should be included in medical technologies as new instruments and serve therapeutic ends.

The approach to the rehabilitation should be changed: a doctor should rely on patient's inner resources – physiological as well as psychosocial. Patient's passivity is to be transformed into conscious activity, so a patient could understand not only how he/she can help himself/herself in current circumstances, but also how he/she can live and develop while suffering from a disease. To this end, a doctor should see in patient not only negative and unhealthy features, but also positive ones and rehabilitational potential. The task of a doctor is to activate within a patient this potential with the help of instruments developed by clinical psychology, consequently in time the "external" medical help could transform into the self-help of a patient.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0745

### **The contribution of physical activity to the self-esteem and motivation of the elderly with Alzheimer's disease or moderate to severe stage disease**

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**Introduction.**– To date, there are various non-pharmacological strategies to address challenges caused by Alzheimer's disease (AD). For example, in recent years, more and more studies have

shown the benefits of adapted physical activity (APA) on cognitive functions and quality of life in elderly people without cognitive impairments but as well in patients with AD.

**Objectives.**– Firstly, to measure the impact of APA sessions on self-esteem, motivation and apathy in patients with moderate or major Alzheimer's disease or related neurocognitive disorders. Secondly, to measure in a quantitative manner the impact of performing greater physical activity on activities of daily living in patients benefiting from these sessions and thirdly, to evaluate the satisfaction of patients performing these exercises.

**Methods.**– During the experimental phase, the participants will perform 12 sessions of APA, which will be carried out by a qualified sports educator. These sessions will be organized in the following manner: 15 minutes of warm-up, 30 minutes of coordination and muscle building and 15 minutes of relaxation. Participants will conduct a baseline assessment before starting the program, a second assessment right after completion and a last assessment visit after a 4-weeks break to observe possible long-term benefits at home.

**Results.**– The study is ongoing and preliminary results will be presented at the conference.

**Conclusions.**– The interest of this study lies in validating the effectiveness of such non pharmacological intervention programs and to promote its application in other clinical settings.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0746

### Parents of a child hospitalized in a psychiatric clinic: What they want and what they are willing to do

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**Objectives.**– To analyse needs of parents during hospitalization of the child in psychiatric clinic; to estimate degree of parent's readiness for cooperation with doctors and psychologists;

**Methods.**– 289 parents have participated in a research. With each of them the interview on the basis of the developed questionnaire was conducted.

**Results.**– The most important for the parents was the need for a diagnostic examination of the child (M = 3,582). The greatest willingness to cooperate parents presented in discussing a treatment plan (M = 3,707).

Statistical significant differences in groups:

– By gender of the parent: there is no difference in the understanding of the needs of the family for mothers and fathers; there are also no differences in the degree of willingness to participate in the child's treatment process;

– By the child's sex: for the parents of boys the need to increase the obedience of the child and the need to punish the child is more pronounced. Also, families of boys have fewer resources (interaction in pairs and in the family);

– By the child's age: for the parents of older children needs in child's safety (U = 41) and the reduction of stress in the family (U = 14) are higher. Also we found that the younger the child, the more parents

are ready to participate in the work of doctors and psychologists (U = 33).

**Conclusions.**– Described needs and willingness of the family to participate in the child's treatment put before specialists in child psychiatry the task of developing new standards of assistance programs

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0747

### Neuropsychological rehabilitation of patients with alcohol and drug dependence

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Currently in the National Medical Research Centre for Psychiatry and Narcology n.a. V. Serbsky Russian Federation Ministry of Health a dynamic development of medical science is taking place, including the introduction of new methods of diagnosis, treatment and rehabilitation in practice. However neuropsychological rehabilitation has not been introduced into the systemic practice of treatment for patients with alcohol and drug dependence.

Mechanisms of early detection of narcological disorders, comprehensive socio-psychological rehabilitation and resocialization, increased compliance and adherence to treatment, adaptive capabilities and quality of life improvement require development of new methods of rehabilitation for alcoholics and drug addicts.

**Purpose.**– Studying principles of restoring disturbed higher mental functions among patients with alcohol and drug dependence; developing conceptual model of neuropsychological rehabilitation for patients with alcohol and drug dependence based on the principle of restoring higher mental functions and the formation of the motivational and semantic sphere as internal regulators of mental activity.

**Results.**– Experimental study using methods of neuropsychological rehabilitation was conducted in 72 patients with alcohol and drug dependence. These rehabilitation measures allow achieving stable improvements of morpho-functional interaction between the cerebral cortex, subcortical formations and interhemispheric interaction in patients with alcohol and drug dependence.

**Conclusion.**– Using methods of neuropsychological diagnosis and neuropsychological rehabilitation allows to increase duration of remission and restore cognitive and motivational component of personality among patients with alcohol and drug dependence syndrome.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0748

### General characteristics and burden of family caregivers of dementia patients and differences between sexes

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**Background.**– In Greece there are currently 200,000 people and dementia seriously affects the family environment.

**Objectives.**– The purpose of the study was to record the characteristics of family caregivers of dementia patients and to investigate possible differences in the levels of burden between male and female caregivers.

**Methods.**– The sample of the survey was 376 individuals and derived from a snowball sample from the entire region of Western Greece. Participants were eligible if diagnosis of dementia was present and if the patient and his caregiver consented to participate. The Zarit Interview was used to measure the burden.

**Results.**– 12.7% of the caregivers were men and 87.3% were women. The X<sup>2</sup> test showed a significant statistical difference between male and female caregivers (X<sup>2</sup> = 16.968, P < 0.001), as women face a heavy burden in a percentage of 43.2%, while men in a percentage of 23.8%. The average total burden was 55.95 (±12.54), for men 54.26 (±11.39) and for women 56.43 (±12.83). Non-parametric control U Mann-Whitney showed a significant statistical difference between male and female caregivers in both the overall burden (P < 0,05) and the individual dimensions (personal tension, relapse, and care management) in addition to the role-play dimension.

**Conclusions.**– The results confirmed a multitude of studies that found that women generally take on the role of family caregiver in most cases of chronic patients. The duty of community services is to "relieve" family caregivers and to promote discharging programs especially for female caregivers who are more exposed to the dangers of the burden.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0749

### Method of kinesiotherapy in medical and conductive rehabilitation of patient with motor and cognitive deficits

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**Introduction.**– The nervous system disorders and mental impairments still remain to be among the main causes of children and adults incapacity. In the rehabilitation context, there has to be an integrated, pathogenetically valid comprehensive rehab method developed for such patients.

**Objective.**– To study the effectiveness of original methodology of rehabilitation through physical means in infantile cerebral paralysis.

**Methods.**– Method of kinesiotherapy in medical and conductive rehabilitation was tested on 15 patients with infantile cerebral paralysis (4–2 years old) during the year, the course of 4 to 6

months. We used patterns of proprioceptive stimulation of the facial and bulbar muscles in order to activate the reticular formation and obtain response. At verticalization stage pneumatic suits RPK "Atlant" was used for the implementation of motor patterns in three-dimensional space, which has intensified the alpha-gamma motor neuron system at all levels of the CNS.

**Results.**– A result of applying the kinesiotherapy with pneumatic suits RPK "Atlant" 30% of patients began to walk independently during the year. In 20% patient vocabulary and speech clarity have improved. Significantly improved sound pronunciation, positive dynamics of EVmorbid conditions such as attention deficit disorder, emotional liability and enuresis obtained. In all the children there was a reduction of spasticity by an average of 1-2 points from baseline at Ashworth Scale Score, with the advantage of the upper limbs.

**Conclusions.**– The author's method of kinesiotherapy significantly accelerated the recovery of postural control at all taken for the rehabilitation of children and to improve their quality of life.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0750

### Features of psychological rehabilitation of toddlers with congenital heart disease during heart surgery treatment

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Congenital heart disease (CHD) is the most widespread congenital disease and affects 0,8-1,2% of newborns. Great achievements in heart surgery have improved the outcomes for children with CHD, and increased survival rates. But still cardiac surgery makes mothers of toddlers with congenital heart disease experience considerable distress. Depression, grief and anxiety are the most widespread feelings of the mothers as the consequences for the correction of heart abnormality may be serious or even fatal. Such emotional ill being of mothers interferes with normal parent-child interactions, especially communication.

The aim of this study was to identify the role of the mothers' emotional status in their toddlers' emotional well-being. 96 diads: mothers and their toddlers, mean age 28,5 ± 1,6 months with CHD undergoing cardiac surgery were enrolled in the research.

Among the mothers–34,14% had heightened level of state anxiety, 28,6% had high level of state anxiety. 35,1% of the mothers reported depressive symptomology. We've found that the most used coping strategies among mothers of toddlers with CHD during were the following: active coping, planning, suppression of competitive activities. We've found out that 38,8% of the toddlers with CHD had 1 epicrisis period delay in their psychological development; 35,5% - had 2 epicrisis periods delay. Mothers' depression was found to be a negative factor in toddlers with CHD social and emotional functioning.

All these makes it necessary to include mothers in the process of the psychological rehabilitation of toddlers with CHD during the heart surgery treatment.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0751

### Physical exercise as an intervention to aid recovery following first episode of psychosis in young adults

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**Introduction.**– Psychosis is accompanied by loss of autonomy and sedentary behaviour impacting social and physical wellbeing. Physical exercise has shown promise in both domains to enable the recovery process. However, few studies have examined both with validated methodologies

**Objectives.**– To assess the association between physical exercise and autonomy following first episode of psychosis in young adults.

**Methods.**– Pre-post experimental design with first-episode psychosis patients (18–35 years) from three outpatient psychiatric centres in Stockholm, Sweden. The intervention consisted of a 12-week, structured, group based programme, with participants asked to attend 3 sessions per week. Autonomy was measured using four questions from the Camberwell Assessment of Needs questionnaire (physical health, social and close relationship and daily tasks). Needs and current support for each question were summed to provide a total score. Paired t-tests were used to compare changes within groups: 'no attendance' and 'any attendance'. The 'any attendance' group was then bisected into two according to those who participated in 12 or more sessions, equating to one per week, for dose-response.

**Results.**– There were 94 participants enrolled with a post-intervention response rate of 61%. Significant reductions were seen in the sum total score of needs and support  $-1.28$  (95% CIs  $-2.50, -0.05$ ) and need for further care  $-0.66$  (95% CIs  $-1.06, -0.26$ ). There was no significant evidence of a dose response association.

**Conclusion.**– The results suggest a plausible association between physical exercise and autonomy. Methodological difficulties, and the lack of true control group, undermine the study conclusions and further randomised studies are required.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0752

### Psycho-social issues faced by children from disaster struck areas and their rehabilitation in orphanages in Pakistan

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**Introduction.**– Human-made disasters have a different impact on adults and children where young children are most vulnerable to the negative effects of disaster owing to their lack of awareness of preventive measures and inability to cope with post-disaster stress and recovery process.

**Objective.**– This study was aimed at exploring the psychological and behavioural impact of disaster on children and the role of caregivers in the children's rehabilitation in orphanages.

**Method.**– The sample size consisted of 18 children (9 boys and 9 girls) and 9 primary caregivers (mother-maids) taken via purposive

convenience sampling from Pakistan Bait-ul-Mal's Sweet Homes Orphanages. A semi-structured interview in Urdu language was conducted to obtain desired data.

**Results.**– The results showed that disasters have a negative effect on the psycho-social state of the children in terms of increased dependency, sleep disturbances/bad dreams, sadness/emotion regulation, social withdrawal and need for social support from elders and peers. The traditional gender role socialization contributes to the risk of problems after disaster. There were gender differences in expression of emotions where girls were more expressive than boys about their traumatic experience. The girls preferred to share feelings with their peers whereas the boys were more comfortable sharing with the mother-maids than with the other children. Both the girls and boys were non-cooperative initially but the boys also showed aggressive attitude.

**Conclusion.**– Psycho-social therapeutic interventions like catharsis, play and art therapy may help the children cope with the effects of disaster. Training of caregivers can help to screen out children who need professional medical help.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0753

### The Amitim ('Friends') Program: Innovative model for social rehabilitation of people with serious mental illness (SMI) in the community

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**Introduction.**– The promotion of recovery is a central goal of public mental health systems (Power, 2009). Recovery includes the pursuit of active living (i.e., enjoyable, expressive, and meaningful leisure experiences) (Iwasaky et al., 2010; 2014), and meaningful inter-personal relationships (Iwasaky et al., 2015). While most social recreation programs for people with serious mental illness (SMI) are segregated (Adler-Ben Dor & Savaya, 2007), the Amitim program (by the Israeli Ministry of Health and the Israeli Association of Community Center) offers an innovative model of social and recreation oriented rehabilitation for 3000 people with SMI within the general community (Halperin & Boz-Mizrahi, 2009).

**Objectives and methods.**– Amitim aims to achieve; (1) the promotion of personal recovery via meaningful leisure activities in the community; through (a) monthly meetings with a mental health professional within the community center and creating with the person with SMI a "tailor made suit" to comply with his personal social recovery objectives. In addition, the person with SMI takes part in (b) leisure and volunteering activities within the community, whereby he practices social skills and participates in meaningful activities. Lastly, the person is entitled for (c) a leisure-oriented scholarship that enables him to reach his social-oriented aspirations. The second main goal of Amitim is the (2) promotion of social change with and by people with SMI, through lectures and workshops to the general community.

**Conclusion.**– To the best of our knowledge, Amitim represents a unique model that enables social-oriented recovery and social change.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0754

### Reconstructing a story – From a therapeutic narrative to social change; an innovative model for social change in people with serious mental illness in the community

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**Introduction.**– the approach of therapeutic narrative suggests that people will retell their story to themselves and then retell it to others in their environment (Zilber et al., 2008). In contrast to this approach, we aim to present a model of narrative reconstruction for social change in people with serious mental illness (SMI), aiming to combine a reduction in self-stigma (Roe & Davidson., 2005) and in social stigma. The model we shall present is part of the Amitim program (by the Israeli Ministry of Health and the Israeli Association of Community Center), which offers social rehabilitation services in the community for 3000 people with SMI, and the promotion of personal recovery and social change (Halperin & Boz-Mizrahi, 2009).

**Objective and methods.**– Amitim's story reconstruction model includes several dimensions: first, the narrative is approached through several baseline questions: who is the audience, what is the purpose, and what is the message we want to convey by telling the recovery story (Green & Brock, 2000; 2002). The story is then externalized to a text, and the narrators (i.e., people with SMI) learn to tell it in a way that enables listeners to accept it (Carlson & Erickson, 2001), and to promote social change. This in turn leads the narrators to build a new identity and learn to mediate their story to both themselves and their environment (Roe et al., 2014).

**Conclusion.**– We Aim to delineate different formats for using this model with people with SMI, based on video interviews with participants.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0755

### The development of the motor sphere of children with speech disorders

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According to the World Health Organization data, nowadays the mortality rate decreases with neonatal pathology, which indicates a significant development of neonatal medicine in Russia. At the same time the number of children who underwent perinatal hypoxic-ischemic encephalopathy increases. That causes systemic speech and motor development impairments. According to the latest practice, about 15% to 43% of children have speech development disorders and this percentage increases up to 83% if the child had organic lesions of the neural system.

The research Aim is studying the features of the formation of motor functions in children with speech pathology that have hypoxic-ischemic encephalopathy in the anamnesis.

**Methods.**– A study of manual and oral praxis was conducted using static and coordination samples.

**Results.**– In some cases, the neurological status of children delayed in speech development marked by a static motor insufficiency of

mild severity. To describe this phenomenon, the “dyspraxia” term is used. Dyspraxia affects two types of praxis: oral and manual. A distinctive feature of developmental dysphasia and dyspraxia is the dissociation between the possibility of performing automated actions and the inability to perform a similar action by request.

**Conclusion.**– The research of the relationship between motor and speech disorders can contribute to the development of intervention programs improving children's speech as well as the state of their motor sphere.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0756

### Dynamic characteristics of higher mental functions in adolescents following traumatic brain injury of mild severity

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**Introduction.**– Early detection of the causes of psychological problems of adolescents following traumatic brain injury of mild severity (mTBI) allows the development of corrective programs. **Objectives.**– Assessment of the dynamic characteristics of the higher mental functions (HMF) and the position of their violations in the structure of the neuropsychological syndrome.

**Materials and methods.**– The study is based on the original set of techniques designed by A.R. Luria. We studied of the mental activity in its regulatory and dynamic aspects.

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.**– The results of the study showed that in the acute period after mTBI, the dynamic characteristics in adolescents were significantly reduced. Decrease in work capacity was noted in all patients, and in the majority (90%) it was lowered at the very beginning of the examination ( $p < 0.01$ ). 61% of the children in the experimental group also had a significant decrease in the rate of activity throughout the study ( $P = 0.000$ )

A study of attention showed that the majority of adolescents with mTBI (81%) had mild concentration difficulties, which was manifested in the need for additional time for concentration, as well as increased distraction in the performance of various samples ( $P = 0.00$ ).

**Conclusions.**– The revealed features of the disturbance of the dynamic characteristics of HMF after mTBI of mild degree will allow to provide adequate assistance to children in the rehabilitation process.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0757

### Is a choice of case management sustainable recovery factor for the people with schizophrenia in Bosnia and Herzegovina – Examples from community mental health center Prijedor

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**Introduction.**– Case management (CM) as a rehabilitation principle with main purpose to establish best possible outcomes for people with psychotic disorders is one of basic principles comprehensive mental health care for this population group in Bosnia and Herzegovina (BH). It is an accreditation standard for community mental health centers (CMHC), focused on users with multiple needs, mainly younger patients with schizophrenia spectrum disorders.

**Aim.**– To show benefits of the CM to good outcome and better quality of life (QoL) using a examples of patients.

**Method.**– Four years (2013–2016) follow up results defined by CM instruments using medical documentation in CMHC Prijedor.

**Results.**– During the 48 months period, twelve patients had strong collaboration and support by case managers as well as all team members. It was established better insight with direct influence on reduction of auto-stigmatization, empowered self-confident, more filled up time including active attendance to new activities in CMHC (self/help group, occupational therapy) as well as outside of CMHC (user organization, educational seminars). Scores on used instruments (BPRS, SOFAS, SQLS, AVON, Risk Assessment Instruments) were significantly improved. Important was that only 3 times hospitalization has been realized

**Conclusions.**– CM principles have important influence to good outcomes for people with psychotic disorders as well as to significant improving of team work and quality of mental health services in CMHC.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0758

### **Neuropsychological support and rehabilitation of children with Rett syndrome**

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**Introduction.**– Rett syndrome is a genetic neurodevelopmental disease caused by various X-linked mutations. In most cases these mutation occur in MECP2 gene (methyl CpG binding protein 2) resulting in neuron morphology and connectivity changes. That leads to a developmental regression starting at the age of 6 - 18 months. Clinical features include: loss of acquired language and motor skills, autistic-like communication and eye-contact impairment, stereotyped movements, deceleration of both head and brain growth. Later epileptic seizures, autonomic disorder, respiratory and gastrointestinal dysfunctions may arise. Effective treatment is not available at the time.

**Objectives.**– We report a case of a 3-year-old girl with Rett syndrome having typical motor, speech and communication impairment.

**Methods.**– Neuropsychological correction, Tomatis auditory sensory therapy and Balametrix cerebellar stimulation method were provided. Simultaneously the patient underwent a course of transcranial magnetic stimulation.

**Results.**– Some of the clinical features, such as absence of sound pronouncing and eye-contact, poor purposeful hand movements, gait and postural balance difficulties, improved noticeably.

**Conclusions.**– This case report describes certain positive effect of some of the rehabilitation methods, especially enhanced by transcranial magnetic stimulation, and suggests that continuous

neuropsychological support can improve the quality of life of a patient and caregivers.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## **Research methodology**

EV0759

### **New approaches to evaluate nonverbal behavior in negative symptoms of schizophrenia**

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**Introduction.**– The evaluation of nonverbal behaviour (NVB) is considered an open challenge, especially when considering schizophrenia's negative symptoms. The complexity of both the definition and the observation of NVB lead to its poor consideration during clinical consultations. In fact, the assessment of NVB is usually performed by using a few items, which clinicians rate without having the chance of properly relating the corresponding NVBs to other symptoms.

**Objectives.**– The present study Aims to suggest a list of NVBs that can be used during both classical interviews and patient-guided observations.

**Methods.**– Two clinical psychologists and two psychiatrists used the Formal Psychological Assessment, a new methodology developed in the University of Padua, to gather items investigating NVB from validated assessment tool evaluating schizophrenia. Each selected item was connected to a subset of schizophrenia's negative symptoms described in both the DSM-5 and the scientific literature.

**Results.**– The list of 26 items investigating 13 NVBs allowed suggesting NVBs that are not exhaustively used and that can be easily observed within the standard schizophrenia's assessment. Finally, the relations among the items led to define the formal basis of an algorithmic procedure to be used in guided observations, which are driven by patients' behaviours.

**Conclusions.**– The results showed how it is possible to both observe and assess negative symptoms of schizophrenia, starting from a set of specific and well-structured NVBs. Both the classical and the patients' guided observations that can be performed using the found list of items represent new approaches to the assessment of schizophrenia.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0760

### **Methodology of psychological syndrome analysis and the concept of "psychological mediation" (Vygotsky, Lurya, Zeigarnik school) in comprehensive diagnosis and personalized care**

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**Introduction.**– The Russian psychological school of Vygotsky-Luria-Zeigarnik offers a holistic view of the development of higher mental functions (HMFs), which are socially acquired, mediated by social meanings, voluntarily controlled and exist as a link in a broad system of functions. **Objective.**– To show the diagnostic capabilities of the pathopsychological assessment methods and to substantiate the prospects for the creation of their English-speaking analogs.

**Methods.**– Theoretical and methodological study of the concept of symbolic mediation (Vygotsky-Luria-Zeigarnik school) and assessment of the capabilities of pathopsychological diagnostic methods of thinking and memory, interoception, emotion regulation. The case study presents 10 patients with somatoform symptoms and 10 healthy subjects, comparable in age and sex.

**Results.**– The ability to mediate is studied through the level and quality of the generalization. Two levels of mediation are distinguished: (1) operational - the ability to operate with cultural signs; (2) motivational-semantic - the pervasion of individual meanings into signs (symbols). Violations of generalization are represented by reduction and/or distortion (Zeigarnik, 1981). Our study identified and described various types of violations of signs and symbols mediation, combining partial or total reduction and/or distortion in the structure of the examined HMFs.

**Conclusion.**– Mediation is a “cross-cutting” characteristic of the psyche and reflects the individual’s ability to generalize his/her experience and regulate behaviour through symbolic means. Methods of pathopsychological diagnostics allow distinguishing the preserved and broken elements of cognitive and personal organization as a single system, that is important for comprehensive diagnosis and personalized care.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0761

### **Measuring implicit emotional appraisal of semantic stimuli in affective disorders**

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**Introduction.**– Measuring implicit emotional appraisal of self, others, events is important for revealing targets for psychotherapy. Method of color-emotional semantic associations (Kisel'nikov et al., 2014) is an alternative to methods assessing reaction time (Emotional Stroop Test, Implicit Attitude Test). It is an experimental procedure based on vector psychophysiological model (Sokolov, 2013) that includes pairwise comparison of semantic-color and color-emotional stimuli and subsequent reconstruction of them on the semantic-emotional two-dimensional sphere.

**Objectives.**– The aim was to study opportunities of the method in people with affective complaints and affective disorders.

**Methods.**– First, 74 students filled Hospital Anxiety and Depression Scale and 12 with depression, 10 with high anxiety and 10 without complaints participated. Second, we included 7 patients with anxiety disorders, 6 patients with major depression and 13 controls.

**Results.**– Comparing to the 2-factor structure of the appraisal in controls (Valence and Arousal), in anxious and depressive students appraisal of “Me”, “World”, “Present”, “Future” becomes less intensive and the third factor of relatedness to social interactions emerges (Fontaine et al., 2007; Russel, 1991). In anxiety disorders the only factor of emotional sign remains while in depression

appraisal of “Me”, “Others” and “Past” becomes closer to sadness, fear and guilt.

**Conclusions.**– Results suggest that in people with affective complaints appraisal intensiveness and social meaning of stimuli should be addressed while for clinical disorders it is important to consider content of emotions.

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EV0762

### **Contribution to assertiveness reminiscence of the reference personal experience (RPE) STRATEX method**

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Lack of assertiveness is a widespread personal and professional difficulty. The STRATEX method enables to restore the subject’s confidence by enabling him or her to reminisce his or her own experience of reference.

Defined as a personal achievement experience, the Reference Personal Experience (RPE) is considered by the subject as the most accomplished experience of his or her life path. This authentic peak experience is stored in both autobiographical and semantic memories.

Mnesic anchoring of this experience needs a memory audit to facilitate its recollection. It takes the form of an interview combining the emergence of a recollected real-life experience to a structured method, called STRATEX, which puts the subject in a situation of meta-analysis and learning.

The method is made up of four parts:

- In characteristics: context, date of occurrence, performance indicators, duration;
- Content description, which permits to identify a personal and reproducible script of success;
- Emergence of positive beliefs about one’s own identity or capacities extracted from the experience;
- Finally, the reproducibility of RPE, the replication of the pattern of success.

Applying this method to a mixed-gendered sample group of 50 subjects enabled to verify its capacity to stimulate assertiveness, it showed a frequency in the emergence of positive beliefs in oneself and replications of the success scenario in their main field of action.

As a conclusion, the reminiscence of RPE enables one to find or restore the pride of being oneself.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0763

### **Designing an inclusive model of clinical intervention among persons diagnosed with borderline personality disorder: A research project protocol**

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**Introduction.**– There is evidence that Borderline Personality Disorder (BPD) is associated with stereotypes, prejudices and stigmatization even among mental health professionals. Negative

attitudes and behaviours from the part of the medical and nursing personnel towards people living with BPD (PLBPD) could be counter-therapeutic.

**Objectives.**– To develop an inclusive and comprehensive model of therapeutic communication and effective management of the relationship between the mental health professionals and PLBPD, taking into account the views and the experiences of both actors in terms of facilitating factors and barriers. The purpose is to inform the content of interventions in order to support change in clinical and societal level.

**Methods.**– The program consists of research, educational and communication activities. A mixed methods research approach will be implemented, including: a) interviews with psychiatrists and psychologists, b) focus groups with psychiatric nurses, c) interviews with PLBPD, d) participant observation in psychiatric wards, e) cross-sectional research with students in mental health professions, and f) on-line survey for PLBPD. The outcome will lead to a model of therapeutic communication and professional training sessions. Further communication activities are expected to contribute to social visibility and stigma tackling.

**Conclusion.**– We believe that the specific project presents a number of social innovations according to the EU standards. Specifically: a) at an epistemological level seeks to connect different theories, b) at a methodological level uses mixed methods research, c) adopts an empowering approach, d) promotes new collaborations between institutions and groups, e) seeks to create social change through public awareness and knowledge.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0764

### **Psycho-social stress and global mental health problems of last decades – Evolutionary approach involving epigenetics**

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**Introduction.**– Recent decades are characterized by a steady growth of the most common mental health problems like anxiety, depression, addictions and psychosomatic disturbances, as well as suicides.

**Objectives.**– Studies suggest that early life stress and allostatic load later in life can trigger epigenetic mechanisms that may lead to programming mental health problems exhibiting transgenerational inertia.

**Method.**– To integrate knowledge on the possible role of stress-induced epigenetic events in programming mental health impairments in big populations from the evolutionary perspective.

**Results.**– Evolutionary psychology is trying to explain how human traits and behaviours have emerged adaptively in the course of Darwinian-type genes propagation, while evolutionary psychiatry is discussing how these traits become counterproductive in changing environments. On the other hand, alternative evolutionary approaches are discussing how environments can trigger epigenetic mechanisms and alter transcription of vast sets of genes resulting in behavioural and psychological patterns, which are stable in the ontogenesis and may be transferred to several subsequent generations. Darwinian and non-Darwinian processes may act together, depending on the ecological and, in case of humans–social cues. Recent findings on the stress-induced epigenetic programming of long-term alterations in critical brain regions give an impression how psychosocial stress contribute to the origin

of psychopathologies. Human behaviour and perceived stress may mediate these interrelations.

**Conclusion.**– Interactions of genes and social environments, which are producing psycho-social stress and perceived stress, with the implication of stress-triggered epigenetic events suggest a logical explanation of the comparatively fast global growth of mental health problems in the last decades.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0765

### **Levels of global activity of people with severe mental disorder in ambulatory regime**

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**Introduction.**– The symptomatology, the use of medication, among other factors can cause a decrease in the participation of people with mental disorder in the activities of their daily lives.

Knowing the level of global activity that mental health patients have can help in the planning of new intervention strategies aimed at the level of independence and autonomy of these patients.

**Objectives.**– To assess the level of global activity in people with severe mental disorder who attend mental health devices on an outpatient basis.

**Method.**– Sample of 30 people with severe mental disorder.

The EEAG global functionality scale was used, characterized by:

- Evaluates psychological, social and work activity;
- Range of score from 0 to 100;
- Menor score indicates a worse level of global activity at the psychological, social and labor levels;
- Analysis of data with mean and standard deviation, calculated with SPSS version 20.0

**Results.**– People with severe mental disorder showed an M (SD)=61.97 (7.37) points on the EEAG scale.

Categorized by his psychiatric pathology according to criteria of the DSM-V was observed:

- Tr Bipolar M (DT)=63.83 (6.43) points;
- Paranoid Schizophrenia M (DT)=61.64 (5.96) points;
- Tr Schizoaffective M (DT)=63.71 (9.52) points.

**Conclusion.**– The results for the general sample and for pathologies showed “moderate symptoms” regarding the activity, presenting moderate difficulties in social, labor or school activity, characterized by a low social network and conflicts with companions.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0766

### **Reliability and validity of inventory of suggestibility – Romanian version. A factor analysis**

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**Introduction.**– The Inventory of Suggestibility developed by Héctor González Ordí and Juan Jose Miguel-Tobal in 1999 provides a general measure of suggestibility that contains four subscales: dreaming/fantasize, absorption, emotional involvement and influencing by others.

**Objectives.**– The purpose of the study is to translate, revise and adapt the Inventory of Suggestibility from Spanish to Romanian and to identify the factor structure of the items.

**Methods.**– This scale was translated into Romanian and it was administered to 164 subjects, with the age between 18 and 62 ( $M = 24.05 \pm 6.87$ ), 61 males and 103 females. The statistical analysis of data was done using SPSS Statistics v23.0.0 for MAC.OSX.

**Results.**– The results show that Cronbach's alpha for the entire scale is  $\alpha = 0.794$ , which indicates a good internal consistency. Exploratory principal components analysis of the items identified three factors: influencing by others, absorption and dreaming/fantasize. The items from the emotional involvement scale were distributed equally among the resulting three factors. Items 18 and 7 were eliminated because they had very low item saturation, under 0.40.

**Conclusions.**– The results of the present study suggest that the total score of the Inventory of Suggestibility is an internally consistent measure of suggestibility. We can conclude that this tool can be a good measure for assessing the level of hypnotizability, it's easy to use and it can be a great substitute for more time-consuming hypnotizability scales like the Harvard Group Scale of Hypnotic Susceptibility Form A or the Stanford Hypnotic Susceptibility Scale, Form A.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## Schizophrenia and other psychotic disorders

EV0767

### Concurrent Agreement Between Brown's Locus of Control Scale (BLOCS) and Multidimensional Health Locum of Control (MHLOC) in an outpatient sample with severe mental illness

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**Introduction.**– Locus of control is a personality attitude and belief that people have about themselves that they can control outcomes of events in their lives (Internals) or other external factors determine outcomes. (Externals). Locus of control amongst those with a psychiatric disorder is intrinsically linked with empowerment. Many scales have been developed to measure LOC, some general LOC like BLOCS and others more specific (MHLOC).

**Objectives.**– We assumed that general LOC is also associated with health LOC. This was examined by using two scales to find out a) if this assumption holds b) the level of the agreement between these two scales.

**Methods.**– Consecutive community dwelling outpatients diagnosed with schizophrenia, bipolar and schizoaffective disorders were recruited. Measurements: Demographics, BLOCS and MHLOC.

**Results.**– Sample: 97 participants with completed data (mean age 48.23, SD 13.76), 44 females. Fifty had been diagnosed with schizophrenia, 35 Bipolar Disorder and 11 Schizoaffective Disorder. Pearson correlations showed: MHLOC internal- BLOCS internal ( $r = 0.334$ ,  $P = 0.001$ ), MHLOC Power others-BLOCS external social

( $r = 0.226$ ,  $P = 0.026$ ), MHLOC Chance-BLOCS external others ( $r = 0.455$ ,  $P < 0.0001$ ). The overall agreement was Kendall's tau = 0.22,  $P = 0.02$ .

**Conclusions.**– The results indicate that locus of control is a personal belief which is similar for both general outcomes in the life and in specific like illness. Although the agreement between the two scales was low this was significant. Given that both scales have not been used widely in mental health patients further analysis and research may be needed to determine their validity in those populations.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0768

### Clozapine in first psychotic episode – In relation to a clinical case

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**Introduction.**– Although most patients with first psychotic episode respond to the initial trials of neuroleptic medication (60 – 87%), there is a subgroup that will not improve. For this population of resistant-first psychotic episode Clozapine could provide substantial advantages.

**Objectives.**– With this work, we review the literature about the use of clozapine in first psychotic episode, which patients could benefit most from it and the differences in prognostic. A clinical case is presented.

**Methods.**– We performed a search in Pub Med, using the Mesh terms "Clozapine" and "First Psychotic Episode". A detailed report of the clinical case was made, based on clinical interviews and clinical records.

**Results.**– Evidence points that 23% of the total population of psychotic patients, displayed unremitting symptoms from the time of first antipsychotic treatment—at present younger age of illness onset (< 20years) is the only predictor of resistance to initial neuroleptic treatment. These patients may benefit with a second/third trial with clozapine. In our clinical case, a male patient with 22 years was admitted in our inpatient department with a first psychotic episode. Initial trials of olanzapine, risperidone and paliperidone were tried, with no remission of symptomology. Clozapine was initiated (to 200 mg/day) with a substantial recovery.

**Conclusion.**– The benefits of clozapine as a second/third-line treatment must be investigated in first psychotic patients. Risk factors to assess, which patients would benefit from this approach, is essential, to better define and treat this population and minimize the functional and social disability that results from prolonged psychosis.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0769

### Prevalence of psychotic symptoms in children needing inpatient care: Relationship to diagnosis

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**Background.**– Psychotic symptoms, marking impaired reality testing, are considered a hallmark of psychotic disorders. However, several lines of research point towards these symptoms also being highly prevalent both in non-clinical populations and in other psychiatric disorders. There is also evidence to suggest that their prevalence is even higher in children and young people, reaching up to 17% in epidemiological samples. There is limited research on the prevalence of psychotic symptoms in young clinical populations. The present study aimed to assess the prevalence of psychotic symptoms in a 6 to 12-year-old clinical population of an inpatient setting.

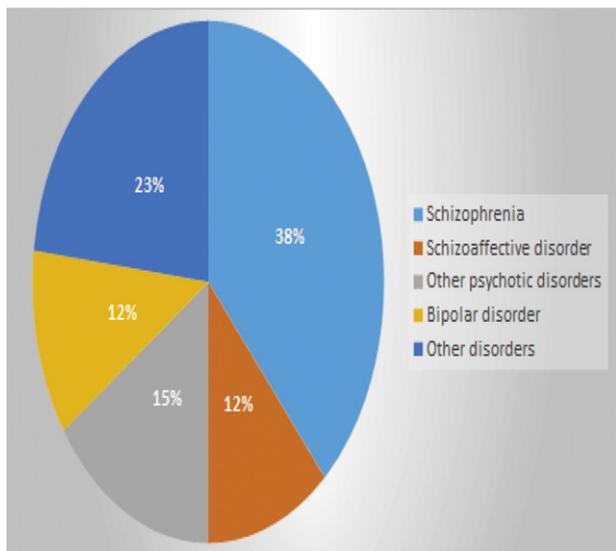
**Method.**– Clinical records of all patients of a national UK children's unit from 2009 to 2017 were examined for the presence of psychotic symptoms and their relationship to diagnosis at discharge.

**Results.**– One hundred and eighty-five (185) children were included in the study. Psychotic symptoms were highly prevalent in this young clinical population, reaching 63.8%, regardless of diagnosis at discharge. Hallucinations (58.4%) were more prevalent than delusions (35.1%). As expected, all children with schizophrenia spectrum disorders experienced psychotic symptoms.

**Conclusions.**– The present study is the first to examine the prevalence of delusions and hallucinations across diagnoses in children needing inpatient care. Psychotic symptoms were very common in children without a diagnosis of schizophrenia spectrum disorder. Given the high frequency of psychotic symptoms in this severely affected clinical population, it is possible that they represent a marker of clinical severity (Table 1)

Table 1. Psychotic Symptoms Percentages among Diagnoses

Figure 1. Classification according to diagnosis



**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0770

### Clozapine rechallenge after double drug-induced neutropenia

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**Introduction.**– Clozapine is an atypical antipsychotic drug, which seems to be up to 60% more effective against resistant schizophrenia than other antipsychotic drugs. Clozapine also is related with severe side effects such as neutropenia. International literature suggests rechallenging after neutropenia incidence.

**Case.**– We present an uncommon case of a forty-nine year old man suffering from treatment resistant schizophrenia. The patient was diagnosed with psychosis 24 years ago and the last year was administered clozapine for treatment at 350 mg/day with good response (PANSS negative and positive symptoms significantly improved with a slight raise at GAF scale). Three and a half months after the Clozapine initiation appeared neutropenia (WBC 3.04 10<sup>3</sup>/μL, NEU 0.63 10<sup>3</sup>/μL). We stopped clozapine administration and we tried rechallenging after the correction of neutropenia. 32 days later another incidence of neutropenia appeared (3.38 WBC 10<sup>3</sup>/μL, NEU 0.81 10<sup>3</sup>/μL). The clozapine administration stopped again and we performed a full physical examination without any pathological finding. The failure to respond to treatment with other antipsychotics after the second neutropenia and the history of suicide attempts led us to a second rechallenging with the adjustment of clozapine and the addition of 300 mg lithium carbonate/day (0.33 mEq/L ± 4). In the last 7 months, the patient has not neutropenia, but the improvement in psychopathology and its functionality is ongoing.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0771

### Metabolic syndrome and cognition in patients with schizophrenia: What is the relationship?

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**Background.**– Neurocognitive impairment are core features of schizophrenia. On the other hand, the prevalence of metabolic syndrome (MetS) is higher in individuals with schizophrenia than in the general population. Yet, there is no general consensus concerning the effects of MetS on various cognitive domains in schizophrenia. **Objectives.**– The Aim of this study was to compare the association between patients with and without MetS and its contributing components with neurocognitive performance.

**Methods.**– 76 patients with stable schizophrenia were included in the study. Patients were classified as either having or not having MetS as defined by the IDF criteria. Patients completed a neurocognitive battery comprising the following tests: the Hopkins Verbal Learning Test–Revised, the Letter Digit Substitution Test, the Stroop Test, the “Double Barrage” of Zazzo test, the Modified Card Sorting Test, Verbal Fluency, the Trail Making Test–Part A and the Digit Span (DS).

**Results.**– The prevalence of MetS was 36.84%. Patients without the MetS performed significantly better on tests measuring problem solving/reasoning ( $P=0.035$ ) compared with those with MetS. There was no significant change in attention and memory scores between the two groups. Patients with Hypertension performed significantly worse on tests measuring memory ( $P=0.040$ ). Besides, there was found a negative association between hypertriglycerides and working memory ( $P=0.040$ ). Also, hyperglycemia was associated with lower scores on immediate memory ( $P=0.02$ ).

**Conclusion.**– Our findings suggest that MetS are associated with cognitive impairment especially in memory and problem solving/reasoning. These findings may support that medical treatment of the metabolic syndrome could affect cognitive performance in patients with schizophrenia.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0772

### **Obstacles encountered when managing a Prader-Willi syndrome patient with haloperidol during an acute psychotic break**

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*Background.*– Prader-Willi syndrome (PWS) is a rare genetic disease caused by the loss of paternal expression of the 15q11-q13 region. It is characterized by neuroendocrine abnormalities but has variability in its behavioural and psychiatric presentation. 70% of cases occur from paternal deletion of the genetic region, whereas only 25% of cases occur due to maternal uniparental disomy (mUPD). Patients with mUPD appear to have higher rates of psychosis and bipolar disorder compared to those with the paternal deletion.

*Methods.*– Case analysis with Pub Med literature review of psychotic symptoms in PWS.

*Results.*– A 19-year-old PWS patient with mUPD and celiac disease presented with acute psychosis characterized by persecutory delusions, thought insertion/broadcasting, ideas of reference, increased skin excoriation, and mood lability consistent with paranoid schizophrenia. All standard laboratories and diagnostics (head CT, transvaginal ultrasound, XRs) were normal. Low dose haloperidol 2 mg bid and bantzopine 0.5 mg bid effectively decreased paranoid delusions though symptoms related to trauma by a classmate did not subside. Nocturnal agitation was treated with lorazepam 1 mg qhs. After seven days, with improved psychiatric status, the patient insisted on discontinuation of all psychotropics. However, the patient regressed necessitating resumption of haloperidol 3 mg total daily dose and lorazepam 0.5 mg qhs.

*Conclusion.*– This case report illustrates the difficulties in treating PWS patients during a psychotic break that may have resulted from an underlying traumatic event. Though there was a therapeutic response to haloperidol in controlling psychosis and agitation, the patient lacked insight concerning the need for maintenance medication and decompensated.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0773

### **Hormonal effects of cariprazine: Post hoc analysis of pooled data from schizophrenia studies for sexual dysfunction and prolactin changes**

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*Introduction.*– Long-term treatment with antipsychotics is indicated for all patients with schizophrenia. Antipsychotics can be of great benefit for a wide range of symptoms, but treatment is associated with unpleasant adverse effects. Hormonal changes (i.e. prolactin elevation) and sexual dysfunction are reported as some of the most distressing antipsychotic adverse effects and are directly related to treatment non-compliance. Antipsychotics can cause sexual dysfunction through multiple mechanisms, including hyperprolactinaemia, D2-antagonism, etc.

*Objective.*– The objective of the present poster is to present prolactin and sexual dysfunction data for cariprazine in the approved therapeutic dose-range versus placebo and comparators in patients with schizophrenia.

*Methods.*– Pooled data from 2048 cariprazine, 683 placebo, 370 risperidone and 152 aripiprazole treated patients from eight Phase 3, schizophrenia studies were analysed. Safety measures included adverse events (AEs), clinical laboratory values, physical examinations, EPS-, depression- and suicidality scales. Safety parameters were summarized using descriptive statistics.

*Results.*– Sexual dysfunction TEAEs occurred in 0.3% of placebo treated patients versus 1% of cariprazine, 2.7% of risperidone and 2% of aripiprazole treated patients. Most common sexual dysfunction TEAEs were libido decreased, erectile dysfunction, and amenorrhoea. For prolactin levels, mean decreases from baseline were seen in all treatment groups with the exception of risperidone, for which a mean increase was observed.

*Conclusion.*– Cariprazine was generally safe and well tolerated. It was associated with a mean decrease in prolactin levels and had no adverse effect on sexual dysfunction. Therefore, it could be a good alternative therapy for patients suffering from drug induced hormonal side effects.

*Conflict of interest:*

I am a EVworker of Gedeon Richter Plc.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0774

### **Fregoli syndrome over the course of schizoaffective disorder: Case report and review of literature**

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*Introduction.*– Fregoli syndrome is among delusional misidentification syndromes. It is the delusional belief that a single persecutor is masquerading as several other people, whose appearances he or she assumes at different times. We present a case in which a patient with Fregoli syndrome assaulted family members because of the belief that the persecutor disguised himself as them.

*Case report.*– Mrs WA is a 33-year-old single woman diagnosed with schizoaffective disorder. She was initially treated and stabilized with antipsychotics and mood stabilizers. She was admitted in our psychiatric ward following the assault of family members. She had no prior history of violent behaviour. The admission interview revealed various delusional beliefs: delusion of persecution against family members, delusion of bewitchment and megalomania. She also presented somatic delusions, in which her external genitalia were cut. She believed that her psychiatrist was present in the environment in different shapes and disguises; she thought he disguised himself as her mother and her brother. WA was treated with Risperidone (6 mg per day) and carbamazepine (600 mg per day). The patient improved and was discharged after two weeks.

*Conclusion.*– Fregoli syndrome is a rare category of delusional misidentification syndromes which is characterized by hostility and aggressive behaviour towards misidentified objects.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0775

### Therapeutic adherence and schizophrenia

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**Introduction.**– The management of schizophrenic patients most often comes up against the problem of non-compliance. The objectives of this work were to estimate the rate of non-adherence in patients with schizophrenia and to evaluate the main factors related to it.

**Patients and methods.**– This is a retrospective study carried out in the Department of Psychiatry at the Mahdia University Hospital. Therapeutic adherence was evaluated according to the criteria of Buchanan et al.

**Results.**– 50% of patients in our study population had poor adherence. The most predictive factors were hospitalization without the patient's consent ( $P=0.03$ ), overall malfunction with a GAF <30 ( $P=0.001$ ), and adverse effects of the treatment ( $P=0.05$ ). The rate of non-compliance was higher in patients over 50 years of age, male, single, with a low socio-economic status, a schizophrenia of undifferentiated type, and having a significant number of psychotic relapses.

**Conclusion.**– Significant improvement in the problem of non-adherence in schizophrenic patients requires structured and thorough intervention.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0776

### Application of an affective-type therapeutic program in cases of patients diagnosed with schizophrenia: A pilot study

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**Introduction.**– The intervention in the emotional balance and the strengthening of the self-esteem have become key factors in the mental health (Oros, 2011, 2009, Greco, 2010, Cavieres & Valdebenito, 2007).

**Objective.**– To evaluate the efficacy of an affective-type therapeutic program in patients diagnosed with schizophrenia.

**Methods.**– design of repeated measures without a control group was proposed. The brief program of affective intervention was administered to a sample of 6 patients (31 to 68 years of age, MD: 53, SD: 13,14) from the chronic patients ward and day hospital ward of a public hospital meeting criteria (ICD-10) for schizophrenia during 5 weeks. Before and after the intervention, tests were used to measure levels of anxiety (BAI), depression (BDI), self-esteem (Rosenberg) and affective balance (EBA), as well as clinical global impression: severity and improvement scales (CGI-S/I).

**Results.**– The Wilcoxon nonparametric statistic was administered. Of the two modules constructed as part of the program, the results showed only significant differences in the affective balance module ( $\alpha=0.046$ ;  $P < 0.05$ ) (See Table 1). This factor related to emotional responses and consideration of emotions in one's own life, is highlighted as vital for intervention from positive clinical psychol-

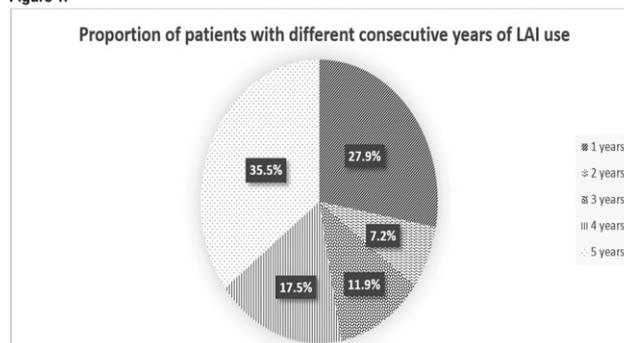
ogy in mental health (Godoy-Izquierdo, Martínez, & Godoy, 2008; Bohlmeijer, Lamers, Westerhof, 2017).

**Conclusions.**– As a pilot program developed in the Colombian Caribbean, it was innovative in one of the most important areas currently: positive mental health.

**Acknowledgment.** Fernando Troconis Hospital Staff's Support in Santa Marta, Colombia, was indispensable in the realization of this project.

Table 1. Scale scores (Wilcoxon).

Figure 1.



**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0777

### Folie a deux – A case report. How a multidisciplinary team and social media helped to solve the case

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**Introduction.**– La Folie a deux is a rare psychiatric syndrome in which a delusion is transferred from a psychotic individual to one with whom they have been in close association.

**Objectives.**– Our goal is to present a case of folie a deux emphasizing the resources used to establish the diagnosis.

**Material and Methods.**– Review of the clinical history and related literature.

**Results.**– We present a case of a married couple, with a 14-year-old daughter, brought for a psychiatric evaluation requested by child protection services. Their house had no water or electricity, with aluminium foil covering windows and pipes. The 47-year-old female, of Spanish nationality, had a medical history of retinitis pigmentosa, hypothyroidism and chronic kidney disease. The 54-year-old male, of Portuguese nationality, had no relevant medical history. No psychiatric history was found at admission. Both presented persecutory and reference delusions involving family members and the authorities. It was a challenge to figure out the case. However, with the help of a multidisciplinary team and numerous posts from Facebook we were able to find out their pre-morbid personalities and reach the final diagnosis. Both were treated with paliperidone and ultimately were discharged from the hospital to live in Spain with their relatives, previously involved in the delusion.

**Conclusions.**– This case illustrates not only a rare psychiatric condition but also how social media can be useful in building a complete clinical history.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0778

### Psychosis and suicide: A series of clinical cases

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**Introduction.**– The estimated prevalence of suicide attempts in the general population is 2.7%, while in schizophrenic patients is 10.9%. About 5–6% of schizophrenic patients die from suicide, which is one of the main causes of premature death in schizophrenia.

**Objectives.**– Our aim is to present three clinical cases illustrative of the suicide risk in schizophrenic patients and to discuss the findings from previous studies about the theme.

**Methods.**– We used a multidisciplinary approach to the patients and reviewed the literature about the suicide risk factors in schizophrenia.

**Results.**– We describe three clinical cases of male patients diagnosed with schizophrenia, with no history of suicide attempts or known family history of suicide. The three patients present consistent characteristics with the recently published studies, which identified the following suicide risk factors in schizophrenia: male, young age, high educational level, depressive or hopeless symptoms, hallucinatory and delusional activity, psychomotor agitation/restlessness, substance abuse and chronic comorbid physical illness.

**Conclusions.**– Unemployment, previous suicide attempts, presence of insight and family history of suicide are other important risk factors. Risk of suicide is also greater after a psychotic episode or after hospital discharge. An untreated long-term psychosis negatively influences social, occupational and interpersonal functioning and it is considered as a risk factor for suicide in the first episode psychosis. Suicide prevention in schizophrenia involves optimization of adherence to therapy, psychoeducation for the disease and establishment of a therapeutic relationship with mental health professionals.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0779

### “Insight” and medication adherence in chronic psychotic disorders

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**Objectives.**– Study the relation between the insight and drug adherence in patients with a chronic psychotic disorder.

**Methods.**– A cross-sectional, descriptive, and analytical study of 30 male patients with schizophrenia or schizoaffective disorder.

Data (demographic, clinical and therapeutic) was collected by a questionnaire developed for this purpose, we used the MORISKY scale “MMAS 8” with 8 items to evaluate the adherence and the scale of evaluation of the insight “Q8” with 8 items.

**Results.**– The average age was  $39.33 \pm 9$  years, half of our patients were single and 30% of them were divorced. The smoking rate was 73.3%; while the rate of cannabis use was 16.7%. All patients were hospitalized in our department with an average hospitalization rate of  $4.77 \pm 3.2$  times (50% compulsory hospitalization).

For the “MMAS 8” scale, 83.3% of the patients had poor adherence to their treatment with an average score of  $3.36 \pm 1.5$ .

For the “Insight Q8” scale, 60% of the patients had a lack of insight and they consider that they did not need a psychiatrist.

Poor adherence was significantly correlated with poor insight ( $P=0.006$ ).

**Conclusion.**– The level of insight is an independent factor for a good adherence to the treatment in chronic psychotic disorders.

Psycho-educational programs and psychotherapeutic interventions targeted at the awareness of the disorder must be developed to improve adherence and subsequently the course of the disease.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0780

### “Cannabis” use and insight in chronic psychotic disorders

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**Objectives.**– Explore the influence of the insight on the use of cannabis in patients with a chronic psychotic disorder.

**Methods.**– This is a cross-sectional, descriptive, and analytical study of 30 male patients with schizophrenia or schizoaffective disorder. Data (demographic, clinical and therapeutic) was collected by a questionnaire developed for this purpose; we used “INSIGHT Q8” with 8 items to evaluate the insight.

**Results.**– The average age was  $39.33 \pm 9$  years, with an average age at onset of the disease of  $26 \pm 6$  years. Half of our patients were single and 30% of them were divorced. The smoking rate was 73.3%; while the rate of cannabis use was 16.7%. All patients were hospitalized in our department with an average hospitalization rate of  $4.77 \pm 3.2$  times (50% compulsory hospitalization, 43.3% hospitalization at the request of a third party and 6.7% free hospitalization). For the “Insight Q8” scale, 60% of the patients had a poor insight and they consider that they did not need a psychiatrist. Poor insight was significantly correlated with cannabis use ( $P < 0.05$ ).

**Conclusion.**– The level of insight is an independent factor to reduce the rate of cannabis use. Hence, the interest of a Psycho-educational programs and psychotherapeutic interventions targeted at the awareness of the disorder to improve subsequently the course of the disease.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0781

### Self-dysosmophobia: A case report

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**Introduction.**– Self-dysosmophobia is the delirious conviction of the perception of an abnormal odor emanating from one’s own body.

**Objectives.**– Our Aim was to describe a clinical case of self-dysosmophobia and its treatment.

**Case report.**– We reported a case of a 47 years old Tunisian man who was hospitalised in psychiatry’s department at the age of 23 for behavioural disorders.

The patient presented agitation, little emotion, poverty of speech olfactory hallucinations and social isolation. We established the diagnosis of schizophrenia. On March 2016, the patient was hospitalized a second time for agitation, irritability, delusions and olfactory and coenesthetic hallucinations. We made the diagnosis of schizoaffective disorder.

He was treated by typical and atypical antipsychotics with a good compliance. But, the patient reported an unpleasant odor and sweat. He felt rejected and used to think that people were laughing at him. He was unable to work and to socialize.

Taking into account the resistance to the treatment, the residual olfactory perception, the lack of the dissociation, the depressive symptoms. We evoked the diagnosis of self-dysosmophobia and the patient received fluoxetine 20 mg daily and showed improvement.

**Conclusion.**– It is important that clinicians must be aware of these rare manifestations of self-dysosmophobia and discuss the diagnosis of schizophrenia.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0782

### **Clinical and cognitive insight in psychosis: An overview**

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**Introduction.**– Approximately 50-80% of patients with schizophrenia lack full insight. Recently, controversy has arisen about the association of clinical and cognitive insight (CI, COGI) with treatment, symptoms severity, quality of life (QL) and gender in psychotic patients.

**Objectives.**– To discuss the implications of CI and COGI in the QL and treatment of psychotic patients.

**Methods.**– We searched Pub Med database using the keywords: “Clinical insight”, “Cognitive insight” and “Psychosis” and selected the relevant articles.

**Results.**– Evidences show that a lack of insight contributes to non-adherence to treatment and poorer outcome. Patients may gain CI after treatment of the acute phases. COGI contributes to CI but is not-treatment dependent. Psychotic patients have greater insight when they have a better cognitive capacity for self-reflectiveness (SR) and less for self-certainty (SC). Higher levels of SR may generally be associated with better QL, but in patients with more severe symptoms higher SC has better outcomes. There seems to be a positive relationship between insight and depressive symptoms. In fact, it has been suggested that insight may represent a risk factor for suicide in patients with schizophrenia. The relationship between insight and gender remains unclear, but evidences show that women with a psychotic disorder may present a greater awareness of the disease

**Conclusions.**– Cognitive therapy for insight seems to be beneficial. In early stages of the treatment SR may be a better target than SC, but more studies are needed to outline the best approach, in view of enhancing QL.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0783

### **Schizophrenia and Down syndrome: Report of a case**

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**Introduction.**– An increase in the prevalence of psychiatric disorders in people with intellectual disability has been reported. Prevalence

rates have been consistently demonstrated to be higher in adults with Down's syndrome than in the general population.

**Objective and method.**– The aim of our work is to report the clinical observation of a trisomy 21 patient having developed schizophrenia.

**Results.**– We are reporting the case of a 37- years old Tunisian male with mental retardation suffering for many years from insomnia, incoherency of speech, social withdrawal, stereotyped movements and impulsive behaviour. On physical examination revealed a patient with flattened nose, upward slanting eyes and a short neck. These signs suggested trisomy 21. The karyotype confirmed the diagnosis of Down's syndrome. The psychiatric evaluation found dissociation and visual hallucinations. Therefore, the patient did meet the Diagnostic and Statistical Manual of Mental Disorders (DSM) V criteria of schizophrenia.

**Conclusion.**– Many studies have been conducted looking for a link between chromosomal aberrations and schizophrenia. These studies have shown a frequent association between the two diseases. Chromosomal abnormalities described are essentially partial trisomy of chromosome 5, partial deletions, translocation, inversion at chromosomes 21, 23 and 9 and some abnormalities of the sex chromosomes.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0784

### **Factors related to suicide attempts in a population of patients with schizophrenia**

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**Objective.**– To describe the frequency of suicide attempts in patients with schizophrenia and to study the association with socio-demographic, clinical and therapeutic factors.

**Methods.**– This is a retrospective, descriptive and comparative study of 30 schizophrenic patients admitted in the department of psychiatry “B” at the university hospital of Hédi Chaker. Sociodemographic, clinical and therapeutic data, as well as the existence or the absence of personal history of suicide attempt or adverse events was collected from patients and from medical records. Therapeutic adherence was assessed subjectively. We have arbitrarily defined poor compliance as a treatment discontinuity greater than two consecutive weeks that occurred over the past year, reported by the patient or his family.

**Results.**– The population was composed of 30 men. The average age was 39.3 years. The school level was secondary in 14 cases (46.7%). Most of them were unemployed and lived with their family. The rate of attempted suicide in our population was 40%. Comparison of the socio-demographic variables of patients with and without a history of suicide attempt had not shown statistically significant differences between the two groups. For clinical and therapeutic variables, the study found that male smoking, positive symptoms, extrapyramidal signs and poor adherence were significantly more frequent in patients with a history of suicide attempt ( $P < 0.05$ ).

**Conclusion.**– The rate of suicide attempt in Tunisia was comparable to that of Western countries. The sociodemographic characteristics of the patients had no influence on this suicidal behaviour as opposed to clinical characteristics.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0785

### The causes of suicide attempts in a population of patients with schizophrenia

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**Objective.**– To describe the frequency of suicide attempts in patients with schizophrenia and to determine their causes.

**Methods.**– This is a retrospective, descriptive study of 30 schizophrenia patients admitted in the department of psychiatry “B” at the university hospital of Hédi Chaker. Sociodemographic, clinical and therapeutic data, as well as the existence or absence of a personal history of suicide attempts was collected from patients and from medical records. The statistical study was carried out using the SPSS software (18.0).

**Results.**– The population was composed of 30 men. The average age was 39.3 years and the school level was secondary in 46.7%. The majority ( $n = 19$ ; 63.3%) was single. Most of them were unemployed (63.3%) and lived with their family (85.1%). Socio-economic status was medium in 75% of cases. The mean age of onset of the disease was 30.4 years. The number of hospitalizations ranged from one to 11 hospitalizations with an average of 4.77. The main reasons given by patients to explain their passage to the suicidal act were:

- Psychotic causes ( $n = 13$ ; 43.3%) with a delirious activity or under the influence of hallucinations like suicidal injunctions:
- Depressive causes ( $n = 4$ ; 13.3%) with sadness and/or feeling of despair
- Reaction causes ( $n = 2$ , 6.7%), in particular following a stressful life event

**Conclusion.**– Identification of the causes of Suicide Attempt remains an essential step towards the development of prevention and care strategies.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0786

### A comparative study examining the relationship between CRP levels with cognitive functions and clinical severity in patients with schizophrenia

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**Objective.**– In our research, the relation between CRP's inflammatory effect, with the cognitive processes and the severity of the illness in schizophrenia has been examined.

**Methods.**– 36 patients with schizophrenia participated in our study with using SCID-I interviews. They were all between the ages of 18–60 and hadn't used psychotropic medications at least for a month. The tests that were applied to the participants were Wisconsin Card Sorting Test (WCST), Trail Making Test (TMT), Stroop Color-Word Test (SCWT), and Rey Auditory Verbal Learning Test (AVLT). CRP levels were measured with immunoturbidimetric method.

**Results.**– When relationships between CRP levels with the test scores were examined; a statistically significant associations were found between the error amounts ( $P = 0,05$ ), error corrections ( $P = 0,004$ ) of word-color reading in the Stroop test with CRP levels.

In addition, reading time of TMT-A form test and CRP levels were significantly related ( $P = 0,05$ ). No relationship was found between CRP levels with WCST and AVLT scores. And similarly, there is no relation between CRP levels and clinical severity.

**Conclusion.**– In our study, it has been shown that, in schizophrenia patients, high levels of CRP correlated to cognitive dysfunctions, such as processing speed, attention, working memory and executive function shown by Stroop test. Similar to our findings, previous reports in the literature reported a significant relationship between high levels of CRP with cognitive disorders. As a result, supplementing patients with anti-inflammatory drugs may increase their participation in social life via improving their cognitive functions. However, further study about this topic is needed.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0787

### Effects of gender and family history psychiatric illness on psychosis spectrum disorders

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**Introduction.**– The gender differs with respect to vulnerability to specific classes of psychopathology.

**Objective.**– We investigated effects of gender and family history of psychiatric illness on disorders of the psychosis spectrum (schizophrenia, bipolar, and schizoaffective disorders), using a large database of patients ( $n = 1132$ ) from a Mexico City psychiatric hospital.

**Methods.**– Patients had given written informed consent within the hospital. A diagnosis based on DSM-IV criteria was assigned, and psychopathology was assessed using the Positive and Negative Syndrome Scale. We used Chi-squared tests, T-tests, and two ways ANOVA, in order to assess effects of gender and family history of mental illness on premorbid characteristics, age of symptom onset, and symptom severity.

**Results.**– For both men and women, schizophrenia and bipolar diagnoses were respectively associated with a family history of each disorder. Men were more likely to have a schizophrenia diagnosis, while women were more likely to have bipolar or schizoaffective diagnoses. Across diagnoses, men experienced their first psychotic episode approximately 3 years earlier than women, and frequency distribution histograms for age of first psychotic episode revealed clear gender differences. In men, but not women, a positive family history of schizophrenia was associated with premorbid schizoid characteristics across diagnoses, and increased positive symptoms in association with a schizophrenia diagnosis. Men showed more severe negative symptoms, and premorbid schizoid behaviours were associated with an 11% increase in negative symptom severity.

**Conclusions.**– There are gender differences in the age of onset, premorbid characteristics, severity, and vulnerability to genetic liability factors.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0788

### **Co-production of a therapeutic skills training programme for carers, relatives and friends with psychosis**

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**Background.**– Psychosis is a complex, difficult to treat, long-term illness associated with impaired functioning and significant health-care utilisation. People with psychosis require life-long emotional and practical support, which is largely provided by the carer. Despite their significant role, the vast majority of carers do not receive any therapeutic training on how to care for someone with psychosis nor do they receive adequate support to look after their own mental well-being.

**Objectives.**– The aim of the study is to carry out formative work, to develop a cognitive behavioural therapy informed care training for carers of people with psychosis, to address their skill-based and personal self-care needs. The study objectives are to explore: (a) the practical skills and self-care needs of the carer, (b) the support needs of the patient, (c) how professionals can support the programme, and (d) which wellbeing and recovery outcomes are considered important.

**Methods.**– Six qualitative focus groups (two for professionals, carers and service-users) will be carried out to explore the objectives described. Participants will be recruited through community mental health services.

**Results.**– Qualitative data will be analysed using thematic analysis of the participants' narrative responses. Data coding will be carried out by a researcher and a clinician to ensure the themes are grounded in the original data.

**Conclusions.**– The emerging themes will inform relevant aspects of the carers' training package and help determine outcome measures that are likely to capture potential improvement in the carer's and the cared-for person's wellbeing following participation in the training.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0789

### **Impacts of psychotic disorders outpatient unit on the hospitalization rate, duration and the indirect costs**

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**Background.**– Schizophrenia is a chronic, debilitating disorder that requires long-term treatment and regular follow-ups. In this study we aimed to evaluate the impacts of specialized outpatient units on the clinical outcome and indirect costs of schizophrenic patients by comparing the previous standard outpatient follow-ups.

**Method.**– Structured forms and follow-up records of the hospital were used to evaluate 131 patients with the diagnosis of schizophrenia, followed-up in Bakirkoy Research and Training Hospital for Psychiatry, Neurology and Neurosurgery; Psychotic Disorders Outpatient Unit. The changes in the frequency of outpatient visits, the frequency and length of hospitalizations and the treatment compliances were compared.

**Results.**– After attending the follow-ups at Psychotic Disorders Outpatient Unit; mean frequency of outpatient visits increased 1.7-fold ( $P=0.025$ ), mean frequency of hospitalizations decreased 23.2-fold ( $P<0.001$ ), mean length of hospital stays dropped to 30.6-fold ( $P<0.001$ ) and the mean treatment compliances increased from 45.5% to 98%.

**Conclusion.**– Being followed-up for psychotic disorders in a specialized outpatient service provides patients with schizophrenia to have more frequent outpatient visits, less frequent and shorter hospitalizations and better treatment compliances; determining a significant improvement in overall clinical outcome and leading to lower the indirect costs.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0790

### **Vortioxetine in the treatment of negative symptoms of schizophrenia: A case report**

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**Introduction.**– The schizophrenia is a very heterogenous entity and a good early diagnosis and approach of the symptoms could improve prognosis and evolution. Positive symptoms have been well-studied and treated, but at long term, negative symptoms are those that induce more inability and deterioration.

The development of new antidepressants like vortioxetine with a multimodal profile could open new possibilities.

**Aim.**– Demonstrate the effectiveness of vortioxetine in the treatment of negative symptoms of schizophrenia.

**Method.**– We describe a case report of a psychotic patient treated with vortioxetine.

**Results.**– 33-year old woman with paranoid schizophrenia, previously with different diagnosis. Between 2012 and 2014 she was admitted frequently with positive symptoms and suicidal ideas. These symptoms were resistant to treatment, even to clozapine due to side effects. Finally with antipsychotic polytherapy associated to psychotherapy interventions, we achieve clinical stabilizations.

During the evolution, the patient referred negative symptoms. We introduced citalopram with a minimum improvement. We decided to change to vortioxetine.

The evolution has been progressive, with an important improvement in the affective sphere.

**Conclusions.**– Despite the limitations as it exposes a single case, the results are encouraging because they demonstrate the improvement of the patient that other antidepressant didn't get, and could be an opportunity to treat these symptoms. Vortioxetine could be an effective treatment for negative symptoms of schizophrenia associated to antipsychotics. The effects on cognitive symptoms could be explained for the multimodal profile [1].

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

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EV0791

### Schizophrenia and dissociate symptoms: Review of the literature and clinical case

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*Introduction.*– Dissociative Disorders (DD) and Schizophrenia Spectrum Disorders (ESD) are described as two distinct categories in the classification systems. EDS are a heterogeneous group in which there is loss of contact with reality with hallucinations and delusions, where, like dissociation, there is a discontinuity of the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control and behaviour. Psychotic symptoms are not considered a comorbidity of DD, but dissociation has been related to the presence of positive and negative psychotic symptoms.

*Objectives.*– To discuss the findings from previous studies about the presence of DS in ESD providing a comprehensive overview of the overlap and differences of these symptoms and correlate with the clinical case.

*Methods.*– We reviewed the literature on the topic and interviewed the patient.

*Results.*– We describe the clinical case of a 36-year-old man, paranoid schizophrenia, several treatment strategies, poor adherence to treatment, which after remission of the negative symptomatology developed DS. Evidence shows that positive and negative symptoms may be present in DD, especially positive symptoms, which suggests that both diagnostic categories may share common risk factors. There is also an association between traumatic events in childhood and DS in psychotic adults.

*Conclusions.*– Dissociation is not specific to schizophrenia but may be related to traumatic experiences. For this reason, the history of trauma may be a potential mediator of dissociation in patients with schizophrenia. Therefore, it is critical that patients with ESD be routinely questioned about possible childhood adverse experiences for early intervention.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0792

### Efficacy and tolerability of aripiprazole depot in schizoaffective disorder: Case report

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*Introduction.*– Aripiprazole depot has proved to improve positive, negative and cognitive symptoms in schizophrenia. It's unlikely linked to weight gain, dyslipidemia or increased prolactin levels. This scientific evidence suggests aripiprazole depot could be a favorable therapeutic option in the treatment of other psychotic disorders.

*Objectives.*– We Aim to present our clinical experience with aripiprazole depot in the treatment of psychotic and affective symptoms in patients with diagnosis of schizoaffective disorder.

*Methods.*– We selected two patients with diagnosis of schizoaffective disorder from our outpatient Mental Health Service, as clinical illustration of efficacy and tolerability of aripiprazole depot. Previously, they were treated with paliperidone palmitate and olanzapine with unfavorable side effects.

*Results.*– We present two males with diagnosis of schizoaffective disorder. Case A is a bipolar subtype, 35 years old with cannabis use history and 5 previous hospitalizations due to psychotic or manic symptoms; he was clinically stabilized with paliperidone palmitate but had sexual side effects despite low doses of antipsychotic medication. Case B is a depressive subtype, 31 years old with 2 previous hospitalizations due to psychotic and depressive symptoms; he was partially stabilized with olanzapine and paroxetine and had metabolic symptoms associated. We decided a treatment change to aripiprazole depot 400 mg in monotherapy with maintenance of clinical stability in Case A and clinical improvement in Case B. Both cases experienced disappearance of adverse effects described.

*Conclusions.*– Our clinical experience evidences that aripiprazole depot is a valuable therapeutic option in schizoaffective disorder (manic and depressive subtype), on behalf of its effectiveness and tolerance.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0793

### Anti NMDA receptor encephalitis presenting as schizophreniform psychosis in a young female, a case report

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*Introduction.*– Anti NMDA receptor encephalitis is a rare autoimmune disorder and a life threatening condition if not adequately treated which often presents with prominent psychiatric symptoms.

*Objectives.*– To emphasize the importance of keeping in mind anti NMDA receptor encephalitis as a diagnosis in psychotic patients with neurological symptoms

*Case report.*– A 28 year old female presented with gradual onset of behavioural changes in the form of aggressiveness, suspiciousness, talking to self which then gradually progressed to decreased interaction with family members for which she was admitted. Later on she developed jerky movements of limbs with altered sensorium. She was evaluated with MRI brain which showed irregular thickened cortex with ill-defined gray white matter interface involving frontal lobes, perirolandic cortex perisylvian, Insular cortex inferior and anterior parietal lobe, EEG showed generalized slowing which changed over time and WHOLE BRAIN PET s/o encephalitis. CSF analysis positive for NMDA receptor antibodies hence diagnosed as anti NMDA receptor encephalitis. She was started on Inj Rituximab with which she showed improvement.

*Conclusion.*– The above case highlights the need for vigilance in patients presenting with psychosis and developing neurological symptoms. Further research into the pathophysiology and epidemiology of anti NMDA receptor encephalitis may provide further

support for NMDA receptor hypothesis and may open new treatment avenues.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0794

### **The sense of self in the pre-onset phase of psychotic disorders**

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*Introduction.*– The continuum of stages of psychotic disorders ranges from at risk mental state, operationalized with the ultra-high risk (UHR) criteria, to the first episode of psychosis (FEP) to recovery or schizophrenia with multiple episodes. It was found that assessment of the individual's sense of self is highly valuable for early stages in psychosis, but data is sparse.

*Objectives.*– The Aim of this ongoing research project is to explore the self functioning in patients at UHR and with FEP.

*Methods.*– The Comprehensive Assessment of At Risk Mental State (CAARMS) was used to identify persons at UHR. Individuals with FEP, with borderline personality disorder (BPD) and healthy controls (HC) were assessed with the Structured Clinical Interview for DSM Disorders (SCID I and II). Psychotic Symptoms were measured with the Positive and Negative Syndrome Scale (PANSS) and the Prodromal Questionnaire (pq-16). The structured interview of personality structure (STIPO) and the Examination of Anomalous Self-Experience (EASE) were used to rate self functioning.

*Results.*– The sample included individuals at UHR ( $n = 8$ ), with FEP ( $n = 3$ ), with BPD ( $n = 7$ ) and HC ( $n = 15$ ). In an ANOVA, individuals at UHR had a significantly weaker identity integration (STIPO,  $P < .001$ ) with a lower sense of self ( $P \leq .05$ ) compared to HC. Identity integration ( $P > .05$ ) and self disorders (EASE  $P > .05$ ) of individuals at UHR did not significantly differ from individuals with FEP or BPD.

*Conclusions.*– These preliminary results suggest that disturbances of the sense of self characterize the pre-onset phase of psychotic disorders, although this was not a distinctive feature compared to BPD.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0795

### **Homicide and schizophrenia: Retrospective study on 13 years**

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*Introduction.*– The odd ratios for homicide are remarkably increased among subgroups of patients with schizophrenia.

*Objective.*– Raise sociodemographic, clinical and forensic characteristics of homicide in Tunisian patients suffering from schizophrenia.

*Methods.*– The study was descriptive and retrospective, including 20 male patients with a DSM 5 diagnosis of schizophrenia. They were examined, between January 2004 and September 2017 on the occasion of a penal expertise in the Department of Psychiatry C in the Hedi Chaker University Hospital, Sfax, Tunisia. The crime was a homicide or homicide attempt.

*Results.*– The mean age of our patients was 29.5 years. They were mostly single (90%) and unemployed (55%). Half of the patients were secondary school graduates (50%) and most of them had a history of psychiatric disorder (55%). Among patients followed, 90% had a low Drug compliance to treatment at the time of the offence. Ninety percent of our sample were experiencing delusions, auditory hallucinations and other positive symptoms at the time of the homicide. The majority of victims were family members (70%) or acquaintances (25%).

The 'homicide/attempted homicide' was more often not premeditated (55%) and the assessment results were in all cases irresponsibility.

*Conclusion.*– Homicide is often committed by a schizophrenic patient without psychiatric care or assistance. Appropriate management of the disease may allow earlier intervention on risk factors of homicidal acts.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0796

### **Exploring the changing service delivery and outcomes in Australia for people with psychotic illnesses**

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*Introduction.*– In Australia, policy change has led to community managers - funded by the National Disability Insurance Scheme (NDIS), and managed by the National Disability Insurance Agency (NDIA) - becoming integral in the management of psychotic illness. Many people with psychotic illness have other health problems, including depression, anxiety, cardiovascular disease, cancer, asthma and obesity. The cost of psychotic illness to the Australian community is \$4.91 billion annually; so, even though it has low prevalence, it carries a high economic burden per capita. Many experience homelessness and receive less than \$500 per fortnight (compared with \$2522 for mentally healthy people the same age).

*Objectives.*– Hence, while a changed National Mental Health Plan has influenced service provision - particularly involving community-managed organisations - vocational, functional, social and welfare outcomes need to be evaluated.

*Methods.*– Thematic analysis of online surveys and semi-structured interviews with consenting stakeholders allowed a deep understanding of the challenges to this model of care, as well as the creative solutions key workers implement to overcome these significant obstacles.

*Results.*– Challenges included high caseload, financial inflexibility of the NDIS, NDIA understaffing, and underqualification of key workers. Risks to staff and participants were under-assessed and under-supervised.

*Conclusions.*– There needs to be increased numbers of social workers, qualified case workers and support staff. Key workers risk burnout and injury. The delivery of the NDIS needs to be more flexible and better managed, with significant investment increases in staffing, professional development and workers' compensation insurance.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0797

### Motor dysfunctions and negative symptoms in schizophrenia

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**Introduction.**– Negative symptoms in schizophrenia involve a complex constellation of symptoms, involving affective, volitional, behavioural and interpersonal dysfunctions. Neurological soft signs, independent of treatment are being considered endophenotypic constructs underlying schizophrenia, with significant and considerable difference between healthy controls and patient's family members. It had been suggested that these dysfunctions of sequencing and complex coordination might be associated with negative symptoms in schizophrenia. Meanwhile, motor speed is also important in schizophrenia, due to medication-induced Parkinsonism, but also due to the pre-motor functions involved in cognitive (i.e. executive functions) and volitional processes.

**Aims.**– The aims of this study consisted in evaluating the relationship between motor dysfunctions in various subdomains (speed, coordination, sequencing) and negative symptoms.

**Method.**– This ongoing study used DSM V criteria to include psychiatric inpatient diagnosed with schizophrenia. Inclusion criteria included a positive diagnosis and willingness to complete the assessment. Exclusion criteria consisted of acute and chronic neurological disorders, developmental disorders, somatic disorders with motor signs or a comorbid depressive episode. Schizophrenia symptoms were evaluated using the Positive And Negative Symptoms Scale. Motor dysfunctions were evaluated using a battery of tests, involving motor speed and imaginary motor speed (Time Up and Go task, as well as a imaginary version, the iTUG); motor sequencing and coordination (Brief Motor Scale). 21 patients have been recruited, with a target sample size of 50 to be reached by the end of February.

**Results.**– Correlational analysis revealed significant relationships between negative symptoms and motor domains, including pre-motor functioning.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0798

### Body image and stoma

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**Introduction.**– The damage of the colon-rectum by a cancer confronts the patients with a very particular physical experience. The implementation of a colostomy sends back to the dimensions of the anality with the learning of the sphincter control and the toilet training.

The depreciation of the body image further to the mutilation and the induced functional modifications sends back to the problems of opening and closure of the body, the smells, the dirt and the cleanliness, the retention and the eviction. The image of the body and its change constitute a crucial problem in oncology both for the patients and for the medical teams. So the consequences of a stoma on the psychological plan will not be unimportant: anxious and depressive disorders, posttraumatic stress disorder.

**Results.**– Mr HBR, 58-year-old, presenting an adenocarcinoma of the mid rectum (T2N0), having benefited from a preoperative radio-

therapy. The anterior resection of the mid rectum was performed 3 months ago, with a temporary ileostomy. The patient would have a psychiatric history of a depressive syndrome in 2006. He was hospitalized, for an acute confusional state with a delirious syndrome, behaviour disorders and a refusal of the stoma.

**Conclusion.**– In our industrialized societies where the standards of fashion and advertising value the beautiful and the complete body, thus hurting the body of the person with stoma, where the suffering, although real, is often ignored and little evoked, it becomes from now on urgent to set up a psychological support for these patients.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0799

### Why are you so jealous?

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**Introduction.**– Jealousy is a complex emotion that most people have experienced at some time in life. However it can become an irrational state. Othello's syndrome (OS), named after the character in Shakespeare's play, refers to the delusion of infidelity of a significant other, which is sometimes used interchangeably with delusional or morbid jealousy.

**Aim and methods.**– Understand the causes of OS. Pub Med was used as a research source.

**Results.**– OS has been associated in different studies with psychiatric and neurological disorders including strokes, brain trauma, brain tumors, neurodegenerative disorders, encephalitis, multiple sclerosis, normal pressure hydrocephalus, endocrine disorders, and drugs. Othello's syndrome was most commonly associated with a neurological disorder compared with psychiatric disorders. This delusion appears to be associated with dysfunction of the frontal lobes, especially right frontal lobe. Delusional jealousy is also frequent problem in dementia.

**Discussion and conclusions.**– Clinicians must have a high index of suspicion of organic disease when OS presents for the first time. Frontal lobe dysfunction may be called into question in delineating the cause of the delusional jealousy seen in Othello syndrome.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0800

### Substance abuse and violence in schizophrenic patients

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**Objectives.**– To evaluate the management of substance abuse in schizophrenic patients. To study the association between substance abuse and the act of violence.

**Material and method.**– Our study is retrospective, carried out in the department of psychiatry, CHU Mohammed VI in Marrakech. This is a study looking at a 4-month period in a sample of 116 schizophrenic patients according to DSM IV. The assessment of violence was made by the Aggression Questionnaire (QA, Buss and Perry, 1992)

**Results.**– It has been shown that three toxic substances are factors of physical aggression: tobacco, cannabis and alcohol. Patients who take these substances have a high average of physical aggression compared to those who do not take them. Patients who consume

tobacco and cannabis are verbally more aggressive than those who do not consume them. We found that patients who take tobacco and cannabis as well as alcohol are angrier and more hostile than those who do not take them.

**Conclusion.**– The withdrawal aid for toxic substances would clearly help to reduce the rate of aggression in schizophrenic patients.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0801

### Considering self-disturbance from the perspective of aberrant interoception in schizophrenia

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Self-disturbances in schizophrenia are beginning to be explained by abnormalities in the “sense of ownership” and “sense of agency.” Although there are many factors for the emergence of the sense of ownership, one of the most important factors is interoception, which is the sense of the internal state of the body, such as the heart rate. In the present study, we compared interoceptive sensitivity between healthy controls and patients with schizophrenia. Nineteen patients and 19 controls were recruited. Their interoceptive sensibility was assessed using the heartbeat detection task. They were asked to count the number of times they felt their own heartbeat during the measurement period. The error rates were based on the discrepancy between the number of reported and actual heartbeats during the measurement period. As the control, they also performed a time estimation task, which was counting the number of seconds during the period. The error rates were calculated in a similar manner as that of the heartbeat. The results showed greater error rates in patients with schizophrenia when compared to that of the healthy controls (error rates:  $47.7 \pm 16.4\%$  versus  $23.0 \pm 13.5\%$ ,  $P < 0.0001$ ) and no significant difference in time estimation (error rates:  $21.1 \pm 15.8\%$  vs  $15.9 \pm 12.2\%$ ,  $P = 0.27$ ), suggesting that patients with schizophrenia have aberrant interoception. These results could provide an understanding of the pathophysiological mechanism of self-disturbances.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0802

### Efficiency of art therapy in the rehabilitation system schizophrenic patients

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The purpose of the research is to study the dynamics of the level of social functioning in schizophrenic patients under the influence of art therapy.

**Materials and methods.**– To reach this goal, we carried out a comprehensive survey of 86 male and female inpatients aged 18 - 65 years old with a diagnosis of schizophrenia in the period

of stabilization. Art-therapeutic correction was used along with psycho-pharmacotherapy complex therapy.

**Results and discussion.**– The investigation showed that the following dynamics of artistic expression was observed in the process of art therapy: in the initial stages created image data were characterized by amorphous, vague boundaries, changes of normal and initial forms, mixing of different styles and in the last stages of art therapy created image data acquired symbolic, archetypal character, greater structure and completeness.

It was found that the level of general behavioural dysfunction in the society in the main group improved to 87.4%; dysfunction in the performance of social roles in society - 75.1%, disruption of patients in hospitals - 73.7%; dysfunction of modifying factors - 82.5%, after completion of art therapy, according to the results of a study of the social functioning of patients with schizophrenia.

The obtained data testify that the complex approach in the therapy of schizophrenia, which included psycho-pharmacotherapy in combination with art therapy, leads to restoration of social activity and successful resocialization of patients.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0803

### Clinical predictors of clozapine response

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**Introduction.**– Schizophrenia is a severe, and disabling mental disorder. An evaluation of clinical predictors to clozapine was described.

**Objective.**– Identify clinical predicting factors to clozapine.

**Methods.**– This is a cross-sectional study conducted in the psychiatric department in Tahar Sfar Hospital, Mahdia, including patients diagnosed with schizophrenia or schizoaffective disorder according to the DSM V criteria and treated with clozapine. The general and clinical data were collected using a pre-established questionnaire designed for the study.

**Results.**– Of the 33 patients, 78.8% were males and 69.7% were single. The mean age was 36 years old. The mean age at the onset of the disorder was 24 years old. The beginning of the mental disorder was acute in 21.2% of the cases. The mean duration of the disease course before starting clozapine treatment was 11 years. The mean duration of treatment was 19 months. The diagnosis according to DSM V criteria was schizophrenia in 87.9 and schizoaffective disorder in 12.1% of cases. The outcome was assessed by PANSS and BPRS scales with a symptomatic remission in 63.63% of cases. The analytical study revealed a significant correlation between favorable evolution and the latest onset of the disorder ( $P = 0.04$ ), the number of previous hospitalizations ( $P = 0.009$ ), disorder's duration ( $P = 0.032$ ), male sex ( $P = 0.0004$ ) and secondary resistance ( $P < 10^{-3}$ ).

**Conclusion.**– The evaluation of clinical factors is important in our practice in order to improve the response to clozapine. Otherwise, adherence to treatment and quality of insight are determining factors of the treatment response.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0804

### Predictors of a violence in resistant schizophrenia

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*Introduction.*– The violence among patients resistant schizophrenia remains a subject of controversy.

Prevention of these violent acts based in identifying predictors of this behaviour.

*Aims.*– Identify clinical and psychometric predicting factors to violence.

*Methods.*– This is a cross-sectional study conducted in the psychiatric department in the EPS Mahdia, Tunisia, including patients diagnosed with schizophrenia or schizoaffective disorder according to the DSM V criteria and considered resistant as kane resistance criteria. The general, clinical and psychometric data were collected using a pre-established questionnaire designed for the study. We used the Historical Clinical Risk Management-20 (HCR20) to evaluate dangerousity.

*Results.*– The mean age of our population was 36 years. Sex-ratio (H/F) was 3.7. Most of them were from rural origin (57.6%) and single (70%). Addictive behaviour was found in 30.3% of case. The act of violence was major in 36% of case.

The analytical study revealed a significant correlation between major act of violence and addictive behaviour ( $P=0.21$ ), recent toxic use ( $P=0.04$ ) and the Hai HCR-20 score ( $P=0.044$ ).

*Conclusion.*– It emerges from this work that the major act of violence among patients with resistant schizophrenia or schizoaffective disorder is associated with addictive behaviour, recent toxic use and the HCR-20 score which are not specific factors and found in other psychiatric disorders.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0805

### The importance of the early diagnosis of psychosis

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*Introduction.*– Psychosis is a mental state in which the individual experiences a distortion or loss of contact with reality. Symptoms include hallucinations, delusions and thought disorder. Nowadays identification of individual vulnerability is not possible, but a correct and quick diagnosis of psychotic symptoms is fundamental to be able to introduce a right treatment to patients, and to avoid the personal consequences of the symptomatology. But how can we make this early intervention?

*Objectives.*– The objective is to provide a bibliographic review of the early diagnosis and treatment of psychosis.

*Methods.*– A systematic review from the literature has been carried out by Pub Med/Medline, Cochrane, and Dialnet

*Results.*– There are a number of strategies to achieve early intervention. The first one is community education; the family doctor has to know early signs to make a rapid detection, and we have to lessen the stigma associated with mental illness. Treatment occurs in four main stages: Detection, immediate management, early and late recovery, and continuing care.

The typical course of the initial psychotic episode can be conceptualized as occurring in three phases. These are the prodromal phase, the active phase and the recovery phase.

*Conclusions.*– The early diagnosis and treatment of first episode psychosis can significantly improve the prospects of recovery and reduce longer-term impairment for many individuals. Treatment requires the integrated use of pharmacological, psychological, family and group interventions. The therapeutic relationship is very important to improved adherence.

*Keywords:* Early Diagnosis; Psychosis; First episode; Treatment

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0806

### Subjective cognitive impairment in people with early psychosis: Relationship with objective cognitive impairment and clinical symptoms

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*Introduction.*– Subjective cognitive impairment (SCI) among individuals with early psychosis is under-recognized and under-studied. Yet, SCI is as important as objective impairment to be understood, since it assesses cognition difficulties in everyday, real-life situations from a personal perspective and is therefore an essence of individualized medicine.

*Objectives.*– This study aims to explore the associations between the objective and subjective measures of cognitive impairments and to identify factors contributing to SCI among people with early psychosis.

*Methods.*– Participants were 63 females (mean age=24.41 years old, SD=8.15) diagnosed with early psychosis within 5 years. They completed a battery of neuropsychological tests assessing on a range of cognitive functions. These included memory (HKLLT, Digit SPAN), attention (Letter Cancellation test), and executive functions (WAIS, STROOP). The Subjective cognitive impairment Scale (SCIS) was also used to assess their perceived cognitive decline. Psychotic symptoms (PANSS) and depression (CDS) were also assessed.

*Results.*– SCIS was not correlated with any of the objective cognitive tests results ( $P>0.05$ ). It was positively correlated with depression ( $r=0.55$ ,  $P<0.001$ ) and positive symptoms ( $r=0.49$ ,  $P<0.001$ ). A hierarchical multiple regression model reveals that positive symptoms and depression together explained 31.3% of the total variance in SCIS and only depression significantly predicted subjective cognitive impairment in our participants ( $\beta=0.4$ ,  $P<0.01$ ).

*Conclusions.*– Subjective feeling of cognitive impairment may be a result of catastrophization associated with depression secondary to the psychosis. Treatments should not only focus on symptomatic remission and cognitive training, but also place emphasize on improving affects of individuals with early psychosis.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0807

### Psychosis in temporal lobe epilepsy: A case report

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**Introduction.**– Psychotic syndromes are frequently found in people with epilepsy, with prevalence rates ranging from 4% to 7% of all people with epilepsy; this is up to 15 times higher than the 0.4% prevalence in the general population. The rate increases to 11% when temporal lobe epilepsy (TLE) is investigated alone, suggesting a greater prevalence of psychosis in those whose seizures originate in the temporal lobes.

**Methods.**– We describe a case of Temporal Lobe Epilepsy TLE discovered in patient with acute psychosis and discuss the association between epilepsy and psychosis.

**Case report.**– A 35-year-old Tunisian man was admitted to an inpatient psychiatric unit for management of acute psychotic symptoms: delusional ideas, auditory and visual hallucinations. He had a prior diagnosis of schizophrenia and was on Risperidone 4 mg per day but no improvement with prescribed medication in the 12 weeks before admission.

Upon admission, necessary investigations were performed including CT scan and EEG. His CT was normal but EEG was grossly abnormal. Neurology consultation was sought and a sleep deprived EEG and MRI was ordered. Meanwhile, carbamazepine was commenced in view of the change in diagnosis to that of temporal lobe epilepsy. The patient responded very well to this regime and improved in all spheres. He was finally discharged with follow-up appointments with both neurology and psychiatry clinic.

**Conclusion.**– This case highlights the importance of remaining open-minded in patients with refractory psychosis.

These cases suggest that despite the association between acute psychosis and seizures, in particular TLE, a routine EEG may provide additional benefits to the clinician.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0808

### Neurodevelopmental influences in psychosis: A Case of left cerebral hemiatrophy and a psychotic episode

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Dyke-Davidoff- Masson syndrome (DDMS) is a radiologically defined characteristic childhood syndrome, which consists of unilateral hemispheric atrophy accompanied by ipsilateral calvarial thickening and overgrowth of sinuses. This rare syndrome includes two forms comprising: the congenital form, which may result from congenital malformations, infections or vascular etiology and the acquired form related to perinatal birth trauma, hypoxia and intracranial hemorrhage, or postnatal prolonged febrile convulsions, trauma, vascular insult or intracranial infections. The clinical symptomatology usually starts in early childhood and mainly includes contralateral motor impairment, facial asymmetry, epilepsy and intellectual dysfunction. Psychiatric manifestations are uncommon and have rarely been reported

We report a 41-year-old male who presented with left cerebral hemiatrophy and psychotic episode. We discuss the relevance of left-sided neurodevelopmental cerebral atrophy in the context of disrupted neural development of brain lateralization, plasticity, and

evidence regarding left hemisphere dysfunction in schizophrenia and other psychotic disorders.

Overall, this rare case of DDMS manifesting with a psychotic episode expands the available sparse evidence concerning the neuropsychiatric aspect of cerebral hemiatrophy and adds to the evidence that this condition may present with psychotic abnormalities particularly when left hemiatrophy is present. As a disorder of neural development confined to a unilateral cerebral hemisphere, DDMS is especially interesting in the context of lateralization of brain functions associated with neuropsychiatric disorders and neurodevelopmental models of schizophrenia. The influence of abnormalities in neural connectivity, changes in plasticity following early hemispheric damage and functional reorganization of neural networks contributing to the pathogenesis of psychotic disorders remain to be elucidated.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0809

### The devil's eyes, association between epilepsy and psychosis: A case report

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**Introduction.**– Temporal epilepsy is a form of partial epilepsy characterized by complex partial seizures. Studies show that patients with temporal epilepsy tend to have an increased incidence of secondary psychosis. Nevertheless, there are cases in which epilepsy and psychosis coexist as distinct disorders.

**Objectives.**– To disclose a clinical case where epilepsy is comorbid with paranoid schizophrenia.

**Methods.**– Psychiatric assessments (psychiatric interview, PANNS scale, SCL-90 scale).

**Results.**– A 17-year-old Romanian male, living in a rural area, with complex organic pathology (mental retardation, macrocephaly, epilepsy with partial seizures and previous intracranial hypertension). The patient was admitted for psychomotor agitation, delusions regarding eye change: "my mother switched her eyes with mine, then in another city, at the market, switched hers, which were mine, with the devil; now my eyes belong to the devil"; auditory and visual hallucinations: "God appeared to me and told me that I am Jesus"; mystical delusions secondary to the visual and auditory hallucinations, bizarre behaviour (even when awake, the patient stayed with his eyes closed). Blood tests within normal limits. After assessment of symptoms, he was diagnosed with paranoid schizophrenia according to ICD-10 criteria and received treatment with antipsychotics and mood stabilizers.

**Conclusions.**– The particularity of this case stems from the association between epilepsy with bizarre schizophreniform psychosis, in a young man with complex organic structure and the presence of mystic delusions (which can occur in both epilepsy, as well as in functional psychoses).

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0810

### Impact of clozapine prescription on global functioning

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**Introduction.**– Clozapine's superiority in treating resistant symptoms has been recognized since its introduction. Indeed, this antipsychotic has transformed the outcomes of many handicapping psychiatric disorders). Later, the positive effect of this drug on quality of life has been proven at 12 months of treatment. Besides, little is known about clozapine's effect on global functioning.

**Objectives.**– To compare the global functioning of patients before and after treatment with clozapine.

**Methods.**– This is a retrospective and cross-sectional study conducted in 2015 in male outpatients with schizophrenia, bipolar and schizoaffective disorders treated with clozapine. Data related to social functioning as well as psychometric data: Global assessment of functioning scale (GAF), Positive and Negative Syndrome scale (PANSS) and the clinical global impressions scale (CGI) were recorded.

**Results.**– Forty two men were included in this study. The mean age of the sample was  $36.9 \pm 7.31$  years.

A significant increase in GAF scores was recorded at 6 months of clozapine ( $P=0.002$ ). When comparing PANSS and CGI scores before clozapine initiation and at the time of the study in 2015, an important improvement was noted ( $P=0.011$ ;  $P=0.000$ ). Furthermore, family relationships were improved ( $P=0.016$ ). However, there was no significant increase in the number of friendships and no change in marital status in the patients.

**Conclusions.**– Our findings suggest a positive effect of clozapine on global functioning. More prospective studies are needed to confirm these results.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0811

### A vicious cycle: The potential pitfalls of misdiagnosing myasthenia gravis (MG) for antipsychotic-induced extra-pyramidal side effects (EPSE)

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**Introduction.**– MG is an autoimmune neuromuscular disease weakening skeletal muscles and in severe cases can affect breathing. Antipsychotic medication can produce EPSE resembling symptoms of MG. If MG is misdiagnosed as EPSE then anticholinergic medication is frequently considered. Crucially, anticholinergic medication is contraindicated in MG and can in turn mimic worsening EPSE. MG alternatively should be treated with anticholinesterase inhibitors.

**Objective.**– This complex case-report highlights the complexity of diagnosing MG in a patient with paranoid schizophrenia suffering with what was thought to be EPSE caused by antipsychotic treatment.

**Methods.**– Symptoms included slurred speech, muscle weakness and dysphagia. Anticholinergic medication (procyclidine) was prescribed for a number of years in order to treat such symptoms. There was no improvement noted however procyclidine may have made these symptoms worse. A blood sample was taken to rule out MG, which was positive for Acetylcholine Receptor antibodies, which supported the diagnosis of MG. His MG was therefore

treated using IV immunoglobulin, plasmapheresis and an anticholinesterase inhibitor.

**Results.**– Zuclopenthixol alone has a marked anticholinergic effect. This in combination with anticholinergic treatment can significantly worsen MG symptoms. Zuclopenthixol was therefore switched to olanzapine, which has a relatively lower anticholinergic effect and fewer tendencies for EPSE. The symptoms of slurred speech, muscle weakness and dysphagia all improved. The symptoms of psychosis also improved.

**Conclusion.**– A differential diagnosis of neurological conditions should be considered when faced with complex symptoms suggestive of side effects related to antipsychotic treatment.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0812

### Prevalence of depression and anxiety in patients with schizophrenia

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**Objective.**– Determine the prevalence of depression and anxiety in patients with schizophrenia.

**Methods.**– This is a descriptive cross-sectional study of 30 patients with schizophrenia at the outpatient department of psychiatry at the Hedi Chaker hospital in Sfax. The collection of the various socio-demographic and clinical data was done thanks to an anonymous self-questionnaire. The depressive and anxious symptomatology was evaluated using the HAD (Hospital Anxiety and Depression scale) scale translated into Arabic and validated in Tunisia. A score superior of 7 meant depression or anxiety.

**Results.**– The mean age in our sample was 39.3 years. Most were without a job (63.3%). The socio-economic level was average in 75%. The mean age of onset of the disease was 30.4 years. The number of hospitalizations ranged from one to 11 hospitalizations with an average of 4.77.

Depression was noted in 13,3% of patients, 30% had a suspicious depressive symptomatology and 56.7% didn't have a depressive symptomatology. Anxiety was noted in 23,3% of the patients while 40% had a suspicious symptomatology and 36,7% didn't have an anxious symptomatology.

**Conclusion.**– Our results underline the significant association, of depressive and anxious symptoms in a population of schizophrenic patients. This leads to the advantage of screening for an anxiety or depressive comorbidity in order to initiate the necessary treatment.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0813

### Money for medication: Using financial incentives for improving medication adherence in patients with psychotic disorders; a multicentre, open-label, randomised controlled trial

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**Background.**– We aimed to assess the effectiveness of using financial incentives for improving adherence to antipsychotic depot medication in patients with psychotic disorders.

**Methods.**– A multicentre, open-label, randomised controlled trial at three mental health-care institutions in secondary psychiatric care services in the Netherlands. Eligible patients were aged 18–65 years, had been diagnosed with schizophrenia, had been prescribed antipsychotic depot medication, and were participating in outpatient treatment. Patients were randomly assigned to receive 12 months of either treatment as usual plus a financial reward for each depot of medication received (€30 per month; intervention group) or treatment as usual alone (control group). The primary outcome was the Medication Possession Ratio (MPR), during the 12-month intervention period. Patients were followed up for 6 months, during which time no monetary rewards were offered.

**Findings.**– Patients ( $n=169$ ) were allocated to the intervention ( $n=84$ ) or the control group ( $n=85$ ). Primary outcome data were available for 155 (92%) patients. At baseline, the mean MPR was 76.0% in the intervention group versus 77.9% in the control group. After 12 months, the mean MPR was higher in the intervention group (94.3%) than in the control group (80.3%), with an adjusted difference of 14.9% (95% CI 8.9–20.9%;  $P<0.0001$ ). This difference was maintained throughout the 6-month follow-up period: in the intervention group (86.6%) versus the control group (76.0%; adjusted difference 6.5%, 95% CI 2.0–10.9;  $P=0.047$ ).

**Interpretation** Financial incentives are an effective way of improving adherence to antipsychotic depot medication among patients with psychotic disorders.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0814

### **Treatment resistant schizophrenia: A case report with long term hospitalization**

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**Introduction.**– Schizophrenia is a common chronic mental disorder that affects 1% of the world's population. Although most of the patients respond to typical and atypical antipsychotics, a third of them don't respond to treatment well and they are considered treatment resistant patients.

**Objectives/Aims.**– In this case, we aimed to make a brief review on treatment resistant schizophrenia through a schizophrenia patient with long term hospitalization.

**Methods/Case.**– A 31 year old woman who had multiple hospital admissions with several diagnosis s was admitted to psychiatry unit with negativism, mutism irritability, insomnia, auditory hallucinations and socaial withdrawn behaviours. Her total PANSS score was 144. During four months of hospitalization period, she was given several combinations; paroxetine that she had used for 8 years, risperidone, olanzapine, essitalopram, aripiprazol and amisulpride. Electroconvulsive therapy was initiated because of the ongoing symptoms and her negativism. Due to the prolongation of the seizures, ECT was terminated at the fifth session. At the end of, we intent to start clozapine therapy but persisten leukopenia and pneumonia developed and it was cancelled.

**Results.**– Now, she is given amisulpride 1200 mg/day, olanzapine 30 mg/day, aripiprazol 30 mg/day and her PANSS score is 111 at the 137 th day of her hospitalization, and we decided to discharge her.

**Conclusions.**– When we rewieved the literature about the treatment resistant schizophrenia over the patient who still has the symptoms, it is concluded that the well being does not always develope.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0815

### **Anhedonia in patients with schizophrenia and its relationships with negative symptoms and depression**

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**Introduction.**– Anhedonia has long been considered part of negative symptoms of schizophrenia, however some studies failed to confirm this evidence and suggest that anhedonia in schizophrenia may be more closely associated with depression than with negative symptoms, also in the acute phase of the illness.

**Objectives.**– To characterize trait anhedonia in patients with schizophrenia with respect to healthy controls and to explore the hypothesis that it may be more associated to depression than to negative symptoms.

**Methods.**– This study included 35 schizophrenic patients (SCZ) and 24 healthy controls (HC). Trait anhedonia was assessed by means of the Chapman Physical Anhedonia Scale and the Chapman Social Anhedonia Scale; consummatory and anticipatory anhedonia were assessed by means of the Temporal Experience of Pleasure Scale. For SCZ patients, the factor "Depression" was extracted from the Positive and Negative Syndrome Scale by the average of the items Anxiety (G2), Guilt feelings (G3) and Depression (G6). Avolition was measured by using the Schedule for the Deficit Syndrome.

**Results.**– SCZ showed, with respect to HC, a deficit in both consummatory and anticipatory pleasure and a greater severity on both social and physical anhedonia. In SCZ, trait social anhedonia was significantly predicted by depression, while neither social nor physical trait anhedonia were associated to Avolition.

**Conclusions.**– According to our findings, patient with schizophrenia have a deficit in consummatory as well as in anticipatory pleasure. Our data also support the hypothesis that anhedonia in schizophrenia is more related to depression than to negative symptoms.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0816

### **Gender dysphoria versus self-identity disorder produced by psychosis**

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Many psychiatric disorders share similar symptoms, sometimes it is difficult to perform a correct nosology or differentiate one disorder from another depending on the clinic.

We present the case of a 17-years-old man admitted to a Psychiatric Unit after an overdose of drugs. The patient was initially diagnosed with psychosis, presenting a delusional idea of harm and self-referentiality, stating that "he was recorded with cameras", that he "felt persecuted" and "somebody wanted to kill him".

Between his clinic, he also verbalized that “he would like to get rid of her body, become the opposite of his gender”, that “when he looked in the mirror he doesn’t recognize himself”, “he would like to be a woman” and “dress like she”, and that “inside his body, he had a woman”. He dressed in her mother’s clothes and at some point thought of cutting her genitals.

At a certain moment, a diagnosis of gender dysphoria superimposed on the psychotic disorder was considered, but it was finally discarded, when this symptomatology acquired a psychotic character, such as referring to “having a woman inside who gives him some orders”, as well as when referring auditory and kinesthetic hallucinations.

Therefore, in the field of psychiatry, there are sometimes limitations in making diagnoses, based exclusively on clinical criteria, which are sometimes shared by several diseases. It would be interesting future researches, in order to design exhaustive criteria for the classification of mental illnesses, which minimize the diagnostic ambivalence as much as possible.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0817

### **The relationship between level of cognitive impairment and treatment in patients with paranoid schizophrenia**

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Antipsychotic drugs are the main therapeutic approach in schizophrenia. Although some studies have shown that antipsychotics can improve cognitive functioning, more studies are required to determine their influence on it. 91 patients with paranoid schizophrenia (56% men, mean age 34.6 ± 9.9 years) at the stage of remission stabilization were assessed using Brief Assessment of Cognition in Schizophrenia (BACS), Rey-Osterrieth Complex Figure, PANSS, DAI.

Most often the patients received combined therapy with antipsychotics of different generations (51.3%). Antipsychotic polypharmacy was not a significant factor in determining cognitive functioning of patients, side effects or compliance. It has been shown that monotherapy with second generation antipsychotic was associated with more intact verbal fluency ( $r = 0.329$ ;  $P = 0.047$ ). Greater severity of motor disorders was found in patients taking traditional antipsychotics ( $37.9 \pm 15.6$  vs  $51.1 \pm 17.6$ ,  $P = 0.056$ ). Patients receiving only atypical antipsychotics were more accurate ( $84.8 \pm 25.6$  vs  $66.9 \pm 38.7$ ,  $P = 0.010$ ), demonstrated better working memory ( $35.3 \pm 11.3$  vs  $27.4 \pm 12.9$ ,  $P = 0.012$ ) and verbal fluency scores ( $38.7 \pm 11.4$  vs  $31.6 \pm 13.2$ ,  $P = 0.027$ ). The level of compliance was  $7.5 \pm 1.5$  points. When dividing patients into two groups (47.5% with 4 - 7 points, 52.5% with 8 - 10 points), it was found that more compliant patients were characterized by higher total BACS score ( $30.6 \pm 13.7$  vs  $18.8 \pm 18.3$ ,  $P = 0.071$ ), better planning abilities ( $48.2 \pm 24.3$  vs  $25.6 \pm 47.8$ ,  $P = 0.011$ ) and speech fluency ( $38.4 \pm 10.4$  vs  $31.2 \pm 10.5$ ,  $P = 0.066$ ). Thus, monotherapy with atypical antipsychotics was found to be preferable for sustaining cognitive functioning in patients with schizophrenia. Cognitive impairment is a factor of their adherence to therapy.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0818

### **Clinical features of methamphetamine-induced psychosis in an emergency department of psychiatry: Description of 20 cases**

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*Introduction.*– Over the past few years, methamphetamine-induced psychosis (MIP) has increased in Barcelona, accounting for a significant percentage of psychiatry visits in the emergency department (ED).

*Objectives.*– To describe the epidemiological and clinical features of MIP patients seen in a Psychiatry ED in Barcelona, Spain.

*Methods.*– Cross-sectional, retrospective study of patients seen between Jan 2016 and Nov 2017 at the Psychiatry ED at Hospital Clínic in Barcelona, with diagnosis of acute psychotic episode and recent methamphetamine use (self-report or laboratory confirmation). Patients with diagnosis of primary psychosis were excluded. Data was analysed with SPSS software (IBM, v.23).

*Results.*– Sample consists of 20 patients, 75% male, mean age of  $31.7 \pm 7.3$  years, and a history of substance use disorders (meth-/amphetamines, 40%; cocaine, 20%; GHB; 15%). Most had had a previous MIP episode (55%). Laboratory confirmation for MDMA was obtained in 80%. Most common concurrent drugs included cannabis (35%) and GHB (25%). The most frequent symptoms were anxiety (75%); delusions of persecution (65%), of reference (45%), and of grandiosity (15%); auditory (40%), visual (10%), and tactile hallucinations (10%); disorganized conduct (40%); and aggressiveness (40%). Half presented psychomotor agitation, but only 20% required physical restraint. Acutely, 70% were treated with antipsychotics, either alone or with a benzodiazepine. Mean time to discharge was  $18.6 \pm 13.3$  hours; 60% were referred to outpatient follow-up, while 20% were admitted. At discharge, only 45% were prescribed treatment (olanzapine, 35%).

*Conclusions.*– MIP presents with varied psychiatric symptomatology, including significant violence and aggressiveness. More studies are required on this condition in the Spanish population.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0819

### **Clinical effectiveness of paliperidone palmitate intramuscular 3-monthly formulation in patients with schizophrenia: A case series**

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*Introduction.*– Insufficient treatment compliance is common among patients with schizophrenia and it is associated with an increased risk of relapse and a greater number of admissions to hospital.

In order to tackle this problem, several depot forms of atypical antipsychotic agents have been developed in the past few years, including 1-monthly formulations of olanzapine, aripiprazole and paliperidone. The recently approved new formulation of paliperidone palmitate is the first depot antipsychotic treatment in offering

a 3-month period of effectiveness. This advantage could be crucial in cases of severe non-compliance.

**Objectives.**– In order to explore the clinical effectiveness of paliperidone palmitate 3-monthly formulation, we present a case series of 11 patients with schizophrenia treated with this medication.

**Methods.**– We carried out a retrospective review of clinical files to explore the details of each one of the cases and to formulate Clinical Global Impression (CGI) scores.

**Results.**– Our sample consists on 10 patients diagnosed with schizophrenia who were treated with paliperidone palmitate 3-month formulation. 525 mg was the most frequently used dose. 9 of our patients remained clinically stable or improved after a period of 3 to 9 months after starting their treatment. The remaining patient, who suffered from resistant schizophrenia, continued to have positive psychotic symptoms despite the medication, with no significant worsening when compared with his previous treatment. Medication was generally well tolerated.

**Conclusions.**– Paliperidone Palmitate Intramuscular 3-Monthly Formulation was a clinically effective and well tolerated medication in the long-term treatment of our schizophrenic patients.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0820

### **Treatment of clozapine-induced hypersalivation: A case series and review of the literature**

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**Introduction.**– Clozapine is thought to be the most effective antipsychotic agent, with a remarkable capacity to improve positive, negative and cognitive symptoms.

However, its potential to induce neutropenia has limited its use to treatment-resistant schizophrenia. Other adverse effects, such as sialorrhea, sedation and constipation, although less severe, can have a significant impact on tolerability.

**Objectives.**– Our aim is to review the existing evidence about Clozapine-induced hypersalivation and to report two cases of patients suffering from this side effect.

**Results.**– Sialorrhea affects between 31.0 and 97.4% of patients treated with Clozapine. It usually appears early after treatment.

Although there is no consensus regarding the mechanism by which clozapine causes sialorrhea, it is postulated that this antipsychotic agent antagonizes a number of receptors, which ultimately results in sialorrhea. One of this receptor is A1, whose stimulation causes vasoconstriction in the salivary glands, which causes the excessive production of saliva by an increase of the blood flow.

Clozapine is also an agonist of M4, which promotes excessive secretion of saliva.

We report two cases of patients diagnosed with treatment-resistant schizophrenia, who received Clozapine and suffered from sialorrhea as a side effect. We treated both cases with an anticholinergic agent (scopolamine), which greatly improved the sialorrhea without causing additional adverse effects.

**Conclusions.**– Clozapine is a useful antipsychotic agent which can greatly improve the quality of life of patients suffering from schizophrenia. The use of anticholinergic medication to tackle one of its side effects could increase the tolerability of the antipsychotic medication, which may, in turn, improve treatment compliance and satisfaction.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0821

### **Causes of antipsychotic change in patients with schizophrenia**

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**Introduction.**– With the arrival in recent years of atypical injectable antipsychotics long acting (LAI) a paradigm shift is being proposed in the treatment of schizophrenia for several reasons and among others, why with oral treatments there are frequent relapses due to the abandonment of treatment, with fatal consequences such as increased hospital admissions, and increased polytherapy

**Objective.**– To analyze the causes of change from oral antipsychotic treatment to injectable treatments in patients with schizophrenia in the province of Huelva, Spain.

**Result.**– A preliminary analysis of the data indicates that the most difficult cause is the therapeutic non-compliance, but there are other important causes that will affect the patient and the therapeutic processes that will be analysed in depth.

**Conclusions.**– Long acting injectable antipsychotics are an alternative to other oral therapies, which ensure proper administration, reduce hospitalizations, stay in hospital and favor monotherapy

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0822

### **Subclinical clozapine-induced myocarditis: The importance of using a screening protocol**

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**Introduction.**– Clozapine-induced myocarditis is a rare but serious risk of clozapine use. Despite having incidence rates similar to, if not higher than, clozapine-induced neutropenia, there are no consensus protocols for monitoring the risk for its development. We present a case of a 44-year-old female with subclinical clozapine-induced myocarditis, which was detected with a modified protocol described in Ronaldson et al.

**Objectives.**– The use of early signs and symptoms of clozapine-induced myocarditis, such as the ones included in our protocol, may detect subclinical cases of clozapine-induced myocarditis.

**Results.**– Baseline troponin T, C-reactive protein and ECG showed no alterations, while the patient maintained abnormally high heart rate. On day 14, we detected a mild elevation in C-reactive protein with normal troponin T and without signs or symptoms consistent with infective illness or cardiac illness. With these results, we monitored troponin and C-reactive protein daily and both Troponin T and C-reactive protein showed a mild elevation (Troponin T > 200 and CRP > 50 mg/L). The ECG and Transthoracic Echocardiography were normal. At this point, we interrupted the treatment with clozapine. For the next days, Troponin T and PCR were normalized. Cardiac magnetic resonance imaging was performed on day 9 of clozapine cessation and resulted normal. The patient was asymptomatic at all times.

**Conclusions.**– Through the following case and subsequent overview of literature, we have attempted to emphasize the importance and

difficulty of the timely diagnosis of clozapine-induced myocarditis, being of interest to carry out a screening protocol to detect clinical and subclinical cases.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0823

### **Paraphrenia: Kraepelin's Dark Horse – A historical review about a case report**

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*Introduction.*– Kraepelin introduced the concept of paraphrenia and described it as a functional psychotic disorder different from dementia praecox. Paraphrenia is currently excluded from the main diagnostic classifications, but it still has a shadowy existence on the edge of our psychiatric nosology, being recognized by some but labeled as “atypical psychosis”, “schizoaffective disorder” or “delusional disorder” considering the lack of better diagnostic criteria. Kraepelin's described a disorder similar to modern day paranoid schizophrenia, with fantastic delusions and hallucinations, but with less cognitive deterioration and much better affective functioning. Personality was less deteriorated, volition was less impaired and behaviour was less disturbed. Patient's ability to communicate with others and demonstrate rapport and affective warmth remained fairly good.

*Objectives.*– To do a non-systematic literature review about the historical concept of paraphrenia and to present the case of a patient with systematized delusions and hallucinations but good affective and cognitive functions.

*Methods.*– Review of the literature on the topic and description of the clinical case.

*Results.*– One hundred eighty-one articles were found. According to their relevance, 12 articles and 3 books were chosen.

*Conclusions.*– It is possible to define and recognize paraphrenia in patients who meet the current criteria for schizophrenia but do not show the affective and cognitive decline that the strict definition of early dementia requires. The prognostic implications of these cases are completely different from those in which deterioration occurs. We suggest that further research would help to clarify these diagnostic categories, in benefit of the patients.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0824

### **Toxoplasmic encephalitis in an immunocompetent host during childhood followed by schizophrenia 17 years later**

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*Introduction.*– Many studies reported an association between toxoplasmosis and schizophrenia. The neurobiological changes induced by *Toxoplasma gondii* in rodents and the links with the actual conception of the neurobiology of schizophrenia could be seducing.

However studies, or even case reports, demonstrating the anteriority of a toxoplasmic infection to a schizophrenia still missing.

*Material and methods.*– We examined the case of a patient with ultrasensitive schizophrenia who presented a toxoplasmic encephalitis during his childhood.

*Results.*– The 9 years old patient presented in 1973 acute psychotic symptoms after a few days of fever. Toxoplasmic encephalitis was diagnosed by seroconversion and a complete recovery was observed under antitoxoplasmic treatment. During 17 years after this infection, the patient did not present any psychotic features and developed later, in 1990 as he was 26 years old, chronic psychotic symptoms. There was no toxoplasmic seroconversion found in 1990. These symptoms always resisted to antipsychotics drugs (PANSS score = 96 with 12 items  $\geq 4$  under clozapine). Moreover, all EEG registered between 1973 and 2013 showed an irregular activity with intermittent delta or theta activity in the frontal derivations. The MRI, performed in 2013 at the age of 50, showed a moderate diffuse cortical atrophy with predominance in temporal lobes. MMSE score was 29/30 in 2013. The patient was immunocompetent, in particular HIV negative.

*Conclusion.*– Cerebral toxoplasmosis is a very rare presentation of *Toxoplasma gondii* infection in immunocompetent hosts. This case is the first case reported of a toxoplasmic infection preceding schizophrenia.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0825

### **Use of Transcranial Direct Stimulation (TDCS) in treatment of negative symptoms of schizophrenia**

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*Introduction.*– Schizophrenia (SCZ) is a debilitating disease that affecting approximately 1% of the population. Most patients with schizophrenia have severe social, role and global functional impairment and poor quality of life. Negative symptoms are among the major determinants of this functional impairment and a significant proportion of patients with negative symptoms will continue to experience these symptoms despite antipsychotic medications. For example, negative symptoms like amotivation and affective flattening remain some of the most vexing challenges for effective treatment and improvement in outcome.

*Methods.*– This is a selective review of the literature published between 2011 and 2017 on use of TDCS in treatment of negative symptoms of schizophrenia. We included only studies where schizophrenia and negative symptoms were assessed using any psychometrically validated scale (e.g. SIPS/SOPS or CAARMS). Studies of participants with neurological conditions were excluded, as were those that did not report any symptom outcome variables.

*Results.*– Only five studies are included. Two studies showed a decrease of negative symptoms. In a case study, results showed a substantial reduction of positive and negative symptoms. The other studies did not showed any therapeutic effects of tDCS in the severity of positive and negative symptoms compared to controls.

*Discussion.*– Our findings are controversial and suggest that there is a need for further studies on the use of transcranial direct stimulation. Indeed, it should be considered a new complementary treatment option for reduction of negative symptoms in schizophrenia.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0826

### **Psychosocial treatments: What patients say they need and what clinical psychologists can offer**

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*Introduction.*– There is a growing body of evidence on the efficacy of psychological interventions for schizophrenia (Pilling S. et al., 2002).

*Objectives.*– This study examines the psychosocial treatment-related beliefs and perceived needs of patients, and proposes ways that clinical psychologists can help meet these needs.

*Methods.*– We constructed a concise mixed-method survey to assess patients' confidence and attitudes about psychosocial treatment, and perceived needs for additional support. An initial form of the survey was trialed on a small group of patients; suggestions for changes were included on the final version of the survey. Forced-choice and open-ended survey questions provided quantitative and qualitative data from  $n=12$  patients who were in the midst of implementing a psychosocial treatment in a large psychiatric hospital in Moscow.

*Results.*– The majority of patients perceived benefits (87 percent) as well as drawbacks (93 percent). Qualitative responses indicated that patients supported the idea of psychosocial treatment, but were ambivalent about implementing these practices. Patients' strongest need was for additional training.

*Conclusions.*– We conclude with suggestions based on our findings for how clinical psychologists can best support patients to implement more inclusive practices. Specifically, we suggest that clinical psychologists need to be more visible and proactive in supporting patients, and can positively influence greater inclusion by: (1) offering more psychosocial treatment options; (2) disseminating research that shows clinical benefits of psychosocial treatment; (3) developing realistic learning plans; and (4) listening to and advocating for patients.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0827

### **The role of aripiprazol on functional recovery of a patient with schizophrenia.– A Case Report**

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*Introduction.*– In schizophrenia-spectrum disorders a balance between symptom remission and functional recovery should be achieved. First-generation antipsychotics (FGA) are effective in positive symptoms control but may worsen negative and cognitive symptoms.

*Objectives.*– To report the case of a patient with schizophrenia difficult to manage due to symptom resistance and impaired psychosocial functioning, that achieved functional recovery after a switch from zuclopenthixol to aripiprazol.

*Methodology.*– We present the patient's clinical history, diagnostic investigation, therapeutic approach and clinical evolution. A research was performed in the "Pub Med" database with the terms "schizophrenia", "zuclopenthixol", "aripiprazol", "functional recovery".

*Results.*– We report the case of a 23 year-old man admitted to a psychiatry community team for reference and persecutory delusions, anhedonia, avolition, insomnia, social retirement and functional impairment. Symptoms began two years before. He was first medicated with olanzapine 10 mg/day with no response, then paliperidone 150 mg IM for 2 months with partial response and then zuclopenthixol 200 mg (each two weeks) with psychotic symptom remission. Although, one year later, he maintained marked social functioning impairment and complained of avolition, anhedonia and fatigue. He integrated a rehabilitative structure but couldn't engage in the proposed activities. A switch to aripiprazol 400 mg IM monthly was made with maintenance of psychotic symptom remission and improvement in social functioning. He was able to conclude a one-year internship in a rehabilitative structure with success.

*Conclusions.*– We propose that a switch from FGA to aripiprazol can have a positive impact on psychosocial functioning of patients with schizophrenia.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0828

### **Pathology of the psychic sphere in patients with epilepsy, revealed by psychiatrist of the regional consultative center of the Subarctic Territory**

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*Introduction.*– Epilepsy is a global problem. In the structure of the overall incidence, it ranks third (after diabetes mellitus), and in the structure of neurologic morbidity - 19.0%.

*Objectives.*– The pathology of the mental sphere was analysed in 1312 patients with epilepsy examined by the outpatient psychiatrist of the regional consultative center of the subarctic territory

*Methods.*– Analytical, statistical

*Results.*– In the structure of the pathology of the mental sphere in epileptic patients, the first three ranked places are occupied by (F00-F09): F06.7. Light cognitive disorders -  $26.4 \pm 1.2\%$ ; F07 Personality disorders  $23.4 \pm 1.2\%$ ; F06.6 Organic emotionally labile (asthenic) disorders  $19.9 \pm 1.1\%$ . They account for up to 69.7% of all types of nosological forms detected annually. Then follows: F06.4 Organic anxiety disorders -  $12.1 \pm 0.9\%$ ; F06.362 Nonpsychotic depressive disorders -  $10.5 \pm 0.7\%$ . Less common diagnoses are: F04 Organic amnesic syndrome -  $3.9 \pm 0.5\%$ ; F01 Dementia -  $3.8 \pm 0.5\%$ .

*Conclusions.*– The revealed mental pathology in patients with epilepsy allows the psychiatrist to correct its unfavorable course, reduce the negative effect of epileptic seizures on the brain, the frequency of mental changes and the potential danger of seizures for patients and others. This allows you to solve the problems of epilepsy patients concerning work, car driving, family relationships and offspring.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0829

### **Are the negative SCH symptoms more severe with longer duration of illness?**

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*Background.*– Despite the fact that negative symptoms are among the central manifestations of schizophrenia, they are less known aspect of illness. Negative symptoms referes to loss of function, and they are associated with poor outcome. It is considered that they are more prominent with longer duration of illness.

*Aim.*– To determine negative symptoms in patients with schizophrenia and compare it with duration of illness.

*Subjects and Methods.*– A cross-sectional study was conducted on 60 consecutive outpatients with schizophrenia. Two groups were formed regarding the duration of illness ( $\leq 2$  years, and  $>3$  years). The negative symptoms were established with Brief negative symptoms assessment - BNSA.

*Results.*– Average score of negative symptoms in the group with shorter duration of illness was  $8.37 \pm 2.94$ , and in the group with longer duration was  $10.73 \pm 2.86$ . Independent Samples Test was significant  $P=0.003$ ,  $t=-2.367$ , and therefore difference of scores on BNSA within groups were significant. Moderate size effect was found ( $d 0.69$ ).

*Conclusion.*– Negative symptoms of schizophrenia are more severe with longer duration of illness.

*Keywords:* Schizophrenia; Negative symptoms; Duration of illness

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0830

### **The article gives an in-depth discussion on hebephrenic schizophrenia and aberrant decussation of the pyramidal tracts of the spinal chord**

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Hebephrenic schizophrenia appears to be associated with aberrant decussation of the pyramidal tracts of the spinal cord.

Schizophrenia is a multiperson personality disorder characterised by auditory and visual hallucinations.

Patients with hebephrenic schizophrenia have been found to have aberrant decussation of the pyramidal tracts of the spinal chord.

Hebephrenic schizophrenics suffer from delusional disorders and often suffer from suicidal ideation.

With the DSM classification hebephrenic Schizophrenia is now classified as a DSM IV disorder.

Aberrant conduction disorders result in mood disorders characterised by thought disorders and altered serotonin and noradrenalin levels.

This may well be a genetic manifestation of hebephrenic schizophrenia but the primary abnormality appears to be aberrant decussation of the pyramidal tracts in the spinal chord !

Mood disorders are frequent and patients are unkempt and disheveled.

Frequently they cannot keep a job and spend the day ruminating and staring at inanimate objects.

Their actions are directly opposed to catatonic schizophrenics with multiple schizoaffective disorders pervading their every thought.

The pyramidal tracts decussate in an abnormal fashion and hebephrenics frequently cannot account for themselves. They cannot formulate a sentence and they confabulate making them difficult to follow.

They have guttural utterances and may stammer and stutter.

Suicidal ideation pervades their every thought and they tend to overdress in cold situations.

Their appearance is slack and they lack motivation.

Delusional disorders and grandiose thoughts are the norm.

They have psychomotor poverty and have difficulty in expressing their emotions.

This is all related to abnormal decussation of the pyramidal tracts of the spinal cord!

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0831

### **Schizophrenia is a neurodegenerative disease**

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Major morphological abnormalities in schizophrenia converge on the anterior insula (AI) and anterior cingulate cortex (ACC). The study aimed to determine impaired cellular metabolism in left (LAI); right (RAI) anterior insula and pregenual ACC (pgACC) and longitudinal morphological CNS changes in first-episode schizophrenia spectrum patients (FES). During one MRI session, 1H-MRS at 3T was performed in the AI and pgACC on the largest sample of FES examined by MRS to date and healthy controls (HC). Additionally, longitudinal VBM was analysed in FES between baseline and one year after first scan. Concurrently, resting state functional connectivity analysis of pgACC region was performed in patients. FES showed significantly increased Cho in AI in favour of RAI, and reduced NAA in pgACC in comparison to HC. During the course of illness, GM pathology was detected within brain areas that precisely overlap with functional connectivity network of pgACC. The findings are explained in terms of recently proven intrinsic network-based pathophysiology observed in neurodegeneration in general. Incipient microscopic pathology typically starts within small neuronal populations positioned in central nodes of the brain's network architecture in those disorders. Further in the course, progression of pathology subsequently follows a pathological system model that is best characterized by a cascading network failure (CNF). Our results suggest CNF in schizophrenia as well. During the course of illness, the GM reduction shows spatiotemporal progression in a topographically predicted manner selectively through functional connections of pgACC. The study was supported by the Ministry of Health Czech Republic, grant number 16-32696A

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0832

### **Linguistic effects of an acute relapse-a case series of patients with schizophrenia, schizoaffective and bipolar disorder**

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*Introduction.*– In a comprehensive phenotype determination research we have built our work on the knowledge that mental disorders are accompanied by specific anomalies of the linguistic and cognitive functions.

*Objectives.*– A detailed differential analysis of the linguistic functions' disorders between the acute and compensated states of four patients with bipolar type schizoaffective disorder, bipolar disorder and schizophrenia.

*Methods.*– Clinical assessment was made using PANSS, SANS, YMRS, and MADRS scales. Neuropsychological mapping was done using WCST, Miyake-, Stroop-, VPT, Digit Span (forward/backward), Non-word repetition, Listening Span, ToM False Belief, MMSE, and Clock-drawing tests. For linguistic mapping we tested temporal features of spontaneous speech phonemic fluency, semantic fluency, action naming fluency, discourse organization, narrative intelligence and identity. The intra- and interindividual comparisons were based on qualitative and quantitative analyses.

*Results.*– Cognitive assessments and fluency tasks demonstrated statistically similar performances in both phases (probably due to the small number of elements), although subjects performed better in the remission phase. We found more remarkable differences in some of the temporal features (articulation and speech tempo, hesitation rate) of schizophrenic subject. We observed differences in the narratives the patients have produced: (switching of) perspective, integration, and causality were significantly poorer in the acute phases for all four patients; organization, coherence, recursion, and eventfulness were occasionally more organized and more detailed.

*Conclusion.*– Our findings suggest that in the acute phase phonemic aspects, semantic fluency, some narrative features and mentalization were impaired, regardless of the diagnosis.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0833

### **Vitamin D supplement therapy among hospitalized patients with psychosis spectrum disorder: Clinical and therapeutic correlates**

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*Introduction.*– Vitamin-D plays an important role in calcium homeostasis, bone metabolism as well as in several metabolic-processes, immune responses, and regulating neurotropic, neuroprotective processes, neurotransmission and synaptic plasticity. Recent studies have shown vitamin-D deficiency in patients with psychiatric disorders as well as hypovitaminosis-D as risk factor for schizophrenia.

*Objective.*– We compared Vitamin-D-low-level psychosis-spectrum-disorder patients with and without Vitamin-D-supplement-therapy (VitDTx vs. Tx) by symptom-severity, length of hospitalization (LOS) and psychopharmacological-treatment.

*Methods.*– After written informed consent was obtained, we included 19-patients (VitDTx  $n=8$  [Women  $n=5$ , 62%; Mean-age 40.7 SD12.4] vs. Tx  $n=11$  [Women  $n=4$ , 36%; Mean-age 35.9 SD13.2]) diagnosed with psychosis-spectrum-disorder and low-level-Vit-D in the study. They were consecutively hospitalized (January-June2017) at the Acute-Psychiatric-Unit "Policlinico Tor Vergata "Hospital, Rome, Italy. The Brief Psychiatric Rating Scale (BPRS) and the Positive and Negative Symptoms Scale (PANSS) were used to evaluate symptom-severity. Calcitriol 0.5mcg qd-po was given as Vitamin-D-supplement-therapy.

*Results.*– VitDTx-patients had LOS of 13days vs. Tx-patients 16days; the admission BPRS-score of VitDTx-patients was 58.5vs.68 of Tx-patients; the discharge BPRS-score of VitDTx-patients was 36vs.42 of Tx-patients; the admission PANSS-score of VitDTx-patients was 89.5vs.94 of Tx-patients; the discharge PANSS-score of VitDTx-patients was 53vs.61 of Tx-patients; the discharge CPZEq dose of VitDTx-patients was 425vs.279 of Tx-patients. Moreover, we found the discharge LiEq-dose of VitDTx-patients was 883vs.1219 of Tx-patients (all  $P>0.05$ ).

*Conclusions.*– VitDTx vs. Tx-groups were not significantly different, most likely, because of small sample size. However, this is one of few studies evaluating inpatients with psychosis, Vitamin-D-supplement-therapy and clinical-therapeutic correlates. Further, insight into the role of vitamin-D, in psychosis, might help to shed light on the underlying pathophysiology and aid the design of better treatment strategies (i.e. controlled trials and longitudinal studies) for the twenty-first-century.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0834

### **Gender differences in first episode psychosis patients**

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*Introduction.*– The clinical heterogeneity of psychotic disorders is well established in literature. Gender differences in schizophrenia and first episode psychosis have been the subject of several studies but further understanding of such differences could be an important contribution to an increasingly personalized approach to patients especially in the earlier stages of psychotic disorders.

*Objectives.*– Characterize gender differences in a group of inpatients admitted to a First Episode Psychosis Unit.

*Methods.*– 71 patients admitted to our service between 2016 and 2017 were included in this study (41 males; 29 females). Sociodemographic data, duration of untreated psychosis, substance use,

duration of admission, family history and other clinical data were collected from records. Statistical analysis was performed using SPSS version 25. A significance level of  $P < 0.05$  was used.

**Results.**– There was a statistically significant gender difference in average age (Male average age 26,63; Max. 51; Min. 14; SD 9/Female average age 40,52; Max. 72; Min. 20; SD 15;  $P < 0.001$ ); marital status (Single males 78%/Single females 41%;  $P = 0,04$ ); tobacco use (Males 61%/Females 10%;  $P < 0.001$ ); cannabis use (Males 76%/Females 21%;  $P < 0.001$ ); cocaine use (Males 20%/Females 3%;  $P = 0,04$ ). In the remaining variables there weren't statistically significant differences between genders. Olanzapine and risperidone were the most frequently selected oral antipsychotic drugs as initial treatment in both genders.

**Conclusion.**– Our results are consistent with some of the available data from other studies although significant differences were noted. Further studies exploring differences between clinical profiles of first episode psychosis patients are important to improve the care provided to these patients.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0835

### **Current prescription practices of antipsychotics in the treatment of psychotic disorders in a psychiatric hospital of Nancy**

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**Introduction.**– The prescription of antipsychotics, and in particular, second-generation antipsychotics (SGAs), has substantially increased in recent years. Despite treatment guidelines usually recommending that SGAs are preferable and should be used as monotherapy, available literature revealed frequent use of first-generation antipsychotics (FGAs), polypharmacy, and use of antipsychotics at lower than recommended doses. Minimal data exist regarding antipsychotic use in French psychiatric hospitals.

**Objectives.**– The aim of this study was to assess antipsychotic prescribing practices in the treatment of psychotic disorders and to compare them with guidelines.

**Methods.**– Retrospective cohort study utilizing the hospital database of Centre Psychothérapique de Nancy from 01/01/2015 through 12/31/2015. Only patients with diagnosis for psychotic disorders and with at least one antipsychotic prescription were included.

**Results.**– 204 patients (92 inpatients and 112 outpatients) were included. The majority of patients were men (65.2%,  $45.7 \pm 15.3$  years). In inpatients, the FGAs (58.8%) were the most prescribed and 62.5% were treated with antipsychotics in combination with other antidepressant medications. Multiple antipsychotics were present in 66.3% of prescriptions.

Although the majority of outpatients (56.3%) received at least one SGA, 43.8% were prescribed more than one antipsychotic and 70 (62.5%) patients were prescribed antidepressant agents in addition to antipsychotics. Multiple antipsychotics were present in 26.8% of prescriptions.

The use of antipsychotics at lower than recommended doses was also observed in inpatients (23%) and outpatients (29%).

**Conclusion.**– Current clinical practice differs from guideline recommendations. Patients frequently received FGAs in combination

therapy and at doses below the recommended guidelines for the management of psychotic disorders.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0836

### **Examination of “Anomalous World Experience” (EAW), “Subjective Attention Error Evaluation” (ESEA) and “Frankfurt Complaints Questionnaire” (FCQ) in schizophrenia: Conceptual correspondence**

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**Introduction.**– Examination of Anomalous World Experience (EAW) [1] is a new instrument for the semi-structured evaluation of schizophrenia subjective experiences. Subjective Attention Error Evaluation (Spanish “Evaluación Subjetiva de Errores Atencionales” (ESEA)) [2] explores subjective anomalous schizophrenic experiences assuming a neurocognitive disorder of the attention cognitive control. EAW and ESEA are both based on phenomenology. EAW lists 75 specific items, grouped in six domains: Space and objects, time and events, other persons, language, atmosphere, and existential orientation. ESEA is composed by thirteen items grouped in three factors: Subjective deficits, perceptive intrusions and cognitive-motor automatisms. Frankfurt Complaints Questionnaire (FCQ) [3] is a self-applied instrument composed of 98 items and six complementary coping strategies. EAW, ESEA and FCQ share basic symptoms theory.

**Objectives.**– To propose a conceptual equivalence framework between EAW, ESEA and FCQ.

**Methods.**– Four expert psychiatrists in basic symptoms theory were asked to determine conceptual equivalences between the items of the three instruments. The criteria for doing that were the respective manuals and their clinical experience. Responses were blinded between them. In a second moment, discrepancies were reaching a consensual agreement.

**Results.**– A table of equivalences is presented.

**Conclusions.**– EAW, ESEA and FCQ are complementary instruments in the phenomenological evaluation of schizophrenia.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

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EV0837

### **Role of cognitive control on reward and loss anticipation: An electrophysiological evaluation in schizophrenia**

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*Introduction.*– Cognitive and motivational impairments are core clinical features of schizophrenia and have been reported among predictors of real-life functioning. A crucial aspect of cognitive deficit is the impairment of cognitive control, or the ability to flexibly adjust behaviour in accordance with one's intentions and goals. The role of the anterior N2 component of event-related potentials (ERPs), as a correlate of motivational-based cognitive control, has been assessed in many study, but never explored in subjects with schizophrenia (SCZ).

*Aims.*– We investigated the effects of reward and loss avoidance anticipation on N2 in a group of SCZ and one healthy controls (HC), in order to explore whether reward- and avoidance-based motivation has a different impact on this ERP component in the two groups.

*Method.*– ERPs were recorded during the execution of the Monetary Incentive Delay task in 34 SCZ stabilized on second-generation antipsychotics and 22 HC. Neurocognition, negative domains (avolition/apathy and expressive deficit), positive and disorganization dimensions were also assessed in SCZ.

*Results.*– No group differences were observed in N2 amplitude or latency. In the HC group, N2 amplitude was significantly larger for anticipation of large punishment than reward and for all incentive conditions than neutral one; while in SCZ it didn't discriminate motivational relevance. N2 amplitude was not correlated with psychopathological dimensions and cognitive deficits in SCZ.

*Conclusion.*– Our data evidenced an impact of salience-based motivation on cognitive control only in HC. Findings observed in SCZ suggest that the discrimination of motivational value is impaired, independently of psychopathology and cognitive deficits.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0838

### **Illness causal beliefs in a population of french close relatives of persons experiencing schizophrenia and spectrum disorders**

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*Introduction.*– Parents' illness causal beliefs influence their care behaviour and, in turn, outcomes in their relative experiencing schizophrenia or schizophrenia spectrum disorders. Yet, in France, the evaluation of the Psychiatry and mental health plan 2011-2015 showed that associations were very disappointed by the slow progress in families integration in mental health care. How well informed are French close relatives taking care of a person experiencing schizophrenia about probable causes of the illness? What is their own opinion?

*Objective.*– Our objective is to describe and explore illness causal beliefs of close relatives of persons experiencing schizophrenia.

*Methods.*– We used a semi-structured interview assessing close relatives' level of information about the illness, as well as the Causal item of the Brief Illness Perception Questionnaire.

*Results.*– Our sample is constituted of 27 close relatives of persons experiencing schizophrenia. Our results show that, even if 76,64% had had communication of the diagnosis of their relative, probable causes had been explained to only 42,3% of them. In order to find more information, 48,36% had followed psychoeducation trainings. Genetic was ranked by a majority in our sample as the first probable cause of the illness, shortly followed by substance abuse. Among the other possible causes, trauma and a stressful family environment were the most frequently cited.

*Conclusions.*– After having discussed associations with education, level of information, and psycho-education, we conclude that; being one of the factors influencing type of care behaviour, close relatives' illness causal beliefs should require more attention from health professionals.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0839

### **Differences in illness perceptions in french persons experiencing schizophrenia or schizophrenia spectrum disorders and their close relatives**

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*Introduction.*– Discrepant illness perceptions between persons experiencing schizophrenia or schizophrenia spectrum disorders and their close relatives are related to greater anxiety, depression and lower self-esteem in the first, and greater distress in the second. On the contrary, it was established that family psycho-education reduces relapse rate in persons experiencing schizophrenia, and depression symptoms in parents.

*Objective.*– In this context, our objective is to compare illness perceptions of French persons experiencing schizophrenia and close relatives, and to explore the determinants of discrepancies.

*Methods.*– We used a semi-structured interview and a widely used standardized measure assessing negative perceptions about physical or mental illness, the Brief Illness Perception Questionnaire, in its French validated version.

*Results.*– Our results show significant discrepant perceptions of illness between persons experiencing schizophrenia and their close relatives, in particular in terms of emotional and practical consequences on the person experiencing schizophrenia, personal control of the latter on the course of the illness, probable duration of illness, and faith in treatment efficiency.

*Conclusion.*– After having discussed determinants of these differences, we conclude that discrepancies of illness perceptions between persons experiencing schizophrenia and their close relatives should be assessed at onset and then on a regular basis. Further research would be needed to confirm our results and explore how these discrepancies can best be addressed.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0840

### Supported employment and functional outcome in serious mental illness—a review

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The high rates of unemployment and underemployment among individuals with psychiatric disabilities represent a strong negative impact on quality of life and on the further course of the disease. It also constitutes an impact on mental health costs. For these reasons, there is an increasing interest on understanding the importance of supported employment in the outcome of patients with serious mental illness.

The authors carried out a literature search, with the aim of investigating the barriers to employment for people with serious mental illness (individual, environmental and program factors) and the functional outcome of the individual placement in an evidence-based employment. Overall, the current review is consistent with earlier papers, although here was emphasized that efforts should also be directed towards new populations in order to understand the impact of supported employment in bipolar and schizoaffective disorders.

**Keywords:** Serious mental illness; Supported employment; Schizophrenia; Individual Placement and Support

**Disclosure of interest.**— The authors have not supplied their declaration of competing interest.

EV0841

### Comparison of effectiveness of antipsychotics in schizophrenia in South Asian population: Second-generation versus the first-generation

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**Introduction.**— Antipsychotic medications are the first line treatment for schizophrenia. Two group of drugs are generally used, 1<sup>st</sup> and the 2<sup>nd</sup> generation. Despite many trials there is still a debate regarding superiority of one group depending upon the efficacy and side effect profile.

**Objective.**— To compare the efficacy of the 1<sup>st</sup> & 2<sup>nd</sup> generation antipsychotics for the treatment of schizophrenia.

**Methods.**— This RCT was conducted at in/out patient department of Psychiatry at a tertiary care hospital of Pakistan over the period of six months. All the patients of schizophrenia between 18-50 years of age were included in the study. Each patient was assessed with the Simpson-Angus Scale (SAS) for the EPS and the Positive and Negative Syndrome Scale (PANSS) for the schizophrenia at the baseline, 06 weeks and 12 weeks after starting the designated medication.

**Results.**— The overall response of 1<sup>st</sup> Generation & 2<sup>nd</sup> Generation antipsychotics was 51(140) 36% and 135 (210) 64% respectively (P-value = 0.00024). 63 (45%) patients who were taking 1<sup>st</sup> Generation Antipsychotics had relapse of the disease as compared to the 29(13.7%) patients who were taking the 2<sup>nd</sup> Generation antipsychotics. Dryness of mouth, sedation and EPS were the common side effects with the 1<sup>st</sup> generation antipsychotics while dryness

of mouth, cardiac arrhythmias, and sexual dysfunction were the common side effects with the 2<sup>nd</sup> generation antipsychotics.

**Conclusion.**— This study concluded that the 2<sup>nd</sup> generation antipsychotics were superior to the 1<sup>st</sup> generation antipsychotics among the patients of schizophrenia in terms of the success rate, relapse rate and the tolerability.

**Keywords:** Effectiveness; Antipsychotics; Schizophrenia

**Disclosure of interest.**— The authors have not supplied their declaration of competing interest.

## Sexual medicine and mental health

EV0842

### Spiritual intelligence in gender identity disorder patients and control group

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**Introduction.**— Spiritual intelligence influences mental health disorder patients like gender identity disorder (GID). According to our religious country, Iran, we have insufficient documentation on gender identity disorder patients that are necessary for their treatment. **Objectives.**— To compare spiritual intelligence in Gender identity disorder patients and control group.

**Methods.**— This cross-sectional study was conducted on 30 gender identity disorder patients and 30 age-matched controls that were ruled out axis I and axis II disorders. Spiritual intelligence is assessed by the King Questionnaire 2008 (The spiritual intelligence self-report inventory- SISRI 24) in 4 subscales: Critical Existential Thinking (CET), Personal Meaning Production (PMP), Transcendental Awareness (TA) and Conscious State Expansion (CSE). Data were analysed by t-test.

**Results.**— The results show that the mean spiritual intelligence was significantly lower in gender identity disorder patients ( $P=0.012$ ). Controls had significantly higher scores in the fields of critical existential thinking and transcendental awareness than patients with Gender Identity Disorder ( $P=0.022$  and  $P=0.004$ , respectively). However, in personal meaning production and conscious state expansion, the differences between two groups were not significant ( $P=0.061$  and  $P=0.125$ , respectively).

**Conclusion.**— Gender identity disorder seems to be associated with lower spiritual intelligence. Due to religious restrictions in Middle Eastern countries, further investigations are needed for evaluating the efficacy of spiritual intervention in the treatment of these patients—especially in reducing their guilt feelings.

**Disclosure of interest.**— The authors have not supplied their declaration of competing interest.

EV0843

### Structure of affective disorders and sexual dysfunctions

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**Relevance.**— The structure and severity of affective disorders, mainly in the form of depressive disorders, affect the nature of sexual dysfunctions, which manifest themselves either as a reduction of

sexual activity, or as a complete lack of libido. Affective disorders in the context of sexological dysfunction often lead to suicidal attempts, and also change the clinical picture of the manifestation of the underlying disease.

**Objective.**– the importance of early diagnosis and adequate therapy of psychophysiological disorders in the structure of affective disorders increases.

**Materials and methods.**– Clinical methods, which included the study of somatic status, include gynecological in women and urological in men, the mental status examination.

**Results and discussion.**– were examined in 109 patients, aged 18 to 50 years old. The findings suggest that with anxiety-phobic disorders accompanied by fear and the desire to avoid a traumatic situation, due to the expectation of sexual failure, social isolation is formed with erotic fantasies and autoeroticism. Of special interest are asthenic disorders, which mainly influence the parameters of sexual manifestations, resulting in the weakening of erection or change of the duration of sexual intercourse and also coloring orgasmic sensations. Psychologically emotional reactions of anger, resentment, misunderstanding and loneliness that arise in conflict families accompanied by family and sexual disharmony sexual disorders associated with sexual disorder and abstinence.

**Conclusion.**– The positive effect of the treatment was based on the improvement of sexual dysfunctions in the form of: Increased libido, restoration of erection, ejaculation, acuity of orgasmic sensations, against the background the with drawal of anxiety, improvement in mood, memory, attention, fatigue, anxiety, fear, depression, reduction of neurotic symptoms

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0844

### **Hypolibidemiya in patients with chronic dermatoses**

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**Introduction.**– Assessment of the effects of chronic dermatoses on sexual function is a topical issue. Underestimation of the psychosomatic and sexological status of these patients significantly decreases of treatment.

**Study objective.**– Identification of clinical variants of sexual dysfunction in patients with chronic skin diseases using investigations commonly employed in sexological practice.

**Materials and methods.**– The study enrolled 98 patients suffering from psoriasis and neurodermatitis, aged 18 to 40 years, who underwent clinical-psychopathological, psychological, and sexological evaluations, DLQI and the SCORAD.

**Results and discussion.**– Hypoactive sexual desire disorders was observed in 33 subjects (33.7%): 19 of them male (57.6%) and 14 female (42.4%). These patients had decreased libido, lack of confidence in their sex appeal, depressed moods, and asthenia. There were changes in sexual dysfunction, which were manifested by ejaculation and erection disturbances in men. Decreased libido was observed afterwards, as affective and neurotic disorders set in. In female patients of this group, decreased libido was characterized by the absence of any wish to have sex, deterioration of sexual reactions associated with intercourse, and reduction of sexual tension, coital anorgasmia. Psychiatric disorders were detected in this study group: 51.5% of these patients had a combined anxiety and depres-

sion disorder (F41.2), while dysthymia (F34.1) and hypochondriasis (F45.2) were practically equally common in 48.5% of them.

**Conclusions.**– Obtained data helped formulate a differentiated approach to the psychopharmacological, psychotherapeutic, and sexological correction of mental disorders and sexual disturbances that the described patient population has to receive along with dermatological treatment.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0845

### **Socjodemographic profile of transsexual patients in Poland**

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**Introduction.**– Broadening and popularizing knowledge about the determinants of transsexuality in medical and non-medical communities play an important role in shaping the positive attitudes, tolerance and respect towards persons suffering from this condition and also enables them to receive a proper medical and psychological help. Patients would also benefit from improved diagnostic, therapeutic and legal processes related to the gender change in Poland.

**Objectives.**– The aim of the study is sociodemographic characteristics of the group affected by transsexuality in Poland.

**Methods.**– Study includes a retrospective analysis of medical record of patients (in the period from 2009-2015) aged 18 and above, both sexes, with definitive transsexual diagnosis (ICD 10-F64), treated in the Mental Health Clinic and the Pathology of Intimacy Clinic in Lodz. One group of approximately 136 participants and no control group was created. The obtained data was analysed statistically.

**Results.**– Of the 136 participants in the study, 30 were diagnosed with transgender type - MtF (22.05%) and 106 - FtM (77.94%). The age range in the study was wide. The oldest person was 53 years old, the youngest was 17 years old (M=25.57, SD=7.89). The study also included the number of years of treatment (attendance at the clinic) - maximum 24 years, minimum less than 1 year (M=5.34, SD=4.58).

**Conclusions.**– Gathering and analysis of sociodemographic data is important for elucidating the transsexual patient's profile. It facilitates better understanding, timely recognition and choice of appropriate treatment for these patients.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0846

### **Effectiveness of cognitive behavioral techniques on the coital anorgasmia induced by idiosyncratic masturbatory syndrome; a male case report**

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**Introduction.**– Although formal psychiatric classifications of mental disorders such as DSM and ICD have not recognized masturbation as a pathological type of sexual outlet, however some atypical kinds of practicing it called idiosyncratic may later cause coital sexual dysfunctions such as anorgasmia, delayed orgasm and impotency for men.

**Objectives.**– Main aim was experiencing of coital orgasm for the patient.

**Method.**– Cases were 5 men between 25–33 years, newly married, referring to Novid Psychiatric Clinic (Shiraz City– Iran) with the chief complain of not experiencing orgasm during coitus. Ten to twenty years of prone-position masturbating and 5–15 years of using porn and porn fantasies to being excited sexually was recorded. A course of 20 sessions of CBT during 6 months was executed encompassed psych-educational sessions, assigning periodical abstinence distances, changing masturbation to more vaginal-like procedures such as hand masturbation, gradual sensitization to partners' body/vagina and sexual coitus and restoring and reconditioning of penis to less harsh stimulations.

**Results.**– The patients could replace prone-position masturbation with other ways of stimulation after 2–3 months of treatment while it last another 2–4 months to be quite competent with getting orgasm during intercourse and changing many distorted cognitions about sex remained from porn using.

**Conclusions.**– While mental health experts and even sex therapist do not consider masturbation as a pathological way of sexual outlet, more individuals particularly men come to clinics due to dysfunctions resulted from unusual ways of masturbation, in recent years. Role of pornography in producing these symptoms is obvious, also. **Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0847

### **Sexual dysfunction as an important factor in treatment abandonment in patients taking antidepressants: A case series**

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**Introduction.**– Sexual dysfunction is an important reason for treatment abandonment in patients that are taking antidepressants. Frequently, sexual dysfunction is not detected by the medical team because patients will not share with their doctors this kind of information out of embarrassment.

**Aim.**– Studying the prevalence of sexual dysfunction in patients in treatment with antidepressants.

**Methods.**– This is a descriptive study of a sample consisting of 35 patients who attended our psychiatric consultation from March to August 2017. Patients were between 18 and 65 years old and in treatment only with one antidepressant. We compared the prevalence of patients who claimed spontaneously to have sexual dysfunction, in relation to the amount of patients that admitted having it only when actively asked about this matter. The presence of sexual dysfunction was assessed using the PRSexDQ-SALSex.

**Results.**– Out of the 35 patients in treatment with antidepressants, 19 reported sexual dysfunction (54.2%) when asked. Only 6 of them (17.1% of the total sample and 31.5% of those with sexual dysfunction) reported sexual dysfunction spontaneously.

**Conclusions.**– It is essential for all doctors and psychiatrist in particular to ask their patients in treatment with antidepressants if they are having sexual dysfunction because an important percentage of them will have some level of dysfunction and only a minority of them will report it spontaneously.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0848

### **Vortioxetine as a treatment alternative in patients with sexual dysfunction induce by other antidepressants: A case series**

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**Introduction.**– Sexual dysfunction is a frequent secondary effect of antidepressants and can have an important impact on the patient's relationships, quality of life and adherence to treatment. The prevalence of sexual dysfunction associated with antidepressants varies greatly between different studies, making it complicated to estimate the accurate number of patients that suffer it. Vortioxetine is one of the antidepressants with lower percentage of antidepressant-associated sexual dysfunction.

**Aim.**– Studying whether Vortioxetine is a good alternative in patients with antidepressant-associated sexual dysfunction.

**Methods.**– This is a descriptive study that pretends to assess the effect in sexual function of switching to Vortioxetine in patients with antidepressant-associated sexual dysfunction. The sample consisted of 6 patients (4 women and 2 men) that came to our psychiatric consultation from March to August 2017. Patients were between 18 and 65 years old and in treatment with only one antidepressant. The presence of sexual dysfunction was assessed using the PRSexDQ-SALSex.

**Results.**– Out of the 6 patients, 5 reported to have felt an improvement in their sexual function with a mean of 1.2 points in the PRSexDQ-SALSex. The sixth patient abandoned prematurely the treatment due to the appearance of side effects (pruritus). No other relevant side effects were detected.

**Conclusions.**– Vortioxetine appears to be a good alternative in patients in treatment with antidepressants that suffer from sexual dysfunction due its lower percentage of antidepressant-associated sexual dysfunction.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0849

### **Cosmopolitanism of Gay BDSM culture: Cultural study of U.S and Poland**

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**Introduction.**– This study investigates cross-cultural mechanisms of BDSM play in gay men residing in New York and Warsaw.

**Methods.**– A mixed-methods approach was applied, combining qualitative and quantitative methods. In the first part, we identified digital kink discussion communities on the Internet by selectively searching the Internet, using DEVONagent Pro. After conducting qualitative analysis of discussion boards where people talked about BDSM play, we advertised survey study, which was completed by a third of individuals.

**Results.**– We identify three novel themes explaining gay BDSM sexuality in New York vs. Warsaw: Sex travelers, pro-master culture, and consent. Sex travelers group described individuals who frequently travel for work, while recruiting people for sex. Pro-master culture refers to dominant man over the age of 40, who own playrooms, and provide sex services for a fee. Consent theme describes

the existence of “50:50,” or novice switch group, where boundaries of consent are often broken as these men are still inexperienced in kinky play. All of these results point out to one important consideration – STD prevention among kinky sex mates. The primary way by which dominant sex masters ensure safe sex practices is by screening potential sex partners, ensuring that they understand their role in the game, and take additional care with novice, “50:50” mates who are inexperienced in BDSM.

**Conclusions.**– These findings have important implications for understanding normativity of kinky sexual behaviours, and the defining features of consent in gay BDSM partnerships.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0850

### **Neuronal mechanisms and treatment of hypo- and hyper sexuality/symposium of EPA section sexual medicine and mental health**

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Complaints of hyposexuality are part of psychiatric disorders (depression, schizophrenia), psychoactive medication (antidepressants, antipsychotics) and SSRI-induced irreversible sexual dysfunction (Post SSRI Sexual Dysfunction). On the other hand, patients with complaints of hypersexuality or as are currently termed Compulsive sexual behaviours (CSB), e.g. problematic pornography use, excessive masturbation, and paid sexual services, are also often referred to the psychiatrist. Although sexual psychopharmacological research in rodents has increased our knowledge of the neurobiology and neuropharmacology of sexual functioning, the methodology and design of clinical psychiatric research of sexual dysfunction in psychiatric disorders has remained at a low level. In addition, the occurrence of irreversible SSRI-induced hyposexuality, resembling chemical castration in males and females, remains mysterious and is difficult to investigate. Moreover, CSB and its underlying neural mechanisms appear under-investigated. At the current symposium the clinical syndromes of hypo- and hypersexuality are presented. Based on already published or in-press articles of the presenters, underlying neuronal mechanisms of these disorders will be critically presented and evaluated.

Chairman: Prof. Dr. Marcel D. Waldinger, neuropsychiatrist (The Netherlands)

EVchairman: Prof. Dr. Michal Lew-Starowicz, psychiatrist (Poland)  
“From symptoms to neuronal mechanisms of hypersexual disorder”  
Mateusz Gola (Poland)

“From neuronal mechanisms to pharmacological treatment of hypersexual disorder”

Michal Lew-Starowicz (Poland)

“Complete absence of sexual functioning due to irreversible SSRI-induced sexual side effects”

Marcel D. Waldinger (The Netherlands)

“Psychiatric disorders and sexual dysfunction”

Zvi Zemishlany (Israel)

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## **Sleep disorders and stress**

EV0851

### **Beliefs about sleep loss predict depression and anxiety in patients with primary insomnia after adjusting for subjective and objective sleep**

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**Introduction.**– Symptoms of anxiety and depression are common in chronic insomnia and could depend not only on sleep disturbances but on cognitive and emotional factors.

**Objectives.**– The aim was to reveal cognitive predictors of anxiety and depression in primary insomnia beyond sleep quality.

**Methods.**– 62 patients with chronic primary insomnia filled checklists of reasons and ways of coping with insomnia, Hospital scale of anxiety and depression, glasgow content of thoughts inventory, dysfunctional beliefs about sleep scale and insomnia severity index. Objective sleep was registered using 1-night polysomnography.

**Results.**– Both depression and anxiety were unrelated to objective sleep ( $-.19 < r < .19$ ). According to hierarchical stepwise regressions, anxiety but not depression in patients with chronic insomnia are related to poorer subjective sleep ( $\beta = .41, P < .05$ ). Adjusted for subjective sleep, depression is higher in patients attributing their illness to psychological and behavioural ( $\beta = .47, P < .05$ ) but not situational ( $\beta = -.32, P < .05$ ) reasons and believing in importance of active coping with illness ( $\beta = .38, P < .05$ ). Anxiety is higher in those reporting secondary reasons of insomnia (like fear not to fall asleep).

**Conclusions.**– Treating depression and anxiety in chronic insomnia demands addressing subjective appraisal of sleep and reasons of insomnia. Intrinsic locus of control regarding reasons could be a factor of depression while fears secondary to lack of sleep predict general anxiety in patients with chronic insomnia.

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**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0852

### **Behavior as a moderator of relationship between cognitive factors and sleep in chronic insomnia**

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**Introduction.**– Despite extensive studies of cognitive and behavioural factors of insomnia (Perlis et al., 2011), less is known about their interactions in illness perpetuation.

**Objectives.**– In Russia disturbances of sleep hygiene and self-restrictive behaviour are typical for more than 70% and 40% patients respectively, making important to reveal major and interaction

effects of beliefs, thoughts and behaviour in sleep in patients with primary insomnia.

**Methods.**– 37 patients with primary chronic insomnia (12 males, 16–65 years old) were interviewed about sleep hygiene and self-restrictive behaviour and filled Glasgow Content of Thoughts Inventory, Dysfunctional Beliefs about Sleep Scale and Insomnia Severity Index. Objective sleep was registered using polysomnography.

**Results.**– According to moderation analysis, disturbance of sleep hygiene, dysfunctional beliefs and thoughts before sleep are all related to poorer subjective sleep ( $\beta = .26-.45, P < .05, R^2 = 43.9\%$ ) but the effect of beliefs is stronger in patients without disturbance of sleep hygiene ( $\beta = -.30, P < .05, \Delta R^2 = 7.3\%$ ). The effect of thoughts is stronger in patients with self-restrictive behaviour ( $\beta = .32, P < .05, \Delta R^2 = 9.1\%$ ). More thoughts are related to longer delta-sleep latency ( $\beta = .47, P < .05$ ) especially for those with disordered sleep hygiene ( $\beta = .40, P < .05$ ) and with shorter REM-sleep latency ( $\beta = -.43, P < .05$ ).

**Conclusions.**– In primary insomnia self-restrictive behaviour could amplify negative effect of cognitions just before sleep while an effect of beliefs increases in patients with appropriate sleep hygiene.

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**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0853

### **The efficacy of Positive Airway Pressure (PAP) therapy on executive function and sleep quality in patients with Obstructive Sleep Apnea Syndrome (OSA)**

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**Introduction.**– Patients with obstructive sleep apnea have problems in their quality of life like higher risk for occupational and car accidents and some psychiatric disorders such as depression.

**Objectives.**– To determine the efficacy of airway positive airway (PAP) therapy on quality of life, cognition, problem solving, planning, reaction time and impulsivity in OSA patients.

**Methods.**– This cohort study was performed on 60 patients with moderate to severe obstructive sleep apnea, whom was divided in 2 groups with 30 patients, based on using PAP therapy. To assess the working memory, we used the *n*-back test and Wisconsin Card Sorting Test (WCST) for executive function, London Tower for planning and problem solving, Iowa gambling test (IGT) for impulsivity and Continuous Performance Test (CPT) for attention. Patients' sleep quality was also measured by the Pittsburgh Sleep Quality Index. The intervention group was evaluated before the PAP therapy and 10 weeks after.

**Results.**– The performance of participants using PAP was significantly higher in the London Tower test ( $P = 0.036$ ). Also, the results of WCST show that the total number of attempts in the PAP group were significantly lower ( $P = 0.008$ ). On the other hand, the results of the sleep quality were difference between the two groups after the PAP therapy ( $P = 0.001$ ).

**Conclusion.**– Short-term use of PAP is associated with limited improvements in some aspects of executive function. For example, working memory did not change in PAP group but planning and problem solving became better.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0854

### **A projective and psychosemantic study of emotional reactions in patients with different forms of essential hypertension in stressful situations**

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**Introduction.**– A half-century of research has been performed in an effort to clarify the psychosomatic nature of essential hypertension (EH).

**Objectives.**– To inquire into the specifics of emotional reactions of patients with different forms of EH in stressful situations.

**Methods.**– A study was undertaken with our modified version of Rosenzweig Picture-Frustration Test

85 HW patients (average age is  $45.9 \pm 2.8$ ), 85 patients with 'classical' EH (average age is  $47.4 \pm 4.5$  years) and 82 healthy subjects (average age is  $44.9 \pm 3.1$ ) took part in the study.

**Results.**– The categorial structure of emotional experiences of HW patients show the most significant differences ( $P < .05$ ) from the 'classical' EH patients and normotensive persons on the representation of emotions of the "anger" ( $32.4 \pm 4.8$  vs  $23.5 \pm 4.6$  vs  $16.5 \pm 4.0$ ) and "contempt" ( $17.0 \pm 4.8$  vs  $8.1 \pm 2.1$  vs  $6.6\% \pm 2.8$ ) modalities.

Verbalized reactions of HW patients differ from answers of representatives of other groups through frequency of obstacle-dominant responses ( $41.4 \pm 3.29$  vs  $35.8 \pm 4.55$  vs  $26.9 \pm 3.37$ ;  $P < .05$ ).

Nonverbalized reactions of HW patients significantly differ from answers of patients with "classical" EH and healthy subjects: there are significantly more extrapunitive answers at them ( $69.6 \pm 5.39$  vs  $53.5 \pm 2.03$  vs  $45.3 \pm 4.49$ ;  $P < .05$ ); whereas intropunitive and impunitive answers are significantly less represented in them ( $P < .05$ ), than in other groups. There are significant differences ( $P < .05$ ) between subjects with HW and "classical" EH patients on the representation frequency of obstacle-dominant ( $43.9 \pm 2.53$  vs  $38.9 \pm 4.44$ ) and ego-defensive responses ( $44.3 \pm 3.27$  vs  $40.9 \pm 3.18$ ).

**Conclusions.**– HW patients significantly more frequently than representatives of other groups are more prone to repression of their sthenic negative emotions.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0855

### **Perceived stress, anxiety and depression among medical Tunisian students**

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**Introduction.**– University life is stressful for the students. Many studies have demonstrated high levels of stress and depression among medical students.

**Objectives.**– To assess levels of perceived stress, anxiety and depression among medical Tunisian students and to establish the relationship between these parameters.

**Methods.**– A cross-sectional and analytical study among a sample of 100 students of Sfax's medicine faculty, in Tunisia, during the month of January 2017.

The Perceived Stress Scale (PSS-10): to evaluate the levels of perceived stress.

The Hospital Anxiety and Depression Scale (HADS): to assess the symptoms of anxiety and depression.

**Results.**– The average age of the participants was a  $22.94 \pm 2.7$  year and the sex ratio was 0.7. The majority of students were single (78%) and living in urban area (86%). They were smokers in 30% and alcohol users in 14% of case. The notions of repeating and absenteeism were found in 16% and 57% respectively. High levels of perceived stress (PSS score  $\geq 27$ ) were found in 56% of students and the mean PSS score was  $27.21 \pm 6$ . According to the HADS, depressive symptoms were present among 35% of them and anxious symptoms in 49%. There were correlations between high levels of perceived stress and depression ( $P < 0.001$ ), smoking ( $P = 0.01$ ), repeating ( $P = 0.001$ ) and absenteeism ( $P = 0.03$ ).

**Conclusions.**– This study highlights high levels of stress, depression and anxiety among our students. It is essential to take into account the psychological difficulties encountered by medical students given the possible repercussions on their well-being and on their academic success.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0856

### **“Smart Pills”: The pressure of a work changing society?**

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**Introduction.**– A “smart pill” is a drug that increases the cognitive ability of anyone taking it, whether the user is cognitively impaired or normal. There is an increasing use of these drugs as a “lifestyle”, rather than for medical reasons, with the aim to better an already healthy cognitive functioning.

**Objectives.**– To characterize the use of “smart pills” by healthy people, describing its epidemiological and etiological issues.

**Methods.**– Research on Pub Med using the terms “smart pill”, “cognitive enhancement” and “healthy people”. There were only considered systematic reviews and meta-analysis from the last 5 years.

**Results.**– The prevalence of “smart pills” use by healthy individuals in order to increase performance ranges from around 10 to 15% in academic populations and 6.7% in work environments.

Besides students, people who are worried about their jobs, working at the limit of their capabilities, or in fields where small mistakes can have serious consequences seem to be particularly prone to using cognitive enhancers.

The main purposes for using these pharmacological helpers are enhancement in higher pressure situations (examinations, giving a presentation, important negotiations), to work and attainment of goals become easier, to competitive edge and cope with a pressure to succeed and requirements for sleep become less.

**Conclusions.**– Cognitive abilities in particular are becoming progressively more important for work performance and successful competition in a global environment. Therefore, an increasing number of healthy people are reported to use “smart drugs” to maintain or improve work performance.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0857

### **Trajectories of sleep problems from childhood to adolescence: Relationship with emotional and behavioral problems, joint development with dysregulation profile**

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**Objectives.**– Little is known about the developmental course of general sleep problems (Gregory and Sadeh, 2016). This also holds true for the bidirectional relationship between sleep problems and emotional as well as behavioural difficulties.

**Methods.**– Data were drawn from Western Australian Pregnancy Cohort Study. Sleep problems were assessed at ages 5, 8, 10, and 14, respectively. Emotional/behavioural difficulties were assessed at ages 5 and 17 years.

**Results.**– Growth mixture modeling identified two classes of sleep problem trajectories: the majority of children and adolescents were Normal Sleepers with few sleep problems and a small group of children and adolescents were Troubled Sleepers with persistent higher levels of sleep problems. Baseline attention problems, aggressive behaviour and the interaction between gender and anxiety/depression were significantly predictive of elevated risk of being Troubled Sleepers. There were significant differences at the level of later attention problems and aggressive behaviour between Normal Sleepers and Troubled Sleepers.

**Conclusions.**– Findings from this study provide empirical evidence for the heterogeneity of sleep problems and their development, and emphasize the importance of understanding sleep problems and their relationship to children and adolescents’ mental health.

**Follow-up study.**– The development of sleep problems and dysregulation profile was captured by joint trajectory models, showing that the majority of adolescents (92.3%) followed the same trajectory class for sleep problems and dysregulation profile. These results revealed a strong overlap between the course of sleep problems and dysregulation profile.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## **Substance related and addictive disorders**

EV0858

### **High levels of norepinephrine-dopamine reuptake inhibitor bupropion suppresses chronic NMDA-antagonist dextromethorphan abuse in a U.S. combat veteran with PTSD**

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Dextromethorphan (DXM) abuse has been increasing among adolescents and young adults. Here we report the chronic 10-year abuse of DXM in a U.S. combat veteran with PTSD and MDD. The patient also carries a history of polysubstance abuse, before setting on his drug of choice of DXM up to 2400 mg per day, which stabilized his PTSD symptoms. The patient reports 11 psychiatric hospitalizations, over 10 suicide attempts, one TBI in the military

and multiple trials of a number of commonly used psychotropics. When the patient was seen, he was started on a trial of bupropion SA 12 Hr 150 mg PO BID. Instead of taking the medication as prescribed, the patient reported using 150 mg every 3 hours, with daily dose of 1200 mg per day. We report a first case of a veteran with PTSD achieving symptomatic relief of PTSD and a first case report of high dosages of wellbutrin curbing chronic DXM abuse. The patient reported no side effects, including seizures and QTc prolongation. Patient reports achieving similar euphoric, dissociative feelings to that of DXM. This case report suggests the role of atypical dosages of commonly used NDRI anti-depressants for treating addiction and PTSD. At higher dosages, bupropion is reported to take on effects similar to dissociative glutamatergic antagonists, such as ketamine. This may suggest the role of dopaminergic agonists influencing a common pharmacological pathway connecting to glutamatergic receptors and further lead to the supportive role of novel, atypical therapeutics for patients with PTSD, with polysubstance abuse.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0859

### **The characteristics of drug abusers attending detox hospital in oman and pattern of health care services utilization**

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*Background.*– It is indicated that Oman is witnessing an increase in issues pertinent to alcohol and drug abuse.

*Aim.*– The aim of this study was to identify the characteristics of drug abusers attending detox hospitals in Oman and their pattern of health care services utilization.

*Methodology.*– A cross sectional study was conducted in a tertiary care center for alcohol and drug abuse. The participants seeking consultation for alcohol and drug abusers were selected by the systematic random method. A six-part questionnaire was designed to solicit socio-demographic background and clinical data, healthcare utilization and its barriers.

*Results.*– Among 293 alcohol and substance abusers, 99% were males. The most common age of onset for alcohol and drug problems was shown to be between the ages of 15 to 19 years old. Variables such as peer pressure were seen to be integral in leading to first exposure incidences with alcohol and drug problems. The majority of attendees were poly-drug abusers and many of them were making use of intravenous drugs. In a majority of cases, cannabis and alcohol were the first substances being consumed. Hepatitis C and psychiatric disorders were found to be common EVMorbidities. Those dependent on cannabis and benzodiazepines were the most to perceive 'improvement' upon receiving healthcare.

*Conclusion.*– To our knowledge, this is the first study that explored socio-demographic background, clinical data, health care utilization and its barriers and 'improvement' perception among alcohol and drug abusers attending drug detox units in Oman.

*Keywords:* Alcohol and substance misuse; Utilization of health care services; Oman

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0860

### **Prevalence of tobacco smoking among psychiatric outpatients attending a tertiary care hospital in Oman: A cross-sectional study**

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*Objective.*– tobacco smoking is the single most avoidable cause of morbidity and mortality around the world. Patients with psychiatric disorders tend to smoke tobacco at a higher rate than the general population, with significant adverse health consequences. This study aims to determine the prevalence rate of tobacco smoking among psychiatric outpatients attending a tertiary care hospital, Sultan Qaboos University Hospital, Muscat, Oman.

*Methods.*– a cross-sectional study was conducted among psychiatric outpatients attending a psychiatric clinic from April to December 2017. A data collection sheet was designed to document the patients' demographic, history of smoking, previous hospitalizations and the number of and specific psychotropics used during treatment. Degree of dependence on tobacco smoking was measured using the Fagerstorm test for nicotine dependence.

*Results.*– a total of 272 patients were included in this study (54% male). The overall rate of smoking among psychiatric patients was 13.6%. Patients with schizophrenia had the highest rate of smoking (22.2%), followed by bipolar disorder (13.15%) and anxiety disorders (11.1%). Patients who smoked tobacco were more likely to be admitted in the psychiatric ward than no-smokers ( $P < 0.05$ ).

*Conclusion.*– tobacco smoking is common among psychiatric patients, a finding consistent with similar studies conducted in different parts of the world. Assessment of smoking status and its associated adverse health impacts among patients with mental disorders is of paramount importance.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0861

### **Substance and alcohol abuse in Iranian drivers**

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Car accidents are one of the major health problems in Iran. However, assessment of effective factors in crash incidence and severity can include as primary step in developing prevention strategies. Substance abuse is one of them.

This study was review of substance abuse and car accident researches that doing in Iranian Context.

This study is a systematic review article. All of searches did with keywords such as traffic accident, crash, vehicular accident, motor vehicle collision, addict, substance abuse, driver and Iran in databases such as Web of Science, Pub Med, ProQuest and SID. All descriptive and intervention studies in the period 2000 to 2017 were studied. 1267 articles found in the early stages, 10 researches were enrolled in the study.

Results of this research discussed in some sections such as epidemiologic studies, risk factors in crashes, indirect effects of Substance abuse in health of drivers and effect of Substance and alcohol abuse in risky and aggressive behaviours. Other results shown risk of car accidents increase in substance and alcohol abuse drivers. Despite that, alcohol drinking is forbidden in Iran, therefore alcohol abuse assesses rarely in Iranian researches. In other hand, screening tests for Substance abuse haven't enough sensitivity for diagnose of drug abuser.

Substance and alcohol abuse increased in Iran. Also, the role of drug abuse in drivers especially in public vehicles drivers to car accidents is important. So, this study recommendation is doing screening tests frequently and abandon of Substance and alcohol abuse drivers.

**Keywords:** Substance Abuse; Car Accident; Crash; Driver

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0862

### **Drug abusers psychopathology in relation to perceived parental bonding**

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*Introduction.* – Parental bonding styles predict psychopathological traits in general population, as well as in clinical samples of drug abuse patients.

*Objective.* – The aim of our study was to evaluate how perceived parental bonding correlates to psychopathological traits in a sample of patients with substance abuse disorder (SUD).

*Methods.* – 144 patients from a rehabilitation community in Sardinia were recruited. Data were collected through the Parental Bonding Instrument and Millon-Clinical-Multiaxial-Inventory (MCMI-III). Student t test, ANOVA, Pearson Chi Square and Fischer's exact test were performed.

*Results.* – Paternal "optimal bonding" was inversely associated with drug dependence, major depressive disorder, borderline personality disorder and somatoform disorder, with a modest effect also on antisocial and sadistic personality disorder and dysthymic disorder. Paternal "neglectful parenting" was directly correlated with borderline personality and mildly with antisocial sadistic personality and somatoform disorder. Maternal "affectionate constraint" and maternal "neglectful parenting" directly correlated with paranoid personality disorder. Maternal "neglectful parenting" also directly associated with the presence of anxiety disorders. Moreover, we noted how paternal overprotection scores alone were directly associated with masochistic personality and delusional disorder.

*Conclusions.* – This is one of the few studies that take into consideration in-patients with SUDs. Taken together, these results show how perceived "bad parenting" styles are linked to higher psychopathological traits in drug abuse patients, in line with previous research. Moreover we noted how perceived paternal "optimal bonding" was inversely associated to both Axis I and Axis II disorders. This study confirms the role of perceived parenting in the development of psychopathology of drug abuse patients.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0863

### **Hazards of phenibut intoxication: A "new" internet drug**

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*Introduction.* – Phenibut ( $\beta$ -phenyl- $\gamma$ -aminobutyric acid) is a GABA agonist that was developed during the 1960s in the Soviet Union for the treatment of several conditions including asthenia, insomnia, anxiety, depression, alcohol withdrawal, posttraumatic stress disorder, as well as for preoperative sedation. Nowadays, this drug is available through online stores as a dietary supplement.

*Objectives & Aims.* – We describe the case of a patient who suffered life-threatening symptoms after intoxication with phenibut.

*Methods.* – A case study is presented and discussed, followed by a literature review.

*Results.* – A 24-year-old man with a history of substance abuse, and depression was found in comatous condition in the street. At the emergency department, vital signs showed hypotension, bradycardia, and hypothermia. Electrocardiogram and CT-brain scan were normal. Routine laboratory testing showed no abnormalities, with the exception of hypernatremia (152 mmol/L). After 8,5 hours the patient returned to a normal level of consciousness. The patient seemed to have ingested phenibut at a dose of 3.5 g/day orally over a period of 5 days. After ceasing phenibut use he had no further symptoms or residual damage.

*Conclusions.* – One should not underestimate the hazards of phenibut intoxication. Both in the United States and in Europe, phenibut is becoming increasingly popular under (young) adults. Physicians should be aware of the hazards of this drug and know that its use can rapidly lead to dependence or tolerance. Baclofen can usually be administered for the treatment of phenibut intoxication.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0864

### **Drugs - at the road of self-destruction in adolescence**

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Adolescence is the period when the first experience is with an alcohol and drugs.

Adolescent should need to adjust and accept new body signs, and psychological changes.

Trying to solve the developing works and difficulties adolescents are trying to use drugs and alcohol all with intention to help to solve selected tasks.

In the above theoretical work, the authors through the theoretical view of the dependence consider the circle of the progressive

comprehension of all aspects of life and the consequent psychiatric impairment

**Keywords:** Adolescent; Drug and alcohol addiction

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0865

### **Experience in the application of group psychoanalytic psychotherapy in the clinic of addictive pathology**

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**Introduction.**– The need for psychotherapy for patients with addiction to psychoactive substances is an axiom. Data on the effectiveness of the application of psychoanalytic psychotherapy to these patients are contradictory, while in Russia this method is among the most developing.

**Objectives.**– Evaluation of the effectiveness of psychoanalytic psychotherapy (group analysis) in the treatment of patients with alcoholism.

**Methods.**– Patients with alcoholism (F10.2) who underwent inpatient treatment (No = 220, 164 men, 56 women, mean age  $39.5 \pm 4.3$  years, average duration of illness  $5.6 \pm 3.5$  years); the sample was randomized into 2 identical groups. Patients of the main group participated in-group analysis sessions (90 minutes), 2 times a week for 1 month, in the control group - in the same volume and rhythm with patients, psycho-evacuation sessions with elements of behavioural therapy were conducted. Efficacy was measured by the degree of change in the clinical picture, the quality of life and the duration of remission.

**Results.**– By the degree of reduction of clinical symptoms of dependence, the groups compared did not differ. On the quality of life after treatment and the duration of remission, the patients of the main group showed significantly better results than the control group (remission ratio  $\geq 1$  year 55/32%,  $P < 0.05$ ).

**Conclusions.**– The method of group analysis can be effectively used in the complex treatment of alcohol dependence.

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EV0866

### **Psychotic disorders with concurrent cannabis use or cannabis-induced psychoses?**

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**Introduction.**– the fact that Cannabis use can lead to psychotic symptoms has been recognized years ago. Moreover, when the patient is using cannabis, the distinction between a primary psychotic disorder and a cannabis-induced psychosis seems to be critical for the prognosis.

**Objective.**– was to identify main factors associated to cannabis-induced disorders.

**Methods.**– A retrospective study for a period of twelve years, from January 2002 to December 2013. The study sample was composed of patients hospitalized in the psychiatric department, who reported cannabis-use, and those whose blood and urinary toxicological screening have shown cannabis use.

**Results.**– The sample was composed of 75 patients. Overall, 53 (70.66%) were diagnosed as having a primary psychosis, and 22 (29.33%) were diagnosed as having cannabis-induced psychosis. Significant differences were observed in two domains, concerning family and clinical features. The multivariate data analysis using logistic regression has shown four predictors as being greater in the cannabis-induced psychosis group. The first factor was the age below 25 years old. Subjects in the induced psychosis group were younger, having a median age of 25.1 years compared with 32.1 years for subjects in the cannabis-induced psychosis. The second factor was the marital status. Single or separated subjects were developing more cannabis-induced disorders [OR], 2.5; 95% Confidence Interval (CI), 0.69-8.96 the Pearson's correlation factor (p), 0.09)

The third factor was family history of psychiatric disorders ([OR], 2.6; 95% CI, 1.14-5.9).

**Conclusion.**– Differences between substance-induced and comorbide substance-use disorders permit identification of predictors of a substance-induced psychosis.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0867

### **Tobacco dependence among people with mental illness: A facility-based cross sectional study from Southwest Ethiopia**

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**Background.**– Tobacco smoking among people with mental illness is significantly higher than in the general population. Tobacco smoking has negative effects on physical, mental and financial well-being of people with mental illness but little is known about tobacco dependence among mental health service users in sub-Saharan African countries, including Ethiopia. Therefore, this study attempted to assess the prevalence of tobacco dependence and associated factors among mental health service users at Jimma University teaching hospital.

**Method.**– A cross-sectional study was conducted among 305 male and 117 female mental health service users at Jimma University teaching Hospital in 2014. The Fagerstrom Test for Nicotine Dependence (FTND) was used to assess tobacco dependence. Logistic regression analysis was used for bivariate and multivariate analysis.

**Results.**– The prevalence of current tobacco dependence among the study participants was 18.5%. There was a significant association between tobacco dependence and alcohol use disorder (AOR 4.14, 95% CI = 1.54, 11.11), daily khat chewing (AOR 13.51, 95% CI = 4.27, 42.74), chewing khat 2-3 times per week (AOR 5.09, 95% CI = 1.37, 18.95), chewing khat once a week (AOR 4.31, 95% CI = 1.04, 17.78), having friends who smoke tobacco (AOR 4.88, 95% CI = 2.12, 11.25) and being diagnosed with schizophrenia compared to a diagnosis of major depression (AOR 5.26, 95% CI = 2.07, 13.37). However, daily attendance at a place of worship (AOR 0.46, 95% CI = 0.22, 0.95) was associated negatively with tobacco dependence.

**Conclusion.**– There is a pressing need to increase availability of psychological and pharmacological interventions to reduce tobacco dependence and tobacco-related medical illness in this vulnerable group.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0868

### **Relationship of borderline personality disorder with history of suicide attempt in a sample of patients with opioid use disorder**

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**Objective.**– The aim of the present study was to evaluate relationship of BPD with history of suicide attempt, while controlling the severity of psychopathology in a sample of patients with opioid use disorder.

**Method.**– Participants included 232 patients with opioid use disorder. The study was conducted in Bakirkoy Training and Research Hospital for Psychiatry, Neurology and Neurosurgery, Alcohol and Drug Research, Treatment and Training Center in Istanbul between September 2014 and April 2015. Participants were evaluated with the Symptom Checklist-90-R (SCL-90-R) [3,4] and BPD was assessed with the Structured Clinical Interview for DSM-III-R Personality Disorders (SCID-II).

**Results.**– Age, duration of education, marital and employment status did not differ between those with the history of suicide attempt ( $n=56$ , 24.1%) and those without ( $n=176$ , 75.9%). Severity of psychopathology ( $16.60 \pm 6.44$  vs  $13.39 \pm 7.48$ ,  $t=-2.795$ ) and borderline personality symptoms ( $3.32 \pm 2.94$  vs  $1.73 \pm 1.89$ ,  $t=-3.798$ ,  $P<0.001$ ) were higher among those with the suicide attempt history than those without (respectively). The presence of BPD diagnosis was 7.54 times higher (95% C.I = 3.65–15.60) among those with the history of suicide attempt ( $n=25$ , 44.6%) than those without ( $n=17$ , 9.7%, Chi-square = 35.07,  $P<0.001$ ). In a logistic regression model the presence of BPD, together with the severity of psychopathology, particularly Obsessive-compulsive dimension score predicted the presence of suicide attempt history.

**Conclusion.**– These findings suggest that the presence of BPD is related with suicide attempt history, together with the severity of psychopathology, particularly Obsessive-compulsive dimension, among patients with opioid use disorder.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0869

### **Results of neuropsychological diagnostics of patients with alcohol and drug dependence; experience of the Russian Federation**

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Currently in the Russian Federation dynamic development of medical science is taking place, including introduction of new methods of diagnosis, treatment and rehabilitation into practice. Neuropsychological diagnosis is an innovative method that increases effectiveness of medical care for patients with alcohol and drug dependence. Domestic and foreign studies indicate morpho-functional disorders of frontal cortex, subcortical disorders, and interhemispheric interaction in patients with alcohol and drug dependence. However, nowadays neuropsychological diagnostics and neuropsychological rehabilitation have not been introduced into systemic practice of treatment and rehabilitation of patients with alcohol and drug dependence, based on the principles of restoring disturbed higher mental functions and motivational sphere. The purpose of this study was to highlight results of neuropsychological diagnosis of higher mental functions in patients with alcohol and drug dependence. Diagnostic tool used was “Neuropsychological study scheme”

**Results.**– Pilot study using methods of neuropsychological analysis was carried out among 72 patients with alcohol and drug dependence. Analysis has shown statistical correlations between the following five variables: ICD-10 diagnosis, disturbances of figural diagnosis and posture praxis, Hed test and reciprocal coordination. Significance of difference with the control group for these indicators was  $\leq 0.01$ .

The use of neuropsychological diagnosis and neuropsychological rehabilitation methods, make it possible to increase duration of remission and restore cognitive and motivational component of personality among patients with alcohol and drug dependence syndrome.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0870

### **Abuse of Over The Counter (OTC) medicines**

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In the recent years, numerous countries including Russia experienced an increase in abuse of OTC medicines to derive narcotics. OTC medicines are easily accessible in pharmacies without a need for a prescription and can be used to “cook” drugs. The latter include: substance prepared by using phenylpropanolamine, holidialitics drugs, pregabalin. The OTC drug market is constantly injected by new types medicines; easy access and low cost lead to increase in abuse. OTC medicine ingredient modifications and enhancements distort clinical picture and complicate diagnostics. Currently, National Research Center of Addiction is conducting a clinical research on manifestations of OTC medicine ingredient use in “cooking” drugs and their impact on social consequences.

**Objective.**– To observe the development of substance abuse, derived from medicines, medical and social impact of its use.

**Materials and methods.**– Study is being conducted by observing 50 of pregabalin consumers' ages 21 to 32 years. Research methods: clinical, psychopathological, statistical.

The severity of withdrawals were measured using scales by assessing the severity of opioid withdrawals COWS, Montgomery-Asberg Depression Rating Scale was used to study the intensity of affective disorders.

**Results.**– Pregabalin abuse by the patients with opioid dependence and is predominantly replacing character. Patients are beginning

to take it for the relief of symptoms of opioid withdrawals. There is an increase dosage of the drug, at which point patients euphoria followed by a sedative effect, similar to heroin intoxication. If you remove the pregabalin, patients experience similar to the SLA condition with prevalence of affective disorders and algic syndrome. *Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0871

### **Pavlovian-instrumental transfer in the course of alcohol use disorder**

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*Introduction.* – Pavlovian cues have impact on ongoing behaviour, theoretically formalized as Pavlovian-to-instrumental transfer (PIT) effect. Animal studies showed enhanced PIT in addicted animals and neural correlates in nucleus accumbens (NAcc) and amygdala. PIT experiments are rare in social drinkers and alcohol-dependent patients. Therefore, we will present behavioural and neural data from our research group “Learning in alcohol dependence” (LeAD).

*Objectives.* – To examine PIT’s relevance to understand behavioural and neural mechanisms over the course of AUD.

*Methods.* – We recruited two samples: 1) 18-year old high vs. low risk social drinkers, 2) alcohol-dependent patients after detoxification and matched controls. Patients were followed up to assess relapse status. We conducted a PIT task during fMRI to measure the effect of experimentally trained Pavlovian conditioned cues and of alcohol-related cues on instrumental approach behaviour.

*Results.* – Behaviourally, nondrug-related PIT was enhanced both in high compared to low risk social drinkers, and in alcohol-dependent patients compared to controls. These effects were associated with a stronger activation in amygdala (sample 1) and nucleus accumbens (sample 2), with the latter being predictive for relapse in alcohol dependent patients. Moreover, abstainers showed reduced responses towards alcohol-related background cues compared to relapsers and controls, accompanied by a stronger activation in the NAcc in abstainers only.

*Conclusions.* – PIT associated neural activations are in line with the incentive salience theory of addiction and point to potential risk and resilience factors to develop or maintain AUD. Therefore, our data underline the importance of contextual cues in influencing behaviour and may stimulate preventative and therapeutical programs.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0872

### **Biomarker for pathological gambling**

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The diagnosis of pathological gambling is currently based on clinical and subjective assessments. Novel tools for the objective identification of the risk of developing pathological behaviour are needed. Pathological gamblers are known to be deficient in decision-making under ambiguity and show motivational dysregulation. To identify the neural correlates specific to this disorder, we have been using specific laboratory tests and electroencephalography (EEG) to target decision-making under ambiguity and motivational dysregulation. For this purpose, in a first step we validated the use of EEG to assess 20 healthy volunteers who performed the Iowa Gambling Task (IGT) and the Effort Expenditure for Reward Task (EEfRT). We found heterogeneity in the results of the IGT, with some successful study participants and others who failed to develop an optimal strategy. Furthermore, we found a positive correlation between the performances of EEfRT and IGT, indicating that the level of motivation affects decision-making under conditions of uncertainty. The cerebral activity of participants showed that the amplitude of the P300 was positively correlated with the motivational level. After validating the EEG investigation, in the second step we enrolled volunteers with recreational gambling behaviour and with pathological gambling behaviour. The comparison of results obtain for both populations might determine if pathological gambling involves a specific decision-making ability and motivational level and if the P300 wave might be a biomarker of risk for pathological gambling. We will present and discuss the results of the second stage of our study during the Congress.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0873

### **Prevalence of inpatients with acute psychotic episode due to cannabis abuse: 4 Years study**

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Increase in cannabis use in Spanish population, is one of the conclusions of the last study of Spanish Ministry of Health, about use and abuse of legal and illegal drugs. The relationship with psychotic pathology, make it necessary to know sociodemographic characteristics of risk consumers, in order to avoid relapses. The present study tries to find risk factors among patients’ environment, and it focus special attention on prevalence evolution of psychotic break due to cannabis abuse.

*Objectives.* – The purpose of this study is to know the prevalence of psychotic breaks that require psychiatric hospitalization. 69 patients’ data were collected, from acute psychiatric ward with discharge diagnosis of harmful use, dependence syndrome and/or psychotic disorder due to use of cannabinoids (according ICD-10),

from 2013 until September 2017. 35 variables were studied with statistic program R-Commander.

**Results.**– Prevalence increased more than double from January 2016 to September 2017. From total 76 inpatients, 84.1% were male. Mean age was 31.87 years. Family psychiatric history was found in 54.5% and 14.49% had family history of addiction disease. Single-ness seemed to be a risk factor (79.4%), as well as low adhesion to the treatment (60.9%) with statistical differences between gender (68.4% men vs. 25.0% women, abandoned pharmacological treatment,  $P=0,022$ ).

**Conclusions.**– Prior studies suggest than gender and marital status as factor risk of psychiatric complication due cannabis abuse. Single men showed more risk of psychotic break in our sample, with a possible connection between gender and abandonment of treatment.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0874

### Long-term use of benzodiazepines in psychiatric patients

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**Introduction.**– Benzodiazepines (BZD) represent some of the most frequently prescribed tranquilizers in the world. The problem of drawing a line between misuse and therapeutical long-term use of BZD has become especially apparent lately with highlighted discussions about the development of dependence during long-term use of therapeutic dosages.

**Objectives.**– To determine the sociodemographic and clinical profile of chronic BZD users and to investigate the reasons for the extension of use.

**Methods.**– A retrospective study including 30 medical files over a period of 3 months from September to December 2016. Patients included had taken BZD for more than 3 months and followed-up in outpatient psychiatry unit at Hedi Chaker university hospital, Sfax, Tunisia.

Data collection was conducted using a standardized questionnaire for sociodemographic, clinical, therapeutic and BZD use characteristics.

**Results.**– The average age of patients was 42 years, with a sex ratio was 1.14. The majority of them were married (60%) and unemployed (53.3%). The level of education did not extend beyond primary school in 40% of cases.

The most prescribed BZD was lorazepam (80%). The mean dose of BZD (Lorazepam) consumed was 3.87 per day. Patients claim increasing doses in 17%.

The most frequent psychiatric disorders were mood disorders (50%) followed by schizophrenia (20%).

The major reason for the extension of use was rebound effect (43.3%).

**Conclusion.**– We need make more effort to comply with recommendations regarding the prescription of BZD in order to avoid their impairment and misuses. Effective alternatives (psychotherapy, antidepressants. . .) could be used.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0875

### Relationship of smartphone addiction with social network service and alexithymia

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**Introduction.**– Smartphones, which is taking up an indispensable in daily life, have been causing some problems about excessive use of it. The concept of smartphone addiction was emerged while research to understand its excessive use and find out smartphone's role in our lives. The aim of this research was assess whether smartphone addiction was related to social network usage and alexithymia scores among university students.

**Method.**– A group of 935 students aged between 18 and 45 years (509 girls, 426 boys) were recruited from different universities in Istanbul. Smartphone addictions, alexithymia and social network services were assessed using the Smartphone Addiction Scale Short Version, Toronto Alexithymia Scale-20 Items, and Sociodemographic form.

**Results.**– Results showed that smartphone addiction were related remarkably with alexithymia and social network usage style. In addition, significant correlations exist between alexithymia, and smartphone usage severity.

**Discussion.**– To our best knowledge, this is the first study that evaluated interrelationships among alexithymia, social network usage and smartphone addictions in Turkish sample of university students. The results put forth that have linked smartphone addiction with social network and alexithymia.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0876

### 5-HT2A T102 C Polymorphism and alcohol use disorder (relationship with impulsivity, aggression and craving)

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**Introduction.**– The underlying neurobiological, behavioural and genetical mechanisms of Alcohol Use Disorder (AUD) is complex and effective treatment options still remain obscure and limited. Previous studies found serotonergic dysfunction is associated with AUD.

**Objectives.**– In this study we investigated the relationship between impulsivity, aggression, craving and 5HT2A(HTR2A) T102 C gene polymorphism in patients diagnosed with AUD. **Methods.**– Our study included 100 patients diagnosed with AUD and 100 healthy volunteers in the age between 18–75. We applied the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I), socio-demographic data form, Barratt Impulsivity Scale (BIS), Buss Perry Aggression Scale (BPAS) to the all the participants, and also AUDIT and Penn Alcoholism Craving Scale (PACS) to the group of patients. HTR2A polymorphisms were analysed with Real-time PCR.

**Results/Conclusions.**– There was a significant correlation between the time period of being diagnosed with AUD and impulsivity. But

there was no difference in the distribution of genotypes between the controls and the patients. The BIS and PACS scores had a significant correlation in patients with TT genotype, even it is a weak correlation but we could not find that association in the other genotypes. This may be another dimension of craving in alcoholism. To our knowledge this is the first study found this result. Also there was an association between BIS (total and subscale) scores and the time passed after being diagnosed with AUD in patients with CC genotype. This supports the former studies suggesting the role of impulsivity of C allele in 5HT2A T102 C polymorphism in patients with AUD.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0877

**Alcohol use disorder and blackout: What about the role of impulsivity and 5HT2A?**

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*Introduction.*– It is known that patients diagnosed with alcohol use disorder are more impulsive. 5HT2A T102 C gene polymorphism has been found to be related with impulsivity in patients diagnosed with Alcohol Use Disorder. Researchers have suggested that some dimensions of the impulsivity may also be related to blackouts.

*Objectives.*– In this study we investigated the role of impulsivity and 5HT2A T102 C polymorphism in alcohol-induced blackout.

*Methods.*– Our study included 100 patients diagnosed with AUD in the age between 18–75. We applied the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I), socio-demographic data form, Barratt Impulsivity Scale (BIS) and also AUDIT to the all the participants. HTR2A polymorphisms were analysed with Real-time PCR.

*Results.*– 66 participants reported blackouts. There was no association between 5HT2A T102 C polymorphism and having a blackout. A statistically significant relationship was found between having blackouts and barratt impulsivity scale’s total, nonplanning and motor scale scores ( $P < 0.05$ ).

*Conclusions.*– Revealing out blackout risk factors may help the clinician to understand its neurobiological etiology and will open new doors for treatment options. Also impulsivity is one of the risk factors for both alcohol use disorder and its related complications. Enlightening the complex nature of the impulsivity will guide physicians. Also it may help to subtype alcohol use disorder, which is known to be a heterogeneous group, and it may contribute to the steps to be taken in the way of clarifying its etiology.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0878

**Trends and risk markers of emergency department visits with alcohol intoxication among students in a public university—a longitudinal data linkage study**

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*Introduction.*– Available studies of alcohol intoxication in hospital emergency departments (ED) are cross-sectional and no studies have identified student characteristics associated with this risky drinking behaviour.

*Objectives.*– This study examined trends in the incidence and the demographic, organizational, academic, and clinical risk markers of student ED visits with alcohol intoxication in a public university.

*Methods.*– University admission data of 177,128 students aged 15–49 enrolled from 2009/10 to 2014/15 academic years was linked to ED visits with alcohol intoxication in the university-affiliated hospital identified using ICD-9 codes within one year following enrollment. Incidence rate per 10,000 person-years was calculated. Multi-variable Cox proportional hazard regression was performed.

Figure 2.

LAI	$\bar{x} \pm SD$	Range
Paliperidone dose	62.8±33.4	12.5–200.0
Paliperidone TDM	24.8±14.0	0.20–96.0
Haloperidol dose	93.6±29.2	37.5–300.0
Haloperidol TDM	24.8±14.1	0.20–96.0
Risperidone dose	36.8±11.1	12.5–50.0
Risperidone TDM	21.4±1.1	3.7–84.0
Fluphenazine dose	24.5±1.0	12.5–100.0
Fluphenazine TDM	0.75±0.08	0–6.0
Aripiprazole dose	341.4±12.8	100.0–400.0
Aripiprazole TDM	195.0±198.0	14.7–889.0
Olanzapine dose	323.5±83.9	150.0–405.0
Olanzapine TDM	28.0±3.4	8.0–75.0

Tab 1 Findings I (Analysis of the 1<sup>st</sup> half of 2017)

Use of restraint excluding chemical restraint			clinic	closed psychiatric unit	gero-psychiatry unit
Age	years	Average age of restrained treatment cases	53.9	39.5	80.5
Gender	female/male	Gender of restrained treatment cases	34/66	29/71	63/37
Frequency	%	Ratio of restrained treatment cases	10.2%	17.7%	12.4%
		Ratio of restrained treatment cases with one restraint event	63%	71%	34%
Duration	hrs	Total duration of restraint per restrained treatment case	mean: 30.4 median: 10.6	mean: 27.1 median: 10.5	mean: 38.7 median: 16.1
		Duration of restraint per restraint event	mean: 9.3 median: 8.6	mean: 11.8 median: 9.5	mean: 7.7 median: 7.7
Type*	%	Five-point	64%	98%	21%
		Shoulder belt in combination with abdominal belt	-	-	41%
		Wheelchair	18%	-	35%

\* 11 categories in compliance with German legal regulations

*Results.*– There were 889 students having at least one ED visit with alcohol intoxication over a total 151,414 person-years follow up. The overall incidence was 59/10,000 person-years. The incidence

increased linearly over the study period (Figure 1). There was a range of student characteristics associated with ED visits with alcohol intoxication (Table 1).

**Conclusions.**– linking student admission data with subsequent ED clinical data can monitor the trend in incidence of alcohol intoxication in the student population and identify students at higher risk for targeted interventions.

Figure 1. Trend in the incidence of student ED visits with alcohol intoxication, 2009/10–1014/15.

Table 1. Multivariable Cox Proportional Hazard Regression Model of student ED visits with alcohol intoxication by student characteristics.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0879

### **The Impact of education on knowledge and attitude of medical students about the abuse of prescription drugs in Iran**

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**Introduction.**– The abuse of prescription drugs is considered as an important challenge for societies. Regarding many factors contributing to this challenge and its negative impact especially on young and educated people, there is an attempt in this paper to survey the impact of education on knowledge and attitude of medical students about the abuse of prescription drugs.

**Methods.**– This was a quasi-experimental study, which was conducted on medical students. Two groups of 53 medical students were selected as participants for both intervention group and control group. These participants were studied using the researcher-made questionnaires about knowledge and attitude toward the abuse of prescription drugs.

**Results.**– Education plays a significant role in both raising the students' awareness and changing their attitude about the abuse of prescription drugs. The age variable had a significant relationship with pre-training knowledge. The female participants had less pre-training knowledge about drug abuse so that it was not observed after intervention.

**Conclusions.**– It is suggested that education can be considered as a strategy to prevent drug abuse and reduce the demand for drug abuse by raising the awareness and amending the attitudes as well as promoting the anti-consumption culture.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0880

### **Evaluating the relapse after ambulatory detoxification of patient with alcohol dependence**

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Patients with alcohol dependence may require detoxification to prevent alcohol withdrawal syndrome. In the less severe cases,

detoxification can take place in the ambulatory setting and comprises a period of 15 working days.

In order to evaluate the outcome after ambulatory detoxification, patients were reassessed in a longitudinal evaluation that lasted about 3 months. To evaluate the relapse during the 12-week period, the patients were divided into two groups: abstinence and relapse. The relapse was defined as any consumption of alcohol after a period of abstinence.

The aim of the present study is to evaluate which factors may influence the relapse in the initial stages after ambulatory detoxification.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0881

### **Smoking cessation, a service embedded within an addictions service in Singapore**

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**Introduction.**– The National Addictions Management Service (NAMS) has two satellite clinics located within the heartlands that seek to provide treatment of addictions. At one satellite clinic, we piloted a new smoking cessation service that combines both pharmacological and counseling approaches to help patients with nicotine dependence. This approach is in-line with current management guidelines.

**Methods.**– The smoking cessation service was started in our satellite clinic in February 2017 and patients were encouraged to be seen by both the doctor and the addictions counselor at the first and subsequent visits. Fagerstrom test of nicotine dependence (FTND) was done at the initial visit to quantify severity of nicotine dependence. We present the data for the first 6 months of this service (till 31<sup>st</sup> July 2017).

**Results.**– There were 10 referrals for smoking cessation in the first 6 months. 8 patients were male and 2 female. The age ranged from 19 years to 61 years of age. 4 patients (40%) had comorbid psychiatric illnesses. 7 patients had high dependence, 2 had moderate dependence and 1 had low dependence to nicotine as per FTND. 4 patients were started on Bupropion, 2 patients on Varenicline, 2 patients on dual NRTs, 1 on Naltrexone and 1 was not started on any pharmacological treatment. As of 31<sup>st</sup> July 40% of our patients had reduced their cigarette smoking by 50% or more or had abstained from smoking.

**Conclusion.**– This nascent smoking cessation service located in the heartlands has seen promising results and we will continue to monitor treatment outcomes.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0882

### **The drugs phenomenon from the perspective of nursing students: Patterns of consumption, attitudes and beliefs**

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**Introduction.**– Drug use has become a concern that affects society worldwide, posing an important threat to health, well-being and social development.

**Objective.**– To describe and analyze patterns of consumption of drug use and abuse among first and fifth year undergraduate nursing students and to investigate their attitudes and beliefs regarding drugs and users.

**Method.**– A quantitative, descriptive and analytical cross-sectional study with 160 students from the Universidade Federal do Estado do Rio de Janeiro, who answered the instruments: ASSIST and NEADA FACULTY SURVEY. Statistical analyzes were performed with a significance level of  $P < 0,05$ .

**Results.**– Alcohol was the most prevalent drug in the last three months, in the first and fifth years, respectively (69,4% and 80,0%). Students believe they have adequate basic education about drugs, however, they present a prejudiced view and negative attitudes toward users.

**Conclusion.**– The pattern of drug use among students and the lack of preparation to care users reinforce the need to review and reformulate contents and practices on the subject.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0883

### **Problem video game playing scale portuguese version**

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**Background.**– DSM-5 proposed Internet Gaming Disorder as a condition for future research. Given the existence of one available assessment instrument - the Problem Video Game Playing scale (PVP) - it is relevant and timely to verify its psychometric properties in Portuguese adults.

**Objectives.**– To reexamine the psychometric properties of PVP in Portuguese adult gamers.

**Method.**– One hundred and eleven adult gamers completed an online evaluation comprising PVP, type and number of games played, and presence of other dependencies, namely substance abuse.

**Results.**– Removing two of the items, PVP reliability values were similar to previous studies (Cronbach's  $\alpha = .66$ ). A one-factor structure analysis was confirmed through a principal components analysis (KMO = .73; Bartlett's Test of Sphericity:  $P < .001$ ) explaining 33.6%, of the variance. Statistically significant associations between the PVP and other measures supported the construct validity.

**Conclusions.**– Results confirm that problematic video gaming can be measured reliably and validly through the Portuguese version of PVP. It is proposed to test PVP using a wider national sample and to analyze it with clinical samples to determine a cutoff value.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0884

### **Women addictions in montenegro**

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Researches in Europe have shown that in whole population there are 3 to 5% women addicted to alcohol, while the number of women addicted to drugs is higher, rising up to 20%.

In Special hospital for psychiatry in Dobrota, Kotor, from 2012 to 2017, 56 female patients were treated for psychoactive substances addiction. 42 of them were female drug addicts (90% heroin addicts), and 14 were alcohol addicts. Addictions in females are a socio-medical problem, which constantly increases in our environment.

Woman's organism is less tolerant to alcohol and psychoactive substances because of monthly hormonal changes and less water quantities, and this that leads to faster physical decay and developing liver diseases. There is also fetal alcohol syndrome, which occurs in children whose mothers consumed alcohol while pregnant. Heroin can slow down the growth of the baby, as well as development of baby's brain. Also, this can cause problems with breathing after baby's birth. One of the most serious problems is that using heroin causes in babies are symptoms of addiction, so these babies need to be monitored after birth and receive special care in hospitals. Disorders of heart rhythm are often, high blood pressure, and damages on body.

**Conclusion.**– The number of addicts in women in Montenegro constantly increases and consequences are immense. Not just for the addicts and their families, but for the society as well. Since there is no department for treating women as an addict in Montenegro, this results in special problem that needs to be resolved.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0885

### **The role of pharmacotherapy on smoking cessation**

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**Introduction.**– There are currently several effective pharmacological options that are approved to help with smoking cessation. However, many patients are reluctant to use drugs to quit smoking, relying on their motivation and being open only to a psychotherapeutic approach.

**Objectives.**– To access the efficacy of the pharmacological approach and compare the impact of different medications on smoking cessation.

**Methods.**– A retrospective analysis was conducted using data from the 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 the results from the Richmond Motivation Test. Data concerning medications and their results was also collected.

**Results.**– Of the 1248 patients evaluated, 330 (25,9%) were medicated, 71 were on polypharmacy, ranging from two to four different types of drugs. However, we did not find a statistical signifi-

cance between the patients who quit smoking and the number of drugs prescribed. From the various drugs prescribed and evaluated, only varenicline was found to have a statistically significant effect ( $P=0,003$ ) on smoking cessation. If a patient was medicated with varenicline, there was 1,27 x odd of being successful, in comparison to a patient who was not being treated with that drug.

**Conclusion.**– The use of prescribed drugs, particularly varenicline, can play an important role in smoking cessation.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0886

### **Sleep diseases related to cocaine abuse: A case review**

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**Objectives.**– Detail the main characteristics in sleep diseases on drug users, mainly in patients during de first period of a detox program.

**Methods.**– We present a case review of patients admitted in a Hospital Detox Unit in order to participate in a cocaine detox program. We have collected data in cocaine users during March and April 2017.

**Results.**– We have shown 6 different clinical cases. The age average is about 35 years old (between 25 and 45 years old), mostly male in a 3:1 proportion. The 100% of those patients had reported sleep diseases during a detox program (specifically during the first 2 weeks). The main characteristics we have reported were: nightmares that the patients felt like real, with a very explicit content and many of them related to cocaine abuse. All the patients remembered a great among of the drug during the dream and also violence episodes during the nightmare. We have also reported that most of the cases (4/6 of them) referred very detailed scenes in the moment they were going to start cocaine use, this use was disrupted by an early awakening, unleashing moderate anxiety and also a lot of cocaine craving.

**Conclusions.**– According to the bibliography review made, there is different opinion about those patients forecast related to sleep diseases mentioned before. Some authors suggest a good long-term forecast, other authors suggest that those dreams increase craving after the dream, as well as an early relapse.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0887

### **Benzodiazepine use in opioid consumers**

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**Introduction.**– Benzodiazepines (BZD) is anxiolytic, sedative and hypnotic psychotropic drugs and are indicated for the treatment of anxiety and insomnia when symptoms are pathological and should not be used in the symptomatic treatment of mild to moderate anxiety or insomnia. Benzodiazepine therapy should be restricted in time, given the considerable increase in the risk of habituation, tolerance and dependence, after one month of use.

**Methods.**– We present a non-systematic review of benzodiazepine consumption by opioid addicts

**Results.**– The estimated prevalence for the EVconsumption of BZD and opioids, heroin, methadone and buprenorphine, is 51% -70%. Multiple studies report an increase in the risks and complications for this population, emphasizing a higher mortality and morbidity due to overdose, a greater degradation of mental state and physical health and a potentiation of cognitive dysfunction with a significant increase in the risk of injury in the substitution programs with opioid agonists. It is also found that BZD users: require treatment with higher daily doses of methadone; more frequently consume other substances (e.g. alcohol, cannabinoids and cocaine); engage in more risk behaviours; have higher rates of HIV infection; present poorer adherence and response to opioid substitution treatment. All of these lead to a worse psychosocial and rehabilitative prognosis.

**Conclusions.**– Given the high prevalence of this phenomenon in opioid users, the negative impact it has on individual and public health, as well as the scarcity of information available, a better characterization and understanding of this phenomenon is much needed

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0888

### **Psychosis in a young man induced by abusive nitrous oxide consumption: A case report**

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**Introduction.**– Besides its use in anesthesia, nitrous oxide (N<sub>2</sub>O) has a long history as a recreational drug, which incessantly gains popularity among young people. To date, few cases report N<sub>2</sub>O induced psychotic states, which illustrates the unmet need in the field of the symptoms recognition, mechanisms of toxicity and treatment of patients consuming N<sub>2</sub>O. Current case report provides insights into N<sub>2</sub>O toxidrome and raises awareness of its irreversible short-term neural damage.

**Objectives & Aims.**– Case report of a patient with N<sub>2</sub>O poisoning who developed a paranoid psychosis after 1-month daily habit of inhaling “laughing gas”, followed by a literature review on psychotic symptoms evoked by N<sub>2</sub>O, mechanism of its action and therapy.

**Methods.**– An English-language literature search was conducted using Pub Med, EMBASE searching for case reports and observational studies reporting psychotic symptoms in patients with N<sub>2</sub>O poisoning.

**Results.**– A 25-year old man developed paranoid psychosis with a 2-day history of symmetrical numbness in his legs and difficulty with walking. The patient’s current use of N<sub>2</sub>O fulfilled the DSM-IV-TR criteria of substance dependence, in absence of any other substance abuse. He was treated with daily intramuscular B<sub>12</sub> injections (1 g/d), physiotherapy, and methionine tablets (1 g/d). Shortly thereafter, symptom regression was observed and after 7 days he was able to walk without support again.

**Conclusion.**– We suggest that excluding N<sub>2</sub>O toxicity in patients with recognized substance-related disorders and a new neurolog-

ical deficit is compulsory, as untreated for months, the damage to the nervous system is at risk of becoming irreversible.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0889

### **Cannabis abuse and the risk of psychosis: A brief review of the clinical evidence**

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*Introduction.* – Psychotic disorders are determined by multiple genetic and environmental factors. The changing of legal status of cannabis is likely to contribute to the increasing rates of cannabis use worldwide and subsequently translate into sizeable public health implications. It is still speculated whether cannabis use may be a cause of psychosis and precipitate schizophrenia, and the causal nature of this association is unclear. Therefore, educational campaigns informing the public about cannabinoids use and its hazards are urgently needed.

*Objectives & Aims.* – Review of longitudinal studies on cannabis use and its contribution to the development of psychotic disorders.

*Methods.* – An English-language literature search was conducted using Pub Med, EMBASE searching for studies reporting cannabis abuse and occurrence of psychotic symptoms.

*Results.* – Epidemiological studies suggest that cannabis use during adolescence confers an increased risk for developing psychotic symptoms later in life. Around one in 10 regular cannabis users develops dependence. Cannabis abuse in adolescence approximately doubles the risks of psychoses in adulthood and has appreciable causal impact on future risk for schizophrenia. Of people with schizophrenia, more than 11% were reported to have cannabis abuse.

*Conclusion.* – Cannabis use is likely to worsen the burden of psychosis. However, further studies are needed to explain this association since psychotic disorders take years to evolve and it remains difficult to measure both the explanatory and the response variable and their complex relationship.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0890

### **Psychiatric adverse drug reaction tramadol-related in a young man**

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Drug craving is the most typical reported symptom in about 90 percent of subjects in treatment with tramadol; on the contrary, atypical symptoms, occurring in 10 percent of these

patients, include unusual psychiatric adverse reaction. A 27 years-old patient was admitted in psychiatric department because he showed an increasing state of psychomotor agitation associated with aggressiveness. The patient was taking cloridrato tramadol from about 2 weeks, without medical monitoring (dosage and times are no referred) because of increasing knee pain, and then withdrawn, without medical consultation. Toxicological and laboratory tests did not show alterations, except for an increase in white blood cells (19600 cells/mm<sup>3</sup>; normal range 4500-10000 cells/mm<sup>3</sup>). He was treated with chlorphenamine, delorazepam and promazine, because of uncontrollable psychotic agitation, dysperceptive phenomena (visual hallucinations), but he had not previous psychiatric disorders history. Once hospitalized, psychiatric symptoms improved and white blood cell values came back to normal. Furthermore, neurological and psychiatric examinations resulted negative and brain computed tomography (CT) scan showed no organic abnormalities. At the light of the above, the diagnosis of psychotic symptoms occurred during tramadol withdrawal is the most probable hypothesis. In the literature, few cases of psychotic episodes related to opioid withdrawal are described, and among them, only in four cases tramadol were implicated, and only in old men.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0891

### **A (drinking) game of thrones: A comparative study of traditional and more modern drinking games**

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*Introduction.* – Drinking games encourage excessive binge drinking amongst participants, exposing participants at a range of short and long-term risks. Previous studies suggest that communal consumption games lead to lower intake, compared to skill or chance games. Our study looks to establish if more modern media-based drinking games (communal consumption games) encourage a higher intake, compared to traditional drinking games.

*Objectives.* – To examine, using an experimental design, whether students participating in 'modern', media-based drinking games consume greater quantities of alcohol, than those participating in more 'traditional' targeted and chance games (i.e. 20 +1, high or low).

*Methods.* – Participants ( $n=5$ ) completed in two drinking games' 20 + 1', and 'high or low'. The quantity of alcohol that would theoretically consumed to each individual throughout each game was calculated. The rate of volume consumed was compared a media-based drinking game, which involved an observer watching an episode selected from random, from the 'Game of Thrones' series, then noting when drinks would have been consumed per the rules of play.

*Results.* – Paired comparisons suggested the number of units ingested during the media-based drinking game ( $M=21.00$ ,  $SD=7.94$ ), was significantly higher than that of '20 + 1' ( $M=2.59$ ,  $SD=1.26$ ). It was also greater than the 'High or Low' DG ( $M=16.92$ ,  $SD=2.60$ )

*Conclusion.* – Consistent with previous studies, our data indicates there is variation in total consumption in units, depending on the game type. However, contrasting to other evidence, media-based communal consumption games result in greater consumption, than chance or target-based and skilled drinking games.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0892

### **Sexual dysfunction in patients with alcohol dependence**

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*Introduction.*– Sexual dysfunction (SD) is a serious health problem and it is often reported by patients seeking treatment for alcohol problems. This situation deteriorates quality of life and leads to marked distress and interpersonal difficulties.

*Objectives.*– This review attempts to characterize the relationship between sexual dysfunction and alcohol dependence.

*Methods.*– A Pub Med search was performed in August 2017 using the search keywords “Sexual Dysfunction”, “Alcohol Dependence” and “Alcohol Consumption”.

*Results.*– The rates of SD in alcohol dependent patients can range from 40 to 95,2%. Also, it often leads to treatment nonadherence and sexual or marital disharmony. Low sexual desire, orgasm related problems and dyspareunia were the most common SDs reported among women. Erectile dysfunction, premature ejaculation and decreased sexual desire were the main issues reported by men. Initiation of alcohol use at earlier age, longer duration of alcohol consumption, longer duration of alcohol dependence, and severe dependence appeared to be significant predictors of developing sexual dysfunction among these patients. Alcohol use is an independent risk factor for low sexual function.

*Conclusion.*– This review suggests that long-term use of alcohol is associated with SD in almost all domains of sexual functioning. Increased clinicians' awareness for this problem is needed, as approaching this issues not only may improve quality of life, but also increase treatment compliance and lower the risk of relapse There is a limited number of studies evaluating this relationship and those available suffer from many limitations, hence the need for better and more solid studies.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0893

### **Pathological narcissism and gambling addiction: The mediating role of impulsivity**

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*Introduction.*– Clinical literature often depicted addicted gamblers as individuals with high levels of narcissism traits (Lesieur & Rosenthal, 1991). Moreover, Narcissistic Personality Disorder (NPD) frequently EVoccurs with Gambling Addiction (GA) (APA, 2013). However, few studies investigated narcissism features in addicted gamblers and exclusively measured the grandiose aspect of narcissism (Lahey et al., 2008; MacLaren & Best, 2013). In addition, impulsivity has been showed to be a central aspect of both GA and NPD. To date, there is a paucity of study investigating the link between narcissism and GA exploring the role played by impulsivity in such relationship.

*Objective.*– To investigate the associations between both vulnerable and grandiose narcissism in GA and to examine the role of impulsivity in such relationships.

*Method.*– We administered to a sample of 55 addicted gamblers and to a sample of 70 healthy controls self-report questionnaires including the South Oaks Gambling Screen (Lesieur & Blume, 1987), the Pathological Narcissism Inventory (Pincus et al., 2009) and the Impulsive Behavior Scale Short Form (Whiteside & Lynam).

*Results.*– We found that that addicted gamblers scored higher on several PNI and UPPS dimensions. Specific dimensions of Pathological Narcissism and Impulsivity significantly predicted the severity of GA. Positive Urgency fully mediated the relationship between Grandiose Narcissism and severity of GA.

*Conclusions.*– Both Grandiose and Vulnerable Narcissism seem to play an important role in GA. Moreover, such association might be explained by a difficulty to act rashly under the influence of intense positive emotions.

References not supplied

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0894

### **The subjective experience of gambling addiction: A thematic analysis of interviews with addicted gamblers**

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*Introduction.*– Gambling Addiction (GA) is now considered a worldwide mental health issue (Calado and Griffiths, 2016). A numbers of empirical studies investigated GA throughout the exclusive use of quantitative methods albeit few studies explored personal narratives of addicted gamblers. Furthermore, most of these studies investigated specific constructs in population of non-addicted gamblers or did not explore the relationship between narrative of GA and the whole gambler life's story.

*Objective.*– To explore the subjective experience of GA in a sample of 11 addicted gamblers.

*Method.*– We administered to eleven addicted gamblers the Psychiatric Illness Interview for Gambling Addiction (PIIGA, Velotti, Rogier, Lysaker, 2017). Thematic analysis of elementary contexts and correspondence analysis were carried out using the T-Lab software.

*Results.*– Five main clusters emerged from the thematic analysis of interviews. Moreover, correspondence analysis identified four factors organizing the relationships between such clusters. Findings shed light on several central aspects of the subjective experience of GA as, for example, dissociative mechanisms, materialism and experiential avoidance. Moreover, a concrete style of thinking and obsessive traits characterized the narratives of addicted gamblers. Finally, negative interpersonal and social impacts of the disorder emerged as well as difficulties related to treatment.

*Conclusions.*– Subjective experiences of GA seem to support evidences brought by empirical literature. Moreover, specific aspects of psychological functioning of addicted gamblers emerged, underlying the proficiency of qualitative methods in the investigation of GA. Finally, awareness of the disorder might have a key role in the treatment process, suggesting interesting clinical indications.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0895

### Smoking cessation in severe mental disorder patients: The 3 A's intervention at community mental health. Longitudinal follow-up to 12 months

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**Introduction.**– Smoking is a serious health problem for people with mental illness and especially for severe mental disorder patients. It is necessary to explore the possibilities of brief intervention in the context of community care that may act on the level of motivation for change.

**Objectives.**– Assess the effectiveness of the 3 A's intervention (Ask, Advise and Assess) in a sample of severe mental disorder patients after 12 months.

**Methods.**– 28 patients diagnosed with severe mental disorder (according DSM-5 criteria) that were psychopathologically stabilized (defined by the positive and negative scale) and attended in the Community care centers of Jaén, Andalusia (Spain). Patients who consumed in the last month qualified for the level of motivation for change (measured by URICA scale); before and after conducting a brief intervention of no more than 30 minutes in total, divided in three contacts during a month, two face to face and one phone contact. We evaluated the results in the smokers at baseline and after 12 months of the intervention.

**Results.**– After 12 months of follow-up, a 6,5% was abstinent, a 17,1% tried to abandoned the consumer at least once during the follow-up an average 8 days (2-30). A 30,5% discontinued the study.

**Conclusions.**– This is the first paper that evaluate the 3 A's intervention in severe mental disorder with 12 months of follow up. The results of abstinence after were similar to those obtained in patients with schizophrenia using the same intervention (5%)

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0896

### Opioid use disorder individuals on methadone maintenance treatment versus those not on methadone treatment: A Naturalistic cross-sectional comparative study of cognitive performance

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**Introduction.**– Studies of cognitive functioning in drug addiction have shown consistent impairments. Attempts at highlighting neurocognitive recovery of opioid dependent (OD) individuals stabilised on methadone, have resulted in contradictory conclusions. This study attempts to test the hypothesis that methadone enhances cognitive recovery in OD individuals when compared to their untreated counterparts.

**Objectives.**– To compare the cognitive function of OD on methadone maintenance treatment (MMT) to those who are not on methadone treatment (NOMT), relative to healthy controls (HC). We examined whether comorbid cocaine dependence, methadone dose, duration of dependency/abstinence, were correlated with cognitive function

and whether any psychiatric treatment enhances cognitive stability.

**Methods.**– The Montreal Cognitive Assessment was administered to three groups of participants: 22 MMT, 21 NOMT and 22 HC. The cognitive domains tested include Executive Function/Visuospatial Skills/Naming/Attention/Language/Abstraction/Delayed Recall/Orientation.

**Results.**– Visuospatial Skills/Executive Function were improved in MMT but not NOMT individuals. The Language domain appears to be impaired in both MMT and NOMT with a negative correlation to the duration of dependency. NOMT were impaired in all other aspects of cognition apart from Naming/Orientation when compared to HC. MMT did not significantly differ in the other areas of cognition when compared to HC. No correlation was observed between comorbid cocaine dependence/methadone dose and cognitive function.

**Conclusions.**– Methadone treatment appears to be associated with an improvement in cognitive function in OD individuals. MMT may facilitate public health by augmenting cognitive performance in former OD individuals, thus, ensuring compliance to their treatment plan with fewer relapse rates and mitigation of risky behaviours.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0897

### Insight, readiness to change, and motivation were not correlated in alcohol-dependent in patients

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Substance-related disorders are the global problem. Poland, the Czech Republic, and the Slovak Republic are countries with high alcohol consumption.

**Aim.**– The purpose of the study was to examine the readiness to change at the beginning and the end of inpatient short (six weeks) and long (12 weeks) therapeutic program in the Slovak Republic, Poland, and the Czech Republic, and look for the relationship between readiness to change, insight, and motivation in alcohol-dependent persons.

**Methods.**– We studied a sample of 380 alcohol-dependent inpatients (282 men and 98 women) by Alcohol Use Disorders Identification Test (AUDIT), The Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES), Readiness to Change Questionnaire (RCQ), and Demographic Questionnaire.

**Results.**– The single patients declare a higher severity of alcohol dependence than married or divorced ones. At the beginning of the treatment, the majority of patients declared the motivation stage of action (68.5%) or preparation (26.3%). At the end of the treatment, married patients showed higher Readiness to Change in domain Taking steps. The single patients displayed the decrease of domain Ambivalence. The duration of the completed therapeutic program may not be crucial for readiness to change.

**Conclusions.**– In the sample the intention and motivation to alcohol treatment seem to be high at the beginning of the treatment, but recognition of the alcohol problems were low in highly dependent patients. Marital status was connected with an increased active component for readiness to change. The passive component (decreasing the ambivalence) was observed in the single patients.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0898

### **Addiction to Benzodiazepines: Between reality and practice?**

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Benzodiazepine addiction is a disorder characterized by a recurring process including repeated intoxication followed by the progressive establishment of addiction with withdrawal symptoms and a compulsive need to consume or craving. This phenomenon is often due to the availability of its substances, the non-respect of the recommendations of their prescription and the existence of psychopathological disorders. Their treatment requires the setting up of comprehensive management combining drug, psychotherapeutic and socio-educational approaches.

We will illustrate our intervention by a literature review based on the Pub Med data, taking as a criterion for inclusion the young subjects dependent on benzodiazepines between 2013 and 2017 and as Keywords: “Drug abuse”, “Benzodiazepine”, “Dependence”, “Craving”, “Psychopathology”, “Neurobiology”, “Treatment” to elucidate all the neurobiological parameters that explain the link between addiction and personal and social vulnerability.

*Keywords:* Addiction; Benzodiazepines; Craving; Vulnerability.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0899

### **MODAFINIL: The possibility to have a better brain?**

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*Introduction.*– Modafinil is a wakefulness-promoting agent licensed for the treatment of excessive daytime sleepiness associated with narcolepsy, sleep apnoea and shift-work sleep disorder. In addition, it is thought to be used widely off-prescription for cognitive enhancement.

*Objectives.*– To summarize the extensively literature regarding the effects of modafinil in cognitive, emotional and motivational functions when used by healthy people.

*Methods.*– Research on Pub Med using the terms “modafinil” and “cognitive enhancement”. There were only considered systematic reviews and meta-analysis from the last 5 years.

*Results.*– When simple psychometric assessment is considered, modafinil intake appears to enhance only executive functions (planning, decision-making). When more complex tasks are considered, modafinil appears to enhance attention, higher executive functions, and learning and memory.

These effects seem to be modest in healthy individuals. However, in individuals whose baseline performance is poorest, the enhancement might be more significant. Benefit may be optimal for those who are sleep deprived and then only in single doses.

The side effects are slight.– insomnia, headache, gastrointestinal complains (nausea, abdominal pain) and dry mouth. It appears that modafinil exerts minimal effects on mood–if anything improving it. Also, it might lead to an overrating of the actual cognitive performance.

*Conclusions.*– Modafinil is one of the most promising and highly investigated neuroenhancers to date. Nevertheless, some concerns

remain to clarify such as modafinil’s long-term safety and efficacy, potential for misuse, and influence on the developing brain. Likewise, its use as a cognitive enhancer, raise important social and ethical questions.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0900

### **Prevalence of infectious diseases among addicts who have been treated in special psychiatric hospital Kotor**

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According to available data from Worldwide report about drugs by United Nations office on drugs and crime (UNODC) almost 29 million people are addicted to drugs. Last year 27 million people were registered as addicts, 12 million of them as “injecting narcotics users”, while 14% of them lives with HIV. General influence of drug use is defeating. Five percent of adult population, around 250 million people aged from 15 to 64, has used at least one type of drugs in 2014. According to World Health Organization there are 170-200 million people infected with hepatitis C virus (HCV). Each year 3-4 million people are registered as newly infected with hepatitis virus, while 250.000 dies of consequences of HCV infection.

Out of 530 patients in 2012, twelve patients were positive for hepatitis C, which is 29%. In 2013 there were 24 patients (24%) positive for hepatitis C, while in 2014 the number of patients positive for virus was 21 (17%). In 2015 there were 19 positive patients (14,5%) and in 2016, 14 patients tested positive for hepatitis C virus (13%). Infections with hepatitis B and C are common between active and former injecting narcotics users. History of injecting narcotics is the most frequent risk factor in Europe and on our area, especially for infections with hepatitis C virus. Injecting narcotics users, particularly those who come from a social margin, are not just vulnerable to infections by blood transmissible viruses but are also vulnerable to other infections.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0901

### **Emotional distress and smoking in health professionals**

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*Introduction.*– Smoking is a problem of growing concern, since it has a serious impact on public health. It is associated with somatic and psychiatric morbidity, as well as increased rates of mortality.

*Aim.*– The current study aimed at assessing the relationship between smoking and anxiety and depression among health professionals.

*Methods.*– It was a cross-sectional, descriptive and analytic study. The sample consisted of 37 health professionals (20 doctors and 17 paramedics), practicing in Habib Bourguiba and Hedi Chaker

Hospitals in Sfax (Tunisia). Participants were invited to respond anonymously to a semi-structured questionnaire, after consent. We used the Fagerstöm Test For Nicotine Dependence (FTND) to screen for physical nicotine dependence. The Assessment of depressive and anxious symptoms was done through the Hospital Anxiety and Depression Scale (HADS).

**Results.**– The mean age of participants was 33.4 years, with a sex ratio of 2. Active smoking was reported by 62.1% of them. According to FTND, 65.2% of smokers scored as dependent (30.4% moderately to highly dependent). The prevalence of anxiety and depression in smokers was respectively 30.4% and 21.7%. Anxiety and depression were more frequent among smokers, without significant relationship. The FTND score was significantly higher in male smokers ( $P=0.043$ ), and in paramedical staff ( $P=0.008$ ). It was higher in depressed smokers but the relationship was not significant.

**Conclusion.**– Our study highlighted the psychological distress, which could accompany smoking. This relationship seems to be bi-directional. Thus, promotion of measures to prevent smoking among hospital staff, as well as the management of psychological distress is essential in order to improve well-being.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0902

### Recommendations for the cognitive-behavioral therapy in technological addictions

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Technological addictions are a relatively recent cornered category of psychiatric disorders, which encompass, without being limited to, smartphone addiction, Internet gambling disorder, social networking sites addiction and problematic series watching. Although the existence of these conditions is disputed, it's worth mentioning that Internet gambling disorder has been included in the appendix of the DSM latest edition. Cognitive-behavioural therapy (CBT) has been associated with positive results in a large range of drug disorders, but data regarding its efficacy in behavioural addictions is still limited. In order to find out the current recommendations for the psychotherapy in technological addictions, existing data in the literature have been reviewed and systematized. After clustering of data for CBT applications in various technological addictions, three main directions have been identified: group therapy and family therapy; individual CBT based on the cognitive re-structuring; eclectic programs, which combine CBT with other forms of psychotherapy (self-help groups, psychodynamic therapy etc.). No high-quality randomized clinical trial focused on the evaluation of CBT efficacy in technological addictions has been found. It should be noted that case reports and case series for this pathology reported high rates of EVmorbidity with other addictions, personality disorders, depressive or anxiety disorders, so that configuring a complete image of the current situation of each patient should be the first step of any rationale therapy. In conclusion, CBT could be useful for technological and other behavioural addictions, and it should target not only de-structuring of the addictive behaviours and thought patterns, but also EVmorbid psychiatric conditions.

**Conflict of interest:**

The author was speaker for Servier, Eli Lilly and Bristol-Myers, and participated in clinical trials funded by Janssen Cilag, Astra Zeneca, Otsuka Pharmaceuticals, Sanofi-Aventis, Sunovion Pharmaceuticals.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0903

### Sociodemographic and clinical characteristics of patients with substance abuse in a University hospital psychiatric service

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In this study, it was aimed to investigate the sociodemographic and clinical characteristics of patients with drug abuse in the patients hospitalized in the closed psychiatric department of Bülent Ecevit University Medical Faculty Hospital. Bülent Ecevit University Medical Faculty Hospital When the medical records of the patients in the Closed Psychiatric Service were examined, it was learned that 15 patients had narratives of substance use 86.7% were male and 13.3% were female and the mean age was 19.06 ( $SS \pm 11.37$ ) and mean duration of substance use was 5.6 ( $SS \pm 10.87$ ) years. The educational status of the patients were 40% ( $n=6$ ) high school graduates, 33.3% ( $n=5$ ) high school students, 13.3% ( $n=2$ ) primary school graduates, 6.7% And 6.7% ( $n=1$ ) of university graduates. The items used by the patients were bonzai (73.3%), cannabis (66.7%), bally (13.3%) and ecstasy (13.3%). Simultaneous use of cigarettes and alcohol in 80% of patients, smoking in 13.3%, smoking and alcohol abuse in 6.7% were observed. It was learned that 73.3% ( $n=11$ ) of the patients started with the friendship environment and 26.7% ( $n=4$ ). It was observed that 73.3% ( $n=11$ ) of the patients did not come to the controls and 27.7% ( $n=4$ ) of the patients came to the controls after discharge. 60% ( $n=9$ ) of the patients were working and 40% ( $n=6$ ) were not involved in any work.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0904

### Benzodiazepine dependence and personality disorders

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**Introduction.**– The aim of our study was to determine whether there are differences in the intensity and frequency of indicators of benzodiazepine dependence in patients with and without personality disorder.

**Methods.**– The group consisted of 78 benzodiazepine users, which used the benzodiazepine as a monotherapy for at least 1 year at the time of screening. The group was divided into two subgroups: group of subjects with personality disorders and group of subjects without personality disorders. These two groups were mutually compared with respect to correlates of benzodiazepine dependence (problematic use of benzodiazepines, preoccupation with benzodiazepines, lack of compliance and withdrawal syndrome).

**Results.**– The intensity of problematic use was higher in subjects with schizotypal personality disorder and borderline personality disorder ( $P < 0,005$ ), while lower scores were found in subjects with narcissistic personality disorder ( $P < 0,005$ ). The intensity of preoccupation with benzodiazepines was elevated in the dependent, borderline, schizotypal and histrionic personality disorders ( $P < 0,005$ ). Lower level of compliance was associated with schizotypal and avoidant personality disorders ( $P < 0,005$ ). The intensity of withdrawal syndrome was associated with schizotypal, borderline and dependent personality disorders ( $P < 0,005$ )

**Conclusion.**– The study results suggested that the association with schizotypal, borderline, but also with dependent, avoidant and histrionic personality disorder is of particular importance for the intensity of benzodiazepine dependence and its indicators. Comorbidity with a narcissistic personality disorder had opposite effect, since the lower intensity of individual indicators was observed in these subjects in comparison to patients without it.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0905

### **Cannabis Abuse: Prevalence and relationship with psychiatric morbidity among the heavy traffic vehicle drivers of Azad Jammu Kashmir**

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**Introduction.**– Trend of cannabis use is on a rise and around 2.5% of the world population has been using this illicit drug. A recent survey reported an annual prevalence of 4% in Pakistan and 3.2% in Azad Jammu Kashmir (AJK). Cannabis abuse has been associated with various psychiatric conditions like anxiety, depression and psychotic illnesses.

**Objective.**– To determine the frequency of cannabis abuse and its relationship with psychiatric morbidity among the HTV drivers of AJK.

**Methods.**– The sample population comprised of 100 HTV drivers working in different parts of the AJK. Cannabis abuse was assessed using the Drug Abuse Screening Test (DAST-10). Psychiatric morbidity was assessed by using the General Health Questionnaire-12 (GHQ-12). Relationship of psychiatric morbidity and other socio-demographic factors was assessed with the cannabis use.

**Results.**– Out of 100 drivers screened through DAST-10, 70% had no signs of abuse while 30% had clinically significant level of abuse. After applying the logistic regression we found that persistent night shift driving, psychiatric morbidity, low education, tobacco smoking and contact with the sexual workers had significant association with the cannabis abuse.

**Conclusion.**– This study showed a high prevalence of cannabis abuse among the HTV drivers in AJK. Special attention should be paid to the drivers with the signs of psychiatric morbidity and tobacco smoking. Education standard should be made better and contact with the sexual workers should be discouraged.

**Keywords:** Cannabis abuse; HTV drivers; DAST-10; Psychiatric morbidity

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## **Suicidology and suicide prevention**

EV0906

### **Relation between cognition and suicidality in patients with early stage schizophrenia**

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**Introduction.**– Depression and suicidal behaviour are frequent in schizophrenia. Cognitive impairment is associated with history of suicidal attempts (SA) in affective disorders [1], but very little is published in schizophrenia. Furthermore, the existing publications don't use a consensual instrument and they found opposite results [2,3].

**Objective.**– To analyze differences in cognition performance between schizophrenia patients that have made/has not made a SA.

**Method.**– 72 young patients (18–45 years) with schizophrenia  $\leq$ 10 years evolution (average age=31.83, 61.1% – males). 14/72 has history of SA (19,44%). No significant differences between groups regarding age, gender, evolution years, education, antipsychotics dosis and others. Evaluation: PANSS, Personal and Social Performance Scale, Calgary Depression Scale (CDS), MATRICS Consensus Cognitive Battery.

**Results.**– No significant differences on cognitive function between groups except lower punctuation in the BACS test ( $t=-2.377$ ;  $P=0.02$ ) on the SA group in wich also we found a higher number of hospital admissions and higher punctuation on PANNS-P, PANNS-G, PANNS-total and CDS.

**Conclusion.**– On our sample, suicidal behaviour is associated with clinical severity. Regarding cognition, processing speed, measured with BACS test, seems to be firstly affected.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

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EV0907

### **Case study of adolescent suicide risk factors. Suicide prevention outcome studies in juvenile detention facilities in Azerbaijan.**

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Following research and accidents, suicide is the second leading cause of death in adolescence. In addition to mentally ill juve-

niles, especially prisoners represent a high-risk group for suicidal behaviour and completed suicide.

**Introduction.**— According to Hagell, Coleman & Brooks (2013) refers to the “deliberate self-infliction of damage to body tissue” via self-mutilation or ingesting toxic substances. Caucasian youth (ages 10–19); died by suicide at a rate of 5.99 per 100,000 in 2014. This was the second highest youth rate across other races (Caucasian American Suicide Fact Sheet based on 2014 data 2016). Pilot survey of risky behaviour and more particularly suicidal ideation and behaviour at school level and crime adolescent. Case studies of risk factors or attempted suicide including 70 boys.

**Background.**— To assess the demographic, socioeconomic and mental health status of male arrivals in Azerbaijan jails and to analyze the time trends of these characteristics.

**Methods.**— The study was carried out in a prison for detained persons and short-term prisoners. Using a standardized questionnaire: C-SSRS, DAWBA, SDQ, PHQ-9, Wechsler Intelligence Scale (WAIS) scales. The information collected concerned: demographic data, level of education and professional status, reasons for detention or imprisonment, social and family background, lifestyle, medical and psychiatric history, suicide attempts and illicit use of drugs.

**Conclusion.**— The American Association of Suicidology (AAS) gives some general information about risk and protective factors that can help prevent Caucasian Suicide.

Resources: Pub Med, Oxford Academic Epidemiologic Reviews 2015, American Association of Suicidology (AAS) 2017, DSM 5, ICD 11, Kaplan & Sadock’s Synopsis of Psychiatry 2016.

**Disclosure of interest.**— The authors have not supplied their declaration of competing interest.

EV0908

### Unconventional methods for preventing social suicide

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Suicide has a major impact on society across the world and the cases are growing in number everyday. An estimated 1 million people worldwide take their lives by suicide every year and annual suicide fatalities could rise to 1.5 million by 2020. Suicide ranks among the 3 leading causes of death among those aged 15–44 years. Suicide attempts are up to 20 times more frequent than completed suicides. Clinical depression is a common cause. Depression often runs in families, suggesting that genetics can play a role, perhaps affecting chemical activity in the brain. Especially in teen the causes of suicide include exam results, love failures, lack of patience, nuclear family culture, peer pressure, competition, lack of self-confidence, etc. Substance abuse, severe physical disease or infirmities are also recognized causes, which may intensify depression, if not give rise to it. The countries of the Eastern Europe and East Asia have the highest suicide rate in the world. Those who have previously attempted suicide are at higher risk for future attempts. According to this research performed it is clear that psychological support is necessary for the depression patients. There are also cases, which are not depression but just an emotional outburst called sadness. Many people consider this as a depression and then lack of self believe and confidence leads to bad consequences like suicide. In this research we tried to merge neuropsychiatry with psychoneurology. Few therapies and healing methods, which deal with the neurotransmitters along with the Indian ancient therapies, show the positive results. Along with these behavioural therapies also showed outstanding results in depression patients. After going through these processes, outcomes were positive and hence suicide could be prevented.

**Disclosure of interest.**— The authors have not supplied their declaration of competing interest.

EV0909

### Suicide with intravenous kerosene: A case report in Bangladesh

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The mode and method of suicide varies due to multiple factors such as culture, religion, gender, belief, occupation, educational status, age and others. It usually depends on availability, victim’s knowledge on lethality and cultural influences. Here we report an adult Bangladeshi female medical graduate attempted suicide by infusing 10 cc kerosene, which is very uncommon in any cultural background in the world. A 30-year-old female, unmarried, medical graduate, admitted into the Intensive Care Unit (ICU) with the history of taking 10cc Kerosene intravenously. She also ingested Midazolam 7.5 mg 50 tablets and Amitriptyline 25 mg about 80–100 tablets at a time. She was suffering from Depression for the last 6 years and she consulted psychiatrists and psychotherapists multiple times but irregularly. She also used to take the anti-depressants irregularly. She was a very good achiever across her academic life but she had few friends and premorbidly she was anxious. She was maintaining an affair relationship with a boy for last 16 years. Before the day of attempted she came to know that her boy friend had got married. Being a medical graduate with a good functional status in a city choosing intravenous kerosene is quite unexplainable. However, prolong under treated depression, recent life stressors can play vital role to take the fatal decision.

**Disclosure of interest.**— The authors have not supplied their declaration of competing interest.

EV0910

### Overview of emergency department visits for suicidal behaviour from 2006 to 2016 in Baixo Alentejo, Portugal

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**Introduction.**— The Observatório dos Comportamentos Suicidários is a team of health-care professionals from the Psychiatry Department (PD) and the Emergency Department (ED) at the Unidade Local de Saúde Baixo Alentejo (ULSBA). The team is committed to the study of Suicidal Behaviour in the region.

**Objective.**— Analyze sociodemographic data from patients who visited the ED for suicidal behaviour from 2006 to 2016.

**Methods.**— The sample includes visits to the ER assigned the following Manchester Triage System flowcharts: “Overdose or poisoning” and “Self-injury” ( $n = 2271$ ). The data analysis was performed in SPSS.

**Results.**— “Overdose or Poisoning” and “Self-injury” accounted for 0.4–0.5% of the ED admissions, on a 9:1 ratio. 68.8% were female and 63.7% were 20 to 49 years old. The analysis of variables such as admission time, day of the week, month, marital status and residency shows significant changes over the years

We highlight that the admissions for “Self-injury” did not increase in absolute value, but there was a gradual change in gender distribution: initially it was more observed in men, but since 2011 women present with auto-aggressive methods in higher number.

The geographic dispersion of individuals is not even and the age distribution varies by location. In certain municipalities suicidal behaviour is more common in younger people and in others it is more observed in the elderly.

**Conclusions.**– First impressions and the realization that suicidal behaviour demographics in Baixo Alentejo are changing show the importance of continuous evaluation over time, both for studying the behaviour itself and for developing preventive intervention strategies in the community.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0911

### **Suicidal thoughts and behaviors among patients with skin diseases: Meta-analyses of the literature**

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**Introduction.**– Skin diseases may severely impact on the individual quality of life and represent a psychosocial burden for the affected patients. They could be linked to suicidal thoughts and behaviours. In particular, skin disease patients reported higher rates of suicidal ideation in comparison to the general population.

**Objective.**– This meta-analysis aims to estimate the risk of suicidal thoughts and behaviours in patients with skin diseases.

**Methods.**– We searched MEDLINE and PsycINFO to identify articles published before October 2017, examining the association between suicide [ideation (SI), planning (SP), attempt (SA), death (SD)] and any form of diagnosed skin disease.

**Results.**– In preliminary analyses, 12 studies were included. Among skin diseases we were able to separately analyze atopic dermatitis (AD) and the broader category of eczema. Patients with AD had higher risk of SI compared to those without AD. In the case of eczema, results related to SI were not consistent.

**Conclusion.**– Within the treatment setting, the presence of suicidal thoughts and behaviours should be assessed in the AD patient, in particular in the presence of other features, such as severe pruritus and/or sleep problems.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0912

### **Differential association between cytokines and cerebral activations during experience of social exclusion**

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**Objective.**– To measure the association between cerebral activations during experimental social exclusion and levels of inflammatory markers in subjects, having a history of major depressive episode with or without suicidal act.

**Methods.**– 116 euthymic females divided into 3 groups: 45 having a history of depression and suicide attempt, 43 having a history of depression without suicide attempt and 28 healthy subjects. During fMRI, they performed Cyberball game, a validated social exclusion task. Blood levels of cytokines IL-1B, IL-6, TNF- $\alpha$  and IL-2 were measured prior to fMRI. Analyses were performed in regions of interest: insula, orbitofrontal cortex (OFC), and anterior cingulate cortex (ACC).

**Results.**– Baseline IL-1 Beta was negatively associated with R-OFC ( $P=0,01$ ), whereas baseline IL-2 was positively associated with R-ACC ( $P=0,02$ ); R-insula ( $P=0,002$ ) and R-OFC ( $P=0,004$ ). These associations remained significant after controlling on group, the type of mood disorder (unipolar or bipolar) and level of social distress.

**Conclusion.**– Baseline IL-1 and IL-2 blood levels show differential association with cerebral activations involved in perception of social exclusion, independently of suicidal behaviour or mood disorder history. Our results may help to better understand the role of basal inflammation in social stress and its link with pathophysiology of mood disorders.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0913

### **The case for zero suicide in healthcare**

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Zero Suicide is a key concept of the 2012 National Strategy for Suicide Prevention, a priority of the National Action Alliance for Suicide Prevention (Action Alliance), a project of Education Development Center's Suicide Prevention Resource Center (SPRC), and supported by the Substance Abuse and Mental Health Services Administration (SAMHSA). The foundational belief of Zero Suicide is that suicide deaths for individuals under care within health and behavioural health systems are preventable. It presents both a bold goal and an aspirational challenge.

For health care systems, this approach represents a commitment: – To patient safety, the most fundamental responsibility of health care

– To the safety and support of clinical staff, who do the demanding work of treating and supporting suicidal patients

– The programmatic approach of Zero Suicide is based on the realization that suicidal individuals often fall through the cracks in a sometimes fragmented and distracted health care system. A systematic approach to quality improvement in these settings is both available and necessary.

– The challenge and implementation of Zero Suicide cannot be borne solely by the practitioners providing clinical care. Zero Suicide requires a system-wide approach to improve outcomes and close gaps.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0914

### Child and adolescent psychiatric clinic: Family-centered care for suicidal behaviour

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**Introduction.**– There is an increasing number of children, who arrive at the mental health hospital in Moscow due to suicidal behaviour (2014 - 264, 2015 - 386, 2016 - 584). This tendency requires using family resources as the new approach in children healthcare.

**Objectives.**– Evaluation of parent's willingness to participate in child's treatment and their primary needs during child's hospitalization; development of the practical guidelines about family-oriented care for children with suicidal behaviour.

**Method.**– 341 families whose children were hospitalized in child mental health hospital (66% - by emergency services) and 58 child psychiatrists participated in our study from January to May 2017. Research includes the survey (in two options - for doctors and for parents) about the family needs and willingness of the parents to cooperate.

**Results.**– 92% of all families are interested in cooperation with health care providers, while the majority (94%) of psychiatrists stated that "child medical treatment" is the primary parent's need. 67% of parents are not satisfied with their communication with hospital staff and doctors; the unwillingness of doctors to admit parents as equal partners in the process of child treatment was named as the main barrier in effective communication. Health care providers, on the other hand, mark as the main barriers the lack of time and established over the decades treatment's tradition.

**Conclusions:** Readiness and willingness of parents to participate in the child's treatment during hospitalization demonstrate that training psychiatrists must be ready to use the rehabilitation potential of all family members.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0915

### Is Religiosity related to suicidal ideation among Tunisian college students after the January 14 Revolution?

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**Introduction.**– The founding act of the 2011 Tunisian revolution was a suicide. Since then, suicide risk rose significantly from 14% in 2005 to 22.7% in 2015. The highest suicide rates were in the 20–39 years age group, with an emergence of new methods of suicide, including self-immolation and suicide attacks.

Otherwise, Tunisia was known to be less religious than many Arab countries before the 2011 revolution, due essentially to the political control of and legal restrictions on religious activities. As a result of increased desire of the Tunisian people for religious freedom, and social and political changes that occurred during the seven last years, there was a rapidly increasing percentage of people who claimed some types of religious practice, with an unprecedented increase in radical Islamism.

**Objectives.**– This study aimed to explore whether religiosity relates to suicidal ideation, and whether associations persisted after controlling for psychosocial variables associated with suicide.

**Methods.**– Participants were 303 Tunisian college students who completed measures that assessed religiosity, hopelessness, depression, social support, and suicidal ideation.

**Results.**– After controlling for demographic variables and psychosocial factors, religiosity remained a significant predictor of suicidal ideation.

**Conclusions.**– Changes that Tunisian people have known in recent years pose new challenges to mental health professionals who need to better understand the main causes of their emergence, to implement intervention strategies that are effective. Our investigation highlighted religiosity as an important factor associated with lower levels of suicidal ideation among college students. These findings may prove especially beneficial to suicide prevention.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0916

### An overview of non-suicidal self-injury among a sample of adult psychiatric patients

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**Introduction.**– Non-suicidal self-injury (NSSI) is a repeatedly and non-social acceptable infliction of damage in one own body that implies its lesion in the absence of suicidal intent. This behaviour has been linked to early traumatic or loss experiences and to major mental disorders such as borderline personality disorder, eating disorders and post-traumatic stress disorders.

Among the methods described, the most common are skin cutting, head banging or hitting and burning. Other forms of self-injury include excessive scratching, taking supra therapeutic doses of prescribed medication or ingesting something harmful.

People who self-injure are usually trying to cope with intense and uncomfortable feelings, to resolve intra or interpersonal conflicts or to communicate something hard to express.

In recent years more attention has been given to this subject, but the literature is still scarce regarding this behaviour in the adult population.

**Objectives.**– The aim of this study is to analyze the characteristics of a sample of adult patients followed in a psychiatric outpatient clinic in Hospital Senhora da Oliveira in Guimarães, Portugal. We conducted an observational retrospective study of the patients observed in the crisis consultation of our outpatient clinic during the last year. We intend to describe the types, function and the epidemiology of self-injury in this population.

**Results.**– Data is still being collected and analysed. We intend to present a characterization of this behaviour and bring more attention to this topic that lacks more studies.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0917

### Non-suicidal self-injury and the Opioid system: Emotions, pain, and reward

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**Introduction.**– Opioid system is involved in affective regulation, modulation of pain, and modulation of reward. Opioid system dysregulation has been proposed as one of possible mechanisms underlying non-suicidal self-injury (NSSI).

**Objectives.**– To review what is known regarding a possible role of the opioid system in NSSI.

**Methods.**– Non-systematic review searching Pub Med database for articles published from 2012 to 2017, using terms “self-injury”, “pain”, and “opioid”. 28 were selected, and 7 others from its references were also included.

**Results.**– In individuals with NSSI - namely, borderline personality disorder (BPD) cases -, pain attenuates negative emotions more intensely and selectively than in controls. Individuals with NSSI present a higher threshold and tolerance for pain. Besides pain modulation, also emotional regulation is postulated to be altered in individuals with NSSI, namely those with BPD. NSSI can be a maladaptive compensatory mechanism for a deficit in emotional regulation in BPD. Such effect seems to be mediated by brain structures responsible for affective and cognitive processing of pain, such as medial thalamus, anterior and mid-cingulate cortex, amygdala, anterior insular cortex.

NSSI provokes the release of  $\beta$ -endorphin and enkephalins, which may mediate a reduction in negative affect and/or an increase in positive affect. Individuals with NSSI may have lower resting levels of  $\beta$ -endorphin and enkephalins, generating an imbalance in the opioid system. Such imbalance may promote dysphoric and dissociative states, and also result in increased sensitivity of  $\mu$ -opioid receptors and increased analgesic and euphoric effects during NSSI.

**Conclusions.**– Future studies should include both biological and psychological variables, study non-BPD samples, and prospective studies.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0918

### Predictors of Suicidal ideation and prevention of autolytic attempts. Data collected in the HCUV

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**Introduction.**– Suicide is the act of deliberately taking away one's life. According to WHO, nearly 800,000 people commit suicide each year.

**Objectives:**

- To compare data from autolytic attempts in 2016/17 and in 1996/97 at the Hospital Clínico Universitario de Valladolid.
- To study if there is a relationship between consumed suicides and previous psychiatric care (income, ESM or ER) (if there were ideas of death, autolytic ideation and/or autolytic gestures).

- Influence of somatic diseases and economic crisis on suicide data and conflicting interpersonal in suicide attempts.

- Present prevention strategies

**Material and methods.**– Comparative descriptive data (age, gender, civil status, work situation, economic and legal, family and personal psychiatric antecedents, previous attempts), in cases of suicides and suicide attempts of both periods.

**Results:**

- Increased rate of suicide attempts of 45%.

- Distribution by sexes similar, although in 2016 a higher proportion was observed in males.

- The main methods of consummate suicide used in Valladolid are hanging (30%) and precipitation (28%).

- The percentage of women who self-injure (10 to 19 years) is significantly higher than that of men (29% women vs 4.5% men); the age of onset being less and less.

- 88.5% of the patients who underwent an autolytic gesture have a psychiatric diagnosis

- Interpersonal problems are the major stressors (53%).

**Conclusions:**

- Very important cause of mortality in the group of 15-24 years.

- Mortality in the general population has followed a decreasing trend; but suicide rates per 100,000 people have remained stable over the last decade.

- It is extremely important to carry out prevention strategies.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0919

### Stand up for life: Innovations and debates in stigma reduction and peer support in suicide prevention efforts

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Suicide is a leading cause of death in the U.S. and public stigma is clearly associated with aversion to services that may reduce psychological distress/symptoms of mental illness and subsequently suicidal behaviour as well (Link, Phelan, 2002; Corrigan, Watson, 2004). Based on the work of Dr. Corrigan, the Center for Dignity, Recovery and Empowerment has developed structures, tools and evaluation instruments to guide effective stigma-reduction practice in the domain of mental health/mental illness. Most suicide prevention efforts center on a strategy of attempting to link at risk, people qualified with mental health resources. While this strategy makes sense, it will ultimately be ineffective if the culture surrounding the at-risk population is sending a louder message about stigma. We can have universally accessible, state-of-the-art care, but if the core beliefs held are about shame, these resources will not be used. This course is designed to teach new approaches to stigma reduction, such as the Center for Dignity, Recovery and Empowerment's "Coming Out Proud" program and the "Hope Group" (suicide attempt survivors support group) and will facilitate a "tensions in stigma reduction" debate on such questions:

- Should we or how should we use of word "stigma"?

- Do suicide prevention gatekeeper models break down barriers or build them?

- How do we best engage people with lived experience of suicide who 'come out' and disclose?
- How do we best bring Suicide Attempt Survivors and Suicide Loss Survivors together?
- What are best practices in suicide attempt survivor support groups?

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0920

### **Suicidal conduct and bipolar disorder type II**

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*Introduction.* – Suicide attempts are a very serious complication of bipolar disorder. 20% to 56% of patients with bipolar disorder will attempt suicide in their lifetime and 10% to 15% will die by suicide. Through three clinical cases of bipolar disorder type II, we aim to put the point on this problem.

*Method.* – Clinical cases.

*Results.* – First case: A 32-year-old unmarried woman, living with her parents, who was referred by a regional hospital emergency department for attempted suicide by drug poisoning. Second case: A 34-year-old divorced woman, a life-long painter, with toxic antecedents, with a history of attempted suicide, who went to the emergency room for another suicide attempt by drug poisoning. Third case: A 26-year-old married woman with two children, housewife, former training with a history of attempted suicide, who went to the emergency room accompanied by her husband for a new phlebotomy suicide attempt.

*Conclusion.* – The prevention of suicidal behaviour is essential and requires early diagnosis of the disorder, and a careful and repeated evaluation of the suicidal risk.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0921

### **An exploratory randomised controlled trial of culturally adapted manual assisted problem solving training (C-MAP) - a Post intervention qualitative study**

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*Background.* – Self-harm is the most important predictor for future suicide attempt and there are 10-20 self-harm acts for every suicide.

Suicide and attempted suicide are illegal acts, and are socially as well as religiously condemned therefore there is no official data on suicide from Pakistan, a South Asian Islamic country. There is evidence that mental health care of patients who attempt self-harm can be improved by understanding self-harm and by safeguarding opportunities for dialogue.

*Objectives.* – To explore the experience of self-harm in Pakistan and also the experiences of participation in a culturally adapted intervention trial.

*Method:* Semi-structured in-depth interviews were conducted with 19 participants. All interviews were recorded, transcribed verbatim and analysed using the stages of a framework analysis; familiarisation, identification of a theoretical framework, indexing, charting and mapping and interpretation.

*Results.* – Three key themes were emerged “(1) precipitating factors for self harm (with four sub-themes; disturbed family relationships and domestic violence, isolation, gender roles and poverty), (2) traditional methods of conceptualizing mental illness (with two sub-themes; role of devils/possessions, faith healers), (3) effects of culturally adapted intervention (with two sub-themes; positive impact on emotional well-being, privileging pharmacological models instead of psychological).

*Conclusion.* – There are various psychosocial factors that can contribute to self-harm behaviour in low-income countries. Interventions that are culturally adapted and tailored according to need of population can lead to improvement in psychological well being of that population.

*Disclosure of interest.* – The authors have not supplied their declaration of competing interest.

EV0922

### **Suicidal ideation in mothers with young children: A cross sectional study from Karachi, Pakistan**

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*Background.* – The risk for suicide is significantly high among depressed women during the perinatal period, and suicide has been reported to be a leading cause of death in this depressed population. Suicidal ideation, a risk factor for completed suicide is more common than attempts or completed suicides, with thoughts of self-harm during the perinatal period ranging from 5 to 14%.

*Objectives.* – To find out the prevalence of suicidal ideation in mothers using both the self-report and trained interviewer administered measures.

*Methods.* – This is a secondary analysis of a larger study in which 600 mothers were recruited from low resource areas of Karachi. Out of these mothers, 338 were depressed on Edinburgh Postnatal Depression Scale (EPDS) and 262 were non-depressed. Clinical Interview Schedule-Revised (CISR) was administered to confirm the diagnosis of depression.

*Results.* – The prevalence of suicidal ideation using EPDS was 11.83% in depressed and 3.82% non-depressed mothers. On CISR, 14.63% depressed and 1.2% non-depressed mothers reported suicidal ideation.

**Conclusion.**– The rates of suicidal ideation are high in low-income mothers in urban Pakistan. EPDS appears to be a useful instrument to screen both for depression and high-risk mothers with suicidal ideation.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0923

### **Aircraft-assisted pilot suicides in the United States before and after the 24.3.2015 accident in the French Alps - Evidence on International Copycat Phenomenon?**

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**Introduction.**– Aircraft-assisted pilot suicide, such as the Germanwings flight, is an extremely rare but serious phenomenon. These suicides were searched from the U.S. National Transport Safety Board (NTSB) database five years before and two years after the deliberate flight into the French Alps (24.3.2015) to assess possible changes.

**Objectives.**– The aim of this study was to assess whether there is evidence of changes in pilot aircraft-assisted suicide risks in the U.S. after the 24.3.2015 accident.

**Methods.**– The NTSB database search (13.9.2017) included only fatal aviation accidents in U.S., with accident investigation finalized and the cause of accidents assessed as a pilot suicide. The relative risk (RR) of the aircraft-assisted pilot suicides in all fatal accidents was calculated to compare the period 2 years after with 5 years before the accident in the French Alps.

**Results.**– During two years (25.3.2015- 24.3.2017) after the incident, 3 out of 453 (0.66%) fatal accidents were aircraft-assisted suicides compared with 6 out of 1292 (0.46%) during five years (24.3.2010-23.3.2015) before, the relative risk being 1.43 (95% CI 0.54-3.78).

**Conclusions.**– An increase in the aircraft-assisted suicide risk was not observed in our statistical analysis. Thus, a copycat phenomenon, which would contribute to an increased risk, has not occurred during this time span. Limitations of this study include the fact that manner of death assessments are based solely on data included in accident investigations. Moreover, pilots in general are resilient and criteria for fitness to fly tend to select against high-risk individuals.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0924

### **Essence of suicidal article highlighted the social determinants that contribute to risks of suicidal behavior**

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The problem of suicide, bearing interdisciplinary in nature, is located at the intersection of problematic fields of sociology, philosophy, psychology, psychiatry. There are social determinants that contribute to the risk of suicidal behaviour which include 3 groups of problems subjects depending on the level of suicidal risk: The first group consists of teenagers having 1-2 signs of suicidal risk, the second group - with 3 signs of suicide risk, the third group - 4 signs of suicidal risk. In the study, adolescents with deviant (addictive, delinquent and criminal) behaviour undergoing rehabilitation in narcological clinic, it was found the predominance of reactive aggression over proactive. Revealed such personal predictors of self-destructive behaviour as a demonstrative, affectivity, low self-esteem and a sense their own inadequacy, social pessimism, lack of sustained goals in the future, problems in interpersonal relationships, including with loved ones relatives, as well as the presence of signs of social maladjustment. Currently, it seems to us that all prison staff must be trained on recognizing the signs of mental illness as part of suicide prevention. Inmates with a higher propensity for suicide, including those who already have made a suicide attempt in the past, needs around the clock are being monitored or contained in the premises, equipped with video surveillance systems, allowing to control their actions. The Ministry of justice is doing everything possible to prevent suicides in prison institutions, taking measures such as early detection of suicidal prisoners with the help of scientific and rational methods, particularly psychoanalysis and counseling psychologist.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0925

### **Self-Harm research UK: Development of an online research platform**

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**Introduction.**– Self-harm is a growing public health issue. Current research is largely based on populations presenting to Emergency Departments leaving a large number of vulnerable individuals unrepresented. The nature of the online world has led to a substantial research interest into the nature and influence of internet use in those who self-harm.

**Objectives.**– This study aims to assess the feasibility of a web-based platform for self-harm research. This platform will aim to bring together: questionnaire data; routinely collected healthcare data and uploads to a databank of online material.

**Methods.**– An online platform for self-harm research has been developed. This platform functions as a questionnaire delivery platform and as a place for individuals to upload sources of advice/information from the Internet. These uploads will form a databank of media sources that can undergo further assessment. Participants will be given the option to sign up to the UK's first population based linked research register and to consent to having their data linked with routinely collected healthcare data.

**Results.**– Work with the platform is in its preliminary stages. It is hoped that results will assist in identifying vulnerable groups

missed by traditional research. Such results will assist in the development of future service provision and support.

**Conclusions.**– If successful this project would demonstrate the utility of an online platform for self-harm research. It may also result in a register of individuals who self-harm that can be contacted for future research and a databank of media sources that can undergo further study.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0926

### **Descriptive analysis of personality traits in outpatients with previous suicidal behaviours**

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**Introduction.**– Suicide is an important public health problem and the result of a serious complication of psychiatric disorders. Suicidal behaviours are epidemiologically and clinically related to Personality Disorders.

**Objectives.**– Describe the sociodemographic and personality traits of a sample of outpatients with a previous history of suicidal behaviours.

**Methods.**– Cross-sectional observational study. Sociodemographic and clinical data were collected during 6 months (July to December 2016). A personality assessment was performed using the Salamanca Questionnaire on Personality Disorders. Those patients suffering from Dementia or mental retardation were excluded.

**Results.**– Twenty-four patients participated in the study, 75% were women. The mean age was 46.3 (SD = 8.66). 75% were women. The mean of previous suicidal attempts was 3.37. Half of the patients had a previous diagnosis of Personality Disorder and 93.75% scored positive values for different personality disorders.

The highest scores were: Histrionic (M = 3.56, SD = 1.54); Anxiety (M = 3, SD = 1.86), Emotional instability limit type (M = 3.37 SD = 1.07) and Dependent (M = 3; SD = 2). The least frequent scores were: Antisocial (M = 0.56) and Narcissistic (M = 0.87).

The most frequent traits were: intense variable emotions, excessive care for appearance, frequent feelings of boredom and emptiness, frequent thoughts of lack of role in life, nervousness and fear of ridicule.

**Conclusions.**– These data showed profiles with multiple anomalous personality traits and corroborate how personality difficulties could lead suicidal behaviour. Extended research is needed to identify potential personality risk markers.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0927

### **Suicide: A systematic check-up**

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**Introduction.**– Suicide is always a tragedy for the individual, his family and friends and the communities of which it is part. In terms of

population, suicide is also a major public health problem, which involves more than 34,500 deaths annually in the United States and a million or more is estimated worldwide.

**Objectives.**– There are good and bad news regarding existing trends in the advancing age and suicide over time in the United States, where the overall suicide rate declined slowly but steadily from 1985 to 2000, after which it started to increase again marginal mode.

**Results.**– To design interventions to reduce morbidity and mortality related to suicide, we need to understand its causes. Establish causation in a complex outcome, multietiological, rare and dire consequences: such as suicide is a daunting task. However, identifying risk factors and protective can guide preventive measures.

**Conclusion.**– The importance of depression as a pathogenic factor in the suicide of the advanced stage of life makes their detection and effective treatment are paramount. The multidisciplinary care provided by primary care professionals who have the support of mental health experts has produced promising results as indicated preventive intervention, although its effect in reducing suicide in elderly men is yet to be determined

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0928

### **Population drinking and gender gap in suicide mortality in Russia**

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**Introduction.**– Across most countries, suicide rates are significantly higher for men compared to women, while women typically have higher rate of suicidal attempts. The gender difference in the suicide rates is particularly large in the Eastern European countries. There is suggestive evidence of a crucial role of alcohol in explanation of this phenomenon.

**Objectives.**– In present study we will test the hypothesis of the close aggregate level link between alcohol consumption and gender difference in suicide mortality rates in Russia using data on sex-specific suicide rates and alcohol consumption per capita between 1965 and 2015.

**Methods.**– Time-series analytical modeling techniques (ARIMA) were used to examine the relation between the gender gap in suicide mortality and trends in alcohol consumption per capita.

**Results.**– According to the results of time-series analysis, alcohol consumption is a statistically significant factor associated with gender gap in suicide mortality in Russia, implying that a 1-litre increase in consumption per capita is associated with an increase in the difference between male and female suicide mortality rates by 8.3%. The results of the analysis also suggest that 66% of the difference in suicide mortality between males and females in Russia could be attributed to alcohol.

**Conclusions.**– The outcomes of this study provide indirect support for the hypothesis that alcohol is a major contributor to the high gender gap in suicide mortality and its dramatic fluctuations in Russia during the last few decades.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0929

### **Sociodemographic and clinical characteristics of patients with suicidal behavior or ideation in the Northern area of Tenerife**

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More than 800,000 people committed suicide in 2015; 3,602 in Spain. In Canary Islands, 190 died, 94 of which committed suicide in Tenerife.

Currently, there is no suicide prevention program in this province. We consider imperative to initiate a protocol, and to this end, we elaborate a study that reflects the current situation.

Through a database software, sociodemographic, clinical and discharge data were collected from 98 patients who attended the Hospital Universitario de Canarias between April first and December thirty-first 2016.

Patients were mostly women, middle-aged, with children, unemployed, living with their own family. 75% were discharged in less than 4 days, while 8% required hospitalization. 34% had suicidal ideation. 83% of the attempts were made by prescription drug overdose. 53% had made previous attempts. As for the data regarding discharge, more than 80% received some anti-depressant and anxiolytic drug. 90% were referred to their Mental Health Unit, reaching 30% in the first month.

The data analysed shows characteristics similar to those observed in the rest of studies that deal with this topic. It is worth noting the short period of hospitalization of the majority of patients. In addition, although the vast majority is referred to its Mental Health Unit, only 30% reaches in the first month.

The absence of a protocol to care for patients with suicidal risk means that they do not have adequate follow-up after discharge. Therefore, it is necessary to establish in an early manner this protocol, already existing in other provinces and whose results are widely recognized.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0930

### **Suicide risk factors in outpatients with suicide behaviour in a community mental health unit**

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*Introduction.*– To minimize the chance of suicide, it is absolutely necessary to have a cross approach.

The actions must be considered at the following stages: a) prevention; b) detection; c) diagnosis; e) treatment; and f) follow-up treatment of mental health disorders.

Over the last years, the approach has been more about the prevention of the suicide pattern.

One of the most important actions to do this, is the evaluation of the suicide risk through psychometrics tools and clinical interview.

*Objective.*– To analyze the presence and frequency of suicide risk factors in an outpatient sample.

*Methods.*– A descriptive epidemiological study that analysed the medical histories of 29 patients, who has been evaluated using the Sad Persons Scale in a Community Mental Health Unit. These patients are in treatment because they have committed previous suicide attempts.

The scale give one point for each item: sex, age, depression, previous attempt, etanol abuse, rational thinking loss, social support lacking, organized plan, no spouse, sickness.

*Results.*– The percentage of each suicide factor is presented in the graphics below.

*Conclusions.*– The risk is evaluated in this case by “Sad Persons” scale, which does not substitute the psychopathological evaluation and other risk factors. Among the results, there are two indications: a) Signs of depression on his various forms, is considered the most important suicide cause, b) Absence of a partner (i.e. husband or wife) adds to a social risk factor.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0931

### **To find the silent message–nurses experiences of the non-verbal communication preceding a suicide**

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*Introduction.*– Suicidal individuals often communicate their suicidal intent, but not necessary verbally. It requires sensitivity to recognize the silent and indirect messages of suicide plans that otherwise may pass unnoticed. Psychiatric nurses have a central role in the care of patients with suicidal behaviour or thoughts. By sharing nurses' experiences, essential knowledge about suicidal communication can emerge.

*Objectives.*– The aim of this study was to explore nurses' experience of non-verbal messages by the patients preceding suicide.

*Method.*– A qualitative design with a phenomenological hermeneutical approach was used. Seven nurses working in psychiatric specialist care were interviewed about their experience of the studied phenomenon.

*Results.*– Experiences of silent suicidal communication are presented in three themes and ten sub-themes. The nurses experienced a multi-faceted change in the patient just before the suicide. The identified changes were to improve rapidly, to put up a disguise, and to be unreceptive of further treatment or encouragement. The nurses also described patients' painful awareness of life conditions and how they lose hope and confidence in future, with feelings of being powerless without ability to influence the situation. They finally decided to capitulate. The last period in life was characterized by an increased preoccupation of thoughts about death and making an end. This was shown in practical preparations, in expressing gratitude to people, and by bidding farewell.

*Conclusion.*– Nurses in psychiatric care can perceive and interpret nonverbal messages from patients who are suicidal. This knowledge might be used as a complement to a structural suicide risk assessment.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0932

### Depression and suicide thoughts among medical students

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**Introduction.**– Recent evidence show that medical students are at high risk for depression and suicidal ideation caused by stress and burnout, comparing to general population.

**Objectives.**– The aim of this study is to investigate and compare the overall prevalence of depressive symptoms among medical students from 1st and 6th year of study.

**Methods.**– A number of 202 medical students took part in this study (98 freshman students and 104 enrolled in 6th year of study). Students were asked to fill a questionnaire with socio-demographic data and to answer to the items of Beck Depression Inventory in order to evaluate the level of depression. The statistical analysis of data was done using SPSS Statistics v23.0.0 for MAC.OSX and for the comparative analyses we used Independent Samples T-Test.

**Results.**– The overall depression score was lower:  $t(198)=4.010$ ,  $P=0.000$  for the 6th year students ( $M=6.81 \pm 7.47$ ) compared to the 1st year medical students ( $M=10.97 \pm 7.17$ ). Seniors ( $M=0.03 \pm 0.23$ ) had less self-punitive thoughts ( $t(197)=2.235$ ,  $P=0.027$ ) compared to freshman students ( $M=0.15 \pm 70.46$ ).

**Conclusions.**– Our results show that 1st year students are more depressed than seniors and the prevalence of suicidal thoughts among freshman students is higher. Strategies for preventing and treating depression among medical students, especially for those in the pre-clinical years are needed.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0933

### Clinical psychopathological and pathopsychological features of suicide among women

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Results published by WHO show that suicide is one of three leading causes of death among people aged between 15 and 34 years old.

**Objective.**– To study patterns in formation of suicidal behaviour among females.

**Methodology.**– 30 women who attempted suicide within last three days were examined in Medical Centre No. 1 in Baku, Azerbaijan. Each patient was interviewed, and his or her response was used to fill in a questionnaire. Thereafter, the responses were analysed using Beck depression inventory and Zung depression scale.

**Results.**– Most of the subjects had mild or more severe depression (BDI–82.3%, Zung depression scale–82.4%).

The subjects were divided into groups based on their age, marital status, social status and education level. A negative correlation between education level and size of the respective group was observed.

Interviews with the married women suggested that:

– (i) Their inability to get divorced due to fear of social stigma was an important factor driving them to suicide.

– (ii) Most of the suicide initiatives were intended not to result in death, but to serve as a means for self-defence or influencing another person to achieve a goal. BAP’s depression phase and symptoms of Conversion Disorder were observed in the former and latter cases, respectively.

**Conclusion.**– The research identified level of education, presence of conflicts in family, fear of social stigma to be important factors in determining likelihood of women attempting suicide. It is suggested that these conclusions can be used to create gender-differentiated methods for preventing suicide specifically aimed at women.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0934

### Constructivist strategies in cognitive-behavioural therapy for managing suicidal ideation and hopelessness: A case study

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Suicide is currently a global public health problem and is one of the leading causes of mortality. Based on the literature it is also known that in most cases, some disease or mental disorder is amongst the contributing factors to suicidal behaviour. Likewise, the subject who manifests a suicidal intent tends to express beliefs of hopelessness and few perspectives about the future. The aim of this study was to describe the contributions of constructivist strategies in cognitive-behavioural therapy (CBT) to manage suicidal ideation and hopelessness and to point out the related cognitive triad. The case report describes the psychotherapeutic care of a 28-year-old patient with depressive symptoms. In the diagnostic assessment, the ICD-10 and DSM-V criteria were used, as well as the Beck inventories for depression, hopelessness and suicidal ideation. The treatment plan proposed the exploration of sensory pathways for questioning beliefs using constructivist techniques such as subjectivation and objectification. Referral for psychiatric follow-up, cognitive-behavioural techniques such as psychoeducation of depression and cognitive model, search for social support, problem solving, cognitive restructuring and strategies for relapse prevention were used. As results, there were reductions in Beck’s inventory scores, reduction of distorted thoughts, remission of depressive symptoms, and improvement in biopsychosocial functioning. It is suggested, therefore, that the strategies of the two approaches complement each other to offer the possibility of remeaning experiences in the management of hopelessness, as well as in the expansion of behavioural repertoire and beliefs to face the desire to die.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

## Training in psychiatry

EV0935

### French psychiatry residency training reform: Will the phoenix raise from the ashes?

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**Introduction.**– Since 2009, France has been working on a profound remodelling of residency training, including psychiatry. The French psychiatry residents' association (AFFEP) has been actively working on this reform from the very beginning, alongside with the National College of Psychiatry Professors (CNUP), and the French Junior Doctor Union.

**Method.**– We will present the reform and the changes it brings, on the positive and negative sides.

**Results.**– The French residents who have started residency training in November 2017 are benefiting from a brand new system. Their curriculum is divided in 3 stages, with gradual autonomy, and their knowledge and experience acquisition synthesised in a progressive portfolio. Child and adolescent subspecialty training (CAP) is upgraded so that residents can complete the six rotations needed for the European recognition. A new subspecialty of old age psychiatry has been created, broadening the training in this field. So far, very few residents have had the opportunity to realise rotations in old age psychiatry. Even though the reform is promising, some issues remain unsolved. Training in forensic psychiatry has to be developed to face the society demands; making it a subspecialty is essential but not accepted by the government yet. The proportion of residents choosing CAP and the ways to improve it is also a hot topic.

**Conclusion.**– This reform is a major shift in French psychiatry residency that will profoundly modify the training of future psychiatrists and the field itself. Yet, there are some points that remain to be clarified.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0936

### BPS working group on recovered memories and extreme abuse surveys

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**Introduction.**– This paper revisits results of a BPS survey where 15% of practitioners had encountered Satanic Ritual Abuse (SRA) disclosures and the Extreme Abuse Survey where Satanists were the most frequently identified offender group.

**Objectives.**– The presentation reviews evidence of SRA gathered through survey formats.

**Aims.**– This presentation educates mental health professionals about SRA and the associated dissociative disorder symptoms that are frequently overlooked or misdiagnosed in clinical practice.

**Methods.**– Key results of the two surveys regarding SRA were reviewed.

**Results.**– In the May 1995 issue of *The Psychologist* Andrews et al reported on 'The recovery of memories in clinical practice' soon

after their BPS Working Party on Recovered Memories report had been published. In their survey 13% of 1083 respondents' ever worked with client reporting SRA and had believed them'. Curiously neither the article nor the report made any attempt to define or describe SRA.

The 307 page report on the Extreme Abuse Survey conducted in 2007 can be downloaded from [endritualabuse.org](http://endritualabuse.org), the website of US Clinical Psychologist Dr Ellen Lacter. It features results of surveys with survivors, professionals and carers of child survivors of extreme abuse outlining dozens of extreme abuse varieties including 'impregnation' to breed babies and 'Human Sacrifice Murder'. **Conclusion.**– Given that SRA was encountered by a substantial proportion of practitioners and seemingly covers heinous crimes it appears opportune to conduct a replication of the BPS Survey with a branched administration of the Extreme Abuse Survey for those who have encountered disclosures of SRA.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0937

### Helping students learn useful clinical skills–reconsidering the pedagogy of the mental status exam

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**Introduction.**– The psychiatric mental status exam (MSE) is a structured assessment of behavioural and cognitive functioning. It requires observational skills and subtle discrimination to discern the often difficult to describe traits that characterize a psychiatric disorder. Its use and interpretation is a fundamental skill medical students and medical practitioners must have, to establish well founded diagnoses and evaluate treatment progress. This is particularly important due to the high prevalence and chronology of psychiatric disorders. In comparison to other clinical skills, little is known about how the MSE is taught.

**Objective.**– To investigate currently available publications regarding MSE pedagogy through a thorough literature review, and to extract teaching/learning activities (TLAs) from those publications. **Methods.**– Relevant articles in Pub Med, ERIC, and Psycinfo databases were manually searched. Mental Status Exam, Mental Status Examination alone and combined with scholarship, education, teaching, learning, and pedagogy. Exclusion criteria were no mention of the MSE or omission of discussion on teaching methodology.

**Results.**– 8 relevant articles were retained, and 6 TLAs were identified: Didactic lectures (the most common and traditional TLA), videotaped interviews, simulated patients, virtual patients, tutorial groups, and student roll play following lectures.

**Conclusions.**– In attempting to establish an MSE course these TLAs can be considered. The choice of which TLAs to implement in a training program depends on an institutions' available resources. Further published research and discussion on this topic will help build evidence for effective teaching methods, which will hopefully translate into more effective psychiatric evaluations in the next generation of medical professionals.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0938

### On an integrative psychiatry in education

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**Introduction.**– Objectives: Psychiatry is interdisciplinary science and of fundamental importance for enormous problems of humanity. Creation of an integrative psychiatry in context of a multidimensional&holistic medicine, founded by HIPPOCRATES-GALENUS-HUA T'UA-PARACELSUS is necessary to counteract disastrous human situation.

**Methods.**– Related to medical-philosophy.

**Results.**– Theoretical approaches about discussion for an integrative psychiatry. During Opening-Ceremony of 18thWorld-Congress Psychosomatic-Medicine (ICPM 2005 Kobe) were present their majesties Emperor&Empress of Japan, Prime&Ministers for Science-Education-others&prominent scientists. Emperor AKIHITO honored congress by strategical ideas, available also for all anthropological-health sciences, “total symptoms of mind&body, seeking ways of holistic care ... it is extremely important for patients, my hope contributes to the progress of medical science and people's happiness in the entire world”.

Yujiro IKEMI/Ex-President of ICPM opened new dimension not only in psychosomatics&psychiatry, but also in general-medicine&psychology by integration of oriental somatopsychic theory&self-regulation practices (Yoga/Qigong/Zen-meditation/etc.) with occidental psychosomatics (Th.von UEXKÜLL). Psychiatric-societies/EPA/WPA, continental/national (American-Asian-European-etc.) could found Committees preparing proposals for creation of an integrative psychiatry incl. harmonious participation of medical-philosophy (epistemology-ethics-aesthetics), psychology, psychosomatics, psycho-physiology/pharmacology in education&research. Also support of round-table-discussions in this matter during congresses (involving scientists/politicians) giving recommendations to UNSEVWHO-EU-governments is recommendable.

ON AN INTERNATIONAL ACADEMY FOR PSYCHIATRY (IAP), similar to European-Acad Neurology/EAN founded 2015 in Berlin, could be promoted creation of an integrative-psychiatry incl. oriental-holistic traditional medicine-philosophy-psychology counteracting enormous dominance of occidental-one.

**Conclusion.**– New kind of education/research/practice in psychiatry by interdisciplinary fundamentals in context of philosophy-psychology-informatics to experimental/clinical psychiatry could open new dimension in psychiatry (therapy/prophylaxis) in context of UNO-Agenda21 for better health/ecology/economy on global level.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0939

### The effect professors have on students

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Good practices in education have a positive impact on students' development and engagement. Student-faculty interaction is a meaningful and important factor in students' academic and social success in university. Those teacher-student interactions are particularly significant when they occur informally, increase students motivation, they remain engaged in class activities, and are actively involved in the learning process, and such an interaction has been identified as a primary agent of college culture, and has an important influence on the attitudes, interests, and values of college students. Research has explored Teacher -Student Relationship and identified two main dimensions of this type of relationship: the affective dimension, which includes honesty, trust and respect and which describes the bond built between students and teachers forming the basis for secure and affective positively experienced relationships, and the support dimension, including respectful approach, trustworthiness, safe atmosphere, and fairness which describes the support that must be provided through TSR for students' success at university. Faculty may interact with students formally in class, informally out of class, or it could take on a more intense flavor in a tutorial style classroom, where a faculty member may meet with a small number of students for up to an hour. The poster concludes with various ways in which faculty can enhance students' growth, dedication to the program, and success in academic work.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0940

### Scientific research as an integral part of the work of a psychiatrist leading an outpatient consultation in the regional diagnostic center of the Subarctic territory

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**Introduction.**– The work of practicing psychiatrist leading consultative outpatient, is associated with constant analysis of identified symptoms of diseases, results of diagnostic examinations and clinical analyzes. He carries out educational activities to prevent using of toxic substances by population.

**Objectives.**– It was analysed 87 scientific and 143 methodical works, including 1 monograph and 8 manuals (Two of them Ministry of Education of Russia awarded the neck of textbooks for students of higher educational institutions), carried out by psychiatrist of regional consultative center of the subarctic territory.

**Methods.**– Historical, analytical

**Results.**– Scientific interests of psychiatrist include following problems: Mental morbidity of population of circumpolar regions; Public health; Social Medicine; Didactics of fundamentals of life safety, healthy lifestyle and health preserving technologies in higher and secondary vocational schools.

Five information letters were developed, which deal with the differential and diagnostic criteria of the syndromes of latent depression. For doctors and nurses, lectures are given: 1) What you need to know about depression. Depression and somatic diseases. 2) Anxiety in general somatic practice. 3) Mental disorders in craniocerebral trauma. 4) Cognitive impairment in old age. 5) Gerontology. Accelerated aging of the population. The main factors of mortality and morbidity in Russia. 6) Somatoform disorders, psychosomatic diseases, somatopsychic disorders. 7) Features of the psyche of an elderly person.

**Conclusions.**– Scientific and methodical work is spent on correct formation of a contingent of patients directed on reception to psychiatrist and the psychotherapist of the regional advisory center by general practitioners of city polyclinics and the central regional hospitals.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0941

### **Configurations of clinical discussions, modulated according to the common patient stereotypes, and so constructed among supervisors and residents in a Brazilian university psychiatric outpatient service**

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Clinical supervisions are impregnated by subjective aspects, in addition to clinical objectivity of the cases. In psychiatric discussions, emotional aspects tend to be more characteristically modulated according to different diagnostic and therapeutic demands in the 'madness' approach. Usual behavioural types of patients construct respective types of supervision discourse.

**Objective.**– To categorize types of discourse that are configured in clinical discussions among supervisors and residents, considering psychological stereotypes of adult patients, from audio recordings that occurred after medical consultations.

**Method.**– Qualitative design. Data collection through audio recordings of clinical discussions, at the General Hospital of the State University of Campinas, State of São Paulo, with 17 medical professionals - 03 supervisors and 14 residents, after consent form. Free-floating readings of the transcribed speeches, consisting of 66 sessions, 947 minutes. Data interpreted by content analysis. Categories validated at the Laboratory of Clinical-Qualitative Research.

**Results.**– 04 categories are emerged: (1) medical team configures a "defensive posture", due to patients that cause emotional overloads for presenting demands of multiple natures; (2) "impotent posture" towards called "difficult" patients, considering the proposed therapeutic schema, but with problematic adherences; (3) clinicians become a "exciting team" because patients are scientifically challenging due to rarity or clinical richness; (4) an "intriguing team" configuration, because patients are marked by unusual situations, provoking human curiosity and perplexities.

**Conclusions.**– Peculiarities of often-discussed clinical cases lead to narratives that build their own configurations, as a usual way of dealing with those peculiarities. Awareness of such configurations may be useful for professors in self-criticism.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0942

### **Students with specific learning difficulties in undergraduate medical education: Are attempts at equality working?**

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**Background.**– Specific Learning Difficulties (SpLDs), such as dyslexia, are explicitly discussed within Equality Act 2010, which ensures provision of assistance and prevents discrimination [1]. Despite this, evidence suggests that students with SpLDs are under-represented in medicine compared to other disciplines.

**Methodology.**– This study systematically reviews literature on SpLDs in undergraduate medical education following the PRISMA guidelines. Nine studies were included which examined medical undergraduates, with 8 included from wider clinical education.

**Discussion.**– Studies report prevalence of learning difficulties in medical students between 1.5–3% [2]. Stigma was highlighted to be a major factor, resulting in reluctance to report difficulties or disclose diagnoses [2,3]. Few papers assess the adaptive or assistive methods used, but where discussed were generic to higher education [3].

Two studies examine the results of students with SpLDs, the most quantitative measure of equality of education. Both find that students with SpLDs when properly identified achieve academic parity. There is disagreement over whether assessment method results in disadvantage with a gap in the literature [4,5].

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

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EV0943

### **Personal experiences in the mental health specialists training process pro and contra**

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The needs and amount of personal therapy and supervision from senior colleagues is one of the most contradictive topics in the mental health specialists training standards discussions. A group of 40 psychotherapists was studied with ISTA (ego-structure test). They were divided in 2 groups, first consisted of 25 experienced regulary supervised professionals and the second of 20 beginners without supervision experience. The study results showed hte increased

self-reflection ability and self-confidence and responsibility in decision making in the first group and more constructive ISTA profile. That allowed us make the conclusion about the positive influence of supervision on the professional skills of the mental health specialists

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

## Women, gender and mental health

EV0944

### Study psychological mechanisms of procrastination for sample of students in Qatar university

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Because of the increasing interest in procrastination since it is considered a complicated psychological process, which contains many interactions between the cognitive and the non-cognitive psychological conditions. This study aims to study how procrastination is related to Impulsive, the ability to seduction and irrational thoughts. The current study was done on a sample of 120 students from Qatar University (36 males and 84 females). Several scales were applied on the targeted sample, for example the Pure Procrastination Scale, the Irrational Procrastination Scale, the Susceptibility to Temptation Scale, the Individualism and Collectivism Scale and Impulsive Behavior Scale. The results of this study agreed with the validity and persistence of the PPS  $\alpha = 87$  which generally indicates the internal consistency of the PPS scale. Whereas the findings did not show a significant correlation between procrastination and the cultural orientations, we found a statistically significant relationship between procrastination and impulsivity, the susceptibility to temptation and the irrational thoughts of procrastination, which proved the importance of non-cognitive processes in shaping the procrastination that interacts necessarily with cognitive processes in its determination.

*Keywords:* Procrastination; Susceptibility to Temptation; Irrational thoughts; Impulsive behaviour; Cultural orientation)

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0945

### Therapy engagement among women with substance use disorders: A cultural perspective

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*Introduction.*– Several barriers affect adherence and outcomes in the treatment of women with substance use disorders (wSUDs). Low socioeconomic status and ethnic minority status are associated with higher rates of attrition. Potential reasons for not returning to treatment include feeling better, being satisfied with treatment, and wanting to problem solve independently. These findings have been from community studies from the West and little is known

of the potential challenges and strengths in collectivistic lower and middle-income countries.

*Objectives.*– The current study aims to examine the unique cultural components that facilitate and inhibit treatment in a tertiary care facility in India

*Methods.*– Ten women with a diagnosis of substance use disorder were purposively sampled from a de-addiction centre in South India and were offered a cognitive behaviour therapy program. The barriers faced in treatment were recorded in sessions and by a feedback form. Their cultural strengths were also recorded.

*Results.*– A qualitative analysis revealed that availability of a support system, and non- abandonment of family, were strengths in this population. A majority of family engaged in treatment. Challenges faced included loneliness (often heightened by culturally sanctioned enmeshment), overinvolvement of the family and lack of autonomy of the patient, external locus of control and religious inclinations.

*Conclusions.*– Intervention program must be tailored to overcome barriers and harness strengths to engage larger number of people more efficiently. The judicious use of the family in the psychotherapeutic process may have unique influence on therapy outcomes in collectivistic cultures.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0946

### High doses of cholecalciferol decreases anxiety in menopausal women treated with hormonal replacement therapy

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Women's transition into reproductive senescence is marked by reductions in ovarian function and output, referred to as menopause. This stage is characterized by a dramatic development of affective-related disorders and different psychoemotional pathologies.

This study evaluated the effect of cholecalciferol supplementation in high doses (60000-100000 IU, per os) alone or in a combination with standard hormonal menopausal therapy (HRT) on anxiety scores and hormonal status for menopausal women. The women treated with cholecalciferol in 80000 IU and 100000IU doses alone or in a combination with HRT had greater reduction in anxiety scores than the control group. The cholecalciferol groups of women had significantly higher 25-hydroxyvitamin D<sub>3</sub> concentrations and estradiol levels in comparison to the control group. The present trials showed that consuming 100000 and 80000 IU vitamin D<sub>3</sub> daily were effective in decreasing anxiety levels. Furthermore, this is the first clinical study to show a beneficial effect of chronic vitamin D<sub>3</sub> in high doses administration on anxiety score in menopausal women. It can be supposed that vitamin D<sub>3</sub> supplementation may be necessary in menopausal women. This work promotes more effective creating of the novel therapeutic targets and strategies for anxiety-related state treatment in menopausal women.

The reported study was funded by Russian Science Foundation (RSF) accordingly to the research project No 16-15-10053.

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EV0947

### **Perinatal mental health and substance use**

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Depressive disorder with peripartum or postpartum onset occurs during pregnancy or within four weeks of delivery. According to the Diagnostic Statistical Manual 5(DSM5) it actually occurs in half the cases while peripartum. It is highly associated with substance use, anxiety and panic attacks and is associated with high rates of reoccurrence. Peripartum mood episodes can present with psychosis most commonly infanticide. Psychosis usually occurs with history of bipolar type 1 or Major Depressive Disorder or previous postpartum depressive disorder (PPD). Current literature reports three million cases of postpartum depression reported annually. During pregnancy, suicide occurred on average at 5 months. Suicide during the postpartum period, tended to occur at 7.5 months after birth. Substance use disorders is a significant comorbid concern and might be overlooked by an unsuspected clinical. With the increasing growing body of literature describing the occurrence of PPD, researchers also note that PPD screening may reduce depressive symptoms in women and reduce the prevalence of depression. While screening instruments can identify pregnant and postpartum women who need further evaluation and may need treatment, there exists little consensus on which screening tool to use and how to educate practitioners about screening.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0948

### **Non pharmacological treatment in the “together“- pre-, peri-, and postnatal mental disorders prevention and treatment program in Saint John hospital in Budapest, Hungary**

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The first Hungarian Mother-Baby unit was established in 2005 in Budapest.

*Objectives.*– To identify some qualitative indicators for using non-pharmacological interventions combined with pharmacological ones.

*Methods.*– Besides treating the psychiatric disorders of mothers - the therapeutic focus has been shifted to the relationship between mentally ill mothers and their children.

23,3% of the cases were diagnosed with Schizophrenia Spectrum Disorders, 30% suffered in Major Affective disorders, including BD (13,6%). Diagnoses of 35% were in the spectrum of Anxiety Disorders, including Adjustment Disorder. 11,7% of the patients had organic and personality disorders.

We use a complex therapy -pharmacotherapy (if it's unavoidable) and non-pharmacological therapy, including supportive-educative therapeutic interventions, family therapy, behaviour therapy, group therapies and integrated parent-infant consultations, video-feedback).

*Results.*– Since 2007, more than 260 mothers and 5 fathers have taken part in our program. 55% of the patients participated as inpatient, and 45% were treated as outpatient. The number of admitted patient increases continuously. 19,4% of the patients was in prenatal period (pregnancy), while 80,6% was in post-natal period.

One of our main indicators for Baby-Mother-(Father) Program is the numbers of children successfully stayed in their family. Since the program started only 6 children (2,5%) were taken to the care of social services, the others could stay within the family networks.

*Conclusion.*– Is that this kind of complex therapy in our program offers fast recovery from mental disorders of the mother and the strengthening of maternal roles and mother-infant attachment. Further qualitative research also needs.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0949

### **Denial of pregnancy**

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“Pregnancy denial “refers to the condition in which a woman cannot recognize that she is pregnant before 20 weeks of pregnancy. The condition may be best defined as unperceived pregnancy. At 20 weeks of pregnancy, it is detected in 1 of 475 women, but the incidence is still very high at the time of delivery: 1 in 2500(1). Unperceived pregnancy can cause complications both for the mother and the newborn, including the lack of antenatal care, unassisted delivery, neglect of the newborn or even infanticide (2). Roughly 4 of every 10 women with an unperceived pregnancy reported that they have seen a doctor with symptoms such as nausea or abdominal pain, yet they haven't been diagnosed as pregnant. It is necessary for the health community and the society to gain awareness of this frequent condition in order to prevent it where possible, or accompany the women, families and babies concerned in an appropriate way. In this poster study, the news of the past few years from various media channels which were thought to be related to pregnancy denial were compiled to raise awareness. Acute dissociative reaction to spontaneous delivery in a case of total denial of pregnancy: Diagnostic and forensic aspects. Vedat Şar, Nazan Aydın, Onno van der Hart, A. Steven Franke, Meriç Şar, Oguz Omay; Journal of Trauma & Dissociation (2016); DOI: 10.1080/15299732.2016.1267685. Denial of pregnancy: Population based study. Jens Wessel, senior lecturer, Ulrich Busche. BMJ 2002; 324: 458

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EV0950

### Unequal gender-power relations, sociocultural dynamics and hiv risk vulnerability among young girls from North West Province

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**Introduction.**– South Africa remains the epicentre of the HIV/AIDS pandemic. Sexual coercion or violence is prevalent and felt by many women. This is located within entrenched and intricate gendered notions around masculinity and power that is socio-culturally sanctioned and justified

**Objectives.**– This study is aimed at describing the psychosocial factors that continue to place young women at risk for HIV.

**Methods.**– Face to face, semi-structured interviews were conducted with participants ( $n=12$ ) recruited from the Bojanala district using purposive venue-based sampling. Data were analysed using constant comparative method of analysis based on principles of grounded theory.

**Results.**– Unequal gender-power relations between men and women are mirrored in violence or the threat of violence against women in sexual relationships. The threat or fear of violence from their male partners impels women to engage in risky sex as preferable to immediate physical harm. Such threat further reduces women's ability to negotiate safe sexual practices. The use of alcohol also seemed to play a major role in the participants' HIV-vulnerability. The findings suggest that women are more likely to be subjected to sexual coercion or violence while intoxicated or when the partners are intoxicated; and engage in unwanted, unconsented and unprotected sex. Poverty shapes a platform where young girls exchange sexual favours in order to obtain certain goods. This is reflected in the dynamics of inter-generational sexual relationships

**Conclusions.**– The finding echoes the urgent need to design specific interventions that target psychosocial, economic and contextual factors that continue to put individuals at risk for HIV-infection.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0951

### Puerperal psychosis

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**Introduction.**– Most postpartum psychoses are affective psychoses. The frequency is one to two cases per 1000 births in the general population. The risk increases in women with a personal history of mood disorders, especially bipolar disorder. The debut is in 40% of cases in the first week postpartum with a high frequency peak in the 10th day.

**Objectives.**– The objective is to provide a bibliographic review of the clinical, evolution and treatment of postpartum psychosis.

**Methods.**– A systematic review from the literature has been carried out by Pub Med/Medline, Cochrane, and Dialnet

**Results.**– To women who previously have had postpartum psychosis, there is a high risk of having another episode (> 25%). Hormonal changes, as well as alterations in sleep, influence in the onset of the psychosis. The clinic can be summed up in insomnia, variations in mood, like mania or depression, delusions and hallucinations. The treatment should include psychoeducation, which is

essential. The pharmacotherapy is necessary in the acute episode. The medication options include atypical antipsychotic agents and mood stabilizer. The electroconvulsive therapy is also a good option.

**Conclusions.**– The correct and rapid diagnosis of postpartum psychosis is essential to expedite an appropriate treatment, prevention of future episodes, full recovery for the mother and reduction of risk to the mother and her children.

**Keywords:** Postpartum psychosis; Organic psychosis; and Pregnancy

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0952

### Perinatal anxiety screening: Worth it?

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**Background.**– Screening for peripartum depression has long been standard of care. There is little research on anxiety screening during pregnancy, and whether adding anxiety screening would increase diagnosis and treatment of women suffering from mood disorders around pregnancy.

**Methods.**– Current practice at our busy urban clinic is to screen with PHQ2 at all prenatal visits. We prospectively tracked screenings done for 3 months, and then added a GAD-2 validated 2-question anxiety scale to this assessment. Our primary study outcome was the referral rate to mental health professionals; secondary outcomes included maternal and neonatal obstetric and medical outcomes.

**Results.**– A total of 100 women underwent PHQ-2 screening only, and 125 women underwent both PHQ-2 and GAD-2 screening. More action was taken during pregnancy with the GAD2 + PHQ2 than with PHQ alone (OR 1.75, CI 0.76-4/97); this became statistically significant when controlling for history of mental health diagnosis (OR 14.9, CI 5.6-39.7), history of substance abuse (OR 26.7, CI 4.6-155.0), or BMI (OR 1.07, CI 1.1-1.14). Postpartum PHQ2 screen positive rates were not statistically different between the groups. Positive GAD-2 screening was significantly more common in patients with a history of substance abuse (OR 43, CI 2.6-698.5).

**Conclusion/implications.**– Screening for anxiety along with depression during the perinatal period increases detection patients who may benefit from referrals to mental health care practitioners, and may be an important tool in combating peripartum mental health disorders.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0953

### Premenstrual dysphoric disorder: A case report

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**Objectives.**– Study a clinical entity called premenstrual dysphoric disorder (PMDD) consisting of the presence of irritability, crying, demotivation, anergy, apathy, feeling of sadness, isolation and

difficulty for social relationships, intense anxiety, difficulty in concentration, increase in appetite, maintenance insomnia, headaches and muscle aches. Symptoms appear about 7-15 days before menstruation and persist throughout the menstrual cycle, disappearing later.

**Methods.**– Analyze the case of a 25-year-old woman who, at age 14, began with clinical signs of dizziness and headache, and was assessed by neurology with normal results, also cerebral MRI. No history in Mental Health. She is referred by her general doctor, because for years she has recurrent episodes of emotional decay with emotional lability that makes her incapable of normal activities. It lasts 1 or 2 weeks with recovery ad integrum. It relates to the premenstrual period.

**Results.**– The diagnosis of premenstrual dysphoric disorder (PMDD) is issued. It is explained hygienic-dietetic measures that must be carried out to reduce the symptoms: avoid alcohol consumption, daily physical exercise, try an adequate rest as well as maintain a balanced diet. He is proposed to start treatment with SSRIs that he refuses, given the intermittency of the clinic.

**Conclusions.**– Some contraceptives, such as chlormadinone acetate associated with ethinylestradiol, have proven effective in reducing the intensity of these symptoms; however, in the literature paradoxical effects are described in some patients. Antidepressants, vitamins and nutritional supplements such as calcium and magnesium, analgesics and diuretics may also be used.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0954

### Assessing fear of childbirth and its predictors among Hungarian pregnant women: A new approach

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**Background.**– To assess fear of childbirth, all Researchers have used the total score of Wijma Delivery Expectancy/Experience Questionnaire (WDEQ-A) in different cultures despite of being multidimensional.

**Objective.**– Our aim was to assess fear of childbirth and determine predictors based on WDEQ-A subscales among Hungarian pregnant women.

**Method.**– this cross-sectional study was conducted on 423 healthy pregnant women at the third trimester attending NST laboratory. A socio-demographic and obstetrics characteristics checklist, the Hungarian version of WDEQ-A, Beck Depression Inventory-Short Form and Beck Anxiety Inventory were completed. Analysis was performed using descriptive statistics and multivariate linear regression.

**Results.**– among four subscales, the highest and lowest mean scores allocated to the Fear and Moment of birth, respectively in both groups of nulliparous and multiparous. By parity, nulliparous obtained significantly higher mean score in Isolation ( $P=0.017$ ) and Lack of positive emotion ( $P=0.013$ ) than multiparous. In nulliparous, significant predictors included anxiety for all four subscales, economic hardship for Moment of birth, being housewife

for Fear, and wanted pregnancy for Lack of positive emotion. In multiparous, Isolation was predicted by being married, depression, and negative birth experience, Lack of positive emotion by anxiety, previous normal vaginal delivery, and elective cesarean section, Moment of birth by anxiety, and Fear by being housewife and anxiety.

**Conclusion.**– assessing fear of childbirth using WDEQ-A, revealed different mean scores and predisposing factors for each subscale by parity. This should be explored relative to its constituent factors for a more accurate and detailed insight to be achieved.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0955

### Specialist perinatal mental health–development of a national model of care in a small country

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**Introduction.**– Perinatal mental health disorders are those, which complicate pregnancy (antenatal) and the first postnatal year. The Irish Health Service's Mental Health Division (MHD) prioritised the development of a Specialist Perinatal Mental Health model of care in 2016.

**Objectives.**– To design a plan in line with Table 1, for the development and operation of:

- i) The three components of specialist perinatal mental health services
  - Specialist liaison psychiatry service to maternity units/hospitals
  - Specialist perinatal mental health teams
  - Specialist inpatient mother and baby units
- ii) The interface of this specialist service with secondary care mental health services.

Table 1 Rates of Perinatal Psychiatric Disorder per thousand maternities.

Postpartum psychosis	2/1000
Chronic serious mental illness	2/1000
Severe depressive illness	30/1000
Mild-moderate depressive illness and anxiety states	100-150/1000
Post-traumatic stress disorder	30/1000
Adjustment disorders and distress (JCP-MH 2012)	150-300/1000

**Methods.**– A national working group was established. The members were multidisciplinary with service user representation. Each discipline presented on their areas of expertise.

These presentations/submissions included:

- Literature review
- Overview of specialist perinatal mental health services
- Service user and Obstetrician perspectives

**Results.**– Hub and Spoke model of care identified as well as an overall perinatal mental health clinical pathway to ensure women with milder mental health problems will be both identified and receive appropriate help from skilled staff at primary care and within maternity services.

**Conclusion.**– Implementation of the National Model of Care in six hub sites

Supported training of staff in implementing the Model of Care

Overall clinical pathway identified for women with milder mental health problems

Core clinical outcome dataset identified

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0956

**Comparative analysis of personality profile characteristics, coping strategies and psychological defence mechanisms of naive middle-age women and men with uncomplicated essential hypertension**

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*Introduction.*– Since F. Alexander's work essential hypertension (EH) is traditionally referred to psychosomatic diseases. However, there is a lack of data on gender differences in this area.

*Objectives.*– To conduct a comparative analysis of the personality profile characteristics, psychological defence mechanisms and coping strategies of middle-age women and men with EH.

*Methods.*– The study involved 22 naive middle-age women (average age is  $53.3 \pm 5.8$ ) and 27 men (average age is  $50.1 \pm 7.0$ ) with uncomplicated EAH, stage 1-2. Participants performed the following assessment: Sixteen Personality Factor Questionnaire (16PF), Life Style Index (LSI), Ways of Coping Questionnaire (WCQ), Cognitive Emotion Regulation Questionnaire (CERQ).

*Results.*– Women with EH differ from EH men by higher rates of factors: A (Warmth) ( $5,66 \pm 2,2$  vs  $4,45 \pm 1,7$ ;  $P=0,04$ ) and I (Sensitivity) ( $6,66 \pm 1,7$  vs  $3,95 \pm 1,6$   $P=0,00$ ), and lower rates of factor C (Emotional Stability) ( $5,09 \pm 1,6$  vs  $6,35 \pm 1,5$ ;  $P=0,02$ ) in 16PF test. Women are statistically significant less likely to use repression ( $20,69 \pm 7,3$  vs  $32,00 \pm 5,4$ ;  $P=0,01$ ), but more often reactive formation ( $32,27 \pm 11,2$  vs  $15,63 \pm 7,5$ ;  $P=0,00$ ) in LSI test. They are more likely to seek social support ( $12,92 \pm 3,3$  vs  $10,47 \pm 3,5$ ;  $P=0,02$ ), less often blame others in resolving problem situations ( $8,86 \pm 3,2$  vs  $11,12 \pm 3,6$ ;  $P=0,02$ ) in WCQ. However, women less often use a positive reappraisal ( $13,36 \pm 2,9$  vs  $15,18 \pm 2,7$ ;  $P=0,04$ ) as an effective strategy of regulating emotions in CERQ test.

*Conclusion.*– The results prove the presence of gender differences in cohort of naive middle-age EAH patients and justify the need for differentiated approach to treatment and psychological support for these patients.

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*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0957

**Effectiveness of logo therapy on marital intimacy and satisfaction and life expectancy among women**

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*Introduction.*– Marriage is an important developmental level of life. The relationship between marital intimacy and marital satisfaction and life expectancy is effectiveness in successful marriage.

On the other hand in unsuccessful life logo therapy is effectiveness. Logo therapy is defined as treatment of a condition, illness, or maladjustment.

*Objective.*– The aim of the study was to investigate the effectiveness of logo therapy on marital intimacy & satisfaction and life expectancy among married staff women of Tajrish Shohada Hospital.

*Method.*– This study is an experimental study with pretest-posttest and control group. The population of this study was all the married women employees of Shohada hospital ( $n=150$ ) and 108 people were selected randomly. They were completed of questionnaires including: marital intimacy, satisfaction and life expectancy. The sixty subjects were selected referring to cut-off point of the intimacy of couples, marital satisfaction and life expectancy. Thirty subjects assigned randomly in experimental and control groups, separately. The logo therapy training for experimental group and control group did not. Both groups were assessed after completion of logo therapy training in post-test assessment time. The research data were analysed by covariance analysis (MANCOVA).

*Result.*– The finding showed that there is significant relationship between logo therapy treatment planning skills training and the variables of marital intimacy and satisfaction in life expectancy among married women employees.

*Conclusion.*– The logo therapy is good method for impact on marital intimacy & satisfaction and life expectancy.

*Keywords:* Logo therapy training; Intimacy; Marital satisfaction; Life expectancy

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0958

**Neuroleptic malignant syndrome in Pregnancy**

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*Introduction.*– Neuroleptic malignant syndrome is a potentially life-threatening neurologic emergency associated with the use of antipsychotic drugs. It poses a special problem if it happens in pregnancy as in the case presented.

*Case report.*– 35-year old woman with a history of schizoaffective disorder was admitted to our clinic in the first trimester of pregnancy. She was agitated and had imperative acoustic hallucinations. She discontinued antipsychotic treatment when she became pregnant. Upon admission she was so agitated that she had to be restrained. She received haloperidol. Four days after admission she developed fever and muscle rigidity and she became mutactic. Her blood pressure and pulse were high. Her creatinine kinase, myoglobin and leukocyte levels were elevated. She was transferred to

the neurology clinic because of malignant neuroleptic syndrome. She was treated with bromocriptine, dantrolene and diazepam. Neuroleptic malignant syndrome subsided after three weeks but psychotic symptoms remained. She was treated with quetiapine and olanzapine with no success. Psychosis was so intense that she needed to be restrained again. Finally we decided to switch to clozapine. After three months she achieved moderate remission. She was treated with clozapine until the end of pregnancy. She gave birth to a healthy child.

*Conclusion.*– Despite the fact that neuroleptic malignant syndrome in pregnancy is a very rare condition it should not be overlooked. Once diagnosed, it can be treated successfully. In the presented case it was treated in the way that did not affect the newborn child.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0959

### **Silence and secrets: Understanding dissociation in Indian settings**

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*Introduction.*– Conflict is present in all families irrespective of class, creed or geographical locations in India. Deep rooted family traditions within cultural contexts, values, virtues and parental core beliefs form the embedded layers in conflicts. Within the similar cultural framework, each family has its unique psychodynamic structure, style of adaptation and communication. Dissociation, an interesting mental condition, filled with intrigue arises from within the intricacies of familial relationships. Often the same is engulfed from conflicting elements from the external world.

*Aim and Objectives:* To examine the varying dynamics playing in the backdrop of dissociation.

*Methods.*– We hereby present 4 case vignettes with chief complaints of falling unconscious, irritability, reduced work interest and depressive cognitions. Detailed interview and ventilation-laden sessions led to the better understanding of medley of conflicts.

*Results.*– Element of failed efforts to withstand loneliness, perceived notions of right and wrong, inability to handle estranged parental ties and financial constraints set the stage for dissociation. Unrealistic expectation, secure-insecure attachment style, controlling tendency and self-harm behaviour escalated the already escalating distress and agony.

*Conclusion.*– Need for efforts to inculcate healthy family virtues of wholeness, responsibility within parents, cohesiveness and tolerance for acceptance and expression of other's feelings is required. Recognition of stressors and conflict resolution are the primary goals for management of dissociative disorders.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0960

### **The perfect storm of trauma: A qualitative study into the experiences of women who have experienced birth trauma and subsequently accessed residential parenting services**

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*Introduction.*– There appears to be a chasm between idealised motherhood and reality, and for women who experience birth trauma this can be more extreme and impact on mental health. Australia is unique in providing residential parenting services (RPS) to support women with parenting needs such as sleep or feeding difficulties. Women who attend RPS have higher rates of intervention in birth and poor perinatal mental health but it is unknown how birth trauma may impact on early parenting.

*Objectives.*– The objective of this study was to explore the early parenting experiences of women who have accessed RPS in Australia and consider their birth was traumatic.

*Methods.*– In-depth interviews were conducted with eight women who identified as experiencing birth related trauma and accessed RPS in the early parenting period. Data were analysed using thematic analysis.

*Results.*– One overarching theme was identified: “The Perfect Storm of Trauma” which identified that women who access RPS are more likely to have entered pregnancy with pre-existing vulnerabilities including mental illness such as depression, generalised anxiety disorders and eating disorders, and experienced a culmination of traumatic events during labour, birth, and in the early parenting period. Four subthemes were identified: “Bringing Baggage to Birth”, “Trauma through a Thousand Cuts”, “Thrown into the Pressure Cooker”, and “Trying to work it all out”.

*Conclusions.*– How women are cared for during their labour, birth and postnatal period impacts on how they manage early parenthood. Support is crucial for women, including practical parenting support, and emotional support by health professionals and peers.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0961

### **Premenstrual dysphoric disorder: A multidisciplinary approach**

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*Introduction.*– Premenstrual dysphoric disorder (PMDD) is a disease with a prevalence of about 3–8%, with important clinical, biological and biosocial implications. PMDD is characterized by its symptoms and cyclicity. Neurosteroids may contribute to its typical gender physiopathology. It affects woman during their reproductive years. A wide variety of symptoms can be identified in this disease: somatic symptoms, psychological symptoms or mixed somatic and psychological symptoms. Typical onset is one week before menstruation.

*Methodology.*– A review was conducted aiming to clarify the biological mechanisms and the best interdisciplinary treatment for the premenstrual dysphoric disorder. The literature search was conducted in Pub Med data reviewing articles dating between 2003 and 2017.

**Results.**– 1. There are many and interdisciplinary treatment options for the premenstrual dysphoric disorder. Some of these options are cognitive behavioural therapy, psychotropics agents, hormone-based treatments, diuretics and, in some cases, surgery. 2. First-line treatment for PMDD is pharmacotherapy with SSRIs. This treatment can be used only in the luteal phase or during the entire month. 3. There is limited evidence for the treatment of PMDD with combined oral contraceptives containing drospiridone plus ethinyl estradiol. Also levonogestrel can be used. 4. Cognitive-behavioural therapy brings in to the patient coping skills to afford this disease.

**Conclusions.**– PMDD is a common disorder with a high prevalence, with high implication in the clinical practice. PMDD treatment has to be individualized in order to achieve a good response. This treatment can be psychological or pharmacotherapy, depending of the symptoms of each patient.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0962

### **Patients with schizophrenia and the gender of the clinician: Daring to ask questions**

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**Introduction.**– Gender differences in schizophrenia are described in almost all aspects of the illness.

**Objectives.**– The purpose of this cross-sectional study was to measure the level of apathy in schizophrenia and its relation to gender issues; to investigate to which extent clinicians were able to estimate their patient's perspective on motivation for engaging in treatment, to which extent they agreed on the patient's motivation. The data were collected within the prospective "Motivation and Psychosocial Treatment" study.

**Methods.**– The present study assessed motivation as rated by clinicians ( $n = 35$ ) and patients with schizophrenia ( $n = 138$ ) using two versions of the Apathy Evaluation Scale (AES)–clinician, and self-rated.

**Results.**– It was found that the agreement on the level of motivation between patients and clinicians was moderate. The mean level of apathy of patients with schizophrenia, as rated by clinician (AES-C), was significantly higher than that of self-rated scores (AES-S). In our study, a tendency to gender differences was not shown: statistically significant differences could not be confirmed between men and women, in both clinicians and patients groups.

**Conclusions.**– It is concluded that patients with schizophrenia and their clinicians have different perceptions on the patient's motivation, regardless of the gender issues. Nevertheless, the findings imply that the match between clinician and patient gender is important in schizophrenia to ensure effective mental health interventions. It is our intention to discuss why the clinician's gender may be so important when working with the (largely) male psychiatrically disordered population.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0963

### **Mental healthy of family member of sever suicidal patient**

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**Introduction.**– It is a very stressful thing to take care of suicidal people, especially while their suicide attempts are repeated happened or suicide ideation is frequently high. Family members usually are inevitable person to take care for them, but there are very less study discussing about this issue.

**Objectives.**– This project tried to understand the mental health state of sever suicidal patient's family members.

**Methods.**– This is a descriptive study. 18 family members of sever suicidal patient recruited from suicide prevention center in a general hospital, aged 32-67; include 12 mothers, 4 fathers, one wife and one husband. 17 participants live with suicidal client.

They filed questionnaires to assess their mental states, include depression (Patient Health Questionnaire-9, PHQ-9), anxiety (Beck Anxiety Inventory, BAI), burden to take care decreased (Caregiver Burden Scales, CBS) and quality of life (short Form version of the Quality of Life Enjoyment and Satisfaction Questionnaire, QLESQ).

**Results.**– Despite they did not suffer MDD or anxiety disorder. Their quality of life is worse as MDD patient, their burden even worse than cancer patients' family, especially "spirit burden" and "physical and psychological burden". The scores of BAI shows their anxiety state is moderate, eight of them are suffer from sever anxiety.

**Conclusion.**– The result implied that family member needs some kind of help, some researcher designed skills group to help with those family members. Since this project only recruited 17 participants, bigger sample size project is needed. Different relationship might have different impact also needs future study.

**Disclosure of interest.**– The authors have not supplied their declaration of competing interest.

EV0964

### **Maria - portrait of a Brazilian pregnant woman awaiting zika test results and her psychological expectations: Case report from a university obstetric public service**

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The discovery of the vertical transmission of Zika virus in Brazil and its negative consequences for the fetus has sounded an alarm. This revelation startled the health system and the population, especially pregnant women, who started to live under the risk of infection and transmission during a period of supposed uncontrolled epidemic.

**Objective.**– To report an experience of one of these women, here called Maria, and to pay attention to magnitude of a problem that also affects non-infected people and includes, besides biological, social and psychological concerns.

**Method.**– Qualitative design. Observations made at the arbovirosis outpatient service of university hospital for women's and newborn health care. Data were collected through an in-depth interview.

**Results.**– Despite all the media fuss about the epidemic, Maria showed she did not have adequate information about the symptoms of ZIKV infection. She speaks about her anxiety for test results and uncertainty concerning the course of her life if she is diagnosed

with ZIKV. Negative consequences of this process add to the physical severity of the disease and may affect the relationship with the baby, partner, and rest of the family for a long time, irrespective of the severity of the morbidity.

*Conclusion.*– Maria could be the spokeswoman for many Brazilian pregnant women who experience the anguish of being under the risk of having contracted ZIKV. However, the greatest adversity for many “Marias” is to be part of a vulnerable population from poor settings, who suffer physically and psychologically the consequences of economic and gender inequalities.

*Disclosure of interest.*– The authors have not supplied their declaration of competing interest.

EV0965

### **Psychological practice with transsexual individuals: A study case in Brazil**

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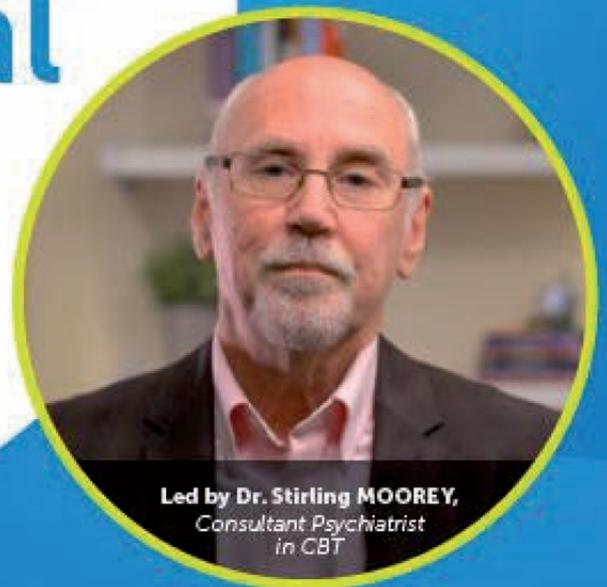
\* Corresponding author.

Discussing transsexuality is different than discussing the sexuality itself, it implies taking the personal, professional and social

identity into account. Psychology has therefore to be ethically committed with the construction of this gender identity. This is a qualitative research, which used a semi-structured interview with a private practice clinical psychologist who has great experience with transsexual individuals. The aim was to discuss how the work of a psychologist is performed in supporting those individuals when dealing with the multiple variables involved in their social, work, family and private lives providing an example of care model based on extensive professional experience. According to the results, psychology is being disconnected of the medical practice, which is mainly about pathologization; and even if psychologists still need International Classification of Diseases due to judicial necessity, enabling transsexuals to access their rights, such as social name, hormonal transition and surgery, psychologists should have a different approach to manage this issue, acknowledging the role of making informed choices and the value of harm reduction approaches. Psychology commitment is related to social construction, which is connected to matters of prejudice, stereotypes, and the possibility to face them. Also, orientation about transsexuality targeting family members may help with familiar acceptance.

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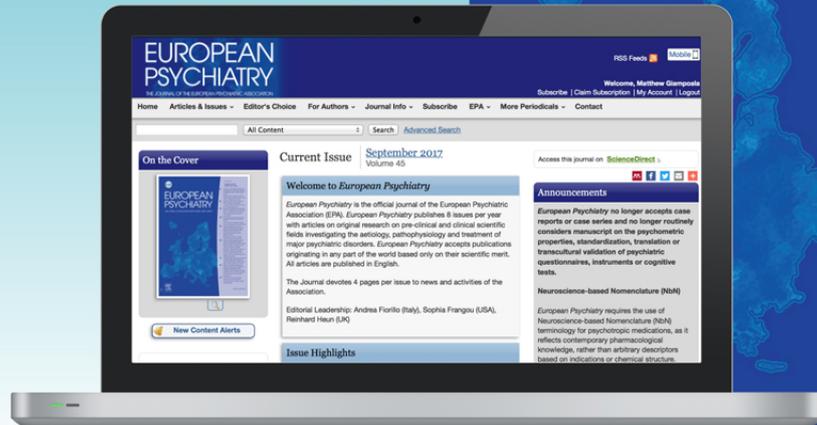
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